

7 FAM 360 MEDICAL EVACUATION

*(CT:CON-120; 12-06-2005)
(Office of Origin: CA/OCS/PRI)*

7 FAM 361 SUMMARY

7 FAM 361.1 Patient Stabilization

(CT:CON-120; 12-06-2005)

When a U.S. citizen/non-citizen national is ill or injured abroad, the patient or the family may desire to have the patient return home immediately. The U.S. embassy or consulate **cannot make medical decisions about a patient**. Local law determines who is entitled to make decisions about the patient. The attending physician in the host country also generally must make a determination that the patient is stable enough to travel. Airlines and air ambulance services usually will not transport a patient if the attending physician concludes the patient's condition would be further harmed by the flight. Air carriers and air ambulance services may consult their own physicians to review documentation from the attending physician in the host country before undertaking to carry the patient. 7 FAM 390 provides guidance about disembarking, reception and resettlement in the United States.

7 FAM 361.2 Preparing for Medical Evacuation

(CT:CON-120; 12-06-2005)

While the patient is being stabilized, you can help the patient and/or the family to assess transportation, escort and resettlement needs and options. You need to explain clearly that the patient and/or family are expected to make decisions, to make arrangements and assume costs. U.S. Government financial assistance is available through the Emergency Medical and Dietary Assistance (EMDA) and Repatriation Loan Programs only in limited circumstances (see 7 FAM 370 and 7 FAM 380). 7 FAM 1931 provides information on crime victim assistance, which may include post-crisis reimbursement for certain expenses incurred by victims or their families abroad.

7 FAM 361.3 Medical Evacuation is a Medical

Decision for Medical and Public Health Authorities

(CT:CON-120; 12-06-2005)

- a. The decision to release a patient from a medical facility abroad for medical evacuation rests with medical/public health authorities and with air carriers and their company physicians.
- b. Generally, air carriers will not board a patient who in the opinion of the attending physicians is not expected to survive the flight.
- c. Post should ensure that airlines and officials at U.S. Bureau of Immigration and Customs Enforcement (BICE) of the Department of Homeland Security and the Division of Global Migration and Quarantine, Centers for Disease Control (CDC) Atlanta Duty Officer know of any medical cases involving serious communicable disease. The 24 hour contact number for the CDC Atlanta Duty Officer, Division of Global Migration and Quarantine is 866-694-4867.
- d. It is not appropriate for the host country to try to board such an individual without advance coordination with U.S. authorities. (See Public Health Screening at U.S. Ports of Entry (POE) a Guide for Federal Inspectors.)
- e. 7 FAM 066 provides Privacy Act guidance.

7 FAM 362 ESCORTS

(CT:CON-120; 12-06-2005)

- a. **General Guidelines:** Individual airlines have their own requirements concerning escorts for medically and mentally ill patients. Most commercial carriers require that escorts for medically or mentally ill individuals be either a doctor or nurse. Some airlines allow a family member under certain circumstances. The passenger's condition mandates the number of escorts and their qualifications. Contact air carriers on a case-by-case basis for information about escort requirements. The escort(s) should accompany the patient to the final destination in the United States. You should have contacts with the airlines serving the host country and a general understanding of the requirements of those air carriers regarding escorts for medical patients.
- b. **Escorts for Mental Patients:**
 - (1) 14 CFR 382.35 provides guidance to air carriers regarding circumstances when an escort or attendant may be required for a person with a disability;
 - (2) 14 CFR 382.31(d) provides that air carrier personnel, as authorized by 14 CFR 91.3 or 14 CFR 121.533, may refuse to provide

