

# Alliance of Air National Guard Flight Surgeons & Air Force Reserve Flight Surgeons' Association

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Summer 2006

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## *The Medical Warrior*

It was my privilege to visit the OIF Area of Responsibility in January 2006. The EMEDS at Baghdad International Airport was led during the last AEF rotation by senior leaders from the ANG, including the Commander and the Senior Enlisted Advisor. These dedicated professionals did a great job while deployed, earning kudos from the Wing Commander at BIAP and the Iraqi physicians with whom they worked. It was invigorating to be able to spend time with these medical warriors—if I could have stayed behind I would be there still!

The Active Duty medics were outstanding. One young surgeon had been there almost four months and was nearing the end of the deployment. Her concerns were not for herself or her safety but her talents and skill sets for the injured patients! She did great, but her devotion to success outweighed any personal concerns of danger. A



medical warrior.

The injured military folks at the EMEDS were true heroes. While working in the ER tent one night in scrub dress (and unidentified as a General) I attended a wounded soldier. He complained of pain in his right elbow. Three days earlier he was on a sniper mission and was shot at by a bad guy; fragments of the bullet struck him in the right elbow, upper arm, and right cheek. He returned fire successfully on the attacker. He continued to patrol for three days but

eventually checked into the ER because his swollen elbow would not allow control of his weapon! He wanted us to remove the fragment that night and return him to duty the next morning. That young soldier will get a Purple Heart, but his real heart was immeasurable! That is why we train ourselves and others, so these brave folks can allow freedom to exist. There is no higher calling—we must always remember that.

**Gerald E. Harmon, Maj Gen**  
ANG Assistant, USAF/SG



## *Change is Eternal* MG Howard McMahan MA- Surgeon General Air Force

Change is eternal and ever happening. Change is coming to the Air Force Reserve medical service. Current PB 720, BRAC and revitalization of the fleet are requiring changes in force sizing. Along with this, the QDR is dictating a change in mission and a new tack from strategic reserve to “operational”



(tactical) reserve. These changes will change the face of who we are and what we do currently. Couple this with the AFSO 21 initiatives to be lean and efficient and how we do things will also be drastically affected. Needless to say, “change” will be the buzzword for the next years.

The key to future reserve success will be “volunteerism” to allow the reserves to be an operational force in the DOD day to day tactical operations. This will require a change in our attitudes from sitting back waiting to be

*(MA USAF/SG Continued on page 7)*

From the pen of the ANG  
Assistant to ACC  
Surgeon General



Greetings from the Air Combat Command. Much has happened over the past six months and will continue to happen the rest of 2006.

**General Russ Kilpatrick** sends his greetings. General Kilpatrick will be retiring October 1st. He has been a great supporter of the Air National Guard and our ANG Medics. **Brigadier General Tom Travis** will assume the ACC/SG role with General Kilpatrick's retirement. General Travis is a pilot/physician, graduate of the Aerospace Medicine Residency (RAM) and will be coming to ACC from Malcolm Grow at Andrews AFB. Prior to his Malcolm Grow assignment, General Travis commanded the Human Systems Wing at Brooks City Base where some of you may have met him.

General Travis is also a strong supporter of the Air National Guard.

Several other key positions will be changing with the SG office at ACC. **Colonel Theresa Casey**, SG2 has been selected for promotion to Brigadier General and will depart ACC in the fall also. In addition, there will be a new SGP with **Colonel Bryan Funke (Gerbil)** heading to be the CENTAF/SG forward. Both will do well in their new assignments.

Our ANG Medical Service finds itself in the midst of an evolving, downsizing Active Air Force and Air Force Medical service, a BRAC all while there are sustained operations prosecuting the War on Terror and helping rebuild Afghanistan and Iraq. We need to examine the way we currently do business—is it the best way to do things in the face of these challenges. We may be challenged to consider new paradigms and missions. People have asked me why they don't hear much from their senior medical leadership and when they do, what they have heard quickly changes. As General Harmon is fond of saying, **"we are always trying to skate to where the puck is going to be."** However, in the past several months, it's not been clear at times if the game is still hockey. That is how dynamic the envi-



ronment has been. Challenging, yes. Are we as medics still needed, yes. Are there opportunities, yes. Those opportunities include a new training platform in Puerto Rico with the PRANG and Centro Medico in San Juan; a possible overseas missions that the ANG Medical Service would staff and run and an ever evolving Homeland Defense mission.

As I have opportunity to get out and visit units, I am always impressed with your professionalism, competence and the sacrifice you make for your state and country. The ANG and ANG Medical Service truly is the 'fabric of America.' Hang in there and bear with us. The road ahead is winding and there is some fog over it. We are driving slowly, have the fog lights out and will figure the path to travel.

**BGen Ray Webster**  
ANG Asst ACC/SG

*(I think that the game is still hockey, but with a little curling component—we should not only know where the puck is going, but we may help guide it to where it should be—WWP, editor)*

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- Education Committee:** Col Ralph Warren
- Historian:** LtCol Brett Wyrick
- Web site:** Col Reid Muller

- Articles and announcements for the next newsletter should be submitted by 1 September 2006 (but I will be happy to accept them anytime before then.)
- Avoid the last minute rush; submit your article today.
- Once again, authors, thanks for the great contributions—WWP, editor)

**Alliance of ANG Flight Surgeons  
Air Force Reserve Flight Surgeons**

The newsletter is published two or three times annually. Articles for inclusion are solicited from members and guest authors. Material for publication can be sent to:

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Viewpoints expressed in this publication do not necessarily represent official positions of the Alliance, the Air National Guard, the United States Air Force, or the Department of Defense. Letters may be edited for grammar, spelling or length, but not content.

