SAVE THE DATE!

The Alliance has sponsored CME that counts for RSV training for the last 2 summers and will be doing it again (sts) this year!

This great educational and networking opportunity is an event that you do not want to miss. For those flight surgeons who cannot make it in person, we have made the seminar available via secure WebEx as well.

Lectures have included all of the RSV topics that secure currency for training requirements for readiness. If you are interested in presenting one of these topics yourself, please feel free to refer to the Alliance website and browse previous presentations for a better idea on what you would need to prepare.

Col Frank Yang, current AANGFS Vice President, gave a lecture on aeromedical evacuation and the CCATT mission. His significant experience provided great insight into what operational ANG flight surgeons bring to the fight.

Saturday
July 25, 2015
Joint Base Andrews
Washington D.C.

This opportunity only comes once a year and this one will be better than ever. Stay tuned for more details on how to cut your orders and come to the Readiness Center for a dose of HHQ and wonderful networking with fellow ANG flight surgeons. We are looking at some really interesting opportunities that may include such activities as visiting the air evac squadron or industrial hygiene visit.

Save the Evening too!

The Alliance typically holds its annual meeting after the RSV conference and then hosts an evening meal at an area restaurant.

This past year, we were honored to host the Air Force Surgeon General, Lieutenant General Thomas “T2” Travis.

He offered his perspective on the long-range outlook for the Air Force and how well the Air National Guard fits into the Total Force construct. He also highlighted his progressive ideal that Airmen will be the healthiest component of the U.S. population by 2025 – a vision that will propel our prevention-oriented mission to new heights. It was particularly inspiring to have an active duty flight surgeon and Surgeon General provide us with greater insight.

Pictures from that event are on page 11 of this newsletter.
Article II of the Alliance Constitution – Purpose

A. To contribute strong support to the overall mission of the Air National Guard and the United States Air Force; develop a Mission-oriented philosophy of the membership; and delineate to commanders the benefits of the professional contributions to them in the above mentioned mission.

B. To support the continuing advancement and development of the art and science of medicine throughout the Air National Guard and the United States Air Force; to encourage dissemination of the knowledge and experience gained through over all investigation of medical problems related to flying, missile and space operations.

C. To encourage and implement the training and continuing education of all members of the Air National Guard and the United States Air Force Medical Team; to support and implement the total force concept, and to encourage young physicians in a career of aerospace medicine and for their board certification in that specialty.

D. To encourage new physicians, nurses, dentists, basic science personnel, and Medical Service Corps personnel to become Career Guardsmen.

E. To encourage members to develop the highest standards of practice of Aerospace Medicine and its related fields.

F. To recommend to the Air Surgeon, National Guard Bureau, appropriate means for the enhancement of the career and practice of Aerospace Medicine and related fields in the Air National Guard and the United States Air Force when indicated.

G. To encourage professional relations between the membership and flying personnel of the Air National Guard, the United States Air Force, other military services, the civilian flying population, appropriate governmental agencies, and the aerospace industry; to endeavor to increase the military and civilian awareness of the high levels of medical professionalism maintained by all elements of the health care team in the Air National Guard and the United States Air Force.

H. To promote through concerted effort with the Air Surgeon, National Guard Bureau, the coordination of facilities and personnel in such a manner so as to properly support the Air Surgeon in the accomplishment of his duties.

I. To strengthen the sense of comrade and social exchange between the membership to increase the solidarity of the Alliance in support of the Air National Guard and the United States Air Force Missions.

J. The Alliance shall have no capital stock and shall not be conducted for pecuniary profit.
The winter is strong in this one... at least here in the Midwest with record-breaking snowfalls that have given me the opportunity to go sledding more than flying! I am excited to present this year’s winter edition of the newsletter, most significantly to footstomp the upcoming Alliance CME event. We now have a proven track record of delivering high quality briefings and experiences that count for both CME category 1 credit as well as RSV training. Git’r’done!

