Alliance of Air National Guard Flight Surgeons Newsletter

Volume 11, Number 1 **Published two or three times annually by the AANGFS** **Spring 1999**

In this issue...

President's Column

Colonel Phil Steeves, CFS, MA ANG

R&R! That catchy phrase used to have delightful connotations, deriving from the one week during a combat tour when the troops went to some resort for Rest and Relaxation. Now, however, it has taken on a more troublesome meaning as it has come to represent the increasingly problematic Recruiting and Retention. This problem is escalating throughout the DOD, despite (or maybe because of) the drawdown of recent years. We are all aware, for example, that the problem of pilot retention is nothing less than acute. But how about the medical corps?

So far, we in the Air Reserve Component have been sitting pretty, at least relative to the Active Duty. This has been largely due to the drawdown of active duty forces providing us with experienced personnel. Even the next phase of the AFMS (Air Force Medical Service) Force Shaping Plan is predicted to generate well over a thousand officer losses by the target date of Sep '00, with emphasis on Palace Chase for the medical and dental corps. But this bolus will be only transient. The R&R problem can be predicted to affect us in the Reserves in the not too distant future.

We should be lead-turning this problem. As we anticipate it, let's examine the positive and negative issues that affect R&R. And note how they are changing.

The positives have always included neat flying. For those attracted to fighter aircraft, the opportunity to fly in supersonic jets is unique. Even the richest Hollywood actor (or CEO of an HMO!) cannot just buy his way onto an F-15/16. Those of us who get to do this recognize that we are privileged beyond the hopes of most red-blooded Americans. And for the ones who choose to be assigned to tanker/transport units, there are opportunities to travel to great, even exotic, places (e.g., Antarctica), and get paid to do it. But the assumption that flight surgeons will always fly with their units is not guaranteed. Convincing the line that their medics need to fly in order to care for them properly is a perpetual process, especially so in this tight-money atmosphere. The recent loss of many two-seat fighters, in order for the line to consolidate their training sites, has created a near-crisis in the fighter surgeon community. In response to this, the Air Surgeon has challenged us to assemble the data that will define the extent of this problem currently, including its impact on flight surgeon R&R. We start with the enclosed questionnaire on this hot topic. Please fill it out so that we can have an input to the powers that be.

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It may just be, however, that two-seater fighters will eventually become anachronisms. Neither the F-22 nor the JSF has a B-model in the works. Indeed, some military futurists predict that even one-seater fighters will become obsolete, as more and more Force Application can be accomplished with UAV's (unmanned aerospace vehicles, including cruise missiles and drones). If we are thinking this far down the road, we would then want to emphasize to potential recruits the kind of rewards that tanker/transport aircraft provide.

We must consider how we will appeal to the new generation of physicians--men and women brought up with different experiences and expectations. One cliché is that we Recruit the Individual; we Retain the Family. Fun flying will always have its appeal to the individual. But young physicians do not expect to put in 80-hour weeks. If their military duties put too much of a dent in their family life, they leave. Given the ODS experience, we can predict that salaried doctors with nearly normal duty hours working in multiple-doctor groups (as opposed to the solo practitioner) are the more likely candidates to join the Reserves. We may have more recruiting success if we choose the right audience to make our pitch to. It may even be that extra income will be a significant incentive for young physicians, more so than in the past.

One thing that will not change is that the primary limiting factor will probably always be Time. We in the Alliance must do what we can to assure that physicians feel their skills are being well utilized, their valuable time not being wasted. For example, training time must be utilized efficiently, recognizing that physicians are quite used to learning from books and CD-ROM's. A specific instance of this kind of problem is the requirement for COT, which hopefully is being modified so that it won't take four or more weeks in residence to get this training.

Finally, do not discount the importance of service to one's country as a motivation. A recent poll of the personnel in my medical squadron found that of all the reasons people (both officers and enlisted) join up and re-up--possible reasons including money, education, fun, camaraderie, retirement benefits, etc.--the number one reason for both coming in and staying in was...patriotism! Now I don't expect our troops to storm the beaches; can you imagine the current generation of MTV-fed American youth assaulting a machine gun nest as was so graphically portrayed in *Saving Private Ryan*! But I believe the desire to serve one's country is not extinct, and we ought to capitalize on it. Make it a part of your mentoring. Teach military history; emphasize that we are part of a proud tradition of service, especially we medics. Consider this a tool to improve R&R. Force management is an obligation for all, not just commanders. We have no more important duty than assuring that the flow of new blood into the ANG Medical Service continues uninterrupted.

