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MEDICAL GROUPS

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This mission directive prescribes the mission, organization, and functions for Air Force Reserve Command (AFRC) medical groups (MDG).

SUMMARY OF REVISIONS

This revision updated Functional Statement for Medical Groups ([Attachment 1](#)), and corrects location of 433 AW on Applicability ([Attachment 2](#)). A bar (|) indicates revisions from previous edition.

1. Mission.

1.1. Peacetime. The primary mission of the MDG is to provide a peacetime management support structure at parent wing locations where multiple ground medical units are assigned. It serves as the wing commander's liaison for medical activities and provides the necessary coordination and supervision of diverse, highly specialized medical resources. The MDG ensures unit mission capability and provides a singular authoritative source for the interpretation and direction of medical policy.

1.2. Wartime/Emergencies. Governed by gaining command directives.

2. Command. MDG may be assigned to airlift, refueling, rescue, aeromedical, special operations, and fighter wings. Their peacetime structure maintains effective operations with the least expenditures of resources and minimizes organizational turbulence during wartime mobilization. MDG functionally align for structural compatibility with their active duty counterparts. Functional statements, applicability, and organizational structure are in [Attachment 1](#), [Attachment 2](#), and [Attachment 3](#).

3. Assigned Forces. While in a peacetime status and during 2 weeks of annual training, the MDG is under the direct control and supervision of the wing to which it is assigned. Under a Presidential call-up, pursuant to Title 10 U.S.C. 12304, administrative jurisdiction remains unchanged. Operational control transfers to the commander of the gaining command. Under mobilization authority, command jurisdiction transfers to the commander of the unit to which assigned by the gaining command.

4. Relationships to Other Units. Established command channels apply. Communicate directly with the active duty advisory unit/active duty advisors on matters relating to training, inspection, and safety. Send a copy of such correspondence to the respective unit to which assigned.

5. Special Instruction. Deviations to the organizational structure depicted in **Attachment 1** and **Attachment 3** require prior approval of HQ AFRC/XPM. Submit deviations requiring Air Force approval (those not in compliance with the provisions of AFI 38-101, *Air Force Organization*, chapter 5. All other deviations/changes include as a minimum:

- 5.1. Resumes of each recommended change with narrative justification. Also, a brief discussion of why the current organization is ineffective.
- 5.2. Current and proposed organization charts down through the lowest level, authorized and proposed manning by grade, Air Force specialty code, and number.
- 5.3. Functional statements in brief and concise language, present tense, restricted to major functions or programs of the activity.
- 5.4. Position descriptions for any new or revised civilian positions.

JAMES E. SHERRARD III, Lt General, USAF
Commander

Attachment 1**FUNCTIONAL STATEMENT FOR MEDICAL GROUPS**

COMMAND. Exercises direct supervision over all assigned units. The medical group (MDG) commander is responsible for the command, direction, planning, staff supervision, and management of the MDG in the fulfillment of its prescribed mission. Provides for the administration, medical care, housing, discipline, and welfare of assigned MDG personnel. The MDG is the primary liaison to the active duty medical group at collocated bases.

Attachment 2

APPLICABILITY

UNIT LOCATION

349 Travis AFB CA

| 433 Lackland AFB TX

452 March ARB CA

932 Scott AFB IL

Attachment 3

MEDICAL GROUPS

