



DoD INSTRUCTION 6000.11

PATIENT MOVEMENT (PM)

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: June 22, 2018

Releasability: Cleared for public release. Available on the Directives Division Website at <http://www.esd.whs.mil/DD/>.

Reissues and Cancels: DoD Instruction 6000.11, "Patient Movement (PM)," May 4, 2012

Incorporates and Cancels: DoD Instruction 5154.06, "Armed Services Medical Regulating," October 20, 2011

Approved by: Robert L. Wilkie, Under Secretary of Defense for Personnel and Readiness

Purpose: This issuance, in accordance with the authority in DoD Directive (DoDD) 5124.02:

- Establishes policy, assigns responsibilities, and defines roles for implementation of the DoD PM mission.
- Maintains the Commander, United States Transportation Command (USTRANSCOM) as the DoD Single Manager for Global PM and Patient Movement Items (PMI) and recognizes the Office of the Joint Staff Surgeon (OJSS) as the joint proponent for Joint Theater Patient Evacuation (JTPE).
- Incorporates medical regulating guidance for the transport of casualties, to include the movement of contaminated, contagious, and potentially exposed patients.
- Expands the scope of the term PM to include prehospital patient evacuation in accordance with the Joint Requirements Oversight Council Memorandum 048-15.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

a. This issuance applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff (JS), the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

(2) The Commissioned Corps of the Public Health Service, pursuant to an agreement with the Department of Health and Human Services.

(3) The Commissioned Corps of the National Oceanic and Atmospheric Administration, pursuant to an agreement with the Department of Commerce.

(4) The Department of Health and Human Services, with respect to the medical regulation of patients in the DoD patient movement system to the National Disaster Medical System (NDMS) in support of military contingencies.

(5) The Department of Veterans Affairs (VA), with respect to the medical regulation of active duty personnel to VA facilities, in accordance with Sections 8111 and 8111A of Title 38, United States Code (U.S.C.), and the November 16, 2006 and August 4, 2009 VA/DoD Memorandums of Agreement.

b. Although this issuance does not apply to the United States Coast Guard (USCG), USCG personnel and resources are capable of providing limited PM support during search and rescue operations and other primary missions. En route care provided by the USCG is limited to the medical qualification levels of personnel and aircraft capabilities and applicable USCG policy. USCG assets may support more advanced PM operations with advance coordination and support from the DoD.

c. This issuance does not apply to Defense Support of Civil Authorities. References to NDMS policy and responsibilities are specific to support for military contingencies. NDMS support is governed by DoD Instruction (DoDI) 6010.22.

1.2. POLICY.

a. In accordance with DoDDs 5100.01 and 5158.04, a DoD PM system will be established and maintained to safely transport members of the uniformed services and other eligible beneficiaries or designated personnel to the appropriate role of care:

(1) DoD expeditionary civilian workforce personnel are eligible for PM in accordance with Directive-type Memorandum 17-004 and DoDI 4515.13.

(2) Contingency contractor personnel are afforded emergency assistance with PM in accordance with DoDIs 3020.41 and 4515.13.

(3) Non-medical attendants and service animals are authorized to accompany patients on PM missions in accordance with DoDI 4515.13.

(4) Secretarial designees are provided transportation on PM missions in accordance with DoDIs 6025.23 and 4515.13.

b. Unless otherwise delegated in writing, the Secretary of Defense is the approval authority to transport contaminated, contagious, and potentially exposed patients.

c. DoD personnel will be trained and equipped to transport contaminated, contagious, and potentially exposed patients in cases where PM may be essential to preserve life or continue critical missions.

(1) This *in extremis* capability complements existing policies and procedures for treating in-place contagious or potentially exposed patients and decontaminating patients prior to movement.

(2) PM policies and procedures will comply with regulations on interstate and foreign quarantine in accordance with Section 264 of Title 42, U.S.C.; Parts 70 and 71 of Title 42, Code of Federal Regulations; and obligations under the World Health Organization International Health Regulations and other applicable international agreements.

d. In accordance with DoDD 4500.09E, Defense Transportation System (DTS) resources may be used to move non-DoD patients only when the DoD mission will not be impaired and when one or more of the following conditions are met:

(1) An emergency with a direct nexus to the DoD mission occurs in which the DTS resources used will be of a lifesaving nature.

