

HEADS UP



Vol 20 Issue 1 (Mar 20)

Message from the Director



Wow! Time sure does fly!! It's difficult to believe my time as your ANG/SG is drawing to a close. We've accomplished so many great things over the last 4 years! Looking back on where we were and how far we have come truly amazes me.

Through three phases of Transformation, we made great strides in successfully realigning the ANGMS into two key focus areas, Force Generation and the Operational Force. We've implemented changes to enhance ANGMS Title 10 capabilities for ERPSS, Patient Decontamination, Patient Retrieval, CCATT and EMEDS mission sets. We also successfully added a Fulltime Provider to MDG UMDs; increasing the fulltime footprint at the GMUs and enabling the larger DSG population to focus on deployment specific mission training.

To ensure Wing Commanders have the ability to competitively hire and retain seasoned medical providers, our team worked with J1-TN to get the Title 5 Physician and Nurse Practitioner / Physician Assistant (NP/PA) position descriptions reclassified; securing GP-14's with market pay for the Physicians

and GS-12's for the NP/PA's. On the military side, we've successfully implemented Health Professional and Board Certification incentive pays.

On the contract front, we successfully centralized Credentialing & Privileging, resulting in a 98% accuracy rate; revamped Medical Case Management, significantly reducing case processing timelines; and secured funding for a Drug Demand Reduction Program specimen collection contract, returning over 100k hours to our Airmen.

We've also increased our focus on taking care of our Airmen. Our team successfully secured authorizations and funding for an additional 15 DPHs at high-risk Wings; ensuring timely responses to members and positively impacting mission readiness. Across the 54, our DPHs provided outstanding support through multiple hurricanes, wildfires and other life-changing events; reduced stigma associated with mental health; and saved over 499 members from potential suicides. The hard work of our DPHs is unparalleled!

Overall, we have increased the ANGMS' ability to stay relevant in the current operational environment and adapt to the ever-changing character of future warfare. As we transition to new leadership, I encourage you to continue to speak up if something isn't working. Tell us how it's not working, and bring proposed solutions to the table. Together, we can keep the ANGMS on the right path as we push forward.

Thank you for your hard work and support during my tenure. It has truly been an honor and a privilege working with each and every one of you!

ROBERT C. DESKO, Col, USAF, MC, CFS
Director, Air National Guard Medical Service

Hot Topics & Time Sensitive Items

Unit Funded Leadership Courses –

See article for details and application deadlines... [\(read more\)](#)

Relias (Swank) – We are now included in the Relias (Swank) contract! ... [\(read more\)](#)

Total Force Training Record (TFTR) – Projected to come online 1 April 2020 ... [\(read more\)](#)

Save the Date – DPH-FAC meeting in May 2020... [\(read more\)](#)

SOP for Providers & Privileging Boards – C&P Board FAST TRACK USE Curtailment is coming!!!! ... [\(read more\)](#)

Changes to AMP – Starting with the March 2020 cycle ... [\(read more\)](#)

AF Central Accession Medical Waiver Division – The transition date has now slipped to 1 Jun 20... [\(read more\)](#)

BEE Corporate Board Takeaways – Occupational Health and Hearing Conservation Updates... [\(read more\)](#)

Force Health Protection Changes to 7-level CMRPs – Effective 31 January 2020, BE and PH are directed by AFMRA/SG3 to synchronize their training schedules ... [\(read more\)](#)

Novel Coronavirus (2019 nCoV) – This is a rapidly developing Public Health Event, which has health and readiness implications ... [\(read more\)](#)

Yellow Fever Vaccine Shortage (MMQC-20-1005) – Ordering restrictions/inventory on YF-VAX effective through March 2020 ... [\(read more\)](#)

Tactical Combat Casual Care (TCCC) – TCCC for 4N/4N1s MUST be updated in MRDSS ... [\(read more\)](#)

USAFSAM Scheduling Update - GENIUS – USAFSAM is now utilizing a new information system to collect required course enrollment documents prior to student arrival ... [\(read more\)](#)

ARC Medical Readiness Workshop – Next iteration hosted by AFRC in March 2020 at Warner Robins AFB, GA... [\(read more\)](#)

CMRP Category II and III Cancellations – Since the beginning of the FY, the ANG has canceled 60 seats!!!... [\(read more\)](#)

Transformation 3.0 Update (UMD's) – To ensure we are “Getting to Readiness” and fulfilling our UTC requirements we will be sending out a letter to the field explaining our UTC expectations ... [\(read more\)](#)

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Medical Field Advisory Council (MEDFAC) Update

Chairman and Vice-Chairs, Medical Field Advisory Council

Col Louis Perino, MEDFAC Chair (478) 201-4207, louis.perino@us.af.mil

Col Lisa Snyder, MEDFAC First-Vice-Chair, Lisa.K.Snyder2.mil@mail.mil

Col Chris Schmelzer, MEDFAC Second-Vice-Chair, christopher.r.schmelzer.mil@mail.mil

As Col Desko completes his tour as Director of the Air National Guard Medical Service, on behalf of the MEDFAC, I would like to thank him for his steadfast support of the MEDFAC as it continues to evolve and his visionary leadership in many areas, including reviving the MEDFAC and transforming the ANGMS for increased long-term relevance.

MEDFAC and the ANG Air Directorate Field Advisory Council (ADFAC) have not met since my last update to you was published in Dec-2019 but both met near the end of Feb-2020. There has been movement on the MEDFAC top-three issues that I reported to the ADFAC in Oct-2019:

- Operational guidance was released on the FY 20 recruiting and retention bonuses.
- The position description for the full-time medical practitioner in our MDGs was updated and released to the States.
- The EMFAC and EFAC continue to explore augmenting full-time staffing, which includes CSS/CST support for MDGs and additional full-time staff support for the full-time medical practitioner.

The MEDFAC would like to welcome our most recently elected representatives:

Col Jonathan Vinson, AZANG, Medical Group Commander Representative

Col Russell Kohl, MOANG, Special Missions Representative

Col Patti Fries, NEANG, Optometry Representative

MEDFAC representatives continue to hear from their constituents in the field. Thank you for these inputs. The current MEDFAC representatives and their constituency are listed at the end of this update. Please feel free to reach out to your representative.

MEDFAC Open Representative Positions

Representative positions on the MEDFAC continue to become available due to normal attrition, such as retirements and promotions, along with some representatives reaching the end of their two-year terms. MEDFAC will continue to announce these opportunities here in the Heads Up as well as through various constituent groups. Currently, we are accepting applications for the following representative positions:

- Dental Corps Representative
- Medical Service Corps Representative
- Nurse Corps Representative
- ISR (DCGS/RPA) Weapons System Representative (Medical Corps)
- Public Health Representative

If you are a member of one of these constituent groups and interested in being considered, please send to Col Lisa Snyder (lisa.k.snyder2.mil@mail.mil; lksn101@aol.com) a letter of interest, a

letter of reference from your commander indicating permission and support for you to participate in this additional duty, and a CV or resume. Closing date for application receipt is 40 days after the date of release of this issue of the Heads Up. Two administrative requests for applicants:

- 1) Please send your submission to Col Snyder at both civilian and military email addresses;
- 2) If you can combine the three items into one PDF file that would be very helpful.

Regards,

Col Louis Perino

MEDFAC Chair and MEDFAC Rep to the ADFAC

MEDFAC Representatives

Col Lisa Snyder, HRF/CERFP Rep (1st Vice-Chair) (lisa.k.snyder2.mil@mail.mil)

Col Christopher Schmelzer, Air Superiority (A-10 F-15 F-16 F-22 F-35) Rep (2nd Vice-Chair) (christopher.r.schmelzer.mil@mail.mil)

Col Howard Suls, Airlift (C-5 C-17 C-21 C-130) Rep (howard.l.suls.mil@mail.mil)

Col Kevin Bohnsack, ISR (DCGS/RPA) Rep (kevin.j.bohnsack.mil@mail.mil)

Col Russell Adams, Refueling Rep (russell.l.adams22.mil@mail.mil)

Col Russell Kohl, Special Missions (JSTARS, Rescue, Nuclear/PRP) Rep (russell.kohl@us.af.mil)

Lt Col Brent Dupper, Dental Corps Rep (brent.d.dupper.mil@mail.mil)

Col Brett Fehrle, Medical Service Corps Rep (brett.v.fehrle.mil@mail.mil)

Col Darcy Tate, Aeromedical Evacuation Squadron Rep (darcy.tate@us.af.mil)

Col Norman Hepner, Bioenvironmental Engineer Rep (norman.t.hepner.mil@mail.mil)

Ms. Lila Dilbaitis, Directors of Psychological Health Rep (DPHFAC Vice-Chair) (lila.m.dilbaitis.civ@mail.mil)

CMSgt Frank Bulin, Enlisted Rep (EMFAC Chair) (frank.bulin@us.af.mil)

Col Jonathan Vinson, Medical Group Commander Rep (jonathan.l.vinson2.mil@mail.mil)

Lt Col Mickey Parsel, Nurse Practitioner Rep (Michaela.A.Parsel.mil@mail.mil)

Col Mark Privott, Optometrist Rep (outgoing) (mark.b.privott.mil@mail.mil)

Col Patti Fries, Optometrist Rep (incoming) (patti.l.fries.mil@mail.mil)

Lt Col Brandi Faudree, Physician Assistant Rep (brandi.faudree@us.af.mil)

Lt Col Ashley Williams, Public Health Rep (ashley.c.williams2.mil@mail.mil)

Col Heidi Kjos, State Air Surgeon Rep (heidi.l.kjos.mil@mail.mil)

Maj Landon Hinman, recorder (non-voting) (landon.e.hinman.mil@mail.mil)

Enlisted Medical Field Advisory Council (EMFAC) Update

Chairman and Vice-Chair, Enlisted Medical Field Advisory Council

CMSgt Frank E. Bulin, EMFAC Chair (478) 201-4209; DSN: 241-4209; CELL: (478) 954-9684
 CMSgt Jerod L. Taylor, EMFAC Vice-Chair (208) 422-5905; DSN: 422-5905; CELL: (208) 559-0940

The EMFAC’s mission is to develop and provide enlisted input to the ANG Medical Field Advisory Council to assist in strategically aligning the Air National Guard Medical Service to focus on issues related to the ANG mission as well as challenges to medical support of total force capabilities.

