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STATEMENT OF

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BEFORE THE SENATE ARMED SERVICES COMMITTEE
PERSONNEL SUBCOMMITTEE

ON

THE ROLE OF AIR FORCE AEROMEDICAL EVACUATION IN SUPPORT OF MILITARY
OPERATIONS

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Mr. Chairman and members of the Committee:

I am privileged to testify before this Committee as the Command Surgeon of the United States Transportation Command (USTRANSCOM) and Air Mobility Command (AMC). As I'm sure you know, our Transportation Command's mission is "to provide global air, land, and sea transportation for the Department of Defense in peace and war." My role at USTRANSCOM as Command Surgeon in particular is to serve as the Department of Defense single manager for the implementation of policy and standardization of patient movement. AMC, as a component of USTRANSCOM, is lead command for the Department of Defense's (DoD) worldwide aeromedical evacuation (AE) system.

Since the events of 11 September 2001, our ability to accomplish this mission has been put to a real-life challenge. Fortunately, our patient movement policies and the AE community have more than met this challenge. From the very beginning of Operation ENDURING FREEDOM (OEF), our singular goal has been to provide a flexible, seamless and responsive system capable of providing an extraordinary level of prompt and appropriate patient movement for our deployed soldiers, sailors, airmen, marines, coalition forces and others needing life saving medical treatment.

One of the great success stories has been our ability to carefully balance and coordinate the forward deployment of medical assets with a robust patient movement capability. This is all the more remarkable given the extensive theater of operations that spans several nations and thousands of miles in difficult terrain and austere conditions. AE uses any available airlift and far forward AE personnel to support operations so that we can quickly and safely evacuate patients to a higher level of care. This balancing act is only possible through the use of cutting edge technology and highly skilled

personnel. The reduced forward medical footprint requires a robust patient movement capability. This capability becomes a true readiness enhancement to the war fighters. It gives each of our personnel on the ground the confidence that should the need arise; they will indeed receive prompt evacuation and appropriate medical care.

The current AE strategy is "Targeted Capability." This strategy entails anticipating requirements and placing AE assets far forward to support rapid evacuation. USTRANSCOM has taken the initial definitive steps to ensure the AE system is able to support the entire spectrum of AE requirements, from peacetime/steady-state to a full-scale casualty flow.

Since the end of the Cold War, the Services have significantly reduced their medical footprints. AE is now tasked to rapidly evacuate casualties from numerous, forward locations supported by small expeditionary medical units. This changed operational environment demanded paradigm shifts in both the medical community and AE system. Significant for AE is the shift to evacuation of stabilized patients, use of airlift platforms capable of performing multiple missions, the requirement for multi-role AE crews, shift from a requirements-based system to a capabilities-based strategy, and positioning of AE teams forward to support rapid evacuation.

The AE system deploys forces based on projected casualty flow. This minimizes evacuation delays by strategically positioning AE crews, Critical Care Air Transport Teams (CCATT) and Mobile AE Staging Facilities (MASF) forward to optimize use of all available airlift. This has been extremely successful in OEF, where we have evacuated over 500 patients on C-130, C-141 and C-17 aircraft already flying in the airlift system.

An equally significant success story has been the TRANSCOM Regulating and Command & Control (C2) Evacuation System, better known as TRAC2ES (pronounced TRACES). On 12 July 2001, USTRANSCOM activated TRAC2ES, a web-based automated decision support tool, which provides visibility of patients requiring movement, resources required for patient movement, available hospital beds (by medical specialty) and patient in-transit visibility. TRAC2ES supports the United States Transportation Command (USTRANSCOM) mission to combine transportation, logistics, and clinical decision elements into a seamless patient movement information management system.

Currently, TRAC2ES is being utilized by numerous, forward-deployed units in support of OEF. As a result of TRAC2ES' flexibility and portability, even forward surgical teams and forward support medical companies are able to easily input patient movement information. This was previously not possible at levels of care below a combat support hospital (CSH) or equivalent. Since the beginning of OEF, the flexibility and capability of TRAC2ES have been challenged many times and those challenges have been successfully met.

Employing these new initiatives, the AE system is now in a period of transition from a process that was separately funded, scheduled, and flown, to a system that is integrated or "mainstreamed" into normal airlift processes. Our vision requires AE to be viewed as a specialized airlift mission supporting patient movement on any mobility airlift platform. To accomplish this, we must achieve the following:

- Develop light, modularized, and independently operable AE equipment
- Design an adaptable, multi-airframe capable, palletized litter/seat system

- Design AE capability into all appropriate future mobility airframes
- Ensure modernization and re-capitalization of multi-role airlift platforms

These initiatives are transforming the patient movement system to best mirror the wartime structure and simultaneously ensure AE personnel "train as we fight and fight as we train." The strategy of *mainstreaming AE into airlift operations and employing the full spectrum of lift for the AE mission worldwide ensures DoD's AE system is capable of providing the finest standard of care for men and women in uniform in peace and in war.*

Let me close by saying thank you, once again, for this opportunity--to present USTRANSCOM and its ongoing patient movement and aeromedical evacuation efforts to this committee.