(2) Specifically authorized by statute.

(3) In direct support of the DoD mission.

(4) Requested by an Executive agency or a government department in accordance with Sections 1535 and 1536 of Title 31, U.S.C., and approved by the Secretary of Defense or his designee.

e. Reimbursement for transportation provided by DoD to other U.S. Government agencies or non-U.S. Government agencies or private individuals will be in accordance with DoDD 4500.09E.

1.3. INFORMATION COLLECTIONS. The statistical analysis, referred to in Paragraph 2.11.h.(4) of this issuance, does not require licensing with a report control symbol in accordance with Paragraph 1.b.(5), Volume 1 of DoD Manual 8910.01, which provides the exemption for

“information collected during DoD support of domestic and international emergency operations and incidents.”

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA):

- a. Serves as principal advisor to the USD(P&R) and Secretary of Defense on medical matters related to the movement of contaminated, contagious, and potentially exposed patients.
- b. Provides policy oversight to the DoD Components regarding PM to include the movement of contaminated, contagious, and potentially exposed patients.
- c. Advises the USD(P&R) on the development and employment of DoD PM capabilities.
- d. Provides oversight of DoD Planning, Programming, Budgeting, and Execution (PPBE) processes supporting PM activities and programs funded through the Defense Health Program (DHP) appropriation.
- e. Coordinates with the Assistant Secretary of Defense for Homeland Defense and Global Security (ASD(HD&GS)) on relevant DoD patient movement policies and program activities to facilitate integration and consistency with existing DoD policy and programs, in accordance with DoDD 5136.01.

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)).

Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

- a. Functions as the DoD proponent for health policy oversight, compliance, and currency related to this issuance.
- b. Establishes and maintains communications with the appropriate senior Military Health System governance councils to present and address policy matters related to PM activities.
- c. Develops and coordinates PM policy to include the movement of contaminated, contagious, and potentially exposed patients, including protective and quarantine measures for crew, medical personnel, and other individuals involved in PM.
- d. Coordinates with the Secretaries of the Military Departments; the Commander, USTRANSCOM; the Director, Defense Health Agency (DHA); and the JS Surgeon to develop an integrated system of PM addressing the continuum of en route care.
- e. Facilitates communication among the operational commanders, the Surgeons General of the Military Departments, OJSS, and the USTRANSCOM Surgeon on policy matters related to PM.

f. Specifies key force health protection quality assurance elements, reporting frequency, and measures of success pursuant to DoDI 6200.05.

g. Monitors policy compliance and provides periodic in-process review to ASD(HA).

h. Provides oversight and guidance of DHP funded research, development, test, and evaluation investments necessary to advance medical technologies and medical knowledge products to modernize PM.

2.3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH RESOURCE MANAGEMENT AND POLICY. Under the authority, direction, and control of the ASD(HA), the Deputy Assistant Secretary of Defense for Health Resource Management and Policy:

a. Prepares and submits, in the DoD PPBE process, a budget to resource DHP funded portions of the DoD PM enterprise, including current and future automated information systems (AIS) supporting multimodal PM activities and programs.

b. Presents and justifies applicable portions of the DHP budget supporting the DoD PM enterprise throughout the PPBE process, including presentations before Congress.

2.4. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R) through the ASD(HA), the Director, DHA:

a. Supports the Combatant Commands (CCMDs) as a Combat Support Agency in accordance with DoDDs 5136.13 and 3000.06, on PM initiatives, standards, and capabilities.

b. Prepares and submits program and budget requirements to resource DHP funded PM activities and programs, pursuant to the guidance of ASD(HA), for the DoD PPBE process, in accordance with DoDD 7045.14.

c. Coordinates with and supports USTRANSCOM in the acquisition and life-cycle management of PMI consistent with DoDI 6430.02.

(1) Provides analytical support to promote material commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities provided to Combatant Commanders.