Maj Gen Gretchen Dunkelberger starts off the articles with her overall sight picture of the track that senior leaders will follow for higher level opportunities as assistants and other roles within the ANG. In particular, she highlights the unique roles we have to serve in MAJCOM’s and other locations.

BG Christopher Knapp provides some background to the moving targets associated with ACC acquisitions and operations. He also provides an interesting opportunity for Operation Bushmaster out of USUHS. As a rehash of his Heads Up article, I also printed the exciting opportunities that were outlined by Col Jerry Fenwick from PACAF. Why do those guys always get to say that cool Mahalo closing line and we’re just stuck with Cheers or V/R in our signature blocks?

To finish up a trimvurate of Advisors and Assistants, Col Buck Dodson lets us know what’s going down or up at the USAFSAM and Human Performance Wing.

Other articles and submissions are pretty self-explanatory. I was particularly excited to post Article II of the Alliance’s constitution. Let’s ensure we are keeping the spirit alive for our great organization. If you have any ideas on what we should be doing, let us know!

An Alliance newsletter is not complete without an article from Bill Pond... or at least a picture of him. See the public health demonstration picture below and you won’t be disappointed. He is pretty busy putting folks to sleep in Indiana so I gave him a break this time!

As always, exciting volunteer opportunities abound for those with energy and interest. Let Col Desko as SGP know what you are willing to do. We are always looking for folks who are willing to be executing the mission at the tip of the spear!

Never miss a shot! —kjb, Editor

RSV Course Highlights: 2014

Col Brett “Doogie” Wyrick delivers a classic YTFS briefing.

Our PH troop from NGB, SMSgt Tatekawa, provided a live laboratory on how to perform MRE inspections. Col Pond looks on... hungry.

Col Howard was on the hook so viewers at home were able to gain SA while (then) Maj “Xena” Harvey ponders the most recent briefing from Beeper.

The olfactory test is a part of the inspection so Schweaty schniffed while Col Eisenbrey ensured he was not exposed to too noxious of stimuli.
NEW GENERAL OFFICER SELECTION PROCESS FOR TITLE 10 MAN DAY GO BILLETTS

I would like to share information on the Chief National Guard Bureaus (CNGB) new General Officer Selection process for Title 10 man day GO billets, and how it impacts medical professional officers. In April of 2014 Gen Frank Grass (The CNGB) published a new CNGBI 0800.01. In this instruction the General spells out his process of how future National Guard Flag Officers will be selected. For Medical Professionals the process is a little different. It will proceed as follows:

To apply for a Medical General Officer Assistant position, a candidate must already be on the GO Bench or in the process of applying for the GO Bench (See CNGBI)

The most recent Request for Nominations (RFN) for the GO Bench was in Oct 2014.

New to the RFN for the GO Bench is now the requirement to:
   Complete a “Dream Sheet” of desired positions to be considered for and
   A summary sheet that will summarize command/deployment/DE/etc info

Selection for a Medical GO position will go as follows:
   Member is endorsed by TAG for GO position
   Package is submitted when the RFN is sent out from the General Officer Management Office (GOMO)
   Member must already have met a Federal Recognition Board and have a COE to 0-7 though may not have pinned on.
   A TAG panel will review ALL (Line and Professional Officers) submissions and rank them
   When a medical GO vacancy occurs, the eligible officers will be pulled from the GO Bench and reviewed by
      Medical Subject Matter Expert
   Nomination will be presented to DANG for selection
   DANG selectee will be sent to RegAF supervisor for concurrence
   Once DANG and RegAF concur, notifications will be made to TAG and in turn to selectee.

This is a lot of information and it can be confusing. Please feel free to email me at dunkelberger@comcast.net or gretchen.s.dunkelberger.mil@mail.mil

Brigadier General Gretchen Dunkelberger, ANG Assistant to the Surgeon General, briefs the flight surgeons on the Air National Guard Medical Service during the Alliance’s annual RSV conference.

