

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

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ANG Assistant to the USAF Surgeon General

As a flight surgeon, my wings will always lie over my heart. On 1 June, I had the privilege of attending the dedication of the new US Air Force School of Aerospace Medicine at Wright-Patterson AFB, OH. The schoolhouse is beautiful, comprised of four buildings that house missions of the 711th Human Performance Wing. In addition to the School of Aerospace Medicine, new labs, a human centrifuge, hypobaric chambers, and spatial disorientation trainers are being installed. The School is named after Maj Gen Harry G. Armstrong, and members of his family attended the dedication ceremony. Maj Gen Armstrong established the research labs at Wright-Patterson AFB, and the School of Aerospace Medicine at Randolph AFB, TX. *But did you know Armstrong was a Reservist* when he graduated from the flight surgeon training at Brooks Field, TX and earned a Commission as a First Lieutenant in 1930? By 1950, he was named the US Air Force Surgeon General. The current USAF/SG, Lt Gen C. Bruce Green attended the dedication.



Some of the National Guard Bureau offices moved to the area next to the Chief, NGB. Most of the remaining JP-1 NGB offices moved to Arlington Hall 2 (ArNGRC). We are engaged in "Efficiency" studies looking at overhead costs and consolidation of military HQ. A "Comprehensive Review of the Future Role of the Reserve Component" was completed 5 April 2011, and is getting a lot of attention.

We just completed a review of Army and Air National Guard Readiness; a study on Healthcare costs in the National Guard; and are working on the Medical Requirements, Roles and Responsibilities for the Joint Force Headquarters Staff document. We continue to work on National Guard Mental Health and integration issues with the Army, Air, NGB, and HQ USAF/SG staff. Of course, the stand-up of the Guard CBRN Enterprise is front and center in our cross-check.

I look forward to discussions of the big interest issues at Readiness Frontiers in San Antonio.

It is an honor to serve. Fly safe, Blade

JOSEPH KIRK MARTIN,
Maj Gen, ANG, MC, CFS
ANG Assistant to the USAF Surgeon General
The Joint Surgeon, NGB

Air Force Core Values:
*Integrity first,
Service before self,
Excellence in all we do*

We are at mil power in the Pentagon these days.



"The only man who never makes a mistake is the man who never does anything." - Theodore Roosevelt



From the pen of the AANGFS President:

Is there a typical Career in the ANG?

Well, I would say there is supposed to be, theoretically. For flight surgeons it should start out as a provider before going to AMP. After AMP, by the guidance I have heard it should be off to a Squadron Medical Element position. The goal is to learn the environment, fly, get to know the flyers and become a trusted comrade. From the beginning, it seemed to me like a paradoxical position with little chance to succeed, but was I ever wrong. I thought, "Really, getting these pilots to talk to me as a flight surgeon when my signature can recommend that they not fly?" Really? But as many flight surgeons have found, hopefully the majority, there is a way to balance good medicine, friendship and the Air Force Regulations. It takes trust from the flyers, time to get that trust and experience to figure out "where the line is" which I think comes from an understanding of the environment.

I have been told the next step should be Chief of Aerospace Medicine which culminates the experience of the position of SME and adds on the administrative tail of meetings, occupa-

tional exams/program, hearing conservation program management...etc, etc. Still, I would say, that the flying is very important as well as mentoring the new "SME" while getting mentored as the SGP. Unfortunately, from my previously held seat at NGB, I don't feel these gates/goals were being met by many flight surgeons regularly. I think mentoring is an area we need to focus on as senior flight surgeons and there is no time better than now. (But I digress, sorry) The next rung on the ladder is supposed to be Medical Group Commander, although there are countless examples of FS's skipping this step and going to the State Air Surgeon position (me included). I have seen this tried or done early in ANG career also and wondered, where do you go from there? The SAS slot should not be a parking lot, but a transition zone to other positions or retirement (since we all can't make BG!).

No matter what course you may have taken or you are considering for one of your "young career flight surgeons", I would encourage allowing them a shot at seeing the bigger picture - at NGB/SG. I



hope lasts for a long time. Note: These thoughts are my own and not approved by or reviewed by the NGB/SG section.

Lt Col Lisa "SWAT" Snyder

have not regretted serving in the position of the NGB/SGPA, nor do I think I will ever regret it. As I have transitioned back to the life of the traditional Guardsman in Indiana, as the CERFP Medical Element Commander, I know the experience at NGB has served me well. I fully understand that not everyone can pull off 4 years to go to the RAM and then work in the environment of the NGB, but I encourage you to try to visit and get a feel for the "big picture"; possibly even for part of an AT or working on a special project (yes, of course I have one in mind). Definitely encourage the flight surgeon's you are mentoring to be involved in the AANGFS which is an excellent way to learn more about the ANG medical service.

Well, these are thoughts from an Air National Guardsman with an already atypical career. It is one I have been challenged by many issues and situations yet enjoyed immensely and one I



Editors 2 Cents

I am honored to be asked to edit this special mentorship edition (share a copy with your up and coming flight docs); we have so many excellent contributions and exciting items to announce.

Maj General Martin (former AANGFS President) presents an inside look at the issues from a *national perspective* to broaden our perspectives while current AANGFS **President Lisa Snyder** gives cogent advice on *career progression and mentorship* while **Brig Gen John Own** provides senior and sage advice for *professional growth. On the Glide Path..*

Full up SERE training explanation from a flight doc who just accomplished it—congratulations **Col Brian Dykstra**. Take note of the bio for "**Black Hawk Down**" pilot, Mike Duran, who will be speaking for the AANGFS Annual Dinner—don't miss it (and thanks to *Eric Kendle* for making it happen.)

Wonderful to hear from **Gerry Harmon**, but can anyone corroborate

his turkey story? **Doctors' Corner** provides some information and good advice for uninsured Guard members. At the request of the AANGFS, the arcane subject of *Flight Surgeon Badges* and attendant policy implications is meticulously address by **Bill Pond**.

Letters from flight surgeon (ret) **Phil Steeves** and WWII fighter pilot, **Jack Rillema** warm our mail box.

Now if you want a great flight doc read, don't miss, "*Locked in a Box with Elvis*" by **Col Eric Kendle**.

Budding flight surgeon to be **Matt Read** clarifies the *VA priority groups*. (He also served at the Baghdad Guard-manned 447 EMEDs during the "surge" of 2007)

ANG Surgeon General **Brett Wyrick** has a keen insight into the requirements and responsibilities of *ANG General Officers* and has eloquently explained to those far removed from the positions.

Brig Gen Jim Chow provides insight into the workings of the ANG Assistant for *Medical Policy and Operations*.

To add value to Readiness Frontiers, the AANGFS assures that **Readi-**

ness Skills Verification (RSVs) are met, and as an added benefit, physicians receive **Category 1 CME**—*Cracking the CME Nut* gives excellent insight into the process. **And ADFAC, MEDFAC, HWSC, UAC and HTAC** are explained.

Exciting volunteer opportunities abound for those with energy and interest. We are looking for the following who wish to lead turn the Guard.

- 1) **AIB/SIB "on call"** list, give me a shout or see the sign up list at RF
- 2) **AANGFS Newsletter Editor, Officer, Webmaster**, call Lisa Snyder
- 3) **Program planning** for Readiness Frontiers 2012, call Eric Kendle
- 4) **CCATT**, call Bruce Guerdan
- 5) **Newsletter Articles**

Always a pleasure—WWP, editor



On Course, On Glidepath? Brig Gen John D. Owen, M.D.

When I was asked by Lt. Col. Lisa Snyder (SWAT) to write an article about career progression and opportunities for ANG flight surgeons, I deliberated on what to and how to document my thoughts. As an avid aviator, my first thought was that this process is not like a precision approach such as a PAR where the controller describes your position on the approach as right or left of course or above or below glidepath. There are non-precision approaches where the lateral navigation is dictated and there is room for pilot discretion as to the rate that you fly to the desired altitude. There are the pilots who seem to have the most fun who are VFR only and wander around a little on the way to their destination but have enjoyed the scenery of the trip more and, while they may not make it to the same airport ultimately that the driven instrument pilot does. But, this pilot typically has an enjoyable trip and does land somewhere. I believe that there are many similarities of the career journeys of ANG flight surgeons and will explain my thoughts on these topics.