Colonel Phil Steeves, CFS, MA ANG

ANG Medical Service Support of Real-World Deployments in 1998

Col Harry Robinson, SAS MN ANG

As the operations tempo increases worldwide and the down sizing of the active medical service continues,an increasing number of Air National Guard medical service personnel are stepping forward to fill the need. One hundred thirty six personnel supported EUCOM and CENTCOM in places like Tuzla Bosnia, Taszar Hungary, Ramstein Germany and Saudi Arabia. They served from one to five months of active duty each. Another 1006 personnel deployed OCONUS in contingency training supporting EUCOM and PACAF in places like Aviano Italy, Misawa Japan, Kunson South Korea, and Spangdahlem Germany. Each of these units preformed approximately two weeks of duty on station.

One hundred ninety six medics were involved in war exercise training including Operation Global Patriot, Blue Flag Unified Endeavor and Bright Star. Humanitarian missions involved another 56 personnel in Equador, Jakarta Indonesia, and Pirmasen Germany. Finally, 202 personnel supported additional missions from Panama to Germany and Japan.

As you can see the Air National Guard medical service is a real player even in peace time in support of the USAF all over the world. Over 1600 medics volunteered their time and skills to make our world a better place to live in. We can be proud of our fellow Guardsmen and women.

Alliance of ANG Flight Surgeons Newsletter

This newsletter is published two or three times annually by the Alliance of Air National Guard Flight Surgeons. Articles for inclusion are always solicited from members and guest authors. Material for publication can be sent to:

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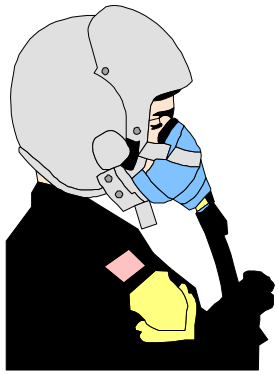

RAM Reports

Lt Col Buck Dodson
MD, MPH, Ram 2000

Survival Knowledge for Flight Surgeons

All flight surgeons should maintain their currency in survival knowledge. This duty is important for both our personal and aircrew longevity in a survival situation. The AMP course gives a base upon which to build and interaction with squadron life support personnel will cause this knowledge to grow. They are indeed local experts, having been required to graduate from "Combat Survival Training" along with all rated aircrew (except flight surgeons unless RAMs).

The official course designation is S-V80-A, and is sometimes referred to as SERE (survival, evasion, resistance, and escape training). The "base camp"of the USAF Survival School is at Fairchild AFB, Spokane, Washington which is an area of high "chilly" mountainous wilderness. The course lasts approximately 3 weeks (including weekends) and consists of roughly equal amounts of classroom academics, field training, and RT (resistance training). The "activities" are designed for the typical attendee (new 19 yo loadmasters and 23 yo pilots) and, although the RAMs' ages ranged 2 decades beyond that, our preparation paid off. Knowing that there would be off-trail, up and down hiking through dense brush, we had been going on practice hikes with 60 lb ALICE packs in Texas.

Since most people can live for months without food but only days without water, the securing of drinkable water using iodine tablets was stressed. For those who need something to snack on, all common seaweeds and grasses are safe. Air Force Pamphlet 36-2246 "Aircrew Survival"covers this and other topics such as shelter, signaling, and camouflaged evasion movement. This "CD-sized" pub should be in every aerospace medicine section library alongside the "Flight Surgeon's Checklist" and the "Aircraft Accident Investigation Handbook".

Some items in the RT phase are classified but the "Code of Conduct" is the bedrock for POWs. Clarified was that surrender is ok if hopelessly surrounded or dying. For the RAMs, the Geneva Convention's non-combatant designations were studied. This designation is forfeited if one participates in POW escape activities. One may even loose all protections and be designated a war criminal if certain actions occur. In order to create a truly realistic environment in the POW compound, everyone had to sign a "waiver release". The days and nights there were very difficult in many ways but the lessons were unforgettable. The "Code" states that the only "official" data to release is name, rank, service number, and date of birth.

Since throughout history many captors will beat you (and others) if you are silent, it may be helpful to talk about your needs and problems and those of your fellow POWs (such as food, blankets, etc). One must exercise supreme self-control to resist reacting to verbal and physical "challenges" since escalation of the "challenges" may occur. In spite of, and in the midst of these "situations", one must convey sincere military courtesy to the captors and avoid any appearance of arrogance, or again, escalation of the "challenges" may occur. Common in today's world, concealed audio or video recording should be assumed to be ongoing. To negate generation of any useful propaganda, one should stick only to the subjects above, keeping in mind that a smart a-v editor can splice together nearly any sentence desired. Focusing one's mind on a comforting scene or meditating can prove useful at times. Lastly, communication codes of various sorts can be used to maintain morale and allow the POW chain of command to monitor its "activities". The very informative website address of "The School" is: < www.fairchild.af.mil/336trg >.