- transportation to any passenger on the basis of safety, and may refuse to provide transportation to any passenger whose carriage would violate the Federal Aviation Regulations. (See also 49 U.S.C. 44902 **Refusal to Transport Passengers.**);
- (3) The FAA also has informal guidelines regarding the transporting of mentally ill persons by air (AC 120-34 Air Transportation of Mental Patients). These guidelines for U.S. flag air carriers and carriers departing from and landing in the United States are non-binding, and subject to change. **A person suffering from mental illness or other condition that could make him/her a possible danger to others should not board an aircraft without a required escort;**
- (4) **Release of Information about a U.S. National Patient Being Transported by Air:** Posts should share appropriate information about such cases with air carriers in advance so that they can determine the conditions under which such a person may be allowed onboard the aircraft, consistent with the Privacy Act. (See 7 FAM 060, and State-05 regarding release of information to air carriers as a routine use.); and
- (a) In some cases, it may be possible to transport such an individual only by commercial air ambulance service, with escorts and medication indicated as appropriate and necessary by attending physicians;
 - (b) Post and CA/OCS/ACS should alert the Department of Homeland Security, Transportation Security Administration (TSA) if a mental patient with a history of violence, even under escort, is on board an aircraft scheduled to land in the United States;
 - (c) Specify whether the escort is a qualified medical professional, law enforcement official, family member or other person;
 - (d) Also provide details as to whether the patient is under sedation or physical restraint;
 - (e) Note that certain actions by such an individual may be a violation of U.S. laws on crew interference and other threats to aircraft; and
 - (f) See 7 FAM 340 Mental Illness.
- (5) See 7 FAM 390 regarding reception and resettlement in the United States. Reception officials need a full briefing about diagnosis, dosage and other relevant information. The escort(s) should remain with the patient until the patient reaches the final destination and is in the care of the reception officials who confirm

that they no longer need the escort(s).

- c. **Post personnel or family members:** Because of the possibility of claims of liability against the U.S. Government, CA/OCS/ACS discourages the use of an embassy or consulate employee or such employee's family member as escorts. Make every effort to obtain an appropriate escort from the local community; use a post employee only as an absolute last resort.
- d. **Charitable Escort Options:** A variety of charitable organizations provide volunteers who may be able to serve as escorts under certain circumstances. For example, Airline Ambassadors International (AAI) is non-profit network of airline employees and others who volunteer as "Ambassadors of Goodwill" in their home communities and abroad. Post's local contacts with commercial air carriers may provide information about similar services. **As with post list of doctors, hospitals and air ambulance services, the disclaimer set forth in 7 FAM 337.4-2 should be included in any list of escorts.** Links on post home page should be preceded with caveat that Inclusion of Non-U.S. Government links or information does **not** imply endorsement of contents.
- e. **Escort Expenses and Fees:** Local practice generally determines what fee, if any, the escort will charge. If the individual is being repatriated on the basis of a U.S. Government medical repatriation loan, the escort's fare and expenses as well as any additional charge for the escort's services are considered part of the repatriation expenses of the U.S. citizen patient to the port of entry. Sometimes the family can pay for the cost of the travel of the patient, but not the additional cost of the escort(s). The latter can be covered in a repatriation loan to be paid by the patient or family, (see 7 FAM 380). If post believes that an escort's proposed fee is unreasonable, consult CA/OCS/ACS and include discussion of any alternatives.

7 FAM 363 SPECIAL MEDICAL EVACUATION ISSUES

7 FAM 363.1 Arranging Transportation For Medically Incapacitated U.S. Citizens

(CT:CON-120; 12-06-2005)

- a. Unless the individual in question is receiving a repatriation loan (see 7 FAM 380), post generally **should not** become responsible for or involved in travel arrangements. If family members or friends cannot be located, post may be dealing with the insurance company, facilitating

communication with host country medical authorities. In such cases, the insurance company would generally be making the transportation arrangements. If your assistance is requested to expedite travel arrangements **in which no official funds are being expended**, clearly inform all parties that neither post nor the officer will be held responsible for the adequacy of the arrangements or for any financial costs.

- b. Air ambulance services generally require either payment up front or a guarantee of payment. For such a contract to be signed or guarantee to be provided by the post there needs to be both a properly authorized repatriation loan and fiscal data from the Department (CA/OCS/ACS). **Consular officers may not sign such contracts.** They should consult with Post's Management section to identify the contracting officer who has the authority to sign a contract or represent to a third party that the money will be available to pay for the medical evacuation when the service is provided using fiscal data furnished by the Department (CA/OCS/ACS). Further guidance on repatriation and EMDA loans provided in 7 FAM 370 and 7 FAM 380.

7 FAM 363.2 Medical Evacuations for Patients With Quarantinable Communicable Diseases

(CT:CON-120; 12-06-2005)

- a. When a medical evacuation is desired, provide the U.S. national and/or his/her family or friends with advice about available options. U.S. nationals with quarantinable communicable diseases who need to be medically evacuated present inherent logistical difficulties with which you should be prepared to assist. (See 7 FAM 334 and 7 FAM 359.)
- b. For the purposes of this material, references to quarantinable **communicable diseases means those so classified by the Centers for Disease Control and Prevention (CDC)** pursuant to Executive Order 13295, as amended April 1, 2005 and Section 361(b) of the Public Health Service Act (42 U.S.C. 264(b)).