The first group that I would like to offer suggestions to is the newly accessed ANG flight surgeons, whether new to the uniform or transferred from active duty. This group typically is composed of Captains and Majors and is the lifeblood of the Guard. My primary suggestion to this group is to have fun. Fly with your unit all that you can. Even if you are in a unit without a flying mission, interact with the line at every opportunity—both business and social. Learn all that you can about the mission. It will make you a more valuable asset to the unit, make your job more interesting and they will appreciate that you have an interest in what they are doing. This pays big dividends later. Deploy if you can. Some of my best friends anywhere are the people that I have deployed with. These are the people that you can call anytime and they will be there for you (as you will be for them.) Give good flying safety briefings. Even now, aircrew mention briefings that I gave twenty years ago. Find balance with your medical practice and family. These entities are not mutually exclusive. Get your office staff to the base and interest your family in the mission. Accept that you will occasionally have to short change each of these to accomplish what you need to get done. The overall strengthening of each of these relationship by belonging in the Guard, while sometimes difficult to see, is a benefit to you, your family and medical practice. Get involved in the aerospace medicine meetings, shop visits, do your share of flight physicals and, most of all, be responsible with your attendance and actions.

The next group is the more senior group, primarily Lt. Cols.. This group may be the seasoned flight doc, SGP or even med group commander. My first advice is DO YOUR AIR WAR COLLEGE ASAP! We are past the point of arguing whether it is a good idea or necessary to do it to be a good medical Colonel. No one argued it louder than I did but we have to get past it. Just to prove my point that it was worthless, I did it after I was promoted to Col. Back in the day, you did not have to have it to get promoted and I am from “back in the day.” I did it partly to make



my point (I also found that it was a pretty easy way to get a bunch of retirement credit). To my surprise, I found that it was somewhat interesting, educational and you get to suffer alongside your line brethren. At this level, you should still have fun but start opening your horizons. Attend not only the med group meetings but learn the workings of the exec council, offer to sit on base promotion boards, and be the best flight surgeon/SGP that

you know how to be. Start getting involved in the national meetings and organizations. Readiness Frontiers is a great place to meet your contemporaries. If you have not gotten involved in the AANGFS organization, do so and actively participate. These contacts and additional duties will serve your very well as you move along the career path, make you a better flight doc and are, really, a lot of fun. The minimal time commitment is well worth the positive rewards.

The senior Lt. Cols and Colonels are busy. If you are a flight surgeon and a Colonel in the wing, you are the SGP or SG. Both of these positions take some time and accessibility. My suggestion is be available daily, if needed. It takes a few minutes but your efforts will be greatly appreciated and small problems may be kept from turning into big problems. Also, you will be truly running your ANG world. Answering your emails promptly and taking care of administration issues will, in the long run, save you time and make your unit more efficient. Still try to fly and deploy, if you are able. We add credibility to our positions by doing so. Take care of the medical needs of your unit as best as you can. There are others who can do the administration but, so far, we are the only ones that can do flight medicine. The fastest way to lose our exclusive participation in this wonderful arena is to not give our wings what they want and need from us as flight surgeons. Expand your involvement in the wing activities, boards and programs. This awareness of your skills (after all, as physicians, we evaluate difficult and complex issues, rapidly make decisions and are responsible for the outcomes—pretty good traits for any organization) will possibly lead to new opportunities.

It is possible to be a good State Air Surgeon for your state, I suppose to some degree, if you are not involved in the national policy and interaction forum that we have available to us with the State Air Surgeon semi-annual meeting and society. But, there is more to the job than doing AIMWTS and PEPP. Your state needs your interaction and information distribution that can be best accomplished at the meeting at RF and, traditionally, at AMSUS. Not only do you learn what is going on at the more senior level but your issues are aired, you get an opportunity to change the policies that you have complained about since the last meeting. You

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We will not be remembered by our words, but by the moments that take our breath away.

SERE DOC

As many, if not most of you know, there is now a new requirement for Flight Surgeons – SERE training. For many of us we have been “grandfathered in” so do not have to complete it, for the FNGs, it’s a different story. I have no doubt that there was a lot of thought and discussion that went into the decision to require this. I suspect the decision is still controversial; however, my intent here is not to opine, but to describe my experience.

For me, ever since completing the AMP course I have always wanted to complete SERE training. So when the requirement was made, I put in for a slot and completed SERE this past October.

SERE is a 19 day course designed to prepare aircrews at high risk of capture or isolation to **S**urvive, **E**vade, **R**esist, and **E**scape in order to *Return with Honor*.** The training is done at Fairchild AFB in Spokane, WA. It is taught by SERE specialists who have had even more extensive training in all of these areas.

The class is made of about 80 students of varying AFSCs and ranks broken down into flights of six or seven. From E2s just out of basic to O6s (usually these are the flight surgeons). Most are NCOs or Lieutenants just having completed initial training and are on their way to their first assignment. The general age is probably mid 20s. AFSCs ranged from 4Ns who were air-evac, flight attendants, to Intel NCOICs and officers to of course pilots. An Army Ranger who was assigned to a joint mission flying with JSTARS was in our class. There were AD, Guard and Reserve Airman. There were 3 other flight surgeons who had just completed AMP. I was the only Guard/Reserve flight surgeon.

Training is made up of classroom academics, field academics with hands on labs both inside and outdoors, combative training, and resistance training, again both academics and lab. The first week was academics and labs in preparation for the survival, escape, and evasion portion of the training. Academics were made up of power point presentations by SERE instructors, both AD and contractors all of whom had been prior SERE specialists. The labs taught map reading techniques, survival techniques, etc. A week is then spent in the mountains north of Spokane putting that training into practice. After returning to

Fairchild, the resistance training begins.

All the training is intense and will not be easy. Being in shape is a must. While being aerobically fit is helpful, the survival training requires traversing up and down steep terrain with upwards of 60 lbs of gear and little food during the week. The resistance training is classified, but suffice it to say, is both physically and especially mentally demanding. We flight surgeons do have a slight advantage – we accomplished the mental challenges of medical school, internship, and residency.

The cadre is very professional. While on some level they treated all the class members equally, they were also appropriately respectful. They took their job seriously and wanted to educate us so that if we were ever isolated, we would return with honor. To that end, rank, age, and, professional status did not limit my “training opportunities.” One advantage being medical is that you won’t have to be the SRO. The Airman will respect your rank and willingness to complete the training and occasionally look to you for your medical expertise.

The training was without a day off. The facilities/billeting were very nice. Depending upon the busyness of the training schedule at the school, O6s and O5s may get their own rooms, but that is not guaranteed. Each room had a full refrigerator, microwave, and TV. There is a dining facility right next to billeting. The SERE school is on the other side of the base so a shuttle is required to get to the BX and fast food restaurants. There is a shoppette open 7 days a week at the SERE school and an all ranks club that is open in the evenings with TVs, a grill, and a bar. The base is about 10 miles outside of Spokane, but again, a shuttle can get you in and out of Spokane with minimal hassle.

Again, while I can let those above my pay grade debate the necessity of flight surgeons completing SERE, I am glad I did it and hope that I never have to use the training and if so, hope that I will remember what was taught.

Col Brian Dykstra

**The mission statement of the USAF SERE School of the 336th Training Group



Mentoring

When I started my military career as a Private in the United States Army, I never imagined I would eventually serve as a flight surgeon. Throughout my time in the service as a field medic, helicopter mechanic, medical student and flight surgeon, I have had some terrific mentors and incredible experiences. I have had wonderful physician and non-physician mentors. Some of the wisest people I have served with did not have a college degree but were very willing to share knowledge gained over careers of 20+ yrs of service in peacetime and conflicts ranging from Vietnam to OIF or OEF. One consistency I have seen on every deployment, military school, exercise or other military activity is the opportunity to learn and teach.