Flight Surgeon Guide Available on the Web

http://wwwsam.brooks.af.mil/af/files/fsguide/HTML/00_Index.html

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Brig General Jackson Davis, III
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Greetings to all fellow members of the Alliance. I am pleased to bring information to you of significance from Air Mobility Command. As most of you are aware the CINC at AMC is General Robertson. Additionally, there is a new Command Surgeon Brig Gen Lee Rogers. BG Rogers comes to this position from serving as CC at David Grant Hospital at Travis AFB, California. The former AMC/SG, MG Randy Randolph, is now the special assistant to the USAF/SG assigned to Bolling AFB.

There is also a special welcome to our new ANG(265) at AMC/LG in the person of LtCol Paul McGuire, DEANG, as well as the ANG Asst to AMC/SGN Col Constance Caldwell TNANG. These new positions will certainly improve ANG input and influence at AMC. One of the most important focal points impacting AMC/SG is the reengineering of the Aeromedical Evacuation services and the ANG participation in the Air Expeditionary Forces (AEF) the planning of which was performed by ACC.

Most recently there has also been emphasis on the National Guard responsibility relative to domestic terrorism and weapons of mass destruction. Rapid Assessment and Initial Detection (RAID) teams have been established in ten USCON regions that correspond to the 10 FEMA regions. These RAID teams are presently receiving standardized training and their scheduled standup date is sometime in December 1999. It is my feeling that although the Army Guard has most of the lead input to these programs, it is essential that Air Guard units ensure they have a place at the planning table.

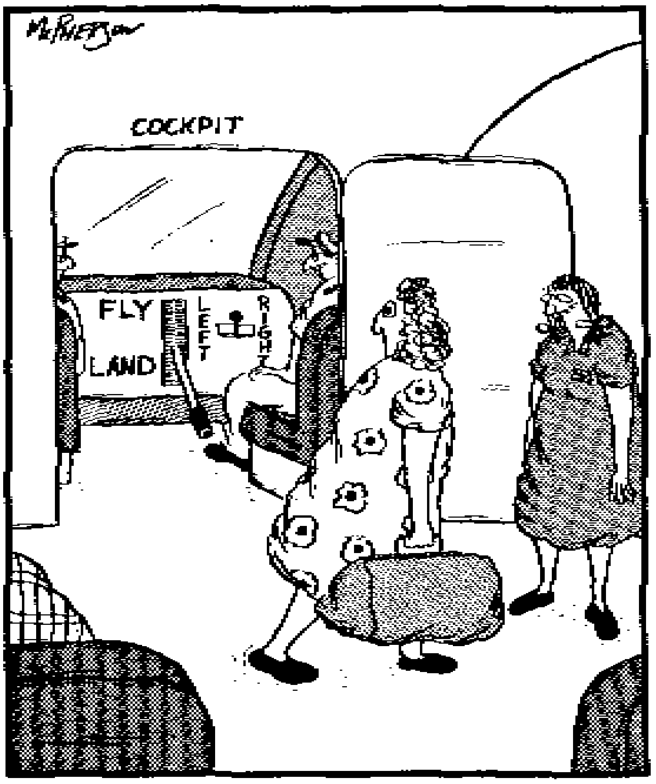
At the recent Phoenix Caduceus conference at AMC/SG Scott AFB there was significant emphasis on many problems facing the active duty facilities primarily related to the implementation of the TRICARE programs. Other issues centered on our Medical readiness ARC training, support, and the pursuit of a medical mirror force.

As we move into the new millennium the course of the USAF Medical Service will change. My fellow AANGFS we will be a significant part of that change. This is an exciting time and we must be involved with the plans and preparations for the future.

We will always keep the Core Values of the USAF as well at the model and goals of our Surgeon General in minds: those of a focus on Customer Satisfaction supported by the famous pillars of Medical readiness; Tricare deployment; Tailoring the force (rightsizing-downsizing), Preventive medicine in developing healthy communities

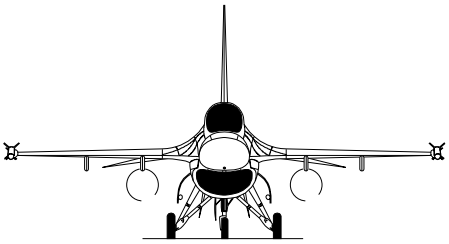
Look forward to seeing you at AsMA and/or AMSUS.