REVISED CDC LIST OF QUARANTINABLE COMMUNICABLE DISEASES

(a) Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named).

(b) Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would

have severe public health consequences.

(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic."

c. See CDC Guidance on Air Medical Transport for SARS Patients and PDF Version CDC Guidance on Air Medical Transport for SARS Patients.

d. **You should take the following steps to alert the CDC and CA/OCS/ACS:**

IF ...	THEN ...
<p>A U.S. national needs to be medically evacuated to the United States due to a U.S.-designated quarantinable disease or for a syndrome of a communicable disease suspected of being quarantinable ...</p>	<ul style="list-style-type: none"> • Notify the CDC’s Division of Global Migration and Quarantine (DGMQ) by telephone (866-694-4867); • Send daily e-mail reports on the U.S. national’s situation to CA/OCS/ACS and the ACS Health Issues mailbox Health-Issues@state.gov.
<p>Assistance is required in locating an appropriate U.S. hospital for U.S. national due to a U.S.-designated quarantinable disease or for syndrome of a communicable disease suspected of being quarantinable ...</p>	<ul style="list-style-type: none"> • Notify the CDC’s Division of Global Migration and Quarantine (DGMQ) by telephone (866-694-4867); • Send daily e-mail reports on the U.S. national’s situation to CA/OCS/ACS and the ACS Health Issues mailbox Health-Issues@state.gov.
<p>U.S nationals with quarantinable communicable diseases are being moved within or between regions outside the United States because they may eventually return to the United States...</p>	<ul style="list-style-type: none"> • Notify the CDC’s Division of Global Migration and Quarantine (DGMQ) by telephone (866-694-4867); • Send daily e-mail reports on the U.S. national’s situation to CA/OCS/ACS and the ACS Health Issues mailbox Health-Issues@state.gov.

e. The duty officer at CDC’s DGMQ will as needed discuss with the air transport carrier as well as the physicians caring for/transporting the patient about the arrangements made for acceptance of the patient. It is

the patient's and/or family's responsibility to make arrangements with the receiving facility. The CDC does not make such arrangements nor is it responsible for transport to the receiving U.S. hospital. DGMQ will arrange as required for public health service personnel to meet the flight on arrival to insure adequacy of isolation precautions and to make recommendations as needed. CDC's DGMQ should be informed when and where the flight will arrive prior to the flight and during the flight, should there be any changes. If desired, DGMQ personnel can make recommendations to the family about medical evacuation companies that have assisted U.S. citizens abroad; however, CDC cannot be responsible for any aspect of the medical evacuation or the quality of the assistance.

- f. Then, you should send a report by cable, with appropriate follow up cable reports. Remember to:

Use CASC, CMGT, TBIO, and AMED tags

Route Distribution of Telegram to:

- **CA/OCS/ACS/(your region)**
- **The geographical bureau country desk officer**
- **OES/IHA**
- **DASHO**
- **CDC Atlanta**
- **HHS Global Health**

- g. **Official Personnel and Dependents:** Alert the post's regional medical officer of any potential cases for his/her action with regards to official personnel and their dependents.
- h. **HHS Health Attaches at Posts:** If necessary, consult with HHS' health attaches at the appropriate posts. The **health attaches** responsibilities include:
- (1) Facilitating HHS, including CDC, activities, and collaborations within the U.S. Embassy and host country/government;
 - (2) Assisting with recommendations for transport, if necessary;
 - (3) Assisting in contacting local health officials and CDC;
 - (4) Because most medical evacuation planes are smaller than commercial airplanes, it may be necessary for them to stop in other countries for refueling or for the patient to be medically evacuated somewhere else within the region rather than to the United States. When refueling stops are required en route to the United States or a patient is being medically evacuated somewhere within the region rather than the United States, you should alert the posts concerned

of the evacuation and provide them with pertinent information about the U.S. national's case;

- (5) You may wish to establish standard procedures with other posts where medical evacuation refueling stops or U.S. national patient intakes are most likely to take place; and
 - (6) Frequent emergency medical patient intake posts (usually those with excellent medical facilities) should establish contacts with the host country's medical officials and become familiar with the procedures regarding the acceptance of U.S. national patients with quarantinable communicable diseases.
- i. **Cross-border Land Medical Evacuations:** In cases requiring cross-border coordination, you should assist U.S. nationals in obtaining the necessary documents or assistance from immigration and health authorities or others as necessary.
 - j. **Air Medical Evacuations in Cases of Quarantinable Communicable Diseases:** During the 2003 SARS epidemic, some private medical evacuation companies refused to transport individuals infected with SARS. There are a number of air ambulance companies, some of which are listed on the Internet. Purchasing insurance for medical evacuation prior to travel is one means of having access to such services when an accident or illness occurs in another country.