*William W. Pond (WWP) Editor and Publisher*



As I began my term as your President two years ago the War on Terrorism was well underway. Air National Guard deployments to Afghanistan and Iraq, as volunteers or part of AEF rotations, were in the center of our radar scope. Operation Noble Eagle continued to secure American skies, with ANG Wings as the major

component. ANG flight surgeons were focused on wartime tasking, public health, new disease vectors, smallpox and anthrax immunizations, and human performance enhancement. Today, the wartime mission continues. However, we have faced new missions and challenges. Military Support to Civil Authorities for hurricane operations in Louisiana, Mississippi, Texas, and Florida involved many ANG medical personnel. Air National Guard personnel were deployed in both Title 10 and Title 32 status. Homeland security is an expanding mission for the Guard, and Civil Support Teams have been established in many states. Border security is a new Guard mission and Guard members are being deployed to assist in Immigration enforcement along the Southwest US border. As the missions of the ANG evolve, so must the Alliance.

I recently reviewed the directions for the Alliance that I outlined at Readiness Frontiers 2004 in Keystone, Colorado. The Alliance has emphasized its focus on education. Flight Surgeon programs have covered essentially all required RSV's, and we have also made sure that Category I CME credits are

awarded for the flight surgeon's program each year. The Alliance introduced the American Heart Association Advanced Cardiac Life Support (ACLS) refresher program, and successfully presented along with the University of Utah, the first-ever American College of Surgeons Advanced Trauma Life Support (ATLS) course at Readiness Frontiers 2005. This year, the ATLS course will again be offered, providing the best off-the-shelf trauma training to support our wartime mission. We have offered programs on counter fatigue management and performance enhancement, along with lectures on deployment, bare base operations, aeromedical evacuation, and mishap investigation that have helped prepare our flight surgeons for contingency operations.

The Alliance is working diligently to foster Recruiting and Retention. With the brisk ops tempo, we must assure that we attract young physicians to the ANG and to flight medicine. It is essential that we keep the trained flight surgeons in the Guard by offering innovative educational programs. In addition, we must highlight the unique opportunities that are available, which distinguish their ANG duties from their full-time jobs, such as flying in high-performance fighters, supporting medical operations in Antarctica, or working hurricane relief operations in an EMEDS+25.

The Program Committee has worked hard to include bright, young flight surgeons in the educational programs at Readiness Frontiers. We have brought experts in many areas to speak at the Weaver and Whinnery Lectures. The Alliance has produced and distributed CD-ROMS with the RSV programs to each ANG MDG for use by individuals unable to attend the annual meetings. Our Secretary has developed a close relationship with the Reserve Flight Surgeons to publish a joint newslet-

ter, available both electronically and in print. Each graduating class of flight surgeons receives information about the Alliance, and is encouraged to complete membership applications.

The Alliance of ANG Flight Surgeons is financially sound, with sufficient funds are in place to support our various programs. Members, both active and retired, receiving the Newsletter number over 350.

The work of the Alliance is a credit to many energetic, smart, and tireless individuals. All of them have busy practices, ANG responsibilities, and lives outside medicine and the Guard. Nevertheless, they find time to build educational programs, teach, publish newsletters, keep the Alliance books, and perform countless other jobs for the good of the Alliance and its members.

The Alliance will present another excellent program at this year's Readiness Frontiers 2006. I hope you can attend.

I have been a member of the Alliance for twenty years. Much has changed, but as new ANG missions emerge, the Alliance of ANG Flight Surgeons is positioned to transform and adapt. We need to continue to educate flight surgeons to plan for the next war, not the last war. General of the Army Air Force Henry H. "Hap" Arnold said in 1941, "The first and primary duty of the flight surgeon in connection with flying personnel is the maintenance of the pilot in such condition, that as far as the flight surgeon is concerned, the pilot is always ready for his mission, whatever its nature might be."

I thank each of you for the opportunity to serve as your President. It has been an honor. I have been fortunate to have an outstanding Executive Committee, who are committed, and will continue to serve the Alliance.

Your Alliance of ANG Flight Surgeons is strong, vital, and well-poised for continued success.

**"Blade"**  
**J. Kirk Martin,**  
**Colonel, FLANG, MVC, CFS**

*(Kirk, on behalf of all Guard Flight Surgeons, thank you for your tireless service—WWP, editor)*





## Antarctica Adventure

by **Debbie Heit, MC, CFS, Lt Col,**  
163<sup>rd</sup> SME  
INANG

In November, I was proud to serve as the deployed flight surgeon to McMurdo Station in support of project "Deep Freeze". The 109<sup>th</sup> Wing (NY ANG) has augmented airlift in the US Antarctica Program since 1986. The ski-equipped LC-130s deliver food, fuel, passengers, scientific supplies and construction equipment from Christchurch, New Zealand to McMurdo Station, South Pole Station, Bryd Station and other remote sites. I supported the ANG flight crews and worked with two other civilian family physicians to provide medical care



to the over 1000 civilians stationed at McMurdo. McMurdo Station has a small town feel to it. I loved attending services at the "Chapel of the Snow" which boasted a 100-year-old silver chalice donated by Scott's family. I quickly made friends and participating in several hiking trips in the evening (with 24 hours of light there was no true night). We were also fortunate to receive an ample supply of influenza vaccine and this hopefully prevented a repeat of the "Flu" epidemic of the previous year (when no vaccine was available).

