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VIKING FLYER

For members of the 934th AG, Air Force Reserve, Minneapolis-St. Paul IAP ARS, Minn.

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* Indicates this month's contributors.

On the cover



Capt. (Dr.) Sharon Turovaara, 934th MedSq, serves as one of seven physicians here. For a special focus on both medical units, see pages 5-13.

(Photo by SSgt. Janet Byerly)



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Commentary

Beyond the SAV

Our challenge is winning that top score we deserve

by Col. Michael Gjede,
934th group commander

The dress rehearsal is over. It's now time to do the final preparations for the main event--the August Quality Air Force Assessment.

The results of the Staff Assistance Visit were good. All the feedback I received, both from team members and the team chief, indicated that the 934th was very serious in both the preparation for the SAV and the inspection to follow.

In general, the team found us to be in good shape. They found our folks open and honest with the team -- ready to accept criticism and new ways to improve in their individual areas.

Although we probably would have landed a good, solid score had this been a graded visit, you know, I know and the SAV team knows that a "good, solid score" isn't our goal. That's why they were here. I know we meet the grade, even on a bad day. I also know that everybody would be disappointed with just meeting the grade. We're much better than that.



Gjede

So now we've been given a roadmap on how to achieve our goal of the top score. It's now time to dig in and start fine-tuning our programs to reach that goal. It requires everybody's diligent effort. We must all pay attention to our programs and scrutinize everything we do.

To attain our goal of that top grade requires lots of hard work, but I know the 934th deserves that grade, and I know we won't be satisfied with anything less. □

Protecting Reserve as 'priceless asset'

by Maj. Gen. John Clossner,
commander, Air Force Reserve

Air Force Reserve commanders attending the mid-winter conference in Washington heard encouraging words from Gen. Merrill McPeak.

The Air Force chief of staff had much good to say about the role and value of the

Reserve. He called the Reserve a "priceless asset" that must be protected. As an example, McPeak noted the surge-value of our associate program to the airlift mission.

In the face of more and deeper defense department cuts, it's imperative we perform all missions as smartly -- and efficiently -- as possible. As McPeak told our commanders, protecting the cost-effective Air Force Reserve is critical. □

Briefs in blue . . .

F-16s over Bosnia

Two U.S. Air Force F-16s shot down four Galeb fixed-wing aircraft Feb. 28 that were violating the United Nations' "no-fly" zone over Bosnia. The F-16 pilots, with Operation Deny Flight, confronted six aircraft and issued two "land or be engaged" orders that were ignored. A U.N. resolution bans unauthorized flights by all aircraft over Bosnia-Herzegovina and authorizes all necessary measures to ensure compliance with the ban. (AFNS)

Newest aircraft

The Air Force accepted delivery of its newest aircraft, the T-3A Firefly, at a roll-out ceremony Feb. 25. The aircraft replaces the Cessna T-41 trainer as the primary screener aircraft used in specialized undergraduate pilot training.

The Air Force is buying 113 of the T-3As for training squadrons at Hondo, Texas, and the Air Force Academy in Colorado. (AFNS)

Smaller Reserve

The Air Force Reserve will have fewer positions and aircraft, but a greater portion of national defense responsibility under President Clinton's fiscal year 1995 defense budget.

The budget proposal calls for a reduction of 2,800 positions in the Selected Reserve from 81,500 in fiscal year 1994 to 78,706 in fiscal year 1995. It also recommends lowering the Reserve's total aircraft inventory by 46. It provides for a 1.6 percent pay hike for military and civilian people, and \$140 million in transition assistance for guardsmen and reservists affected by force reductions. (AFRESNS)

Transition assistance

The Air Force Reserve will help thousands of unit reservists facing possible involuntary transfer from the Selected Reserve because their positions are being eliminated.

Under the Reserve Transition Assistance Program, command officials hope to save cash and careers by offering new jobs and retraining to as many reservists as possible affected by force structure changes (see story on page 5). Reservists will be assisted in finding another position through priority placement. Reservists unable to be placed in a valid position will be transferred to the Standby Reserve with other transition assistance benefits.

Other benefits include three forms of pay available until Sept. 30, 1999: involuntary separation pay, early qualification for retired pay at age 60 and special separation pay. The 934th Military Personnel Flight has more specific information on available assistance. (AFRESNS)

Civilian pay garnishments

The Defense Finance and Accounting Service can now garnish civilian employees' pay to repay commercial debts. As of Feb. 3, public law requires the government to honor garnishment orders from state courts in addition to those already in effect for child support and alimony. The law also allows the Department of Defense to deduct money from military members' paychecks for commercial debts, as soon as regulations are issued. (AFNS)

Easter reflections

by Chaplain (Maj.) Charles Peters,
Protestant chaplain

"Praise be to God . . . ! In his great mercy he has given us new birth into a living hope through the resurrection of Jesus Christ from the dead." I Peter 1:3

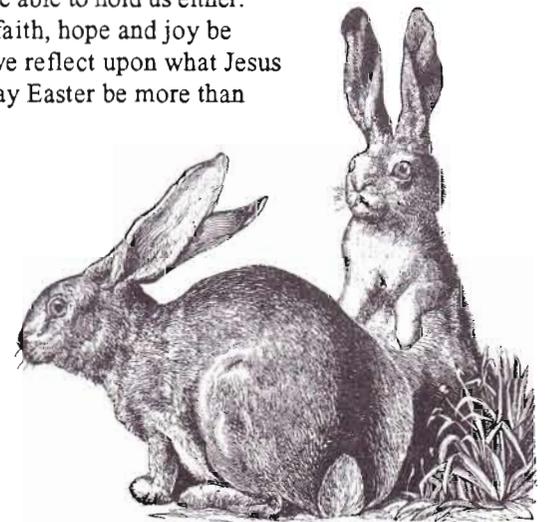
Easter is more than a time for vacation, get-togethers, candy and parades. It's a time to recall-- to revive the hope given through the resurrection of Christ.

It's because of the resurrection of Christ that we:

- ☛ See this life as only temporary and as a time to prepare for eternity,
- ☛ See death as a doorway or a passing from this earthly life to an eternal life, and
- ☛ See life after death as something to look forward to -- something worth living for.

Easter is a time of mixed emotions -- sadness and sorrow because Jesus went to the cross for our sins, and gladness and joy because death could not hold him, so our faith is not in vain. Since death couldn't hold Jesus, our faith in him says it won't be able to hold us either.

May our faith, hope and joy be rekindled as we reflect upon what Jesus did for us. May Easter be more than candy and social activities, but a time to be uplifted spiritually as the story of God's love is told and shown through the Easter event.



UTA schedule

April 9-10 (Mobility exercise)

May 14-15

June 4-5

July 30-31

Aug. 13-14 (Quality Air Force Assessment)

Sept. 10-11

Reserve force structure changes

Nearly two dozen units see action

The Air Force announced proposed force structure changes Feb. 28 affecting 22 Air Force Reserve units at 20 locations. The 934th Airlift Group has not been named in any of these changes.