Col Kendle thanks BG Knapp for his ACC update during the “working lunch” at the RSV conference.

BG Dunkelberger introduces the various ANG Assistants to the group for the “working lunch” during the RSV conference.
Free Museum Admission during the summer: http://arts.gov/national/blue-star-museums
This 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 from Memorial Day, May 25, 2015 through Labor Day, September 7, 2015.

This program brought to you by the: NATIONAL ENDOWMENT FOR THE ARTS & ART WORKS.

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<td>27 May 2017</td>
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<td>30 Oct 2015</td>
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<td>1 Nov 2017</td>
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<td>1 March 2018</td>
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<td>1 Dec 2017</td>
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<td>July 2017</td>
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“When everything seems to be going against you, remember that the airplane takes off against the wind, not with it.”

Henry Ford
Update from ACC

Greetings from Joint Base Langley-Eustis. It has been a busy year in ACC. We have a new Command Surgeon (Brig Gen Sean Murphy from AFMOA) and a new COMACC (Gen Hawk Carlisle from PACAF). The F-22 has its first combat successes while most of our back seat fighter opportunities had been grounded due to metal fatigue in the cockpit longerons. The A-10 is still with us while the F-35 continues to have teething issues. Langley deployed its forces to fight Ebola while we are ramping up our response to the Islamic State, all the while we are evolving into the new AEF construct with unit rather than UTC-sourced deployments/partial mobilizations.

Onto this backdrop, the slides I presented at the July State Air Surgeon’s training are already obsolete. The delayed A-10 retirement has compounded a shortage in ADAF aircraft maintainers, along with a CSAF directed 100% fill of Nuclear Enterprise positions. This has left the ramp-up of F-35 without the projected bodies to fill the maintainer vacancies. The short-term solution is that the TFI Roundtable has decided that Active Associations at the next five PCR 12-01 bases will stop at Danelly and only partially fill Madison, and slip Buckley, Duluth and Sioux Falls at least a year. There were simply insufficient AD maintainers to put 40 at each ANG base.

ANG and AFRC has had success under the new COMACC to allow Providers to split 180 day deployments into the AEF cycle into 2 90 day lines. Currently, the definition of “Provider” is not as flexible as we would like, to include all corps, but we are hopeful to address both that and perhaps even allow 60 day lines, if needed, to increase volunteers and minimize the risk of 12304b Partial Mobilization authority from being used to fill unit taskings. More to follow…this is on my Bucket List.

Another major event relates to the F-15 C/D enterprise. PB-15 took away 51 tails, closing Lakenheath, and decreasing 18 to 15 PAA at Portland, Fresno, New Orleans, Barnes and Jacksonville, and 3 from Klamath. This leaves insufficient tails to train new pilots, rotate AD assignments (leaves only Kadena and a few at Nellis in WIC/test and Eglin in test slots), and too few tails to meet ACA, AEF and local training requirements. The projected post-PCR 12-01 Active Associates at all 5 F-15 ACC bases runs into the same issues of insufficient maintainers. HAF is looking into the buyback of sufficient tails to fix the shortfalls, but it requires a budget offset from other areas.

The biggest ACC medical issue has been how to provide medical support to not only these ADAF Active Association airmen, but also our own Guardsmen performing home base missions 24/7, often in T10 status. We have essentially mobilized our pilots and maintainers in place without the required support personnel. Currently we have 3 docs at RPA bases on MPA T10 days, added another T10 flight doc to help out Col Desk at ANG/SGP, and are actively pursuing a hub/spoke solution for our other RPA/ACA/FTU missions with 24/7/365 ops (ACC has 2 FS available at ACC/SGP to take your calls). The major stumbling block of ANG OARIT restrictions (Organize, Administer, Recruit, Instruct and Train) is forcing some smart people to look at solutions to keep our missions successful and make sure our funds are spent legally on what Congress authorized them to do.

