

THE CARGO COURIER

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Wing exercises Initial Response Hub



Photos by Maj. Dale Greer/KyANG

A loadmaster directs an all-terrain vehicle from the cargo bay of a Kentucky Air Guard C-130 and onto the flight line at Fort Campbell, Ky., during an earthquake-response exercise May 14.



Maj. Greg Schanding, civil engineering officer for the wing's 123rd Contingency Response Group, prepares a map of functional facilities near the flight line at Fort Campbell, Ky. Schanding and about 30 other Airmen assessed Campbell Army Airfield for simulated earthquake damage.

Kentucky unit responds to simulated earthquake

By Lt. Col. Kirk Hilbrecht
State Public Affairs Officer

FORT CAMPBELL, Ky. — More than 30 Kentucky Air Guardsmen and two C-130 aircraft from the 123rd Airlift Wing deployed May 14 to Fort Campbell, Ky., during a no-notice response to a notional 7.6-magnitude earthquake outside St. Louis.

Within three hours of a telephone recall initiated by Col. Warren Hurst, commander of the wing's Initial Response Hub, disaster-response personnel from the special tactics squadron, contingency response group, medical group, security forces, maintenance and public affairs were airborne to Western Kentucky.

Their purpose was to determine if Fort Campbell's airfield could support large-scale relief operations despite earthquake damage, report the findings to a broad range of federal agencies, and open the airfield for operations so supplies could be flown in and the wounded could be flown out.

The destination and mission both came as a surprise to the Kentucky Air Guardsmen, who had been expecting to deploy to Texas in response to a simulated hurricane, according to Col. Greg Nelson, commander of the 123rd Airlift Wing.

"We threw the team a curve ball," he said. "Initially our Airmen were planning and preparing for a notional hurricane in the Gulf of Mexico, as hurricane season is coming.

"At the last minute, we changed the entire mission and injected a New Madrid earthquake-response exercise, requiring the crews to create new flight plans and prepare for a completely different scenario. This is how real life and real disasters work."

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Consolidated Unit Inspection is just 24 days away

On April 20, I received a letter from Brig. Gen. Steven J. Arquette, the Air Mobility Command's inspector general. The letter was official notification of our upcoming Consolidated Unit Inspection.

General Arquette's letter explained how the CUI is comprised of multiple inspections, conducted simultaneously or in sequence during a specific period of time.

Our CUI will be conducted from May 17 to 24, 2013. That's just 24 Unit Training Assembly Days from now. Actually, that's 48 Individual Unit Training Periods, but only 12 Drill Weekends from today.

It will start with our Compliance Inspection (CI) form May 17 to 22. This is the wing-level component of the CUI, evaluating elements within every group, squadron, flight and unit in the 123rd Airlift Wing.

At the same time, the Air Force Inspection Agency surgeon general will evaluate our medical group compliance under the Health Services Inspection (HSI) guidelines from May 17 to 22; and the Air Mobility Command Operations Directorate will complete its Aircrew Standardization Evaluation (ASEV) with our Operations Group form May 17 to 24.

Also at the same time, the National Guard Bureau Logistics Directorate will evaluate our maintenance group, mission support group and logistics squadron during a Logistics Compliance Assessment Program (LCAP) from May 17 to 22. Lastly, the National Guard Bureau Operations Directorate will evaluate our operations group Airfield Management Program under the Airfield Operations Compliance Inspection (AOCI) from May 20 to 23.

Here's my question: Are we ready? Are



Col. Greg Nelson
123rd Airlift Wing Commander

you ready? Have you taken this year of improvement as an opportunity to evaluate all your programs for compliance with United States Air Force, Air Mobility Command and National Guard Bureau standards and direction? If you have, you are well on your way to enjoying our CUI next year. If not, it could be an uncomfortable experience for you, your fellow Airmen and your leadership.