Jackson L. Davis, III
Brig General, DCANG
ANG Asst to AMC/SG



"…To participate in regular aerial flight."

James Dougherty, Col, USAF, CFS
ANG/SG



Maybe you recall the words. I do. Many years ago, I decided that although my emergency medicine practice was very satisfying, something was missing. The Flight Surgeon's course brought it all into focus, and before long I decided that active duty military service was something I would try—and continue at—for as long as I felt the excitement and challenge. In the process of volunteering for Active Duty, I was required to sign a document that said I agreed to "participate in regular aerial flight."

At the time, the slightly archaic, and legalistic, phrasing gave me pause. What kind of contract was I making a commitment to? What would happen to me if I wasn't "regular" enough to suit them? But I signed anyway. Aviation medicine was too fascinating to quibble over legalistic jargon. I wanted more of it. And that was enough. I had the "book" knowledge every flight surgeon gets taught, and I understood (intellectually, at least) the philosophy of aerospace medicine. We support the flyers, by taking care of their needs so they can be the best warfighters possible.

This included a lot of things, like taking care of some pretty needy family members on occasion. But prominent among the support we offered, unique to military aviation, and not supported by any other country, was to participate in the flying mission: to live the stresses of aviation duty, experiencing the physiologic consequences (?),understanding the psychology necessary to sustain the successful warfighter, and comprehending the hazards (sometimes the very *up-close-and-personal* hazards; c.f. *TAC Attack*, Oct 1983).
But to actually live that mission makes the telling of it pale to insignificance. From that first assignment, as the doc for the Air Force's first operational F-16 unit, I came to feel in my bones the worth of this support. The motley crew that it was my duty to support were all SEA veterans, mostly F-4 jocks, who were amused and tolerant of their naïve quack. The issues I was fascinated by—spatial-D, visual illusions, bottle to throttle, and such—they were bored by, and knew more about than I did. It was quickly apparent that I had to be on the cutting edge of aerospace medicine to earn their respect and interest. Only then would I be effective in safeguarding their health. The more I flew and deployed, and the more I hit the books, the better I did the job of supporting those aviators. And, so the job went on, working go-no-go's, low-residue diets, jet lag, Politzerization(a perennial favorite), and flying, flying, flying—every chance I got. And this system <u>works</u>.

In my opinion, we are responsible in no small part for an unprecedented safety record in Air Force aviation. The close support that comes from a deep understanding of the mission, founded on "participation in regular aerial flight" is a success story that can't be told often enough. "Regular flight," hah! Looking back on my hesitation over these words, I can't help thinking, "Those fools, if they *only knew* what I would be willing to agree to in order to keep doing this!"

With wing mission changes, two-seater aircraft moving from one base to another and a de-emphasis on making sure the flight surgeons meet their flying requirements, we are in danger of losing one of the things we value most. I'm also worried that the AEF planning has not considered fully how we can maintain our support to the flying mission. The great emphasis has been on making sure the combat capability can be managed effectively. And rightly so; this is a first priority. But it's not the only priority.

Lastly, as flight surgeons we must *all* be aggressively demonstrating our value to the Line. The privilege we enjoy doesn't come for free, and complacency can be fatal.

I have undertaken to advocate to our ANG leadership the value of our efforts. In an era of downsizing it is essential that an organization not lose essential capability (and we should be in agreement that aerospace medicine is essential). Once lost, there is little hope that it can be regained. Once that first decision is made to delete RPI-5s, or design aviation units without integral medical support, there will be no turning back. I need your help to objectify our concerns over the flight surgeon's mission and the effects this has on our ability to recruit and retain. Opinions are a dime a dozen, but facts and data are priceless. With results from the survey and other data tools, I can make a stronger argument.

But I can't do this alone. Our efforts must support one another. I ask that you make every effort to demonstrate how indispensable the aerospace medicine program is to the Air Force's mission. Develop a mental "checklist" and rate yourself on how you do at making sure that you are a respected consultant in the areas of aviation hazards, mishap prevention, field sanitation and hygiene, wellness and fitness, and all the rest. Make sure you have paid your dues in time and effort to gain the trust and confidence of the aviators you support. For most of you I'm sure this is SOP, and second nature.

Many of you, like me, have reached a point in our military careers where we begin to think about our legacy. What do we want to leave for those flight surgeons who will come after us? I've give this some thought. I want it said that we were good stewards of a program—Aerospace Medicine—that is without parallel and without peer. A program that will continue to serve the Air Force's needs into the next century. A program that the next generation will know and love the way I did. Keep 'em flying.

