

## 7 FAM 360 MENTAL OR PHYSICAL ILLNESS

*(CT:CON-88; 09-03-2004)*  
*(Office of Origin: CA/OCS/PRI)*

### 7 FAM 361 PHYSICAL ILLNESS OR INJURY

*(TL:CON-46; 10-19-84)*

- a. U.S. citizens are rarely prepared for serious illness or injury while traveling abroad. Often consular officers are called upon to assist a U.S. citizen in obtaining medical attention abroad or in arranging for transportation, either to the United States or to another location where adequate medical care is available.
- b. To perform this service, each post must have available a list of medical resources consisting of reliable physicians, dentists, hospitals, and related information. It need not be an exhaustive list if the post is located in a consular district which has a wide range of medical resources. Avoid recommending one physician or dentist over another. Make the list available to inquirers and explain that the post cannot recommend or vouch for any person on the list other than the fact that they are licensed practitioners.
- c. Preceding the names of physicians and other medical resources, the list itself should contain the following disclaimer:

**The (Name, location of post) assumes no responsibility for the professional ability or reputation of the persons or medical facilities whose names appear on the following list.**

Include no classified information in the list, and mark it "UNCLASSIFIED."

- d. Review and update annually the list of medical resources. This enables Overseas Citizens Services to respond promptly and with reliable information to inquiries from relatives of Americans abroad who are ill. Forward a copy of the annual update to CA/OCS/EMR by January 31 of each year.
- e. U.S. citizens requiring medical assistance should make their own arrangements for treatment or transportation. However, in an emergency or when language barriers interfere, the consular officer may be called upon to act as an intermediary. The consular officer must make clear to the person needing the medical assistance, the physician or other

medical personnel, and to any local authorities concerned that, except as provided in the EMDA program, neither the consul personally, the post, nor the Department of State, can or will be responsible for the quality of service or for payment of any costs. The consul's role is to be as informative and helpful as the circumstances require, and this must be made absolutely clear to all persons involved with the case.

- f. When emergency medical assistance is essential and funding cannot be provided by any other source, some emergency financial assistance may be provided under EMDA II in certain limited cases (see subchapter 7 FAM 380).

## **7 FAM 362 MENTAL ILLNESS**

### **7 FAM 362.1 Demands on Posts**

*(TL:CON-46; 10-19-84)*

- a. Cases involving mental illness pose particularly difficult problems because the affected citizens may not be responsible for their behavior. They may make what seem to be unreasonable and excessive demands upon the time and attention of the staff of a consular section. In many instances the officer learns about them when they may telephone or appear at the post, requesting attention or assistance.
- b. Pay particular attention to the limits of a consular officer's capacity and/or authority to aid a distressed citizen who has not requested assistance or who refuses assistance outright. See 7 FAM 362 Exhibit 362.1 for a summary of steps to follow in repatriating mentally ill U.S. citizens. 7 FAM 362.2 Post's Limitations
- c. When approached by third parties, such as local government officials, interceding in the case of a U.S. citizen who is mentally ill and a danger or nuisance, the consular officer should explain carefully that the post has no authority to take action on that person's behalf and that the post may only act at the citizen's request or the request of a guardian appointed by a court.
- d. The consular officer makes every reasonable effort to speak with such a citizen personally, so as to ascertain whether the citizen is willing to accept the assistance the consular officer can offer.
- e. Section (b)(8) of the Privacy Act of 1974 authorizes agencies to divulge information about an individual without prior consent when there are "compelling circumstances affecting the health or safety" of the individual. A written report from a qualified medical practitioner that a person is not capable of making a rational decision is sufficient to permit

notifying next of kin or another responsible party without the individual's prior consent.

- f. In the rare instance when a medical opinion cannot be obtained, and the consular officer believes that compelling circumstances exist which require notification of next of kin, refer the matter to the Department (CA/OCS/EMR) by telegram. Explain the circumstances as fully as possible. Avoid nonprofessional opinions, but do recite the facts of relevant reported or observed behavior. Also indicate whether the person is hospitalized, detained, or receiving medical attention.
- g. Should the distressed citizen recover sufficiently to request assistance, or the local authorities take steps to appoint a guardian, the consular officer must be prepared to take quick and effective action, such as arranging for reception in the United States (see section 7 FAM 374), obtaining funds from the family for the citizen's return fare, or obtaining approval for a repatriation loan (see subchapter 7 FAM 350).

## **7 FAM 362.2 Host Government's Responsibility**

*(TL:CON-46; 10-19-84)*

- a. The host government, as the responsible authority for all persons within its domain and subject to its jurisdiction, determines whether or when the behavior or actions of a person may pose a danger to themselves or others or when those persons may not be competent to make decisions on their own behalf.
- b. If it is determined under local law that such U.S. citizens need help but are competent, then the host government has the options of deporting them, detaining them, or allowing them to continue behaving as they may.
- c. If, on the other hand, such citizens are found under local law to be incompetent, then the host government has a definite obligation as a responsible state, acting in accordance with its own laws and basic humanitarian concerns, either to provide for their care and treatment or to ensure that they are returned to the United States, where such care and treatment are available.