Antarctica is described as being the coldest, driest, and most desolate place on the planet. Approximately 90% of the world's ice and snow can be found in Antarctica and it is the only continent that has

no flowering plants, no grasses, no large mammals, and no permanent population. There are no indigenous inhabitants and is the least populated continent on earth. I was fortunately to fly to the South Pole early in my tour since we had remarkably good weather on my appointed "Fly day". I spent 8 hours with the medical team of the South Pole Station (one Doc and a PA) touring the place and learning about high altitude medicine. At 10,000 ft above sea level, some members of the South Pole Station do succumb to altitude sickness. During my tour two members required medical evacuation from the Pole due to altitude related problems. One young man developed High Altitude Pulmonary Edema (HAPE), but quickly recovered at McMurdo (sea level). He returned to his duties several days later.

Antarctica is home, at least part of the year, to Adelie, Gentoo, Chinstrap and the famous Emperor Penguins. Penguins are one of the species of birds that do not fly, although they are extraordinary jumpers and leapers! Their legs are placed far back on their bodies - hence the penguin waddle! With their feet so far back, penguins can slide on their bellies, moving much faster than walking. Spending over 65 percent of their time in the ocean, penguins feed on fish, squid, shrimp-like krill, and some crustaceans. They have a gland that removes the salt from the ocean water, allowing them to drink from the great water source around them. They are very curious birds and



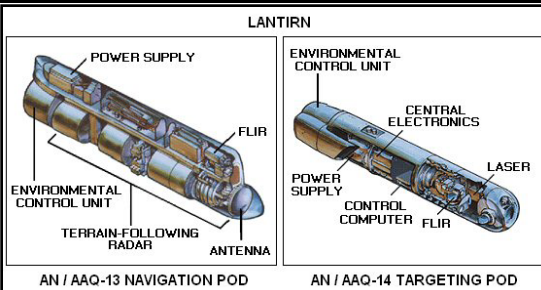
reportedly one saved a Doctor stationed at McMurdo several years ago. He was out exploring and was caught out in a blizzard. After an exhaustive search was called to a halt, one member of the search team commented on seeing a penguin standing alone. They returned to the place the penguin was sighted and found the Doctor! He later said that the penguin came over to him multiple times and just stared at him.

A few curious Adelie penguins were fascinated with the LC-130s and liked to watch the take off and landings on the ice runway. No one is allowed to disturb the wild life in Antarctica, so if a penguin wanders onto the runway the aircraft can not take off. No one is allowed to "shoo" the birds away. Last year an Emperor penguin (three feet tall) did just that and the pilots had delay departure for almost an hour.



The South Pole is very cold with temps of -50 C and below. I could only expose skin for a short time. Even taking off my outer gloves (had flight gloves with liners on) in order to take a few photos resulted in frost nip twice. I had to soak my fingers in hot water for 10 minutes after this photo was taken.

In summary, this mission was one of the most exhilarating and environmentally challenging that I have ever participated in. Now I know why the famous explorers like Scott and Shackleton returned so many times to this magnificent ice sculptured continent.



With the introduction of laser guided bombs, some means were also required to guide them, and this led to the first generation of LGB targeting pods. In its simplest possible configuration, such a pod was fitted with a turret containing a TV boresighted with a laser, with the rest of the pod providing support systems. The pod was usually carried by a two-seat strike aircraft, with the weapons system officer (WSO) in the back seat viewing the target image provided by the pod, and using a joystick or similar hand controller to keep the target lined up in the display crosshairs

# NEWS FROM 4th AIR FORCE

We have a vacancy for a Flight Surgeon here at 4AF. Have them contact Col Bruce Nelson for information at: [Bruce.Nelson@March.af.mil](mailto:Bruce.Nelson@March.af.mil)

**Please encourage everyone to have representatives attend the HSEM course upcoming 19-23 in St Louis, MO next month.**

MSgt Dona Yerman has moved in our office to fill the vacancy developed when Mr. Darren Hughes became the supervisor of the Drug Demand Program. Now we are waiting for a hiring list to fill MSgt Yerman's position to complete our staffing needs for full time positions within the division.

Our IMA RN, Col Mary Gene Ryan has taken the MA position to the Vandenberg clinic commander. In addition, she was recently recognized by the American Association of Occupational Health Nurses (AAOHN), as the recipient of their Fellowship Award as the highest peer recognition in the occupational and environmental health nursing profession.

We are thrilled to get our WBITS and RCPHA expert, Chief Levy back home

from her AEF rotation at the CSAF operation on Andrews AFB. She not only did her rotational job but kept pace with the numerous emails from unit members as well. Likewise, we congratulate her on the recent promotion to "CHIEF"!

Fourth AF/SG staff wants to **"THANK"** our units for stepping forward and filling the AEF and IHS requirements as they become available for volunteers. Our volunteers continue to make the AFRC medical support possible in multiple support roles to meet the AF medical mission around the globe.