Please take time this weekend to perform an initial readiness check. The easiest way to evaluate where you are today is to get out the checklist(s) and go through the requirements one by one. You should know today what checklists our visitors will use next May. They are published. If you don't have them in your

work area, ask your supervisor or commander. They can produce them immediately. If not, call me or Lt. Col. Robert Hamm, and we'll get them for you.

Colonel Hamm has taken the lead in organizing our compliance readiness using the MICT (Management Internal Control Toolset) Program. All groups, squadrons, flights and units in the 123rd Airlift Wing should be using MICT to consolidate the multitude of compliance requirements into an organized checklist.

We use checklists every day, either informally in our mind from the time we wake in the morning until we sleep at night, or formally in our profession of flying, maintaining or supporting our mission.

As a minimum, a checklist ensures we follow the proper series of steps to complete an action — without missing any critical components that could affect our safety or the safety of others.

I will add that checklists not only ensure you are compliant with USAF, AMC and NGB requirements and direction, but also lead to process improvement.

Bottom line for this month's message: Start getting ready today!

This is not a test you can cram for at the last minute and pass. This will be an evaluation of how we comply with all requirements and direction every day.

I have the utmost faith in every man and woman in the 123rd Airlift Wing. This will just be another opportunity to show AMC and NGB that we truly are the best!

Get ready for this inspection. Be ready today, and you will be ready next May.

The 123rd Airlift Wing stands ready!

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We welcome your feedback. Please contact the Public Affairs Office directly if you have suggestions for articles or photography. Publication deadline for submissions to the next issue is June 25. Our office is located in room 1160 of the Wing Headquarters Building.

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1,600 museums to waive admission for military members

WASHINGTON — Service members and their families will have free entry into more than 1,600 U.S. museums this summer through a joint venture between the National Endowment for the Arts and Blue Star Families.

It's the third year for the waivers, which were announced May 22. More than 300,000 service members and their families took part in the program last summer, said Rocco Landesman, chairman of the endowment.

Service members simply show up at a participating museum with their military identification cards. Spouses may visit without the service member, provided they show their ID cards.

Participating museums in Kentucky include the Eloise B. Houchens Center, Historic Rail Park & Train Museum, and the National Corvette Museum in Bowling Green; the Behringer-Crawford Museum in Covington; the McDowell House Museum in Danville; the Liberty Hall Historic Site in Frankfort; the Oldham County History Center in LaGrange; the Headley-Whitney Museum in Lexington; the Frazier History Museum, Historic Locust Grove, Louisville Science Center, Muhammad Ali Center and the Speed Art Museum in Louisville; the Kentucky Gateway Museum Center in Maysville; the Kentucky Folk Art Center in Morehead; the International Bluegrass Music Museum, Owensboro Museum of Fine Art, and Owensboro Museum of Science and History in Owensboro; the National Quilt Museum, River Discovery Center and Yeiser Art Center in Paducah; and the Hopewell Museum in Paris.

For a full listing of participating museums nationwide, visit bluestarmuseums.org.



Donna Miles/DoD

Lt. Col. David Worley, a Kentucky Air Guard critical-care nurse deployed to Ramstein Air Base, Germany, as part of a Critical Care Air Transport Team, checks on a critically ill patient during a C-17 Globemaster III flight to Joint Base Andrews, Md., April 29.

Air Guardsmen supporting critical-care airlift missions

Kentucky nurse among team members overseas

By Donna Miles
American Forces Press Service

RAMSTEIN AIR BASE, Germany — Minutes after takeoff here May 3, Air Force Col. (Dr.) Charles Chappuis jumped to his feet aboard a C-17 Globemaster III aircraft to check on Army Spc. Adam Castagna, one of three critical patients under his care being transported to the United States for advanced medical treatment.

Chappuis is the surgeon for a three-person Air National Guard air transport team deployed to Ramstein to treat critically wounded and ill patients flown from the combat theater.