## **7 FAM 363 REPORTING TO THE DEPARTMENT**

### **7 FAM 363.1 Reporting Illness Cases**

*TL:CON-46; 10-19-84)*

- a. When approached concerning a U.S. citizen who needs or may soon need

assistance due to a medical problem, the consular officer provides appropriate aid and reports immediately to the Department (CA/OCS/EMR) both the situation and any action taken, using the format provided in section 7 FAM 315.3.

- b. Submit this report when an evaluation of the circumstances indicates that more than temporary facilitative assistance may be required. The reporting telegram alerts the Department to the potential need for official action and will allow CA/OCS/EMR to respond to subsequent requests without undue delay.
- c. If there are doubts about sending in such a report, it is usually best to do so. Often friends or relatives in the United States learn of the medical problem third-hand, or long after the fact, and query the Department, sometimes through their Congressional representative. Advance knowledge of such situations permits the Department to handle many such requests without further telegraphic contact with the post.

## **7 FAM 363.2 Reporting Specific Information**

*(TL:CON-46; 10-19-84)*

- a. Many medical assistance cases begin in the Department (CA/OCS/EMR) when someone calls to inquire about a relative or friend who, the caller has been informed, is ill or injured abroad. The Department passes the inquiry by telegram to the Foreign Service post nearest to the inquirer.
- b. The types of information usually requested by the family are:
  - (1) Diagnosis and prognosis;
  - (2) How long the patient will be hospitalized;
  - (3) When the patient can travel;
  - (4) Whether the patient can be called directly;
  - (5) What type of assistance the patient needs from the inquirer; and
  - (6) Any other information that may be of assistance.
- c. When notifying the Department or responding to an inquirer by direct relay telegram, answer the questions listed in paragraph b, after obtaining the patient's permission by means of a Privacy Act waiver.

## **7 FAM 363.3 Medical Evacuations for Patients With Severe Acute Respiratory Syndrome (SARS) and Other Quarantinable Communicable Diseases**

*(CT:CON-88; 09-03-2004)*

**SARS is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV) and was first reported in Asia in February 2003.**

a. While SARS is the quarantinable communicable disease indicated in this section of the FAM, the information and procedures are also applicable to other potentially quarantinable and/or highly infectious diseases. The U.S. Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)'s website references Executive Order (E.O.) 13295, which lists the official U.S.-designated quarantinable communicable diseases. Although CDC's official authority is limited to the diseases listed in E.O. 13295, you may consult with them on any other communicable disease travel-health related issues. Some host country laws and regulations may require quarantine of diseases not mentioned in E.O. 13295. If available, obtain your host country's list of quarantinable diseases.

b. One of your most important contacts outside the Department of State will be the CDC. For SARS cases, its key contact points are:

*Duty Officer, Division of Global Migration and Quarantine (DGMQ)*

*Telephone: 404-498-1600*

*FAX: 404-498-1600*

*DGMQ Duty Officer ACDC Emergency Operations Center (EOC)*

*Telephone: 770-488-7100*

*FAX: 770-488-7107*

*E-mail: eocop@cdc.gov.*

*For any problems or administrative issues contact:*

*Associate Director for Science*

*Division of Global Migration and Quarantine*

*National Center for Infectious Diseases*

*Centers for Disease Control and Prevention Office*

*Telephone: 404-498-1600*

*FAX: 404-498-1633*

## **7 FAM 363.3-1 What Is the Role of the Consular Officer?**

*(CT:CON-88; 09-03-2004)*

**Be proactive. Before an emergency arises familiarize yourself with the available local resources and procedures to be followed.**

- a. *Become familiar with local medical evacuation resources and procedures. Your regional medical officer and your post's health unit may be able to provide resource information and/or liaise with local health authorities and/or CDC if necessary.*
- b. *After receiving notification of a U.S. citizen with suspected or confirmed SARS, the first step is to e-mail your CA/OCS/ACS country officer and the ACS Health Issues e-mailbox at ACS-Health-Issues@state.gov. The ACS e-mailbox will enable you to reach the CA/OCS/ACS/EAP officer who holds the Regional Health Issues portfolio. Provide all the information you have on the U.S. citizen's illness, situation, needs, etc. Follow up with a telegram. See 7 FAM 363.3-2 a.*
- c. *When a medical evacuation is desired, provide the U.S. citizen and/or his/her family or friends with advice about available options. U.S. citizens with SARS who need to be medically evacuated present inherent logistical difficulties with which you should be prepared to assist. See 7 FAM 363.3-2 b.*
- d. *Notify the CDC's Division of Global Migration and Quarantine (DGMQ) by telephone when:*
  - *A U.S. citizen needs to be medically evacuated to the United States due to a U.S.-designated quarantinable disease or for a syndrome of a communicable disease suspected of being quarantinable;*
  - *Assistance is required in locating an appropriate U.S. hospital;*
  - *U.S citizens with SARS are being moved within or between regions outside the United States because they may eventually return to the United States.*
  - *See 7 FAM 363.3).*
- e. *If the U.S. citizen with SARS is to be medically evacuated to the United States, call the duty officer at CDC's DGMQ (see 7 FAM 363.3) to alert him/her to the situation so he/she arrange for the U.S. citizen's acceptance at and transport to the receiving U.S. hospital from the U.S. airport, if required.*
- f. *Send daily e-mail reports on the U.S. citizen's situation to CA/OCS/ACS as indicated in "b" above. Follow up with a telegram, per 7 FAM 363.3-4.*