Jim Dougherty, Col, USAF, CFS
The Air Surgeon

Why did you join the ANG? Would you do it again, now?

Maj Gen James E. Whinnery
ANG Assistant, USAF Surgeon General

I had many responses following proposing these questions to you, the Alliance of ANG Flight Surgeons. I really appreciated the input from all that took the time and effort to respond. The responses were not completely surprising to those of us who struggle to balance our commitments and simultaneously stay in the ANG.

Reasons for Joining/Staying in the ANG Medical Service.
(Not listed in any specific order)

1. Flying, being an airman.
2. Patriotism.
3. Change of pace from civilian profession.
4. Camaraderie / Family atmosphere of the Guard.
5. Prior military service, going for retirement, retirement pay.
6. A sense of shared belief in something good that is bigger than myself.
7. The people in the Guard/USAF/a first class organization that excels at what it does.
8. Practicing aerospace medicine, being a flight surgeon among flight surgeons.
9. Opportunity for promotion, leadership.
10. Representing the United States.
11. Preserving a worthwhile society and civilization for the future.

Would you join again?

Yes, I would do it again.
Probably so.
Without hesitation.

Reasons for not Joining/Staying in the ANG Medical Service:
(Not listed in terms of importance)

1. Civilian practice too busy/demanding.
2. Disruption of private practice in event of call-up.
3. Financial pressures.
4. Time conflicts.
5. Too many administrative duties versus mission oriented duties.
6. Frustrating drill workload and schedule.
7. Lack of mission definition.
8. Inspections, inspections, inspections.
9. Family.
10. Mishaps/losses of comrades.
11. "MIMSO" is too long now; PME is required.12. Spending more money on the Guard/USAF that I get from the Guard/USAF.

Why would you leave or not join again?

-When I cannot contribute to the ANG.
-Rank, Promotion, Courses are no factor.

Summary Points:

For many of these reasons, recruiting and retention will become harder and harder in most of "our" opinions. The loss of aircraft to fly in with unit aircrew is considered potentially devastating. Patriotism is very important. Medicine as a profession is making it difficult to allow ANG participation and increased participation. Keeping good people in the ANG results in getting and keeping good people in the ANG. Aerospace medicine is important. Too many inspections. Feeling like real contributions are not always

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associated with a large number of unit training activities. Opportunities to lead, contribute and be recognized for a job well done are important. Most folks would do it again and want to stay, even with the negatives. Nearly everyone shared the fear of being able to adequately recruit and retain the future generations into the ANG Medical Service. Are we a dying breed?

Any Surprises?

MGen Jim Whinnery
ANG Assistant to USAF/SG

General Roadman Extends as USAF/SG

The CSAF has asked LGen Chip Roadman to extend his tour for an additional year and continue serving as the USAF Surgeon General. The USAF Medical Service is battling challenges ranging from Anthrax immunizations to global medical deployments to continued implementation of TRICARE. The additional period of service promises to be a supreme challenge for General Roadman. Budgetary constraints, upheavals in medicine, increasing demand for support to a high opstempo and a rapidly changing military and medical landscape should keep General Roadman and the Air Staff busy for the upcoming year. ...Maj Gen Whinnery, USAF/SG ANG Asst

I'M SAFE

Hold the presses. Following is a project I did at my former unit. The basic flight safety idea was obtained from an FAA meeting. Our Aerospace medicine section embellished this idea, and printed the following on a wallet card and laminated it. On the front of the card was the following:

I'M SAFE
A Human Factor Checklist for Flyers

I	-	Infections	-	Are you well?
M	-	Medications	-	Taking any?
S	-	Stress	-	Under stress?
A	-	Alcohol	-	Any in last 12 hours?
F	-	Fatigue	-	Slept properly?
E	-	Eaten	-	Eaten properly?

Superimposed on this side of the card was our aircraft - a C-130.

Now, on the backside of the card was a list of our flight surgeons, each with their business and home phone numbers, and e-mail address. In addition, was phone numbers of the medical squadron, e-mail, fax, etc. At the top of this side was our squadron name, logo, and motto.

The cards were given to all flyers at a Flight Safety briefing. The briefing reviewed each of these human factors. It was suggested that prior to each mission, each crew member should pull out their Human Factor checklist, and check themselves. Just as each flyer has an checklist to review for their aircraft, and their aircraft responsibility, so too, should a flyer review the checklist for the "equipment (human) that is flying or operating the aircraft".

Well, I think you get the picture. It made a great way to get across a point that we are concerned about, human factors, and give our flyers some useful information to keep in their wallet.

