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Partai Rakyat Indonesia

PERSATUAN KRISTIANI RAKYAT INDONESIA

AIR AMBULANCE & FLYING HOSPITAL

Bringing Critical Care to Every Island.

■ Strategic concept · August 2026 · Proposed national medical aviation network



No Indonesian should be too far from critical care.

*Not across the water. Not behind a
mountain. Not inside a traffic jam.*

THE NATIONAL CONTEXT

Indonesia is not one city. It is an archipelago.

Geography, congestion and uneven specialist access compound delay.

17,000+

islands shape the operating challenge — approximately 17,380 in the 2025 BPS reference

■ Verified national context • BPS-GE0-01

The decisive metric is time to care.

*A hospital may exist on the map and
remain operationally out of reach.*

Sea crossings

Road congestion

Terrain + weather

Specialist availability

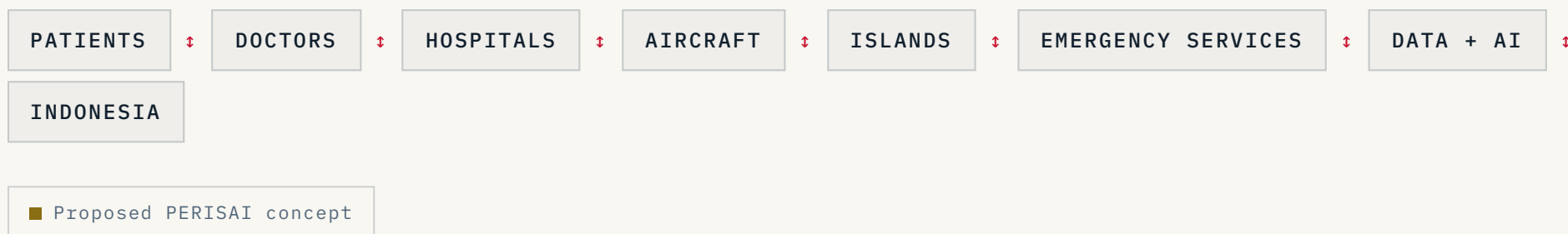
Move the capability, not only the patient.

*Doctors + equipment + patients + critical
care, coordinated as one network.*

— WHAT IS PERISAI?

A medical aviation operating system.

One command layer connecting patients, hospitals, crews, aircraft and emergency services.



Match the mission to the response.

Dispatch weighs clinical priority, weather and route, landing access and hospital readiness.

01 Ground response

Local ambulance and community care

02 eVTOL air ambulance

Rapid urban and regional transfer

03 Fixed-wing medevac

Longer-range inter-hospital missions

04 N219 medical platform

Proposed amphibious flying-doctor missions

05 Strategic response

Electric air ambulance.

*A proposed medical configuration for
selected urban and regional missions.*

Patient restraint

Medical power

Oxygen

Telemedicine link

■ Subject to OEM certification and Indonesian approval



N219 amphibious medical platform.

A proposed flying-doctor and medevac configuration built around a developing domestic platform.

Flying doctor

Medevac

Mobile clinic

Telemedicine

Disaster response

Maternal + child health

Public health

SAR medical support

■ PERISAI medical configuration is not an existing PTDI program



Sometimes the hospital must fly to the patient.

*Specialist team → remote community →
diagnosis → stabilization → referral decision.*

Every launch begins with clinical and aviation gates.

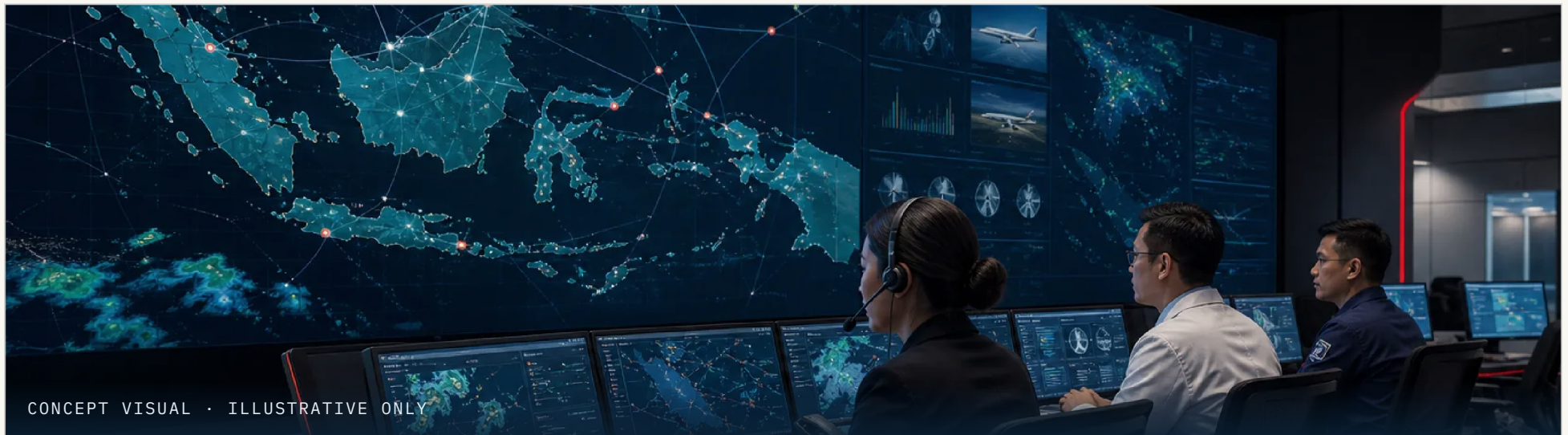
Triage, aircraft selection, weather, crew, landing site and destination readiness.

