

The AFMS Pulse: Government Shutdown & All-Medic Call

Government Shutdown info & Key takeaways from Lt. Gen. DeGoes and CMSgt Woods

Government Shutdown: If funding is not approved by 11:59 p.m. tonight.

Additional Info: [DoW Guidance](#) | [OPM Guidance](#)

- The DAF will continue to defend the nation and conduct ongoing military ops
- Active military: Continue to report for duty
 - Will receive full mid-month paycheck on Oct. 15.
 - Future pay is halted until an appropriation, Continuing Resolution, or the Pay Out Military Act is passed.
- Civilian: Furloughed unless excepted/exempted; Paid for hours worked Sept. 21-30 and up to 4 hours of admin leave on Oct. 1.
- Backpay: When appropriations act is signed, pay is retroactive

All-Medic Call Update: Lt. Gen. John DeGoes and Chief Master Sgt. James Woods hosted an All-Medic Call Sept. 12, 2025, to discuss AFMEDCOM.

AFMS is one enterprise

- HAF/SG and AFMEDCOM fall under the AFMS structure
 - HAF/SG creates policy and organizes, trains, and equips medical forces.
 - AFMEDCOM
 - Improves AF medical readiness to support AFFORGEN, SPAFORGEN, and the Joint Force.
 - Partners with DHA to ensure Airmen, Guardians, and their families receive timely and quality medical care.
- AFMEDCOM improves how readiness is measured and achieved – whether for medics serving under AFMEDCOM, the line, or in joint assignments.

Recent Milestones

- *ICT Progress:*
 - First tranche: AFDW medical personnel successfully transferred to 79 MDW.
 - Second: 59th MDW ICT began Sept. 9 to realign 2,600 personnel from AETC.
 - Next: Pre-ICT meetings to realign Airmen from AETC to 359 MDW have started
- *Innovation Spotlight:* PACAF is building “RxBot” to improve prescription action process
 - Automates 33 of 38 processes. Cuts processing from two hours to 12 minutes.
 - Evaluation period is expected to end in October; tests at select bases to follow.

Looking Ahead

- *Efforts to improve readiness and maximize access to care:*
 - Situation: Current medical manning, coupled with wartime readiness training requirements and operational demands strain services at MTFs.
 - Effort 1: AF/SG requested 240 more GS medics from Health Affairs to be divided into 60 primary care teams to deliver healthcare
 - Effort 2: Move DHP medics to the line to provide direct support to units of action
 - Anticipated Outcome: Medics focused on operational medicine and readiness reinforced by civilian medics who ensure continued healthcare operations.

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