

***Medical Command***

**STATE AIR SURGEON**

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This instruction governs the position of the State Air Surgeon (SAS) in the Air National Guard (ANG). It implements ANGPD 40-1, *State Air Surgeon*. This ANGI prescribes the qualifications, duties, responsibilities, and both wartime and peacetime contingency requirements of the State Air Surgeon.

***SUMMARY OF REVISIONS***

This document has been substantially revised and must be completely reviewed.

**1. Philosophy.** The SAS enhances the ability of the ANG to properly perform its state and federal missions as the primary liaison between the individual medical/aeromedical evacuation units, the Adjutant General (TAG) and the Air Surgeon (ANG/SG) on force protection medical issues, medical aspects of homeland security and other medical matters. The SAS helps to ensure that the State maintains a viable and healthy force for worldwide deployment. The SAS coordinates with the State's Army National Guard Surgeon as well as other ANG SASs within the Federal Emergency Management Agency (FEMA) region to identify military medical capabilities. The SAS coordinates appropriate use of medical assets mobilized for state or national emergencies and exercises staff oversight of ANG medical activities. Authority for this position is as follows:

- 1.1. Appointed by the Adjutant General with concurrence of ANG/SG.
- 1.2. Member of the State Headquarters staff as the senior ANG medical officer.

**2. Qualifications of SAS:**

- 2.1. Must hold the aeronautical rating of Air Force flight surgeon.
- 2.2. Preferably has previous medical command experience.
- 2.3. Should be an O-6 or eligible for promotion to O-6 with at least two years' retainability.
- 2.4. Must have Provider Credential File (PCF) approved by ANG/SG within ninety days following appointment.

2.5. Credentials must remain current. Privileges must be renewed by ANG/SG every two years after initial granting of privileges to remain in the position.

2.6. Complete a one week certification training program at HQ ANG/SG within one year of appointment as SAS and attend the Health Services Management Course (HSM) or equivalent within two years of appointment. Failure to complete the training negates authority outlined in Paragraph 4 and Attachment 2 of this instruction.

2.7. SAS must hand carry PCF to ANG/SGSE for review during initial and refresher training at HQ ANG.

2.8. Waiver of any of the above qualifications rests with ANG/SG.

### 3. Mandatory Requalification Training.

3.1. At a minimum the SAS must attend an ANG annual SAS meeting at least every other year.

3.2. Completes a one week recertification training program at HQ ANG/SG office every four years in order to maintain waiver/certification authority. **NOTE:** Must hold current ANG privileges to retain waiver/certification authority.

**4. Duties and Responsibilities of SAS.** The SAS serves as liaison between the ANG medical organizations and ANG/SG. ANG medical organizations include: medical squadrons (MDS), medical flights (MDF), aeromedical evacuation squadrons (AES), squadron medical elements (SME), line organizations, state headquarters, and ANG/SG.

4.1. The SAS functions as the State Headquarter's Surgeon General in addressing all ANG medical and aeromedical programs within the State. Specifically the SAS:

4.1.1. Oversees all force protection medical requirements for all ANG members of the State.

4.1.2. Provides medical support to Geographically Separated Units (GSU).

4.1.2.1. Ensures that a host Medical Squadron (MDS) is assigned to all GSUs within the State. GSUs in states without a SAS will be assigned a host MDS by the commander of the State's ANG headquarters.

4.1.2.1.1. The commanders of each GSU and host MDS will be notified in writing of these assignments.

4.1.2.1.2. A copy of the notification letter will be sent to ANG/SGO.

4.1.2.2. Ensures that support agreements are formally established between the host MDS and assigned GSUs and squadron medical elements in accordance with AFI 25-201, *Support Agreement Procedures* (See 28 Feb 2001 IMC to ANG Supplement 2 of AFI 25-201) and ANGI 40-103, *Medical Support to Geographically Separated Units*.

4.1.2.3. Evaluates medical aspects of GSU support agreements annually, serving as a catalyst for issue identification and resolution

4.1.3. Assists line and medical leaders regarding medical personnel issues and programs.

4.1.3.1. Leads the Health Professions Recruiting/Retention Team within their State.

4.1.3.2. Should advise line commanders on medical unit commander selections and should provide input for medical and aeromedical commanders' officer performance reports.

4.1.3.3. May serve as a member of medical officer promotion boards.

4.1.3.4. May nominate members of medical organizations throughout the State for awards, decorations and promotions.

4.1.4. Advises TAG, state headquarters and line commanders, as well as medical organization commanders, on ANG medical/health programs; i.e., suicide prevention, violence awareness, force protection medical issues, etc.

