

CHAPTER 5

AEROMEDICAL EVACUATION (AE)

A. GENERAL

1. This Chapter implements policies as outlined in DoD Directive 5154.6 (reference (old)), and establishes procedures for movement of patients, medical attendants, and **nonmedical** attendants on DoD aircraft. It explains eligibility for AE, policy for its use, responsibility for **funding** and **reimbursement**, applicability of tariff rates, and requirements for approval. It applies to all U.S. Government Agencies and non-Government agencies, organizations, **and individuals**.

2. Persons authorized medical care in DoD medical facilities are not necessarily entitled to AE. Paragraphs D. and E. below, define the conditions under which AE may be provided and identifies categories of patients eligible for AE. It **further identifies** conditions under which costs for AE **services** provided to DoD health care beneficiaries, other U.S. Government Agencies, private individuals or organizations, foreign countries, or foreign nationals by the **USTRANSCOM** through its **Component**, the AMC, are reimbursable to the Department of Defense.

B. TERMS EXPLAINED

1. **AE**. The movement of patients by aircraft.

2. **AE Patient**. A patient classified by competent medical authority as a candidate for AE.

3. **AE Coordination Center (AECC)**. The Theater activity responsible to receive, coordinate, and schedule patient movements through the AE system.

4. **Competent Medical Authority**. A military, civilian, or contract physician of the Department of Defense, the **USCG**, the **USPHS**, or Department of Veterans Affairs. This individual has the responsibility to provide or arrange the necessary medical care of a patient and attest to the medical need to move a patient through AE.

5. **CONUS Disaster AE Support**. **AE** movement of patients, medicine, or medical equipment to alleviate the **effects** of a life-threatening disaster in the CONUS. This applies to military casualties and civilian casualties when requested on a reimbursable basis to the Department of **Defense** by **the** U.S. Government Agency responsible for managing evacuation operations.

6. **Global Patient Movement Requirements Center (GPMRC)**. The GPMRC merges the patient regulating and AE scheduling functions previously performed by the Armed **Services** Medical Regulating Office and the CONUS AECC.

7. **Medical Attendant.** A medical or ancillary medical person, military or civilian, who is qualified and/or authorized to participate in **AE** missions.

8. **Medical Regulating.** A process that selects destination medical treatment facilities (**MTFs**) for **Uniformed** Services patients being medically evacuated in, between, into, and out of the different theaters of the geographic **Unified** Commands and the CONUS.

9. **Nonmedical Attendant.** A person authorized to accompany a patient on an **AE** mission, based on the following:

a. Recommendation by the patient's attending physician that the person's presence is essential to the welfare of the patient.

b. Approval by the commander or director of the patient's medical treatment facility.

10. **Patient Movement Priorities**

a. **Routine AE.** A patient who requires **AE** on a **regularly** scheduled **AE** mission, a scheduled military airlift channel mission, or commercially procured **airlift** service.

b. **Priority AE.** A patient who requires **AE** sooner than the next scheduled channel **AE** mission or sooner than can be accommodated using **scheduled** military airlift channel mission, or commercially procured airlift service.

c. **Urgent AE.** **AE** required as soon as possible to save life, limb, **or** eyesight. Immediate action shall be taken to obtain **AE** or other suitable transportation to meet patient requirements. Terminally ill or psychiatric patients are not considered urgent patients.

11. **Recovered Patient.** A person discharged or returning from medical treatment who is authorized to travel on **DoD-owned** or -controlled aircraft.

12. **Secretarial Designee.** A person not normally a DoD **healthcare** beneficiary, who is designated a Military Department **healthcare** beneficiary by the Secretary of Defense or the Secretary of the Military Department concerned. **AE** shall not be provided unless specifically authorized by the Secretary and the designation document states that the sponsoring Secretary shall reimburse the AMC for **AE** costs.

13. **Special AE.** A non-scheduled **AE** mission, executed to move a patient, patients, medicine, body organs intended for **transplant**, or medical equipment (maybe accomplished using regularly scheduled "channel" or SAAM **aircraft**, or commercially procured services.

14. **Tanker/Airlift control Center (TACC)**. Hq AMC, Scott AFB, Illinois. Responsible for operational control and mission oversight of all **intertheater** AE missions and **intratheater** AE missions utilizing strategic airlift assets.

C. POLICIES GOVERNING THE MISSION OF THE AE SYSTEM

1. Under the policies of the Assistant **Secretary** of Defense for Health Affairs (see reference (old)), the **USCINCTRANS** shall be the single manager for the implementation of policy and the standardization of procedures. The Commanders of the geographic Unified Commands shall be **responsible** for **intratheater medical** regulating and for the Joint Medical Regulation Office (**JMRO**), or surgeon, in their respective theaters.

2. The primary mission of the DoD AE system is to transport U.S. military casualties **from** airheads and/or airfields within the combat zone to fixed and/or field hospitals either in or out of the combat zone, as required. Other patients maybe provided **AE** when their movement does not interfere with the timely or orderly accomplishment of the primary mission. As a **minimum**, in addition to a patient's medical condition, the availability of local military or civilian care, cost of **care**, and AE costs should also be considered in making the determination to provide AE.