Finally, AD line positions are being converted at Search and Rescue PJ units to provide Human Performance Optimization (HPO) services (ACC/A3 just signed off). These services are in addition to positions being funded in limited numbers by 711HPW, called EPIC. The PJ Weapons Council is hoping to get these also funded and placed at their ANG units, and how to provide the service and still stay within the OARIT limitations is a work in progress. Our AF Surgeon General, Lt Gen Travis, is a strong champion of HPO, and expect to see and hear more of this in the future. I encourage you to read the Surgeon General’s “Human Performance Concept of Operations” dated 14 May 14. It focuses on what should be our primary mission in all we do, on duty and off, and improve the lives of our Airmen now and well into their future.

Proud to call myself a Guardsman; GO GUARD!

CHRISTOPHER J. KNAPP, MD, MPH
Brig Gen, MO ANG. MC, CFS
ANG Assistant to the Command Surgeon
Air Combat Command

Sir Winston Churchill

"Not to have an adequate air force in the present state of the world is to compromise the foundations of national freedom and independence."
**Message from ACC**

Greetings from your ACC/SG Assistant and USUHS Faculty member. I have an exciting opportunity for qualified and interested combat experienced medics. USUHS holds an annual “OPERATION BUSHMASTER” Capstone course for their medical, graduate nursing, and international medical students, and they are eager to open their Observer Controller (OC) staff positions to leadership and combat qualified and eager ANG members (in 1984, my class had CAPT Norm McSwain as an OC, a USN Reservist that was ER Director at Charity Hospital in New Orleans...a real character!). I am including the website and details from the brochure to describe the experience, qualifications, and expectations. It includes how to apply if you are interested. It would require local unit funding (TDY days and dollars) to get to Bethesda, MD, but the FTX would be proportional per diem, keeping costs low. There may even be CME credit for part of the time. It is a fantastic opportunity to share your real-world medical and leadership experience, while contributing to the education of our future DoD medical leadership, and open their eyes to options in the Guard after their commitment is done. Feel free to call me at (573) 694-8475 if you have any questions.

**GO GUARD!**

Chris Knapp; BrigGen, MOANG, MC, CFS
http://www.usuhs.edu/mem/bushmasterfacobserver.html

**OPERATION BUSHMASTER** is a field training exercise (FTX) conducted at Fort Indiantown Gap, Pennsylvania. During this exercise, senior USU medical students, Graduate Nursing students, and international military medical officers are formally evaluated on their medical knowledge and leadership abilities in a simulated, resource constrained, far forward tactical field setting. Students assume leadership positions in a joint battalion aid station where they are presented with operationally current, reality-based missions and operational problems for which they must plan and execute while simultaneously managing the medical care of simulated Disease and Non-Battle Injury (DNBI) patients, combat stress casualties, and combat trauma casualties.

As an Observer Controller (OC) you will be a member of an evaluation team that is collectively responsible for teaching, mentoring and evaluating leadership, medical skills, combat stress care, and general field skills for a medical platoon consisting of approximately 27 senior USU medical students, USU Graduate School of Nursing students and international military medical students and physicians. You will also play a critical role in translating the exercise script into meaningful training events and controlling the exercise scenario for the students based on the exercise director’s vision and guidance. The Bushmaster OC is where “the rubber meets the road” and is an absolutely vital link to the successful conduct of this complex and ambitious training plan. It is a highly coveted and highly rewarding experience and offers you the ability to make a genuine impact on the future of not only our next generation of military medical officers, but also on the Soldiers, Sailors, Airmen, and Marines that they serve. The Bushmaster Exercise is conducted in two identical sequential 5-day rotations, during each of which approximately 100 students are trained in 4 identical medical platoons. Prospective faculty may volunteer to work either the first or second rotation or both depending on their availability. The OC’s are asked to attend a half-day training session on site at Fort Indiantown Gap the day prior to the students going into “the box” to begin the Bushmaster Scenarios. For those interested, there is an opportunity for faculty members to get involved in the Student’s RS01 training during the first few days of the exercise. OCs are assigned to 1 of 2 evaluation teams that are scheduled for either an early or late shift spanning 8-12 hours. Each shift covers 2-4 leadership cycles. A “Platoon TAC Officer” will be recruited on a volunteer basis from each team to remain overnight, sleeping with the students. This is an excellent mentorship opportunity, and those that have done it immensely enjoy.

