The aeromedical evacuation (AE) system provides time-sensitive mission critical en route care to patients or casualties to and between higher levels of medical treatment facilities and care. The Air Force's AE capability comprises a system of systems including AE liaison teams, AE crew stages, AE crews, critical care air transport teams, other specialty teams, and en route patient staging systems. These forces execute patient movement predominately on mobility air forces aircraft, as well as aboard other Service, contracted, and international partner airframes. AE forces operate as far forward as air operations occur. The system is designed to be flexible to operate across the spectrum of potential scenarios and interface with joint, multinational, and special operations forces. For more information on medical operations, see Annex 4-02, Medical Operations.

AE forces may be tasked across the range of military operations. In certain circumstances, AE forces may also be tasked to evacuate injured or ill host nation personnel, enemy prisoners of war, detainees, and coalition forces in patient status. AE improves casualty recovery rates by providing timely and effective en route medical care of sick and wounded patients to medical facilities offering appropriate definitive medical care. The AE system provides patient movement by air, clinical specialty teams, specific patient movement items (PMI) equipment for in-flight care, patient staging facilities, command and control (C2) of AE forces and operations, and support to the communication network between airlift C2 agencies.

The Air Force is responsible for the AE mission. Air Mobility Command (AMC) is the Air Force’s lead command for AE and intertheater movements unless movements are supported by the geographic combatant command’s theater air mobility assets. AMC is charged with the responsibility to operate the common-user AE force and to procure and execute commercial augmentation (i.e., civilian air ambulance [CAA]). The AMC Surgeon General (SG) is the US Transportation Command (USTRANSCOM)/SG’s program manager responsible for resourcing, maintaining, and recycling PMI medical equipment to support Department of Defense patient movement. It oversees the global patient movement requirement center. AMC manages and operates the AE intertheater and hub and spoke operations, and provides AE elements and planning assistance to all theaters of operation. United States Air Forces in Europe and Pacific Air Forces are responsible for their theater-assigned AE units and associated airlift units. During
contingencies where requirements exceed theater AE capabilities, AMC normally provides tailored augmentation forces to support increased intratheater requirements and expands or establishes the intertheater capability to support movement between theaters of operation or to the continental United States, as required.

AE operations are executed by optimizing the use of available aircraft. Optimization may include mixing cargo and AE patients on the same air mobility flight, provided mixing does not interfere with patient movements. Approval to move cargo with AE patients is through the controlling air operations center and the medical crew director. Airlift for urgent and priority patients is normally tasked from alert aircrews, diversion of in-system select aircraft, or contracting with a CAA.

Theaters validate patient movement requests through the USTRANSCOM patient movement requirement centers. If absolutely necessary, patients requiring in-flight medical care, but not supported by the organic AE system, may be moved by other Service assets or CAA. CAA should only be used in order to save life, limb, or eyesight or if it is demonstrated as most cost-effective.