



# PH Shop Talk

Volume 5, Issue 2

April-June 2004

## Pubs Corner

- AFPD 48-1, *The Aerospace Medicine Program* is in coordination
- AFI 48-101, *Aerospace Medical Operations* is being revised
- AFI 48-105, *Surveillance, Prevention, and Control of Communicable Diseases and Conditions of Public Health or Military Significance* is being coordinated for publication.
- AFI 48-123, *Medical Examinations and Standards* is being revised along with the AF Form 422, Physical Profile Serial Report.
- AFI 48-131, *Veterinary Services*, is being coordinated for publication (Joint Instruction).
- AFPAM 48-133, *Physical Examinations Techniques*, is being drafted for revision.
- AFI 10-246, *Food and Water Protection*, is in final coordination.
- AFI 48-XXX, *Deployment Health Program* is in draft.
- AFOSH STD 48-20, *Hearing Conservation Program*, is in coordination.

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## Changes in Merger Training

The formal training courses that were a critical portion of the transition during the 4N/4F/4E merger that occurred back in November 2002, will end at the end of this FY. All of the quotas for the remaining courses have been provided to the MAJCOMS and the seats have been allocated. We are almost two years into the merger and the focus for our training is set to change. The major

reason for the end to these classes is a lack of money to train the rest of our people (a small group). The main purpose to have these classes in the first place was to train a large majority of our people who then can train the rest at their base to bring all up to the appropriate level.

There are two missions covered by these bridge courses, medical standards and traditional Public Health programs (mostly community health management). A vast majority of those needing the Com-

munity Health Management bridge course received the training (less than 20 still needing the course) and there are still a significant number (over 40) who still need the medical standards training. However, due to financial reasons, the medical standards training needs to end (it was only planned for two years). USAFSAM has trained over 240 people on medical standards. This is about one fourth of our total number of

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## CBRNE Conference

The 2004 Air Force Chemical, Biological, Radiological, Nuclear and High Yield Explosive (CBRNE) Medical Defense Seminar was held 7-10 June at the Hilton Atlanta Hotel in downtown Atlanta, Georgia. A challenging agenda was presented which focused on key CBRNE issues confronting today's Air Force Medical Service. Last year's effort focused on the biological threat and was hugely successful. This year's focus

was on homeland security and seminar participation was extended to include Public Health, Bioenvironmental Engineering, Health Physicists and Medical Laboratory professionals.

This seminar was designed to be informative and practical. During the week, presentations covered current and future issues concerning CBRNE, as well as several training

sessions that brought members up-to-date on the latest programs and initiatives. As you are probably aware, Homeland Defense and CBRNE are some of today's most dynamic topics and new developments are occurring almost daily. Agenda included the following topics: Colonel Larry Barrett (IMA working for the

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## PH SNCO Council

One of the major issues that the Public Health Senior NCO Council has dealt with over the past few months is the Grade Reallocation Process which is part of the Career Progression Group process (CPG). The CPG process happens about every two years. MAJCOMS have a tendency to adapt positions to the needs of their missions. This means that if a particular MAJCOM needed more 4E0X1 personnel and the commander was willing to change the Air Force Specialty Code (AFSC) of a position from, for example a 4A0X1, then they would submit an Authorization Change Request or ACR. Most ACRs are handled within the MAJCOM and do not go up to the Air Staff level for approval. There are many ACRs that are processed over a two year period and the Unit Manpower Documents (UMDs) go through many changes over time. The CPG attempts to balance out those grades and "clean up" the mess that was created with the various ACRs that went through the system. Public law dictates that the USAF can only have 1% of its enlisted force at the grade of CMSgt or E-9 and 2% of its enlisted force at the grade of SMSgt or E-8. Some AFSCs require more SMSgts than others while some need more CMSgts.

The Air Force Medical Service has decided that we would fence off some CMSgts to ensure we had a CMSgt slot at each selected medical treatment facility (called the Group Superintendent initiative). Since CMSgts are earned by each AFSC and not by group superintendent functions, we (the AFMS) had to give up these chief authorizations "out of hide." Each AFSC had to pay its fair share into this initiative while ensuring that the very small career fields also can have a CMSgt (for career progression).

This year, however, CMSAF Murray has frozen any trades for CMSgt positions as the USAF is in the middle of a complete review of all chief positions AF wide. Therefore, the CPG process could not be used this time to trade CMSgt positions for Medical Group Supt slots. Some of the slots have been converted to 9G100 positions, but many have not converted from the earned AFSC

yet. The AFMS still will ensure that the Medical Group Supt initiative is worked, taken the required number off the top and will live by a number of fair share leftovers for each functional area. For 4E so far we have been given 7 CMSgt slots (with 6 more going to Medical Group Supt initiative); 31 SMSgt grades; 96 MSgts; 197 TSgts; 267 SSgts; 227 SrA; and 216 A1Cs. These grades were divided out by MAJCOM and sent to them for execution into the FY06 manpower laydown.