Impact of those changes includes a possible loss of 3,300 reserve positions and 750 civilian positions. In the case of air reserve technicians, changes appear in both reserve and civilian authorizations. These manpower actions are to occur over an 18-month period.

The proposal inactivates one F-16 fighter group, the 906th Fighter Group at Wright-Patterson AFB, Ohio, and converts the flying squadron to C-141s. Additionally, the announcement reveals the inactivation of an A-10 fighter squadron at the 930th Operations Group, Grissom AFB, Ind. It also reduces the command's F-16 units to a standardized 15 aircraft per unit.

In C-130 action, transports will be cut by a total of eight from two locations. The 910th Airlift Group, Youngstown-Warren

Regional Airport ARS, Ohio, loses four C-130s and the 913th AG, Willow Grove ARS, Pa., also loses four. However, the 914th AG at Niagara Falls IAP ARS, N.Y., will have its remaining four C-130Es upgraded to C-130Hs.

In other proposed changes, some KC-135 units will lose one aircraft. Also, reductions in Air Mobility Command C-5s and C-141s, plus movement of KC-10s, also will affect personnel levels in associate units. (AFRESNS) □

Silver Flag: Civil engineers train as teams to conduct their wartime mission

by SrA. John Kline, 934th CES, and Cherle Huntington, public affairs

"During your stay at the Silver Flag Exercise Site, you will be living in tents . . . You will eat a combination of MREs [Meals, Ready to Eat] and hot meals." (Excerpt from predeployment information booklet)

Surviving -- and thriving -- in this scenario in January earned the 934th Civil Engineering Squadron the right to wave a "silver flag" of victory. The unit was one of the first in the Reserve to complete the new, semiannual Silver Flag Exercise. This five-day training, held in a tent camp site at Tyndall AFB, Fla., replaced Base Recovery After Attack (BRAAT) training.

"The purpose of the Silver Flag Exercise program is to equip a core group of people on each mobile Prime BEEF team with the skills they need to support air operations anytime, anywhere," said Lt. Col. Shumei Hwang, CES commander. "The core people will then

lead and train their teammates during contingency operations in Minneapolis. Silver Flag is essential to civil engineering readiness training, because many contingency tasks simply cannot be trained at home station."

The unit joined Reserve CESs from Hill AFB, Utah, and McClellan AFB, Calif., plus active-duty members for a total of 173 people commanded by Hwang. Members had to be "certified" in specific skills and knowledge related to their Air Force Specialty Codes. That certification becomes reportable as a measure of the squadron's combat readiness.

"It was imperative that the 934th not only participate, but do an excellent job in showing our capabilities," said Maj. Randall Hoschied, officer-in-charge of operations and maintenance for the squadron.

According to Hoschied, some members gained their first experience in their wartime duties such as damage assessment and plotting. "The program provided training for Prime BEEF personnel in the traditional engineering skills as well as fire fighting, disaster preparedness and explosive ordnance skills," he said.

In fact, the fire department, under direction of MSgt. Randy Polansky, set a record in a search and rescue operation. The team's rescue of three victims after only 2:32 minutes of a 10-minute time allowance set a new standard for future teams, according to Hwang.

"All personnel participated in the bed-down and base recovery exercises at the end of the training period," Hwang said. "Equipment operators repaired bomb-damaged runways; electricians installed generators; utility operators set up water purification units; structural specialists constructed shelter and cover; disaster preparedness assessed threats; and services prepared the meals.

"It takes all these specialties and more to support a contingency operation," he concluded, "and Silver Flag definitely was a means of improving the engineers' overall knowledge and skills." □



TSgt. David Sowers, 934th CES, performs at Silver Flag.

Photo by TSgt. David Nelson

Medical focus: Thriving amid change, challenges

by Cherle Huntington,
public affairs

Both 934th medical squadrons are hustling in reaction to recent mission changes resulting in 19 additional slots for each unit.

"It's no longer rumor or speculation," said **CMSgt. Bryant Tate**, air reserve technician with the 934th Medical Squadron.

That unit and the 47th Aeromedical Evacuation Squadron have started acting on new manning documents and plans received. For the medical squadron, changes include a new designation as an Aeromedical Patient Staging Squadron, or APSS.

Medical squadron pressures

Tate's unit will be taking the hardest hits in rank structure, along with the biggest increase in mission requirements.

"None of the training requirements have been removed, but a lot more have been added," Tate said.

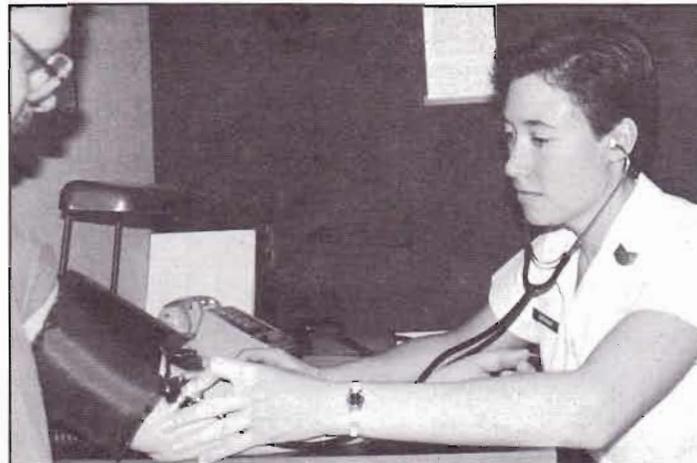
Though the change in the unit's mission is dramatic, it poses no surprises to members. According to Tate, their wartime mission now mirrors exactly what was done in Operation Desert Storm.

"Previous to Desert Storm, Reserve medical units were tasked as second echelon medical facilities," he said, "one step back from being an aid station, very close to the fighting. We would have been the first medical unit to receive casualties."

That turned out to be impractical, as both the Army and Navy also have that type of field hospital, according to Tate.

"In reality, the Reserve used air transportable hospitals and provided third echelon care, plus staffing Aeromedical Staging Facilities, or ASFs," he said. "True to that action, we'll now join one or more APSSs until we form a 250-bed staging facility. We'll be a totally-Reserve medical unit to make up wartime facilities."

In the reorganization, two functions were lost: military public health and bioenvironmental health. This resulted in the "loss" of its commander, **Col. DeWayne Walker**, a bioenvironmental health officer.



TSgt. Constance Gastonguay, 934th MedSq, assists with physical exams each UTA.

(Photo by SSgt. Janet Berty)

He currently serves as special assistant to **Col. John Rauenhorst**, the new commander.

The biggest change in the new manning documents, however, was rank structure, which cut many of the higher enlisted ranks.

"We'll be able to overgrade people in those positions for two years," Tate explained. "We've lost our upper ranks. For example, we now have three master sergeants and a technical sergeant in staff sergeant positions, just in administration." He added that the unit also has three registered nurses in staff sergeant slots.

"I'm concerned about retention 10 years down the road," he said.

And even though the unit works to meet the new wartime taskings (see page 10), they'll still have their peacetime mission -- physical exams.

Next door with the 'aeromed's'

For the aeromedical evacuation people next door, their changes were a different kind -- the kind welcomed with open arms.