## **7 FAM 363.3-2 MEDEVAC Procedures**

*(CT:CON-88; 09-03-2004)*

- a. *Receipt of Notification*

**If the Ministry of Foreign Affairs requires notification of cases involving U.S. citizens, contact the appropriate office as soon as you learn of the case.**

*After receiving notification of a U.S. citizen with suspected or confirmed SARS:*

- *E-mail the CA/OCS/ACS country officer and the ACS*
- *Health Issues e-mailbox as indicated in 7 FAM 363.3-1 b to alert the Department of the situation.*
- *Alert the post's regional medical officer of any potential SARS cases for his/her action with regards to official personnel and their dependents.*
- *If necessary, consult with HHS' Health Attaches at the following posts:*

*Hanoi  
New Delhi  
Pretoria  
Geneva*

*The Health Attaches responsibilities include:*

- *Facilitating HHS, including CDC, activities, and collaborations within the U.S. Embassy and host country/government.*
- *Assisting with recommendations for transport, if necessary.*
- *Assisting in contacting local health officials and CDC.*

*b. Assistance to the U.S. Citizen*

*When a medical evacuation is desired, provide the U.S. citizen or his/her family or friends with advice regarding available options. Provide assistance as indicated in 7 FAM 365.*

*Who arranges the medical evacuation?*

- *The U.S. citizen's family or friends will likely require your assistance with logistical difficulties, but they should select a commercial medical evacuation company and contact them directly. See 7 FAM 363.3-2 d.*
- *If the U.S. citizen with SARS is to be medically evacuated to the United States (or within the overseas region), call CDC's duty officer in the Division of Global Migration and Quarantine (DGMQ; see 7 FAM 363.3) to alert him/her to the situation, and he/she will assist in arranging for the U.S. Citizen's acceptance at and transport to the receiving U.S. hospital from the U.S. airport, if*

*required.*

- *Because most medical evacuation planes are smaller than commercial airplanes, it may be necessary for them to stop in other countries for refueling or for the patient to be medically evacuated somewhere else within the region rather than to the United States. When refueling stops are required en route to the United States or a patient is being medically evacuated somewhere within the region rather than the United States, you should alert the posts concerned of the evacuation and provide them with pertinent information about the U.S. citizen's case.*
- *You may wish to establish standard procedures with other posts where medical evacuation refueling stops or U.S. citizen patient intakes are most likely to take place.*
- *Frequent emergency medical patient intake posts (usually those with excellent medical facilities) should establish contacts with the host country's medical officials and become familiar with the procedures regarding the acceptance of U.S. citizen patients with SARS.*

**NOTE: If a U.S. citizen asks about the possibility of a Department of Defense (DOD) medical evacuation option, advise him/her that DOD does not medically evacuate private U.S. citizens. See 7 FAM 366.**

*c. Cross-border Land Medical Evacuations*

*In cases requiring cross-border coordination, you should assist U.S. citizens in obtaining the necessary documents or assistance from immigration and health authorities or others as necessary.*

*d. Air Medical Evacuations*

*During the 2003 epidemic, private medical evacuation companies essentially refused to transport individuals infected with SARS. Thus far, CDC has identified two commercial medical evacuation companies that possess some aircraft that meet CDC's isolation requirements for SARS who have indicated a willingness to medically evacuate SARS patients. Other air ambulance companies are listed on-line.*

**DISCLAIMER; The Department assumes no responsibility or liability for the professional ability or reputation of, or the quality of services provided by, the medical professionals, medical facilities or air ambulance services whose names appear on the following list. Names are listed alphabetically and the order in which they appear has no other significance. Professional credentials and**

**areas of expertise are provided directly by the medical professional, medical facility or air ambulance service.**

*Medaire*

*Corporate HQ Tel: 480-333-3700*

*Director of Operations: 602-317-1466*

*Medaire's 24/7 GlobaLifeline*

*Telephone: 800-856-8200 or 480-333-3595*

*FAX: 480-333-3592*

*Website: www.medaire.com*

*SOS International*

*Alarm Center, Philadelphia, PA*

*Immediate Assistance: 215-942-8226*

*Telephone: 1-800-523-8930 or 1-215-942-8000*

*FAX: 215-244-9617*

*Website: www.internationalsos.com*

*Ultimately, it is the medical evacuation company's decision as to whether they have the capability to transport a patient with SARS. If another new, communicable disease is encountered, the commercial medical evacuation companies may refuse to transport patients until more is known about the disease and its transmission and potential risks to the patient and the plane's medical crew are known.*

