

Contact

Magazine for and about members of the 349th Air Mobility Wing
Vol. 16, No.3 March 1998

LET'S GET READY TO RUMBLE!

Rodeo '98

ORI CANCELLED

**82ND APS
BEST IN AMC**

VA RUMORS



Commander's

by Col. Gerald A. Black
Commander, 349th Air Mobility Wing

CORNER

PRACTICE MAKES PERFECT

Congratulations!
Your hard work has been recognized at the highest levels. General

Walter Kross, commander of Air Mobility Command, recently announced that Travis Air Force Base WILL NOT undergo an Operational Readiness Inspection as previously scheduled.

On March 13, Kross announced that the 349th and 60th Air Mobility Wings will not be inspected because of their superb performance during the Phoenix Scorpion, the U.S forces buildup in South-west Asia. The decision was based on fact that our (Travis) demonstrated performance fulfilled the requirements for an ORI. We will continue to hone our skills by participating in the scheduled CREs with particular emphasis on ATSO training. How this decision affects your group or squadron specifically is best determined by your respective group commander. I am very proud to say "Thanks for a job well done!" ➔



McIntosh

by Maj. Gen. Robert A. McIntosh
Commander, Air Force Reserve Command

SENDS

It is no secret Air Force Reserve Command is in a period of significant change. Many external and internal factors are causing us to re-evaluate almost every aspect of how we do business.

One area which causes us special concern is recruiting and retention of our pilot force. Normally, our pilot force is primarily built from a pool of military pilots who join the Air Force Reserve when their active-duty commitment is complete. Economic trends are developing now which may soon force us to adjust our recruiting and retention approach.

We chartered a rated officer management board at Air Force Reserve Command to review manning projections and establish pilot hiring requirements. Working in conjunction with Reserve recruiting, the

board will provide continuous oversight of rated manning as the command begins to actively recruit pilots. This initiative is not designed to replace local recruiting and retention programs, but to establish a focal point for a command-wide review of our overall manning levels. The board also will work to match active-duty applicants with specific units, maximizing the number of pilots we can place in flying positions. ➔



Front cover: Graphic illustration by Heide Couch, BVISC

Congratulations

18 February 1998

Dear General McIntosh

Congratulations to the citizen-airmen of the Air Force Reserve on 50 years of service to America. This golden anniversary celebrates a heritage of men and women putting aside jobs and families to serve their country when needed, a tradition going back to Lexington and Concord. From the Korean War to today's peacekeeping operations and humanitarian relief efforts, Air Force Reservists have served with distinction.

Looking to the 21st century, the Air Force will rely more on the unique talents, skills and dedication to duty that Reservists bring as we implement new technologies and respond to the challenges of being an expeditionary aerospace force. Air Force Reserve Command is regarded as the model for seamless integration of reserve components into a total force.

As you celebrate this anniversary throughout the year, you have the best wishes of our total Air Force team. I urge the command to strive for another half-century of excellence.

MICHAEL E. RYAN
General, USAF
Chief of Staff

C O N T A C T



349th Air Mobility Wing
Office of Public Affairs
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CONTACT MARCH 1998

“Short of
real-world
operations,
you can’t
get better
training”



No Glory

RESERVE TEAMS GEAR UP FOR THE BEST OF THE BEST
story by Staff Sgt. Steven O. Ontiveros

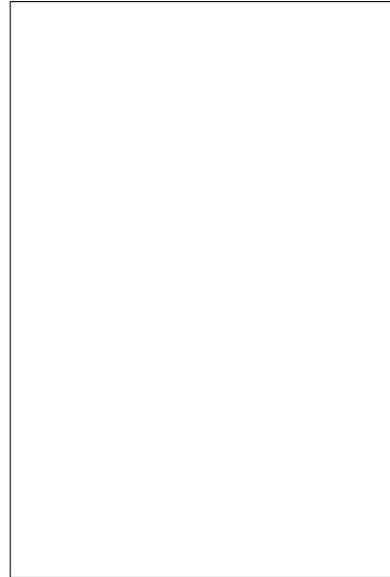
It's that time of the year again. Actually, it happens every other year, but the message is the same. It's time to practice loading and unloading aircraft, checking the engines, wrapping the lines, hauling the litters, running the obstacle course. It's time for Rodeo '98.