USU provides lodging, meals and funding for transportation into the Fort Indiantown Gap area.

"Our warriors are no longer limited to the people who fly the airplanes...Our entire force is a warrior force. Being a warrior is not an AFSC...it's a condition of the heart."

General John P. Jumper
Message from PACAF

Aloha and greetings from PACAF.

Recently, BG Dunkelberger tasked your ANG Assistants with making sure you as members are informed and as the ANG Assistant to PACAF/SG since April of last year, I wanted to let you know about what an assistant does as well as all the exciting opportunities within the PACAF AOR. I also wanted to give some tips on how to get involved and what you need to do to take advantage of all the ANG has to offer.

The PACAF/SG Assistant was a new position last year and I have had much to learn in the past few months. “Drinking from the fire hose” would be the most appropriate depiction regarding my initiation to a new MAJCOM. However, the PACAF/SG staff has been very helpful as well as patient as I learned the ropes. ANG Assistants usually perform their duties for 3 years and come from a variety of backgrounds and AFSCs which is vital to present a well-rounded vision to AF leadership. Position vacancies occur at various times throughout the year. Previously, there appeared to be poor communication to the field regarding assistant opportunities. However, the current assistants team is committed to keeping you informed as well as provide you with career enhancement opportunities.

I have had several opportunities for involvement within PACAF but I wanted to focus on one area in particular. Throughout the past year, there have been multiple opportunities for reserve component involvement to assist with personnel shortfalls or manning assistance. These may include backfills for regular PCS vacancies, exercise and tasking involvement, or minimal notice emergency assistance. These include backfills for regular PCS vacancies, exercise and tasking involvement, or minimal notice emergency assistance. PCS vacancies usually occur in the summer and can range from a few weeks to 2-3 months. Exercise or tasking involvement can occur in a variety of ways to include PACANGEL, JPAC (Joint POW/MIA Recovery), SPP taskings, or even ODF (Operation Deep Freeze, Antarctica). Emergency shortfalls have occurred throughout my tour with opportunities in/at Wake Island, WESTPAC, Hickam, Guam, and CCATT throughout the AOR. Many of these opportunities have blocked space for ANG members. Now that I have your attention, the key to involvement is to be ready. Readiness for such phenomenal opportunities requires vigilance in several areas of your career. Individuals desiring to be involved need to be “Green” across the board with IMR, PT, Credentials, Training, CBTs, and IA all up to date. Additionally, make sure you have informed your chain of command to include your Wing, MDG, and State Air Surgeon that you will be volunteering if the opportunity arises. I realize this can be time consuming, and the ability to take leave from your civilian employment may be limited. However, if you are like me, the experiences you will have can enrich your ANG experience beyond expectations. You may notice that I have not mentioned the regular OSAT opportunities in the PACAF AOR. These events should always be coordinated by your chain of command in consultation with the ANG/SG office.

I hope I have given you a small window into all the ANG has to offer. As an ANG Assistant, I have become aware that my duty is not only to AF/SG, ANG/SG or my MAJCOM SG, but to you, the member. Myself, as well as the other assistants, welcome your questions as well as suggestions to better serve you and perhaps get you involved. Please feel free to contact me with any questions and I look forward to maximizing ANG participation within PACAF.

Mahalo

Jerry L Fenwick, Col, USAF, CFS, MC
ANG Assistant to the Command Surgeon
Pacific Air Forces
Joint Base Pearl Harbor-Hickam, Hawaii
Jerry.Fenwick.3@us.af.mil
Jerry.L.Fenwick.mil@mail.mil

"The best of all is the luck you make for yourself."

