



## AEROMEDICAL EVACUATION OPERATIONS

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During support of operations, [aeromedical evacuation](#) (AE) employs its full capability, to include staging, AE aircrew members, specialty teams, and integrated communications. During expeditionary operations, AE includes the movement of military casualties from forward operating bases (FOB) to definitive care facilities. The AE system may also be tasked to provide patient movement for [noncombatant evacuation operations](#) (NEO), injured US combat forces, repatriated American citizens, allied prisoners of war, detainees, coalition forces, and Department of Defense (DOD) civilian contractors.

### Defense Support of Civil Authorities

[Defense Support of Civil Authorities](#) (DSCA) enables mutual assistance and support between DOD and any civil government agency. This includes planning and preparation for response to civil emergencies or attacks, including national security emergencies. Most DSCA situations are managed within the state. In a natural disaster the state normally declares when the situation is beyond the state's response capability and then requests federal support for the state emergency management agency from the [Federal Emergency Management Agency](#) (FEMA). The Director of patient stage operations is the senior AE DOD representative responsible for coordinating AE efforts at the aerial port of embarkation (APOE) and coordinating resource requirements with DOD, state, and federal units and agencies at the APOE. This person is responsible for all aspects of patient care and operations affecting patient care at the APOE.

When the DOD is asked to provide support, most FEMA-requested, regulated patient evacuations requiring air transportation are accomplished by AE. [US Transportation Command](#) (USTRANSCOM) is the authority that validates AE requirements in support of civilian authorities. Once validated, the requirement is tasked to 18 AF (Air Forces Transportation [AFTRANS]) or the geographic combatant commander (GCC)'s air mobility division (AMD) for execution. [618th Air Operations Center \(AOC\) \(Tanker Airlift Control Center \[TACC\]\)](#) is the 18 AF (AFTRANS) lead agency for patient movement planning, coordinating, and, when directed, executing DSCA support. Air Mobility Command (AMC) also provides trained AE coordinating officers and coordinating elements for DSCA from existing active and reserve component forces in execution of the [National Response Framework](#). AE assets required depend on the size and scope dictated by the disaster or contingency and may be supported by in-place AE infrastructure or the deployment of AE assets to the disaster area. For additional information on homeland operations, see Annex 3-27, [Homeland Operations](#).

## **AE Interface with Special Operations and Personnel Recovery Operations**

Some expeditionary forward deployed forces, such as special operations forces (SOF), Marine expeditionary forces, and personnel recovery operations forces, do not possess organic patient evacuation capability and should identify requirements for, and obtain patient evacuation support at forward airbases. See Annex 3-50, [Personnel Recovery Operations](#), for more information about personnel recovery.

Evacuation of casualties within a joint special operations area (JSOA) can be particularly complex since SOF often operate with small, widely dispersed teams, and in locations not easily accessible. SOF are responsible for care and evacuation of casualties from the forward location to the secure airfield where AE forces may be prepositioned to support the operation. SOF conduct the evacuation of patients with their organic capabilities. At the secured airfield patient evacuation and specialty care teams (e.g., critical care air transport team [CCATT]) assume responsibility for the casualties, freeing special operations medical assets to return to forward locations. Patient evacuation assets provide the support required to move patients through the en route care system.

Normally, the interface point with special operations is the en route patient staging system (ERPSS). ERPSS personnel have contingency operations training and, in forward locations, should be ready to provide limited holding for patients having been provided resuscitation and surgical intervention, when augmented by CCATT or similar capability. AE missions originating at secure forward airfields may require AE operations in low light conditions. When supporting these forces, AE crew members and CCATTs should be trained in low light/low noise, weapons, and operations in austere locations to meet special mission requirements.

### **Detainee Missions and AE**

AE personnel are not normally used for providing care to detainees unless they require in-flight medical care. Security of detainees is not a responsibility of the en route care system. Strict adherence to detainee handling guidelines is required.

### **Inter-fly Agreements with Services and Coalition AE Support**

The Air Force employs aircraft for the movement of patients and uses AE crew members and specialty teams (e.g., CCATT, tactical critical care evacuation team, etc.) to provide in-flight patient care. Other Services and coalition forces use various ground transport and a variety of aircraft for patient movement. Air Force AE aircrew members may perform appropriate duties in non-Air Force aircraft in the interest of the US government and approved by the appropriate Air Force component, the affected GCC, and the controlling aircraft authority. Conversely, coalition forces may also integrate with Air Force AE forces.

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