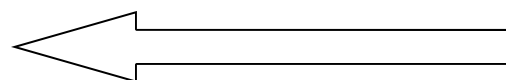
The unit I joined in transitioning to the Air National Guard, the 132 FW IA ANG, has a robust mentoring program which helps develop each members weaknesses and build on individual talents to strengthen the unit as a whole. Recently the 132 MDG command estab-



lished a more formal medical student orientation and training program for our assigned medical students. This program enhances the development and utilization of medical students (our future flight surgeons) and has paid dividends in this time of downsizing, ever tighter resource allocation and flight surgeon under manning. I remember how beneficial, not to mention motivational, it was to do flight medicine rotations at active duty bases during my medical school years. It also provided an opportunity to experience flight medicine outside of the typical ANG weekend drill. Additionally, having some "joint" service cultural awareness and knowledge from my previous time in the US Army has proven very valuable during deployments with sister services.

The Air National Guard and the USAF have a rich history. By striving for personal excellence and helping our fellow airmen achieve excellence, we will maintain and pass on that tradition.

**Dr. Leasha Schemmel, SFS
Iowa ANG**



Antarctica, when I did the flight surgeon mission supporting Operation Deep Freeze. It is the best mission ever, if you have not done it, I would highly recommend it. The NYANG was great to work with.

Black Hawk Down Pilot to Speak at AANGFS Dinner

Mike Durant a native of Berlin, New Hampshire had flown over 150 medevac missions in the UH-1 and UH-60 by the time he was 24. Durant was the pilot of *Super Six Four*, the second MH-60L Black Hawk helicopter to crash during the Battle of Mogadishu on October 3, 1993. The helicopter was hit by a rocket-propelled grenade in the tail, which led to its crash about a mile southwest of the operation's target.

Durant and his crew of three, Bill Cleveland, Ray Frank, and Tommy Field, survived the crash, though they were badly injured. Durant suffered a broken leg and a badly injured back.^[2] Two Delta Force snipers, MSG Gary Gordon and SFC Randy Shughart, had been providing suppressive fire from the air at hostile Somalis who were converging on the area. Both volunteered for insertion and fought off the advancing Somalis, killing an undetermined

number, until they ran out of ammunition and were overwhelmed and killed, along with Cleveland, Frank, and Field. The Somalis captured Durant and held him in captivity. Durant was the only one of his crew to survive. During part of Durant's time in captivity, he was cared for by Somali General Mohamed Farrah Aidid's propaganda minister Abdullahi "Firimbi" Hassan. After being freed, Durant recovered quickly and continued to fly with the 160th SOAR. Durant retired from the Army in 2001 with more than 3,700 flight hours, over 1,400 of which were flown under night vision goggles. Durant recovered from his wounds at LRMC.

Durant holds a [BS](#) degree in professional aeronautics and a [MBA](#) degree in aviation management from the [Embry-Riddle Aeronautical University](#)

A government which robs Peter to pay Paul can always depend on the support of Paul.....George Bernard Shaw

The Doctor's Corner



During a periodic Guard physical examination, a member was noted to have a medical condition that required further evaluation to determine eligibility for continued service. The member incurred medical costs which were quite a burden to the young member.

Questions arose regarding Guard policy and possible resources available to assist the member. Herewith are some thoughts:

- 1) Although medical and dental treatment for active duty members is provided at no charge for the member, Guard and Reserve members have no such benefit unless on active duty or are in the time window immediately before or after deployment.
- 2) Dental examination to determine fitness is provided free of charge, but treatment for Guardsmen is not.
- 3) Medical examination through a military medical provider to determine fitness is provided free of charge, but again treatment is not provided for Guardsmen as it is for active duty members
- 4) If the medical examination discovers a condition that is potentially disqualifying for a Guardsman, it is the member's responsibility to provide documentation that such condition is not disqualifying or medical treatment to correct such disqualifying condition—treatment and additional evaluation are done at the member's expense.
- 5) Many Guard members have insurance through their employment, spouse or school; this includes Guard Technicians who are eligible for FEHB (Federal Employee Health Benefit) insurance.
- 6) If the member has insurance, it pays for such evaluation and treatment if such is medically indicated as would be done for any medical condition regardless of military status.
- 7) In certain states, younger Guard members may also have continued coverage through their parents' insurance plan (for example up to the age of 25 in Indiana regardless of whether the member is in school or not)

8) Pursuant to new federal health care legislation, benefits may be extended up to the age of 26, e.g. for TRICARE, eligible dependents will have an option to purchase TRICARE health coverage on a month-to-month basis; those who are eligible to purchase coverage should save their receipts after the first of the year, as the benefit will be retroactive to January 1, 2011, provided premiums are also paid back to January 1. (Caveat: final details are still under negotiation, so one should check with the individual insurer.)

9) For those who are not otherwise insured, the Guard offers a very affordable program of TRICARE Reserve Select at a cost of only \$53.16 per month--although Guard payroll deduction cannot be done for TRICARE as is done for SGLI (Servicemembers Group Life Insurance), the member can have automatic deposit of the Guard check to his/her account along with automatic deduction for TRICARE.

10) Enrollment may be done at anytime for TRICARE, but all insurance plans, including TRICARE, do not pay for services rendered prior to enrollment.

11) Uninsured Guard members should be highly encouraged to take advantage of the TRICARE opportunity.

12) If the member has already incurred bills with no insurance, a call by the medical group physician may (but no guarantee) be able to get the bills reduced at least to the TRICARE level of charge.

Some might ask, "If the Guard is willing to invest \$2,000.00-6,000.00 to recruit a member and willing to spend \$10,000.00-50,000.00+ to train a member, would it not be reasonable to spend \$5,000.00-10,000.00 to retain him/her by assuring medical qualification. After all, preventative maintenance and evaluation are done for jet engines and guns; why not humans--active duty does."

What this means for flight docs: we will well-serve our uninsured Guard members by encouraging them to take advantage of TRICARE—it is available to all Guard members and it is affordable.

(For an application, just click on this link:

<https://www.dmdc.osd.mil/appi/trs/>)

WNP, editor

Fellow Flight Surgeons—my last F16 ride was in Spring of 2007, so I'm now just over 4 years out of the ANG cockpit and for that same time have not put on a flight suit after wearing one for over a quarter of a century. And I do miss it and all of you. I fly my Cherokee of course around the Southeast and I occasionally attend a Guard or USAF function as an invited guest or speaker, but it ain't the same.

Professionally my private practice is incredibly busy; I still admit patients and take call every 4th night. It has been my privilege to serve as a member of an important Council at the American Medical Association and to be active in my state medical association. All of us realize that American health care is under enormous pressure to change and to function in a world of limited resources and almost unlimited demand—sounds like the Air Guard and the military with more requirements than budgeted, doesn't it?

My son is a Captain in the SC ANG and a JAG officer and flies our Cherokee; my two daughters are successful business women and



If only I could attend the AANGFS Dinner with Black Hawk Down pilot, Mike Durant

I have five grand-offspring that make me feel "senior" when I realize that I am a grand dad! On the rare occasion that I am not working I enjoy hunting and fishing—I was lucky enough this past month to bag a pair of turkeys while bow hunting and take every opportunity to remind my civilian colleagues of the incredible skill that required...).

Finally let me tell every one of you how supremely proud I continue to be of your successes and your sacrifices. You are building on the efforts of those who have gone before—James Weaver, Jim Whinnery, Dennis Higdon, and Randy Falk, among others—and I am honored to have been allowed to serve. Stay safe.

Gerry "Gamecock" Harmon

**Gerald E. Harmon,
Maj Gen, USAF (ret)**

(& AANGFS Newsletter Editor, emeritus)

AVIATION AERONAUTICAL RATINGS & BADGES

The AANGFS tasked Bill Pond to research and clarify Flight Surgeon Aviation Aeronautical Ratings and Badges—a task accomplished with the thoughtful and gracious assistance of numerous individuals. The following article provides a succinct explanation with examples so that operational flight docs will understand the current aviation rating and badge requirements, Inasmuch as ratings, badges, awards and decorations may guide performance and career progression, it is important that flight surgeons clearly understand —Editor.