(2) Promotes collaborative processes for acquiring new PMI that foster standardization across the continuum of en route care.

d. Coordinates with USTRANSCOM to contract for commercial PM services, supplementing DoD resources.

e. Supports the PM enterprise through the Joint Trauma System Committee on En Route Combat Casualty Care.

(1) Incorporates specific focus on and consideration of JTPE activities (e.g., resources for en route care, injuries and treatments, and patient documentation) within the existing Joint Trauma System performance improvement process.

(2) Develops and sustains clinical practice guidelines that serve as the standard of care for pre-hospital PM.

2.5. ASD(HD&GS). Under the authority, direction, and control of the Under Secretary of Defense for Policy, the ASD(HD&GS):

a. Supports the development, coordination, and implementation of DoD patient movement policy and program activities in collaboration with the ASD(HA).

b. In collaboration with the ASD(HA), provides departmental coordination with the U.S. Federal Interagency, in accordance with DoDDs 5111.1 and 5111.13, on DoD patient movement policy and program activities, including military contingencies, crises, or other emergencies (e.g., movement of patients to the United States, evacuation of chemical, biological, radiological, and nuclear exposed patients including contaminated/contagious patients, and patient redistribution within the United States).

2.6. UNDER SECRETARY OF DEFENSE FOR ACQUISITION AND SUSTAINMENT. The Under Secretary of Defense for Acquisition and Sustainment:

a. Establishes policy and provides guidance for efficient use of DoD and commercial transportation resources for PM.

b. Provides AIS support for PM and PMI asset tracking through the Program Executive Office for Defense Healthcare Management Systems (PEO DHMS), Joint Operational Medicine Information Systems Program Management Office.

2.7. UNDER SECRETARY OF DEFENSE (COMPTROLLER)/CHIEF FINANCIAL OFFICER, DEPARTMENT OF DEFENSE (USD(C)/CFO). The USD(C)/CFO reviews, coordinates, and publishes reimbursable PM rates (inclusive of separate billing rates for transportation and en route care) on the DoD Comptroller website, <http://comptroller.defense.gov>.

2.8. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Develop and maintain departmental policies that address standards for PM, to include providing qualified medical personnel with the training and equipment for basic, intermediate, and advanced life support within the scope of their respective PM responsibilities. PM standards will be coordinated to facilitate interoperability throughout the continuum of en route care.

- b. In coordination with USTRANSCOM and the OJSS, develop standardized procedures for managing PM events, ensuring patient safety and quality of care. This includes conducting event reviews or investigations of PM activities from entry of the patient into the PM system through arrival at final destination.
- c. Coordinate with the geographic Combatant Commanders (GCCs); the Director, DHA; and the JS Surgeon to establish departmental requirements for modification to existing doctrine, ASD(HA) policy, personnel, and materiel to establish and maintain JTPE activities.
- d. Assist, in coordination with the Commander, USTRANSCOM; the Director, DHA; and the JS Surgeon, to develop PM guidance addressing the movement of contaminated, contagious, and potentially exposed patients.
- e. Establish departmental procedures for approving PM for the return of recovered patients and their dependents to their duty stations in coordination with the Commander, USTRANSCOM and consistent with DoDI 4515.13.
- f. Provide the USTRANSCOM Command Surgeon and the GCCs with the information required to support global PM functions and responsibilities.
- g. Provide administrative support to DoD-sponsored patients regulated into non-military medical treatment facilities (MTFs) within the TRICARE network, the VA, or NDMS.
- h. Establish processes for ensuring the accountability of patients entered into the PM system. This includes using the designated PM AIS when transport is in excess of 100 miles for ground transportation and for all air transportation provided under the DTS.
- i. Provide qualified medical personnel to deliver the appropriate level of en route care to wounded, ill, and injured patients (including contaminated, contagious, and potentially exposed patients) during PM.
- j. In coordination with the DHA, identify and submit requests for equipment items to be added to the PMI program through USTRANSCOM to the Global Patient Movement Joint Advisory Board (GPMJAB) for approval.
- k. Monitor compliance of activities under their respective authorities and provide assistance for the standardized implementation of policies, procedures, quality care standards, and AIS, to include patient tracking systems, for PM.
- l. Plan, program, and budget for the necessary manpower and resources (using both DHP and non-DHP (Service line) funding) to accomplish the PM mission.
- m. Provide planning, programming, budgeting, and fiscal data to enable the USD(C)/CFO and the ASD(HA) to provide proper funding for multimodal PM and PMI functions consistent with this issuance.
- n. Comply with PM and PMI policies, procedures, and quality care standards established by USTRANSCOM for the DTS.