The EMFAC conducts a monthly T-Con on the third Tuesday of each month where discuss current initiatives, open items and receive updates for members and the CMEF Chief Federspiel. Current initiatives are 1—obtaining a Title 5 CSS Resource for all GMUs 2—Updating the Medical Group Superintendent Handbook 3—Review of the MRU Medical Leadership Course and potentially creating a separate course for Health Systems Specialists away from the CC/MAO/Group Superintendents.

Our semi-annual team in-person meeting is scheduled for March 2020 at ANGRC where we will have discussions on the topics listed above along with updated full-time position descriptions for the enlisted AFSCs and moving forward with the next full-time manpower study.

The current EMFAC members and newly selected Advisors are listed below.

EMFAC Members

Rank	Last Name	First Name	Unit	Region
CMSgt	Bulin	Frank	116 MDG (GA)	4/Chair
CMSgt	Miller	Wayne	177 MDG (NJ)	2
CMSgt	Taylor	Jerod	124 MDG (ID)	10/Vice-Chair
CMSgt	Gregory	Tiffany	176 MDG (AK)	10
CMSgt	Silvas	George	161 MDG (AZ)	9
CMSgt	Ortiz	Moira	159 MDG (LA)	6
CMSgt	Anders	Mike	119 MDG (ND)	8
CMSgt	Souders	Kenney	193 MDG (PA)	3
CMSgt	Woods	Matthew	133 MDG (MN)	5
CMSgt	Stec	Richard	103 MDG (CT)	1
CMSgt	Rode	Kris	132 MDG (IA)	7

EMFAC Advisors: Welcome to TSgt Liko 4N rep from the 163d Medical Group

Rank	Last Name	First Name	Unit	Region	Notes
CMSgt	Federspiel	Faith	ANGRC	CMEF	
MSgt	Timony	Lacey	193 MDG	3	4A0X1
MSgt	Hopkins	Eric	139 MDG	7	4B0X1

SMSgt	Hoffman	Ryan	133 MDG	5	4E0X1
TSgt	Josua	Liko	163 MDG	9	4N0X1
SrA	Graves	Timothy	125 MDG	4	4Y0X1
MSgt	Oliver	Lisa	Gulfport CRTC	4	CRTC/GSU
CMSgt	Lyons	James	167 AES	3	AE
MSgt	Bailey	Kelly	116 MDG DET 1	4	CERFP
MSgt	Holmgren	Virginia	124 MDG	10	4H0X1

ANG Medical Forces Advisor to AF/SG

ANG Medical Forces Advisor to the Air Force Surgeon General (HAF/SG3/4G)

Col Timothy D. Stevens (703) 681-6660; DSN: 761-6660

timothy.d.stevens.mil@mail.mil

The times, they are a changing. Change can cause disorientation and even frustration, but change can be exciting and exhilarating as well. We are living and operating during a time of unprecedented change. The Defense Health Agency (DHA) is now officially responsible for all DoD Military Treatment Facilities and while the ANG Medical Service is engaged in Transformation 3.0, the Air Force Medical Service is transforming as well. There is also the historic creation of the U.S. Space Force on 20 December 2019. Transformation and innovation are needed as we focus more clearly on readiness and our new operating environment. One thing that has not changed is the essential ingredient of leadership. The Air Force Medical Service offers several medical leadership courses that are designed to help develop leadership skills in a total force and/or joint force environment.

Combined Senior Leaders Course (CSLC)

CSLC is a two day Air Force Medical Service (AFMS) course designed to prepare Medical Professionals for Command and higher HQ activities. New senior leaders will be introduced to the AF/SG's vision and strategic priorities for the AFMS, as well as provide an understanding of the Trusted Care CONOPS and safety science/reliability. Students will be exposed to AFMS General Officers who will share strategic challenges and solutions. Air National Guard (ANG) and Air Force Reserve Command (AFRC) attendees, will also participate in an Air Reserve Component (ARC) breakout session during one afternoon.

Rank: Col and CMSgt

Course Dates: 20-21 April 20 (travel on 19 & 22 April)

Course location: Defense Health Headquarters, Falls Church, VA

Application Deadline: 9 Mar 20

Course Frequency: Twice a year

Course attendance is unit funded and should be done in an AT status. A TLN will be issued.

Applicants will need to submit 2 items:

- 1) Nomination Form (attached, "CSLC 2020 ANG Applicants")
- 2) Official Air Force Biography, CV, or resume

Intermediate Executive Skills (IES) Course

IES is targeted for field grade officers and senior enlisted members who are serving or have been selected as healthcare executive team members at the Squadron Commander, SGA, SGB, SGD,

SGH, SGN, SGP, and Squadron Superintendent Level. It is intended to bridge the gap between initial management training and advanced leadership training received prior to command. This course will provide training in the knowledge and skills necessary to effectively perform the duties of an executive team member at a Medical Treatment Facility (MTF). Air National Guard (ANG) and Air Force Reserve Command (AFRC) attendees will participate in an Air Reserve Component (ARC) breakout session during one afternoon. ARC members will only attend the first 3 days of the 5 day course. Pre-course work that will also need to be completed prior to the course start date.

Rank: Lt Col, Maj, SMSgt, MSgt

Course Dates: 14-16 Sep 20 (travel on 13 & 17 Sep)

Course location: San Antonio, TX

Application Deadline: 8 Jul 20

Course Frequency: Twice a year

Course attendance is unit funded and should be done in an AT status. A TLN will be issued.

Applicants will need to submit 3 items:

- 1) Nomination Form (attached, "IES 2020 ANG Applicants")
- 2) Recommendation letter from MDG/CC. Include the candidate's qualifications and future Force Development plans
- 3) Official Air Force Biography, CV, or resume

2021 Senior Leader Development (SLD) Courses

Applications are now being accepted for the 2021 senior executive leadership courses:

- Joint Senior Medical Leadership Course (JSMLC)
- Interagency Institute for Federal Healthcare Executives (IAI)
- Military Healthcare System (MHS) Capstone Symposium (CAPSTONE)

There is only 1 ANG slot available in each class. The ANG will nominate one primary and one alternate for each course.

Joint Senior Medical Leadership Course (JSMLC)

Purpose: JSMLC is a five-day senior level program that will further enhance the knowledge of operational medicine, joint policy and doctrine, interagency coordination, major contingency operations, and stability operations in preparation for future roles as JTF Surgeons and their senior staff.

In the past, this class has not been available to the ANG. Recommended nomination criteria include: Joint Staff, R-prefix, and deployment experience.

Rank: Lt Col, Col

Course Dates: Mar, Jul
Course Length: 1 week
Course location: Falls Church, VA

Interagency Institute for Federal Healthcare Executives (IAI)

Purpose: To provide an opportunity for the seasoned, practicing federal health care executive to examine some of the current issues in health care policy and management and to explore their potential impact on the federal health care system.

Rank: Lt Col, Col
Course Dates: Apr, Sep
Course Length: 2 weeks
Course location: Bethesda, MD

Military Healthcare System (MHS) Capstone Symposium (CAPSTONE)

Purpose: Participants will gain a global view of how policies are formed which affect the course of the MHS. Offers robust networking and collaboration opportunities with other DoD officers, Congressional staff and Service SGs.

Rank: Col, Brig Gen
Course Dates: Mar, Jul, and Nov
Course Length: 1 week
Course location: Falls Church, VA

Application suspense for all 3 courses: 15 August 2020

Complete packages will include:

- Nomination Form (attached, “2021 Senior Leader Courses Nomination Form”)
- Career Data Brief (from Virtual MPF)
- Resume, CV, or Official Bio
- Last 5 OPRs

IMPORTANT: These slots are Unit/State funded. Nominees must ensure their leadership understands this requirement and will support the training opportunity if selected. Only complete packages will be considered.

Primary and alternate nominations will be notified during the fall of 2020. Attendance should be considered a high priority after selection as the ANG is only authorized one seat for each course.

Chief Medical Enlisted Force (CMEF) Update

Chief, Medical Enlisted Force

CMSgt Faith Federspiel (240) 612-9225; DSN: 612-9225

faith.m.federspiel.mil@mail.mil

“Growth means change, and change involves risks, stepping from the known to the unknown.”
George Chin

According to the Dictionary “Transformation” is a thorough or dramatic change in form or appearance. Starting April 1st 2020, Transformation 3.0 will be effective on all of your UMD’s. As we move forward, together, working to organize, train, and equip our new UTC’s - I challenge each of you to be INNOVATIVE and leverage all resources within your grasp to recruit/retrain to your new missions.