USAF Flight Surgeon Aviation Badges symbolize attainment of a high degree of professionalism in a flying specialty and are permanently awarded only to those aircrew members who, by virtue of extensive training, experience, and assignment to primary aircrew duty are considered part of the career flying force. Over the years the prestige of aviation badges has been carefully and closely guarded through consistent and strict adherence to



the award criteria.

Per AFI11-402, for the award of **Senior Flight Surgeon**, the physician must have

1. at least 7 years total rated service as flight surgeon,
2. permanent award of USAF flight surgeon rating,
3. One (1) year on active flying status (ASC 8A and API 5), and either of the following:
 - at least 350 total hours logged as a flight surgeon, or
 - 72 months operational flying duty as a flight surgeon or pilot-physician



For the award of **Chief Flight Surgeon**, the physician must have

1. at least 15 years total rated service as flight surgeon,
2. permanent award of USAF flight surgeon rating,
3. 24 months on active flying status (ASC 8A and API 5), and either of the following
 - at least 750 total hours logged as a flight surgeon, or
 - 144 months operational flying duty as a flight surgeon or pilot-physician

Sounds reasonable; the award of advanced badges should be for those flight surgeons who are assigned a flying billet, who are operational flight surgeons and who actively support the flying mission.

Prestige of the award is maintained by only awarding it to those who are truly deserving and conversely by assuring that those who are deserving are so recognized. Sounds good so far, **except** for a well-intentioned but insidious “Note 6” which defines operational flight months—not by flying hours and sorties—but rather by flight pay requirements. (Specifically, “Flight surgeons” (API 5) must satisfy conditional ACIP{Aviation Career Incentive Pay} requirements IAW DoD FMR, Volume 7A, Chapter 22 in order to receive one month of Operational Flying Duty Accumulator (OFDA) credit.”)

To receive flight pay, Guard flight surgeons must fly an average 2 flying hours per month or 4 hours per month if on active duty with the ability to “bank” hours 5 months forward. Therefore, at a minimum, a Senior Flight Surgeon would have to have at least 144 flying hours. A Chief Flight Surgeon would have to have minimum of 288 flying hours.



All aircrew HARMS records (including flight surgeons) contain number of sorties, flying hours, combat missions, type of aircraft, and

other information related to flying; however months receiving flight pay is a finance issue, so it may be absent from HARMS records, especially if the records cover a long period of time from several bases. This creates a situation in which flight surgeons may be deemed ineligible for an award in spite of many years as operational flight surgeons and hundreds of hours and sorties.

Illustrations of how tying award to flight pay rather than sorties and hours may create the following situations:

Flight Surgeon Alpha was stationed at a KC135 unit for 4 years with a one 4 month deployment to Afghanistan as surgeon (no opportunity to fly); he flew one sortie each month at home station for a total of 176 hours and 44 sorties and 44 OFDA months. He then transferred to an F16 unit and flew every month for 4 years for another 48 sorties, 53 hours and 25 OFDA months. His 8 year total is 92 sorties, 229 flight hours, but only 69 OFDA months—not eligible for senior flight surgeon badge.

Flight Surgeon Bravo stationed at F16 unit for 12 years with 2 x 4 month deployments and a safety board and an accident investigation board. He flies every month (except when deployed) for 12 years: 132 total sorties, 140 flight hours but only 70 OFDA months—not eligible for senior flight surgeon badge .

Flight Surgeon Charlie stationed at A10 unit for 8 years; API slots occupied, so he is not able to log “primary time.” He does flight medicine, safety briefings, aeromedical summaries, shop visits and deployments as CCATT. He has 85 missions and over 200 hours and 0 OFDA months—never will be eligible for senior flight surgeon.

Flight Surgeon Delta stationed at several different bases over the course of 12 years has 95 sorties and 197 hours, but inadequate records exist to establish flight pay for more than 69 OFDA months—not eligible for senior flight surgeon.

Flight Surgeon Echo stationed at a KC 135 unit for 6 years; he flew every other month with a KC135 unit for 6 years: total 36 sorties, 144 hours, but 72 OFDA months—eligible for senior flight surgeon badge.

(For editorial comment, please see page 8)

The site for flight medicine: <https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=AerospaceMedicine>
 (make sure you have your CAC card and reader, and just click on the link)
Free Museum Admission during the summer <http://arts.gov/national/bluestarmuseums/index2011.php>
 The free admission program is available to any bearer of a Geneva Convention common access card (CAC), which includes active duty military National Guard and Reserve members and up to five immediate family members.
 Brought to you Courtesy of the Red White and Blue: http://www.youtube.com/watch_popup?v=wbV31f1HzQI&vq=medium#t=18

(Editorial commentary regarding flight surgeon aeronautical rating and badges from page 7)

Is it time for a fundamental discussion and analysis of the requisite qualifications for a Senior and Chief Flight Surgeon by the Air Force Surgeon General and senior flight surgeons to define and guide the career progression of the operational flight surgeon? (This centralized approach worked very well when the AF SG's office formulated an Air Force-wide flight surgeon examination, adding uniformity, standardization and common knowledge requirements.)

While flying plays an important part in the professional life of the flight surgeon, the doc's job also encompasses flight safety briefings, aeromedical summaries, shop visits, deployments, mishap boards, HUD review, etc. Does a flight surgeon who accomplishes a 1.1 hour sortie along with these other tasks fulfill the goal of "operational flight surgeon" even if he/she does not receive flight pay for the month? (Interestingly, the Army award of senior or master flight surgeon does not rely on months receiving flight pay, but rather on total flying hours with even some credit being given for private pilot hours.)

To maintain flight surgeon badge prestige and integrity as flight medicine flies to the future, we must lead turn the paradigm by asking and answering such questions as:

- *Is review of the HUD tape an acceptable surrogate for flying, especially if there are no 2 seat aircraft in the unit?*
- *What about Remotely Piloted Aircraft?*
- *Will Chief Flight Surgeon badges be reserved only for heavies, but not for the UAVs or fighters?*
- *Should an overseas flight medicine deployment be a requirement for senior or chief rating?*
- *Should flight safety briefings, shop visits, aeromedical waivers, flight physicals be incorporated into the definition of operational flight surgeon?*

In short, should the honor of Senior or Chief Flight Surgeon be defined simply by the number of months collecting flight pay, or should such honors be defined by those tasks that demonstrate breadth of experience and expertise in flight medicine?

Recruiting and retention of flight surgeons is difficult. With flight surgeon Squadron Medical Element manning in the 60s%, flight docs are a valuable commodity for the Air Force. Experienced, seasoned

flight docs are even more so..

There are possible immediate solutions:

- 1) *For incomplete/unavailable flight pay records: use number of sorties, flying hours and months as flight surgeon*
 - *72/144/72 for Senior,*
 - *144/288/144 for Chief*
- 2) *Retain the requirement of 72 or 144 months of experience as an operational flight surgeon, but delete footnote 6 (which defines an operational month in terms of receiving flight pay.)*

=====

Flight docs serve because of a sense of patriotism, service, and commitment.

Awards and decorations are a low-cost but high-visibility method of recognizing excellence; should we not be making every effort to recognize those who are deserving while guiding appropriate career progression? In so doing, we serve not only the interests of the individual but also the interests of the Air Force which so desperately needs the services of experienced, active and wise flight surgeons—

WWP

Col William W. Pond, MD,
SFS, MC, INANG



Letter to the Editor

Bill,

I am trying to think of anything I could contribute, at such a remove from my days of duty. I did attend the annual reunion of the River Rats at Dayton last week. Always great to get back with the folks I flew with in Vietnam. I talked again with Jeff Duford, a curator at the museum, and he has in mind some day to put together an exhibit related to military medicine in the USAF, meaning flight surgeons. Maybe if you coordinated with him, he might put in some kind of solicitation for stories and other memorabilia.

