

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

**DEPARTMENT OF THE AIR FORCE
POLICY DIRECTIVE 40-8**



18 JUNE 2025

Medical Command

**AIR FORCE MEDICAL SERVICE
(AFMS)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: This publication is available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AF/SGMED

Certified by: AF/SG
(Lt Gen John J. DeGoes SF/S1 (Mr. Todd
Remington, Senior Coordinator)

Pages: 7

This publication implements Department of Defense (DoD) Instruction (DoDI) 1322.24, *Medical Readiness Training*; DoDI 6200.03, *Public Health Emergency Management (PHEM) Within the DoD*; DoDI 3025.24, *DoD Public Health and Medical Services in Support of Civil Authorities*; DoDI 6010.22, *National Disaster Medical System (NDMS)*; DoDI 6490.03, *Deployment Health*; AFMS transformation directives in response to Military Health System reforms in the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328), Section (§) 702, *Reform of Administration of the Defense Health Agency and Military Medical Treatment Facilities*; and the NDAA for FY 2020 (Public Law 116-92), § 712, *Support by Military Health System of Medical Requirements of the Combatant Commands*. It is consistent with Department of Defense Directive (DoDD) 3025.18, *Defense Support of Civil Authorities (DSCA)*. This publication establishes AFMS policy for the appropriate use of people and resources and to ensure United States Air Force (USAF) medical personnel are trained and equipped to deliver optimal care in support of the full spectrum of military operations. This policy applies to civilian employees and uniformed members of the Regular Air Force, U.S. Space Force (USSF), Air National Guard (ANG), Air Force Reserve Command (AFRC), and those with a contractual obligation to abide by the terms of Department of the Air Force (DAF) publications. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility using DAF Form 847,

Recommendation for Change of Publication; route DAF Forms 847 from the field through appropriate functional chain of command. This DAF policy directive (DAFPD) may not be supplemented.

1. Overview. This directive addresses the roles of the Air Force Surgeon General (AF/SG) and the Air Force Medical Command commander. [Note: Program Action Directive 24-01, Air Force Medical Command (AFMEDCOM), provides AF/SG will be dual-hatted, assuming the role of AFMEDCOM commander upon Congressional confirmation. This will occur after Presidential designation of the dual-hatted position under 10 United States Code (USC) § 601 and Senate confirmation to the position.] It describes the AFMEDCOM command relationships and provides insight into AFMEDCOM readiness reporting and tasking.

2. Policy. The Air Force Medical Service (AFMS) will:

2.1. Provide a command structure through AFMEDCOM that enables unity of command; that generates medically ready forces for the USAF and USSF; and ensures a ready medical force. AFMEDCOM will collaborate with the Defense Health Agency (DHA) to meet their statutory mandate providing the healthcare benefit, enabling unity of effort and maximizing clinical currency platforms.

2.2. Provide the strategy with a mission and vision to AFMS personnel across the globe to support activities that meet clinical requirements of the DoD Joint Force and DAF.

3. Roles and Responsibilities.

3.1. AF/SG will:

3.1.1. Meet all statutory requirements, including, but not limited to 10 USC § 9036, to recruit, organize, train, and equip DAF medical personnel: create medical operations policy; conduct planning and programming, oversee manpower and personnel, guide medical capability development, and develop medical readiness support solutions in conjunction with USAF 2-letter and USSF Level 2 (2-ltr/L2) offices.

3.1.2. Consistent with Headquarters Air Force (HAF) mission directive (HAFMD) 1-48, *The Air Force Surgeon General*, assist the Secretary of the Air Force (SecAF), other Secretariat offices, the Chief of Staff of the Air Force (CSAF), and the Chief of Space Operations (CSO) in carrying out the development of policies, plans, and programs; establishing requirements; and providing resources to the AFMS pursuant to Air Force Mission Directive (AFMD) 1, *Headquarters Air Force (HAF)*.

3.1.2.1. Advises CSAF and CSO on medical related topics in their roles as members of the Joint Chiefs of Staff.

3.1.2.2. Provide guidance, direction, and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, training, and budgets related to the AFMS mission.