Every two years the Air Mobility Command has a competition to see who is the best of the best in AMC. Competitions include the aerial port squadrons' ability to load and offload cargo, the aeromedical squadrons' ability to ready a plane full of patients on litters, the security forces' ability to assess a hostile situation, and many other competitions to assess the entire range of the air mobility operations capabilities.

“Short of real world operations, you can’t get better training (than Rodeo),” said Gen. Robert L. Rutherford, commander in chief of U.S. Transportation Command and commander of Air Mobility Command. “Rodeo is about making the world’s best even better.”

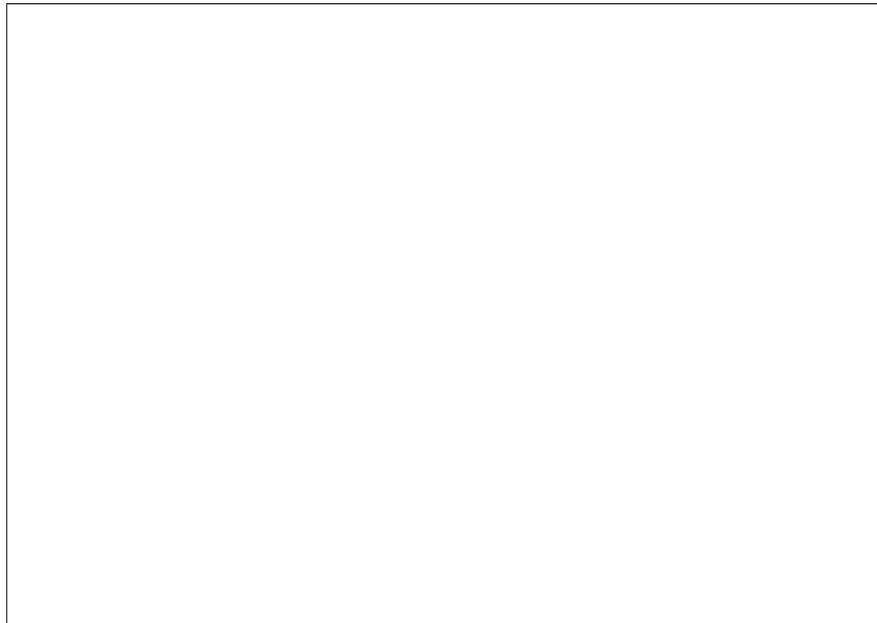
The competition is fierce and the professionals who participate are the best. But there can be only one. Last time, the 349th took home a record nine trophies. This year could be another record-breaking year. To learn more about the Rodeo competition, contact Lt.Col. George Visoskis at 424-5292.

We'll see you at McChord AFB in June. ✈



R O D E O ' 9 8

THE PREMIER BIENNIAL AIR MOBILITY COMPETITION IN THE WORLD — RODEO '98 — INVOLVING APPROXIMATELY 1,800 COMPETITORS, 68 AIRCRAFT, AND 600 STAFF MEMBERS IS TO BE HELD FOR THE THIRD TIME AT McCHORD AFB, WASH. BETWEEN 20 AND 26 JUNE. IT HAS COME A LONG WAY SINCE THE FIRST MILITARY AIR TRANSPORT SERVICE COMPUTED AIR RELEASE POINT RODEO IN 1961.



Fitting the square peg

CONTINGENCY HOSPITAL KEEPS ITS FOCUS IN A CHANGING WORLD

story by Technical Sgt. Marvin Meek

Today's Air Force medical readiness mission hardly resembles the one from Operation Desert Storm. The emphasis on winging the wounded back to the United States for treatment has made forward deploying medical units nearly extinct. But one Air Force Reserve Command unit has fought successfully for the right to remain on the team.