Check six,——Phil (Steeves)

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Phil,

Just good to hear from you. I know that your friends are just happy to hear that a flight surgeon and former Alliance President is doing well,——Bill

Hi Bill..Re: Honor and Pride Flight for WW 2 Veterans.. Upon arriving at the Baltimore Airport terminal Our group of 40 Veterans was met by a large gathering of civilians and service members who cheered and said "Thank You for your service and God Bless you, etc." Among this group was a Lt Col in uniform who was a Flt Surgeon with a local Air Wing. His name was Doyle and he said he never misses the chance to greet these visiting veterans. Made me so proud to be an American Veteran. I mailed the local newspaper story to you today which gives more details ..Thanks for your interest and Keep in touch.... Regards Jack

(Jack, a WW2 fighter pilot relates the wonderful story about the good works of a flight surgeon——WWP, editor)

will also be able to see what the next level of seniority does. Your input and participation is appreciated by them because at a MAJCOM level and higher, there is some loss of touch with the operational issues despite the best efforts to stay aware. Your unit and state need you to represent them in this forum. The ability to solve real problems can only be done if those who can work on the problems know that something needs changed. Your participation here will be noticed and make you competitive for the next level.

The reason that SWAT asked me to write an article is, to a large part, because I was promoted to my current rank by a non-traditional means-through being selected for a line position, State Chief of Staff. When asked how I accomplished this, it is difficult to know for sure. It was not political to my knowledge. I believe that it is because I did the best that I could to do what I

have outlined in the article above at each step of my career. When applied, our skills and input are appreciated. We can use our listening skills honed by years of medical practice and military service. We can utilize the evaluative and deductive skills that our medical training provides. We can be thankful for some good luck and being in the right place at the right time. We can be persistent in our applications for positions (I was not selected for a couple). We can be gracious in our manner and make right choices and be fair when it affects others. We can hold ourselves to high standards. Still, doing these and other positive things, we may not be selected for positions that we aspire. However, remember the VFR pilot. It is not always the destination but the trip that is sometimes more memorable. Have fun and be the best possible flight surgeon that you know how to be! People will notice.

Readiness Frontiers Attire

UOD during RF (except on 25 June): ABU, BDU, Flight Suits and business casual for civilians
25 June Saturday morning (Plenary): Blues Any Combination for all
25 June Saturday Afternoon (Awards Ceremony): Service Dress Uniform for all "Award Winners"
Blues any combination for all other military attendees;
Business Casual for civilian attendees

Q: What and how long is "crew rest?"

Crew rest includes time for meals, transportation and rest. Normal crew rest is 12 hours, including an opportunity for 8 hours of uninterrupted sleep. Absolute minimum crew rest period is 10 hours, and used only during continuous operations to keep air crew on 24-hour circadian cycles and only for aircrew allowed to have Flight Duty Periods exceeding 12 hours.

Veterans Priority Groups

In order to ensure all veterans are provided timely and quality medical care, the Department of Veterans Affairs (VA) determines priority groups for enrollment into the VA health care system. The enrollment system ensures higher priority group status for VA health care for severely disabled veterans and those with lower incomes.

Regardless of priority group, certain situations exist which allow eligibility for outpatient care, to include: conditions related to military sexual trauma, head or neck cancer related to radium treatment, and treatment related to service-connected conditions.

Enrollment Priority 1 - Veterans with service connected disabilities rated 50% or more disabling and those the VA determines to be unemployable due to service-connected conditions.

Enrollment Priority 2 - Veterans with service-connected disabilities rated 30% or 40% disabling.

Enrollment Priority 3 - Former POWs, Veterans awarded the Purple Heart, Veterans discharged with a line of duty disability, Veterans with a service-connected disability rated 10% or 20% disabling, Veterans awarded special eligibility under Title 38, U.S.C., Section 1151.

Enrollment Priority 4 - Veterans receiving aid and attendance or household benefits, or who have been determined to be catastrophically disabled.

Enrollment Priority 5 - Nonservice-connected Veterans and noncompensable service-connected Veterans with annual income and/or net worth below the VA national income threshold, those receiving VA pension benefits, and those eligible for Medicaid.

Enrollment Priority 6 - World War I Veterans, those exposed to radiation during the occupation of Hiroshima and Nagasaki, those exposed to Agent Orange, Gulf War I Veterans, Veterans who served in a theater of combat op-

erations on or after November 11, 1998 who meet specific criteria.

Enrollment Priority 7 - Veterans with gross household income below the geographically-adjusted income threshold who agree to pay copays.

Enrollment Priority 8 - Veterans with gross household income above the VA national income threshold.

Personnel may contact the VA toll-free at 1-877-222-VETS (8387) or on the internet at www.va.gov/healtheligibility for any questions concerning enrollment priority or eligibility.

Respectfully,

Matthew D. Read, 2d Lt, USAFR
Indiana University School of Medicine
Class of 2012

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MSIV Representative, Honor Council

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"Dictionary is the only place that success comes before work. Hard work is the price we must pay for success. I think you can accomplish anything if you're willing to pay the price." - Vince Lombardi

Locked in the Trunk with Elvis!

We were pointed straight down in an F-16, intentionally, seriously!?, **intentionally** flying the jet from near 30,000 feet directly toward the rapidly approaching Arizona desert floor. As a Captain, a very junior Flight Surgeon I was naively unfamiliar with the maneuver but inherently trusted my front seat pilot who happened to be the older brother of one of my best friends another Flight Doc. Within seconds my trust and level of confidence evaporated like the fog from a rapid decompression due to a fairly common but to me unknown occurrence which put me completely out of my recognizable comfort zone. The inertial reel attached to my flying harness locked up and fastened me tightly into position in the rear cockpit of this near supersonic Fighter aircraft. With every breath and every movement I was ratcheted tighter into the seat until it was actually affecting my ability to breath!

There are not too many things that actually scare me. I have faced death and near death situations in my life many times and somehow I have always been able to think clearly through all of them. The proof in each of these events is that by the grace of God I am still alive and even fully functional. The things that succeed in actually scaring me are a total lack of familiarity or understanding of events that trap me with no apparent ability to escape and or the clear understanding that something I have done is about to impact someone else irreversibly and my fear is as much embarrassment as it is the anxiety that someone else may end up sharing the cost of my stupidity.

This situation had elements of both. My front seat IP Robert 'Elvis' Balsarak was an extremely capable and competent young Fighter Pilot. He was the slightly elder brother of one of my best friends fellow Flight Surgeon Jim 'Blade' Balsarak. Elvis was fairly new to the Arizona Air Guard the 162nd FW as were we all, Captains all three of us at this time. Elvis was the self proclaimed "King of Air to Air Combat" hence his call sign Elvis after "the King of Rock and Roll". Brother Jim was a transfer from the Virginia Air Guard a surgery resident like myself. He recruited me to join the Air Guard less than a year earlier. As for me as the first born son of a career Air Force NCO first in my family to ever finish college let alone Medical School I was in no way a timid character.

We all got along for the most part like brothers. Rob taught us how to behave in the jet but as importantly, in the band of bros that is the Fighter Pilot community. Lessons all of which to this day we have benefitted from. One of Rob's (Elvis') rules was that during an air to air engagement unless there was a safety of flight incident or Tally we were certain he did not know about absolute silence was what he needed from the Doc in the back. Acknowledged, roger, no problem Elvis.



Sooooo, there I am cold mike pointed straight down Why? I did not know.! The altimeter is spinning like an out of control time machine from some 50's Sci-Fi movie. And now I am trapped under some serious G load in my seat as Elvis pulls the jet out of this steep dive near the bottom. Of course he knows exactly what He is doing. I on the other hand with all of about 20 hrs in aircraft of any

kind am officially **TERRIFIED!**

My thoughts ranged from. Oh my GOD how did I initiate this ejection sequence when is the canopy going to fly off? To how am I am ever gonna explain this to the dudes, to damn this sucks, to how could I possibly have ever done that, to man,! Rob And Jim are gonna be pissed, then to, I hope we survive this to ejection to, WTF.....! To finally, man it's getting hard to breath. Then it finally let up enough and two things happened. First I could now reach the hot mike switch and the G pressure let up enough to allow me to breath. All this happened in an interval which I realized could not even have been a whole minute but one which still gives me a shiver when I think about it!! So now I can talk and can breath a little. I feel some sense of thought control returning. I remained however pinned into my seat barely able to reach that mike switch which was now hot.

