*BY ORDER OF THE SECRETARY OF THE AIR FORCE*

*AIR FORCE POLICY DIRECTIVE 10-29*

*9 APRIL 2026*

*Operations*

# *WORLDWIDE AEROMEDICAL EVACUATION (AE) OPERATIONS*

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This directive establishes policy and assigns responsibilities for AE operations, implements DoDI 6000.11, Patient Movement, and is consistent with DoDI 4515.13, Air Transportation Eligibility. AE is a unique Air Force mission and one modality of the larger Department of War patient movement enterprise. USAF AE provides a critical patient movement capability that cuts across traditional service lines. It is a Total Force mission requiring continuous collaboration between the operations (A3) and medical (SG) communities. This publication applies to all civilian employees and uniformed members of the Regular Air Force, the Air Force Reserve, the Air National Guard, and those who are contractually obligated to comply with Department of the Air Force publications. This publication does not apply to the United States Space Force. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, Records Management and Information Governance Program, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the Department of the Air Force (DAF) Form 847, Recommendation for Change of Product; route DAF Forms 847 from the field through the appropriate functional chain of command.

## *SUMMARY OF CHANGES*

Minor changes include administrative updates, clarification of existing language, and updates to the Glossary of References and Supporting Information at **Attachment 1.**

**1. Policy.**

1.1. The USAF AE system provides time-sensitive enroute care of casualties to and between medical treatment facilities using USAF, joint service, partner nation and contracted aircraft with medical aircrew trained explicitly for the mission. AE forces can operate as far forward as aircraft are able to conduct air operations, across the full range of military operations, and in all operating environments. AE will strive to ensure the rapid evacuation of patients during contingencies as necessary to prevent undue suffering and preserve military strength. Specialty medical teams may be assigned to work with the AE aircrew to support patients requiring more intensive enroute care.

1.2. The Air Force will ensure AE unit mission readiness by conducting operational and training missions. These missions require AE clinical personnel to maintain currency and proficiency. Although not resourced for humanitarian assistance, disaster response, or defense support to civil authorities, the Air Force will be prepared to provide AE for these operations as directed by the National Command Authority.

**2. Roles and Responsibilities.**

2.1. The Air Force Deputy Chief of Staff, Operations (AF/A3) serves as lead for all airlift aspects of AE and maintains overall responsibility for assigned AE forces and missions. This designation streamlines operational aircraft and personnel assigned to the AE squadrons under the same authority. AF/A3 is responsible for establishing and implementing operational training and evaluation guidance for AE as outlined in the 10- and 11-series of Air Force publications.

2.2. The Air Force Surgeon General (AF/SG) serves as principal advisor for medical aspects of AE. AF/SG will provide qualified personnel and equipment for basic, intermediate, or advanced life support care within the scope of AE responsibilities; provide clinical training for AE medical personnel; ensure qualified medical personnel accompany all patients for whom commercial movement is not medically appropriate; standardize AE medical and nursing policies including comparable Clinical Quality Management programs; manage AE medical logistics, medical equipment, and War Reserve Materiel programs; evaluate AE clinical training, practice, and outcomes; facilitate AE process improvement via high-reliability organization principles; forecast and plan for future AE clinical requirements; and ensure integration of the AE system into the multi modal patient-movement system. AF/SG is responsible for establishing and implementing clinical training and standards guidance for AE as outlined in the 40-, 41-, 44-, 46-, 47-, and 48-series of Air Force publications.

2.3. Air Mobility Command (AMC) serves as the lead command for AE. As outlined in AFPD 10-21, Rapid Global Mobility, AMC will coordinate with the other commands involved in air mobility operations, to include AE, those processes designated to enable the interoperability of air mobility forces. AMC will maintain clear, detailed, and accountable standards in this mission area to ensure efficient resource employment and interoperability. AMC ensures that appropriate forces are organized, trained, and equipped to perform the AE mission across the full spectrum of operations to meet global AE requirements. All AE forces will comply with assigned MAJCOM readiness standards addressing operational and clinical requirements. All

Total Force MAJCOM functional area managers will coordinate with AMC to ensure operational, training and equip (OT&E) needs are identified and policies and procedures are thoroughly formulated. All publications, as defined in DAFMAN 90-161, Publishing Processes and Procedures, Attachment 11, will be developed with the participation and coordination of HAF 2-letter functionals (i.e., AF/A3 and AF/SG).

2.4. MAJCOMs will forward recommendations of AE commanders and AE functional experts to AMC for action pertaining to training, standardization, equipment, clinical, communications, and planning issues based on current day practices and/or shortfalls.

TROY E. MEINK
Secretary of the Air Force

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

### *References*

DoDI 4515.13*, Air Transportation Eligibility,* 22 January 2016

DoDI 6000.11, *Patient Movement,* 22 June 2018

AFPD 10-21, *Rapid Global Mobility,* 26 August 2019

AFI 13-103, *Air Component Headquarters AFFOR Staff Operations, Readiness and Structures,* 16 July 2025

AFI 33-322, *Records Management and Information Governance Program,* 23 March 2020. *Incorporating Change* 1, 28 July 2021

### *Prescribed Forms*

None

### *Adopted Forms*

AF Form 847, *Recommendation for Change of Product*

### *Abbreviations and Acronyms*

**AE**—Aeromedical Evacuation

**AFMAN**—Air Force Manual

**AMC**—Air Mobility Command

**DAF**—Department of the Air Force

**DoDI**—Department of Defense Instruction

**IAW**—In Accordance With

**MAJCOM**—Major Command

**OPR**—Office of Primary Responsibility

**SG**—Surgeon General

### *Office Symbols*

**AF/A3**—Air Force Deputy Chief of Staff, Operations

**AF/A34**—Air Force Training and Force Management Directorate

**AF/SG**—Air Force Surgeon General

### *Terms*

**Airlift**—Operations to transport and deliver passengers, cargo, and forces through the air in support of strategic, operational, or tactical objectives.

**Aeromedical Evacuation**—The movement of patients under medical supervision to and between medical treatment facilities by air transportation.

**Air Mobility**—The rapid movement of personnel, materiel and forces to and from or within a theater by air. For this publication, it encompasses all mission areas, to include airdrop and airland delivery, air refueling, cargo and passenger airlift, nuclear mission support, operational support airlift, special operations, defense support to civil authorities, aeromedical evacuation, air base opening, and the associated air mobility support missions and functions.