

# Team Aerospace Gazette

## (TAG)

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**USAF/SGOP  
TEAM AEROSPACE**  
DSN: 297-

- Col Arne Hasselquist 4864
- Col Virginia Wereszynski 5503
- Lt Col Alan Dooley 5438
- Lt Col Cheryl Gregario 5655
- Lt Col (S) David Duque 5345
- CMSgt Jeff Strout 5424
- (S)MSgt Ken Beaulieu 4902
- Diane Waller 5376

**AFMSA/SGP**

- Col Charles Fisher 4200
- Col (S) Michaud 4200
- Col Rusden 4314
- Col Woodward 4268
- Col Richardson 4195
- Col (S) Courtney 4331

**SPECIAL  
Points of Interest:**

- ASMA coming 2-6 May 2004 in Anchorage, Alaska

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## A Successful TAOS-2004

The Team Aerospace Operational Solutions Course (TAOS) was held at the USAF School of Aerospace Medicine on March 1-5, 2004. This year we had a special guest student, Major General James Roudebush, the USAF Deputy Surgeon General.

There were more than 400 members of Team Aerospace from bases all over the world who attended the more than 100 presentations provided by the various experts in Aerospace Medicine related fields. Reporter Steve Van Wert (A Discovery Staff Writer...Brooks City Base Newspaper) quoted the course coordinator and dubbed King of TAOS, Major Dana Daneas saying, "This annual course is an outstanding oppor-

tunity for our people to hear the experts speak on recent trends



in aerospace medicine, get up-to-date with new technology and witness our leaders' visions." Maj. Dane did an outstanding job pulling this course (actually several separate courses) together as one seamless entity. Those who attended can take this critical information back to those who could not attend. This year's course was one of the best held to date.

One tradition at this course is to present the

USAF winner of the Team Aerospace Award. Major General Roudebush presented this award to the 92nd Aeromedical-Dental Squadron from Fair-

child AFB, Washington. The team members present at TAOS to accept this award from the 92nd are (pictured above courtesy of the Discovery Newspaper and the SG Newswire), from right to left, Lt. Col. Brian P. Hayes, 92nd ADS commander; Senior Airman Jean Odothan, a public health apprentice; and Staff Sgt. Jeremy Brignac, noncommissioned officer-in-charge of the radiation protection element.

**Way to go Team Fair-child!**

# HQ USAF/SGOP — Aerospace Operations — Introductions

**Col Virginia Weresczinski:** Chief Global Medical Operations Policy for AF/SGOP.

**Lt Col Alan Dooley:** Lt Col Dooley is the Chief of Environmental, Safety and Occupational Health Policy for AF/SGOP.

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## Air Force Medical Support Agency (AFMSA) - Aerospace Operations

### Radiation Protection Division:

**Lt Col Kali Mather,** Chief, Radiation Protection Division at AFMSA, Bolling AFB, D.C.

**Capt David Pugh,** Staff Health Physicist, Radiation Protection Division, AFMSA, Bolling AFB, D.C.

**Dr Ramachandra Bhat,** GS-14, Staff Health Physicist, Radiation Protection Division, AFMSA, Bolling AFB, D.C.

**Ms Vanessa Simmons,** Radioactive Materials Management Information System, RAMMIS database and permitting manager, Radiation Protection Division, AFMSA, Bolling AFB, D.C.

**Ms Cheryl Speed,** Veterans Inquiries Coordinator, Radiation Protection Division, AFMSA, Bolling AFB, D.C.

### Environmental Safety and Occupational Health Division

**Colonel Michael Rusden,** BSC Associate Corp Chief for Bioenvironmental Engineering and Chief, Environmental and Occupational Health Directorate at AFMSA.