o. Coordinate with USTRANSCOM and the OJSS when conducting departmental reviews of specialized en route care clinical capabilities, ensuring capacity is maintained throughout the DoD PM enterprise to treat patients requiring specialized, critical care services (e.g., burn and advanced lung care).

2.9. CJCS. The CJCS:

a. Coordinates with the DoD Components on the standardization of education and training guidance to support current and emerging PM activities.

b. Coordinates with the Secretaries of the Military Departments, the GCCs, and the Commander, USTRANSCOM to develop and publish implementation guidance for PM activities addressing initial patient evacuation through transport to final destination to include the movement of contaminated, contagious, and potentially exposed patients.

c. Directs that the OJSS, as joint proponent for JTPE, coordinates with the DASD(HRP&O); Secretaries of the Military Departments; the Director, DHA; and the Commander, USTRANSCOM to:

(1) Modify existing doctrine, personnel, and materiel requirements to establish and maintain JTPE.

(2) Develop PM procedures addressing the movement of contaminated, contagious, and potentially exposed patients.

(3) Develop doctrine addressing integrated points of transition for multimodal PM initially coordinated by a patient evacuation coordination cell (PECC) to further en route care coordinated through a Patient Movement Requirements Center (PMRC).

d. Coordinates with the CCMDs to integrate PM into CJCS sponsored exercises, with specific emphasis placed on the interface between PECC and PMRC coordinated movement.

e. Coordinates with the CCMDs to develop theater specific exercise scenarios that stress PM across multiple domains (air, land, maritime) and require the use of multimodal transportation platforms.

2.10. GCCs. The GCCs:

a. Execute PM within their respective areas of responsibility, consistent with this issuance and with PM and PMI policies, procedures, and quality care standards established by the Commander, USTRANSCOM.

b. Provide PM policy recommendations to the ASD(HA), through the CJCS and the DASD(HRP&O).

c. Assist, in coordination with the Secretaries of the Military Departments; the Commander, USTRANSCOM; the Director, DHA; and the JS Surgeon; to:

(1) Establish departmental requirements for modifying existing doctrine, policies, personnel, and materiel for the creation and maintenance of JTPE.

(2) Develop integrated PM procedures to include the movement of contaminated, contagious, and potentially exposed patients.

(3) Develop integrated points of transition for multimodal PM initially coordinated by a PECC to further en route care coordinated through a PMRC.

d. Identify existing CCMD staff to accomplish PM related activities across the continuum of en route care, to include JTPE as outlined in Joint Requirements Oversight Council Memorandum 048-15.

(1) Coordinate with assigned Service components to develop concept of operations and integrate PECC functions centered on patient movement in the prehospital environment into CCMD plans, exercises, and operations.

(2) Incorporate JTPE activities into joint training venues within the CCMD.

e. Designate command and control relationships supporting theater-wide PM operations.

(1) Coordinate with assigned Service components to develop command and control relationships for organizational entities (e.g., PECCs) supporting mission-specific JTPE activities within a joint operations area.

(2) Coordinate with the Commander, USTRANSCOM to synchronize theater and global PM operations across the continuum of en route care, authorizing direct liaison authority between PECC(s) and PMRC(s) when appropriate.

f. Assist with medical regulating in their respective areas of responsibility and provide support to PMRCs.