Castagna was among 24 patients aboard the April 29 aeromedical evacuation flight to Joint Base Andrews, Md. Seven patients were in critical condition, requiring two critical-care teams — in this case, an Air National Guard team and an active duty team — to monitor them continually during

the eight-hour flight.

Eleven days earlier, 14 days shy of his 2nd Stryker Cavalry Regiment's redeployment to Vilseck, Germany, Castagna had been on a patrol in the Panjwai district of Afghanistan's Kandahar province. An enemy attack on his platoon, and the explosion that ensued, resulted in the wounding of his right eye and liver and ultimately cost 37-year-old Castagna his spleen, his younger brother, Mike, explained.

In past conflicts, patients with wounds as severe as Castagna's never could have been transported so early in their recovery. But the Critical Care Air Transport Teams have changed that, said Air Force Lt. Col. (Dr.) Raymond Fang, trauma director at Landstuhl Regional Medical Center in Germany.

The teams not only speed up the process of moving patients to increasingly more advanced care closer to their loved ones, but they also free up hospital space needed for newer battlefield casualties.

"We can't hold everybody at Bagram (Airfield in Afghanistan), and we can't hold

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IRH

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Once at Fort Campbell, the Airmen assessed runways for earthquake damage, evaluated air traffic routes, prepared for emergency evacuations, and established voice, data and video communications with the Federal Emergency Management Agency, U.S. Transportation Command, the National Guard Bureau and other government agencies, Hurst said.

Accompanying the Kentucky Air Guard were eight members of the civilian media, including Sean Moody from WKYT-TV in Lexington.

“It was an eye-opening experience,” Moody said. “I was amazed at how fast the 123rd packed up and flew out of Louisville, landed in Campbell and so quickly went to work on the airfield.”

The 123rd Airlift Wing Initial Response Hub is a unique air asset that draws on lessons learned during real-world relief missions in Haiti, Japan and Pakistan, and in the United States following Hurricane Katrina, Nelson said.

For example, it is the only team in the country in which all the assets needed to open an airfield are housed in one location with the aircraft required to deploy them. Such a centralized approach minimizes response time and maximizes operational capability.

“Only in Louisville have we put these capabilities together along with the C-130s to provide a rapid response to a disaster in our country,” Nelson said.

“We stand ready to do this mission when our nation needs us. We have proven we can do this mission.”

**KyANG photos
by Senior Airman
Maxwell Rechel**



Above: Maj. Bruce Bancroft, operations officer for the Kentucky Air National Guard's 123rd Contingency Response Group, uses a satellite phone to make voice contact with higher headquarters within minutes of arriving at Fort Campbell, Ky., in support of a no-notice earthquake-response exercise May 14. The Initial Response Hub deploys with a broad spectrum of communications capabilities, including secure data and live video.



Above: IRH team members board all-terrain vehicles to conduct an airfield assessment at Fort Campbell, where they will rapidly examine everything from the integrity of the runway to the status of power, water, aircraft fuel and support facilities such as hangars. Once the assessment is complete, a full report will be transmitted to multiple government agencies so officials can determine the kinds of airlift operations the facility will support.

Right: Airmen share their assessment findings with Col. Warren Hurst (right), IRH commander. The assessment was complete within two hours of the team's landing, and Guardsmen were standing by to open the ramp for incoming relief and aeromedical evacuation flights within about five hours of first being called to duty.



Left: Members of the Initial Response Hub unload an all-terrain forklift from their C-130 aircraft in preparation for establishing cargo operations at Campbell Army Airfield. The self-sustaining IRH team brings everything it needs to open a non-functional airfield, including power generation, communications, security, aircraft maintenance and air traffic control. No other unit in the U.S. military has the same breadth of capabilities housed in one unit, with the C-130 aircraft to permit immediate response.



Above: Col. Greg Nelson (second from left), commander of the 123rd Airlift Wing, consults with members of the unit's Initial Response Hub at Fort Campbell.