The 349th Contingency Hospital is made up of 350 specially trained men and women. Their primary wartime mission is to provide medical personnel to augment staff at third- or fourth-echelon contingency hospitals.

The 349th CH's mission is one of five medical activities in which AFRC is involved. Four of those—aeromedical evacuation, casualty staging, treatment units, and support of the existing stateside medical facilities—fit nicely into the Air Force's medical initiative. Not so with the 349th CH's mission of augmenting in-theater contingency hospitals.

"Our mission is sort of a dinosaur left over from the cold war. Our people are trained to deploy anywhere in the world and provide medical center-level care during a contingency. We typically deploy to one of three in-theater hospitals. Those facilities only open their doors when there's a military conflict," said Lt. Col. Robert C. Singler, chief, medical examinations, 349th CH.

At one time the Air Force had 20 contingency hospitals. Now there are only five, two of which are in AFRC. According to Singler, the 349th CH is the only reserve contingency hospital that operates detachments; Det. 1 at Fairchild Air Force Base, Wash., and Detachment 2 at Kirtland AFB, N.M.

Since 1991, the 349th CH has watched its resources shrink from a

staffed, all-reserve, operating room crew. By providing a full team, we ensure that the surgeon and patient receive the best service possible. The integration between the active-duty and reserve is completely seamless," said Singler.

Supporting humanitarian efforts is another way the unit hones its medical skills and answers real-world needs. The unit has deployed members to locations such as Honduras and Pine Ridge Reservation in South Dakota. Once there, they perform a variety of valuable services including immunizations, well-child care and diabetes screening.

Whether it's in the operating room at DGMC or a field clinic in a third-world country, 349th CH members hold to a high standard of commitment. This is the same standard held by both the civilian and military health care professionals. There is no distinction between active duty and reserve when it comes to the quality of care or medical skills.

“On UTAs, our people will come in as early as 5:30 a.m. and they will remain on duty until the last patient is cared for,” said Singler. “Also, aside from readiness training, the existing Occupational Safety and Health Administration requirements for operating a medical facility have become so overwhelming that we have to work overtime just to set up and operate the equipment at DGMC. We are required to be just as

"BY PROVIDING A FULL TEAM, WE ENSURE THAT THE SURGEON AND PATIENT RECEIVE THE BEST SERVICE POSSIBLE."

wartime high of 500 airmen during Desert Storm to its current 350. Unfortunately, the challenge of keeping its highly specialized unit combat ready hasn't lessened proportionately. As a result, on any given unit training assembly, 349th CH members are staffing virtually every work station in David Grant Medical Center, even the operating room.

"We're capable of providing the active-duty surgeons with a fully

CONTINUED ON PAGE 7

CONTINUED FROM PAGE 6

proficient with the facilities and the equipment as the active duty staff."

Although the 349th CH's mission seems to fly against the current doctrine, Singler feels there is definitely a place for contingency hospitals. "Providing medical-center-level services in-theater is expensive, but we don't have the platforms to just do aeromedical evacuation. For example, the workhorse of the aeromedical evacuation mission, the C-141, is going away. The C-5 is not equipped for aeromedical evacuation. Also, the nature of the injuries that troops sustain during contingencies suggests the need for contingency hospitals. As much as 80 percent of the injuries sustained in recent contingencies are of the non-battle-related variety. They're from burns, not from bombs," he said.

"I think it would be a mistake not to have us around," he added. ➔



DELINQUENT DPP ACCOUNTS ON RISE



ROBINS AIR FORCE BASE, Ga. – More than 800 current and former Air Force reservists, both enlisted and officers, are more than 60 days late in making payments to their Army and Air Force Exchange Service Deferred Payment Plan accounts. Some of these people have unpaid balances of more than \$1,000.

According to 1997 statistics provided by AAFES, this is a 40 percent increase over the previous year in the number of Air Force Reserve Command members failing to make required payments.