*Land transport to and from the airplane/airport and the destination medical facility must also be arranged. As in the 2003 SARS epidemic, situations may be further complicated when U.S. or overseas authorities refuse to release individuals with SARS from the hospital and/or admit them into their jurisdiction.*

## **7 FAM 363.3-3 SARS Patients and U.S. Hospitals**

*(CT:CON-88; 09-03-2004)*

- a. CDC has negotiated several hundred Memorandums of Agreement with U.S. hospitals to accept patients with SARS. The U.S. citizen may not be able to be admitted to a hospital nearest to his/her home; the U.S. citizen may have to be admitted to a hospital nearest to his/her port of entry from abroad.*
- b. To determine whether there is a hospital at the intended U.S. destination willing to accept the SARS patient and having the appropriate facilities, call CDC's duty officer at the DGMQ or call CDC's Emergency Operation Center (EOC) and ask for the DGMQ duty officer. See 7 FAM 363.3).*
- c. Provide the following information:*

- *Name of patient*  
*Date and place of birth*  
*Address*  
*Telephone number*  
*Names of contacts*  
*Circumstances of the case*

d. *The DGMQ duty officer will contact the appropriate hospital(s) and then provide you with the name of the accepting hospital and other information necessary to finalize medical evacuation arrangements. The DGMQ duty officer may also help provide other contacts.*

**NOTE: These arrangements are applicable to SARS; other outbreak situations may require different arrangements—check with CDC.**

## **7 FAM 363.3-4 Reporting Requirements**

*(CT:CON-88; 09-03-2004)*

- To the Department: Send daily e-mail reports followed by telegrams on the U.S. citizen's condition, situation, needs, medical evacuation set-up, and other important information. Send these e-mails to your CA/OCS/ACS country officer and the ACS Health Issues e-mailbox at ACS-Health-Issues@state.gov. The ACS e-mailbox will enable you to reach the AC/OCS/ACS/EAP officer who holds the Regional Health Issues portfolio. Since these cases will probably become high profile, it is important that you keep CA/OCS/ACS informed of the status of each case whether or not there have been any changes.*
- Cables should include CASC, CMGT, TBIO, and AMED tags and should be routed to CA/OCS/ACS/(your region), the geographical country desk officer, OES/IHA, DASHO, CDC Atlanta, and HHS Global Health.*

## **7 FAM 364 CONSULAR RESPONSIBILITY FOR TRAVEL ARRANGEMENTS**

*(TL:CON-46; 10-19-84)*

- Usually travel arrangements for a physically or mentally ill person should be made by the inquirer or other authorized party.
- A consular officer should not become responsible for or involved in travel arrangements unless the individual in question is receiving a repatriation loan for such travel.
- If no repatriation loan is involved and the consular officer seeks to

expedite travel arrangements or otherwise involve the post where no official funds are being expended, clearly inform all parties concerned with the case that neither the post nor the officer will be held responsible for the adequacy of the arrangements or for any financial costs.

## **7 FAM 365 COMMERCIAL MEDEVAC ARRANGEMENTS**

### **7 FAM 365.1 CONSULAR ROLE**

*(TL:CON-46; 10-19-84)*

- a. Occasionally a consular officer may be requested to assist in arranging for aeromedical evacuation (MEDEVAC) of a U.S. citizen who is seriously ill or injured and whose physical condition requires expeditious medical treatment of a type not available locally. In such a situation make every effort to assist (see section 7 FAM 361).
- b. Evacuation by commercial airline is generally preferable to any other means of transportation as it assures reasonable cost and direct flight to the intended destination. Advise promptly by telegram the Department and other posts that may be asked to assist.

### **7 FAM 365.2 Special Care Cases**

*(TL:CON-46; 10-19-84)*

- a. In special care cases, such as stretcher cases, travel usually is best effected by a regularly scheduled airline. Most commercial carriers will accept stretcher cases with the necessary attendants at a charge based upon the number of seats required. This usually involves the costs of 4 first-class or 9 economy-class seats, plus one seat for an accompanying medical escort.
- b. The conditions under which a commercial carrier will accept a stretcher case or any other case involving a physically or mentally ill person are set by the commercial carrier.

### **7 FAM 365.3 Advance Notice**

*(TL:CON-46; 10-19-84)*

The consular officer should be familiar with the policies and procedures of airlines serving the consular district. Because carriers need sufficient advance notice to allow for the removal of a bank of seats in order to accommodate a stretcher, it is important that the airline making reservations

from the point of departure assure that reservations are made for onward connections to the final destination. This is true even when a repatriation loan is extended and when HHS is responsible for financial assistance from the port of entry to final destination.