As medical personnel either clinical or non-clinical we train to perform in a deployed environment either in a DOMOPS or contingency operation. We are all ready to execute our mission and perform our skills to save lives but at the same time a quiet day is a good day because that means our brothers and sisters in arms are not injured. A few days ago, I witnessed an ANG C-17 from WV bringing home wounded soldiers and our combined USAF/USN both Reg AF & ARC medical personnel from our AE/CCATT and ERPSS missions transfer critical patients to a mobile ICU ambulance headed for Walter Reed Medical Center. As I was watching the team in action, they were well organized and you could see the pride in their job as they orchestrated the transfer of critical & ambulatory patients. Most of the team was made up of NCO’s and Airmen. I have told this story several times in the past week and along with all the hard work you all do every day whether it is in the back of a C17 unloading wounded patients, downrange preparing wounded for transport, responding to a disaster or conducting deployment/IMR duties on an RSD weekend to make sure our warfighters are prepared to deploy. I am very proud of all you do, and it makes my job easy to represent an amazing Enlisted Air National Guard Medical Force. Chief Federspiel

“You just can’t beat the person who never gives up!” Babe Ruth

Relias (Swank)

CMSgt Faith Federspiel (240) 612-9225; DSN: 612-9225

faith.m.federspiel.mil@mail.mil

“How Long Should you Try? Until....(Swank is awarded)” Jim Rohn

We heard the need for you to have access to the Swank training platform. With ongoing persistence from your SG team we are now included in the Relias (Swank) contract. As we move forward we will send out information to all the units on the implementation plan for all medical personnel. Our goal is to start in April 2020.

Total Force Training Record (TFTR) Update

TFTR is projected to come on line 1 April 2020, implementation guidance will be distributed by NGB/A1D to your FDO offices.

Please review the changes to the workday guidance attached.

4A0X1 – Health Services Management

MSgt Katiria Sanchez (210) 292-8918

katiria.i.sanchez.mil@mail.mil

Reminder to accomplish your inventory by 31 March 2020.

CMRPs:

Access to the CMRPs on Kx over the past two years has been hit or miss. Now with AFMRA's migration to MEDCOI, the CMRP slides are no longer accessible. Unfortunately, the original files are unable to be accessed from AMFRA as well with the migration. Training will need to be conducted at the unit level for the required CMRPs until there is another solution. Our revised CMRPs are still being reviewed and expected to be finalized in the near future.

4A1X1/4A2X1 – Medical Material/Biomedical Equipment

MSgt Camela LaCoste (240) 612-8294

camela.c.lacoste.mil@mail.mil

Please feel free to contact me regarding your Medical Logistics training needs and any career field questions you may have. I look forward to working with all of you!

4B0X1 – Bioenvironmental Engineering

Maj Alfred Doby/MSgt Paul Roub (240) 612-8076, (240) 612-8297

alfred.e.doby2.mil@mail.mil ; paul.d.roub.mil@mail.mil

Formal Schools/Training

As we continue to evolve as a career field, development of our BEEs is critical. We need your help as leaders and future students in ensuring completion of course prerequisites by the proposed deadline. While we realize that the access of Traditional Guardsmen can be limited to drill weekends, not completing course requirements before suspense dates can result in student disenrollment and even course cancelation. We urge that all requirements that do not need .MIL computers be accomplished as soon as possible. Also, we have asked that the USAFSAM Registrar give a generous amount of lead time to complete course pre-requisites. Please work with your unit leadership and unit training managers to resolve any issues that prevent completion of course requirements. If issues cannot be resolved locally, please contact NGB ASAP. Ultimately, it is the student's responsibility to meet all requirements on time. Our ability to remain efficient, effective, and flexible lie with our opportunities to advance our skill sets.

4E0X1 – Public Health

Lt Col Ash Williams/MSgt Maria Wilson (240) 612-7523, (240) 612-9601
ashley.c.williams2.mil@mail.mil ; maria.g.wilson9.mil@mail.mil

Force Health Protection changes to 7-level CMRPs

Effective 31 Jan 2020, BE and PH are directed by AFMRA/SG3 to synchronize their local training schedules to train 7 level technician on items as listed in the 19Nov2019 MFR. Clarification and resources for PH can be found on the ANG SGPM CP and as reflected in the 19Dec2019 CMRP MFR and MRDSS updates. Categories include OEHSA, WVA, thermal stress, potable water sources, food safety/security, pest/vector surveillance and Epidemiology as it pertains to the deployed/humanitarian environment.

<https://carepoint.health.mil/sites/ANGSG/SGP/SGPM/CMRP%20Training/Forms/AllItems.aspx>

4N0X1/4N1X1/4T0X1 – Aerospace Medical Service/Surgical Service/Medical Laboratory

SMSgt Geraldine Kile (240) 612-7586
geraldine.c.kile.mil@mail.mil

The below AFSC's are managed by Chief Federspiel:

4C0X1 – Mental Health Service

Our 4C process is in final review and a couple of units will BETA test the process for prior service. Non-Prior service we are still working out the final details with HAF/CFM and A1Y (NGB recruiting)

4D0X1 – Diet Therapy

4H0X1 – Cardiopulmonary Laboratory

Please work with your recruiters about bringing on the limited scope 4H's – NGB Recruiting team is sending a message to the field explaining joint efforts to help units fill their 4H vacancies.

4P0X1 – Pharmacy

4R0X1 – Diagnostic Imaging

4V0X1 – Ophthalmic

4Y0X1 – Dental

Executive Services Division

Chief, Executive Services Division (SGE)

Ms. Laura M. Wedding (240) 612-7509; DSN: 612-7509

laura.m.wedding.civ@mail.mil

Fulltime Providers

After a lengthy process of cataloguing and documenting the vast array of concepts, principles and methodologies pertaining to the fulltime provider positions, we were successful in getting them reclassified!

As of 09 January 2020, the following attached PD's were released from NGB-J1-TN:

Position Description #: T6001000, Physician (Flight Surgeon), GP-0602-14

Position Description #: T6002000, Physician Assistant/Nurse Practitioner, GS-0603/0610-12

Both PDs are attached and accessible on the following sites:

FASCLASS

<https://acpol2.army.mil/fasclass/>

GKO

<https://gko.portal.ng.mil/SitePages/Home.aspx>

For any questions have your state HRO contact Ms. Sharon Belle, NG-J1-TN (703) 607-7141 or DSN: 327-7141.

Vacancies

ANNOUNCEMENT NUMBER: 2020-029

CLOSE OUT DATE: 23 March 2020

POSITION TITLE: Director, ANG Medical Service

RANK/GRADE REQUIREMENT: Lt Col/O5 – Col/O6

AFSC REQUIREMENT: 4X3/4 (PAFSC, 2AFSC, 3AFSC)

TOUR LENGTH: 2-4 Years

LOCATION: JB Andrews, MD

ANNOUNCEMENT NUMBER: 2020-035

CLOSE OUT DATE: 05 April 2020

POSITION TITLE: ANG Physician, Accession Med Waiver Division

RANK/GRADE REQUIREMENT: Lt Col/O5– Col/O6

AFSC REQUIREMENT: 48X3/4 (PAFSC, 2AFSC, 3AFSC)

TOUR LENGTH: 2-4 Years

LOCATION: JB Andrews, MD

ANNOUNCEMENT NUMBER: 2020-045
CLOSE OUT DATE: 24 March 2020
POSITION TITLE: Medical Readiness Program Manager
RANK/GRADE REQUIREMENT: MSgt/E7-SMSgt/E8
AFSC REQUIREMENT: 4XX7/9X (PAFSC, 2AFSC, 3AFSC, 4AFSC)
TOUR LENGTH: 2-4 Years
LOCATION: JB Andrews, MD

ANNOUNCEMENT NUMBER: 20-038
CLOSE OUT DATE: Open until filled
POSITION TITLE: Medical Assessments (UEI)
RANK/GRADE REQUIREMENT: SSgt - SMSgt
AFSC REQUIREMENT: Any Medical AFSC
TOUR LENGTH: 30 September 2020
LOCATION: JB Andrews, MD

ANNOUNCEMENT NUMBER: 20-047
CLOSE OUT DATE: Open until filled
POSITION TITLE: Medical Readiness Scheduling NCO
RANK/GRADE REQUIREMENT: SSgt - SMSgt
AFSC REQUIREMENT: Any Enlisted Medical AFSC
TOUR LENGTH: 30 September 2020
LOCATION: JB Andrews, MD

ANNOUNCEMENT NUMBER: 20-075
CLOSE OUT DATE: Open until filled
POSITION TITLE: Case Management Team, Care Coordinator Manager (ARC CMD)
RANK/GRADE REQUIREMENT: SSgt-MSgt
AFSC REQUIREMENT: 4N0X1
TOUR LENGTH: 30 September 2021
LOCATION: JBSA-Randolph AFB, TX

ANNOUNCEMENT NUMBER: 2020-044
CLOSE OUT DATE: 8 April 2020
POSITION TITLE: Senior ANG Case Manager (ARC/CMD)
RANK/GRADE REQUIREMENT: Maj/O4 – Lt Col/O5
AFSC REQUIREMENT: 46N3/4, 46F3/4, 46Y3/4 (PAFSC, 2AFSC, 3AFSC)
TOUR LENGTH: 2-4 Years
LOCATION: JBSA-Randolph AFB, TX

DPH vacancies include: 104 MA, 174 NY, 193 PA, 145 NC, 125 FL, 156 PR, 159 LA, 172 MS, 134 TN, 136 TX, 147 TX, 169 SC, 188 AR, 2/153 WY, 194 WA

Medical Operations Division

Chief, Medical Operations Division (SGO)

Col Gilbert T. Harvey (240) 612-8239; DSN: 612-8239

gilbert.t.harvey.mil@mail.mil

SGO Farewell and Hails!!!

Farewell

SMSgt Jerilyn Farrar, ANG/SGOW - Psychological Health Program Manager. SMSgt Farrar is retiring effective 2 Mar 2020!!! We congratulate her on her 34 years of professional and dedicated service to the ANGMS. We wish her well and know that she will continue to serve in a capacity that will truly help others!

Hail

SMSgt Tugba Bast - SMSgt Bast will be assigned as the SGOW- Psychological Health Program Manager. She is coming to the SGOW Branch from the NGB Joint Surgeon General's office.

Col Linda Rohatsch - Col Rohatsch is our new SGOH Branch Chief for DDRP. She comes to SGOH from JFHQ NY SAS office as the Deputy SAS.