It is important to know where these resources are located. Your MAJCOM should be able to tell you how many of each grade your MAJCOM received for distribution. Since we have limited numbers of people in the grades of CMSgt, the Public Health Corporate Structure has developed a list of priorities for filling these positions: CMSgt Position Priorities for 2004 (from both the PH SNCO Council and the PH Corporate Board voting process):

1. HQ ACC
2. HQ AMC
3. HQ AETC (Currently at WHMC...when it moves to HQ AETC then it becomes the #3 priority)
4. HQ PACAF
5. HQ AFSOC
6. HQ AAFES
7. HQ DODMERB (Could possibly civilianize this position and if so we would move #8 up above fair share line)

### Fair Share Line

8. USAFSAM (HQ AFMC has expressed a desire to move this to HQ AFMC at Wright Patterson AFB)

### These remaining Positions are open to other AFSCs:

- HQ USAF Supt Aerospace Operations (Any traditional Team Aerospace AFSC – 4B, 4E, 4M, 4V)
- HQ AFSPC (CMEI)
- Tyndall AFB (Group Supt – 9G100)
- Spangdahlem AB (Group Supt – 9G100)
- McChord AFB (Group Supt—9G100)

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Department of Homeland Security) talked about Homeland Security and the Military. Mr. Gordon Fuller, FBI WMD Operations talked about the role of the FBI in Homeland Defense. Colonel Don Noah talked about the role of CDC in Homeland Defense. XOHC (Lt Col Heigh) covered the DoD role and USAF role in Homeland Defense. ILEXR (Lt Col Mark Pohlmeier) then expounded upon the USAF capabilities in this area. Colonel Arne Hasselquist AF/SGOP covered (for MG Kelley) the AFMS role, responsibility and way ahead in homeland defense. SGPX (Maj Linda Cashion) covered the policy and guidance in this area. There was a brief from NORTHCOM on the role NORTHCOM has in this area. Dobbins Chemical Biological Immediate Response Force (CBIRF) briefed their role in Homeland Defense. ACC (Col Jack Jeter) talked about MEFPAK (MAJCOM) Role in Homeland Defense or HLD.

Breakouts included: XONC Policy Update - *Lt Col Donna Hudson*; Management of Radiation Casualties - *Dr. Cindy Elmore*; Bioagent Id Review—*Dr. Elizabeth Macias*; High Yield Microbial Sampling Demonstration - Part 1 - *Battelle Corporation*; Future in Health Services Support (HSS) - *Maj Randy Smith*; BE Strategic Planning Update - *Col Michael Rusden*; USAF BioDefense Initiative - *Maj Carol Walters*; BEE Modernization—*Major Colby Adams*; BEE Vision: Garrison = Deployed - *Maj Darryl Sumrall*; DoD GUARDIAN Program - MAJCOM Breakout - *Maj Jim Poel*; Food Vulnerability Template Management - *Maj Jay Fuller*; Legal aspects of providing Military Assistance to Civil Authorities - *Mr. Robert Gonzales*; Health Risk Assessment Methodologies - *Ms. Hayley Hughes*; PE 28036, WMD ER Funding - MAJCOM - *Lt Col Nancy Boriack*; Biosurety - *Maj Carol Walters*; Sister Service Missions & Capabilities - *Maj Randy Smith*; PE 28036, WMD ER Funding - Base Level - *Lt Col Nancy Boriack*; OEH Exposure Assessments—*Major Lana Harvey*; Civil Engineering Readiness Operations - *SMSGt Fred Casale*; Counter Radiological Warfare Concept, Document - *Maj Dan*