Above: Col. Warren Hurst uses a web camera to shoot video of ground conditions at Campbell Army Airfield. The video — broadcast live over the Internet — provided a common operating picture to higher headquarters and multiple governmental agencies like FEMA, the U.S. Transportation Command and the National Guard Bureau, enhancing situational awareness as officials worked to coordinate their response efforts across a broad range of capabilities.



Special tactics unit returns from Afghanistan

Kentucky Air Guardsmen deployed for six months to Enduring Freedom

Cargo Courier Staff Report

Scores of family, friends and coworkers packed the flight line here May 5 to show their appreciation for a dozen members of Kentucky's 123rd Special Tactics Squadron, all of whom were returning home from a six-month deployment to Afghanistan in support of Operation Enduring Freedom.

The Kentucky Airmen are assigned to the Air Force Special Operations Command and have played a key role in numerous U.S. special operations since 9/11.

The elite Airmen often work alongside other Special Forces such as Army Rangers and Navy SEALs. They may call in air strikes, control special operations aircraft, recover downed troops or collect mission-critical weather data.

"My primary job was to provide air-to-ground support as a liaison for special operations troops there on the ground," said Tech. Sgt. Harley Bobay, a combat controller in the 123rd Special Tactics Squadron.

"We train constantly to do our missions," he added. "We'll start training again in about a month."



Photos by Senior Airman Maxwell Rechel/KyANG

Friends and family members welcome home a dozen members of the Kentucky Air National Guard's 123rd Special Tactics Squadron here May 5. The Airmen spent six months in Afghanistan in support of Operation Enduring Freedom.

Nurse

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everybody until they are well at Landstuhl," Chappuis said. "We have to keep them moving, because there are more coming. And if we don't move them, then we reach our choke-point. So our goal is to progressively move them until they are back in the United States."

With every patient move, he said, the goal is to provide "not only first-class care, but a step up in the advancement of care."

The critical-care teams work closely with primary-care and trauma teams to ensure patients' movement through that continuum of care is as safe and smooth as possible. "We get them to as good as we can get them before they get on the aircraft" to minimize, and ideally, eliminate complications, Chappuis said.

With about 750 pounds of high-tech medical gear that essentially turns an aircraft into an airborne intensive-care unit, the teams ensure there's no lapse in care during transport.

"Our environment has been described as a flying ICU, and I think we provide the equivalent high-tech medicine that you would get if you were in an ICU in Washington, D.C.," Chappuis said. "We have all the drugs and all the equipment to monitor the patients. And I think the proof of that is our success rates are so good."

In January, the Air Guard readopted the Critical Care Air Transport Team mission, which it had phased out about six years ago, bringing welcomed support to active-duty and Air Force Reserve teams that had been conducting the mission, along with a wealth of civilian trauma-care experience.

Chappuis, for example, has 30 years of surgical experience under his belt. When not in uniform with the Louisiana Air National Guard, he works as a professor of clinical surgery at Louisiana State University School of Medicine and as chief of surgery at University Medical Center in Lafayette, La.

In addition to being a Kentucky Air Guardsman, Air Force Lt. Col. David Worley, the team's critical-care nurse, works in his civilian capacity as a cardiac catheterization lab nurse at a hospital in Louisville, Ky. Air Force Tech. Sgt. Chris Howard, from the North Carolina Air National Guard, works as a respiratory therapist for the team, and also as a civilian at Carolinas Medical Center Pineville near Charlotte, N.C.

"From a Guard standpoint, we bring a tremendous amount of experience from the civilian world," Chappuis said. "We do this

almost every day at home, and it brings a tremendous amount of medical experience to the fight."

Air Force Lt. Col. Kathleen Flarity, commander of aeromedical evacuation at Bagram, called incorporating the Air Guard into critical-care teams "a great idea." The biggest plus, she said, is the wealth of clinical experience the Guardsmen bring to the mission.