## **7 FAM 365.4 Medical Escorts**

*(TL:CON-46; 10-19-84)*

- a. Generally airlines will only accept a mentally or physically ill passenger upon the certification of a physician that such travel can be accomplished at no danger to the ill passenger or to other passengers. The physician or the airline may require that an escort accompany the passenger. In some cases a lay person will suffice; in others, a qualified medical escort may be required.
- b. Often an accompanying friend or relative is willing to serve as escort, particularly if a lay person is considered sufficient. Posts should, however, identify individuals willing to serve as an escort to whom family, consular officer, or duty officer may be referred.
  - (1) Establish a local list of physicians, nurses, medical orderlies and persons with training in social services who may be requested to serve as escorts. This list need not be reported to the Department but should be kept current. An appropriate time to review it would be in January of each year, when the list of medical resources is updated.
  - (2) Because of the possibility of claims of liability against the U.S. Government, the Department discourages the use of an embassy or consulate employee or family member of such employee. Make every effort to obtain an appropriate escort from the local community; use a post employee only as an absolute last resort.
- c. The escort should be prepared to accompany the patient to the final destination in the United States (see section 7 FAM 377).
- d. Local practice generally determines what fee, if any, the escort will charge. If the individual is being repatriated on the basis of a U.S. Government loan, the escort's fare and expenses as well as any additional charge for the escort's services are considered part of the necessary repatriation expenses of the U.S. citizen patient to the port of entry. (For expenses incurred inside the United States, see section 7 FAM 372.2).

## **7 FAM 365.5 Use of Repatriation or EMDA Funds**

*(TL:CON-46; 10-19-84)*

- a. In cases where all possible sources for financial assistance from private

sources have been exhausted, repatriation funds (see subchapter 7 FAM 350) or EMDA funds (see subchapter 7 FAM 380) may be requested for the medical evacuation of a stretcher case by a commercial airline.

- b. The Department usually does not authorize the use of repatriation or EMDA funds unless the criteria set forth in section 7 FAM 366.3 are met. In such cases prior Department approval is required and the consular officer must submit the format telegram described in sections 7 FAM 315.3 or 7 FAM 384.6.

**NOTE:** Regulations governing EMDA assistance (22 CFR Part 71) have been revised to clarify that emergency assistance covers psychiatric as well as physical conditions. EMDA funds are quite limited and are not intended or designed to provide for long term hospitalization or to guarantee payment for such care. EMDA II medical assistance generally is authorized for the short-term treatment necessary to stabilize a patient sufficiently to permit the patient to return to the United States, with escort if necessary, for long term treatment.

## 7 FAM 366 U.S. AIR FORCE MEDEVAC

### 7 FAM 366.1 Cost of MEDEVAC

*(TL:CON-46; 10-19-84)*

- a. The U.S. Air Force does not provide free aeromedical evacuation services (MEDEVAC), except to military personnel and their dependents, based on Department of Defense Regulation 4515.13R, Air Transportation Eligibility.
- b. Under certain circumstances and on a reimbursement basis, such services are available to U.S. citizens of military personnel. Frequently, individuals or their families request military MEDEVAC assistance in the mistaken belief that this assistance is provided at no cost.

**NOTE:** The person receiving such assistance, or someone on that person's behalf, will be required to pay all costs of the MEDEVAC. The cost of these operations is quite high and is determined solely by the Department of Defense. A consular officer cannot waive the charge nor act as negotiator for the applicant (see section 7 FAM 366.6).

### 7 FAM 366.2 Commercial MEDEVACs Quicker and Cheaper

*(TL:CON-46; 10-19-84)*

- a. When approached regarding the possibility of a U.S. Air Force MEDEVAC,

point out that military medical evacuations may require 3 or 4 days to arrange and are usually more expensive than regularly scheduled commercial flights. For example, a patient seeking MEDEVAC from Spain to Utah would be flown first from Madrid to Frankfurt. The patient probably would have to stay overnight in a military hospital in Frankfurt and depart the next day for Andrews Air Force Base in Maryland. The trip would require another overnight stop at Andrews. The following day the patient would be flown to Utah, with possible stops in between.

- b. In addition to the cost of the flight, the patient will be charged a daily medical fee for each day in transit. One non-medical attendant would be allowed to accompany the patient on the return flight with no additional charge. Additional attendants would add to the cost. By using commercial arrangements such a patient probably could travel from Spain to Utah in one day with only one change of plane.

## **7 FAM 366.3 U.S.A.F. MEDEVAC Criteria**

*(TL:CON-46; 10-19-84)*

The following criteria must be met before the consul may recommend a U.S.A.F. MEDEVAC:

- (1) The ill or injured person's condition must be such that death or serious injury is likely to occur without immediate medical attention (there must be a genuine possibility of saving life or preventing permanent injury; the individual's illness may not be terminal in the near future);
- (2) The quality of local medical care is inadequate to meet the emergency;
- (3) Commercial transportation facilities refuse to accommodate the subject, or
- (4) Commercial transportation facilities are inadequate to provide the continuing medical attention required; and
- (5) It has been clearly established that the patient is a U.S. citizen.