*Caputo*; Use of Real-time PCR for Field Surveillance Testing - *Lt Col Debra Niemeyer*; High Yield Microbial Sampling Demonstration - Part I and part II - *Battelle Corporation*; BE Response Equipment Part 1 and part 2—*Concepts of Execution and Equilemtn Optimization*—*Major Jonathon Thomas and Major Bob Walton*. Eagle Flag Lessons Learned—*Major Kevin Culp*; USAF Radiological Assessment Team (AFRAT) capability - *Lt Col Scott Nicholson*; JMeWs/ GEMS/ ESSENCE - *Maj Jay Fuller*; AF Battlelab Update - *Maj Bill Barnes*; BE Strategic Planning Update - *Col Michael Rusden*; Future in Health Services Support (HSS) - *Maj Randy Smith*; AF Battle Lab update—*Major Bill Barnes*; DoD Laboratory Testing Resources - *Lt Col Debra Niemeyer*; *Capt C. Gagni*; *Dr. Elizabeth Macias*; The Capabilities Review and Risk Assessment (CRR) Process and Medical CBRNE Functional Area Working Group (FAWG) - A Perspective for MAJCOM Personnel - *Lt Col Richard McCoy*; From Farm to Fork; Food Production, How does BSE get into the food supply in the new millenium? - *Major Rob Gilmore*; Lab Proficiency Testing and Quality Assurance - *Maj Schoske*; *Capt C. Gagni*; and Electrochemi-luminescence (ECL) Analysis - *Lt Col Debra Niemeyer*.

Lessons Learned from Code Silver Training and Weapons of Mass Destruction Emergency Response (WMD-ER) Exercises—*Lt Col Richard McCoy*; Medical Defense Officer/Medical Intelligence Officer/Casualty Management Officer Role in HLD ( *Lt Col Fay*, *Major Sumrall* and a CMO physician); Update on Lab Response Network—*David Lyle* from the Centers for Disease Control and Prevention; Response to White Powder - *Lt Col Fay*, *Maj Sumrall*, *Lt Col Niemeyer*, *Lt Col Nicholson*; CBRN Sampling Procedures (Water, Air, Soil) - *Lt Col Fay*, *Maj Sumrall*, *Lt Col Niemeyer*, *Lt Col Nicholson*; and finally Food/Water Protection Program—*Lt Col Fay*, *Major Mukoda*.

Overall, a very valuable conference for all! We all look forward to next years conference.



USAF Public Health

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enlisted personnel. This bridge course training was only designed for 7 skill levels (TSgt and MSgts) and many of our SSgts and some of the SrA were trained...taking up many of the slots originally designed for.

There are other training opportunities that bases can take advantage of in lieu of the medical standards bridge courses. Other opportunities include the Advanced Force Health Management Course, (which is held twice each year with over 40 centrally funded quotas and 35 unfunded quotas held in September and March) and the distance learning tool which has been available at the USAFSAM web site for some time. Of course, the best training for medical standards is hands-on...learn by doing. Getting into the AF Instructions (AFI 48-123 primarily) and becoming very familiar with the standards and the rules associated with those standards. Another project being developed is the medical standards pathway. This pathway is designed to establish a Coalition with other Federal agencies who deal with medical standards (which is almost all other federal agencies).

This Coalition would identify any opportu-

nities for shared training and this group would strive to establish a set standard of training and certification for those who apply and work with medical standards within these federal agencies. This might bring about new training courses, either through distance learning (online or other venue) or in-resident courses (such as with the Federal Aviation Administration or FAA). This should raise the overall capability of those in the USAF Public Health field (as well as other AFSCs who deal with medical standards).

The training opportunities for Community Health areas are also diverse. One area is through hands-on training. Again, the best training includes actually working food safety programs, communicable disease investigations and educational interviews and performing medical entomology programs. Scheduling training sessions with the local Food and Drug Administration (FDA) or US Department of Agriculture (USDA) will also lend credibility to your mission capability. There will also be a pathway to certification with the Federal Food Safety Coalition with an FDA certification (now called Standardization and National Standardization). The USAF Public Health leadership is in the process of building these pathways that will improve our overall capability for the Public Health mission. It will take time to finish these pathways and to seize the training opportunities to meet our goals!

Please keep in mind that your enlisted promotion Specialty Knowledge Tests (SKT) questions are taken from your Career Development Courses (CDCs) and not from these bridge courses. So there should be no impact to your promotion chances. Study your CDCs and PFE to get promoted!

## Final Thoughts...

The project to bring FDA Food Safety and Food Security training (web based) to 1,400 Public Health (AD and ARC personnel) is almost upon us. The money has been obligated and the contract is in the final review stages and should be awarded within the month of July. This means that the vast majority of our PH family will be taking approximately 27 FDA compliance officer courses over the next three years. MSgt

Keith Morgan is taking the lead on building a detailed marketing, communication and implementation plan that will explain how this new training initiative will be utilized by our people. We will still have to have the Utilization and Training Workshop (scheduled for Nov 04) decide which courses will be made mandatory for all enlisted members to take and when in their careers to take them. Colonel Courtney will decide which courses and when the officers will be required to take them. Most likely, we will begin the training with those who are coming up in a near AEF bucket. MSgt Morgan will work with the PH SNCO Council to finalize a plan before we get it implemented across the USAF. Stay tuned!