3. Based on subsection C1., above, a person's eligibility and authorization to receive Federal **healthcare**, or classification as an AE patient, does not mean entitlement to **AE**.

D. AE PROCEDURES

1. Except for persons specifically eligible for AE by a DoD issuance, no person may be provided AE unless there is an emergency involving immediate **threat** to life, **limb**, or **sight**, suitable care is locally unavailable, and suitable commercial services (air taxi, charter air ambulance, and AE configured **commercial** air, etc.) are neither available, feasible, nor adequate. (The cost of such AE may not be considered a factor relating to availability of the service. The Department of Defense is not permitted to compete with commercial activities in providing AE to other than authorized patients.)

2. The commander of a force engaged in combat or in a hostile **fire** situation may approve AE of patients and medical and non-medical attendants in an **aircraft** not configured for AE, if the patients are facing a threat to life, limb, or sight.

3. Except for casualties being returned from overseas deployments or contingencies, **DoD-**sponsored AE shall be provided only to the nearest appropriate medical facility capable of providing the **necessary** care.

4. Priority or urgent AE is not authorized to move terminally ill patients. Further, AE may not be used to provide financial relief for a patient or patient's family, or for convenience of the patient or patient's family.

5. DoD-sponsored AE is not authorized to transport a person for the purpose of medical **ex-**perimentation unless it is determined by competent medical authority that such experimentation will probably save a patient's life.

6. Unless a patient is returning to an overseas duty location after receiving medical care in CONUS, prior approval **from** the Office of the Surgeon General of the Military Department (for Coast Guard personnel, the Commandant, **USCG**), the theater surgeon of the receiving overseas **command**, and the **USTRANSCOM** (may be delegated to HQ **AMC**) is required before movement of an **AE** patient **from** the CONUS to overseas on an AE mission.

7. When a military or USCG member or their dependents are moved through AE for a PCS, reimbursement for AE costs shall be provided by the sponsoring Military Department or **USCG**.

E. ELIGIBILITY FOR USE OF THE AE SYSTEM

1. **Patients**. AE patients, as defined in subsection **B.2.**, above, maybe provided AE in the CONUS, to the CONUS from an overseas area, and between or in overseas areas for inpatient and/or outpatient treatment or consultation which is unavailable locally from any **DoD-approved** health care facility, and for which AE to obtain further medical treatment is certified as required by competent medical authority. **Specific** authorizations for movement in AE patient status, **are** based on those specified for each category of **DoD** health beneficiary in **DoD** Directives 6010.3, 6010.4, 6310.6, 6310.7, and DoD 6010.8-R (references **(ee)** through (ii)). Applicable AE charges shall conform to **DoD** reimbursement policies and third party billing procedures.

2. **Recovered Patients**. AE patients and their dependents maybe authorized AE in the CONUS, **from** CONUS to an overseas **area**, and in overseas areas for return travel to their duty station when certified by competent medical authority to be in recovered patient status. Specific authorizations for areas of travel authorized in **AE** recovered patient status are **based** on those specified for each category of **DoD** health beneficiary listed **in** references **(ee)** through (ii).

3. **Nonmedical Attendants**

a. One member of the immediate family of any patient provided **AE**, **may** also be provided AE as a **nonmedical** attendant and **authorized** to accompany the patient when competent medical authority determines that a family member's presence is necessary to the patient's health and welfare. If a member of the immediate family is not available, another adult may accompany the patient in **nonmedical** attendant status on determination of need by the competent medical authority. **Nonmedical** attendants shall be issued appropriate travel orders authorizing the same category of movement as the patient. Any reimbursements due the Government for AE which may apply to the patient shall also be applied to the nonmedical attendant. The orders should clearly provide all known reimbursable items, costs, and corresponding accounting symbols to facilitate processing by the responsible accounting and finance activity.

b. A **nonmedical** attendant whose status is lost due to the death, extended medical care requirements of the patient, or other circumstances certified by competent medical authority may be provided space required **AE** movement to the scheduled **AE** destination nearest his or her home. However, in some cases, there may also be an entitlement for Government-funded transportation of surviving dependents to attend burial ceremonies of a deceased member. Consult the **JFTR**, Volume 1 (reference (b)) for definitive guidance. **AE aircraft** shall not be scheduled to move **nonmedical** attendants.

4. **Beneficiaries of Other U.S. Government Agencies.** When classified as **AE** patients by competent medical authority, individuals sponsored by a U.S. Government Agency may be provided **AE**. Specific authorizations for **areas** of movement for **AE** patients who are beneficiaries of other U.S. Government Agencies, are based on those specified for each category of DoD health beneficiary listed in DoD **Directives** 6010.3, 6010.4, 6310.6, and 6310.7, and DoD 601 O.8-R (references **(ee)** through **(ii)**). The sponsoring Agency shall reimburse the AMC at the **non-DoD**, U.S. Government tariff for **all AE** services provided.