MSgt Richard Carter - MSgt Carter is our new Senior Clinical Informatics NCO, assisting with AHLTA and HAIMS support. He comes to SGOM Branch from the 115th Medical Group in WI.

Capt Ryan Curley - Capt Curley is our new DDRP Contract Manager. He comes to SGOH from the 171st Air Refueling Wing in PA.

Ms. Jennifer Matthews - Ms. Matthews is assigned to the SGOW Branch as a Regional Director of Psychological Health Managers. She comes to SGOW from the 125th Fighter Wing in FL.

SGO Division consists of 4 branches which are listed below with the current Branch Chief:

SGOH – Drug Demand Reduction Program (DDRP):

Col Linda Rohatsch (240) 612-9298; DSN 612-9298

linda.a.rohatsch.mil@mail.mil

SGOK – Credentialing & Privileging Program:

Lt Col Michelle Taylor (240) 612-8296; DSN 612-8296

michelle.a.taylor79.mil@mail.mil

SGOM – Clinical Informatics & Health Information Management (CI & HIM):

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SGOW – Psychological Health:

Dr. Susan Black (240) 612-7119; DSN 612-7119

susan.l.black14.civ@mail.mil

- SG HIPAA POC & PA Chief:
Col Gilbert Harvey, MSC; POC info is listed above.
- SG Sexual Assault Medical Manager (SAMM) POC:
Col Gilbert Harvey, MSC; POC info is listed above.

Clinical Informatics & Health Information Management (CI & HIM)

Ms. Kennedy Milan (240) 612-8298; DSN 612-8298

kennedi.x.milan.civ@mail.mil

SGOM Strategic Onsite

The 2020 SGOM Strategic Onsite will happen 18 March from 0730 until completed. The SGOM branch will be unavailable for assistance during that time. If you require immediate assistance please contact Col Harvey at (240) 612-8239

Standardizing All SG CarePoint Sites

SMSgt Hust and Kennedy Milan will be gathering data and assisting division CarePoint contributors in order to not only standardize the look and feel of SG sites but provide meaningful content structure. Fresh sites coming soon!

Directors of Psychological Health (DPH)

SMSgt Tugba Bast (240) 612-8585; DSN 612-8585

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Written by: SMSgt Jerilyn Farrar

DPH Monthly Activity Log (MAL)

The 2020 Monthly Activity Log (MAL) Survey Monkey link is available. Contact your Regional Lead (RL) for the log-in and password. Use the 2020 MAL when reporting your 2020 data.

DPHs are asked to complete and submit their MAL no later than the fifth of each month.

Contact your regional lead (RL) for extensions.

SAVE-THE-DATE

The DPH-FAC will meet at the ANGRG, JBA, MD from 18-22 May 2020. Travel days are the 18th and 22nd. All DPH-FAC members are invited to attend.

The 2020 DPH annual training is tentatively scheduled to be held in conjunction with the NGB/SG Medical Readiness University (MRU) training event. This event will be held at the I.G

Brown Training and Education Center on McGhee Tyson ANGB, Knoxville, TN. Training dates are 17-21 Aug 2020. More detailed information is forthcoming.

Centralized Credentialing & Privileging Program

Lt Col Michelle Taylor (240) 612-8296; DSN: 612-8296
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Credentialing and Privileging Program on CarePoint

The C&P CarePoint site has a great deal of information and should answer most of your questions about health professions (HP) credentialing and privileging. The “blue boxes” on the C&P home page are the **KEY** to understanding the different processes based on provider type and whether they’re prior service or not.

<https://carepoint.health.mil/sites/ANGSG/SGO/credsandprivs/Pages/default.aspx>

In addition, AFSC Qualification letter (AKA FAM letter) requests and ICTB requests (for MFATs, deployments, etc.), are also submitted through the C&P CarePoint site. Take some time to familiarize yourself with the content and share it with your recruiters!!!

SOP for Providers and Privileging Boards

******PLEASE TAKE NOTE******C&P Board FAST TRACK USE curtailment is coming!!!!

The projected implementation date is August 2020. Currently, providers are given **100 days** prior to their privilege expiration date (3 RSD weekends) to accomplish tasks in JCCQAS and submit required documentation to their assigned Regional Credential Managers (RCMs). The C&P Board meets quarterly (February, May, August, and November), and providers due to expire during the 3 months after the board meets are reviewed for renewal of privileges; hence the 100 day lead time! Once Fast Track curtailment starts, providers who miss their privilege renewal review **could potentially be unable to function in their roles for 3 UTA periods**. A memo outlining this new enforcement will be forthcoming.

Letter of Attestation Update

As of 07 Feb 2020, 72% of ANGMS providers have signed and returned the Licensure Attestation letter. IAW DHA PM 6025.13, providers are required to attest to possessing a valid and unrestricted license. Members cannot possess a license waiving a standard license fee based on their military status (i.e. “Military License” and/or “Patriot License” not allowable), restricts their practice to a military or federal facility, or reduces Continuing Education (CE) or training requirements. Unit Credentialing Managers should contact their assigned Regional Credential Manager (RCM) for further details on submission. Click on the “Regional Credential Manager Assignments” link on the CarePoint site for RCM contact information by region.

Coming soon to the C&P CarePoint site...

- Monthly Newsletter
 - o Will include monthly reminders for CCs and UCMs and emerging issues from the field
- CarePoint Revisions
 - o Fewer clicks and streamlined information are the goals!
- FAQ page

- The nuts and bolts of C&P will reside here for UCMs new to the program.
Common questions include:
 - Are credentials and privileges the same thing?
 - What's the difference between a non-privileged and privileged provider?
 - Why does “credentialing” take SO long?

Aerospace Medicine Division

Chief, Aerospace Medicine Division (SGP)

Col Kenneth Egerstrom (240) 612-7055; DSN: 612-7055
kenneth.s.egerstrom.mil@mail.mil

Manager, Standards & Force Health Protection

Vacant

Novel Corona Virus from China (COVID-19)

This is a rapidly developing Public Health Event, which has health and readiness implications. On 3 Mar 20, NORTHCOM moved from Phase-1 “Contain” to Phase-2 “Mitigate” and tasked units to prepare for Phase-3 “Respond.” (FRAGO 121.023 to OPORD 01-17). On 25 Feb 20, Under Secretary of Defense for Personnel and Readiness issued Supplement-2 to Force Health Protection Guidelines which give Commanders direction and suggestions for how to protect their forces based on the phase of the disease. All of these policy pages and more are located on our CarePoint site at:

<https://carepoint.health.mil/sites/ANGSG/SGP/SGPM/Communicable%20Disease/Forms/AllItems.aspx?RootFolder=%2fsites%2fANGSG%2fSGP%2fSGPM%2fCommunicable%20Disease%2fCoronavirus%20%28nCoV%2d19%29&FolderCTID=0x012000AD9F0ECF4BC2AF45BCB571CF84A9B55B>.

This office has been pushing information out to State Air Surgeons, MDG/CCs, SGPs, MAOs, HSS, HST, and Fulltime Providers. If you are not getting these messages, please update your contact information on our CarePoint roster.

Key points to consider as you advise your Commanders:

- CDC/Health Human Services is the Lead Agency for this event
- NORTHCOM is the lead Military Agency and is Supporting CDC/HHS
- Consider CDC actions when determining CC actions (i.e. why do you want to quarantine a Guardsman when CDC would not for a US Citizen in a similar situation.)
- Seek input from JA before considering any Restriction of Movement (Quarantine, Isolation, etc.)
- Direct members to stay home when sick, avoid contact with sick people, cough/sneeze into elbow and wash hands and frequent touch points (doorknobs, elevator buttons) frequently.

Additional information listed in the Public Health Section below.

New AMP – Mar 2020

Starting with the Mar-20 cycle, the Aerospace Medicine Primary (AMP) course will consist of four 2-week increments; AFOM 101, 102 and AMP 201, 202. AFOM 101 is an introductory course that can be waived by NGB/SGP for members that have/will have significant military experience before graduating from the full AMP. Waivers will likely be approved for all except new Guardsmen attending all increments in 1 year. See the “AMP Course Updates” in the SGX Training section for more information.

UEI Trends: “SGP failed to ensure ...”

This article is repeated from the last Heads Up, partly because we continue to see significant write-up against the Occupational Health program at Guard units. Even though the root of the problem may fall under PH or BE, the deficiencies always start the same, “The SGP failed to ensure...” SGP’s this is your program and the PH and BE SMEs work for you. If you are not all on the same page, you need to figure out how to get there so that you are protecting your Guardsmen for your Wing Commander. At the end of the day, we all want to ensure our people are safe from the hazards of their workplace. You play a key role in this and if your program isn’t working, you need to elevate this so that you can get the resources or ensure the Wing/CC is making an educated risk based decision not to provide those resources

Clinical Case Management Branch

Chief, Medical Standards Branch

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Air Force Central Accession Medical Waiver Division

In December, the Air Force Central Accession Medical Waiver Division took the accession waiver cases from AF Reserve Command and planned to take the ANG workload as of 1 Mar 20. This transition date has now slipped to 1 Jun 20. This change should be transparent to the field as recruiters will load the cases into the same systems they use now and they should automatically flow to the new Division rather than to the ANG. You are welcome to call us about accession cases, but soon we will not be working them and will not have direct visibility into the new system. We have moved a position to the central waiver division (Randolph AFB) to represent ANG equities, and this position is now advertised.