3.1.3. Issue recommendations as the medical staff advisor to SecAF, CSAF, and CSO.

3.1.4. Provide guidance to command surgeons in major commands, field commands, field operating agencies, and direct reporting units, as applicable.

3.1.5. Engages with DHA Director and Assistant Secretary of Defense for Health Affairs in the provision of healthcare delivery in military medical treatment facilities (MTFs) and dental treatment facilities (DTFs) as clinical readiness platforms in accordance with Title 10, USC., and NDAA requirements.

3.1.6. Ensure medical readiness of DAF personnel as Air Staff and Space Staff office of primary responsibility.

3.1.7. Provide opportunities for medical professionals to fill leadership positions across the Military Health System.

3.1.8. Communicate directly with major commands, field commands, field operating agencies, direct reporting units, specified military departments, federal and DoD agencies, and individual members on matters related to unit mission accomplishment.

3.2. AFMEDCOM Commander will:

3.2.1. Be responsible to DAF for operationalizing medical policy to organize, train, equip, and ensure readiness of AFMEDCOM assigned forces to optimize health and deliver a medically ready force.

3.2.2. Command AFMEDCOM, composed of subordinate intermediate Medical Readiness Commands (MRCs), medical wings, groups and squadrons, in accordance with required standards stated in AFI 1-1, *Air Force Standards*.

3.2.2.1. Maintain overall supervision of AFMEDCOM matters supporting USAF and USSF contingency plans.

3.2.2.2. Have administrative control when combatant commander (CCDR) assigned AFMEDCOM personnel are not on CCDR contingency, exercise, and deployment orders, typically in garrison. The combatant command (CCMD) commander, Air Forces, exercises administrative control in operational situations involving contingencies, exercises, and/or CCMD missions. CCDR retains operational control and tactical control over assigned AFMEDCOM medical units.

3.2.3. Present deployment ready medical forces that can operate as seamless members of the expeditionary USAF and USSF.

3.2.4. Establish necessary priorities to ensure accelerated training programs and quotas for medical personnel, especially in areas of skill shortages, in support of DAF requirements.

3.2.5. Carry out contingency, home station, and disaster medical response, all-hazards response, and mission assurance responsibilities in support of the installation:

3.2.5.1. Provide emergent and urgent medical response, liaison, and subject matter expertise capability in support of installation emergencies, mishaps, and incidents, to include medical component of mishap investigations, and emergency support function requirements and mutual aid response.

3.2.5.2. During situations where installation commanders invoke immediate response authority under DoDD 3025.18 or declare a public health emergency or incident of public health control under DoDI 6200.03, locally assigned AFMEDCOM personnel will provide direct support to the installation commander as defined in Air Force

- Doctrine Publication (AFDP) 3-30, *Command and Control*, and Joint Publication 1, Volume 2, *The Joint Force*.
- 3.2.5.3. AFMEDCOM direct support under the installation commander's immediate response authority will last until the necessity giving rise to the response is no longer present or when appropriate higher authority directs an end to the direct support. Refer to DoDI 3025.24, DoDI 6010.22, and DAFPD 10-8, *Defense Support of Civil Authorities (DSCA)*, for additional guidance on authorized medical support.
- 3.2.5.4. Provide direct support to no-notice or limited notice deployment processing line medical support activities.
- 3.2.5.5. Upon request by DAF installation commander or senior DAF leadership on a joint base, participate in installation training, exercises, and similar activities.
- 3.2.5.6. For all other activities, provide general support to the supported force. In accordance with AFDP 3-30, general support is that support which is given to the supported force as a whole rather than to a particular subdivision thereof.
- 3.2.6. Conduct readiness reporting through the AFMEDCOM command chain for unit type codes or like structure(s) aligned to AFMEDCOM.
- 3.2.7. Coordinate with Service Component for readiness reporting associated with combatant command assigned AFMEDCOM capabilities. AFMEDCOM is responsible for readiness reporting associated with CCMD attached AFMEDCOM capabilities.
- 3.2.8. Use the existing USAF readiness tasking process for global force management. Work with the Global Force Manager to ensure readiness taskings for assigned medical forces and capabilities are communicated through AFMEDCOM leadership.
- 3.3. Major commands, field commands, field operating agencies, and direct reporting units are authorized to communicate directly with the AFMEDCOM Commander on matters related to unit mission accomplishment. Alternatively, they are authorized to communicate directly to the AFMEDCOM MRC commander to which their servicing medical group(s) is assigned.
- 3.4. Air Reserve Component (ARC) medical units will not fall under the AFMEDCOM command structure. ARC medical units will continue to align under the existing ARC wing command structure while in-garrison. AFRC, Aeromedical Evacuation Branch, and ANG, Aeromedical Evacuation, will engage with the MRC commanders to build cooperation and integration related to operation and training execution while aligning under respective AFRC and ANG command structures.