2.11. COMMANDER, USTRANSCOM. The Commander, USTRANSCOM:

a. Serves as the DoD single manager for global PM and PMI, providing patient movement through the DTS in coordination with the GCCs, in accordance with DoDD 5158.04.

b. Provides oversight of the GPMJAB. Chaired by the USTRANSCOM Surgeon, the GPMJAB provides recommendations on multimodal PM procedures and doctrine, including but not limited to clinical guidance, equipment standardization, and PM enabling AIS.

c. Coordinates with the ASD(HA), the Secretaries of the Military Departments, the GCCs, and the JS Surgeon for implementation of PM policy, standardization of procedures, and AIS for

the multimodal transportation of wounded, ill, and injured patients (including movement of contaminated, contagious, and potentially exposed patients).

d. Coordinates with the Secretaries of the Military Departments and the JS Surgeon to develop, implement, and issue PM procedural guidance, such as the United States Transportation Command Handbook 41-1, that:

(1) Provides standardized procedures for managing PM events, ensuring patient safety and quality of care, including conducting event reviews or investigations of PM activities from entry of the patient into the PM system through transport to final destination.

(2) Provides guidance on the movement of contaminated, contagious, and potentially exposed patients.

e. Serves as the global manager for maintaining, operating, and identifying requirements for regulated PM AIS and PMI support.

(1) Coordinates with the ASD(HA); the Director, DHA; OJSS; and PEO DHMS to maintain and develop current and future PM AIS within the Joint Operational Medicine Information System portfolio of systems, providing the capability to regulate and monitor the in-transit visibility (ITV) of patients, medical staff, and non-medical attendants within the PM system.

(2) Coordinates with the DHA, Air Mobility Command (PMI Program Management Office), and PEO DHMS on the AIS used for PMI asset tracking and equipment management.

(3) Analyzes and advises the ASD(HA) on joint PMI with regard to global capacity and capability to respond to and sustain support of PM requirements including asset recycling.

f. Maintains the USTRANSCOM, Command Surgeon's Office to support PMRC operations and provide ITV and policy oversight of multimodal PM.

(1) During contingency operations, regulates uniformed services and other eligible or designated patients from the supported CCMD directly into MTFs of other GCCs.

(2) Regulation will be based on medical capability and bed availability information released by the respective GCC's servicing PMRC or Command Surgeon, or by the Military Services.

g. Develops, resources, and trains a deployable PMRC capability to support GCCs.

h. Provides medical regulating for the DTS in accordance with this issuance.

(1) Serves as the authoritative source for medical specialty and bed status codes used for medical regulating.

(2) The deciding factors for the determination of PM MTF destination and mode of transport include clinical and bed capacity considerations, effective resource utilization, and cost effectiveness.

(3) The mode of transport may include the use of commercial transportation when consistent with patient care requirements and in accordance with the Joint Travel Regulations.

(4) Submits statistical analysis to the USD(C)/CFO on en route care and other related information necessary for calculating logistical and fiscal data for PM.

i. Develops metrics and measures to assess the effectiveness of global PM and PMI activities listed under this issuance and provides periodic updates to ASD(HA); Director, DHA; and CJCS.

j. Provides planning, programming, budgeting, and fiscal data to enable the USD(C)/CFO and the ASD(HA) to provide proper funding for select PM functions consistent with this issuance.

k. Serves as the designated third-party collection and revenue reimbursable collection manager for the global PM system.

l. Through the USTRANSCOM, Command Surgeon's Office, serves as point of contact for USTRANSCOM-executed NDMS patient movement data in accordance with Section 300hh-11 of Title 42, U.S.C.

(1) Provides detailed instructions on Bed Reporting requirements, to include frequency of reporting and reporting of bed shortages.

(2) Maintains and updates NDMS contingency bed data and Federal Coordinating Center points of contact in the USTRANSCOM PM AIS.

(3) Coordinates with ASD(HA) for additional bed capacity when bed shortages are forecasted.

SECTION 3: PM

3.1. CONTINUUM OF EN ROUTE CARE. En route care capabilities will be integrated to support the treatment and movement of patients throughout the evacuation continuum, from point of injury (POI), wounding, illness, or infectious agent exposure (suspected or known) and through successive roles of medical care to final destination.

a. PECCs synchronize JTPE activities, applying intelligent tasking processes to effectively and efficiently move patients within the joint operations area.

b. PMRCs provide synchronization of intelligent tasking, ITV, and de-conflicting transport-to-bed plans, leveraging CCMD and USTRANSCOM assigned PM capabilities to seamlessly integrate with JTPE activities.