DISCLAIMER: The Department assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by, the medical professionals, medical facilities or air ambulance services whose names appear on the following list. Names are listed alphabetically and the order in which they appear has no other significance. Professional credentials and areas of expertise are provided directly by the medical professional, medical facility or air ambulance service.

Medaire

Corporate HQ Tel: 480-333-3700
Director of Operations: 602-317-1466
Medaire's 24/7 Global Lifeline
Telephone: 800-856-8200 or 480-333-3595
FAX: 480-333-3592
Website: www.medaire.com

Medjet

**Birmingham International Airport
4900 69th Street North**

Birmingham, Alabama 35206

Also with offices in Washington, DC, New York and Atlanta

Telephone: 800-963-3538
205-595-6626
FAX: 800-863-3538
Website: medjetassist.com

Phoenix Air

100 Phoenix Drive, SW
Cartersville, Georgia 30120
Telephone: 800-334-5360
770-387-2000
FAX: 770-386-3053
Website: phoenixair.com

SOS International
Alarm Center, Philadelphia, PA
Immediate Assistance: 215-942-8226
Telephone: 1-800-523-8930 or 1-215-942-8000
FAX: 215-244-9617
Website: internationalsos.com

- k. Ultimately, it is the medical evacuation company's decision as to whether they have the capability to transport a patient if the person has an illness of public health significance. If another new, communicable disease is encountered, the commercial medical evacuation companies may refuse to transport patients until more is known about the disease and its transmission and potential risks to the patient and the plane's medical crew are known.
- l. Land transport to and from the airplane/airport and the destination medical facility must also be arranged. As in the 2003 SARS epidemic, situations may be further complicated when government authorities refuse to release individuals with quarantinable communicable diseases from the hospital and/or admit them into their jurisdiction.

7 FAM 363.3 Patients with presumed infectious diseases of public health significance and U.S. Hospitals

(CT:CON-120; 12-06-2005)

- a. CDC has negotiated several hundred Memoranda of Agreement with U.S. hospitals to accept patients with presumed infectious diseases of public health significance. The U.S. national may not be able to be admitted to a hospital nearest to his/her home; the U.S. national may have to be

admitted to a hospital nearest to his/her port of entry from abroad.

- b. To determine whether there is a hospital at the intended U.S. destination willing to accept such patients and having the appropriate facilities, call CDC's duty officer at the DGMQ or call CDC's Emergency Operation Center (EOC) and ask for the DGMQ duty officer.
- c. Provide the following information:
 - (1) Name of patient;
 - (2) Date and place of birth;
 - (3) Address;
 - (4) Telephone number;
 - (5) Names of contacts; and
 - (6) Circumstances of the case.
- d. The DGMQ duty officer will contact the appropriate hospital(s) and then provide you with the name of the accepting hospital and other information necessary to finalize medical evacuation arrangements. The DGMQ duty officer may also help provide other contacts.

7 FAM 364 MEDICAL EVACUATION TRANSPORTATION OPTIONS

7 FAM 364.1 SUMMARY

(CT:CON-120; 12-06-2005)

- a. The U.S. Government generally does not fund free-of-charge service for medical evacuation of private U.S. citizens from overseas. (But see 7 FAM 1800 Consular Crisis Management and 7 FAM 1900 Crime Victim Assistance.) Consular Information Sheets (see 7 FAM 050) stress the importance of having adequate medical insurance coverage when traveling abroad, including for medical evacuation. Repatriation loans (see 7 FAM 380) are **loans** and are expected to be repaid. The U.S. citizen's passport will not be renewed if the person is "in default," i.e., behind schedule in paying off the loan, (see 7 FAM 1380 Passport Limitations).
- b. There are three principal means of transport in medical evacuation cases:
 - (1) Commercial airlines;
 - (2) Privately chartered jets or air ambulance services; and
 - (3) U.S. Air Force Medical Evacuation (USAF Medevac).