5. **Other U.S. Government Sponsored Patients.** When a Government employee is classified as a patient requiring **AE** by competent medical authority and authorized Government transportation entitlements according to the **JTR**, Volume 2 (reference (c)), **AE** may be provided from overseas to a CONUS hospital or between medical facilities overseas, or in the CONUS. Reimbursement shall be made by the employee's Agency to the AMC at the **non-DoD**, U.S. Government tariff for **all AE** services provided.

F. PROCEDURES FOR REQUESTING AE

1. Eligible Patients

a. Requests for **AE** are normally submitted by the responsible Government medical treatment facility to **the GPMRC** in the CONUS or the theater Joint Medical Regulating **Office (JMRO)** outside the CONUS. In the CONUS, the **GPMRC** coordinates all subsequent aspects of the patient movement. Mission preparation, coordination, and execution is then conducted under the direction of the theater **AECC** or **TACC**.

b. **Channel AE.** **Intratheater** channel **AE** missions are scheduled and executed by the **responsible AECC**. **Intertheater** channel **AE** missions are jointly scheduled by the **GPMRC** and origin or destination theater **AECC**. To the fullest extent possible, **all AE** patients (urgent, priority, or routine) should be moved using channel **AE** missions or on opportune seating on **non-AE** channel missions.

c. **Priority or Urgent AE.** Requests shall be referred to the **GPMRC** or the applicable theater **AECC**.

2. Ineligible Patients

a. Routine or Priority AE Requests. When the Head of a Government Executive Department or Agency **requests** AE certifying that such AE is in the national interest and that commercial service is neither available nor capable of meeting the requirement, AE may be provided in an overseas area and from overseas to a CONUS hospital under other than lifesaving conditions. That AE shall normally take place on a channel AE mission and must be clinically validated by the theater **AECC**. A **nonmedical** attendant may accompany the patient when his or her presence is **determined** by competent medical authority to be essential to the patient's mental or physical well-being. The sponsoring authority's request to the AECC must indicate the agency or individuals responsible to **reimburse** the AMC and provide a **specific** name and address for **direct** billing of AE and in-flight medical charges at the applicable tariff rate.

b. Requests for Urgent AE in Overseas Areas

(1) U.S. Civilians. On receipt of a request for lifesaving movement in overseas commands, the theater surgeon concerned is authorized to approve movement of U.S. citizens when it is determined that an emergency involving immediate threat to life, limb, or sight exists, adequate care is locally unavailable, and suitable commercial AE is neither available, feasible, nor adequate.

(2) Foreign Nationals. The **joint-forces** commander responsible for the area in which the emergency arises has approval authority if the patient's injury or illness is directly related to U.S. Government operations within the **area**. Otherwise, requests for movement of foreign **nationals** must be **forwarded** to the responsible AECC through the local diplomatic post and the DoS, Washington, DC, for a determination of whether the movement is in the national interest and a confirmation of the DoS or other U.S. Government Agency's authority and requirements for placing a request under 31 **U.S.C.** 1535-1536 (reference **(jj)**). When the critical nature of the patient's illness or injury precludes submission of a request, the theater AECC may approve based on a DoS determination of U.S. interests and commitment to reimburse DoD for AE costs. A message shall be sent from the theater AECC to the USTRANSCOM, the **GPMRC**, and the HQ **AMC/SGAR** confirming the mission and indicating reimbursement source (other Government Agency, the Military Service, private insurance, etc.).

G. CONUS DISASTER AE SUPPORT

1. Requests. Requests for AE **during** disasters in CONUS shall be initiated by the Federal Emergency Management Agency (FEMA). Requests shall typically flow from FEMA to the Director of Military Support (**DOMS**) in **the Office** of the Army Deputy Chief of Staff, Operations and Plans, to the Secretary of Defense, to the Chairman of the Joint Chiefs of Staff for execution through the USTRANSCOM.

2. Reimbursement. FEMA-support missions are reimbursable to the AMC at the **non-DoD** U.S. Government rate.

H. CRITERIA FOR APPROVAL OF AE MISSIONS

1. **Routine AE.** Routine strategic AE (channel) missions must be annually validated and approved by the **USTRANSCOM**. The AMC surgeon in the CONUS and the theater air Component surgeons must annually validate and approve AE channel missions in their areas of responsibility.

2. **Priority or Urgent AE.** The following criteria shall be strictly adhered to in determining AE requirements:

(1) The patient's illness or injury must be an immediate threat to his or her life.

(2) The patient is located where medical capabilities for adequate diagnosis and **treatment**, under generally accepted medical standards, **are** not available unless **AE is** utilized. AE shall be provided only to the nearest medical facility which can provide the necessary medical capability.

(3) Except for patients who are eligible for DoD-provided AE, suitable commercial AE services must not be available. It must be ascertained by the requester that commercial facilities (charter air ambulance or air taxi or scheduled air carrier or surface carriers) **are** unable to provide the necessary services. This information shall be validated by the responsible AECC to ensure DoD compliance with policy against competition with commercial activities.

3. **Approval Authority.** **After** obtaining **AE** request information, the responsible **GPMRC** or applicable theater JMRO shall approve or disapprove patient movement and coordinate AE.