**Major Timothy Mukoda** is a BEE Officer for AFMSA.

**Major Peter Breed** is a BEE Officer for AFMSA.

**Dr. Sardar Hassan** is a ATSDR Liaison Officer for AFMSA.

**Mr. Christopher Williams** is a Contractor for AFMSA.

### Operational Prevention Division at AFMSA:

**Colonel (S) William Courtney** (Division Deputy and Associate BSC Corp Chief for Public Health)

**Lt Col Dennis Fay** is the Chief of Public Health Operations for AFMSA.

**Major Mylene Huynh** is a Preventive Medicine Physician for AFMSA.

**Major Lisa Schmidt** is the Chief of Health Promotion for AFMSA.

**Major Maureen Harback** is the Deputy Chief of Health Promotion for AFMSA.

**MSgt (S) Keith Morgan** is the NCOIC, Operational Prevention Division for AFMSA.

**MS. Stacy Boulware** is the Administrative Assistant for Operational Prevention Division for AFMSA.

### Aerospace Medicine Division (Flight Medicine and Medical Standards):

**Colonel David Rhodes** is the Chief of Medical Standards for AFMSA.

**Colonel (S) Vincent Michaud** is the Chief, Aerospace Medicine Division for AFMSA.

**Colonel Susan Richardson** is the Chief, Aerospace Physiology for AFMSA.

**Mrs. Brenda Kearney** is a contractor working Physical Standards at AFMSA.

**Group Commander Brian Keatings** is an RAF Exchange Officer (Flight Surgeon) for AFMSA.

### Force Health Protection Division:

**Major Jacqueline Mudd** is the Chief, CBRNE Programs for AFMSA. Her previous assignments include: Pentagon from 2000 to 2002 and Bolling AFB from 2002 to present. She is married to Joseph Lee Mudd and they enjoy their daughter Monika (11 year old) and their Labrador Molly and two cats Tasha and Turk. She loves to spend time with her family as well as traveling and exercising. A quote she would like to share with us is, "One is always glad to be of service..."

# Cardiovascular Risk Assessment and Management (CRAM) Project

By Major Jill Feig (Brooks City Base)

The Population Health Support Division (AFMSA/SGOZ or "PHSD") at Brooks City-Base deployed the CRAM project in late 2003. The goal is to improve the recognition and care of ADAF at elevated risk for coronary heart disease (CHD). The project has three deliverables. The first is provider education on how to assess and manage CHD patients. The second is a tool kit that distills large quantities of clinical information into easy reach: "mini" clinical practice guidelines (CPGs) from nationally recognized medical expert groups, template SF 600 overprints, and flow diagrams. Finally, PHSD has been calculating the 10-year risk of developing CHD for all ADAF and sending it to the MTF Health Care Integrators quarterly, along with the actual risk factors that comprise the score. PHSD is working with AFMSA "North" to automate the 10-year risk in PIMR, and to provide color-coded alerts when the risk or the clinical values comprising the risk are abnormal. *MTF staff will no longer have to perform extensive chart or CHCS review!*

How does this impact Team Aerospace? The fitness AFI 40-501 states that the SGP is responsible for ensuring that patients who respond positively to CHD risk questions on their pre-exercise fitness questionnaires are properly evaluated and

managed (paragraph 2.16). These tools can assist you with such patients. We also hope that it will allow the providers to have more time with their patients and will compliment the annual PHA process. Finally, these non-mandatory tools are designed to provide general, good clinical care to all ADAF patients.

The tools of this project are not meant to be used for acute care; the calculation provides a patient's risk of developing CHD *in the next 10 years*. It is not meant for those who already have CHD. Also, the calculation does not include three other risk factors for CHD (family history of early MI, high abdominal circumference, and sedentary lifestyle). Your team will need to ask the patients about these three risks separately.

**PLEASE SHARE** the CRAM poster below with your **provider teams and SGP's**. If you would like a copy of the tool kit, would like to schedule an educational teleconference, or have any questions about the project, please contact **Maj Jill Feig, MD, MPH**, at (210) 536-4257, DSN 240-4257, or [jill.feig@brooks.af.mil](mailto:jill.feig@brooks.af.mil).



U.S. AIR FORCE

## Cardiovascular Risk Assessment & Management (CRAM) Project

Population Health Support Division (AFMSA/SGOZ), Brooks City-Base, TX

**Maj Jill C. Feig, USAF, MC, Team Leader** ([jill.feig@brooks.af.mil](mailto:jill.feig@brooks.af.mil), DSN 240-4257)

### Why CRAM?

- SGPs are **responsible**: ¶ 2.16 in AFI 40-501
- Five percent (5%) of ADAF have **Moderate** or **High** 10 yr CHD risk
- 2002 AHA/ACC consensus statement: comprehensive management of risk factors is recommended
- CHD Risk factors not being optimally managed in the US
- Hard to find the 5%! Lengthy chart review & hand calculate CHD risk

**Goal:** To improve the identification & management of asymptomatic ADAF with CHD risk throughout their careers

- Automated Data:**
- Action lists
  - Individual patient data
  - Calculated CHD risk



- CHD toolkits:**
- Mini-CPGs
  - Flow diagram
  - SF 600 overprint



- 1° Care Education:**
- Telecon/VTC
  - Site visit



CHD = Coronary Heart Disease



### Benefits of CRAM:

- Automated; less paper chase
- Proactive Prevention: vigorous PT test run may - sudden cardiac events
- Flow charts & mini-CPGs easy to use
- Optimizing prevention and care of CHD patients keeps "fit force"!