4.1.5. As needed, works with active duty medical treatment facilities to facilitate access to care for eligible ANG personnel [Active Guard Reserve, Line of Duty (LOD-YES), etc.], including access to Tricare and Tricare Remote.

4.1.6. Must have official e-mail and internet capability to access secure military internet domains throughout the month in order to conduct official business related to the position.

4.1.7. Serves as the primary focal point at state headquarters regarding ANG medical capabilities related to "homeland security" and medical support to civil authorities.

4.1.7.1. Coordinates with SASs in other states within the same FEMA region and with the State's Army National Guard Surgeon to identify synergistic medical capabilities.

4.1.7.2. Serves as liaison between the State Area Command (STARC), state ANG headquarters and medical organizations for issues related to ANG medical capabilities and requirements. Advises STARC on issues related to ANG medical capabilities.

4.2. SASs will maintain an awareness of issues and initiatives facing each of the medical organizations to ensure that appropriate force health protection is maintained throughout the State.

4.2.1. SASs will assist in the identification and resolution of problems, conflicts or other factors potentially limiting an organization's mission readiness. Such awareness may be developed through formal site visits, either individually or as part of a headquarter's team, or through informal methods including telephonic and electronic communiques, or a combination of both. At a minimum, formal or informal visits will be accomplished annually at:

4.2.1.1. Each GSU regardless of whether or not medical personnel are authorized/assigned.

4.2.1.2. Each squadron with an authorized/assigned medical element (SME) which is not under the direct management of a Medical Squadron.

4.2.1.3. Each MDS, MDF and AES within the State.

4.2.2. The SAS will ensure that a viable Self-Inspection program is utilized within each medical organization and will assist with leadership initiatives and resource procurement.

4.2.3. In conjunction with ANG/SG staff, the SAS will assess unit plans and assist as necessary to rectify issues which led to an Health Services Inspection (HSI) overall finding of less than "mission ready" during the unit's most recent HSI.

4.2.4. SASs will furnish a written report to the TAG, the Assistant Adjutant for Air (AAG), the wing commander, the visited unit's commander, the host MDS commander and ANG/SG detailing issues, concerns and recommendations. When formal visits have been accomplished, this report should be submitted as soon after the visit as possible (recommend within two UTAs of the visit). When informal methods are utilized, the SAS will prepare an annual report.

#### 4.3. Credentials:

4.3.1. Medical privileges for the SAS will be awarded by the Air Surgeon (ANG/SG). The SAS's PCF will be maintained at a MDS, MDF or AES within the State. The SAS has the option to choose which medical organization maintains the PCF in those states with multiple units. If the SAS augments medical organizations as a provider, the organization must either maintain the PCF or receive a privilege "transfer brief" with a validity period encompassing that time the SAS serves as a provider.

4.3.2. The SAS reviews the PCF and awards clinical privileges to all MDS and MDF provider commanders within their State. In the event of a non-physician commander, the SAS reviews and awards clinical privileges to the senior physician in the unit IAW AFI 44-119, Para 5.10.1.

4.3.3. The SAS ensures that validation of credentials of health care providers is accomplished for the purpose of accession/appointment.

### 5. Medical Reviewing and Approving Authority. The SAS:

5.1. Reviews and ensures completeness of worldwide duty medical evaluations (formerly Medical Evaluation Boards) and initial waiver packages prior to forwarding to ANG/SGP for final disposition.

5.2. Reviews and certifies medical examinations of all individuals transferring from active duty Air Force, Air Force Reserves, and other Air National Guard units.

5.3. After completion of training as outlined in Paragraphs 2.6. and 3., the SAS:

5.3.1. May grant medical certifications and waivers as outlined in Attachment 2, in the current ANG/SGP Consolidated Memorandum, and in AFI 48-123.

5.3.1.1. The maximum duration of waivers shall be three (3) years.

5.3.1.2. A copy of all waivers shall be forwarded to ANG/SGP.

5.3.2. May grant an interim waiver for a member to participate in inactive duty for training at the member's home station for a maximum of one year for ANG personnel awaiting waiver disposition. Such interim waiver would only be granted on the probability the member will become qualified, will be granted a waiver or will be assigned a DAC-42 code within that year.

**6. Assistant to the SAS:** SASs may appoint an officer or senior enlisted person from any medical organization the additional duty of assisting in the fulfillment of SAS duties and responsibilities.