## **7 FAM 366.4 MEDEVAC Within Foreign Areas**

*(TL:CON-46; 10-19-84)*

- a. U.S. Air Force aeromedical evacuation services are generally available in all areas which can accept U.S. Air Force aircraft. The Air Force can and will provide MEDEVAC services within foreign areas when adequate medical care is available in one but not the other.
- b. A consular officer who receives a request for MEDEVAC within foreign

areas proceeds as follows:

- (1) Inform the Defense Attache responsible for the consular district and request transportation of the patient;
  - (2) Provide evidence of the patient's U.S. citizenship and identify;
  - (3) Give the address where the patient is located and the address of the patient's final destination;
  - (4) Provide the attending physician diagnosis and prognosis;
  - (5) State why the attending physician considers that the patient must be moved;
  - (6) State the degree of risk to the patient's life involved in effecting the move;
  - (7) List any special equipment or arrangements required during the move; and
  - (8) Provide any other essential or helpful information.
- c. The Armed Forces Attache relays the request to the Air Force major command having jurisdiction over such missions for the consular district. The Attache relays to the post the decision by the Air Force along with the amount of the deposit required.
- d. Department of Defense Regulation 4515.13-R, Paragraph 11-7b(4)(a), states that within overseas areas, upon receipt of a request for life saving transportation within overseas commands, the USAF major command concerned is authorized to approve movement of U.S. citizens, medicines, and/or medical equipment for treatment of U.S. citizens, when the command surgeon determines that a life or death emergency exists. Accordingly, in life saving emergencies, the Air Force will not delay the mission because of lack of immediate funds.
- e. The post must fully report the situation to the Department, including the deposit amount required, and must attempt to obtain the deposit from the patient or other concerned individuals. When the deposit is received or it is determined that such funds will not be forthcoming, report this to the Armed Forces Attache.
- f. The post and the Department share residual responsibility to make reasonable efforts to obtain reimbursement from the subject or other private parties, even after the completion of the mission. Should these efforts fail, the Department will not be held liable to the Air Force for the costs.

## **7 FAM 366.5 MEDEVAC From Abroad to the United States**

## 7 FAM 366.5-1 Request Routing

*(TL:CON-46; 10-19-84)*

- a. A request for a U.S.A.F. MEDEVAC to the United States **must originate with a Foreign Service post**. The post will be notified through the appropriate military channel whether the mission has been approved and, if so, of the details of the mission.
- b. The consular officer must request such action in a telegram to the Department (CA/OCS/EMR) captioned USAF MEDEVAC. The telegram must follow the format outlined below in order to include all elements essential to expeditious Department and Air Force action.

## 7 FAM 366.5-2 Request Format

*(TL:CON-46; 10-19-84)*

### a. Basic Address

Address all requests from Foreign Service posts for U.S. Air Force Military Medical Evacuation of a U.S. citizen civilian to the United States as follows:

**ACTION: SECSTATE WASH DC**  
**INFO: HQ USAF WASH DC/LETT/SGHR**  
**HQ MAC SCOTT AFB IL/ACIA/SGO**  
**57 AES SCOTT AFB IL/DO**  
**375 AAW SCOTT AFB IL/SG**

### b. Additional Address

Based on region, add the following additional address(es) to the basic address, as appropriate:

- (1) For cases originating in EUR, NEA, AF, add:

**INFO: 2 AES RHEIN-MAIN AB GE/CE**  
**HQ USAFE RAMSTEIN AB GE/SGPF**

- (2) For cases originating in EUR, NEA, AF, add:

**INFO: HQ PACAF HICKAM AFB HI/SGPF**  
**9 AES CLARK AFB RP/CC**  
**DET 4 375 AAW TRAVIS AFB CA/CC**  
**DET 1 AES HICKAM AFB HI/CC**

- (3) For cases originating in ARA, add:

**INFO: USAF CLINIC HOWARD AFB PA/SG**

### c. Message

The USAF MEDEVAC telegram must contain the following information in the order listed:

- (1) The patient's full name, date and place of birth, and U.S. passport number, date and place of issuance, or other evidence of U.S. citizenship;
- (2) The name(s) and relationship of the individual(s) who will accompany the U.S. citizen patient;
- (3) The name, address, telephone number, and relationship of NOK, friend, or business associate in the United States who may be contacted for a deposit of funds and for additional information or assistance;
- (4) A specific notation that the patient has been refused passage by a commercial carrier and the reason given in the carrier's refusal;
- (5) A notation that medical evacuation by USAF has been recommended by a licensed physician, preferably a U.S. military doctor, and the doctor's reason for the use of USAF rather than commercial carrier;
- (6) A statement certifying that medical evacuation by the USAF is in the national interest, including the reason(s) for such a conclusion;
- (7) The name, address, and telephone number of the place where the patient is presently located;
- (8) The name, address, and telephone number of the patient's attending physician;
- (9) A detailed medical diagnosis and prognosis;
- (10) A statement that funds have been or will be deposited at post; that a promissory note has been obtained (see subchapter 7 FAM 350); or a request that the Department obtain funds from the individual(s) listed in item (3) of this section;
- (11) The name and relationship to the patient of the person who has given the post a written declaration accepting full responsibility for the decision to use the medical evacuation facility and absolving the U.S. Government of liability with respect to any claim resulting from its use;
- (12) In a mental illness case, the name and relationship to the patient of the person who authorizes in writing the furnishing of necessary treatment and care to the patient;
- (13) The date when the patient is available for travel;
- (14) The name of the airport closest to the patient's location where the USAF MEDEVAC aircraft can land and the length of its runway (NOTE: C-9A and C-141 aircraft need a 5,000 foot hard surface runway);

