



AMSUS—Tuesday, 16 November 04—Location TBA		1:30 pm -	Pre-requisites for Deployment: Training requirements for ACLS, ATLS Clinical Flight Medicine Privileges Col William Morgan
8:00 am - 5:30 pm	Air Force Reserve Aerospace Medicine Breakout Meeting Col Michael A. Torres, USAFR, MC, SFS	2:15 pm	
8:00 am - 8:05 am	Welcome, Announcements Col Michael A. Torres	2:15 pm - 3:00 pm	Emergency Orthopedics Col William Morgan
8:05 am - 9:00 am	GYN Emergencies in the Field Col William Hurd	3:00 pm	BREAK
9:00 am - 1000 am	Critical Incident Stress Management Col Dean Robinson	3:15 pm	
10:00 am - 10:15 am	BREAK	3:15 pm - 4:00 pm	CCATT/AE in OEF/OIF Lt Col Wallace Rustman
10:15 am - 11:00 am	Dental Emergencies in an Operational Environment Lt Col Gregory Movsesian	4:00 pm - 4:45 pm	Atypical Pneumonia in SWA Lt Col Wallace Rustman
11:00 am - 12:00 am	Air Force Surgeon General Update Lt Gen George Peach Taylor, Jr.	4:45 pm	BW/CW Col Donald Siegel
12:00 pm - 1:30 pm	Lunch	5:25 pm	Wrap-Up Col Michael A. Torres
		5:30 pm	
			The majority of this program has been approved for CME credits. A complete detail listed will be available at AMSUS.

Membership Application---Alliance of ANG Flight Surgeons

Member: Annual Dues \$25 New Renewal
 Life Member: \$250

Date: _____ Unit: _____
 Rank: _____ Hours: _____
 Last Name: _____ Years: _____
 First Name: _____ Active Flying: yes no
 MI: _____ Home Phone: _____
 SSAN: _____ Work Phone: _____
 Address: _____ Fax: _____
 City: _____ E-mail: _____
 State: _____ Civilian Specialty: _____
 Zip: _____ Academic Appt: _____

Aero Rating: FS SFS CFS Member of Society of USAF FS: yes no
 Position: Member of AsMA: yes no
 FS = Flight Surgeon ACLS Certified: yes no Current Until: _____
 CC = Clinic Commander ATLS Certified: yes no Current Until: _____
 CFM = Chief Flight Med Trauma Med experience: yes no
 CAS = Chief Aeromed Services Air Evac Experience: yes no
 SAS = State Air Surgeon
 CCATT = Critical Care Air Transport Team

Mail to: Comments:

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Flight Docs Fly



When Flight Docs Fly—to promote and maintain the health and well being of the aviation community.

“Assigned and attached flight surgeons will have every opportunity to fly in the unit’s primary mission aircraft” (AFI 11-202V1 4.12)

Helpful Hints for Flying while deployed. (May wish to clip and save)

When endeavoring to fly with a unit other than the home unit; here are some helpful hints. (readers are invited to submit additional items for future publication).

- Be shown around and introduced by another flight surgeon who already knows the procedures and the personnel. Most docs welcome the opportunity to help another flight surgeon.
- Make a folder with these documents along with several copies to give to the approving authority.
 1. Aeronautical orders reflecting qualified airframes.
 2. Orders authorizing flying.
 3. AF Form 702 (Individual Physiological Training Record)
 4. AF Form 1042 (Medical Recommendation for Flying or Special Operational Duty)
 5. Authorization from Ops Group Commander or designee.
- SARMS from home unit.
- Letter attesting to Flight Surgeon Stand/eval examination IAW AFI 11-202V3
- When flying on Aeromedical Evacuation missions, be a part of the AE crew and not the “front end crew,” i.e., know the patients and crew, help load and configure the aircraft, participate in the care and transport of the patients—in short, be an asset.
- If flying into area where body armor or a weapons are required, bring your own from home base rather than trying to borrow in country where such may be limited.
- Show up early for the flight, never late; use the extra time to get to know the commander, schedulers, life support, etc.
- Endeavor to fly the airframes of the aircrew that you treat on all types of mission, especially the long, noisy, hot, difficult ones.
- Assure that you are listed on the flight orders, AF Form 781 and that your time is listed as “Primary Time”
- Ask for a copy of the 781 with the attestation of “certified true extract” and signed by the pilot.
- Turn in a copy of the 781 to your own flight records.
- Keep a copy of the 781 for your own records.

I hope that this advice is helpful. WWP, editor

My official duty is that of a "flight surgeon." Dr. Balsarak and I are 2 of approx. 20 Air National Guard Flight Surgeons active in Arizona.

We oversee and care for the needs of a special group of patient, the Aircrew members who fly fighters, *Fighter Pilots*. That requires frequent and regular aviation with the aircrew members which we are charged to care for. In my Wing that happens to be in F-16 fighter aircraft. The aircraft you see me standing on is a *B-Model F-16*, the two-seat version. I am perched on the ladder for the rear cockpit. I always fly in the rear cockpit of that jet with a primary pilot in the front seat. The Air Force and all branches of the U.S. Military have Flight Surgeons caring for their air crewmembers.

The reasons for it may seem ambiguous at first, but they are steeped in sound judgment. Admittedly a fun Job, here is the rationale: The average fighter pilot

Flying Philosophy

is reticent to ever see a Doctor, much less a Doctor who understands nothing of the stresses of their very special environment. The military in one of their wiser moments decades ago, recognized, that to get a **Pilot** who understands that every time he sees a Doctor he risks his flying career to be honest about his health, he **must trust the Doctor**.

To get him to trust the Doctor He must be seen and known among the Pilots as someone who understands, enjoys and knows his world (aviation). To do that, The Doctor must fly; frequently and regularly, and be at the same risks of losing their flying status due to health concerns as the pilot is.

This approach has saved countless lives and airframes over the

last 50+ years.

My other job is a private practice General Surgeon in Tucson. Both Jobs are rewarding allowing me to use my God given talents and abilities in a way that helps people and that I truly enjoy doing.

Lastly I am a husband and Father, which truly is my most important job for the moment, one which I treasure and take very seriously but thoroughly enjoy as well.

Thanks again for your interest, concern and your prayers will be appreciated,

Eric D. Kendle M.D. Lt.Col,
AZANG,MC,SFS,CFM
'BEEPER'

The difficult done immediately,
The impossible..., As Soon As Possible.

Micah 6:8

(Eric, well spoken—WWP, editor)