



FCRL

DEFENSE NUCLEAR AGENCY
FIELD COMMAND
JOINT TASK GROUP - ENEWETAK ATOLL
APO, SAN FRANCISCO 96333

402989

EAL NO. .
3002
19 July 1977

ENEWETAK ATOLL INSTRUCTION NO. 3002

SUBJECT: Medical Evacuation Procedures

Enclosure: None

References:

- a. Appendix 3 to Annex D, FCDNA OPLAN 600-77
- b. CINCPAC Instruction 4652.1D
- c. AFR 164-5

1. Purpose: To publish a procedure for medical evacuation at Enewetak Atoll.
2. Cancellation: None
3. Applicability: This instruction applies to all personnel at Enewetak Atoll.
4. Policy:

a. Paragraph 3A of reference a is quoted: "The intra-Atoll evacuation system will be by Army helicopter. Evacuation from the atoll will be by military aircraft using standard USAF aero-medical evacuation procedure. Patients requiring more than seven days of bed care beyond the capability of medical resources will be aero-medically evacuated. Aero-medical evacuation of U.S. Armed Forces patients will be provided on a nonreimbursable basis; however, existing contracts with civilian contractors will determine aero-medical evacuation reimbursement. The aero-medical evacuation of dri-Enewetak beyond care of the medical team capability will be provided, on a reimbursable basis, upon the receipt of a request from the resident Trust Territories of the Pacific Islands (TTPI) representative to the Joint Task Group Commander."

b. The decision to evacuate military or civilian personnel for medical purposes rests with Commander, Joint Task Group with recommendations from the surgeon and Commander or manager of the individual concerned.

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5. Responsibilities:

a. Chief, Logistics Division, Joint Task Group is assigned overall staff responsibility for this instruction.

b. Surgeon, U.S. Air Force Medical Team, is assigned overall technical responsibility for the medical evacuation procedure and serves as the principal advisor to Commander, Joint Task Group on medical matters.

c. Commander, U.S. Army Element is assigned responsibility for intra-atoll medical evacuation.

d. Commander of each military element and resident manager of each civilian contractor is responsible for all administrative procedures associated with the evacuation.

e. Chief, Radiation Control Division will advise Commander, Joint Task Group in matters involving possible radioactive contamination.

6. Procedure:

a. Intra-Atoll medical evacuation is primarily by Army Helicopter. Alternate means is by fastest boat available, considering the weather and prevailing seas. Army Medical Evacuation Detachment will provide service on a 24 hour basis. TO SUMMON AN ARMY MEDEVAC HELICOPTER, THE FOLLOWING ABBREVIATED CALL PROCEDURE HAS BEEN PRESCRIBED. "MEDEVAC, MEDEVAC, MEDEVAC". "BODY SNATCHER CONTROL THIS IS (CALL SIGN/NAME), I AM LOCATED ON/NEAR (NAME OF ISLAND) (DESCRIBE TYPE AND EXTENT OF INJURY(S))". THIS FORMAT AND INSTRUCTION ARE ATTACHED TO ALL RADIOS.

b. Inter-Island emergency evacuation is primarily by aircraft in accordance with reference B and C.

(1) Primary source of aero-medical evacuation support is the U.S. Air Force in accordance with AFR 164-5. Movement of patients will be arranged through the 9th Air Evacuation Control Center at Clark Air Force Base, P.I. by calling AUTOVON 822-1101, extensions 21282, 21283, 21284. First alternate source is PACAF AUTOVON 449-9433. Second alternate source is 9th Air Evacuation Control Center, Hickam Emergency Room, AUTOVON 449-5770, 449-1909.

(2), Assuming an eight hour reaction time the request for emergency medical evacuation must reach either source prior to 1100 hours in order to have the patient evacuated the same day.

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(3) Another source of emergency aero-medical evacuation is Kwajalein Missile Range, Kwajalein Atoll, Marshall Islands. Request to Kwajalein Missile Range will not be submitted until the U.S. Air Force Aero-medical service has advised that support cannot be obtained through U.S. Air Force channels. Request must reach Kwajalein Missile Range prior to 1400 hours on the day of evacuation. Request is submitted to Kwajalein Missile Range Director of Logistics, extension 82100. Hospital number is Extension 82224. Request must include sufficient information to permit Kwajalein Medical authorities to equip an aircraft with requisite medical equipment and expertise. Individual cases will be evaluated at the discretion of the Medical Officer.

(4) Routine medical evacuation will be used in those cases in which the patient cannot use the regular cargo flights. Request for routine medical evacuation is submitted to the same sources listed in paragraph 6 b(1) above.

c. Administrative procedures associated with medical evacuation must include a notice to the patient's unit.

FOR THE COMMANDER:



GERALD G. GARNER
MAJ, USA
Administrative Officer

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