- c. Most patients and families rely on either commercial air carrier or private air ambulance service. The choice depends on the level of emergency care required during transport. All options of medical transportation are expensive. The least expensive commercial airline usually charges twice the full economy fare for a stretcher, in addition to the cost of the tickets for the passenger and escort. Most airlines charge four or five times the economy fare for a stretcher, plus the cost of the passengers' tickets.
- d. It is difficult to predict the cost of a private air ambulance charter. Pricing factors include the location of the emergency and the current location of the plane that will be used. If a plane is stationed in the area or is "dead heading" back to base (returning empty from a previous trip), the cost will be less. Fees include medical staff and can be up to \$100,000 or more. The family may wish to call several companies before hiring one.
- e. **U.S. Air Force medevacs** are available only in very limited circumstances. They are generally prohibitively expensive for private citizens and are rarely used. The cost of U.S. Air Force Medevacs is based on flying hours from point of origin to destination via pick-up point and back to destination. This fee ranges from \$2,000 to \$10,000 **per hour**, depending on the aircraft. If the flight is a scheduled USAF medevac flight, the cost is usually three times that of a first class commercial fare, (see 7 FAM 364.5).

7 FAM 364.2 Private Charitable Options and Commercial Air Carrier Compassionate Rates

(CT:CON-120; 12-06-2005)

- a. Some charitable organizations provide guidance for families facing serious medical problems abroad. Programs may involve assisting in the transport of U.S. national patients to the United States for care. Any list of commercial air carrier charitable programs should include the following disclaimer.

DISCLAIMER: The U.S. Embassy/Consulate and the Department of State assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by the non-governmental organizations whose names appear below. We do not endorse any of these organizations. Names of organizations are listed alphabetically, and the order in which they appear has no other significance.

For Example ...

- Air Care Alliance
- Angel Flight
- Doctors Without Borders
- Make a Wish Foundation
- Medical Wings
- Operation Smile
- Send Hope Organization

b. Under certain limited circumstances, some commercial air carriers have charitable programs to help in transporting patients. Family, employers, or insurance companies or other representatives may wish to contact airlines and ask for the medical department, special services department or “stretcher desk” and explain the problem to identify options. In dire circumstances, airlines may be able to provide suggestions and alternatives. For example, CA/OCS has seen cases in which air carriers were able to provide upgrades, special airport reception and other assistance for relatives of U.S. national victims of serious accidents or disasters, (see 7 FAM 1800). Any list of commercial air carrier charitable programs should include the following disclaimer.

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For Example ...

- American Airlines Miles For Kids in Need
- Continental Airlines Compassionate Fare
- Delta SkyWish; Delta SkyWish Application Form
- Northwest Aircares
- United Air Lines Charity Miles

7 FAM 364.3 Commercial Carriers

(CT:CON-120; 12-06-2005)

a. Airlines accepting stretcher cases all have slightly different procedures.

Each airline determines whom they transport and under what conditions. Commercial carriers will not transport someone who is not medically stable enough to travel. Posts should be generally familiar with the medical clearance requirements of air carriers operating in the host country and should have a point of contact to which families of ill or injured U.S. citizens may be directed.

- b. Direct families in the United States to the medical department, special needs section, or stretcher desk of airlines operating between the United States and the host country. All airlines require an attending physician's statement with diagnosis and prognosis before they will consider transporting the individual.
- c. Each airline has its own doctor or a contract doctor who must approve transport in advance. All airlines have medical forms that are faxed to the attending physician for his/her completion.
- d. International Air Transport Association, IATA Resolution 700 on Acceptance and Carriage of Incapacitated Passengers includes a model Medical Information Form (MEDIF). The MEDIF form is completed by the passenger (if possible) and the attending physician. Many airlines also accept the Frequent Travelers Medical Card (FREMED).
- e. The Frequent Traveler's Medical Card (FREMEC) was designed for frequent flyers with mobility restrictions. The chip card is valid on all airlines that belong to the International Air Transport Association (IATA). It is valid for a specific period, depending on the passenger's disability, illness or general condition, so that frequent flyers do not have to give their personal details each time they book a flight.
- f. When linking to or listing information from non-governmental organizations about this issue, include the following disclaimer.

DISCLAIMER: The U.S. Embassy/Consulate and the Department of State assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by the non-governmental organizations whose names appear below. We do not endorse any of these organizations. Names of organizations are listed alphabetically, and the order in which they appear has no other significance.