"This is just what we needed," said 1st **Lt. Barbara Sullivan**, air reserve technician with the 47th. "We're really pleased."

Though both units gained slots, the aeromed's fared better in rank structure. One of the positions gained is for a full-time major flight nurse.

"We also picked up a chief master sergeant's slot and a first sergeant's slot," said Sullivan. "The most significant change is that we went from a five-person operations

support package which would have joined an aeromedical operations team to a full, 32-person, independent UTC [Unit Type Code]. We would actually go in, set up ourselves and be fully functional."

She added that the changes include addition of a full equipment package with communications equipment and radio operators. Though the number of authorized medical flight crews decreased from 12 to 10, the unit grew in the areas of supply, administration and communications.

"The operations mission is designed to work at aircraft hubs," Sullivan explained. "That's where there are collocated crews and aircraft." She added that the hub would most likely be intratheater in a bare base, tactical environment.

"Wherever there are troops out in the field, there will be a need for medical assistance," she said. "Whenever you see a hot spot on the news, there will be medical personnel helping to take care of the wounded."

Recruiting, construction

Sullivan and Tate said both units are working hard with recruiters to fill the new positions. Also, they're making plans for a major renovation to the medical building to accommodate increased manning.

Finally, though neither unit expects any nasty surprises at this stage, Sullivan summarized their feelings of concern -- and caution.

"We're just bracing ourselves for what's going to come in the mail next," she said. □

Training to save lives

by MSgt. Tim Turner,
public affairs

“**R**eserve and Guard aeromedical units currently handle 97 percent of all active duty aeromedical missions,” said Capt. Anne Jones, a flight nurse and assistant chief of standardization/evaluation for the 47th Aeromedical Evacuation Squadron. “When you’ve got a statistic like that staring you in the face, the 47th AES better know how to do its job. Fortunately, we do.”



(Photo by Mark Davidson)

MSgt. Kathryn Peters (left) and TSgt. Joseph Brinza configure a C-130 for aeromedical training. The aircraft can carry 74 litter patients, compared to 40 on the C-9 and 103 on the C-141.

Aeromedical evacuation demands extra training time, especially since reserve forces carry the biggest load

While the 47th AES has historically devoted many hours to training, Jones said the burden of having its members constantly mission-ready has intensified the last several years. On the average UTA, many of the squadron’s members work well past the UTA day, plus 10 to 20 additional hours each month training during the weekdays.

“The extra training we perform is a big commitment, but most of us take it in stride, because we believe in the unit’s mission,” explained Jones.

Jones indicated that most of this additional training takes the form of an AFTP, or Additional Flying Training Period. “An AFTP simulates an actual aeromedical evacuation mission, where our five-person medical crews -- two nurses and three aeromedical evacuation technicians -- prepare a C-130 for an emergency patient airlift and fly on a two- to three-hour local mission,” she said. “AES members volunteer to be ‘patients’ on the exercises, and we simulate actual combat injuries such as broken bones, and head and chest wounds.”

AES members are required to perform at least one AFTP per month, but according to Jones, most pull two, three or even four monthly AFTPs. “All AFTPs are performed on weeknights from about 5:30 to 11 p.m.,” she said. “That means on AFTP nights, most AES members are working a 14-hour day -- eight hours in their civilian job and another six hours here at the base. Needless to say, that’s a heck of a long day.” Jones added that in addition to monthly AFTP requirements, many unit members participate in several extended aeromedical missions annually, called cross-country AFTPs.

“These missions usually take about three days to complete so that our aeromedical members know what it’s like to airlift patients who are going to spend a long time in the aircraft,” she explained. “When we perform a cross-country AFTP, we usually fly to an Air Force base in California, Florida or Texas, which means that we’re in the plane treating our ‘patients’ for five or six hours at a stretch.”

Jones pointed out that the AES spends most of each UTA -- sometimes up to 90 percent -- on training. “This training includes refresher courses on CPR, first aid, aircraft evacuation procedures, proper loading and unloading of patients onto the aircraft, and a host of other requirements,” she explained. “Our mission is so broad and complex that we need this much training every month just to do our job properly.” □

Flying pains

For 'aeromedics', the demands of flying make it a family affair — including baby

by MSgt. Tim Turner,
public affairs

From time to time, most 934th members have trouble juggling a Reserve career with a civilian job and family needs.

It's likely that few feel that strain more than members of the 47th Aeromedical Evacuation Squadron, as most of them work an extra 10 to 20 hours monthly to fulfill training requirements.

Two of those members are **Capt. Cleo Bonham**, a flight nurse and officer-in-charge of aircrew training, and **TSgt. Joe Brinza**, an aeromedical evacuation technician and enlisted specialty training manager. In civilian life, Bonham is a nursing educator with Hennepin County Medical Center (HCMC). Brinza is a certified surgical technician, holding two part-time jobs plus working toward completing a degree as a physician's assistant.

For both, handling an almost full-time Reserve job is a challenge -- but it's a challenge well worth the effort. "I usually pull about two AFTPs [Additional Flying Training Periods] each month, which means

I get off my civilian job about 4:30 p.m., arrive at the 934th around 5 p.m., pull the AFTP and get home about midnight," Bonham explained.

"My husband Alan works the graveyard shift at the Ford Assembly Plant in St. Paul," Bonham continued, "and he's a student during the day at the University of Minnesota, so he sleeps in the evenings. On AFTP nights, I have to find a babysitter for my daughter, Julie, so that Alan can get his rest."

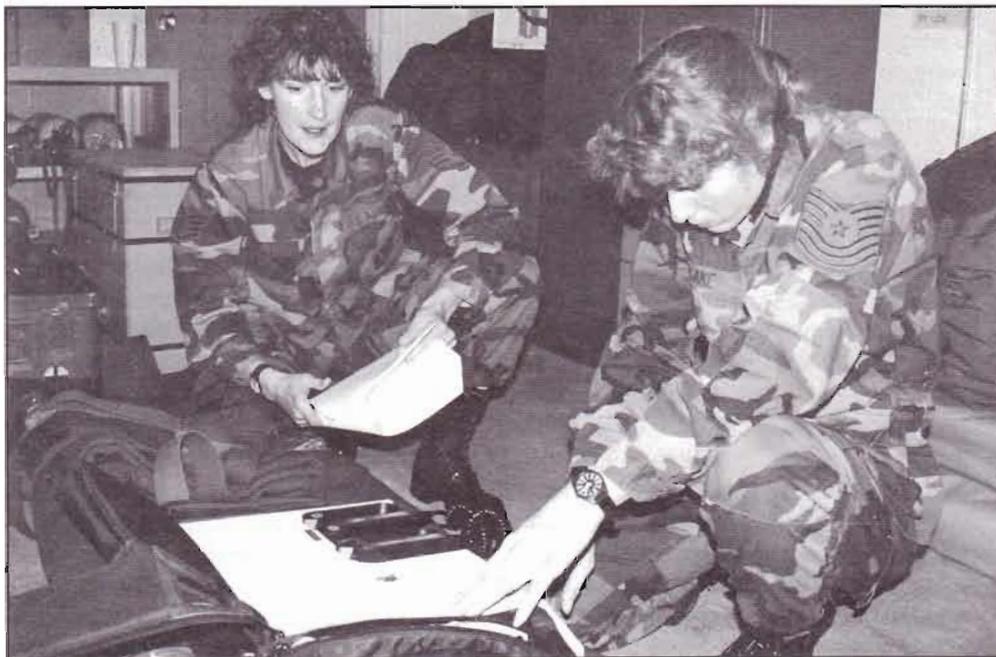
Brinza also pulls an average of two AFTPs each month. "I usually work until 3 p.m. at the hospital and arrive at the 934th around 3:15 p.m. for the AFTP," he said. "I live about 40 miles west of the Twin Cities in Maple Lake, so I normally don't get home after an AFTP until around midnight."

