

FACT SHEET
USTRANSCOM PATIENT MOVEMENT SUPPORT TO WARRIOR CARE

The Unified Command Plan tasks USTRANSCOM with providing global patient movement, in coordination with geographic combatant commands, for the Department of Defense through the Defense Transportation System. The USTRANSCOM Surgeon's Office, in addition to providing normal Headquarters staff functions, serves as DOD's single manager for the development of policy and standardization of procedures and information support systems for global patient movement.

The success of the Aeromedical Evacuation (AE) system has undoubtedly contributed to the historically lowest rate of death among soldiers wounded in war. Over the last eight years, the aeromedical evacuation system has transformed to meet the challenges of the Global War on Terrorism and to safely return our wounded warriors home.

In the past, the AE system was outside "traditional" operations and was separately funded, scheduled, and flown. Since the retirement of the C-9, designated airlift, universal AE crews, and advances in critical care transportation medicine have improved patient movement capability and efficiency. The transformation to an expeditionary medical footprint drove the AE system to respond with flexible, agile C2 platforms, contingency aeromedical staging facilities, and Critical Care Air Transport Teams. This enhanced AE capability allows the DOD to quickly and safely move critically ill and injured patients faster, reducing our wounded warrior transport time from 10-14 days to CONUS in Operation Desert Shield to 3 days for Operations Iraqi Freedom and Enduring Freedom. Global AE allows the DOD to significantly reduce the battlefield medical footprint while maintaining world class standards of clinical care.

The USTRANSCOM Global Patient Movement Requirements Center (GPMRC) manages redistribution of OEF/OIF patients in CONUS utilizing DOD, Veteran's Administration and civilian facilities. Walter Reed Army Medical Center and Womack Army Medical Center received the highest number of OEF/OIF patients and, collectively, received almost 1,500 war-injured and sick patients in FY08. Additionally, 113 OEF/OIF patients were regulated to more than 22 different VA facilities for long-term rehabilitative care. All told, OEF/OIF patients were regulated to 135 different facilities in CONUS for necessary care.

USTRANSCOM SG has been staffing the Joint Patient Movement Requirements Center (JPMRC) at Al Udeid Air Base, Qatar since October 2001 and coordinates all patient movement via fixed-wing aeromedical evacuation aircraft within the CENTCOM area of responsibility.

FISCAL YEAR 2008 PATIENT MOVEMENT DATA

- Global
 - 22,456 global patient movements (completed Patient Movement Requests)
 - 14,511 patients moved globally
 - Urgent and priority patients: 1,886

- CENTCOM AOR
 - Individual patients moved from CENTCOM to EUCCOM: 8,129
 - Battle injuries (BI): 1,687
 - Urgent and priority patients: 1,513
 - CCATT teams: 457
 - CCATT patients: 743

- Cumulative
 - Individual patients moved from CENTCOM to EUCCOM from 10 Oct 01 to 5 Nov 08 is 54,712 (11,151 BI)
 - Does not include through-regulated patients regulated to CONUS or PACOM
 - Total completed PMRs from 10 Oct 01 to 5 Nov 08 is 69,585 (13,118 BI)