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Words from the Wise

President’s Column

Sanjay “Swipe” Gogate, Col, USAF, MC, CFS
President, Society of U.S. Air Force Flight Surgeons



Flying on DoD aircraft.

Happy holidays and welcome to 2023! I wanted to keep the flight surgeon “Wingman” concept going with some career-vectoring advice for our newer flight surgeons in their first or second assignment. One of the greatest opportunities is the “next” assignment or “follow-on” assignment after your first operational flight surgeon tour. My advice, for all flight surgeons, is to balance your life (marriage, kids, family) while seeking the opportunity to see a new major command, continent, country, culture, language, area of responsibility, mission set, and/or airframe. The best time to start checking is when you’re 1-2 years from the end of your current assignment. Current flight surgeon assignments are 3 to 4 years’ time on station for the continental United States and 2 to 3 years’ time on station for outside the continental United States and 1 year prior to your date of estimated return from overseas. For those general medical officers, the best current career path vector to remain a flight surgeon is to apply to the Residency in Aerospace Medicine or Operational Graduate Medical Education. Col Anthony “Magic” Mitchell’s “Flight Surgeon Consultant’s Corner” columns will have more information. You can also reach out directly to the current Residency in Aerospace Medicine director, Col David “Dirty” Miller, or the Operational Graduate Medical Education director, Col Paul “Trauma” DeFlorio, for further guidance and specific application requirements.

Next, I wanted to encourage those younger flight surgeons to seek advice from their seasoned colleagues. Those can be fellow flight surgeons, the base level Chief of Aerospace Medicine, major command Chiefs of Aerospace Medicine, and even medical staff. Use all your resources to collect information on operational experiences, TDYs, deployments, and items of interest. “Pay it forward,” so always try to share your lessons learned plus career advice to the “next” class of flight surgeons. Please take the time and effort to recruit and speak to your medical school’s dean for interested candidates like health professions scholarship program recipients to share your Air Force flight surgeon career experiences and photos.

Finally, have fun and fly in as many airframes as you can in your career. The best operational flight medicine you will deliver will always be outside of the MTF. Get to know all the flying squadron staff, maintenance, and operational folks so that you can “protect their health” and bring “value” as an operational flight surgeon and physician! Until next time, *carpe diem!* 🛩️

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Flight surgeon “must pay” aka GO/NO-GO item. Throughout your Air Force flight surgeon and medical career, always keep your medical license current and active! This goes without saying, just like a driver’s license, YOU need to know your state medical license renewal/expiration dates, continuing medical education requirements, payment options, and any additional mandatory state-specific rules or required training (opioid prescribing, etc.). It is your duty to send your medical licensure renewal to your credential coordinator. This can be more difficult amid a deployment or lengthy TDY; thus, always plan for it. You can only see patients and practice flight medicine if you are fully privileged, credentialed, and carrying an active medical license.

Finally, have fun and fly in as many airframes as you can in your career. The best operational flight medicine you will deliver will always be outside of the MTF. Get to know all the flying squadron staff, maintenance, and operational folks so that you can “protect their health” and bring “value” as an operational flight surgeon and physician! Until next time, *carpe diem!* 🛩️

Maryrose “ATLaS (aka Boom)” Chuidian,
Lt Col, USAF, MC, SFS
RAM ‘23

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Happy New Year everyone!!! For the RAM class of 2023, the new year signifies we have completed three-quarters of our residency (sigh of relief). In June 2021 my class, the “Ye Olde GOATS,” started on the journey to become “RAMs.” We were all anxious, excited, and nervous all at the same time as we transitioned into the next stage of our careers with the hopes of becoming part of the mob. Wait, what? A mob, really? Actually, yes. For those like me, until I started this residency, I was not aware a group of RAMs was referred to as a mob. But I digress—back to discussing the residency. The USAFSAM Residency in Aerospace Medicine has been around since 1954, with a long tradition of graduated RAMs leading the charge within our field. Over the past several years, the RAM program has seen significant change, most notably a resurgence of applicants and residents in each class, as well as the transition from a 3-year to 2-year program.