Medical control

Flight operations

Network intelligence

Human authority



— NATIONAL NETWORK

National reach. Regional readiness. Local access.

Tertiary centres connect through hubs to local response and remote communities.



When road proximity does not mean timely access.

Compare ground and air only with explicit route, speed, preparation and handling assumptions.

Route assumptions

Speed assumptions

Preparation time

Handling at both ends

■ Illustrative scenario

Bring specialist capability closer.

*Community clinician → command → flying
doctor → telemedicine → transfer if required.*

Move people, supplies, diagnostics and communications.

*A modular fleet could strengthen medical
surge capacity across disrupted terrain.*

■ Conceptual integration only

Clinical control and flight control as one mission team.

Defined authority, shared readiness gates, auditable handoffs and post-mission learning.

01

Medical command

Emergency intake and clinical triage

Fit-to-fly and stabilization decisions

Receiving-hospital coordination

Patient and family communication

02

Flight operations

Aircraft, crew and maintenance status

Decision support, never autonomous diagnosis.

Connect dispatch, weather, telemetry and hospital readiness while preserving human authority.

Transparent triage support

Fleet telemetry

Hospital readiness data

Human clinical + flight authority

Contracted readiness plus mission activity.

Government, hospitals, remote sites, insurers and assistance companies form a diversified demand base.

Government service agreements

Hospital network contracts

Remote-site standby

Insurers + assistance

Network + telemedicine services

■ Potential customers · no agreements implied

Expose every assumption.

Lease, crew, maintenance, energy, medical, insurance, technology and compliance.

Aircraft capital / lease

Crew

Maintenance

Energy + fuel

Medical

Insurance

Technology

Compliance

■ Illustrative strategic modelling only

Validate first. Scale through evidence.

PHASE 01

Proof of concept

One or two regional pilots

Validate mission demand, clinical protocols, landing infrastructure and operating economics.

PHASE 02

Regional network

Java • Bali • Sumatra • Sulawesi

Connect selected hospitals, operators and medical aviation hubs with repeatable service standards.

PHASE 03

Archipelagic expansion

NTT • Maluku • Kalimantan • Papua

Extend island access with fixed-wing, amphibious and telemedicine-enabled missions.

The pathway is a program, not a footnote.

Certification, operator approval, medical governance, infrastructure and data protection move together.

Aircraft certification

Operator approval (DGCA pathway)

Medical governance

Landing infrastructure

Data protection

— PARTNERSHIP ECOSYSTEM

No single institution can build this alone.

Government

Healthcare

Aerospace

Operators

Technology

Finance

Communities

■ Potential strategic partners

Medical aviation is entering the national capability conversation.

The November 2025 A400M air-ambulance-module instruction signals relevance — not endorsement, completion or a connection to PERISAI.

Build an Indonesian model of medical mobility.

*Healthcare equity, disaster resilience and aerospace
capability aligned around measurable outcomes.*

— CALL TO PARTNERSHIP

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Turn a national concept into a validated operating program.

Clinical design

Regulatory pathway

Aircraft validation

Pilot geography

Funding model

Read this before anything else is quoted.

PERISAI is presented as a strategic concept and proposed medical–aviation operating model. Aircraft configurations, routes, fleet numbers, financial assumptions, response times, partnerships, regulatory pathways and operational capabilities are illustrative unless explicitly identified as verified facts. Actual implementation requires aviation certification, medical governance, regulatory approval, aircraft OEM validation, infrastructure development, clinical protocols, insurance and operational partnerships.

This presentation is not a government policy document and does not represent an official government program unless separately confirmed by the relevant authority.



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AIR AMBULANCE & FLYING HOSPITAL

Critical Care Without Borders.

Bringing Critical Care to Every Island.

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EXPLORE THE NETWORK

■ Proposed national medical aviation network · rmafella@gmail.com