Another thing I learned early on is no matter how bad the situation, it is Terribly uncool to sound panicked or scared on the radios or intercom. We finished the engagement and now Elvis says, Beeper what's up with the breathing. As calmly as I could, I said ahh Elvis I'm kinda stuck back here in this seat. Whaddya mean? Well my harness and reel tightened up and every time I move it locks me further back in the seat and I can't hardly move. Beeper, you see that little knob on the left side of your seat? Its black. Kind of, was my reply. Cycle it forwards and backwards. O.K. Ahhhhhhhh, almost immediately the world is a better place. I can breath, I can move. Trying hard not to sound too grateful which would reveal the level of sheer terror I just lived through I said thanks. Soon enough we are on the ground and I shall never again forget how to cycle the harness reel which has served me well over the last 18 years of Fighter Aviation!

A very wise professor of mine was fond of saying. "The eye cannot see what the mind does not know." Bottom line here is this. That knob was sitting there the whole time and still is. I have used it hundreds of times since that day but have never again been a captive to the fear of that one simple lack of familiarity. I learned to listen to the life support guys, to ask more questions and to be a constant student of my environment.



Beeper, out

Eric, a great story—entertaining, enlightening and instructive—WNP, Editor

General Officers in the Air National Guard Medical Service—part 1

So, you want to be a general in the Air National Guard Medical Service...? It is an admirable ambition, but before you set your sights on that lofty goal and hitch your wagon to the search for that star, let me do something for you that I wish someone had done for all of us years ago; I am going to give it to you straight. You may call this what you want to call it, but this is the truth from where I am sitting, and I call it, "Doogie's Principles of General Officers, Volume One".



Principle number one: Those who set out to be a general, with the sole goal of being a general, probably should not be a general. If your goal is to be a general because you think you will look good wearing that star, or if you believe that star will indicate to the entire world that you have arrived at the top of the profession and that makes you the number one officer in the ANG Medical Service, you had better guess again. Generals in ANGMS serve in the truest sense of the word, and they do not "wear" the stars, they shoulder the burden of those stars. I have known every general in the ANGMS over the past twenty years, and I dare say that I have been friends with several of them. This is one of the humblest groups of folks you could ever hope to meet, and they are united in one single purpose- they want to make the ANGMS better for the future. There is no self aggrandizement, and these people are driven by their love of the Air National Guard and the people they serve. In twenty years, not once have I ever caught a whiff of "Look at me, I am a general." These people serve, and they serve, and then they serve some more. They worry about each and every Guardsman in the field as if they were their own brother or sister, and the only reason they do it is for the greater good. Next time you are at Readiness Frontiers, try going up to one of our generals and introduce yourself. What you will find is a general that will be genuinely interested in you and who you are, and I will be surprised to ever hear them speak of themselves. They would much rather learn about you, and what you are doing.

Principle number two: Before you seek that star, be prepared to give up nearly everything you have ever loved about being in the ANG. Whatever it is that has kept you

in the ANG, whether it be the flying, the deployments, the camaraderie, seeing your friends at UTA, or doing humanitarian assistance in your home state- all of that comes to an end when you shoulder a star because those things are not what our generals do. Our generals work to influence people and policy, and they are no longer operational. They have flown their last sortie, and they have given their last vaccine. They are no longer welcomed as one of the rest of us at the barbeque after UTA, and their position makes them solitary in a crowd. Generals live under an extremely rigid set of laws and rules that require them to keep "it" wired tight and on their toes at all times, whether they are wearing the uniform or not. They do not have the luxury of letting their hair down, and they cannot kick back and chill. They are required to make an appearance and then retire early so as not to impede whatever event they are attending. They live in a fishbowl of professional scrutiny where their peers are absolutely intolerant of the smallest breach of discipline. Major General Webster would tell you the most fun he ever had was when he was a captain. Major General Harmon frequently commuted on a daily basis from his home and South Carolina to Washington, DC only to return home that same night to see patients well into the evening at his office.

You must be committed and dedicated as you have never been before in your career in order to be a general officer. Take all the effort you ever put into the National Guard from the time you first received your commission, double it, and you will have what it takes to be a general.

Principle number three: It is expensive being a General Officer in the ANG Medical Service. You will never hear even one of them complain about it, but there are never enough days or travel dollars flowing from the General Officer Management Office (GOMO) to meet their expenses. In addition to leaving hearth and home at a moment's notice to protect ANG interests, they frequently travel on their own money to get where they are needed. That means Washington, New York, Los Angeles, and some of the most expensive locations in the country, and frequently with last minute prices on Airline tickets. If you are not at the point in your civilian career where you can afford several thousand dollars a year extra coupled with the time away from work, do not look to shoulder a star. If you look at the high registration cost of AMSUS and find it to be prohibitive, you need to reconsider whether being a General Officer in the ANG Medical Service is the calling for you.

And did I mention an extremely thick skin?

Next time: Doogie's Principles of General Officers: Volume Two

General Officers in the Air National Guard Medical Service—part 2

So you still want to be a General Officer in the Air National Guard Medical Service? You want this in spite of the fact that it is going to cost you dearly? Before you read further, reference Part One of this series, again, please. Now, you know this is going to cost you money, and it is going to cost you family time, and it is going to cause stress with you and your colleagues no matter what Corps Badge you wear on your uniform. You also know there is a high luck factor involved with this promotion, and you are now willing to give up just about everything you ever thought was fun about the ANG. There is no need to sugar coat it because it is this way. Are you still interested? Read on, please.

Our generals serve at the national level as Assistants to the senior leadership of the United States Air Force Medical Service. That means they assist with issues of policy, budgeting, and programming. Do you remember the budget cycle, the National Defense Authorization Act, and the Defense Appropriations Act from Air War College? Do you remember the intricacies of the 5 year Future Year Defense Plan? No, of course you don't, but you better brush up on it in a hurry if you plan to be a general. Their job is to get the proper resources to the ANG through the Program Objective Memorandum (POM) cycle. They do this strictly through professional and personal interactions and influence, and that means multiple trips to Washington, DC endless phone calls, and seemingly endless meetings here in the National Capital Region (NCR). Do you know who the Assistant Secretary of the Air Force is for Manpower and Readiness? Our generals know that. Can you list the members of the Air Staff, A1 through A8, off the top of your head? Now, repeat it for the Joint Staff at the National Guard Bureau, and the Joint Staff at the Department of Defense. Do you know the inner workings of the Senate Armed Services Committee, and the House Ways and Means Committee? Can you converse fluently on General Wyatt's top priorities for the Air National Guard in 2025 with the staffers on the House Armed Services Committee? Can you articulate the Air Surgeon's top priority for the ANGMS in a bullet point paper at midnight for the Assistant Secretary of Defense for Health Affairs? Did you find all of this intensely interesting and fascinating in Air War College? Because if you did not, think twice before seeking that star for your shoulder.

They also advise the Air Surgeon (that's me) on issues of policy. A typical Monday morning for Major General Martin starts off with a call from the USAF Surgeon General, or the Chief of the National Guard Bureau (CNGB), "What in the world is Doogie thinking, now, and can you talk to him before this gets worse?" It is not an easy job to influence the policy decisions of the present Air Surgeon, and you had better be ready for some late night, knock-down, and drag-down discussions. And that is the easy part. Just wait until

the policy of the ANG is in direct opposition to that of the Active Duty USAF- and pack your suitcase because you are coming to the NCR on short notice, again. Oh, that cruise you had been planning for over a year with your wife? The Air Surgeon needs you to go to Afghanistan that weekend. (Thank you, General Owen) Yes, and by the way, could you push it to the very limit of your relationship with your employer so you can cover one more conference for the NGB? (Thank you, General Lutz) By the way, could you cancel the office for today and tomorrow and ask the staff to come in on Saturday because I need to brief the VA. (Thank you, General Chow) So, I am not going to talk you out of it? Let's talk about the qualifications; we will start with the professional qualifications.