AAFES is taking steps to collect from people with overdue accounts and will use commercial collection agencies and the Internal Revenue Service, if necessary. Failure to meet personal financial obligations can have serious effects on a military career and can damage credit ratings, say command officials.

Since AAFES has to pay credit card companies a fee when its card is used to charge a purchase, the use of DPP saves AAFES money. These savings go toward supporting services' morale, welfare and recreation facilities, such as base gyms and hobby shops. In fiscal year 1996, the Air Force's MWR program received \$224 million. (AFRC News Service)

AAFES DPP Customer Service Center

Toll-Free number:

1-800-826-1317

www.aafes.com

RESERVE AERIAL PORTERS PROVE THEY'RE VIPs

ROBINS AIR FORCE BASE, Ga. - Two Air Force Reserve Command aerial port squadrons won Air Mobility Command transportation awards for 1997.

Competing against other Reserve and Air National Guard units, the 82nd Aerial Port Squadron, Travis Air Force base, Calif., earned AMC's Total Force ANG/AFRC aerial port award. On the other coast, the 70th Aerial Port Squadron, Homestead Air Reserve Station, Fla., hauled in the AMC-gained AFRC aerial port unit award.

Officials at Headquarters AMC, Scott Air Force Base, Ill., announced the award winners in February. (AFRC News Service)

OPS GROUP WINS 1997 AIR FORCE AWARDS

ROBINS AIR FORCE BASE, Ga. - The 349th Operations Group won the AFRC and Air Reserve Command special transportation activity award for its "Partners in the Port" program.

"Partners in the Port" increases productivity and training by allowing reservists to participate with the active duty during peak workloads through the week in UTA status. The awards will be presented June 1 at Scott AFB, Ill.

History of the Air Force Reserve



BRIEF HISTORY - PART 3 REBUILDING THE AIR FORCE RESERVE, 1952-1958

THE AIR FORCE RESERVE IN THE 1950s

The Air Force Reserve made significant contributions to the active force during the Korean War, but the reserve's wartime service decimated its ranks, disrupted its organization, and exposed structural and conceptual weaknesses. As a result, the Air Force spent several years after the war rebuilding its Reserve force and redefining the Reserve concept.

The Korean mobilization showed that individual reserve records were badly organized and out of date. On Nov. 1, 1953, the Air Force established the Air Reserve Records Center in Denver, Colo., to centralize and standardize Reserve record keeping. In 1965, to recognize its growing responsibility for a range of Reserve personnel and mobilization services, the Air Force established this organization as a separate operating agency and redesignated it the Air Reserve Personnel Center.

A long-range plan for the Air Reserve Forces (which included the Air National Guard and Air Force Reserve) implemented in FY 1953, called for an Air Force Reserve program that included fighter-bomber, troop carrier, tactical reconnaissance, and pilot training wings. In January 1955, the chief of staff of the Air Force established a mobilization requirement for 51 Air Reserve Forces wings, including 24 Air Force Reserve wings. By the end of FY 1955, the Air Force Reserve flying unit program consisted of 24 wings—13 troop

carrier, nine fighter-bomber, and two tactical bombardment. In 1956, the Air Force added the first Reserve air rescue squadron. The Reserve inventory in that year included C-119s, C-46s, F-80s, F-84s, F-86s, and SA-16s.

In addition to the flying units, the Air Force Reserve program of the mid-1950s provided training for non-flying units and individual Reservists. The individual mobilization augmentees (IMA) usually received active duty training with the organization they reported to upon mobilization. There were also a variety of programs that provided training to IMAs as well as individual Reservists who had no wartime assignment and who received no pay for the training time, although they accumulated credit toward retirement.

In 1954, the Air Force established the Air Reserve Center program by consolidating the Volunteer Air Reserve training units of the 1950 program with various other elements. At their peak in 1958, the centers trained more than 60,000 Reservists. During the 1950s, the Reserve non-flying unit program included aerial port, medical, airways and air communications squadrons as well as postal, censorship, maintenance, supply, engineering, communications, air depot, personnel processing, and security police units.