Brinza said that his wife, Diane, is fully supportive of his Reserve career. "Diana realizes that it's a priority for our family," he said. The couple has three young children: Elizabeth (4), Andrew (3) and Sarah (1).

While her family is equally supportive, Bonham admitted there have been times when being away from Alan and Julie on AFTP nights throws a monkey wrench into the "routine" of family life. "There have been times when I couldn't find a babysitter, which meant Alan had to miss his sleep to take care of Julie," she said. "Fortunately, that has only happened once or twice."

Bonham said the strain of putting in a 14-hour day on AFTP nights doesn't show until the next day. "During the AFTP, you don't have time to be tired, because you're too busy," she explained. "But when the alarm goes off at 5:30 the next morning, and I have to get Julie ready for daycare before getting to work at 7 a.m., I'd just as soon unplug the alarm and roll back to bed."

"The training is tough, and it's sometimes hard on my family and me," Bonham admitted. "But I've been a member of the 47th AES for 11 years, so I must be doing something I enjoy, or I would have left a long time ago." □



SSgt. Sandra Boneno (left), a Reserve aeromedical evacuation technician, and MSgt. Sharon Lake, an air reserve technician, make sure an in-flight medical kit is ready for action. The 47th carries a kit like this aboard the C-130 for patient care.

(Photo by SSgt. Janet Bjerby)

Grounded!

Rules for medical 'airworthiness' can clip those wings in a snap

by SrA. Shannon L. Armltage,
934th AG UPAR

“The main concern of the Air Force when grounding an individual is the safety of the individual, the aircrew and the airplane,” said CMSgt. Bryant Tate, 934th Medical Squadron.

Yet for many 934th flying personnel, being grounded means feeling lost, getting behind on training and wondering what comes next. They may even feel like they’ve let their unit down.

But according to Tate, there are many reasons for temporarily grounding an aircrew member. For instance, he said, one common reason for grounding female aircrew members is pregnancy. He said although a pregnant member is grounded immediately, the individual can request a waiver from the Headquarters Air Force Reserve Surgeon General, allowing them to fly up until the 24th week of pregnancy.

“Our main concern is the safety of the fetus and the mother,” Tate explained.

Another reason for grounding an individual is the use of medication. “What may be safe on the ground could cause some

real problems aboard a military aircraft,” Tate said, adding that the main concern of the flight surgeon is any adverse side effects caused by the medicine.

Any type of injury impairing a person is cause for grounding. “But being grounded doesn't mean an individual is disqualified from participating in non-flying duties,” Tate said. “The standards of fitness are more strict for flying personnel.”

For example, the chief explained that Air Force standards require all flying personnel with defective vision have it corrected to 20/20 vision. A civilian eye doctor may tell the individual he or she doesn't need glasses to read, but without 20/20 vision, the person can be grounded. Tate added that flying personnel who choose to wear contact lenses must purchase a type approved by the Air Force and follow specific guidelines.

Other problems that may seem minor on the ground but can become severe at high altitudes are sinus infections, head colds, ear infections and even dental cavities.

“The vast majority of our flying personnel are responsible enough to ground themselves when they feel their health could have an adverse affect on mission safety,” Tate said. □

No simulation



by MSgt. Tim Turner,
public affairs

The 47th Aeromedical Evacuation Squadron has started a unique training relationship with a Twin Cities-based medical response company.

The company, Life Link III, uses helicopters, aircraft and ambulances to transport rural Minnesota patients in need of emergency medical care to hospitals in urban areas throughout the state.

“Since January, seven AES members have accompanied Life Link personnel when they go on these medical missions, which originate at Life Link’s headquarters at Holman Field in downtown St. Paul,” explained SSgt. Dennis Gauthier, training manager for the 47th. Squadron members normally fulfill two days of annual tour requirements participating in these missions.

This special partnership response company has on the road to train in the real

“While our members regularly participate in simulated aeromedical evacuation flights and some Headquarters Air Force Reserve 'live patient' missions, most of them don't get a chance to take part in a real patient airlift or ground transport,” Gauthier continued. “Our new relationship with Life Link now allows us to do that.”

That relationship began this year, when the 47th was looking for additional training opportunities for its members. “I contacted Therese Stecher, director of Life Link’s

'Clinic-to-go'

Locked away in a dark garage, ready for shipment, this package does more than make a happy day when it arrives at its destination — it helps save lives

by Mark Davidson,
public affairs

One of the most mobile clinics in the Twin Cities is located here on the base, and in true mobility fashion, it's stored in a garage.

It's called the Air Transportable Clinic (ATC). The garage it's stored in belongs to the 934th Medical Squadron, although the ATC would be used by 96th Airlift Squadron people.

"The ATC has just enough basic medications and medical supplies to keep a deployed flying unit going for 30 days," said Capt. Darcee Copus-Sabart. The medical squadron's mobility officer in charge of keeping the ATC ready to go, she receives assistance from three other reservists.

"It's about 5,000 pounds of war readiness materials on a pallet which can be loaded on an aircraft," said Copus-Sabart. The 400 line items in the ATC are worth about \$37,000, she added.

"Some of the items in the ATC are antibiotics, over-the-counter medications, litters, splints, blankets and a tent," said Copus-Sabart. "Although the medical personnel wouldn't have enough equipment items to provide physicals or treatment beyond minor first aid, these items could help keep aircrew members well enough to fly until they were able to get to a medical treatment facility," she added.

"Approximately one-half of the items in the ATC are shelf-life items, which means you can't forget about them, even though they've been palletized," said Copus-Sabart. "These items constantly outdate and must be replaced." The outdated items are used for exercises or training, or they are rotated back to Grand Forks AFB, N.D.

The host base medical supply unit at Grand Forks sends the required medical supplies for the ATC to the 934th. "We're changing items every month in the ATC," said Copus-Sabart. □

on allowed

with an area medical
reservists in the air and
lifesaving mission that's
thing

clinical support services, and asked her if we could send some of our aeromedical members along to observe the Life Link personnel when they go on their medical missions," Gauthier recalled. "She said yes, without question."

Gauthier said the 47th's training with the company has primarily involved observing the techniques for transporting patients. At least two members, however, have actually helped out on a Life Link mission — Maj. Daniel Fredenburg and SSgt. Chris Knowles.

