



APPENDIX C: ROLES AND RESPONSIBILITIES OF MEDICAL AGENCIES

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Air Force Medical Service (AFMS)

The AFMS, led by the Air Force Surgeon General (AF/SG), is the Air Force agency responsible for medical planning, programming, policy, and execution of Service medical operations.¹⁶ Unlike the medical functions in other Services, the AFMS is not in itself an organization with its own chain of command, but is an enterprise architecture within the Air Force chain of command ensuring unity of effort. This architecture is necessary to optimize medical operations in support of Air Force missions within the legal, policy, and resource constraints imposed by the Assistant Secretary of Defense for Health Affairs (ASD [HA]). The AFMS is comprised of the AF/SG and staff, major command Surgeons (MAJCOM/SGs) and staff, a field operating agency, and AFMS Airmen assigned to line organizations as medical subject matter experts.

Air Force Medical Readiness Agency (AFMRA)

AFMRA supports Air Force Surgeon (AF/SG) General for policy development and execution while supporting the MAJCOMs and base-level unit mission execution. AFMRA assists in the development of, and execute operational policy, plans, and decisions impacting the AFMS operational readiness mission. AFMRA supports AF full-spectrum medical readiness capability and AF mission in support of the joint force in both contested and uncontested environments. AFMRA supports capability development through requirements management, medical test and evaluation and integration with the Air Force Materiel Command and Defense Health Agency (DHA) Directorates for Acquisition and Research and Development. AFMRA will be the single field operating agency reporting to the AF/SG and will liaise with the DHA and the market to provide direct Service support to medical treatment facilities (MTFs) in the execution of AFMS and DHA policies and programs. In addition, AFMRA will support the AF/SG and the MAJCOMs in the execution of the operational medical mission, provide program support for a medically-ready force and medical force readiness in

¹⁶ Air Force Instruction (AFI) 41-106, [Medical Readiness Program Management](#).

support of the AEF construct, Joint Staff taskings, and related Request for Forces from combatant commanders.

Major Command Surgeons

MAJCOM/SGs have a role to ensure medical forces are organized, trained, equipped, and packaged to execute medical capabilities in war, peacetime disasters, homeland defense, counterterrorist activities, or any other domestic or worldwide mission requiring medical force expertise.¹⁷ Training should include principles of tactical combat casualty care to ensure medical personnel understand and meet the requirements of this standard of care.

Military Medical Treatment Facilities (MMTF)

At the installation level, the Department of Defense establishes the organizational structure for the Defense Health Agency's management of MMTFs according to mission. Medical forces are generally organized into the following MsMTFs:

- ★ **Clinics/Ambulatory Care Centers** provide direct medical support to an installation and are primarily tasked to ensure assigned Airmen are fit and healthy to deploy. Clinics are organized as medical groups or squadrons and are assigned to an installation's host wing.
- ★ **Hospitals** are medical facilities with in-patient capability, some of which have trauma capability. In addition to direct medical support to an installation, hospitals provide regional specialty care to eligible beneficiaries. Most importantly, hospitals are strategic nodes in the en route care capability. Hospitals are organized as medical groups with squadrons and are assigned to an installation's host wing.
- ★ **Medical Centers** are major medical treatment facilities providing trauma and specialty care as well as training platforms for medical forces. They are both strategic nodes and definitive care endpoints in the en route care system and are organized as medical groups assigned to the installation's host wing or as a medical wing assigned to a MAJCOM.

Reference <https://www.law.cornell.edu/uscode/text/10/1073d>, Section 703 of 10 USC 1073d for statutory discussion on Ambulatory Care Centers, Hospitals, and Medical Centers.

¹⁷ [AFI 41-106](#).