Thank you for the opportunity to share a few things ongoing here at 4AF/SG. Col Craft

//signed//  
**IVAN L. CRAFT, Col, USAFR, MSC**  
 Director, Medical Division  
 HQ 4AF 604 RSG/SG  
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**AFRFSA LIFE MEMBERS:**

*Did you receive your Deluxe Backpack/Rollaway?  
 Reserve one for pickup at this years AMSUS.  
 Send a message to [Robert.Chu@pentagon.af.mil](mailto:Robert.Chu@pentagon.af.mil)*

# NEWS FROM 10<sup>TH</sup> AIR FORCE

Seems AFRC/SG has not been posting new AF policy letters on the SG web site since sometime in 2005. The 10<sup>th</sup> SG went to the KX web site and ran down those that appeared related to aerospace. We went back to January 2006 and looked at ophthalmology, dental and aerospace. Take a look.

A recent AF policy letter sent out mandates the ground testing of several meds for flyers and documenting each med on the 2766. The lack of complete documentation upon arrival in theater has delayed onset of operations in some instances.

If your unit is deploying to a location that is going to have mortars incoming or similar exposure, it's good preventive medicine to seek out those who could use some coping skills before they go. I have noted those whom already have personal stressors are more likely to benefit and perform at the expected level while in theater and upon return.

If you are frustrated with LOD's give us a call; MSgt Poisson is our guru and will be helpful.

One last observation, credentials is a reoccurring unit deficiency on the HSI's. I know I am not the best providing my license renewal and other info in a timely manner. Try and be proactive in giving them the reoccurring state license documentation and other data they need to do a good job. If it's a TR who is assigned, they don't have much time.

**Col Tom Walker**  
**610<sup>th</sup> RSG/ SG**

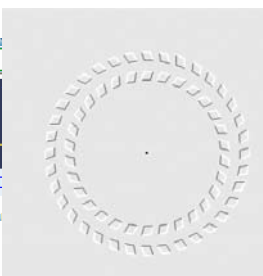
## AFRFSA OFFICERS

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**Stare at the dot in the center of the circle and then move your head closer to it.**

Don't miss this web site  
 Very helpful for breaking information.



Hello Sir,

I am an active duty Air Force Flight Surgeon at Ramstein, seeking Reservists and Guard members who might be interested in spending their required active duty time at Ramstein AFB.

We are settled southwest Germany, and are located two hours from Belgium, Netherlands, Luxembourg, France etc. We are having critical manning shortages right now, and our career field is this way across all of USAFE and CONUS.

I am seeking the newest installment for your newsletter. Do you have a new contact or way I can download or be mailed this information?

Sincerely,  
**Amy E. Coleman, Capt., USAF, MC, FS**  
 NASA Medical Coordinator  
 USAFE Flight Surgeon  
 DSN: 479-2282  
 Comm: 06371-46-2282  
 Cell Phone: 011 49 1606432003 from U.S  
 from inside Germany: 01606432003

*( Just received this request yesterday; if you are interested, please give Capt Coleman a call for details, Sounds like a fine opportunity—WWP, editor)*

**Society of USAF Reserve Flight Surgeons**

**Michael A. Torres, Col, USAFR, MC, SFS**

President, 2005-2007

[MTorresmd@netscape.com](mailto:MTorresmd@netscape.com)

Cell: (716) 807-9470

Hello! Hard to believe that summer is already here when it seems like we were all at AMSUS just yesterday. I am thrilled to be communicating with you at this time from my new position as president of the society. I look forward to meeting those of you I do not know personally and renewing friendships with those I do.

I would like to express my deepest appreciation to Col Tom Selvaggi for having delivered to me the gavel of leadership of such an outstanding organization. I can only hope that I can fill those large shoes he left behind when he stepped down at last year's AMSUS meeting. Tom, you will always be remembered as a great society president!

We are in the process of developing a society coin. I would appreciate any ideas that you may have regarding what to place on the coin. I anticipate having a design in place for this years AMSUS meeting so that it can be unveiled there.

Speaking of AMSUS, this year's educational conference will be one and one-half days long with time for a business meeting interspersed in that time as well. Our educational chair and president-elect, Lt Col Leah Brockway, has taken the reins and has proposed an outstanding educational experience that will keep your interest piqued while meeting the continuing learning objectives established for flight surgeons.

I am also looking for assistance with the updating of the society's Reserve Flight Surgeon's Guide. It has been a number of years since Col Larry Allen developed the current edition and it is sorely in need of an updating. Anyone interested in working on this project should feel welcome and should reach out to me at the number or e-mail listed above.

I hope each of you has a healthy and safe summer. I look forward to seeing each of you later this year.

**WORDS FROM THE EDITOR**

**CHUCK O'TOOLE**

MA- Deputy Surgeon General Air Force

It has been my honor and pleasure to serve you as news editor for the last 3 1/2 years. As with all, all good things must come to an end. My tour in the Air Force is drawing to an end soon. In an effort to be able to finish a pet project prior to my retirement, I will be stepping down as editor. This will allow me to hopefully get an updated edition of the Reserve Flight Surgeon Guide done before I retire.

My replacement will be the very talented Col George Bondar, the 622nd RSG/SG. George is helping me with this issue and next issue I will help him then turn it over to him completely. I know he will continue to improve our newsletter. I would like to thank the Alliance Board and Col William Pond for all their great support to enable us to have the news letter we have.