Between 1952 and 1955, Congress passed three laws that had a significant impact on the reserve program. The Armed Forces Reserve Act of 1952 standardized pay and training groups and established the Ready, Standby, and Retired mobilization categories; the Reserve Officers Personnel Act of 1954 established a permanent system of promotions for Reservists; the Reserve Forces Act of 1955 doubled the size of the Ready Reserve, imposed a Reserve-wide training obligation, and authorized the recruitment of personnel who had no prior military service. In January 1958, the Air Force implemented the Air Reserve Technician program under an agreement with the Civil Service Commission. The program provided a permanent cadre of civil service employees who were also key military personnel in the Air Force Reserve units.

Operational Activity During the 1950s

In the mid-1950s, Air Force Reserve flying units began to conduct peacetime missions for the Air Force. Normal peacetime troop carrier wing training generated airlift the

active force needed to help meet its own commitments. In 1956, Reserve troop carrier wings moved US Coast Guard equipment from New York to several sites in the Caribbean during Operation 16-Ton. In 1957, Reserve transport units began Operation Swift Lift, flying airlift missions in support of Tactical Air Command, and in 1958 they inaugurated Operation Ready Swap, transporting equipment between Air Material Command bases. They were also flying humanitarian airlift missions and dropping paratroopers for the Army.

Reorganization and Realignment

In 1957, the Air Force reduced the Air Force Reserve flying unit program to 45 troop carrier and five air rescue squadrons. The Air National Guard assumed the fighter mission when the Air Force found that Guard and Reserve fighter squadrons could not fulfill the air-to-air mission and that the Tactical Air Command could not absorb the fighters as an air-to-ground support force. These operational considerations, coupled with economies imposed by the Eisenhower administration, drove a reduction in the number of Reserve units.

A major reorganization of the Air Reserve Forces management structure occurred in 1960, when the gaining major commands assumed responsibility for supervising the training and inspecting of Air Force Reserve units. The Air Force also redirected the Reserve's individual training program. The reserve training centers gave up most of their instructional responsibilities in favor of a new program of support units and bases. Defense Department auditors did not share the enthusiasm of most of the Reservists involved, and eliminated the program by 1965. At the same time, Continental Air Command's numbered air forces were inactivated and replaced by Air Force Reserve regions. Reservists filled 85 of the 100 staff positions in each region, a concept that gave Reservists their first role in the management of Reserve programs above the unit level. ✈

*Courtesy of the Directorate of Historical Services,
Headquarters Air Force Reserve Command*

Anthrax vaccinations on hold for reservists

ROBINS AIR FORCE BASE, Ga. – The shot lines are forming for anthrax vaccinations, but reservists stateside don't have to queue up quite yet.

Secretary of Defense William S. Cohen announced March 3 his decision to vaccinate U.S. military personnel currently deployed to the Arabian Gulf region. While the vaccinations for deployed personnel are imminent, no date has been set for mandatory stateside vaccinations.

"The vast majority of our reservists can keep their shirt sleeves rolled down," said Brig. Gen. (Dr.) John Baldwin, command surgeon, Air Force Reserve Command. "The anthrax vaccination is joining the list of required vaccinations, but we don't have an implementation date yet. It looks like it will be late summer at least."

Anthrax is an infectious disease that normally afflicts animals, especially cattle and sheep. Anthrax spores can be produced in a dry form, stored and ground into particles. When inhaled by humans, these particles cause respiratory failure and death within a week.

"The threat of biological warfare is a constant risk," Baldwin explained. "Anthrax is of special concern because the early symptoms mimic cold and flu symptoms. It can be treated successfully only if antibiotics are given within 24 hours of exposure. If not treated in time, anthrax has a 99 percent death rate."

The vaccine is fully licensed by the Food and Drug Administration and has an excellent safety record. In the United States, it is used 400-500 times a year to vaccinate "at risk" workers such as veterinarians, laboratory workers and



livestock handlers. Starting in 1970, the U.S. Army inoculated 500-1,000 at-risk laboratory workers each year without serious complications.