First of all, you must be at the top of your profession. If you are a physician, this means that you are Board Certified in your specialty, and you are a fellow in your specialty college. If you are a physician, and you are not Board Certified, your chances of becoming a general are nil. You need to be the best at what you do. All of the USAF generals who happen to be doctors are accomplished physicians- first and foremost. If you are a Nurse, you have your professional certificates, and perhaps, you are on the state licensing board, or you are a professor at the university. Whether you are a dentist, veterinarian, optometrist, public health officer, or a BEE, what are your national qualifications, and what professional certificates and appointments do you have that recognize you as a national leader in your field? Then, what are your qualifications in the state? Do you sit on the Governor's health policy board? Have you testified in the state assembly? Did you participate as a trustee of a charity? Have you served on your hospital's board of trustees? Have you been an elected officer of the hospital staff or state society, or have you been elected to the state assembly? All of these things add up to a huge vote of credibility for you professionally. These are the things that set you apart from the rest of the pack, and it speaks volumes to your propensity for service above self. If you have had problems with maintaining privileges, or had your license revoked or suspended, you probably need not apply.

Next you must be a colonel, and you must be a good one. It goes without saying that you have completed Air War College and probably Air Command and Staff College, also. There is a reason why the Air Surgeon does not waiver the requirement for professional military education. It is because it kills your chances for promotion to general, and during my tenure as the Air Surgeon, I will not waiver the requirement for ANG medical officers to accomplish Air War College. You should also have command experience. Your chances are greatly enhanced if you have been a successful Medical Group Commander. There is quality about successful commanders that adds a stamp of assurance to your professional career. You will note the adjective, "successful" attached with commander. Successful commanders have commanded people, managed programs, and

implemented policy. Do not let the Wing move you out of a command billet before you have had an "Excellent" on the Health Services Inspection. If your state has moved you into the State Air Surgeon position prior to Medical Group command, in my opinion you need to circle back, when the time is right, to a command billet. Many will disagree with me on this one, and that is just fine, but if you look at our generals, nearly all of them have been successful at Group command. Also, recently, we have had several Certificates of Eligibility (COE's) turned back because the applicant did not have command experience. I do not make the rules, and I do not select the generals, I merely report what I see. "But my Wing did not give me the support to succeed on the HSI..." Remember what I said about influencing policy? If you are unable to do this effectively at the Wing level, it is difficult to see how you will be successful at the national level. This is the big league, and there is no crying.

Also, you need to have the appropriate service medals, and this one can be difficult because some states and wings do this much better than other states. In order to become a general, you need to have a Meritorious Service Medal (MSM), and a Legion of Merit (LOM) is preferred. Other decorations that are advantageous are campaign ribbons and any Joint Service medal. The non-medal awards, which are always good to have, include military awards that are given at the USAF level. These would be such things as Malcolm Grow Award winner for Flight Surgeon of the Year, and also things such as the Nurse of the Year, BEE Officer of the Year, etc. We also hold state commissions in the ANG, and you should have some state medals or awards on your record. Even though you cannot where them out of state, you can list state awards on your professional biography under "state awards" or "other awards and recognition". If your state is not recognizing you, why should the National Guard Bureau think that you are something special? Again, these are things that I observe, and do not shoot the messenger.

After you have been a successful Group commander, how have you made yourself known to the leadership of your state? Your Adjutant General will need to endorse your package before it ever gets out of the state. Does he/she know who you are? Does the TAG know you on a first name basis and feel comfortable with calling you on important matters? Have you ever gone to any of the TAG's speeches? Have you regularly attended the TAG's holiday reception? Do you support the annual Military Ball? What about NGAUS? Have you been a delegate to NGAUS? How many members of the MDG are NGAUS members? Outside of your state, how many general officers and TAGs know you? Are you known and recognized nationally? Have you been invited to the Senior Leadership Conference? Have you been an elected officer in the Alliance of ANG Flight Surgeons? Have you been an instructor at Readiness Frontiers, or have you just sat back and complained about why things are the way they are at RF?

Next, you need to make yourself known to the leadership of the USAF. How many times have you been to AMSUS or the Society of United States Air Force Flight Surgeons meeting? Nurse, Dentist, BEE, or Public Health Officer are you member of your USAF professional association? Are you a member of the Air Force Association, and have you served on any committees for the Air Force Association? Have you deployed, and have you served in a Joint billet? The USAF is more comfortable with general officers that they know serving in the Guard. All of the above are suggestions, but you would be surprised at how many of our generals have done most of the above. If you are only active in your Wing and at the MDG, your chances of being selected for general are low. You need to be visible and doing good things at your state headquarters, and you must be known and recognized outside your state on a national level.

Also, you must be physically fit and financially healthy enough to devote a great deal of time and lost wages to the betterment of the ANG. You must also have reached at least 18 years of military service, and you must understand that an Assistant's position will be the last position of your military career. If you want to stay in the ANG for 28 years, don't apply for an Assistant's position at 18 years of service. And there is one other thing that you need to consider- you must be married. You will not find it written anywhere, but all general officers come in a team with their spouse. If you think about it, behind every good general, you will find a loving and supportive spouse. The spouses are all remarkable in their own right, but they all seem to have one thing in common; they are all willing to endure great hardship and sacrifice in order to support their general. They go to charm school to learn how to be a general's spouse, but in my mind, none of them needed to study too hard to pass the final exam in the first place because the spouses were just as well prepared for their role in leadership prior to promotion. They are all just as exceptional as their general, and there is a synergy of mutual support that is present in their marriage. I do not think you can become a general without your spouse's support, and if you are not married, do not expect to be a general. As I wrote earlier, you will not find it written anywhere, but can you show me a general officer in the ANG who is not married? I can name a few, but they are scarce. Now, if you are thinking that you need to go out a find a spouse because you want to be a general, you need serious psychiatric help, and you are missing the point. A great spouse is a quality that just seems to go with general officers, and almost all of them have it, but a good marriage is not something you can just have as a checklist item.

In the next part of this series, I will pass on the Aspiring General's Checklist.

Sincerely,
Doogie

I was asked by the Federal Asian Pacific American Council (FAPAC) to serve as the Chairman for the military program during the May 2011 annual meeting and to lead the civilian and military personnel mentorship program for the DoD. Being the largest Federal Asian organization, FAPAC, promotes diversity, leadership and development in the federal government. Our senior leadership continues its commitment to promoting diversity at all levels of the organization in order for all Soldiers, Airmen, Sailors, and Marines to work together as an effective, efficient and highly motivated military fighting force. Generals McKinley and Wyatt have offered their continual support in promoting diversity within the National Guard ranks. Strong DoD financial and personnel commitment were crucial for us to gain latitude to seed and solicit defined support from different resources. I have been humbled over the last 4 months while schooled and being immersed in Washington politics and bureaucracy. The biggest challenge has been securing "non-existing funding" from various government agencies in these very lean times. In addition to lack of prompt decision making from the civilian sector presents our second greatest challenge. It is the Guardsman's "Can Do" attitude at its best that saves the day.

Admiral Gary Roughead, Chief of Naval Operation, was the Keynote Speaker for the conference, in addition to various senior leadership from government officials and all



branches of the services. Members participated in various plenary sessions, workshops and mentoring training sessions to further promote DoD's vision throughout the ranks. The National Guard was recognized as the outstanding support for the conference by the FAPAC President, Dr Kin Won. This mission is a slight deviation from my regular Assistant to the SG3 duty, but it has been a great learning experience which has taught me a great deal about getting things accomplished within the beltway. It is our honor and duty to bring the best we have in each of us as a single member of our great nation's military as well as to being the best American and American force we can be. As American military forces are increasingly being used around the world in both peacekeeping and fighting roles, by uniting, assimilating, and fully utilizing our diversity, we have increased our strength and reputation by being a more credible and successful example for others throughout the world. We were most enthusiastic in showcasing the DoD diversity vision and the members of the Active Duty, Reserve and National Guard forces before the FAPAC membership, the Asian Americans community and the nation.