"The mission I went on involved airlifting a 65-year-old man who needed a kidney transplant from Park Rapids, Minn., to the University of Minnesota Hospital in Minneapolis," Fredenburg recounted. "During that mission, the Life Link team let me assess the patient's medical situation and also allowed me to offer my recommendations for treating the patient during transport. I really appreciated being asked for my opinion."

Knowles' hands-on training with Life Link involved ambulance transport of a newborn with medical problems from New Prague, Minn., to Minneapolis Children's Hospital. "The Life Link people let me hook the baby up to the various life support systems in the ambulance, which was something I had never done before," he said.

Gauthier indicated that Life Link has helped the 47th AES in other ways, too. "This February, several Life Link employees came out to the base for four days

and trained 10 of our squadron members on how to operate state-of-the-art medical equipment used in transporting patients," he said. "They even conducted a time management class for us," he noted. "The instruction was invaluable, and it also helped our unit members fulfill a lot of their annual training requirements."

While he admitted only a few members have worked with Life Link so far, Gauthier's goal is to eventually have all 70 train with the company. And from the Life Link response, that appears to be highly likely.

"Our relationship with the 47th has been a good example of a private employer and the military working together to accomplish the same mission," said the Life Link director, Stecher. "We have thoroughly enjoyed working with the unit so far and look forward to continuing the relationship in the future." □

Wartime medical roles

The 934th Medical Squadron faces dramatic mission changes

by SSgt. Larry Dean,
public affairs

Mission changes still taking shape will lead to the 934th Medical Squadron's new designation as an Aeromedical Patient Staging Squadron.

The unit will become a functioning, on-ground link in transporting casualties from battle sites to a final location for hospital treatment. Previously, the medical squadron provided people to staff only fixed-site medical facilities for emergency care.

"Desert Storm identified changes needed in our wartime roles and led to the reorganization we're going through in the medical squadron," said Lt. Col. Mary Kay Hanson, chief of nursing services. "Our wartime mission will now mean more than providing people; it could also mean setting up that staging facility.

"We'll provide equipment and more than 70 people for the 24-hour operation of a 100-bed aeromedical staging facility, a stopping point for

“Of the many lessons from Operation Desert Storm, we learned that standard medical unit configurations should be adjusted for regional conflicts. Many units previously tasked for a war in Europe are being converted to more flexible response packages. We also plan to . . . provide much-needed strengthening of aeromedical evacuation ground support.”

— Maj. Gen. John Closner, commander, Air Force Reserve
1993 testimony to Congress

patients enroute to a hospital stateside or at other locations deemed necessary," Hanson continued. "We'll provide support and emergency medical care for patients enroute to that hospital; for example, changing the dressings on wounds and making sure patients are fed."

The care they provide to the patients arriving at the staging facility includes protecting patients from the stresses of flight.

"There are elements we need to take into account when preparing them for transport to a hospital," Hanson said, "such as hypoxia [lack of oxygen at higher altitudes], barometric pres-

sure changes when flying, aircraft-related noise and vibration, thermal stress from temperature and humidity fluctuations on the aircraft, and the fatigue a patient's body experiences from flying for an extended period of time."

Hanson said the squadron members will be responsible for co-ordinating with both medical and aeromedical evacuation elements, and facilitating patient care and movement. These responsibilities also include ground transportation and specialized care needs, as well as the administrative preparations for flight.

"In the future, we could work from a tent," she said. "We now have our own air transportable clinic we can assemble at any specified site and work from it to get patients to a hospital."

Although the wartime role of the squadron is entering a metamorphosis of sorts, the peacetime mission of providing physical exams and immunizations remains the same. According to Hanson, these services would still be provided on base in the event of war by approximately 20 people slotted to meet those requirements.

"With the pending changes to our mission, our people also are learning the new acronyms and lingo used by aeromedical troops," Hanson said, "plus general aeromedical systems knowledge."

While the unit awaits the final details on mission changes, Hanson said they are forging ahead to stay ready to care for patients in the present, as well as in the future. □



(Photo by SSgt. Janet Bjerby)

Lt. Col. Mary Kay Hanson (right), MedSq, recently participated in a special task force in San Antonio, Texas, addressing far-reaching effects of the unit's conversion to an Aeromedical Patient Staging Squadron. Here she works with unit nurses in her position as chief of nursing services.

Physicals: Keeping tabs on 'health readiness'

by SSgt. Larry Dean,
public affairs

Keeping the 934th a healthy team ready for any contingency is the goal of the 934th Medical Squadron and their physical exam program. Squadron members perform full physicals, which take about a day to complete, and partial physicals, which take about half a day.

For a full physical, patients start by filling out the medical history forms and various other papers and then move to different checkpoints for tests:

- ✚ Height, weight and blood pressure;
- ✚ EKG (electrocardiograph) for members over age 35;

- ✚ Dental exams;
- ✚ Eye exam, ranging from reading the eye chart to a glaucoma check;
- ✚ X-rays;
- ✚ Lab tests of blood and urine;
- ✚ Hearing check; and
- ✚ Shot record review.

Following stops at all these checkpoints, patients stop in for a checkup with either a doctor or flight surgeon. Partial exams include everything but x-rays and lab tests, but both physicals can include full x-rays and a stop at the occupational health station. That would apply if the patient works around hazards such as dangerous materials, chemicals or loud work areas.

According to **TSgt. James King**, NCO in charge of physical exams, "Every member of the 934th gets a full physical every five years, and every three years for fliers. Fliers also get partial physicals annually.

"Flier physicals are more frequent because of the physical demands of their job," King continued. "Also, there are possible dangers to themselves and valuable Air Force equipment if judgment is impaired by any physical problems, even as basic as taking prescription drugs before flying."

When all the tests are complete reservists hopefully can leave with a clean bill of health -- or at least their worldwide duty status intact. □

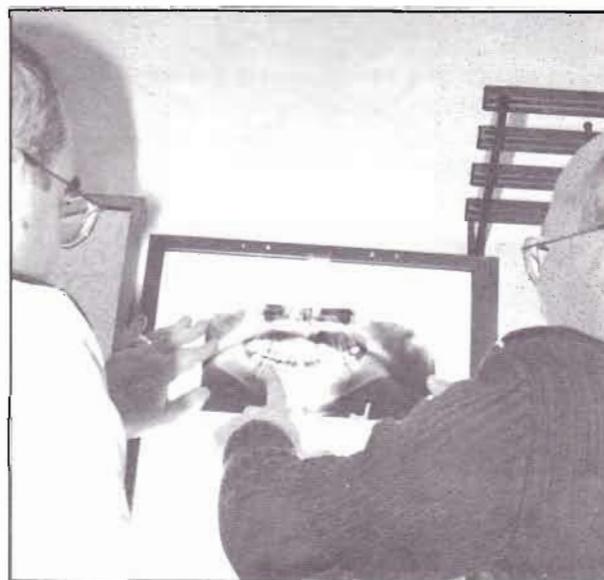
Shots-at-a-glance

While shots may not be very popular with reservists, immunizations are a necessary requirement for mobility and non-mobility forces alike. Providing shots is also one of the 934th Medical Squadron's most visible peacetime roles, along with physical exams.