"They are phenomenal — really smart, talented people," she said.

Air Force Staff Sgt. Napoleon Gifford, an active-duty respiratory therapist with the 10th Expeditionary Aeromedical Evacuation Flight, said he's happy to work side by side with experienced Guard critical-care teams.

"It really helps, because they bring a lot of trauma experience from working at large trauma centers," said Gifford, a Douglas, Ga., native.

With a steady load of patients being transported from the combat theater to Landstuhl and on to Andrews, Fang welcomed the expanded pool of military professionals qualified to conduct critical-care air transport missions, noting that the number of people with their experience is limited, and the Guard broadens the pool of people qualified to serve on the teams.

Developing the clinic skills and abilities for critical-care transport teams takes years, Chappuis explained. Beyond the traditional critical-care skill sets, it requires about five weeks of highly specialized training.

The training culminates with a demanding two-week Center for Sustainment of Trauma and Readiness Skills, or C-STARS, training course at the University of Cincinnati in Ohio, where simulation that replicates realistic scenarios subjects trainees to the extreme rigors they'll face in critical-care transport.

"It is kind of like the 'Wizard of Oz,'" Chappuis said. "There is somebody in the back room controlling the computer and videotaping everything, and then there is another person in the room actually watching you. And you are graded every time you go through the simulation."

Successful completion of C-STARS is required before deploying for CCAT duty. "By the time you complete the course, you have demonstrated if you can cut it or not," Chappuis said. "If you don't make the cut at C-STARS, then you don't deploy."

While the teams are trained and equipped to treat the most severe medical complications in the most challenging in-flight situations, Fang said, the goal is to ensure a calm, controlled airborne experience.

"They are almost like the firemen," he said of the critical-care teams. "You want them on the plane if the patient has problems, but ideally, it is a standard ICU shift. And in most ICU shifts, you don't see people running around like crazy. You have it calm, and there is a plan, and you take care of the patient."

Mike Castagna praised the care the transport team and every other military medical professional has provided since his brother was wounded. "The care he has gotten every step of the way has been exceptional," he said. "It has far exceeded anything I have ever seen in a civilian hospital."

Castagna's movement through his continuum of care hasn't been without its roller-coaster moments. He received initial care at the Kandahar Airfield Hospital, then the Staff Sgt. Heath N. Craig Joint Theater Hospital at Bagram before making the seven-hour aeromedical evacuation flight to get treatment at Landstuhl. During that flight, one of Castagna's arteries burst, and a critical-care transport team immediately put him on life support, his brother said.

Castagna's entire family and his fiancée flew to Germany to be with him, fearing the worst. But accompanying his brother during the flight to Andrews, Castagna marveled at his progress since the live-saving intervention.

"Literally, in a day and a half, he went from being on life support to talking with us," he said.

Guardsmen say the chance to make a difference for wounded warriors like Castagna makes them want to be part of the all-volunteer mission. "Nobody called us up and said, 'Hey, it is your turn,'" Chappuis said.

Howard, at Ramstein for a six-month deployment, said he jumped at the critical-care air transport opportunity as soon as the Air Guard adopted the mission. "It's satisfying," he said. "For me, it was a way to give back."

"The opportunity to come here and help kids get home is a great opportunity for me, and that is why I chose to do it," agreed Worley. "It's a very good mission. It's what we would want for our own families."

That's exactly what Chappuis said he tells his wife when he explains why he volunteered.

"I have grown children. If it was one of my children, I would want the absolute best care for them to make these multiple flights from Afghanistan or Iraq back to the United States," he said. "And if that is my desire for my children, I should be ready to pony up and do it myself."

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OFFICIAL BUSINESS

Reservists given bigger role in disaster response

By Donna Miles
American Forces Press Service

WASHINGTON — New authority in this year's Defense Department authorization act allows the Army, Navy, Air Force and Marine Corps reserves to be called to duty in response to natural disasters or emergencies in the homeland, and also to be mobilized for extended periods to support theater security missions around the world.