Flight & Operational Medicine Branch

Chief, Flight and Operational Medicine Branch

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Occupational & Environmental Health Branch

Chief, Occupational & Environmental Health Branch

Maj Alfred E. Doby (240) 612-9005; DSN: 612-9005
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Support Manager, Bioenvironmental Engineering

MSgt. Paul Roub (240) 612-8297; DSN: 612-8297
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Program Manager, Force Health Protection

Mr. Wayne Theurer (240) 612-9450; DSN: 612-9450

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Winter Bioenvironmental Engineering Corporate Board Takeaways

Occupational Health Policy Update

- DoDI 6055.05, OEH Program (In SME rewrite throughout CY20)
- AFI 48-151, Thermal Stress delayed pending MilDep authority to pub OEH policy
- AFI 48-127, Noise 3ltr coord complete, holding for GO decision on HCP
- AFI 48-145, OEH Program next policy planned for update

Hearing Conservation Program

- DoDI 6055.12 published Aug 2019
 - o Personnel: >85 dBA TWA 1 day/yr - enrolled on HCP
 - > 140 dP impulse noise - enrolled on HCP
- Current AFI, personnel infrequently exposed - not on HCP
- Current HCP doesn't account for non-routine exposures including exercises, weapons qual, augmentee duties, details, airshows, etc.
- High probability non-routine tasks completed by service members may >85 dBA TWA 1 day/yr
- Next steps, brief COAs at senior leader workshop then publish AFI 48-127 following GO decision

SG-CBRN Course Registration

This year's SG-CBRN course will take place at the Gulfport CRTC. Sign-up is now closed and the list of attendees were notified in February. Reporting instructions and a welcome packet will be sent to all attendees. Students who are attending the Water Vulnerability Assessment breakout will be contacted and provided information regarding prerequisite requirements prior to their arrival. All other students will not have any prerequisites and should come prepared to learn and train. Our Career Field Functional Manager (CFFM), Chief Master Sergeant Curtis McGehee, will be in attendance for the entire duration of the course. He will be there to learn about ANG capabilities, build relationships, and answer any questions about the 2030 Killer BEE concept. Instructors will include personnel from Federal Resources and USAFSAM and Colonel Norman Hepner.

CY2019 Program Management Review

The AFMRA/SG3P staff has developed a consolidated OEH PMR excel workbook with information required to be presented to SAF/IE and OSD. The workbook houses inputs from BE, FOMC, and PH and contains CY2019 data only. Specific instructions are included on each tab of the excel file. To access the OEH PMR, please go to the BE CarePoint site and click on announcements. BE leadership should verify correctness of data and complete assessment notes in tabs BE10-12.a using instructions outlined at the top of the page (tab 12.b is info only). Again, the PMR reflects data for CY2019 only...work completed between 1 Jan – 20 Dec 2019. Once BE portions have been completed, email final product to NGB BE staff. We recommend that the fully consolidated PMR be added to your OEHWG minutes (including co-located bases) as local documentation and

forwarded to WG ESOH council. Completed PMRs should have been submitted to NGB NLT 5 March 2020. Late submissions will not be accepted. Questions regarding the CY2019 should be directed to the regional BEE SMEs.

PFAS – informative guidance documents for clinicians

Please share the following information with your SGP and GMU clinical staff.

Public Health Branch

Branch Chief, Public Health

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Manager, Public Health

MSgt Maria G. Wilson (240)612-9601; DSN: 612-9601; Cell: (240) 685-6669

maria.g.wilson9.mil@mail.mil

Organizational Email: usaf.jbanafw.ngb-sg.mbx.sg-pm@mail.mil

Website: <https://carepoint.health.mil/sites/ANGSG/SGP/SGPM/>

Hails

Public Health welcomes our newest member of the team; SMSgt Brent Gardner is joining us remotely from the 114th FW, South Dakota. He will be representing the ANG and working with AFMRA on all Separation History Physical Exam (SHPE) events, processes and procedures.

Novel Corona Virus from China (2019 nCoV)

BLUF: This situation is rapidly evolving on a daily basis. Please review the attached file for specific information that will assist fulltime PHT and medical staff address questions from the wing during the week. This document is also located on our CarePoint page under the Coronavirus Tab.

USAFSAM Training

- Contingency Preventive Medicine Course, Distant Learning course is now available (see attachment)

ANGMS Training

- Food & Water Risk Assessment Course:
 - o Location: Gulfport CRTC
 - o Dates: April 6 – 10, Travel days 5th and 11th
 - o Class enrollment requirements: Public Health Officers Only (43H)
 - o Class maximum capacity: # 24
 - o Class registration:

<https://carepoint.health.mil/sites/ANGSG/SGP/SGPM/Pages/default.aspx>

Funding: Unit funded (military lodging available at no cost, military dining facility not available)

BACKGROUND: The AORs are currently increasing high-demand for PH Officers who can conduct FWRA independently. Completion of the course will qualify each attendee to conduct FWRAs independently in any COCOM. This capability has the potential to not only benefit the DoD, but your Wing directly and can provide opportunities not previously available to ANG PHO's.

- Medical Readiness University (MRU) 17-21 Aug, 2020
 - o Class enrollment requirements: Public Health Officers (43H) & Techs (4E0X1)
 - o Class maximum capacity projection: 50
 - o Class registration: PENDING [ANG SGX Education & Training CarePoint](#)
 - o Funding: Unit funded (military lodging available at no cost, military dining facility available)

Student Flight Transfers and IMR

Certain Wings have been identified as test units to test a program where members are moved from student flight to AMXS squadrons in an effort to improve reporting. Do not move members from student flight unless your unit is one of those previously identified. For those moves, it is imperative to ensure their Primary AFSC is 9TXXX or 9UXXX to prevent that member from driving down your IMR reports.

Annual Occupational Health Performance Management Review (PMR)

BLUF: Submission of CY2019 OH PMR to ANGR/SGPM should have been made by 31 January 2020.

BACKGROUND: Since June 2016, base level Public Health offices are required to submit annual OH PMR data to their MAJCOM Functional IAW DoDI 6055.01 and AFI 90-801.

ACTION: Reference [PMR folder](#) on CarePoint for template and MFR. Complete metrics for tabs 1-10. Tab 11 includes anything not reported in IGEMS. Tab 12-13 are short, consolidated responses/highlights of items not easily captured by historical data. **NOTE: Tab 12-13 information is intended to help provide NGB SGPM with real time situational awareness on the current status at the local level. This information is not for distro outside of NGB/SGPM and any trends will be presented holistically.**

Submit to NGB/SGPM Org box at: usaf.jbanafw.ngb-sg.mbx.sg-pm@mail.mil

If you have not already done so, sync NGB/SGPM Care Point calendar with yours for monthly automatic notifications/reminders.

Thank you to the following units for report submission:

102 IW, 103 AW, 104 FW, 106 RQW, 109 AW, 113 WG, 119 WG, 120 FW, 123 AW, 126 ARW, 132 FW, 134 ARW, 139 AW, 148 FW, 150 FW, 155 ARW, 156 AW, 159 FW, 161 ARW, 162 FW, 164 AW, 169 FW, 171 ARW, 176 WG, 178 FW, 185 ARW, 186 ARW, 190 ARW & Gulfport CRTC

Any requests for extension should be made via the SGPM Org box, include proposed date and valid justification of situation.

POC: You may reach out to anyone in our office for any further questions, clarification

Hearing Conservation Program (HCP)

SUBJECT: The ANG will potentially experience a tremendous resource burden with the implementation of DoDI 6055.12, *Hearing Conservation Program*, 14 Aug 2019.

BACKGROUND: The updated DoDI is in alignment with 29 CFR 1910.95. Major changes/additions include personnel exposed at or above 85dBA as an 8hr TWA for a least 1 day/year MUST BE enrolled in a HCP. Currently AFI 48-127 indicates audiograms are not required for individuals exposed for 30 days or less per year. AFI updates are pending and expected in the near future. When two or more rules are applicable, the most stringent shall take precedence. Currently, AF PH is evaluating the current availability of resources to effectively address what is expected to be an increased demand for MSEs. The ANG is expected to experience the greatest impact; ANG SGPM is engaged with AFMRA SG3CM evaluating resource items such as: equipment, HCP support (HCDC), qualifications (current HC/CAHOC certification and projected TLNs for 2020), increased workload (administrative, audiograms completed/yr.). Compiled data is being sourced from DMLSS, ASIMS, DOEHRS and AF/base level historical trends.

ACTION: Review the DoDI in its entirety - accessible through [DoD Issuances site](#). GMU OH program managers should take this opportunity to review the status of your programs to ensure the most effective and reasonable preventative measures are being offered to SMs exposed to occupational or environmental noise hazards. Identify SM potentially exposed but not enrolled. Determine if the requirement exists for those SMs to be added. Develop courses of action with your current resources and discuss it with your SGP during OHWG, AMC, EMC and/or ESOH as applicable.

Safety OH PEC0202057

BLUF: The suspense was 14 FEB 2020

BACKGROUND: Earlier this month ANGRCC, Maj Gen Stokes pushed out a tasker to the wings on behalf of SAF/IE. In an effort to improve SOH resource visibility a new Program Element Code was established (PEC 0202057).

ACTION: NO FURTHER action is required from the base level FHP at this time. ANG/SG is compiling any data required for submittal. Source resources include DMLSS, UMD, Fin Plans, ASIMS/AFCHIPS and DOEHRS. See announcements located on SGPB/SGPM CarPoint for further details.

Yellow Fever Vaccine Shortage (MMOC-20-1005)

BLUF: Ordering restrictions/inventory on YF-VAX effective through March 2020

BACKGROUND: An increase in OPS Tempo has taxed the DoD supply of Yellow Fever. Sustainment measures are being implemented to ensure mission requirements can/will continue to be met.