Providing protection against anthrax presents a unique problem for Air Force Reserve Command because of the timing of the doses. The primary anthrax vaccination series consists of an initial dose and five additional doses given at two and four weeks, and then at six, 12, and 18 months. Protection levels increase as shots in the series are given, the entire six-shot series is required for full protection, as determined by the FDA.

"When the vaccinations are ordered for reservists, it's up to each wing commander to adjust unit training assembly, annual tour and special manday schedules to administer the doses," Baldwin said. "They can schedule back-to-back UTAs, split UTAs (Saturday one weekend, Sunday two weekends later), split annual tours, authorize mandays – or any combination to make sure reservists are inoculated within the schedule."

As additional force protection for people deploying into the theater, there are sufficient quantities of antibiotics already in place in the gulf region for post-exposure treatment according to Secretary Cohen's office. Other force health protection measure already in place include the Biological Integrated Detection System, the Air Base/Port Biological Detection, and the Interim Biological Agent Detector. Every service member also deploys with a full ensemble of personnel protective equipment. (AFRC News Service) ✈



VA TACKLES RUMOR ABOUT HEALTH-CARE



WASHINGTON, D.C. – In response to incorrect information distributed by others on the Internet, the Department of Veterans Affairs is clarifying recent changes regarding veterans' eligibility for health care.

The VA is required by law to establish an enrollment system for health-care services to be in place by Oct. 1, 1998.

While veterans must be enrolled to receive care, it does not mean that veterans who have not applied for enrollment by that date will lose their eligibility for VA health care. Vets can apply and be enrolled at the time they are in need of VA health care. Those who have received VA health-care services since Oct. 1, 1996, will have an application processed automatically on their behalf.

Applicants will be placed in one of seven enrollment priority groups specified by Congress. Based on the priority they are assigned, the number of other veterans requesting to be enrolled and the funds available for VA health care, the VA will determine how many veterans can be served. Veterans will be notified by mail beginning in late spring whether or not their application for enrollment has been accepted.

After Oct. 1, 1998, some veterans may still be treated without being enrolled. Veterans with service-connected disabilities may be treated for those disabilities, and vets who were discharged or released from active duty for a disability incurred or aggravated while on active duty may be treated for that disability within the first 12 months after their discharge.

Veterans who are classified as being service-disabled with a rating of 50 percent or greater will continue to be eligible for VA health-care services without making application for enrollment.

More information is available on

the VA's homepage – <http://www.va.gov> – or dialing the toll-free telephone number 1-800-827-1000. (AFRC News Service from a VA news release)

PAID PHYSICAL EXAMS



ROBINS AIR FORCE BASE, Ga. – Reservists who deployed to the Persian Gulf theater of operations and are experiencing medical problems they believe are related to the deployment may qualify to receive a physical examination at government expense.

The Comprehensive Clinical Evaluation Program for military members has been available since June 1994. Previously, the ability to recall reservists to active duty, with full pay and benefits, while participating in the program was limited. Reservists could arrange for a physical exam but at their own expense. However, a memorandum issued by the assistant secretary of defense for reserve affairs in October removed that restriction.

Members of reserve components are now authorized, if they choose, to volunteer for active duty to participate in the program. While on active duty, they are entitled to receive all pay and allowances.

Under the Comprehensive Clinical Evaluation Program, military members who have deployed to the Persian Gulf theater of operations since Jan. 17, 1991, the start of the Persian Gulf War, are eligible to receive a physical exam at a military medical facility. Reservists who want an exam or who have questions about their eligibility for the program may call the Department of Defense toll-free hot line at (800) 796-9699. Callers who qualify will be entered into the Persian Gulf veterans database and, depending on their preference, referred to a Department of Veterans Affairs or a DOD medical treatment facility.

People referred to a VA facility will undergo a Persian Gulf registry exam, which is comparable to the DOD Comprehensive Clinical Evaluation Program exam. However, they will not be placed on active-duty status.