# PHYSIOLOGICAL SUPPORT – A UNIQUE “TEAM AEROSPACE” OPERATION



The 9<sup>th</sup> Physiological Support Squadron (PSPTS), located at Beale AFB, CA, plays a unique role in our nation's defense. The squadron, formerly known as the Physiological Support Division and now in its 50th year, is the single source of full pressure suit (FPS) operations and maintenance training for the Department of Defense. Its day-to-day mission is to support the U-2 high altitude reconnaissance mission.



**A1C Alyssa Hurt**

Also unique is the makeup of personnel in this, the largest Aerospace Physiology organization in the USAF. Currently commanded by a RAM very experienced in U-2 operations, supported by a staff of four physiologists and kept on-target by a U-2 pilot/rated physiologist (Director of Operations), the squadron's 120 enlisted Aerospace Physiology (4M0X1) and Aircrew Life Support (1T1X1) technicians are trained to the highest standards of expertise.



**SSgt Jeff Price**

Technicians perform all field and depot-level maintenance of the FPS and its subsystems, as well as provide comprehensive physiological support, to include pilot dress, aircraft integration and launch & recovery for high and low altitude reconnaissance training missions conducted at Beale.

These skilled technicians are also TDY more

than 9,000 man-days annually worldwide to numerous forward operating locations providing that same mission support for operational high altitude reconnaissance missions. At any given time, approximately 35% of the squadron will be on the road!



**A1C Michael Richardson**

A vital part of the squadron is the School of Aerospace Medicine Operating Location, co-located here. A crew of 8 enlisted instructors conduct all aspects of hands-on training; from initial FPS how-to, to in-depth supervisory skills needed to manage the forward operating detachments. But wait, there's more! 9 PSPTS is also the Southwestern Aerospace Physiology Regional Training Center. Their instructors annually deliver Original- and Refresher-phase physiology training to more than 1300 flyers, including the Federal



**SrA Chris Yarbrough**

Aviation Administration and NASA. They conduct the only high altitude physiology, egress, parachute, high-threat combat survival, and water survival courses in the DoD. Notched into the rugged foothills of the Northern California Sierras, the 9 PSPTS is poised at the pointy end of the spear of all combatant commanders!

PSPTS...“HOOK 'EM UP, GET 'EM HIGH!!”



**A1C Leah Barkley**

# Historical Flight



A small yet significant step in history was made recently at Whiteman AFB, Missouri. The USAF finally flew

a flight surgeon in the B-2! Col Richard Bachmann, Jr. along with Major Mike “Malibu” Jansen (pilot) flew the B-2 89-0128 "Spirit of Nebraska" on a 4.2 hour sortie, using all the B-2's cosmic gadgets. Col Bachmann re-

ported that they were able to strike all their simulated target sets, but that he was not as proficient as he would



like to be at running the systems. He hopes for further opportunities to improve. Pictured above is the pre-flight mission briefing. Below you will notice that he is a little off the taxi line...but hey, he got a chance to operate an aircraft that few get to fly. At the point in this picture he was still getting used to the handling of this large aircraft.

Col Bachmann’s family (wife Jeanette and daughter Sarah) were able to join in the arrival reception and



traditional soaking after his inaugural flight. However, they did give him adequate time to get his harness off before the Operations

Group Commander (Col Petrek) and his own daughter Sarah hosed him down. After his arrival and hosing down, he received his pilot number 315 (pictured above) from Major



“Malibu” Jansen.

Col Bachmann stated “clearly the aerospace medicine community has contributed a great deal to the combat power of this wing through our involvement with human performance and long duration flights. Gen Raaberg (BW/CC) and Col Petrek (OG/CC) are very supportive of aerospace medicine and are the reason this flight happened. Hopefully this will pave the way for the other flight surgeons here to have a similar opportunity, once their security clearances come through. In one way or another, all of you have helped to make this happen. I appreciate your leadership, guidance and friendship. Thanks for your support.”

Thanks for sharing this historical event with the rest of our Team Aerospace family!



# Guidance and Policy in the Pipeline...

The following is a list of guidance and policy directives that are either being worked on or have been revised:

- AFPD 48-1, The Aerospace Medicine Program is being revised
- 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 48-116, Food Safety Program was published 17 March 2004.
- 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).
- 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 draft coordination.
- AFI 44-157, Medical Evaluation Boards has been superseded by AFI 41-210, Patient Administration Functions

The following table shows the recent retention rates for the different enlisted specialties that are typically found within the Aerospace Medicine area. The 4A0X1 and 4N0X1 specialties are for the entire career field and not just those assigned to Aerospace Medicine jobs. It would be very difficult to separate these numbers out by job assignment. Some of the raw numbers of those eligible to reenlist are very small (such as the 4M Aerospace Physiology field where only 6 first term airmen were eligible and 3 enlisted and the 4V optometry field had 1 eligible and 1 reenlist) while the 4N and 4A fields were much larger (such as first term eligible for 4A = 49 and 4N=105).