The shot schedule below spells out the basic requirements. Military travelers may need additional shots, according to **Capt. Jerin McRath**, officer-in-charge of immunizations.

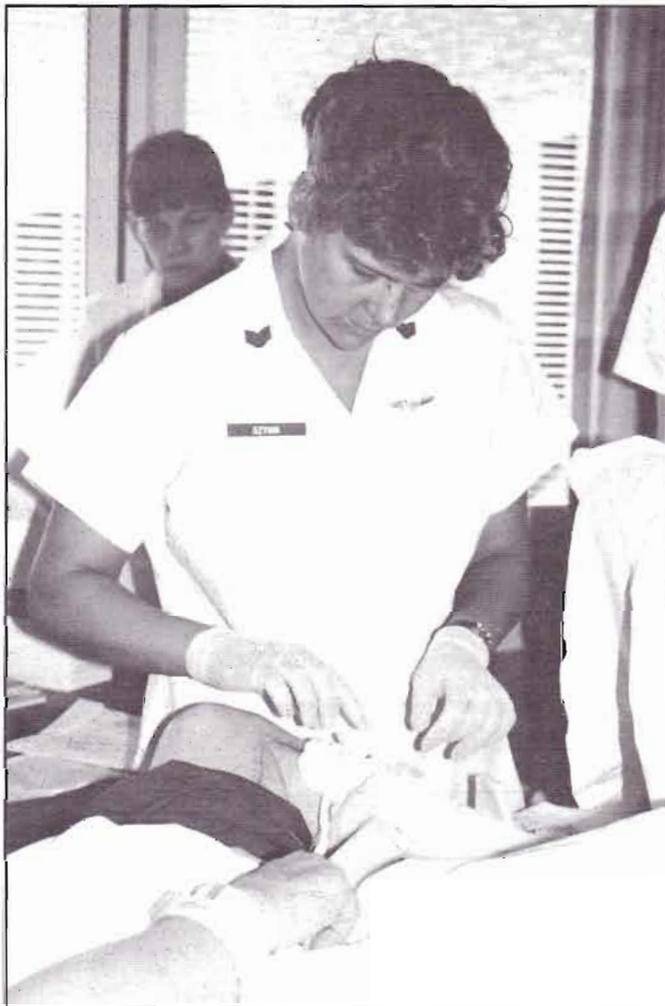
	Mobility Forces	Non-mobility
Yellow Fever	Every 10 years.	Not required.
Cholera	Upon deployment, if required. Good for six months.	Not required.
Typhoid	Basic series of two shots, booster every three years.	Basic series, no booster.
Tetanus/Diphtheria	Basic series of three shots, booster every 10 years.	Same as mobility forces.
Polio	Given only in Basic Military Training.	Given only in Basic Military Training.
Flu	One shot annually.	One shot annually.
Meningococcal	For those on flying status. Good for three years.	Not required.
Gamma Globulin	Upon deployment, if required. Good for three months.	Not required.

Same old 'grind'



Both Maj. (Dr.) Jorge Llambes (left) and Maj. (Dr.) James Schreiner find themselves heavily tasked each UTA as physical exams are conducted. As a civilian, Llambes is a physician with the Moose Lake (Minn.) Regional Treatment Center, and Schreiner is director of maxillofacial prosthodontics and prosthetics with the University of Minnesota School of Dentistry in Minneapolis.

Area hospital training



SSgt. Roxana Szymik, AES, checks a patient's bandages.



SSgt. Theresa Diamond-Powers, MedSq, and a patient discuss meal plans.

Special community program helps 934th medical people polish their skills

Once each quarter, 934th medical people offer their skills at the Veterans Affairs Medical Center (VAMC) in Minneapolis, in exchange for hands-on hospital work that they normally get only on annual tour.

“The VA Clinical Training Program allows our medical technicians to stay current on their hospital skills,” said 1st Lt. Gay Mundahl, officer-in-charge of clinical education for the 47th Aeromedical Evacuation Squadron. “We send four to eight medical technicians over to the VAMC once a quarter. They work together with the nurses at the VAMC.”

Members of the 934th Medical Squadron also train at the VAMC. □

(Photos by SSgt. Janet Bjerby)



SrA. Jared Roettjer (front) and TSgt. Anne Brost (back), AES, help brighten a patient's day.

On the civilian side

A wealth of medical experience becomes a valuable resource for the Reserve

by Mark Davidson,
public affairs

Do the reservists of the two medical squadrons also work in the medical field as civilians? Are there similarities between their military and civilian medical jobs?

These were just two of the questions we asked the 140 medical reservists assigned to the 934th. Three out of four of the respondents said they work in medical fields as civilians, and here's a sampling of what they see as the job similarities with their Reserve positions.

Maj. Lizabeth Erickson: Military, medical squadron assistant chief nurse; civilian, staff nurse for Lakeview Hospital in Stillwater, Minn. "Patient care and having the ultimate responsibility are the links between the two jobs."

MSgt. Paul Fischer: Military, medical squadron biomedical equipment maintenance technician; civilian, medical equipment repairer for the Veterans Affairs Medical Center in Minneapolis. "I take care of the unit's medical equipment, and at the VA, I repair ventilators and neurology equipment."

Capt. Mark Zollinger: Military, aeromedical evacuation flight nurse and flight nurse examiner; civilian, nursing supervisor at St. Mary's Hospital in Rochester, Minn. "In my civilian job, I provide guidance and direction to the nursing staff, while on the military side I evaluate readiness of unit members to perform the mission. Patient care links both jobs."

SrA. Angela Fuerst: Military, medical squadron dental technician; civilian, children's dental health technician at various Twin Cities sites. "I do radiographs on teeth in both of my jobs."

Maj. Daniel Fredenburg: Military, aeromedical evacuation flight nurse;

civilian, operating room staff nurse at the University of Minnesota hospital, Minneapolis. "The two similarities between my jobs are care giving to people in need of medical help, and helping to organize and work as a team to achieve our goals of helping people recover from medical problems."

SSgt. Roxana Szymik: Military, aeromedical evacuation medical technician; civilian, certified nursing assistant at Fairview Ridges Hospital in Burnsville, Minn. "Focusing on the team effort and serving the customer to their satisfaction and expectations are the links between my two jobs."

Lt. Col. (Dr.) Harvey Smith: Military, medical squadron flight surgeon; civilian, physician with Northland Family Physicians Ltd. in Duluth, Minn. "The medical practice and concern for public health are the links between both jobs."