As American military forces are increasingly being used around the world in both peacekeeping and fighting roles, by uniting, assimilating, and fully utilizing our diversity, we have increased our strength and reputation by being a more credible and successful example for others throughout the world. We were most enthusiastic in showcasing the DoD diversity vision and the members of the Active Duty, Reserve and National Guard forces before the FAPAC membership, the Asian Americans community and the nation.

Jim C Chow, MD
Brig Gen, Medical Corps, Chief Flight Surgeon
ANG Assistant to USAF Surgeon General for Operations/Policy

"Patience and perseverance have a magical effect before which difficulties disappear and obstacles vanish. A little knowledge that acts is worth infinitely more than much knowledge that is idle." — John Quincy Adams

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**Program Committee: Col Eric Kendle,
 Col Dana Rawl & Lisa Snyder**

Bylaws Committee: Col Buck Dodson

Historian: LtCol Brett Wyrick

Web site: Col Reid Muller

- Articles and announcements for the next newsletter should be submitted by 1 August 2011 (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:

AANGFS Editor
 Col William W. Pond (*still outgoing*)
 5730 Autumn Woods Trail
 Fort Wayne, IN 46835
 Email: wvpond@aol.com

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



Cracking the CME Nut

Military medical education at Readiness Frontiers is rigorous, thorough and professional in order to meet very specific military requirements clearly delineated by applicable regulations. Certain professional medical education may be certified for Category 1 CME (Continuing Medical Education) if certain reasonable criteria are met:

- 1) For the participants, they must show attendance by a sign in roster, critique the program, identify barriers to learning, and acknowledge commercial bias.
- 2) For speakers and presenters, they must identify any commercial interest or bias, formulate educational presentations that endeavor to satisfy the requirements of adult learning principles, execute a written document of agreement, and provide the director with copies of a resume and the presentation.
- 3) For the director, he/she must assess the educational needs of the target audience, assure that the above criteria are met, that attendance roster is maintained for 6 years, that hours of credit are certified, certificates of attendance given and financial disclosure accomplished.

In short, improved accountability requires additional work, but if it is accomplished, the participants may be awarded Category 1 CME. With requirements for Category 1 CME, it is well worth the effort to acquire such certification for our participants.

As part of the accreditation process, the following statements must be made regarding the Alliance of Air National Guard Flight Surgeons Educational Program (the wording is critically important and no deviation is allowed):

“Jointly Sponsored by the Fort Wayne Medical Education Program and the AANGFS (Alliance of Air National Guard Flight Surgeons).

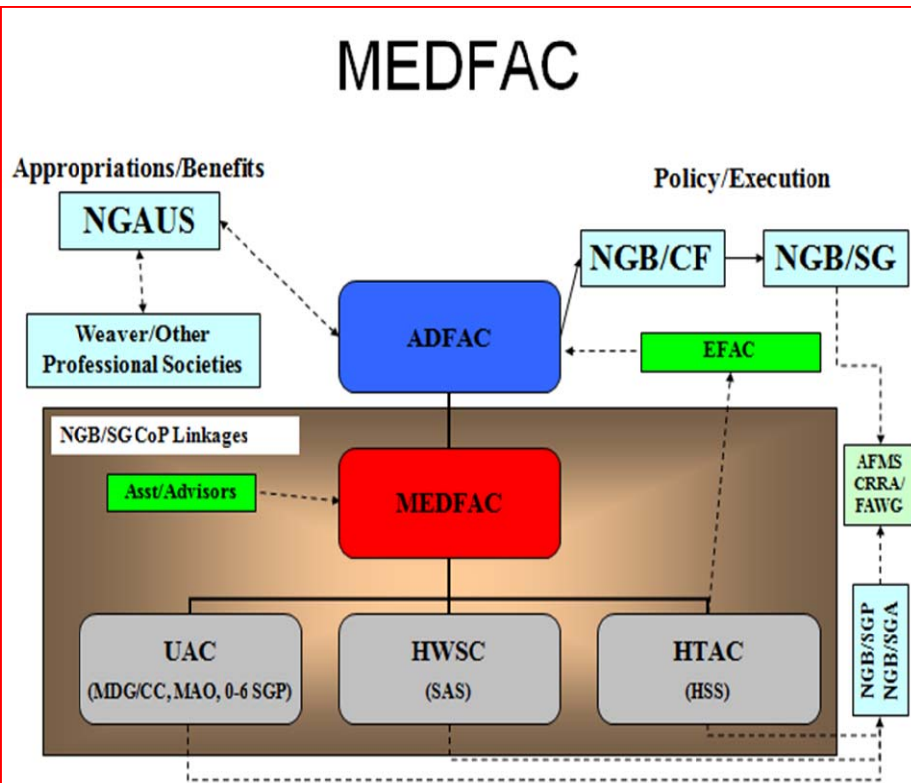
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Indiana State Medical Association through the joint sponsorship of the Fort Wayne Medical Education Program and the AANGFS. The Fort Wayne Medical Education Program is accredited by the Indiana State Medical Association to provide continuing education for physicians.

The Fort Wayne Medical Education Program designates this live activity for a maximum of 26.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

The Alliance of Air National Guard Flight Surgeons is deeply appreciative of the education, support and assistance of Dr. James Buchanan and Ms JeriSue Petrie, Director of Continuing Professional Development, Fort Wayne Medical Education Program—Thank you so much, WWP

For issues to be addressed and policy formulated, there must be a free flow of information to those who can most appropriately address such issues. The **UAC (Unit Advisory Council)** consists of senior Medical Group executive staff (MDG/CC, MAO, O6 SGP) who address concerns of importance to the entire Medical Groups. The **HWSC (Human Weapons System Council)**, chaired by Col Pat Aiello, (pataiello@gmail.com), consists of senior weapons systems (e.g. F-16, Tankers, Strategic Air, Special Operations)subject matter experts, primarily from the ranks of the State Air Surgeons, who provide medical expertise and guidance to the line and line feedback to the HWSC. The **HTAC (Health Technician Advisory Council)** chaired by Chief Mark Bailey, (mark.bailey.2@ang.af.mil), consists of senior medical enlisted members who address issues of concern to the enlisted members. Issues raised by each group are channeled and addressed to the most appropriate venue such as the MEDFAC, the ANG/SG, staff, or other councils.

The UAC, HWSC and HTAC form the **MEDFAC (Medical Field Advisory Council)** chaired by Col William Pond, (wwpond@aol.com, 260-602-5167) who serves (with valuable assistance from ANG/SG Col Brett Wyrick and his staff) as the Air National Guard Medical Service representative to the ADFAC (Air Directorate Field Advisory Council) with other members representing Strat Air, DOS, Rescue/Special Ops, F-16, Co-C2, MSG, RPA, A10, KC-135, MXG, CRTC/BOS, DPSAC, Space/Cyber, ISR, C-130, JAG, F-15/F22, TCAP, DOS & EFAC. Issues addressed by the ADFAC are of national scope and may span many systems and years.



Membership Application---Alliance of ANG Flight Surgeons

_____ Member: Annual Dues \$25 (_____ New or _____ 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

Aeromedical Evac Experience: yes no

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

Comments:

"The Air Surgeon does not have a crystal ball to look into the future, but I do have the benefit of over 200 years of history to look back on and understand that when America faces a truly tough crisis, it becomes time for the Guard to go to work." Brett Wyrick

Special thanks to Fonda Wicker and the ECATS staff for superb assistance to the AANGFS Program and Dinner

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

AANGFS Dinner

**When: 1800 social hour/ 1900 dinner
June 25, 2011**

Where: Westin San Antonio Ballroom G

**Speaker: Black Hawk Down pilot,
Mike Durant**

Don't miss this opportunity