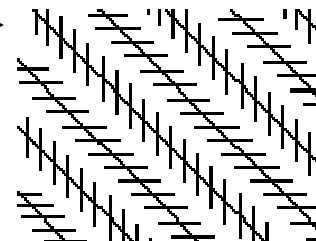


Things will continue pretty much as set up now. We still invite input from the membership and in fact encourage it. The news letter will only be as good as the memberships participation in it.

I will still be around a little longer as membership chair. I will also be taking on the revision of the Flight Surgeon Guide. I thank every one for the support you have given. You are all an exceptional group of professionals. "Keep em flying"

Are the diagonal lines parallel?

Rabbit  
Or  
Duck



*(MA USAF/SG Continued from page 1)*

mobilized for the "big one", to volunteering for short tour operational deployments. It also means that AFRC command will be working even harder too assure rain bowing opportunities exist to allow everyone the opportunity to participate.

It also means, we as leaders in the Air Force reserve will need to adapt the mindset of our personnel to meet these changes. This will include encouraged volunteerism, develop a commitment to the day to day tactical mission as part of our job, being ready physically, mentally and professionally at all times and developing that warrior mentality in our folks. This is a true

cultural revolution going on as well as functional, structural and operational change. As the leaders in the flight medicine community we need to be ready to support the new roles and operations tempo.

Team aerospace will continue to be the hallmark of Air Force medicine, with the flight surgeon support of BOS operations, to our active and critical role in Aeromedical evacuation as the portals of patient access to the air evacuation transports. We will need to adapt our old mind set of only "safe and stable" patients to the new mind set of "stabilized" patients. We may need to take a more active role in calling for CCAT support for some patients if in-

dicated and not being provided. It may also require us to sign off with CCAT physicians as a heads-up for marginal patients that have a potential to go sour during transport.

To sum it all up, change is not new but eternal to the military and Air Force. The current changes and rate of change are certainly larger and happening at a faster pace than I can remember in my career. A special effort is going to be needed by all of us to assure a smooth transition, allay our fellow members fears, and most importantly be sure that we transition and are ready for the new mission. I have the utmost confidence in each and every one of you as flight surgeons and know the Air Force Reserve will step up and

**AANGFS Treasurer's Report**

June 15, 2006

The Alliance has a Business Interest Account with Bank of America in Texas. With this account we earn a "blended" interest rate and have no service charges. I'll have a detailed report on our account status at Readiness Frontiers. Despite recent experience, this account is accessible from every state except CA, WA, and ID so it should not have to move again with the next treasurer. There was some initial difficulty closing out our FL account and starting this one which caused some delay with dues deposits but that should be resolved now. I hope no one was too inconvenienced by this and appreciate those dues coming in at every opportunity! The "first year dues are free" program for new flight surgeons is a popular recruitment tool and proving to be a great way to bring these new docs on board.

Our only significant expense in 2005 was Readiness Frontiers at Snowbird. The AANGFS Banquet and Buffet Dinner almost paid for itself with a small delta owing to a small over-estimate of attendees (better than an under-estimate!) With the outstanding dinner speaker we have lined up this year, F-

16 Pilot/ANG White House Fellow LTC Dan "Razin" Caine, we should be able to count on a large number of registrants and guests attending this great function. The room and support for our free CME program was more than covered by the dues we brought in on site. We're financially strong holding ... keep those dues coming! Respectfully, Chip Riggins, Treasurer, AANGFS



Dear Col Pond,

I am thankful to you for the wonderful, informative newsletter. It keeps me "connected" to the family....

Keep up the great work  
Best regards,

N.K.Pandeya, CFS(retd)  
BGen Iowa Air National Guard (Retd)  
Iowa State Air Surgeon (Retd)  
*(Dr. Pandeyq, so good to hear from you—WWP—ed)*



Greetings All,

I am following up on an email that I sent out to you call about 6 weeks ago in which I mentioned the idea of developing a MGD/CC council. Col Mike Paletta a couple of years ago coordinated a Weapons System Council. He will be having a meeting of this Council at Readiness Frontiers on 1 Aug 06 at Readiness Frontiers @ 1830 hrs (not sure of the room yet). With this permission we as MDG/CC can have some time during this meeting to develop the idea of a MDG/CC council. I don't have all the specifics yet, but wanted to get everyone a heads up on the date as registration for RF is open.

I hope that we can get a large group together and talk about how to make this work and how to give MDG/CCs a voice.

Thanks to Col Paletta and you all for your support.  
Gretchen

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157th Medical Group Commander  
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**Flight Surgeon's Sustainment Course**

By Chuck O'Toole

Another issue of the Reserve Flight Surgeon's Sustainment course has come and gone. During the week of March 27 to March 31, a full compliment of Flight Surgeons from the Reserve, Guard and Active duty attended. Major Rebecca Reynolds did an exceptional job in setting up an excellent panel of speakers covering a full spectrum of RSVs. An added bonus was added to the program this year with an ATLS course put on by Col Mark Boyer from USHPSU. This allowed 32 flight surgeon's to obtain or maintain currency for deployment. The plan will to be to continue to offer ATLS at subsequent Flight Surgeon Sustainment courses since it was so successful.



A full program of social activities happen including numerous trips to the cherry blossoms display since they were in near full bloom.