- (15) The name, address, and telephone number of the hospital in the United States to which the patient is destined;
- (16) The name, address, and telephone number of the doctor in the United States who will receive the patient for treatment;
- (17) The name, address, and telephone number of the ambulance service at the destination that will transport the patient from the airport of arrival to the receiving hospital (this information is most often obtained from persons listed in items (3) and/or (16) of this section); and
- (18) Any special medical equipment that will be required to transport the patient, or other pertinent information.

d. **Sample MEDEVAC Telegram**

The 7 FAM Exhibit 366.5-2 provides a sample USAF MEDEVAC telegram addressed to the Department.

## **7 FAM 366.6 MEDEVAC Fees**

*(TL:CON-46; 10-19-84)*

- a. The applicable charge for each MEDEVAC is determined by the U.S. Air Force, Washington, D.C., at the request of the consular officer (see section 7 FAM 366.5). The Department of State will not request the Air Force to authorize and schedule a MEDEVAC until funds to cover the cost have been deposited, with either the post or the Department (CA/OCS/EMR), or until a properly executed promissory note has been obtained.
- b. If the post requests a MEDEVAC and funds are to be deposited at the post, the post requests the Department to ascertain from the Air Force the amount required. When the Air Force cost figure is received, the Department notifies the post.
- c. The post then accepts a deposit in that amount plus an additional \$15 for the administration of the OCS/TRUST account (see 22 CFR 22.5), enters the amount in its monthly accounts under symbol 19X6809, and assigns a subsidiary account number which should be the OF-158 general receipt number. Indicate both symbol and account number when reporting receipt of the deposit to the Department.
- d. Upon receipt of the deposit or confirmation of its receipt abroad and other necessary information, the Department requests Headquarters, U.S. Air Force, to perform the service. The Air Force then authorizes the appropriate command through Air Force channels to perform the MEDEVAC. The Air Force notifies the Department only if the mission is not authorized. After completion of the MEDEVAC, the Air Force bills the

Department (M/COMP/FO) directly for the service.

## **7 FAM 367 THROUGH 369 UNASSIGNED**

## 7 FAM EXHIBIT 362.1

### SUMMARY OF PROCEDURES FOR REPATRIATING MENTALLY ILL U.S. CITIZENS

#### 1. If Citizen is Competent

Does the citizen wish to return to the United States?

- A. Yes:** Applicant completes repatriation application and promissory note.
- B. No:** There is nothing the consular officer can do. Consul cannot force repatriation, even if local authorities deport the citizen or otherwise force the citizen's departure.

#### 2. If Citizen is Incompetent

Does the citizen wish to return to the United States?

**A. Yes:** The consular officer:

- (1) Obtains a certificate of incompetence from the treating physician (7 FAM 374 Exhibit 374.1);
- (2) Completes a repatriation application on behalf of the citizen (7 FAM 355);
- (3) Signs the completed promissory note, using the "without recourse" procedures (see sections 7 FAM 355.3-2 and 7 FAM 356.4).

**B. No:** Then either:

- (1) Local authorities are forced to obtain a legal finding of mental incompetence and to appoint a guardian, who can then apply for repatriation on the citizen's behalf. The consular officer takes no action.

**NOTE:** The guardian is not responsible for funds; and The Department of State/Foreign Service will not pay court costs for competency hearing

**or**

- (2) Local authorities issue a deportation order or otherwise force the citizen's departure. No consular action is required, other than to keep the Department (CA/OCS/EMR) advised of status of case.

**NOTE:** If local authorities force the departure at the citizen's expense, then the consular officer follows the three steps in procedure A above (for the citizen who desired return to the United States).

# 7 FAM EXHIBIT 366.5-2

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## POST FIMED/MEDEVAC TELEGRAM