Sample Links ...

- Air France Disabled Travelers
- Air Malta MEDIF

- Alitalia MEDIF
- ANA MEDIF
- Austrian Airlines MEDIF
- Cathay Pacific Special Needs
- JAL MEDIF; JAL Medical Information Form Instructions
- KLM Air Travel for Physically Challenged Passengers
- Lufthansa Travel Without Barriers
- Swiss International Airlines Medical Certificates; Swiss International Airlines Special Assistance

7 FAM 364.4 Air Ambulance Services

(CT:CON-120; 12-06-2005)

- a. Air ambulance services can fly a fully equipped air ambulance with medical staff, depending on the location and patient's condition. CA's information sheet entitled Medical Information for Americans Traveling Abroad, available on the CA Internet home page, includes a list of air ambulance services, (see 7 FAM Exhibit 364.4).
- b. Post's lists of doctors, hospitals and air ambulance services may have additional information about local resources. This information should be available on post's Internet home pages, (see 7 FAM 336). An air ambulance service is sometimes part of a larger global emergency assistance company that offers Western style medical clinics in major cities of developing countries, contracts medical consultants in major cities, can dispatch prescription medication and medical equipment, and can arrange medically supervised repatriations on commercial carriers, private jets as well as on air ambulances.
- c. The patient or the person authorized to act for him/her, not the consular officer, is expected to make the arrangements with the air ambulance service. That person should coordinate with the hospital and the air ambulance service. Usually the next-of-kin, insurance company, employer or guardian should make travel arrangements for a physically or mentally ill person. If there is no next-of-kin or guardian and the patient is being medically evacuated through a repatriation loan, the consular officer may make the arrangements, but may **not** incur any financial responsibility in the process. If there are language difficulties, post may provide appropriate liaison assistance. 7 FAM 370 and 7 FAM 380 provides guidance about repatriation and EMDA loans, including guidance on what to do if there is no next of kin or other guarantor and the patient is too sick to sign.

- d. Private air ambulance services, like commercial carriers, have the right to refuse to transport patients. For example, air ambulance companies refused to transport patients suffering from SARS. If there is room, family members may usually accompany the patient. Post should inform family members and the patient that there are usually strict limitations on the amount of luggage they can take on a flight.

7 FAM 364.5 U.S. Air Force Medical Evacuation and Availability of U.S. Military Hospitals for Emergence Care

7 FAM 364.5-1 Summary

(CT:CON-120; 12-06-2005)

- a. Although U.S. Air Force (USAF) medical evacuations (medevacs) are **rarely used**, detailed information is provided below to assist posts in clarifying the issue for families and to ensure that necessary information is readily available when USAF medevacs do become a viable option.
- b. The USAF **does not** routinely medevac private U.S. citizens at no cost.
- c. **Only active duty military and their dependents receive free transport.**
- d. USAF medevacs for private U.S. nationals are extremely expensive, and certain parameters specified in DOD Directives must be met to qualify for transport. (See 7 FAM 364.5-2 authority.)
- e. USAF medevacs can also take longer to arrange, and not all countries permit the landing of U.S. Air Force medical flights.

7 FAM 364.5-2 Authority

- a. Department of Defense (DOD) Regulation DODI 6000.11 Patient Movement provides:

DODI 6000.11 Patient Movement, Para 6.6.2.2 Requests for Urgent AE in Overseas Areas

“C5.6.2.2.1 **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.”

- b. **See Joint Pub 4-02 (JP 4-02) Doctrine for Health Support in Joint**

Operations, **JP 3-07 Joint Doctrine for Military Operations Other Than War, and U.S. Navy Flight Surgeon’s Manual, Humanitarian Aeromedical Evacuation.**

c. **Disasters and Other Crises Involving Medical Emergencies, see:**

- (1) Memorandum of Agreement between the Departments of State and Defense on The Protection and Evacuation of U.S. Citizens and Nationals and Designated Other Persons from Threatened Areas Overseas, signed on July 2, 1998 by then Under Secretary of State Thomas R. Pickering and on July 14, 1998 by then Under Secretary of Defense Walter B. Slocombe;
- (2) 12 FAH-1 Emergency Planning Handbook; and
- (3) 7 FAM 1800 Consular Crisis Management.