ACTION:

1. Every GMU must report on-hand stock of YF-VAX by 31 January 2020

a. CAC-enabled, online Vaccine Inventory Reporting portal at:

<https://info.health.mil/hco/phealth/IHB/SitePages/YF.aspx>.

b. Those unable to access the portal should send an email to: dha.ncr.immunization.mbx.vaccinvent@mail.mil subject line “YF Quarterly Reporting” The message should include lot number, expiration date and number of doses on-hand.

2. GMU with excess vaccine or vaccine expiring within 60 days without a plan to utilize will contact [DHA IHS](#) to optimize supply.

For additional information visit:

<http://www.usamma.amedd.army.mil/SitePages/MMQCMsgSearch.aspx>

Medical Surveillance Exam (MSE) Platform Initiative

SUBJECT: ANG SGPM recently stood up a MSE Special Project Team

BACKGROUND: Primary focal areas include Standardized COHER platforms established for Aircrew, Firefighters, Structural Maintenance and Fuel System Repair. The intention of this initiative is to provide:

1. Effective and efficient surveillance to ANG SM; resulting in optimal health & longevity of the human resource.
2. Direct support to ANG FHP shops by developing data driven platform COHER, establish a minimum baseline of high demand/tempo SEG.
3. Develop tangible method to establish transparency of program amongst the ANG, AF and DoD; resulting in capture/collection of trends.

ACTION: Team members will be contacting the initially identified 42 GMUs incrementally (Feb-May) to set up a TCON to share resources, educate and provide base specific support.

POC(s): TSgt Emilio Gonzales, TSgt Levi Schultz.

Medical Readiness Division

Chief, Medical Readiness Division (SGX)

Col Steve L. Bradley (240) 612-7269; DSN: 612-7269

steve.l.bradley.mil@mail.mil

We are off to a new year and I just want to say THANK YOU in advance for all the hard work we will be asking of you. This issue is packed with a lot of new information as well as some pertinent reminders. MROs and NCOICs of Medical Readiness, we need your help in our endeavor of “GETTING TO GREEN!”

Last issue I welcomed Col Schmidt and Lt Col Stringer as the new Branch Chiefs for Readiness to help take us to the next level! In this issue, I would like to point out some changes in personnel as well as Hails and Farewells. For the Education & Training Branch, SMSgt Kile moved from the SGP Division over to Readiness and SMSgt Dippel moved from Operations. We welcome MSgt Karen Fellenz coming to us from NGB/HR and was a 4Y with the 133 MDG in Minnesota from 2000-2012. We will all miss MSgt Nickel as he transitions from NGB/SGXT to the 168 MDG in AK as an HST. Over in SGXP, SMSgt Gonzalez transitioned from Manpower to lead our Logistics section, Mr. Raines just came onboard to fill the GS position that was vacant for well over a year and we have both TSgts Medina and Johnson from JSG working in Force Readiness Reporting and Logistics, respectively. They are a great addition and both Lt Col Stringer and Mr. Larson will fill you in on their backgrounds under their sections.

We are here to help, please do not hesitate in calling/e-mailing us with your questions or suggestions on areas we can improve.

Respectfully,
Col Steve Bradley

Education and Training Branch

Chief, Education & Training / Clinical Services

Col Jennifer Schmidt (240) 612-8394; DSN 612-8394

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Ready Medics = Trained Medics. As the AFMS has prioritized Ready Medics, the NGB/SG showed commitment to that call and did some reorganization. We are excited to announce a new branch within the Readiness Division that is focused on the education and training of the ANGMS. The SGXT team is committed to supporting you in developing medics ready for today’s fight. I’m fresh from the field—I am well aware of the challenges you experience in training your airmen. The SGXT branch will work to facilitate processes and develop tools to assist you.

Current SGXT Team and assignments:

Col Jennifer Schmidt: ANG Chief Nurse and SGXT Branch Chief

SMSgt Barb Maglaqui: Chief of Medical Education and Training, Medical Readiness University planner, CMRP reporting, gap analysis, Relias

SMSgt Geraldine Kile: 4N, 4N1, 4T CFFM, ANGMS MRDSS POC

SMSgt Jennifer Smith: 4XXXX formal schools POC

SMSgt Jonelle Dippel: Exercises, TAAs

MSgt Karen Fellenz: MFATs, SGXT CarePoint POC

Chief, Medical Readiness Education & Training

SMSgt Barbara Maglaqui (240) 612-7719; DSN: 612-7719

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Comprehensive Medical Readiness Program (CMRP)

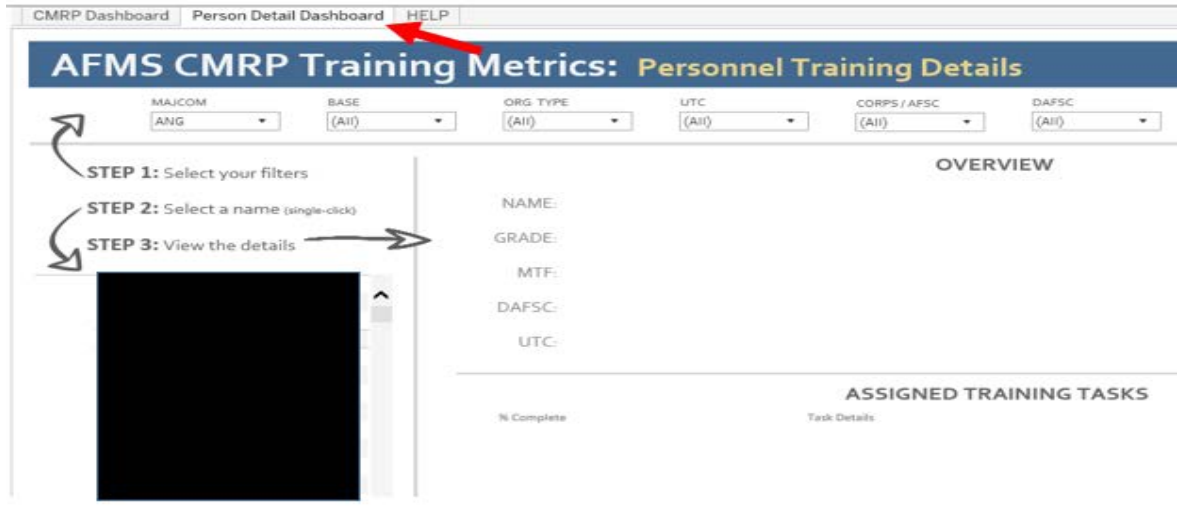
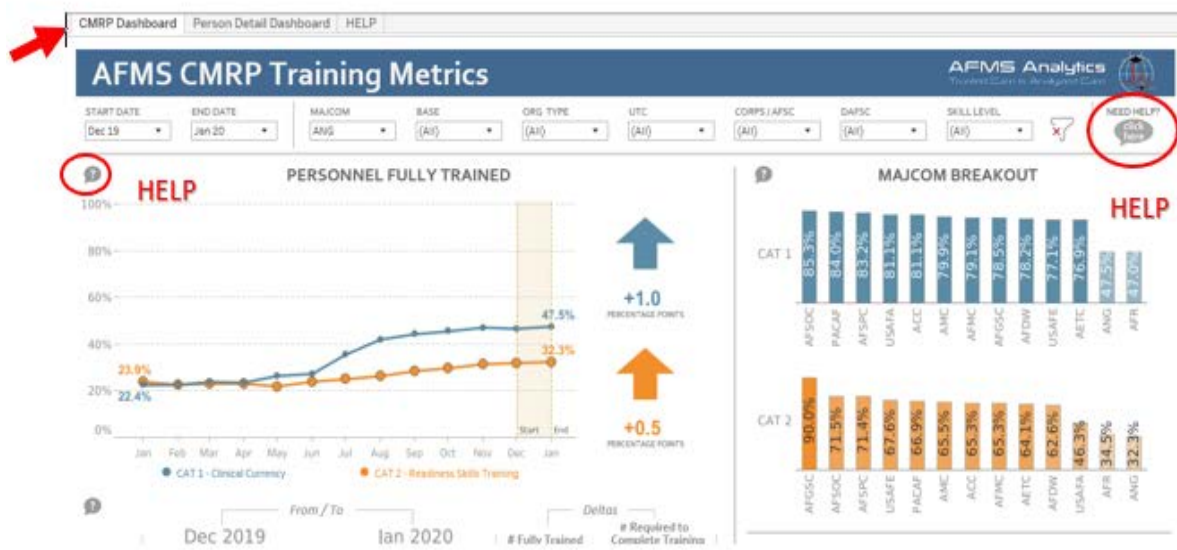
GETTING AFTER READINESS! – In accordance with AFI 41-106, *Medical Readiness Program Management*, (5.6. CMRP Category I) Clinical Currency for Readiness is defined as the fundamental clinical skills of an Airman, usually obtained through medical education and in-garrison care that form a foundation on which to build readiness skills. It is the foundation of the Comprehensive Medical Readiness Program (CMRP) and applies to all medical personnel with clinical specialties who are required to have up-to-date clinical skills in a practice environment. (5.7.) CMRP Category II, Readiness Skills Training (RST) is defined as the skills specific to an AFSC, which allow an Airman to perform within the full scope of their AFSC in a deployed setting.

Readiness training statistics are a high visibility item. Category I and II training are being looked at, not only by NGB/SG, but also by the AF Surgeon General, Lt Gen Hogg. What can you do? Monitoring your training statistics is a good start. The AFMS Analytics division has developed a tool to help you do just that. The AFMS CMRP Dashboard will allow you to monitor the Cat I/II training for your members. The dashboard is pretty user friendly and has several embedded help icons that if you hover over them, it will give descriptions for the different items. This tool lets everyone see everyone (by MAJCOM, by BASE, by PERSON, etc.). The dashboard pulls data directly from MRDSS so ensure that you are updating the system as required. You'll be able to identify areas that can be easily fixed (Cat I, "orientation"), and areas that will be more difficult and may require higher level assistance in order accomplish...which is where a comprehensive gap analysis comes in (see next article)!