Reservists referred to a DOD facility will be enrolled in the CCEP and contacted by a local military medical facility. They will be ordered to active duty to undergo an in-depth clinical evaluation in accordance with CCEP procedures.

Air Force Reserve Command will assume responsibility for all costs associated with its reservists entering the CCEP, to include full active-duty pay and allowances for dates on which medical evaluations are conducted. In addition, official travel at unit expense is authorized for exam appointments.

Reservists will only be ordered to active duty for CCEP appointments when suffering from a condition that is validated locally by the servicing Reserve military medical authority. Military medical records will be used to verify CCEP medical appointments. People who are not suffering from validated medical problems will not be allowed to participate in the program and, as a result, will not qualify for a physical exam at government expense.

Written orders to active duty are not required before an appointment but must be issued upon the completion of each medical appointment. (AFRC News Service from Citizen Airman magazine)

TRAVIS WON'T UNDERGO ORI



SCOTT AIR FORCE BASE, Ill. — Gen. Walter Kross, commander of Air Mobility Command, announced that Travis AFB, Calif., will not undergo an operational readiness inspection as previously scheduled.

The base's active-duty and Air Force Reserve Command wings and air

mobility operations group were to be inspected early this summer, according to AMC officials.

However, while attending the 60th Air Mobility Operations Group dining out at Travis on March 13, Kross announced that the unit along with the 60th and 349th Air Mobility Wings will not be inspected because of their performance during Phoenix Scorpion, the AMC portion of the U.S. forces build-up in Southwest Asia.

“The decision was based on the fact that they (Travis) had fulfilled their requirements for an ORI during Phoenix Scorpion,” said Brig. Gen. John Becker, AMC inspector general. “Because of the unit’s demonstrated performance in the fulfillment of the requirements, General Kross gave them ORI credit.”

AMC officials said that other units may also be given ORI credit for their performances during Phoenix Scorpion and other real-world operations. They said the announcement may come in late March.

(AFRC News Service from AMC News Service)

RESERVE OFFERS NCO LEADERSHIP COURSES



by Master Sgt. M. Gail Floyd
Air Force Reserve Command Public Affairs

ROBINS AIR FORCE BASE, Ga. (AFNS) — Air Force Reserve Command is targeting mid- and senior-level noncommissioned officers in an all-out effort to make them better supervisors and managers.

Retooling the two-week NCO Leadership Development Program and developing a two-day Senior NCO Leadership Training Course were steps the command took in strengthening the communicative and leadership skills of these dedicated citizen airmen.

Although neither are professional military education courses required by the command, both pay big dividends for the military and the civilian job sector. That’s how Chief Master Sgt. Carol Smits, AFRC senior enlisted adviser, views these courses. She believes in giving people the tools that help them perform at their maximum potential. She knows these courses foot the bill because she asked the people they affect the most — reservists.

“We’re not offering just another course to take,” Smits explains, “but something that’s going to benefit our reservists in their civilian workforce and their military jobs.”

NCOLDP provides junior and future NCOs with knowledge and hands-on experience they require stepping into supervisory roles and operating successfully within a total quality environment.

“I’m getting feedback from civilian employers who say their companies are already reaping the benefits, and they appreciate that we took the time to offer and encourage reservists to take AFRC courses. It’s a win-win for the student, for the commander, and for the Air Force Reserve Command.”

The NCOLDP, geared toward staff and technical sergeants, emphasizes management theories, leadership skills, time management, communication, counseling and stress management in the workplace.

When reservists complete the course, they are accredited with two semester hours of management toward a Community College of the Air Force degree.

Smits found that many reservists who attended the course went back to their units rejuvenated and motivated to put to practice what they had learned. But the flip side of the coin revealed these same people now have obtained new leadership skills training previously unavailable to senior NCOs. That’s when the senior NCO course was conceived.

The goal of the senior NCO leadership course is to enhance the leadership skills of senior NCOs through a complex series of team experiences, individual presentations and written exercises.