You know, someone with computer skills could program this, and make available to each unit on a disc or e-mail attachment as a Society project.

Colonel Joe Morgan, SAS, GA ANG

Future of our Web Site?

Col Bob Janco, SAS, TN ANG

Those of you who access our site (http://www.telalink.net/~flitedoc/) know that Gerry Harmon has done a great job at posting our Minutes, our Newsletters, and other items of general interest to our membership.

While these and other features offer useful tools for ANG flight surgeons, in my opinion at least, I still question whether and how our general membership derive benefits from the time, money, and effort invested by Gerry and others. We have polled the membership and the majority seem to support our efforts to maintain the site. Yet it seems to me that we should examine how we can make it better.

Several suggestions come to mind. First, we could establish a conferencing system or forum at which members can discuss common issues, questions, or problems. In my experience, this approach would offer the maximum potential for enhancing communication among members.

At the minimum we could provide an email directory, with password access to that directory. We could also establish a list serv approach where a message is broadcast to all who sign on to the service. Or we could creat an AOL Chat Room. Maybe others have additional suggestions.

Second, we could assemble more materials such as flying safety briefings, medical intel materials, anthrax heads-up, and other canned talks of high quality for members to use as part of our role in Team Aerospace and host wing support activities. This effort would require cooperation from members in donating PowerPoint presentations.

Third, we can set up new links to other useful sites identified by members. This of course requires feedback from members who find these sites. Clearly, a link to the ANGRC/SG would be most useful. Its my understanding that much of the firewall-protected pages may be migrated soon to a server accessable outside the mil domain. (Perhaps Col Dougherty or LTC Ramsey will update us on this at AsMA).

Lastly, the site needs periodic maintenance to revise, edit, and update its appearance and content. So far, the collaboration of Gerry Harmon our Newsletter Editor, and the webmaster (me) seems to work. We might want to recruit a volunteer with web design talents to spruce up its appearance. Any takers?

Col Bob Janco, SAS, TN ANG
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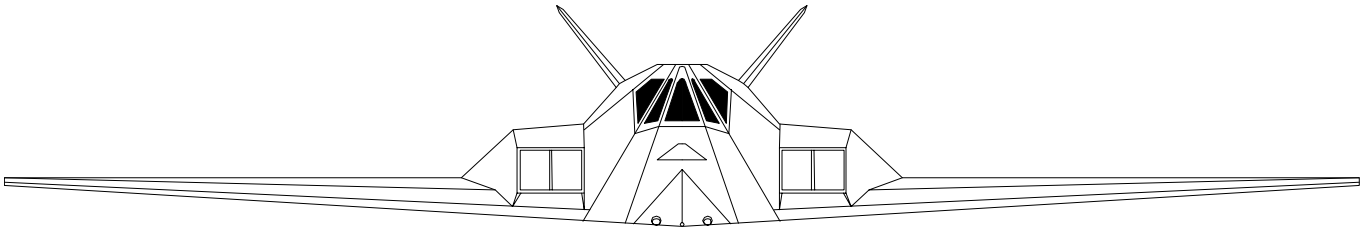


News of Interest from ANG/SGP…

- A new version of AFI 48-123 is due out in June 1999 (honest)
- Prilosec (omeprazole) is waiverable
- All nasal topical steroids are waiverable
- Lisinopril waivers for Flying Class II must go to Brooks (ACS) for evaluation, including the centrifuge
- There is a new application for ICE3 (Antartica); contact LtCol Ramsey at DSN 278-8551 or commercial 301-836-8551, or Shavonne Proctor at ext 8099 or Naomi McDaniel at ext 7600 for the application. Also available on the ANG/SG web site if you can get on it. Deadline 15 June
- Commander's Vaccine Implementation Toolbox available at www.airguard.ang.af.mil

Letters To The Editor

25 Oct. 1998

Subj : Letters to the Editor

I would like to express my opinion on PME. I read Maj. Balserak's comments with interest. I have a contrary view point. I do not believe we should lower our PME standards to accommodate individuals whose private life demands are so overwhelming that they take priority over any military obligation or requirements. The Major made a choice to be part of the largest trauma/general practice in Tucson. I believe he should be commended for his dedication to his profession.

However, I would ask the Major and any other professional if they think they should lower their standards and requirements, for certification, for example, because an individual did not have time to take the necessary courses or complete the rigorous curriculum?

I am a firm believer that if we want something then we need to set priorities and juggle our lives to achieve those goals. If we are unable to do that then we need to re-examine our goals and make realistic changes. It is unfair to expect others to alter their programs to fit into our scheme. Because we don't have time for something does not make it a bad idea. Sometimes we cannot have everything.

