

# What everyone needs to know about the Air Force C-9A Aircraft Retirement

July 2003

*The Air Force's fleet of C-9A Nightingale Aeromedical Evacuation (AE) aircraft will be retired at the end of September 2003*



## THE CHANGE IN PROCESS FOR AEROMEDICAL EVACUATION:

**Beginning September 2003, the Air Force will be using other aircraft for urgent, priority, and special AE movements. Routine patients will be moved primarily by less costly and more efficient commercial modes.**

## Facts:

1. The C-9A aircraft have a long and successful history of being the primary aircraft for short distance patient movements in the US and in the European and Pacific Theaters. Since the late 1960's, the C-9A aircraft have moved thousands of patients, from those returning from the Vietnam battlefields, to Operation Iraqi Freedom in 2003.
2. Although the C-9As have been the primary aircraft for short distances, they have never had the range to move patients from overseas theaters. That job has been done and will continue to be done by larger aircraft such as the C-141 Starlifter, the KC-135 Stratotanker, and the C-17 Globemaster III. Our AE crews are trained to move and treat patients on all of these aircraft.
3. The Department of Defense TRICARE program has been successful in creating local networks of doctors and hospitals that can take care of medical needs close to home for our military personnel, retired personnel and family members. This has greatly reduced the need to move military patients around the world within the AE system on designated aircraft. In CONUS only, the

TRICARE Prime Travel Benefit will pay for patient movements greater than 100 miles for those enrolled in TRICARE Prime. Overseas, eligible beneficiaries will be funded per the Joint Federal Travel Regulations.

4. There will be no significant change in the process for accessing AE for military hospitals. The Theater Patient Movement Requirements Center (TPMRC) will continue to validate all patient movements and task military assets when necessary. The C-21 will assume 24-hour alert capability for emergent moves. Other airlift assets will be tasked as needed. The medical treatment facility (MTF) will recommend and arrange for commercial travel for routine patients based on clinical and cost benefit analysis. In addition, the TPMRC will review each case to ensure commercial movement is medically appropriate. In the Pacific Theater over a test period of several months, the cost of medical travel decreased due to a reduction in the number of days patients were away from their homes. In addition, most patients preferred the flexibility and convenience of commercial travel.

**Commercial travel for routine patient movement has proven to be far more efficient, cutting down the number of travel days and the total cost of the trip.**

COMMERCIAL TICKETING AND TRACKING GUIDELINES:

**Active Duty Travel:** All active duty and dependents traveling by fixed wing aircraft for medical care should be regulated through the TPMRC per DODI 6000.11. Each instance requires the submission of a Patient Movement Request (PMR) utilizing TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES).

**Retiree Travel:** Currently, the TRICARE Prime Travel Benefit does not apply overseas and retirees and their family members are not eligible for JFTR funded travel. Retirees may travel under Space-A rules for travel priority throughout the European theater. Retirees and family members are eligible for urgent/priority AE for validated medical emergencies. The MTF or medical authority will submit PMRs in TRAC2ES.

**Determining Mode of Travel:**

The local MTF will recommend mode of travel based on clinical and cost analysis. Consideration should be given to the following:

1. Distance to specialty care location
2. Patient's overall physical condition
3. Patient preference
4. Business case analysis

If travel by fixed wing air transport is recommended, the provider of care should consult medical guidelines to ensure the patient is qualified to travel by air. Any questions can be directed to the respective PMRCs for patient movement validation. Guidelines are also posted on the websites:

TPMRC – Europe:  
<https://sg.usafe.af.mil/tpmrc/>

GPMRC (CONUS):  
<https://business.transcom.mil/gpmrc/>

TPMRC – Pacific:  
<https://www.ops.hickam.af.mil/502aog/tpmrc/index.htm>



**BOTTOM LINE: While the C-9A's time has come to an end, our urgent and priority patient movement mission will continue in the most efficient manner ensuring the highest standards of patient care are met.**

**Questions???**

**Call the Theater Patient Movements Requirements Center- Europe (TPMRC)  
DSN 480-8040/2235  
Commercial 49-6371-47-8040**

**24-hour Assistance Line for Patients Traveling in Europe  
CAC-0800-CALL-TPMRC  
CAC=Country Access Code**