TROY E. MEINK
Secretary of the Air Force

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Public Law 114-328, *NDAA for Fiscal Year 2017*, § 702

Public Law 116-92, *NDAA for Fiscal Year 2020*, § 712

10 USC § 601

10 USC § 9036

Joint Publication 1, Volume 2, *The Joint Force*, 19 June 2020

Joint Publication 3-35, *Joint Deployment and Redeployment Operations*, 31 March 2022

DoDD 3025.18, *Defense Support of Civil Authorities (DCSA)*, 29 December 2010

DoDI 1322.24, *Medical Readiness Training*, 16 March 2018

DoDI 6010.22, *National Disaster Medical System (NDMS)*, 14 April 2016

DoDI 6200.03, *Public Health Emergency Management (PHEM) Within the DoD*, 28 March 2019

DoDI 3025.24, *DoD Public Health and Medical Services in Support of Civil Authorities*, 30 January 2017

DoDI 6490.03, *Deployment Health*, 19 June 2019

AFI 1-1, *Air Force Standards*, 18 August 2023

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

AFDP 3-30, *Command and Control*, 7 January 2020

DAFPD 10-8, *Defense Support of Civil Authorities (DSCA)*, 13 September 2022

AFMD 1, *Headquarters Air Force (HAF)*, 5 August 2016

HAFMD 1-48, *The Air Force Surgeon General*, 21 February 2023

Program Action Directive 24-01, *Air Force Medical Command (AFMEDCOM)*, 12 June 2024

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

2—ltr—2-letter (USAF)

AFI—Air Force Instruction

AFMD—Air Force Mission Directive

AFMEDCOM—Air Force Medical Command

AFMS—Air Force Medical Service

AFDP—Air Force Doctrine Publication

AFRC—Air Force Reserve Command

ANG—Air National Guard

ARC—Air Reserve Component (inclusive of both Air Force Reserve and Air National Guard)

CCDR—Combatant Commander

DAF—Department of the Air Force

DAFPD—Department of the Air Force Policy Directive

DHA—Defense Health Agency

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DTF—Dental Treatment Facility

FY—Fiscal Year

HAF—Headquarters DAF (i.e., the Secretariat, Air Staff and Space Staff)

HAFMD—Headquarters Air Force Mission Directive

L2—Level 2 (USSF)

MRC—Medical Readiness Command

MTF—Medical Treatment Facility

NDAA—National Defense Authorization Act

USAF—U.S. Air Force

USC—United States Code

USSF—U.S. Space Force

Office Symbols

AF/SG—Air Force Surgeon General

AF/SGMED—Air Force Surgeon General’s Office, Policy and Resources Directorate

AFRC/AFMA—Air Force Reserve Command, Aeromedical Evacuation Branch

CSAF—Chief of Staff of the Air Force

CSO—Chief of Space Force Operations

SecAF—Secretary of the Air Force

SF/S1—Deputy Chief of Space Operations for Human Capital

Terms

Air Force Medical Service—AFMS encompasses both the AF/SG and AFMEDCOM portfolios. It is comprised of active duty, ANG, and Air Force Reserve medical components and DAF-funded medical civilians.

Global Force Manager—Personnel responsible for processes that align directed readiness, force assignment, allocation, apportionment, and assessment methodologies to support strategic guidance. See Joint Publication 3-35, *Joint Deployment and Redeployment Operations*.