General Douglas MacArthur

Operation Pacific Angel-Philippines (U.S. Air Force photo/Senior Master Sergeant J.C. Woodring)
Message from USAFSAM

Greetings from the “Home of the Air Force Museum”!

I have the honor of serving as the “First Ever” ANG Assistant (Traditional Part Time Position) to the 711th Human Performance Wing Commander - currently Brig Gen Tim Jex! We are one of only 2 “Medical” Wings in the US Air Force, the other being the 59th Medical Wing at Lackland AFB in San Antonio, TX. Here at Wright-Patterson AFB in Dayton OH, our entire chain is co-located with us save for HQ USAF at the Pentagon. Headquarters of our MAJCOM, Air Force Material Command (AFMC), is here and the middle organization that the wing reports to is here as well, Air Force Research Laboratory (AFRL).

I didn’t need much orientation since I have been full-time faculty here as a Federal Civilian at the 711th’s USAF School of Aerospace Medicine since 2010 (making 18 hr round trips to NJ for UTAs!). WPAFB is so huge, ~28,000 workers which is approx 5 times that of a typical AFB, that it occupies 2 sites known as “Area A” and “Area B” separated by about a 10 minute drive (the 711th HPW and USAFSAM are at area B).

My potential taskings here as an ANG Medical Assistant include (but are not limited to): 1) Serving in an advisory capacity to the HPW CC including re information on external and internal matters pertaining to the ANG. 2) Serving as a liaison between the HPW CC and ANG POCs. 3) Reviewing proposals and making recommendations to the HPW CC on matters of programs, policy, operations, utilization, and peacetime/ wartime missions of ANG medical organizations. 4) Conducting courses, special studies, or analyses as directed. 5) Representing the HPW CC at protocol or official functions, as requested. 6) Advising/ assisting the Director, ANG and the ANG Assistant to HQ USAF/SG, on matters of policy, programs, operations and utilization of ANG medical members - and the interface of USAF/ANG/AF Reserve medical programs. 7) Performing other duties, consistent with the above, as directed by the HPW CC or as requested by the ANG Assistant to HQ USAF/SG.

Both of the USAF Medical Wings, 711th and 59th, execute a lot of research, most of which is aimed at addressing medical need “Gaps”. The majority of the Gaps are identified and sent to us by the MAJCOMs or by the USAFSG’s staff and aligned agencies. One of my goals is to query the ANG to see whether there are any “ANG-Unique” medical need Gaps that aren’t already identified by our Gaining-MAJCOMS (after all, if the ANG was a MAJCOM – we’d be THE Largest One!)

Happy to say, I have already received some medical needs Gaps from several of you “Elite ANG Members”! Below is posted my contact information. Remember, Gaps can be physical/mental performance issues as well as illness/injury issues.

And about the iconic USAF Museum - one and a half Million visitors per year can’t be wrong! ;)

PS: Here fulltime - if you have an unusual problem getting a member into a course, let me know…

Cheers, Buck

Col William Buck Dodson III MD FACPM
ANG Assistant to USAFSAM
William.Dodson.3@US.af.mil
(937) 938-3099 DSN 798-3099
ANG Flight Surgeon RSV Sustainment Course - July 25, 2015

Title: ANG Flight Surgeon Sustainment Course – Operational Skills  
Course ID: ANGC AANGFS RSV  
AFSC: 48GX/48RX  
CATEGORY: Medical  
MASL: N/A  
LOCATION: ANG NGB  
OWNER CODE: TBD  
LENGTH: 1 Academic Day  
ORG/PGM: ANG

Course Description:
The course trains and certifies flight surgeons on AFSC specific required Readiness Skills Verification Program (RSVs). It serves to enhance, update and supplement basic skills and knowledge learned during the Aerospace Medicine Primary Course. Topics covered include mishap response, physiologic incident response, travel medicine, water and food vulnerability safety assessment, human factors, aeromedical evacuation, occupational health, aeromedical summaries. Emphasis is placed on lessons learned in the deployed environment as well as in garrison flight medicine duties. Participants earn 7.0 hours of Category I CME on completion of this course.