I speak a as a graduate of the Air War College in seminar. It was one of the hardest courses I ever took. A lot of the material was very foreign to me. I emerged a better person, more enlightened and more cognizant of my role as a member of the military. Interacting with non military medical officers certainly broadened my horizon, and gave *me* a better appreciation and understanding of their roles, and hopefully they of mine. I highly recommend and strongly encourage all Medical Officers to pursue PME. There is no reason why we should not be proud to stand shoulder to shoulder with all Military Officers and share in the requirements for promotion.

Marion J. Hardy, Col. MC
NHANG/SAS

27 Nov 98

Dear MAJ Balserak,

I enjoyed your letter to the Editor in the fall 1998 AANGFS Newsletter. Your frustration is understandable and legitimate. Without intending to validate the utility of PME for Medical Squadron Commanders, I'll share with you my experience with "Jump Start".

I attended this program in 1996 with one other guardsman and some Reservists. I spent two weeks at Maxwell, finishing the first increment, got a credible start on the paper (tackled an increment two subject on "Operations other than War" of more interest to me) and made valuable friendships with AFRC colleagues. Some of the group got together to prepare for the 2nd increment test, and almost all of us met back at Maxwell for several days before the final exam.

Our group graduated 80+ percent of initial enrollees. Success grew from the initial investment of time and a sense of camaraderie and mutual support.

I'll be pleased to share more if you're interested. Good luck, keep em flying.

Sincerely,

MICHAEL O. DANIELS, COL, PaANG, MC, CFS
193 MDS/CC

To: Phil Steeves, President of the Alliance of Air National Guard Flight Surgeons and all the members of the Alliance:

To all in the Alliance of Air National Guard Flight Surgeons, I have to admit that you have made me feel like at last I finally arrived. For the majority of my professional medical life I have felt like I was “just a flight surgeon.” Most of you are not just flight surgeons, you also have distinguished careers in other medical arenas. I have had in the past and still hold you all in the very highest esteem because of all the medical accomplishments you have achieved. For you to have selected me with the honor of attaching my name to your Aerospace Medicine Lecture is the pot of gold at the end of a rainbow. I never thought such an honor could really exist, much less would come to me. At last I feel like being “just a flight surgeon” is the most rewarding profession there is! It is not guaranteed that life is fair, but sometimes things happen that make one feel as though it does hold exceptionally wonderful things for them. You have recognized my professional life as having represented something worthwhile. Thank you for your kindness.

Jim Whinnery

ACC/SG Assistant Reports

Brig General Dennis A. Higdon
ANG Assistant to ACC/SG

"If you do not change, you will become extinct." Spencer Johnson, M. D.

Is anyone in the Alliance NOT feeling the pressures of change? New reporting requirements, new training initiatives, new UTCs, decreasing flying opportunities, changing missions….Like you, I'm trying to deal with change and hoping to anticipate it. Recently I was privileged to get a glimpse of the future. I attended a demonstration of the Form, Fit, Function, Follow-on (F-4) exercise at Nellis AFB, NV. F-4 is a comprehensive test of the re-engineering process for the Air Force Medical Service's Air Transportable Hospital, and the integration of specialty sets into it. The full spectrum of medical support was demonstrated, from the basic 24 person AEF support package (called EMEDS) to the fully expanded 144 bed ATH with the hospital surgical expansion package. Designed for rapid response and employment, the components can provide tailored medical support to meet theater CINC needs.

F-4 represents a monumental lead-turn for the Air Force Medical Service toward the implementation of the Expeditionary Air Force concept of operations. It also assures a significant change in the way the ANG Medical Service will be doing business in the future. The Total Force is well on its way from an organization based on worldwide readiness to one that is primarily CONUS based with rapid response and employment capability. The EAF is beginning to take shape.

Will we fit in? Like a glove. The Air National Guard has always been flexible enough to meet the demands of the mission. We will not become extinct because we will change to fit any requirement within the concept of the citizen-airman.

If you haven't read the book, Who Moved My Cheese? By Spencer Johnson, M. D., let me recommend it. General Roadman (USAF/SG) suggested his senior officers read it, and he led a discussion of it at the recent General Officers' Roundtable. It is a simple parable that reveals profound truths about change and ways to deal with it. If you feel "your cheese" has been moved and you're having trouble visualizing your future, read the book.