AFRFSA sponsored a social on Tuesday evening that was well attended by members and non-member where lots of war stories, tall tales and frank lies were exchanged. It was good for the program to be back in the



DC/ Bethesda area with all the history, military activities and support that are available there. The association continues to support this program and recommend attendance on a regular basis by all reserve flight surgeons. CME certificates were provided right on site. Future hope is to even provide a RSV check-list/sign off that would allow the member to carry the list back to their unit and have someone in sustainment training entry currency in the WBITS program for section completed thru the training.

All flight surgeons are encouraged to attend this meeting at least every three years. Everyone who did not attend is encouraged to contact members who attended to get feedback on how the course was. Also any feed back members have is encouraged. Please send these suggestion directly to Major Rebecca Reynolds, ARPC/SGO.



Lt Gen Peach Taylor presenting an award to Maj Rebecca Reynolds at the Flight Surgeon's Sustainment course

**About this issue,**  
**AANGFS Editor: Col**  
**William**  
**Pond**



Thanks to our friends and colleagues from the **Air Force Reserve Flight Surgeons** who continue to enrich and strengthen the publication with their articles.

**MG Harmon** is right on track with his remarks. Though requiring sacrifice and substantial efforts on his part, his personal visits to SW Asia, Katrina and Medical Units throughout the country bolster the troops and set the right tone for the entire Air Guard Medical Service.

**MG McMahan** correctly highlights our transition from a strategic to operational reserve force. It's good to have those who give us the 30,000' vision of where we are going.

**BGen Webster** helps us to know "where the puck is going." (and that the game is still hockey.)

**Col Kirk "Blade" Martin** provides us with a wealth of experience

and he has served us well as President of the Alliance—Thanks Kirk.

**Col Falk** has left the Air Guard Medical Service much stronger and more relevant by making Readiness Frontiers the premier training platform, especially for operational flight surgeons.

**Lt Col Heit** provides an excellent glimpse of the Antarctic and the contribution of the flight surgeon.

**Col Craft**, thanks for the news from the 4th Air Force and **Col Walker** from the 10th Air Force.

**Col Torres**, congratulation as new president of the AFRFSA and to **Col Leah Brockway** as President Elect.

**BGen O'Toole**, friend, colleague, co-editor, thanks for your many hours/years of selfless service on behalf of flight surgeons and our patients.

**Col Chip Riggins**, thanks for service as Treasurer to the AANGFS and congratulations as selection of the next ANG SG—we are indeed fortunate to have you.

**Maj Polk**, with news from the 22nd AF has a marvelous article bringing Clausewitz to relevance for the Flight Surgeon—PME gives you a special appreciation for his writings.

**My 2 cents....**

Guard and Reserve physicians exemplify military medicine at it's best. They are true "citizen soldiers."



Such service comes at a cost of time away from family, of income and personal inconvenience and danger. For this selfless service and sacrifice, you physicians are due thanks and appreciation.

To be respectful of your time and unit funding, one meeting per year should be available to meet all required flight doc needs—Readiness Frontiers is that forum. Not everyone can attend the meeting so there is the ability to share that training to those who cannot attend.

Since the meetings occur on a yearly cycle, I believe that RSVs expiration should also coincide with year multiples, or we should change the meeting cycle to avoid the dys-synchrony.

The Alliance is an organization filling an unmet need for education of flight docs (nobody does it better than other operational flight docs.) The Alliance also provides that mentorship and collegial interaction for those rare birds with both wings and a caduceus on their flight suit.

The future for flight docs is exciting, rewarding and adventuresome; the Alliance is proud to play a pivotal roll.

**2006 Alliance of Air National Guard Ballot**  
**From Col Clee Lloyd**  
**Nominating Committee Chairman**

The following members have consented to be considered for the following offices for the Alliance. If you know of anyone else with a desire to serve on the Board of Governors or in the position of Bylaws Chairman, please write in the name in the write-in space below.

Ballots must be returned to:  
Col Kirk Martin  
8489 Stables Road,  
Jacksonville FL,  
32256-7265

Ballots must be received **No Later Than 30 July 2006** or be hand carried to Readiness Frontiers to be delivered in person. Results will be announced at the AANGFS Dinner on 2 Aug 2006.

PRESIDENT

Col William Pond, 122 MDG, IN

WRITE -IN

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VICE PRESIDENT

LtCol David Ashley, 143 MDG, RI

\_\_\_\_\_

SECRETARY/NEWSLETTER

Col. Reid Muller, 174 MDG, NY

\_\_\_\_\_

TREASURER

Col Brett Wyrick, 154 MDG, HI

\_\_\_\_\_

BYLAWS CHAIRMAN

\_\_\_\_\_

\_\_\_\_\_

**NEWS FROM 22<sup>ND</sup> AIR FORCE**

**If Clausewitz had been.....  
a Flight Surgeon...**

Carl Von Clausewitz may have been a great military strategist, but he was no flight surgeon. If he had been, instead of the noted “fog of war” I think he would have spoken about the “fog of peace”. Surgeons are usually alert and very clear when in the heat of battle. Usually when a messy trauma or code blue rolls through the door, the adrenaline starts flowing, the orders start barking, and instruments start flying. Docs are “in the zone” when in the heat of battle. Yep, I think had old Carl been a doctor, he would definitely have appreciated the “fog of peace”. You all know what I am talking about. It is that time when, after a massive day of medical workload, your brain goes to mush and starts contemplating a myriad of thoughts. I usually find this happens to me on two occasions. The first is usually at around midnight when I am trying desperately to read that third book in the Air Command and Staff College series. Usually, I know I am in the “fog of peace” after I have read the same paragraph five times without realizing it. The second most common time I have noticed is while at attention in a Change of Command ceremony.