7 FAM 364.5-3 Global Patient Movement Requirements Center

(CT:CON-120; 12-06-2005)

The Aeromedical Evacuation System (AES) functions are coordinated by the Global Patient Movement Requirements Center (GPMRC), a unit of the U.S. Transportation Command, at Scott Air Force Base, Illinois. The primary role of the GPMRC is to coordinate with supporting resource providers to identify assets which can be designated for use by the supported Theater Patient Medical Requirements Centers (TPMRCs).

Contact:

- Global Patient Movement Requirements Center (GPMRC), Scott AFB, Illinois, 62225
- Telephone: 1-800-303-9301 (24 hour number with duty officer on call)
- Commercial number 618-229-4200 (24 hours number with duty officer on call)

See also:

- Care Force
- Walter Reed Army Medical Air Evacuation Office
- Aeromedical Evacuation Changes
- Virtual Naval Hospital
- U.S. Navy Flight Surgeon Manual, Aeromedical Evacuation

7 FAM 364.5-4 Eligibility for Transport

(CT:CON-120; 12-06-2005)

Department of Defense (DOD) regulations provide that to be eligible for U.S. Air Force Medevac transport, the following criteria must be met:

- (1) Must be a U.S. national. (**See**, DOD 6000.11 para, 6.6.2.2.);
- (2) Must be an emergency involving immediate threat to life, limb or eyesight;
- (3) Suitable care is not available locally;
- (4) Scheduled service on commercial airlines and charter air ambulance is not available or is inadequate; and
- (5) Transport provided on a reimbursable basis.

7 FAM 364.5-5 Time to Arrange

(CT:CON-120; 12-06-2005)

Unless a scheduled military flight is used, at least 24 hours is needed to arrange a medevac flight. Frequently more time is required.

7 FAM 364.5-6 Routing

(CT:CON-120; 12-06-2005)

USAF routing is very limited. The USAF will fly the U.S. citizen to the U.S. Air Force base nearest to the U.S. port of entry (POE):

- (1) East Coast arrivals - Andrews AFB, near Washington, DC;
- (2) West Coast arrivals - Travis AFB, near San Francisco; and
- (3) If the final destination in the United States is somewhere other than these two cities, onward commercial transportation must usually be arranged by the family.

7 FAM 364.5-7 Costs

(CT:CON-120; 12-06-2005)

- a. Cost is based on flying hours from point of origin to destination via pick-up point and back to destination. This fee ranges from \$2,000 to \$10,000 **per hour** depending on the aircraft. If a U.S. citizen is transported on a scheduled military hop, the fare is 3 times that of a **first class** commercial ticket between the same two points. This charge does not include the services of medical staff, which is additional.
- b. **Payment or a secure guarantee of payment must be made in advance.** Funds to cover costs must be on deposit with CA/OCS/ACS or post before final arrangements are made:

- (1) This is generally accomplished by OCS Trust (see 7 FAM 330). Family, friends, employer, insurance company or other interested persons deposit funds with the Department of State or U.S. embassy or consulate.
 - (2) If funds are not immediately available, the U.S. citizen, family or other interested party must sign a promissory note Form DS-3072 Evacuation Documentation, before the U.S. Department of State requests the USAF to proceed.
 - (3) All USAF services are on a non-negotiable basis. Fees are set by the Department of Defense.
- c. If the USAF asks a U.S. embassy or consulate or CA/OCS whether the Department of State has **approved a medevac for which payment has not been made, "chops off on the medevac", or "concur with the medevac" or similar phrase**, this means they are asking **whether the U.S. Department of State is sponsoring the flight and should be billed for the services**. No federal funding is provided for this purpose. Post or CA/OCS will advise the USAF that the Department generally cannot sponsor a flight. (See 7 FAM 364.5-7 (b)) above, regarding advance payment or secure guarantee of payment by patient or family.
- d. Should the USAF determine that it will provide the service without reimbursement, as a humanitarian gesture, the U.S. Department of State would have **"no objection."**

7 FAM 364.5-8 Submitting a Request for U.S. Air Force Medevac

(CT:CON-120; 12-06-2005)

- a. Requests from posts for USAF medevac are usually made to CA/OCS/ACS by cable, (see 7 FAM Exhibit 364.4-8). Advance requests can be telephoned to CA/OCS/ACS, or the OCS Duty Officer and Duty Director who can be reached through the U.S. Department of State Operations Center.
- b. Air Force medical evacuations arranged through CA/OCS must be approved by the OCS Managing Director or Duty Director before the Global Patient Movement Requirements Center (GPMRC) is contacted by post or CA/OCS for assistance. When the OCS/ACS geographic division or OCS Duty Officer receives post's request and analyzes the case options, if authorized by the CA/OCS Managing Director or Duty Director, contact will then be made with GPMRC.
- c. This is usually done by CA/OCS, but could be done by a post directly with GPMRC or the local overseas command theater surgeon.