6.1. The appointment must have the concurrence of the member's organization commander.

6.2. The assistant to the SAS is prohibited from:

6.2.1. Making credential/privilege determinations (Paragraph 4.3)

6.2.2. Making determinations pertaining to certification and waiver authority (Paragraph 4 and Attachment 2)

6.2.3. Other actions which require determination of a privileged provider.

**7. Wartime and peacetime mission contingency.** The SAS is a senior medical advisor to the AAG and TAG. Specifically, the SAS:

7.1. Serves as the primary focal point at state headquarters regarding ANG medical capabilities related to “homeland security” and medical support to civil authorities. Coordinates with the State’s Army National Guard Surgeon to identify and plan for the efficient and effective utilization of ANG medical resources and manpower.

7.2. Provides guidance and operational medical support for ANG missions, including humanitarian and “partnership for peace” initiatives.

7.3. During a mobilization and with consent and concurrence of TAG and ANG/SG, the SAS may augment any state medical organization, UTC tasking for which otherwise qualified, or may augment HQ ANG/SG.

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Attachments

1. Glossary of References and Supporting Information
2. State Air Surgeon Certification & Waiver Authority

**Attachment 1****GLOSSARY OF REFERENCES and SUPPORTING INFORMATION*****References***

AFI 41-106, *Medical Readiness Planning and Training*  
 AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*  
 AFI 41-117, *Medical Service Officer Education*  
 AFI 41-117/ANG Sup 1, *Medical Service Officer Education, Air National Guard*  
 AFI 44-103, *The Air Force Independent Duty Medical Technician Program and Medical Support for Mobile Medical Units/Remote Sites*  
 AFI 44-119, *Clinical Performance Improvement*  
 AFI 46-102, *Nursing Care*  
 AFI 48-123, *Medical Examinations and Standards*  
 AFMAN 44-158, *The Air Force Independent Duty Medical Technician Medical and Dental Treatment Protocols*  
 ANGI 36-2005, *Appointment Of Officers In The ANG Of The United States And As Reserves Of The Air Force*  
 ANGI 40-101, *Annual Training and Planning Requirements and Procedures*  
 ANGI 40-103, *Medical Support to Geographically Separated Units (GSUs)*  
 ANGI 41-102, *Early Appointment Program for Physicians*  
 ANGI 41-103, *Annual Training, Planning Requirements, And Procedures For ANG Aeromedical Evacuation Units*  
 ANGI 41-104, *ANG Medical Service Function And Emergency Response Capability*

***Abbreviations, Acronyms:***

AAG	Assistant Adjutant for Air
AES	Aeromedical Evacuation Squadron
AGR	Active Guard Reserve
AMSUS	Association of Military Surgeons of the United States
AT	Annual Training
FC	Flying Class
FEMA	Federal Emergency Management Agency
GSU	Geographically Separated Unit
HMDS	Host Medical Squadron
HSI	Health Services Inspection
HSM	Health Services Management
LoD	Line of Duty
MDF	Medical Flight
MDS	Medical Squadron
PCF	Provider Credential File
SAS	State Air Surgeon
SAV	Staff Assistance Visit
SME	Squadron Medical Element
STARC	State Area Command
TAG	The Adjutant General

UTA  
UTC

Unit Training Assembly  
Unit Type Code

Attachment 2

STATE AIR SURGEON CERTIFICATION & WAIVER AUTHORITY

Table A2. State Air Surgeon Certification & Waiver Authority

Category	Certification Authority	Waiver Authority (See Note 1)
Initial Flying Class 1/1A	AETC/SG	AETC/SG
Initial Flying Class II	ANG/SG	AETC/SG
Return to Flying Class II	ANG/SG	ANG/SG
Initial Flying Class III (Notes 2 & 3)	SAS	ANG/SG
Initial Ground Base Controller: Air Traffic Controller (ATC) Weapons Controller Weapons Directors	SAS	ANG/SG
Initial Space & Missile Operations Crew Duty (SMOC)	SAS	AFSPC/SG
Air Vehicle Operator (AVO)	ANG/SG	ANG/SG
Commission/Enlistment	SAS	ANG/SG
Extended Active Duty Title 32 Active Guard Reserve (AGR)	SAS	ANG/SG
Extended Active Duty Title 10 (EAD)	ANG/SG	ANG/SG
World Wide Duty Evaluation	N/A	ANG/SG

**NOTES:**

1. See the current ANG/SGP Consolidated Memorandum for specific conditions and guidelines that State Air Surgeons may waive.
2. Static line: Certification by local Flight Surgeon; waivers must be forwarded to ANG/SG.  
Freefall: Certification & waivers must be forwarded to ANG/SG.
3. PJ/CCT: Certification & waivers must be forwarded to AETC/SG.