Most psychiatrists would call the thoughts that go through a surgeon’s head at this time “free association”. But any flight surgeon worth his or her salt knows exactly what I am talking about.

Last month I had been standing at attention for about 30 minutes during the 22<sup>nd</sup> Air Force Change of Command ceremony when I found myself entering this trance. Major General James Bankers was about to give his speech before handing over the baton to Major General Martin Mazick. I found myself in the “fog of peace” as I stood at attention before his speech. Things ran through my mind as they would any surgeon’s. Things like; “I wonder how long before that MSgt in the second row passes out since he has locked his knees for the last 20 minutes”? “If he passes out and I end up assisting him, does that mean I have to do his Line of Duty paperwork too”? “He looks like he needs to be on a statin”. “When was the last time I changed the oil in the car”? “Did I review Mrs. Smith’s labs before I left”? “Is the bank open past noon on the weekends around here”? “Why is it that I

can never get my boots to look like *that* guys”? But then Major General Bankers said something that resonated in my mind and awoke me from my usual physician episodic contemplation. He said that the entire time he had been commander of 22<sup>nd</sup> Air Force we have been at war. In fact, the Global War on Terror had now been going on longer than our involvement in World War II. I could not get that last statement out of my head, as I had never really thought of it in those terms

But the war is definitely still going on, and the 22<sup>nd</sup> Air Force is still in the thick of it. The Air Force Reserve has flown more than 80,000 sorties in the Global War on Terror. Not to mention the more than 50 sorties that Keesler’s Hurricane Hunters flew last year, nor the 100’s of sorties flown by air evac for hurricane victims. The pace of operations in this long war continues to be staggering. The units are still deploying, and still being recognized for their outstanding efforts. The 94<sup>th</sup> AES medic’s eight evac crews recently received an Outstanding Unit Award. The 302<sup>nd</sup> ASTS has barely had time to recuperate and they are already engaged in a staging facility exercise this weekend. Chief Master Sgt. Michael Schmiede from the 315<sup>th</sup> in Charleston received his Bronze Star from Vice President Cheney for his leading explosive ordinance teams, disabling improvised explosive devices at great personal risk to himself. Dover responded to a C-5 crash

that would make any flight surgeon sit up and take notice. The folks at Youngstown were engaged in a massive disaster exercise. Medics from 22<sup>nd</sup> were in Germany, Iraq, and even Kyrgyzstan. You can’t scan through the activity reports of the units on any given week and not be impressed with the quality and quantity of operations going on in these reserve units. There are far too many to mention in this newsletter. I dare say that none of these folks in the medical field seem to be in a fog. To the contrary, I think this is where they excel. The more chaotic, the more intense, the more times that life hangs in the balance, the better they perform. This is where the medical realm excels.

So I decided that since we are still actively engaged in what will be a long struggle in the Global War on Terror, Dr. Clausewitz would have to amend his book (although I am not sure “On Medicine” has quite the same appeal). Or perhaps my “fog of peace” is merely that peace of mind that is found when a physician actually has ten minutes to sit (or stand) and think and collect their thoughts for a moment, especially at a time when operations seem to be never-ending.

But alas, I have to get back to Air Command and Staff College... “How does he get his boots to look like that”?

**Maj JD Polk**  
622<sup>nd</sup> RSG/SGP

*From the ANGOS Newsletter—might be of educational value. If any flight doc tries it out, please write a note about your experiences for the next AANGFS Newsletter—Thanks, WWP Editor*

**Night Eye Training Course**

**NVG/ OPS**

This course gets to the heart of helping the flying mission, you are in the aircraft and using the tools needed by the flyers. Major Ben Franklin oversees the course to explain and adjust the NVG’s and trouble shoot their usage. You then are briefed and flown in CH-53 and AC-130 on low level live fire training missions wearing your own NVG’s. You have a much better understanding of the stress and fatigue and fun in the OPS mission. This insight will make the cockpit evaluation of your airframe much more useful. Major Franklin has also allowed you to see

the Special Ops world at Hurlburt, with a history and threat brief. The accommodations at the Inn are comfortable, wear your flight suit and boots and obtain a helmet and NVG’s from Life Support. The class is offered in April and August, check the site in the AF OPTO web page under courses. I recommend it to you.

**Dennis Eis LTC ILANGScott AFB**



### Looking Back

I was called by HQ First Air Force to serve as AFFOR/SG for JTF-KATRINA and JTF-RITA. I watched as more than 10,000 National Guard troops deployed to support federal, state, and local authorities. Some 30,000 rescues of stranded civilians took place, 28,000 survivors were evacuated from the disaster area, and more than 13,000 tons of relief supplies were delivered. Two ANG EMEDS+25 were established at Belle Chasse, LA and Bay St. Louis, MS. An active duty AF EMEDS+25 was set up at New Orleans International Airport, and an Army Contingency Support Hospital was working in the New Orleans Convention Center. A fourth EMEDS+25 and ten CCAT Teams were alerted for RITA, but fortunately were not required. The medical response was robust and their individual efforts were impressive, but isn't that what the Guard has always done?