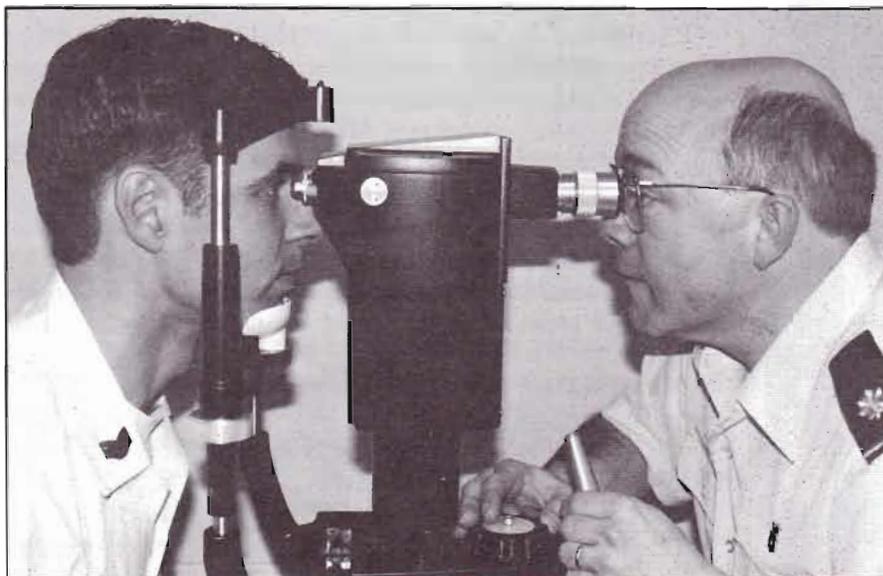
MSgt. Brandy Fulton: Military, medical dental technician; civilian, dental office manager for Metro Dental Care in Blaine, Minn. "Administrative accuracy and the concern for the patients' dental health needs are the similarities between my military and civilian jobs."

Maj. (Dr.) James Schreiner: Military, medical squadron dental officer; civilian, director of maxillofacial prosthodontias, prosthetics department, University of Minnesota School of Dentistry, Minneapolis. "Administration of both dental record programs is one similarity, and direct dental patient care is the other."

Lt. Col. Mary Hanson: Military, medical squadron chief of nursing service; civilian, staff nurse anesthetist at Fairview Southdale Hospital in Edina, Minn. "The application of patient care skills is the link between both the military and civilian jobs."

SSgt. Bill Steinke: Military, medical squadron medical records technician; civilian, hospital chaplain at the Hennepin County Medical Center in Minneapolis. "Working with people and maintaining records of contacts with clients are the similarities between both jobs." □

Eye to eye



Maj. Robert Emery (right), 934th MedSq, serves as the only staff optometrist, which means he has around 1,200 sets of eyeballs to take care of here.

Photo by SSgt. Janet Berth

Montgomery GI Bill: new benefits

Just when you thought you'd had all the school you could afford, a change in your benefits opens up the world of 'grad school'

Recent changes in the Montgomery GI Bill (MGIB) open opportunities for reservists to receive benefits for graduate-level studies.

All members who are currently eligible or who become eligible for educational assistance for post-graduate studies provided they have not exhausted their benefits. The 10-year period to use this benefit begins on the date eligibility was first established through receipt of a DD Form 2384 or 2384-1, Notice of Base Eligibility (NOBE).

In general, signing a new six-year contract guarantees eligibility for these benefits. For current members who signed a six-year contract before Oct. 1, 1990, are still serving on that contract and had their eligibility terminated due to receipt of a baccalaureate degree, may reestablish eligibility if they reenlist for six more years.

Additional guidance will be provided as soon as available. All members determined eligible and interested should immediately apply to the Department of Veterans Affairs for the benefits. However, while having the authority to approve post graduate study benefits, the VA does not yet have specific guidance to pay for the benefits.

The following questions and answers are provided to assist in understanding the new benefits:

Q: Will there be new eligibility criteria for members to meet?

A: Basic eligibility requirements for the MGIB for the Selected Reserve remain unchanged.

Q: Will this change require the use of any additional forms or documents?

A: No. Existing documents used in connection with the six-year obligation, and the Notice of Basic Eligibility will continue to be used.

Q: Will new NOBEs be required?

A: A NOBE will be required only in the case of member who never had eligibility before. A NOBE is only issued to a member one time.

Q: What if a member never received a NOBE?

A: An eligible member who never received a NOBE will be issued one bearing the eligibility date appropriate for his/her status.

Q: Will people currently in graduate school be able to start using these benefits for the remainder of their program?

A: Eligible members who are currently in graduate school may use the new benefits up to the allowable limit of 36 months and on approval by VA of their program of study.

Q: Are there any plans to extend the 10-year window so people can start using these new benefits?

A: No. A member's eligibility ends 10 years from the date he/she became eligible for the MGIB.

Q: Who will have to sign new contracts?

A: Members who have never signed a six-year enlistment contract must do so in order to be eligible for the program. Those who wish vocational-technical benefits and signed a contract prior to Oct. 1, 1990, may sign a new six-year contract to be eligible for vocational-technical benefits.

Q: Are benefits terminated when officers are involuntarily separated from the Selected Reserve due to promotion, deactivation, relocation or end of maximum tour length?

A: Benefits are terminated for all members who separate from the Selected Reserve whether voluntarily or involuntarily, unless the member was eligible on transfer or discharge for the Selected Reserve transition benefits. Individuals eligible for transition benefits maintain their eligibility for 10 years from date of initial eligibility. Individuals who are entitled to transition benefits who are not already eligible for the program upon transfer from the Selected Reserve will not be eligible for educational assistance for graduate programs.

Q: How do I get paid for the graduate school benefits, and how long will it take?

A: We have discussed this with representatives from the VA Central Office. Members should contact the VA coordinator at the school that they will be attending. The coordination will provide counseling on the VA-approved study programs available, including the rules governing full-time and half-time enrollments, and the required VA forms to be filled out. Normally, members can expect a check from the VA within 60 days after enrollment into an approved study program.

For additional information, contact the base training office at Ext. 5330. □

Reporting Incidents

Lt. Larry Wohlk, base crime prevention officer for the Department of Defense police force, reminded everyone of the importance of reporting any crime or incident occurring on the base.

"Security Police will fill out reports on any and all incidents, no matter how insignificant they seem," Wohlk said. "Those reports reflect trends in crimes and traffic accidents that may require changes in policies or traffic control."

Report any base crime or incident to Security Police, either in person or by phone.

For emergency situations, dial Ext. 5200; if routine, Ext. 5400.

Military Ball

Tickets are still available for the 934th Military Ball, Saturday, April 9, at the Embassy Suites, Bloomington, Minn. For \$27.50 each, the meal includes either chicken Kiev or beef Bordelaise, wine, a commemorative glass and music by a military combo. For more information, call SSgt. Bernadette Greene, Ext. 5328 (weekdays or UTA) or SMSgt. Jeanne Enebo, Ext. 5587 (UTA only).

NCO position

The 934th Education and Training Office will soon have an NCO position available. Interested individuals should be interested in counseling and helping reservists pursue educational goals. Ideal candidates would have some college education plus skills in effective communication, problem solving and organization.