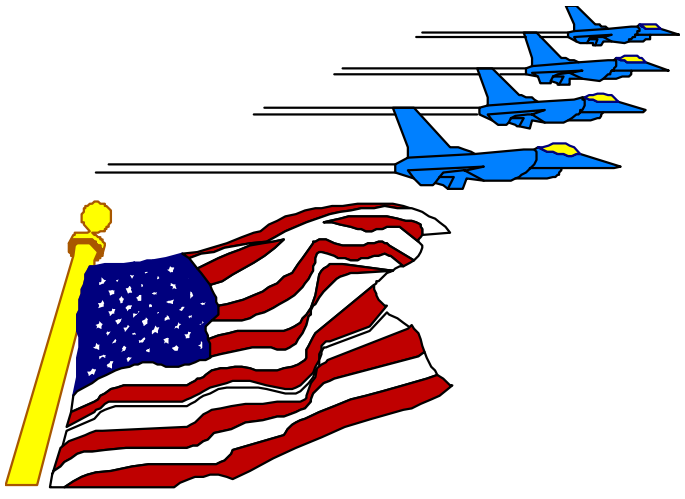
I look forward to seeing you at HSM in Leesburg, or wherever our paths may cross.

Help Wanted

Newsletter editor/publisher apprentice needed. No experience necessary. Spelling expertise not required (modern word processors have spell-checkers). Competitive salary. Benefits commensurate with position. Goal is to eventually replace existing editor when adequate check-ride passed. Contact AANGFS at www.telalink.net/~flitedoc or see page 2 for address.

ANG Flight Surgeon's Jumpstart Booklet

Additional copies of the recently published *ANG Flight Surgeon's Jumpstart* are available from Col Phil Steeves at 4 Virginia Place, Wenham MA 01984-1129.
Send $5 per booklet, check made out to AANGFS.



Mission Statement of AANGFS

- To provide a forum for ANG flight surgeons to identify common problems, share solutions, and generally network with each other
- To provide for continued education of ANG flight surgeons, updating us so we can contend with our continually changing military/medical challenges

Two Cents from the Editor…

These Newsletters are always fun and challenging to put together. There usually is not enough space to write much of an editorial but this time there is a small amount of room.

The Alliance will need a new Newsletter Editor at some point (no, the current Editor is not retiring--he considers himself still too young) and this edition carries a "Help Wanted" ad for the position. With all the new computer software available publishing such a work is not nearly as difficult as one might think. Besides, it gives the editor/publisher a significant "bully pulpit" that allows some impact on the Alliance and the ANG Medical Service. It is to be hoped that future editors/publishers will be up to the challenge.

The Internet is a whole new arena of operations and one with which we all must be become familiar. The Alliance Web site is a valuable vehicle for distributing important information; become expert with its use and become a valuable ANG commodity--part of the AFMS "human weapon system" so to speak.

I encourage any and all AANGFS members to consider stepping up to one of the above challenges. Let me or Bob Janco or Phil Steeves know of your interest. Fly safe, and keep 'em flyin' safe. Remember: **Medics Make Wars Winnable.**

G. E. Harmon, Col, CFS, SC ANG

Bill lets Brenda know that while he appreciates her help, he would prefer that she keep her insightful comments to herself.

AANGFS Board of Governors Meetings

(at AsMA)

0800 Hours, 18 May 99, Detroit,MI
0800 Hours, 16 May 00, Houston, TX

Col Gerald E. Harmon, CFS, SCANG
1075 N. Fraser Street
Georgetown SC 29440

Alliance of ANG Flight Surgeons

Application for Membership as:

___ New
___ Renewal

___ Fellow: Annual Dues $25 *
___ Member: Annual Dues $15
___ LIFE Membership: $250

*Fellows must be active flyers who are members of AsMA and SOUSAFFS

Date: _____ **Unit:** _____
Rank: _____ **Hours:** _____
Last Name: _____ **Years:** _____
First Name: _____ **Active Flying: Yes No**
MI: _____ **Home Phone:** _____
SSAN: _____ **Work Phone:** _____
Address: _____ **Fax:** _____
City: _____ **E-mail Address:** _____
State: _____ **Civilian Specialty:** _____
Zip: _____ **Academic Appt:** _____
Aero Rating: FS SFS CFS **Member of AsMA: Yes No**
Position: SAS CC CAS CFM FS **Member of Society of USAF FS: Yes No**

SAS = State Air Surg CAS = Chief Aeromed Svcs FS = Flight Surgeon, NOS
CC = Clinic Commander CFM = Chief Flight Med

ACLS Certified: Yes No Current Until: **ATLS Certified: Yes No Current Until:**
Air Evac Experience: Yes No **Trauma Med Experience: Yes No**
Comments:

Mail to: LtCol Clee Lloyd, 24220 S. Skylane Dr., Canby OR 97013