We just passed an anniversary of sorts in Flor-

ida. On 16 Sept 1565, Pedro Mendez de Aviles mustered about 50 civilian settlers into a *milicia* to defend the newly-founded settlement of Saint Augustine. They left with a group of regular soldiers to drive the French from Fort Caroline on the St. John's River near what is now Jacksonville. These citizen soldiers answered the call to defend their city 440 years ago in much the same way our Guard members deploy to Iraq, Afghanistan, Mississippi, or Louisiana today. The Guard is tightly woven into the fabric of the United States, at home and abroad. Responding to Federal or State missions is what the Guard does.

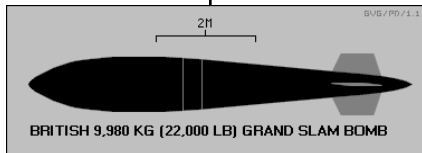
I received an E-mail from a retired Air National Guard Colonel and former President of the Alliance of ANG Flight Surgeons. He had visited our website, and wrote me to say he was glad to discover the Alliance was still around. In my response, I reassured him that not only was the Alliance alive and well,

but is increasingly vital. Our key role in education and training is expanding.

Alliance members are volunteering more time and effort to develop and present high-quality, relevant programs. With high operations tempo and limited time for professionals to attend meetings, it is important to compress required training into available time. The Alliance educational program at the 2005 ANG Readiness Frontiers provided all Flight Medicine RSV's. The program was also approved for Category I CME credit. CDs with the education program were available to ANG units so that members who could not attend the Snowbird meeting could also receive the training. In addition, the second Advanced Cardiac Life Support Refresher Course was presented, and Alliance faculty worked with the University of Utah to train some 50 flight surgeons in Advanced Trauma Life Support.

Your Alliance is strong, and better serving the needs of ANG flight surgeons to be ready today and tomorrow.

**J. KIRK MARTIN, Colonel, FLANG, MC, CFS  
President, AANGFS**



## Membership Application---Alliance of ANG Flight Surgeons

\_\_\_\_\_ Member: Annual Dues \$25      \_\_\_\_\_ New      \_\_\_\_\_ Renewal  
 \_\_\_\_\_ Member: Life Dues \$250 (for the true optimist)

Date: \_\_\_\_\_  
 Rank: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 MI: \_\_\_\_\_  
 SSAN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

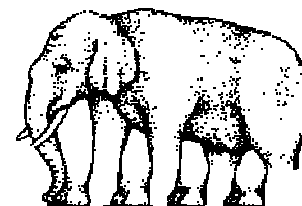
Unit: \_\_\_\_\_  
 Hours: \_\_\_\_\_  
 Years: \_\_\_\_\_  
 Active Flying:    yes            no  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Civilian Specialty: \_\_\_\_\_  
 Academic Appt: \_\_\_\_\_

Aero Rating: FS SFS CFS  
 Position:  
 FS = Flight Surgeon  
 CC = Clinic Commander  
 CFM = Chief Flight Med  
 CAS = Chief Aeromed Services  
 SAS = State Air Surgeon  
 CCATT = Critical Care Air Transport Team

Member of Society of USAF FS:    yes            no  
 Member of AsMA:    yes    no  
 ACLS Certified:    yes    no    Current Until: \_\_\_\_\_  
 ATLS Certified:    yes    no    Current Until: \_\_\_\_\_  
 Trauma Med experience:    yes    no  
 Air Evac Experience:    yes    no

Mail to: Col William Pond, MD  
 5730 Autumn Woods Trail  
 Fort Wayne, Indiana 46835

Comments:



**RESERVE FLIGHT SURGEONS ASSOCIATION  
ANNUAL AMSUS SOCIAL**


When: Tues, 7 Nov 06  
 Where: Rivercenter Comedy Club  
 849 E Commerce; Ste 893  
 San Antonio, TX 78205  
 (short walk from all convention hotels)  
 Time: 1915-2200  
 Cost: Members = free; Guests = \$5  
 Reservations: email [Robert.Chu@pentagon.af.mil](mailto:Robert.Chu@pentagon.af.mil)  
 (pick up tickets @ Member Desk during Reserve AMSUS events)

**AsMA Future Annual Scientific Meetings:**  
 New Orleans, LA - May 13-17, 2007  
 Boston, MA - May 11-15, 2008  
 Los Angeles, CA - May 3-7, 2009



*Welcome*  
to  
**AMSUS**

Don't miss these dynamite topics:  
**At Readiness Frontiers**  
*August 2, 2006—Snowbird, Utah*

- 
- Sure-Fire Aeromedical Summaries
  - Katrina Response Lessons Learned
  - Occupational Health for ANGFS
  - Ejection and the Downed Pilot
  - ACLS Recertification
  - ATLS Recertification

Plus AANGFS Elections and AANGFS Banquet

**FUTURE ANNUAL MEETINGS**

| YEAR | SPONSOR   | DATES          | LOCATION           |
|------|-----------|----------------|--------------------|
| 2005 | Navy      | 30 Oct - 4 Nov | Nashville, TN      |
| 2006 | VA        | 5-10 Nov       | San Antonio, TX    |
| 2007 | Air Force | 11-16 Nov      | Salt Lake City, UT |
| 2008 | USPHS     | 9-14 Nov       | San Antonio, TX    |
| 2009 | Army      | 15-20 Nov      | St Louis, MO       |

Col William W. Pond  
 5730 Autumn Woods Trail  
 Fort Wayne, Indiana 46835

*See you at Snowbird, UT*  
*Readiness Frontiers*