3.2. PMI. Continuity of en route care is dependent upon an agile, responsive PMI system that, within reasonable limits of Service-unique missions, promotes the standardization of select medical equipment and durable supply items across the DoD. Standardization improves joint interoperability and facilitates the time-sensitive movement of patients while preserving the capability of forward deployed medical units.

a. The Military Departments will equip deployable medical assemblages with initial quantities of critical equipment and supplies capable of supporting PM. Although not part of the centralized PMI inventory managed by USTRANSCOM to support and sustain global PM operations, this PM capable equipment and supplies will be of the same make and model as materiel on the GPMJAB approved, Commander, USTRANSCOM list of PMI.

b. Equipment designated as PMI will be certified by a joint airworthiness certification testing agency as “Safe-to-Fly” for use on applicable rotary, tilt-rotor, and fixed-wing aircraft.

c. PMI interoperability with allies and coalition partners will be pursued in accordance with DoDI 2010.06.

GLOSSARY

G.1. ACRONYMS.

AIS	automated information system
ASD(HD&GS)	Assistant Secretary of Defense for Homeland Defense and Global Security
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCMD	Combatant Command
CJCS	Chairman of the Joint Chiefs of Staff
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DHP	Defense Health Program
DoDD	DoD directive
DoDI	DoD instruction
DTS	Defense Transportation System
GCC	geographic Combatant Commander
GPMJAB	Global Patient Movement Joint Advisory Board
ITV	in-transit visibility
JS	Joint Staff
JTPE	Joint Theater Patient Evacuation
MTF	medical treatment facility
NDMS	National Disaster Medical System
OJSS	Office of the Joint Staff Surgeon
PECC	patient evacuation coordination cell
PEO DHMS	Program Executive Office Defense Health Management Systems
PM	patient movement
PMI	patient movement item
PMRC	Patient Movement Requirements Center
POI	point of injury
PPBE	Planning, Programming, Budgeting, and Execution
U.S.C.	United States Code
USCG	United States Coast Guard
USD(C)/CFO	Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense

USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USTRANSCOM	United States Transportation Command
VA	Department of Veterans Affairs

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

AIS. A combination of computer hardware, software, data, or telecommunications that performs functions such as collecting, processing, storing, transmitting, and displaying information to aid in decision support.

contingency contractor personnel. Defined in DoDI 3020.41.

direct support. Defined in the DoD Dictionary of Military and Associated Terms.

DTS. For the purpose of this issuance, the defense transportation system is that portion of the worldwide transportation infrastructure that supports DoD common-user transportation needs, including global PM in both peacetime and wartime. It consists of common-user military and commercial assets, services, and systems organic to, contracted for, or controlled by the DoD.

en route care. The continued provision of care during patient movement between the roles of medical care; en route care is delivered by qualified medical personnel to optimize positive patient outcomes.

evacuation (patient). Defined in the DoD Dictionary of Military and Associated Terms.

GPMJAB. Chaired by the USTRANSCOM Surgeon and comprised of representatives from across the DoD and Intergovernmental PM enterprise, the GPMJAB provides recommendations toward global PM policy guidance, processes and equipment standardization, and PM enabling information support systems. Additionally, the GPMJAB serves as the DoD subject matter expert advisory body to DoD, federal, State, and coalition entities in their doctrine, organization, materiel, leadership, personnel, and facilities or equivalent processes with the overall objective to optimize casualty/patient care and safety during movement on multimodal platforms from the POI through final destination.

in extremis. A situation of such exceptional urgency that immediate action must be taken to minimize imminent loss of life or catastrophic degradation of the military or political situation.

integrated point of transition. The point during the continuum of care where responsibility for PM transitions from JTPE, managed by a PECC, to PM managed by a PMRC. This point of transition will usually occur at Role 2 or 3 following pre-hospital care and initial patient stabilization. This transition point is fluid throughout the continuum of en route care and dependent upon the specific operating environment and the direction of the responsible GCC.

intelligent tasking. The coordinating process that incorporates operational, clinical, and regulating considerations into comprehensive guidance for the real-time management of PM activities.

interchangeability. Defined in DoDM 4120.24. A condition that exists when two or more items possess such functional and physical characteristics as to be equivalent in performance and durability, and are capable of being exchanged one for the other without alteration to the items themselves or to adjoining items, except for adjustment.