AFMS Analytics CMRP Dashboard [**use EMAIL certificate**]

<https://afmstableau.health.mil/#/views/CMRPDASHBOARD/CMRPDashboard> (snapshot of data pulled once a month)

- 2 Tabs at the top – CMRP Dashboard and Person Detail Dashboard



Gap Analysis Guidance

We are recommending that Functional Training Managers review CMRP performance monthly using the AFMS Analytics CMRP Dashboard (see link above).

- A gap analysis report/memo should be provided to the EC (Executive Committee) when additional resources/support is required to bridge the gap and/or when the gap is expected to persist for a significant time.
- The following questions should be asked any time a CMRP performance shortfall exists:
- Is this a “true gap” or a gap in reporting?
- If a true gap, what factors contribute to the gap? *Resources (days/dollars), equipment, staffing, access (MTFs/school seats, TAAs), etc.?*
- What is the impact of the gap? How does this impact your ability to produce a Ready Medic?

- How should the gap be prioritized amongst others? *AFSC specific? Within the UTC? Within the GMU?*
- How can you close or bridge the gap to meet the requirements? *Reorganization of clinical activities, alternate duty locations, Internal/External partnerships, C-STARs?*
- What support/capability is required to assist? *Alteration in daily schedule/location, E&T or Functional Training Manager (FTM) Support, Resource Management support, coord. w/ Wing XP, Command Approval, NGB/SG support.*
- Other thoughts to consider:
 - o Should the requirement be reconsidered altogether?
 - o Are there additional COA's to consider?
 - o Consultant/CFFM notification

Air Force Instruction 41-106

2.7. Air Force Medical Readiness Agency (AFMRA). This organization will:

2.7.1. Provide oversight to AFMS consultant and career field manager (CFM) functions.

2.7.2. Support Comprehensive Medical Readiness criteria and approve or disapprove CMRP checklist changes.

2.8. Consultants, Corps Directors and Air Force Career Field Managers (CFM).

2.8.1.6. Review the global/consultant CMRP training gap analysis report in MRDSS ULTRA quarterly to monitor gap analyses inputted by unit AFSC functional training managers.

2.11. Medical Unit Commander.

2.11.7.3.2. Review gap analysis reports for each assigned AFSC in MRC meetings. Ensure AFSC functional training managers develop plans for mitigating CMRP training gaps (Category I-Clinical Currency, Category II-Readiness Skills Training, and Category III-UTC).

2.20. Unit AFSC Functional Training Managers.

2.20.1.2. Perform a CMRP training gap analysis annually and **anytime** CMRP training requirements or MTF capabilities change...Brief the MRC on the gap analysis data annually and **anytime** there is a change. (T-1) 2.20.1.2.1. CMRP gap analyses will identify those training needs which cannot be met in the local unit or geographic area (TAA, MOU or special training event) and require TDY travel/funding.

Tactical Combat Casualty Care (TCCC)

TCCC is a requirement (as of December 2018) for 4N0/4N1s as part of their CMRP checklists. It is not reflected in MRDSS as a CAT II requirement but it still must be accomplished. Instructions for how to update TCCC training are attached and available in MRDSS (training should also be updated in members' AFTR). **TCCC for 4N/4N1s MUST be updated in MRDSS.**

At this time, across the AF and AFMS, the **requirement** is **ONLY** for 4Ns. SABC remains the standard for all others (medical and non-medical) for deployment unless otherwise specified by the COCOM.

As briefed on the November AND January NGB/SG quarterly TCONs, we are not recommending GMUs go out and buy equipment as we do not know whether or not this is something that will be funded by HAF, NGB or the wings.

Additionally, the message from SAF/MR and AF/A1 is NOT to be teaching the DHA TCCC Tier 1 All Service-member (AS) curriculum. Implementation guidance has not been approved or disseminated from USAF. It is currently awaiting review and approval by SecAF and CSAF. Please communicate to your wing leadership to stand by for implementation guidance.

AMP Course Updates

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Beginning with the March 2020 classes, there is a new Aerospace Medicine Primary pipeline. The pipeline consists of four two-week courses; Air Force Operational Medicine (AFOM) 101 & 102, followed by Aerospace Medicine Primary (AMP) 201 & 202. The revised *Aerospace Medicine Primary Course Attendance Policy* identifies minimum provider qualifications and requirements for AMP attendance, and is included as an attachment to the Heads Up.

The first step for students seeking to attend AMP must initiate enrollment through the USAFSAM Genius Student Information System: <https://aetc.geniussis.com/Registration.aspx> Once all required student documents have been received and reviewed by the USAFSAM Course Scheduling Team, MAJCOM schedulers will receive notification of member approval to attend the requested course. The MAJCOM scheduler will notify the member to initiate a TLN request with their Wing Force Development Office.

The following process for attendee prioritization will be followed when ANG seats are available:

- Physicians with a completed FC-II exam will be approved for a seat when requested.
- PAs/NPs can receive a tentative seat if >30 days from the class start date. Within 30 days of the class start date PA/NP training requests will be filled in the order received.

* ANG applicants, if attending in increments, can attend the first increment (AFOM-102/AMP-201) without a completed medical clearance.

** All applicants will need the approved medical clearance (FC-II for physicians, Operational Support Flyer for PA/NP) before scheduling the second increment, and it must remain valid before scheduling AMP-202.

*** ANG applicants attending the entire AMP consecutively must have the appropriate medical clearance before scheduling.

Students seeking approval to waive portions of the AMP pipeline based on eligibility standards outlined in the AMP Course Attendance Policy should contact the ANG AMP scheduling POC, SMSgt Jennifer Smith.

USAFSAM Scheduling Update – GENIUS

USAFSAM is now utilizing a new information system to collect required course enrollment documents prior to student arrival. Students must establish a Genius account and initiate class registration via the following link: <https://aetc.geniussis.com/Registration.aspx>. Each student will be required to upload the applicable enrollment/prerequisite documents into Genius **BEFORE** they are officially enrolled into the course. Completion of the document upload will trigger an auto-system generated action, which will only grant Blackboard access **AFTER** all IT/prerequisite documents have been uploaded. If the registrant is missing any documents, they will continue to receive email reminders, until they have uploaded all documents. All documents must be uploaded 30 days prior to the class start date or the member enrollment request will be dropped, and they will not be allowed to attend the formal class.

Completion of registration through Genius does **NOT** alleviate the requirement to request a formal training line number (TLN) through the Wing Force Development Office. Students must receive an NGB/A1DC issued TLN prior to processing to any formal training course.

Questions concerning Genius or Blackboard should be directed to the USAFSAM Registrar team at: (937) 713-0989.

Exercises and Operational Training

SMSgt Jonelle Dippel (240) 612-8568; DSN: 612-8568
jonelle.l.dippel.mil@mail.mil

Training Affiliation Agreements (TAA)

An email was sent to each unit requesting information if they have an approved TAA, if they are currently working on one, or if they have tried to get one and been unsuccessful in completing one. If your unit has not done so, please reach out to me and let me know your units' current status. Also, AFMAN 41-108, Training Affiliation Agreement Program was released on 21 August 2019. Please ensure you have read through it to confirm you are following the current guidance.

Medical Readiness Scheduling NCO

Vacant

En Route Care Business Rules

USAFSAM has requested that all MAJCOM's reinforce the importance of placing members in the correct AFSC and UTC seats for all C-STARS, CCATT and GST training requests. Please refer to the Business Rules listed on the left side of the ERC website <https://kx.health.mil/kj/kx2/CSTARS/Pages/home.aspx>. Additionally, Units must ensure that their members' AFSC is correctly reflected in the members MRDSS profile and continue to pay special attention to application deadlines!

CMRP Category II and III Cancellations

Course cancellations continue to be a challenge. Since the beginning of the FY, the ANG has canceled 60 seats!!! Please review your calendars very carefully before scheduling a seat via Formal Training Management Scheduler (FTMS) as once you select it, that seat is no longer available for others. If you later cancel that seat, there may not be time for others to adjust their schedules to attend and the seat may then go unfilled. IAW AFI 41-106 the **ONLY** valid reasons for canceling members from readiness training include the following: removed from the UTC, separated, granted emergency leave, hospitalized, deployed early, or placed on a profile which physically prevents member from attending the training. **Please help us limit the waste of these already constrained training resources.**

As of 29 Feb 2020 I will be transitioning to the 168 MDG AK ANG. All scheduling requests and FTMS access approvals will go through SMSgt Jennifer Smith until further notice. It has been an honor to work for you, the 89 MDG's! Good Journey!

Medical Manpower, Logistics & Operations Branch

Chief, Manpower, Logistics & Operations Branch

Lt Col Eric Stringer (240) 612-9608; DSN 612-9608

eric.j.stringer.mil@mail.mil

Improving Readiness and “Getting to Green”! If you haven’t recently heard this saying you probably will at your next Wing or Medical Group Commander All-Call. There is a huge push to increase readiness numbers as much as possible. This shouldn’t be anything new to our members in the medical groups (MDGs). However, when it comes to certain medical readiness training issues, the Air National Guard Medical Service has the worst training stats when comparing ourselves to Active Duty Air Force Major Commands (MAJCOMs) and the Air Force Reserve Command. Over the next several months, my staff will be taking a “deep dive” into the Medical Readiness Decision Support System (MRDSS) and will look at each individual unit. We want to see if everyone in your MDG has been assigned to one of the Unit Type Codes (UTCs) in your MDG and has training been updated on a consistent basis for all your members. If issues or areas for improvement are identified within a unit, I will be reaching out to members of the full-time staff (MAOs or MDG Superintendents) to talk through items identified. Please remember – MRDSS feeds directly into our readiness reporting tools and making simple updates/fixes will increase readiness percentages and in-turn make us more competitive with Active Duty and our Air Force Reserve medical counterparts. Thanks for your assistance in “Getting to Green” and please don’t hesitate to reach out to us if you have any questions.