# TELEGRAM

INDICATE  
 COLLECT  
 CHARGE TO

	FROM AMCONGEN NAPLES	CLASSIFICATION UNCLASSIFIED	
1235b E.O. 11652:	N/A		
TAGS:	CASC, IT (WEBSTER, MARY A.)		
SUBJECT:	FIMED: USAF MEDEVAC OF MARY A. WEBSTER		
ACTION:	SECSTATE WASHDC IMMEDIATE CA/OCS/EMR IMMEDIATE HQ USAF WASH DC/LETT/SGHR IMMEDIATE HQ MAC SCOTT AFB IL/ACIA/SGO IMMEDIATE SPAES SCOTT AFB IL/DO IMMEDIATE 375 AAW SCOTT AFB IL/SG IMMEDIATE  INFO: 2AES RHEIN-MAIN AB GE/CC IMMEDIATE HQ USAF RAMSTEIN AB GE/SGPF IMMEDIATE  REF: ROME 3829  1. NAME/DPOB/PPT: WEBSTER, MARY A.; DPOB: JULY 3, 1936, KY; US PPT: D-1234567, ISSUED MAY 5, 1987, NY.  2. ESCORT: JAMES R. WEBSTER, HUSBAND.  3. NOK/SOURCES OF ASSISTANCE: DAUGHTER, MRS. DEBBIE GALWAY, 123 MAIN ST., LOUISVILLE, KY 21206 (TEL: 502-555-1356).  4. COMMERCIAL AIRLINES REFUSAL: PATIENT HAS BEEN REFUSED PASSAGE BY TWA, PAN AM, AND ALITALIA BECAUSE THEY CANNOT TRANSPORT A SEVERELY ILL PATIENT WHO MAY REQUIRE INTRAVENOUS TRANSFUSION AND/OR EMERGENCY MEDICAL TREATMENT.  5. USAF MEDEVAC RECOMMENDATION: PATIENT'S ATTENDING PHYSICIAN, DR. GIOVANNI LUCCO OF THE NAPLES GENERAL HOSPITAL, RECOMMENDS AGAINST COMMERCIAL EVACUATION DUE TO NEED FOR INTRANSIT MEDICAL TREATMENT.  6. U.S. NATIONAL INTEREST: IN VIEW OF THE IMPOSSIBILITY OF EVACUATING PATIENT BY COMMERCIAL CARRIER, EVACUATION BY THE USAF IS IN THE NATIONAL INTEREST IN ORDER TO SAVE THE LIFE OF		

DRAFTED BY: CONS: JSPURSELL: ACC	DRAFTING DATE 10/31/87	TEL. EXT. 73816	CONTENTS AND CLASSIFICATION APPROVED BY: DCM: RJBRYANT
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CLEARANCES:

UNCLASSIFIED  
 CLASSIFICATION

OPTIONAL FORM 153  
 (Formerly FS-413)  
 January 1975  
 Dept. of State

50153-10:

## CONTINUATION 7 FAM EXHIBIT 366.5-2

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### Post FIMED/MEDEVAC Telegram—Continued

UNCLASSIFIED

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MRM

Classification

A USCIT WHO REQUIRES SPECIALIZED CANCER TREATMENT NOT READILY AVAILABLE ABROAD.

7. PRESENT LOCATION: NAPLES GENERAL HOSPITAL, 63 VIA LUNGOMARE, NAPLES; TEL: (081) 634-961.

8. ATTENDING PHYSICIAN: DR. GIOVANNI LUCCO, 49 VIA VESUVIO, NAPLES; OFFICE TEL: (081) 634-961.

9. DIAGNOSIS/PROGNOSIS: MEDICAL DIAGNOSIS: ADENOCARCINOMA. OVARIAN AND INTESTINAL CANCER. PATIENT IS INCONTINENT. PROGNOSIS: POOR; PATIENT IS WEAKENING RAPIDLY AND SHOULD BE TRANSPORTED ASAP SINCE INTESTINES MAY COLLAPSE AT ANY TIME.

10. FUNDS: DEPT. REQUESTED TO COMMUNICATE WITH DAUGHTER IDENTIFIED IN PARA 3 ABOVE WHO HAS PATIENT'S POWER-OF-ATTORNEY.

11. RESPONSIBILITY STATEMENT: PATIENT'S HUSBAND, JAMES R. WEBSTER, HAS SIGNED A STATEMENT ACCEPTING FULL RESPONSIBILITY FOR USAF MEDEVAC AND ABSOLVING USG OF LIABILITY WITH RESPECT TO ITS USE.

12. MENTAL TREATMENT: NO MENTAL ILLNESS INVOLVED.

13. DATE AVAILABLE FOR TRAVEL: PATIENT WILL BE AVAILABLE FOR TRAVEL 24 HRS. AFTER NOTIFICATION.

14. NEAREST AIRPORT: NAPLES INTERNATIONAL AIRPORT; LENGTH OF RUNWAY: 15,000 FT.

15. DESTINATION: ATCHINSON CANCER CLINIC, LOUISVILLE GENERAL HOSPITAL, 6305 IRVINGTON ST., LOUISVILLE, KY. (TEL: 502-555-1381).

16. RECEIVING PHYSICIAN: DR. JOSEPH GOODFELLOW, MEDICAL ARTS BUILDING, 5954 CROSSTOWN RD., LOUISVILLE, KY.

17. DESTINATION AMBULANCE SERVICE: DEPT. IS REQUESTED TO COMMUNICATE WITH PATIENT'S DAUGHTER IDENTIFIED IN PARA 3 TO OBTAIN NAME OF AMBULANCE SERVICE THAT WILL TRANSPORT PATIENT FROM LOUISVILLE AIRPORT TO THE ATCHINSON CANCER CLINIC.

18. SPECIAL EQUIPMENT/REMARKS: AMBULANCE SERVICE SHOULD BE ADVISED THAT SUBJECT WILL REQUIRE FULL LIFE SUPPORT EQUIPMENT DURING TRANSPORT.

FORD

UNCLASSIFIED

Classification

50153-201

OPTIONAL FORM 153A  
(Formerly FS-413A)  
January 1975  
Dept. of State