ITV. Defined in the DoD Dictionary of Military and Associated Terms.

joint proponent. Defined in the DoD Dictionary of Military and Associated Terms.

JTPE. The coordinated theater intelligent tasking activities (medical care, evacuation, logistics, command and control, medical regulation, etc.) that, when integrated, provide for the effective en route care and efficient movement of patients, beginning at the POI, wounding, illness or infectious agent exposure (suspected or known) and culminating in an integrated transition to PMRC coordinated PM.

medical regulating. Defined in the DoD Dictionary of Military and Associated Terms.

MTF. Defined in the DoD Dictionary of Military and Associated Terms.

multimodal PM. The combination of at least two mediums (air, rail, road, water) for patient movement.

NDMS. Defined in the DoD Dictionary of Military and Associated Terms.

patient. Defined in DoDI 6000.14. The term includes uniformed service members, the expeditionary civilian workforce, contingency contractor personnel, and all other PM eligible, or designated, personnel and military working animals.

PECC. Joint entity tasked with coordinating the intelligent tasking process in support of JTPE, integrating operational, clinical, and medical regulating considerations to inform PM activities throughout the joint operations area. Functions include coordinating with the appropriate PMRC to optimize integrated PM points of transition, enabling continuity of en route care.

PM. The act or process of moving wounded, ill, injured, or other persons (including contaminated, contagious, and potentially exposed patients) to obtain medical, surgical, and dental care or treatment. Functions include medical regulating, pre-hospital patient evacuation, and en route medical care. PM occurs across the continuum of care, from POI, wounding, or illness or infectious agent exposure (suspected or known) through successive roles of medical care to final destination. This act is focused on, but not limited to, the execution of JTPE and strategic (global) evacuation in support of OCONUS contingency operations, and the return and redistribution of patients within CONUS in support of these operations.

PMI. Defined in the DoD Dictionary of Military and Associated Terms.

PMRC. A joint activity under the command and control of USTRANSCOM and responsible to the GCC for PM management, exclusive of JTPE, for missions originating from, transiting through, or terminating in the CCMD area of responsibility. PMRCs devise plans and schedules, monitor execution, and coordinate with theater MTFs to allocate the proper treatment assets required for PM. PMRC functions include coordinating with PECCs, when established, to optimize integrated PM points of transition and maintain continuity of en route care.

regulated PM. A process used to describe the comprehensive, coordinated patient evacuation activities guided by an appropriate C2 entity designated by the operational commander.

roles of medical care. Defined in Joint Publication 4-02.

service animal. Defined in DoDI 4515.13.

uniformed services. Defined in the DoD Dictionary of Military and Associated Terms.

USTRANSCOM, Command Surgeon's Office. A joint activity reporting directly to the Commander, USTRANSCOM that serves as the DoD single manager for the development of policy and standardization of procedures and information support systems for global PM. The Command Surgeon's Office implements policy and standardized procedures for the regulation, clinical standards, and safe movement of patients. The Command Surgeon's Office orchestrates and maintains "global oversight" of the PMRCs in coordination with the GCCs and external intergovernmental organizations as required. The Command Surgeon's Office synchronizes current and future operational PM plans to identify available assets and validate transport to bed plans through the supporting USTRANSCOM PMRCs.

REFERENCES

- Code of Federal Regulations, Title 42
- Directive-type Memorandum 17-004, “Department of Defense Expeditionary Civilian Workforce,” January 25, 2017, as amended
- DoD Directive 3000.06, “Combat Support Agencies (CSAs),” June 27, 2013, as amended
- DoD Directive 4500.09E, “Transportation and Traffic Management,” September 11, 2007, as amended
- DoD Directive 5100.01, “Functions of the Department of Defense and Its Major Components,” December 21, 2010
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