Except for a crisis involving a weapon of mass destruction, the reserves historically have been prohibited from providing a homeland disaster response, Army Lt. Gen. Jack C. Stultz, the Army Reserve chief, told reporters May 14.

That job was reserved for the National Guard, which state governors could call up as needed to support civil authorities. If additional forces were required — as when Hurricane Katrina devastated the Gulf Coast in 2005 — active-duty service members became the federal default force.

That's long been a frustration to Stultz, who saw no sense in bypassing local reserve members simply because they operate under federal "Title 10" authority and not state "Title 32" authority.

"In a lot of cases, there were reserve-component soldiers, sailors, Airmen and Marines who were close at hand with the capabilities needed, but didn't have the authority to act," he said.

"Finally, we got the law changed. This new legislation says that now we can use Title 10 reserves."

For these forces to be used, the law specifies that the president must declare an emergency or disaster, and a state governor must request the assistance.

Stultz clarified what hasn't changed under the law. Civil authorities will remain the first responders. And when they need military sup-

port, National Guard forces will be the first to step in when called by their state governor.

"We are not trying to change any of that," the general said.

But now, when a situation also demands a federal response, reserve forces can step in to assist for up to 120 days.

Army Gen. Charles H. Jacoby Jr., commander of U.S. Northern Command, and his staff are evaluating their federal response plan to take advantage of these new capabilities, Stultz said.

Meanwhile, Stultz participated in a recent U.S. Army North exercise that helped to test the concept. The scenario involved two hurricanes hitting the United States almost simultaneously, requiring a federal response.

The exercise helped participants work through the procedures that would be involved in calling Title 10 forces to duty, Stultz explained.

"How does the governor and the adjutant general within a state go through the process of asking for federal help?" he said.

"How do Army North and Northcom identify what capabilities are close by that they can use? How do we go through alerting these forces to go down and help this natural disaster? And as always, who cuts the order to put them on duty, and who provides the funding?"

Stultz said he's gratified by almost universal support for the new legislative authority.

"Everybody is on board, from the governors to the adjutants general to Army North to Northcom saying this is going to be a good thing," he said. "We just have to make sure we have the procedures and processes worked out."

And now, before the authority is actually needed, is the time to get that resolved, he said. "Let's not wait until a hurricane hits to say, 'How do we do it?'" he said.

Another change in the 2012 authorization

act allows Title 10 reservists to be called to duty to support unnamed overseas contingencies. The reserves, and particularly the Army Reserve, have a long history of deploying members for medical, engineering and other missions to support theater engagement and security cooperation efforts.

Typically, they did so as their annual training, which generally limits their engagements to 21 to 29 days, Stultz said.

That could be particularly limiting when the missions are in far-flung parts of the world, he said, sometimes reducing time on the ground to as little as 14 days before the reservist had to pack up and return home.

"With this new authority, now we can send them down for much longer periods of time," Stultz said.

As operations wind down in Afghanistan, Stultz said, he hopes reservists will be more available to support combatant commanders' theater engagement campaigns. Based on the Army force generation model, that means Army Reservists will be ready to deploy one out of every five years. He said the pool of ready reservists could conduct extended theater-support missions.

A hospital unit, for example, could potentially spend three months rather than three weeks supporting a medical mission in Central or South America, Africa or Asia. And at the end of that three-month period, another reserve unit could rotate in to replace them.

This additional capability, Stultz said, would give combatant commanders far more assets to support their engagement strategies across their areas of responsibility, even at a time of dwindling resources.

"It is not going to happen overnight," he conceded. "But over time, as we are sending an engineer unit to do a project in the Philippines, (we) have to sit with the Pacific Command and U.S. Army Pacific and say, 'Next year, instead of 29 days, let's do 60 or 90.'"