Military Patient Movement
Together, we deliver.
Global Patient Movement Today
Unified Command Plan - CDRUSTRANSCOM is the DOD single manager for patient movement, providing DOD global patient movement, through the Defense Transportation System, in coordination with the geographic Combatant Commanders


DODI 4515.13, Air Transportation Eligibility, 22 Jan 2016

DODI 6000.11, Patient Movement, 4 May 2012, - Implements policy established in DoDDs 4500.09E and 5158.04 (References (c) and (d)) governing the management and use of DoD conveyances for PM

SECDEF memo 3 Nov 11 – USTRANSCOM assumes responsibility for planning and executing CONUS redistribution of patients returning from overseas contingencies

DODI 5154.06, Armed Services Medical Regulating, 20 Oct 2011 - Establish policy, assign responsibilities, and prescribe procedures for the implementation of Armed Services medical regulating during peacetime and contingency operations (both military and Defense Support of Civil Authorities (DSCA))

DOD 5158.06, Distribution Process Owner (DPO), 11 Sep 2007 - Implements policy for overseeing, coordinating, and synchronizing the DoD-wide distribution processes, including force projection, sustainment, and redeployment/retrograde operations

JP 4-02, Health Service Support (HSS), 26 Jul 2012, - United States Transportation Command is the DOD’s single manager for policy and standardization of procedures and information support systems for global patient movement

JP 3-17, Air Mobility Operations, 30 Sep 2013, - The air mobility network combines airlift, AR, aeromedical evacuation (AE), and air mobility support assets, processes, and procedures to support the transport of personnel and materiel

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“4+1…Transregional, multi-domain, contested environment”
GAPS = GCC Allocated PM forces (everybody needs more)

SEAMS = Seams for PM exist between operations that are conducted and supported across GCC boundaries

USTRANSCOM coordinates PM across gaps and seams. (i.e, Syria, Turkey, Yemen, Djibouti)
Global Patient Movement Routing

*Origination, Enroute Care and Final Destination Determined by: POI, Patients' Medical Needs, Medical Capabilities and ERIMP*
MOBILITY AIRLIFT FIXED WING OPTIONS

C130H/J

KC-135 Stratotanker

C17 Globemaster III

C-21A

KC-10: Using pt support pallets; C-5: difficult to load litters

Together, we deliver.
Aeromedical Evacuation Support Capabilities

AE Assets

- AE Crews
- Tactical Critical Care Evac Team (TCCET)
- Critical Care Air Transport Team (CCATT)
  - CCATT – Acute Lung (ECMO)
  - CCATT-NICU/PICU
  - CCATT-Burn

Other AE Capabilities

- AE Control Team (AECT)
- AE Command Squadron (AECS)
- AE Liaison Team (AELT)
- Enroute Patient Staging System (ERPSS)
- AE Operations Team (AEOT)
- Patient Movement Item (PMI) teams

Together, we deliver.
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Currently, 86 Total PMI-ATS sites

Note: Does not include deployable kits
### KEY MEDICAL TERMS

<table>
<thead>
<tr>
<th>Evacuation Precedence</th>
<th>Definition and Movement Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent</strong></td>
<td>Patients requiring emergency evacuation to save <strong>life</strong>, <strong>limb</strong>, <strong>eyesight</strong> or to <strong>prevent serious complications</strong> of injury or existing medical complications. <strong>Moves ASAP. Goal is to move within 12 hours of PMR validation.</strong></td>
</tr>
<tr>
<td><strong>Priority</strong></td>
<td>Patients requiring prompt medical care not available locally. Used when medical condition could deteriorate and the patient cannot wait for routine evacuation. <strong>Moves within 24 hours after PMR validation.</strong></td>
</tr>
<tr>
<td><strong>Routine</strong></td>
<td>Patients require medical evacuation, but their condition is not expected to deteriorate significantly. <strong>Moves within 72 hours after PMR validation.</strong></td>
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</tbody>
</table>
• Address cyber vulnerabilities within our control
• Improve usability
• Leverage existing virtualization efforts
• “TRAC2ES-Next”
  – Cyber-resilient
  – Automated decision support using evidence-based algorithms/CPGs
  – In-transit visibility from as close to POI as possible
Patient Movement Timeliness (2007-16)

- #PMRs:
  - 2007: 24,774
  - 2008: 20,917
  - 2009: 21,115
  - 2010: 25,212
  - 2011: 22,102
  - 2012: 15,831
  - 2013: 10,705
  - 2014: 7,902
  - 2015: 4,833
  - 2016: 4,179

- Timeliness:
  - Routine Submit to Depart
  - Priority – Submit to Depart
  - Urgent
• Grey Tail
• ISOS
• Other Agencies
• ATARES
Other Operational PM Opportunities

- Defense Support of Civil Authorities
- Patients Exposed to/infected with HCID
- Joint Port Opening
The New National Military Strategy

<table>
<thead>
<tr>
<th>Yesterday</th>
<th>Today</th>
<th>Tomorrow</th>
</tr>
</thead>
<tbody>
<tr>
<td>USSR</td>
<td>VEOs</td>
<td>Russia</td>
</tr>
<tr>
<td>Regional/global</td>
<td>Cyber</td>
<td>China</td>
</tr>
<tr>
<td>Survivability</td>
<td>Regional/local</td>
<td>Iran</td>
</tr>
<tr>
<td></td>
<td>Increased efficiency</td>
<td>North Korea</td>
</tr>
<tr>
<td></td>
<td>VEOs</td>
<td>Trans-regional, multi-domain</td>
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<td></td>
<td></td>
<td>Resiliency &amp; Effectiveness</td>
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</tbody>
</table>

“Our traditional approach where we are either at peace or at war is insufficient...The current reality is more an adversarial competition with a military dimension short of armed conflict.”

“I personally don’t believe the current planning and organizational construct or command and control are optimized for the current fight...What really is required is global integration.”

CJCS Gen Joe Dunford
### Casualty Generators

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</thead>
<tbody>
<tr>
<td>CBRN</td>
<td>IED</td>
<td>Precision-guided munitions</td>
</tr>
<tr>
<td>Ballistic Missiles</td>
<td>RPG</td>
<td>CBRN</td>
</tr>
<tr>
<td>+/- SOF</td>
<td>Grenade</td>
<td>Cyber</td>
</tr>
<tr>
<td>Artillery</td>
<td>Suicide bombers</td>
<td>Ballistic Missiles</td>
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For the first time since WWII, we cannot ensure air superiority

OPR: TCSG

CLASSIFICATION: UNCLASSIFIED
Current Global Patient Movement Plan
(Contested/Non-Permissive)

DoD Continuum of En-Route Care

PM assets as mobile Role 1-2 capability

OPR: TCSG

CLASSIFICATION: UNCLASSIFIED
Joint Expeditionary Multi-modal Patient Movement

Together, we deliver.
Back To The Future: Multimodal Patient Movement
Medical drones poised to take off
Mayo Clinic 2015

Semi-Autonomous CASEVAC
Opportunities:

• National Military Strategy: Patient movement in trans regional, multi domain and multi functional conflicts

• Way Ahead:
  – Evidenced-based EnRoute care
  – Tactics, techniques & procedures for cyber-compromised EnRoute Care
  – Automated decision support, new TRAC2ES
  – GPM for Attrition + CBRNE + NEO + HCID + ??
  – Development of joint, inter-operable, multi-modal PM capabilities…USTC patient movement Capabilities Based Assessment
Questions?