

**Preserving the U.S. Army's Dedicated Aeromedical Evacuation Capability
(10: Reserve Component Funding & Organization)
Resolution No. 25-30**

WHEREAS, since World War II, the United States Army's dedicated aeromedical evacuation (MEDEVAC) capability — composed of specialized aircraft, trained flight medics and crews, and mission-specific doctrine — has been central to saving the lives of America's wounded service members; and

WHEREAS, during World War II, the average time from injury to hospitalization was 12–15 hours and mortality for severely wounded service members approached 30 percent, but with the introduction of dedicated helicopter evacuation during the Vietnam War, evacuation times dropped below one hour and mortality fell to around 10 percent; and

WHEREAS, in subsequent conflicts, including Iraq and Afghanistan, dedicated MEDEVAC assets, training, and procedures contributed to survivability rates exceeding 90 percent for those with potentially survivable wounds, with rapid evacuation and en-route medical care credited for saving as many as 30,000 to 35,000 American lives; and

WHEREAS, the U.S. military's adoption of the "Golden Hour" principle in 2009 — requiring evacuation of critically wounded personnel to advanced medical care within 60 minutes — further reduced battlefield fatalities by approximately 35 percent, underscoring the strategic importance of dedicated evacuation capabilities; and

WHEREAS, current Army force transformation plans propose integrating MEDEVAC aircraft and personnel into general-purpose aviation units and reducing unit size — a shift that risks eroding specialized training, command and control, and the medical protections afforded under the Geneva Conventions, while potentially degrading the speed, reliability, and quality of battlefield evacuation; and

WHEREAS, the proposed divestiture would eliminate more than 4,000 Soldier and 600 civilian positions across twelve states and remove 141 aircraft from the dedicated MEDEVAC force; and

WHEREAS, the *Retaining Essential Support for Combat and Unified Evacuation (RESCUE) Act of 2025* (S. 1951), introduced in the 119th Congress, would codify the Army's dedicated aeromedical evacuation mission, require it to remain within the Medical Service Corps, and prevent its dilution into dual-use aviation without congressional oversight and a formal risk assessment; and

WHEREAS, preserving a dedicated MEDEVAC capability not only saves lives but also strengthens morale, cohesion, and combat effectiveness by assuring service members that they will receive timely medical care if wounded in the line of duty;

NOW, THEREFORE, BE IT RESOLVED that the Reserve Officers Association, d.b.a. Reserve Organization of America, urges the Army and Congress to preserve and strengthen a dedicated aeromedical evacuation capability — including specialized personnel, doctrine, platforms, and command structures — as an essential element of combat power and a vital component of Total Force medical readiness; and

BE IT FURTHER RESOLVED that ROA urges the signing of the *RESCUE Act* into law.