Hails

I would like to introduce our new Medical Readiness Reporting Liaison, TSgt Patricia

Medina. TSgt Medina is a Health Service Manager whose home ANG unit is the 175th MDG in Baltimore, MD. She has over 14 years of expertise on both Active Duty and the ANG. While in her ADOS position, she will bridge the gaps between the Joint Surgeons Office, NGB/SG and the GMUs. Her contact information is TSgt Patricia Medina, (240) 612-8242; DSN 612-8242; patricia.c.medina.mil@mail.mil

I would like to introduce our new Medical Logistics Liaison, TSgt Autiyonna

Johnson. TSgt Johnson comes to the ANG from the 144th MDG in Fresno, CA. She has an extensive background in Medical Logistics where she has worked in aeromedical evacuation and CERFP. While in her ADOS position, she will bridge the gaps between the Joint Surgeons Office, NGB/SG and the GMUs. Her contact information is TSgt Autiyonna Johnson, (240) 612-7811; DSN 612-7811; autiyonna.c.johnson.mil@mail.mil

Logistics

SMSgt Yanira Gonzalez (240) 621-9271; DSN: 612-9271

yanira.h.gonzalez.mil@mail.mil

MSgt Camela LaCoste (240) 612-8294; DSN: 612-8294

camela.c.lacoste.mil@mail.mil

Audrey Powell, Contractor (240) 621-8618; DSN: 612-8618

audrey.d.powell.ctr@mail.mil

Influenza Program Manager

Mrs. Natalie Turner (240) 612-8552; DSN 612-8552
natalie.c.turner.ctr@mail.mil

Medical Readiness Program Manager (Manpower)

Vacant Position – Announcement #2020-045, posted on the MVA website with a close out date of 24 Mar 20. Any questions, please contact Lt Col Eric Stringer (see contact info above)

Chief, Medical Plans and Operations & Functional Area Manager (FAM)

Mr. Steve Larson (240) 612-8515; DSN: 612-8515
steven.m.larson12.civ@mail.mil

I would like to introduce our new Chief, Expeditionary Medical Operations and Manpower, Mr. David Raines. Mr. Raines is an Army veteran of 23 years and comes to us with experiences as an Operations Officer (OPSO), planner, healthcare administrator and infantry officer. He is looking forward to learning Air Force Medical Service lingo. His contact information is Mr. David Raines, (240) 612-9285; DSN 612-9285; david.b.raines.civ@mail.mil

AFRC/ANG Readiness Officer/Medical Readiness NCO Workshop 16-20 Mar 2020, Robins AFB, GA – Class is full!

This **UNIT** funded workshop will be held at the Old Elementary School (Bldg. 988) on Robins AFB, GA. The workshop is scheduled for 16-20 Mar 2020 with travel days of 15 and 21 Mar 2020. Topics to be covered will include but not limited to: Medical Readiness Decision Support System, classified reporting, AFI 41-106, Comprehensive Medical Readiness Program, AEF/RCP/Deployments, Medical Facilities Annual Tour, UTCs/MISCAPs, the 4 Year Operational Training Plan and much, much, more. Target audience is Medical Readiness Officers and Medical Readiness NCOs. Due to the nature of the course, we are only able to offer 25 seats for ANG and 25 seats for AFRC. Because of the limited spaces, we need to make sure the members interested will truly benefit from attending. Classified discussions and material will be covered, so you must have a current SECRET security clearance.

The March 2020 class is full, the next class hosted by ANG will be at Joint Base Andrews, MD, in fall 2020. For more information on the fall 2020 class, please contact the ANG POC, MSgt Sara Butcher, DSN 612-8246, Commercial 240-612-8246, email sara.e.butcher2.mil@mail.mil.

Unit Type Code (UTC) for Life Assignment Initiative

This initiative is N/A to the ANG and AFRC (ARC) and is for your situational awareness only. UTC for life is a program that Lt General Hogg, the AF Surgeon General, established back in August 2019. The purpose of the program is to continually enhance the readiness of the AF medical forces available to respond to Combatant Commander's requirements. Target UTCs are the Critical Care Aeromedical Transport Teams (CCATT), UTC FFCCT and the Ground Surgical Teams, UTC FFGST. This initiative may expand to other UTCs and AFSCs in the future. Key point is once you have been trained on either team, you must remain trained throughout your AF career, even if you are no longer on that UTC or your unit no longer maintains that UTC. **This initiative is N/A to the ANG and AFRC. Again this information only and N/A to the ARC.**

Transformation 3.0 Update (UMD's)

With Unit Type Code (UTC)/Unit Manpower (UMD) Transformation 3.0 we have increased our T10 war trace by 300%, the ADAF is now counting on us to recruit and train our forces to execute the mission. To ensure we are “Getting to Readiness” and fulfilling our UTC requirements we will be sending out a letter to the field explaining our UTC expectations. We see this as five phases:

Phase I – March 2019, the approval of FY20 ANGMS UTC Transformation 3.0 Plan was sent to the State Air Surgeons and Medical Group Commanders. (CLOSED)

Phase II – April 2020, Unit Manpower Documents (UMDs) are finalized and fully funded, ready for all positions to be filled. New UTCs are visible in Medical Readiness Decision Support System (MRDSS) but not reportable.

Phase III – October 2020, all UTCs are reportable in Defense Readiness Reporting System (DRRS), Air Expeditionary Force Reporting Tool (ART) and Air Force Input Tool (AF-IT).

Phase IV – October-December 2021, UTCs will be reviewed for viability except FFGK2 (Home station Support) and FFCRE (Med-Det). Non-viable UTCs are recommended for realignment to NGB/SG.

Phase V – October 2022, non-viable UTCs are realigned to new units.

After we have pushed the UTC expectation letter to the field, we will follow up with Quarterly TCONs and Heads Up reminders insuring all units are tracking with Air Force’s mandate of “Getting to Readiness.”

Realignment – 9G from FFGK2 to 9AFS3

All units will retain the 9AFS3 UTC so our 9G100 AFSC will remain in a Title 10 UTC. The 9G100 position on the FFGK2 will be removed and the total FFGK2 count will be reduced to 22. This will not impact overall UMD Authorizations, it keeps the 9G100 postured against a T10 mission.

Manager, Deployments and Global Health Engagements

MSgt Chad Wedekind (240) 612-7838; DSN: 612-7838
chad.e.wedekind.mil@mail.mil

Deployment updates

Over the last four years, beginning with Reserve Component Period (RCP) 1 in October 2018, we have steadily increased the number of lines we are buying and sourcing to the ANGMS. We are currently buying lines for RCPs 7/8, for calendar year 2022. Our goal is to provide deployment opportunities to all units during their deployment vulnerability period/window. If you have any deployment questions, please contact MSgt Chad Wedekind.

Manager, Force Readiness Reporting (FRR)

MSgt Sara Butcher (240) 612-8167; DSN: 612-8167

sara.e.butcher2.mil@mail.mil

sara.e.butcher2.mil@mail.smil.mil

Medical Readiness Decision Support System Unit-level Tracking and Reporting Application

(MRDSS ULTRA), is a medical database that is used by the active duty, AFRC and ANG medics. At the unit level, the system is designed to account for all unit training. It is imperative that information is updated monthly to show training progress. At the MAJCOM level, we use this information to see how ready our UTCs (personnel and equipment) are in order to validate if they can support our share of the USAF's medical taskings in the various war plans. At Headquarters Air Force (HAF)/SG), they use the information to see who is ready to go to war, UTC realignment and posturing future UTCs. When MRDSS is updated monthly, it allows both the MAJCOMs and HAF to make sound decisions based on current data. Please help us, help you, by maintaining MRDSS so it provides us an accurate picture of how the ANG Medical Service is "Getting to Readiness."

Org Email Boxes

NIPR: USAF JB A-NAFW NGB SG Mailbox SG Force Readiness Reporting

usaf.jbanafw.ngb-sg.mbx.sg-force-readiness-reporting@mail.mil

SIPR: USAF JB A-NAFW NGB SG Mailbox SG Force Readiness Reporting

usaf.jbanafw.ngb-sg.mbx.sg-force-readiness-reporting@mail.smil.mil

HRF/CERF POC

POC TSgt Patricia Medina (240) 612-8242; DSN: 612-8242

patricia.c.medina.mil@mail.mil

Updates

- **Reportable Training - T Level Changes**
 - o There will be major changes to both our AF-IT (Resource Readiness) and DRRS (Capability Readiness) reporting, specifically how our medical readiness training impacts those reports.
 - o Currently, only CAT 3 (UTC Training) directly effects our AF-IT reports or "C-Rating." The upcoming changes will roll in our CAT 1 (Clinical Skills) and CAT 2 (Readiness skills) and they will now be utilized to calculate our AF-IT "T" Level.
 - o It is expected to roll out sometime within 6-months to a year.
 - o As always, as the information becomes available, I will send it out to you.

- **AF-IT Secondary Training – CATM, SABC, CBRNE**
 - o Units **MUST** update the numbers based on the information on the report pulled from MRDSS (Reportable Training - Other).
 - o I pull a report from MRDSS and from AF-IT. The reports are put side by side to show what has been reported and what **SHOULD** have been reported.
 - o **5 units are still NOT reporting these numbers at all (I will be calling them).**
 - o **63 units appear to be inputting their own numbers. (numbers off by 5 or more)**

- If MRDSS is not showing “correct” information, then information is not being put into the system correctly.

For reporting POC changes, please send an email with the following information:

First, middle initial, last name

Phone number

Remove/add this individual

Insure your POC is always current within DRRS