“Our staffs and techs look to senior leadership to be the brightest and the best. When that’s not the case, you have a breakdown in communication,” Smits said. “We’re now offering masters, seniors and chiefs an opportunity to participate in an exciting and innovative program, which will provide them with the required skills necessary to operate in today’s environment. You can’t look up to your ‘role model’ if that person isn’t able to perform what you expect of them.”

The senior NCO course is taught twice a year at Robins Air Force Base, Ga.; Lackland AFB, Texas; and March Air Reserve Base, Calif. The course isn’t meant to be basic leadership 101, but it does give senior NCOs a firmer foundation in which to lead.

There are three essential objectives critical to the successful completion of the course — communication, trust and teamwork, according to Chief Master Sgt. Steven Slachta, AFRC program manager.

“Each objective builds on the participants existing skills and abilities, and encourages the participants to strategically plan solutions to current AFRC issues,” Slachta said.

“I challenge our senior NCOs to step up to the plate if they want to be a part of this viable company (AFRC),” Smits said. “We’re moving forward briskly toward having a fully educated enlisted supervisory force that will lead us to the next millenium.”

For more information on these courses, contact Slachta at 1-800-223-1784 Ext. 70225.

(Courtesy of AFRC News Service)

News Flash

BILLETING NOW ON THE WING 800 NUMBER

Billeting can now be reached by pressing 0 at the main menu greeting at 1-800-453-8011. If you hear the main menu again it means that either the line was busy or they did not pick up by the fifth ring so keep trying.

Promotions

The following individuals were selected for promotion under the Promotion Enhancement Program (PEP) effective 1 Mar 98:

  
Charles Gower, 82 APS

  
Edward Caler, 82 APS
David Raymond, 312 AS

 
Thomas Bodem, 312 AS
Edward Chappell, 349 EMS
Benjamin J. Clary, 312 AS
Marylou Delatorre, 349 LG
David M. Lafferty, 301 AS
Timothy Nelson, 312 AS
James Youngblood, 70 ARS

 
Jerry L. Barker, 312 AS
Jamie B. Behl, 349 AGS
James V. Grant, 301 AS
John H. Green, 749 AGS
Derek Hartman, 749 AGS
Kevin Hendershott, 70 ARS
John R. Hottel, 749 AGS
Michael McMahon, 79 ARS
Johnnie Mitchell, 45 APS
Kenneth Ramsey, 349 EMS
Alexander Reynosa, 82 APS
Carlton Thompson, 749 AGS
Alejandro Varilla, 82 APS
Jamie Vasquez, 82 APS

  
James M. Boozer, Jr., 79 ARS

  
Edward W. Gloor, 349 MDS
Theresa A. Matusick, 349 CRS

 
Ruben A. Cabrera, 349 CES
Richard G. Fikani, Jr., 604 ASTF
Robert S. Jones, 349 CES
Ysela M. Lopez, 604 ASTF
Anthony C. Mendiola, 44 APS
Graziella T. Singleton, 604 ASTF

 
Jerome W. Allen, 82 APS
Kathleen E. Baker, 45 APS
Bernie G. Barron, 349 CES
Carl E. Brown Jr., 349 SFS
Caridad A. Brown, 82 APS
Romulo G. Difuntorum, 704 CES
Peter O. Fontanilla, 604 LSS
Dave S. Ham, 604 LGS
Robert L. Jones Jr., 349 CES
Timothy M. Jones, 79 ARS
Don W. King, Jr., 349 CRS
Raul G. Lamarca, 704 CES
George W. Lott Jr., 82 APS
Kimberly Meccariello, 349 MSS
Robert R. Narmore, 704 CES
Frank P. Peterson, 704 CES
Philip Presentation, 349 CRS
William C. Villa, 48 APS
Larry E. Wible, 82 APS
Franklin H. Yee, 349 CES



 
Neri D. Acosta, 312 AS
Edward P. Angle, 349 AMW
Michael J. Evans, 349 CES
Michael J. House, 749 AGS
Scott A. Milo, 82 APS
Donald P. Mora, 70 ARS
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