For more details, contact 2nd Lt. Greg Rife, base education officer, or MSgt. Bradley Kimble at Ext. 5534 or 5330. □

Kudos

Promotions

SSgt. Kenneth Barela	MSF
SMSgt. Jerry Belle-Isle	CES
SSgt. Michael Bier	LSS
TSgt. Gary Dorr	AG
SSgt. Rickey Dunn	MS
SSgt. Eugene Eberhardt	AS
SMSgt. Jeanne Enebo	MedSq
Capt. Michael Erickson	AS
SSgt. Jodie Eversman	LSS
A1C Terri Floerchinger	SVS
SSgt. Jose Gonzales-Rocha	CES
A1C Annette Honebrink	MSF
TSgt. Elizabeth Johnson	LSS
SrA. Peter Klempay	SPS
SSgt. Todd Kopperud	AS
SSgt. Paul Long	CES
SSgt. Daniel McCune	AS
SrA. Shawn Moore	SPS
Capt. Gay Mundahl	AES
SSgt. Mark Nistler	MS
MSgt. Karen Patnaude	MSF
SSgt. Gregory Robinson	MS
SrA. Jesse Sutton	LSS

SSgt. Timothy Thompson	APS
SSgt. David Wagoner	LSS

Awards

Meritorious Service Medal	
Lt. Col. Curtis Breeding	OSF
Maj. Edward Connelly	MSF
Lt. Col. Robert Kermes	SPTG
Capt. Michael Maza	OSF
MSgt. Rebecca Ogden	AG
Lt. Col. Douglas Pederson	OSF

Air Force Achievement Medal	
SrA. Peter Alt	AS
SSgt. James Dolittle (2 OLC)	MSF

Newcomers

Sgt. Steven Allen	AS
SrA. Troy Johnson	CES
SrA. Shane Lohmann	AES
Capt. Craig Trammell	AS
TSgt. Beverly Woods	APS

Reenlistments

Sgt. Eugene Eberhardt	AS
SSgt. Shawn Ferrin	SVS

TSgt. Gregory Krajewski	CF
SSgt. David Kramer	LSS
SrA. Jeffrey Kraus	AS
SSgt. Mark Laren	APS
SSgt. Thomas Lohman	CES
SSgt. Paige Pietersen	SPS
SrA. Daniel McCune	AS
SSgt. William Novak	APS
SSgt. Mark Quinlan	APS
SSgt. Scott Redinger	AES
MSgt. David Ziesmer	APS

Retirements

Lt. Col. Richard Pavlasek, chief navigator for the 96th Airlift Squadron, retired Dec. 31, 1993, after more than 22 years of service. He joined the Air Force in 1967, serving two tours in Vietnam as a B-52 navigator. He also served four years at Headquarters Strategic Air Command, Offutt AFB, Neb., prior to joining the 934th in 1984. As a civilian, he is a principal systems analyst with Honeywell, Inc., in Minneapolis. He lives in Richfield, Minn., and has three children: Heather (24), Heidi (21) and Billy (13). □

Viking Victors: Steve Wickham



Honor: Elected president, American Federation of Government Employees Local 1997.
Previous experience: Four years as chief steward.
Position/unit: Heavy mobile equipment mechanic, 934th Transportation.
Hobbies: Tennis, skiing, remodeling, raising two sons.
Goals: "Communications, interest-based bargaining and partnership in Quality will be major contributing factors in creating and reinventing government -- and making the 934th the best."
Family: Wife, Julie; two sons, John (10) and Andrew (8); live in Richfield, Minn. □

Risking It all on DRUGS

Reservists dabbling in drugs put their careers on the line -- and once caught, they're out the door forever

Air Force reservists who use illegal drugs are gambling they won't get nabbed by the Air Force drug testing program. Chances are they will be caught.

"We have increasing demands on our people today and shrinking manpower authorizations to support the mission," said Maj. Gen. John Closner, chief of Air Force Reserve. "We keep only the best people in the Air Force Reserve and quickly eliminate those who can't meet Air Force requirements. Drug abusers don't meet the prerequisites to serve and pose a risk not only to themselves, but to the people and equipment around them."

"My message for them is clear," he said. "You use -- you lose."

In fiscal year 1993, the Air Force tested 6,816 reservists in the Selected Reserve, about 8 percent of the force. Seventy-nine reservists, just over 1 percent of those tested, turned up positive. They face disciplinary actions under the Uniformed Code of Military Justice or administrative discharge from the Reserve.

Careers down the drain

The 71 reservists caught in the AFRES Urinalysis Testing Program in 1992 traded years of military service for their drug use. A technical sergeant let his habit blow more than 19 years of service. A staff sergeant with 18 plus years did the same thing. A master sergeant and a technical sergeant both traded more than 16 years for their use of illegal drugs.

"Because reservists are usually only on duty for two days a month, it's sometimes difficult to establish when they

used drugs," said Maj. Donald McKinney, AFRES director of civil law at Robins AFB, Ga. "Simply, the fact they used illegal drugs and tested positive makes their conduct incompatible with military service, and therefore, subject to administrative discharge. Their presence in their unit detracts from the readiness of the unit and poses an unacceptable safety risk to the mission."

Risky business for reservists, ARTs

McKinney said air reserve technicians

who test positive for illegal drugs not only jeopardize their assignment in the Reserve but face possible loss of the civil service position as well.

Reservists who use drugs set themselves up for criminal civil charges, court

martial proceedings or Article 15 action if caught possessing, selling, distributing, buying or using drugs during a UTA or active-duty tour. The possible consequences of these actions could affect them the rest of their lives.

About 90 percent of the reservists tested for drug use are selected randomly. The rest are directed to take urine tests by their unit commander.

All test samples are sent to Department of Defense-certified laboratory at Brooks AFB, Texas. The tests follow rigid standards, according to MSgt. Dawnn Inge, human resources program manager in the Headquarters AFRES Directorate of Personnel at Robins AFB, Ga. The medical urine test program monitor seals the sample in front of the individual. The person then initials the label in front of the monitor

who tapes the specimen bottle with tamper-resistant tape before it is shipped to Brooks.

Most positive results are for marijuana, followed closely by cocaine, Inge said. Sometimes both drugs are found.

The Air Force can test for steroids, but usually these tests are commander-directed. "We also have a 'drug of the month' program," Inge said. "If law enforcement officials advise heroin or some other drug is selling big in that area that month, the unit can request testing for it."

All samples are given an initial immunoassay test which is able to determine how many nanograms per milliliter of a drug are present. Ninety-eight percent of samples tested are negative.

If a sample is determined to have drugs present through the immunoassay test, the lab conducts a second confirmation called a gas chromatography/mass spectrometry. This test is a foolproof confirmation which isolates and measures the quantity of a single drug or metabolite. The GC/MS test produces a fragmentation pattern that is like a "fingerprint" for that particular drug. (AFRESNS)

'My message for them is clear: You use -- you lose.'



SERVICES BRIEFS

Softball

Softball managers will be receiving summer softball schedules during the April UTA. Softball play begins in May. Call recreation services at Ext. 5316 for more information.

Herk Hustle 5K

The second annual "Herk Hustle" 5K Fun Run is set for the next UTA, Saturday, May 14, at 5 p.m. starting at the ballfields. The run is free, and all finishers receive a commemorative medal. All reservists, civilians, family members and retirees may participate. For entry forms, stop by recreation services, Bldg. 802.