- d. The following information is needed when initial contact with the USAF is made by post or the Department (CA/OCS):
- (1) Name of patient;
 - (2) Evidence of the patient’s U.S. nationality and identity;
 - (3) Address where the patient is located and the address of the patient’s final destination;
 - (4) Attending physician diagnosis and prognosis;
 - (5) Why the attending physician considers that the patient must be moved;
 - (6) Degree of risk to the patient’s life involved in effecting the move according to attending physician;
 - (7) Any special equipment or arrangements required during the move;
 - (8) Any other essential or helpful information; and
 - (9) Why adequate commercial/air ambulance service is not available.
- e. Post must fully report the situation to CA/OCS/ACS, including the deposit amount required, and must attempt to obtain the deposit from the patient or other concerned individuals. When the deposit is received or it is determined that such funds will not be forthcoming, report this to Post’s Military Attaché and CA/OCS/ACS.

7 FAM 365 THROUGH 369 UNASSIGNED

7 FAM EXHIBIT 364.4-8 MODEL CABLE REQUESTING USAF MEDEVAC

(CT:CON-120; 12-06-2005)

SECSTATE WASH DC
HQ USAF WASHINGTON DC
CDR USTRANSCOM SCOTT AFB IL
HQ AMC SCOTT AFB IL

Based on region, add the following additional address(es) to the basic address, as appropriate:

(1) For cases originating in EUR, NEA, AF, add:

HQ USAFE RAMSTEIN AB GE

(2) For cases originating in EAP add:

INFO: HQ PACAF HICKAM AFB HI
374th AES YOKOTA AB JA

(3) For cases originating in WHA, add:

INFO: GPMPC SCOTT AFB IL
HQ USTC SCOTT AFB IL GPMRC
CDR USTRANSCOM SCOTT AFB IL

TAGS: CASC

SUBJECT: MEDICAL EMERGENCY: REQUEST FOR U.S. AIR FORCE
MEDICAL EVACUATION/MEDEVAC

1. Request is made for consideration of U.S. Air Force Medevac for private U.S. citizen.

2. The patient's full name, date and place of birth, and U.S. passport number, date and place of issuance, or other evidence of U.S. citizenship;

3. The name(s) and relationship of the individual(s) who will accompany the U.S. citizen patient;

4. The name, address, telephone number, and relationship of NOK, friend, or business associate in the United States who may be contacted for a deposit of funds and for additional information or assistance;

5. Please note that:

a. the patient is suffering from a life or limb threatening illness/injury and in the opinion of attending physicians adequate medical treatment is not available locally;

b. commercial carrier or commercial air ambulance service is not available locally; or

c. the patient has been refused passage by a commercial carrier or air ambulance service and the reason given for refusal;

6. A notation that medical evacuation by USAF has been recommended by a licensed physician, preferably a U.S. military doctor, and the doctor's reason for the use of USAF rather than commercial carrier;

7. A statement certifying that medical evacuation by the USAF is in the national interest, including the reason(s) for such a conclusion;

8. The name, address, and telephone number of the place where the patient is presently located;

9. The name, address, and telephone number of the patient's attending physician;

10. A detailed medical diagnosis and prognosis;

11. A statement that funds have been or will be deposited at post; that a promissory note has been obtained or a request that the Department obtain funds from the NOK;

12. The name and relationship to the patient of the person who has given the post a written declaration accepting full responsibility for the

decision to use the medical evacuation facility and absolving the U.S. Government of liability with respect to any claim resulting from its use;

13. In a mental illness case, the name and relationship to the patient of the person who authorizes in writing the furnishing of necessary treatment and care to the patient;

14. The date when the patient is available for travel;

15. The name of the airport closest to the patient's location where the USAF MEDEVAC aircraft can land and the length of its runway

16. The name, address, and telephone number of the hospital in the United States to which the patient is destined;

17. The name, address, and telephone number of the doctor in the United States who will receive the patient for treatment;

18. The name, address, and telephone number of the ambulance service at the destination that will transport the patient from the airport of arrival to the receiving hospital (this information is most often obtained from persons listed).