Equipment Required: None

Prerequisites: Completion of Aerospace Medicine Primary Course or residency in Aerospace Medicine.

Quota Control: NGB/SGP

Reporting Instructions (Supplemental):
Uniform Requirements: ABUs or unit-issued flight suits

Location Information:
Air National Guard Readiness Center  
3500 Fetchet Ave.  
Joint Base Andrews, MD 20762

COURSE CONTACT: TBD

Business Update

Summary submitted by Lt Col Kelly “Xena” Harvey

1 Mar 2015 Bank of America Statement

BALANCE: $14,505.56  
$300 pending deposit to Club for 2015 dinner.

40 Life Members  
68 Dues members  
108 TOTAL members

The health of the Alliance is strong. We are interested in your ideas on how we can make it better and relevant for ANG flight surgeons. Send us your thoughts!

-Alliance Board

OTHER COURSES TO HIGHLIGHT

The Defense Medical Readiness Institute (DMRTI) will host the next Public Health Emergency Management Course at the General Jacob E. Smart Conference Center, Joint-Base Andrews, Maryland from 27 - 31 July 2015.

SUSPENSE to NGB/SGPM: 7 April 2015 @ 1500. Submissions after this date and time will not be accepted.

The next training event for ANG State Air Surgeons will be scheduled around the PHEM course as well.

Additional opportunities include:
ICS 300—Intermediate ICS for Expanding Incidents: 24-26 Jul 2015

E-mail maria.tatekawa@ang.af.mil with questions.
HIGHLIGHTS FROM ALLIANCE DINNER 2014

Col “Beeper” Kendle honors Col Cass Howard for her service to the Alliance over the past year.

In a town hall style forum, LG Travis fielded questions from the group.

Col Gaul, Air Surgeon, LG Thomas Travis, AF/SG and Col Kendle, Alliance President share in a moment at the Alliance dinner. (Apologies for the halo over Beeper’s nugget!)

Beeper addresses the group at the cranium table.

• Articles and announcements for the next newsletter should be submitted AT ANY TIME!
• Avoid the last minute rush; submit your article today. Be the rock star flight doc that you are and share your lessons learned! -kjb (Editor)

Alliance Officers

President: Col Cassandra Howard  
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Alliance of ANG Flight Surgeons
Air Force Reserve Flight Surgeons

The newsletter is published at least annually. Articles for inclusion are solicited from members and guest authors. Material for publication can be sent to:

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

Col Kevin J. Bohnsack (kjb) Secretary, Editor and Publisher
Membership Application---Alliance of ANG Flight Surgeons

_____ Member: Annual Dues $35 (_____ New or _____ Renewal)
_____ Member: Life Dues $250 (for the true optimist)

Date: __________________________
Rank: __________________________
Last Name: ______________________
First Name: ______________________
MI: ____________________________

Address: __________________________
City: ____________________________
State: __________________________ 
Zip: ____________________________

Aero Rating: FS SFS CFS
Position:
FS = Flight Surgeon
SAS = State Air Surgeon
CCATT = Critical Care Air Transport Team

Mail/scan and e-mail to:                 Comments:
Lt Col Kelly Harvey                  
2020 Quarter Horse Lane
Suffolk, VA 23434

docxena@me.com

Unit: ____________________________
Years: __________________________
Preferred Phone: __________________

E-mail: __________________________
Civilian Specialty: ______________
Academic Appt: __________________

Member of Society of USAF FS:       yes    no
Member of AsMA:                      yes    no

When: 1800 social hour/ 1900 dinner 
      July 25, 2014
Where:    JB Andrews Club 
          Regency B Ballroom
Speaker:  TBD

Don’t miss this opportunity!