The class of 2023 found out very quickly how jam packed this 2-year program is! Within the first 3 months of arrival, we completed three of our MPH classes, became certified as Aviation Medical Examiners, and completed a 4-week initial flying course that provided the opportunity for a solo flight! Fall and spring semesters continued with much of the same pace as our introductory summer as we juggled both the requirements of an ACGME residency program and completing an MPH. Although high speed and demanding, this program provides the tools for flight surgeons to become the specialists within our field, and it continues to grow. In the last year, the program has added the opportunity to complete an Introduction to Space course, increasing our understanding of the “Fifth Domain” in warfare. Additionally, the program has bolstered its academic partnerships by opening our monthly journal club to other aerospace residency programs.

As the program itself continues to grow, so do the number of graduating residents. As of 1 July 2022, the USAF Residency in Aerospace Medicine has graduated 1,046 executive leaders in the discipline. This year I am happy to report those numbers will increase yet again as we will graduate 11 RAMs: 9 traditional RAMs and 2 space-RAMs! I truly believe the future of aerospace medicine and our organization starts with young flight surgeons learning the ropes within the medical groups or out in the field. They then continue to grow as aerospace medicine professionals as they further their education and passion for the enterprise and complete the RAM. Graduated RAMs obtain a Master of Public Health and become board certified in aerospace medicine. Additionally, they have the opportunity to become board certified in occupational medicine if they choose to pursue it.

Outside the demands of a rigorous academic calendar, RAMs have additional opportunities to grow as flight surgeons. As I have been told time and time again throughout my career, the aerospace medicine enterprise is massive, with numerous tasks and responsibilities, and so as the saying goes, “it [definitively] takes a village!” That village can only be built with the relationships we develop along our journey as flight surgeons. During the RAM, we are given the opportunity to meet, interact, and develop long-lasting relationships with previous USAFSAM graduates. Additionally, we meet and interact with aerospace specialists from sister services and partner nations during various courses and conferences throughout the year. One of those opportunities occurs at the Aerospace Medical Association (AsMA) conference. Each year in the program, RAMs are required to not only attend, but present at AsMA. I was able to meet flight surgeons from other services and other countries. It was amazing to exchange stories and to learn the differences, as well as the similarities, in operational procedures. Additionally, I was able to meet several RAM alumni and gain valuable mentors within the Air Force community! Can’t wait to see what this year’s conference has in store! 🎉

FlightLines Editorial Staff

Executive Editor Lt Col Maryrose Chuidian
Technical Editor Sandy Kawano

FlightLines: Vision and Mission

Our vision: *FlightLines* is the written forum for the Society of United States Air Force Flight Surgeons. We help facilitate top-to-bottom, bottom-to-top, and horizontal dialogue within the Flight Surgeon community.

Our mission: We provide a vehicle to pass the vector and tools to Flight Surgeons so they can do their jobs effectively and efficiently as current and future leaders within Team Aerospace.

Need to Update Your Membership?

To update your society membership or contact information, please visit www.sousaffs.org, login, and select “Edit Profile.” Your dues can be paid by PayPal. For any questions or concerns regarding your membership, please contact Col Stefanie “Phantom” Nance at membership@sousaffs.org.

Flight Surgeon Consultant's Corner

Air Force Force Generation (AFFORGEN)

Anthony "MAGIC" Mitchell, Col, USAF, MC, SFS
Air Force Aerospace Medicine Consultant



Team,

This past quarter has flown by, and I wanted to take a moment to update you from a strategic level and hopefully come down to find ways to make it personal. On 13 September 2022, our Vice Chief of Staff published the AFFORGEN Lexicon memo. Per the memo, AFFORGEN is the Air Force's sustainable, capacity-driven model for presenting forces to Joint Force

Commanders. AFFORGEN's intent is to enable operational preparedness and readiness recovery to compete with peer competitors, while clearly focusing USAF efforts on a predictable and sustainable force offering.

With a quick glance and very small leap in imagination, any flight surgeon can see the essential role we will play in supporting the projection of Air Power anytime, anywhere. With a few exceptions, every force element from opening the Airbase to operating the Airbase will require the unique expertise found within Team Aerospace, aeromedical providers, and the engaged leadership of flight surgeons. I am asking everyone to read the Vice Chief's memo and, at minimum, peruse Air Force Publication Doctrine 3-36, if you have not done so. More than anyone, we need to have understanding and insight into how our line commanders are approaching the next fight. As the AFMS transitions to support and create our own force elements, you will have a framework to employ and improve our teams. Particularly, those of you in Squadron Medical Element positions should already be in discussions with your commander on what personnel and equipment you will need to be lean, agile, and ready.

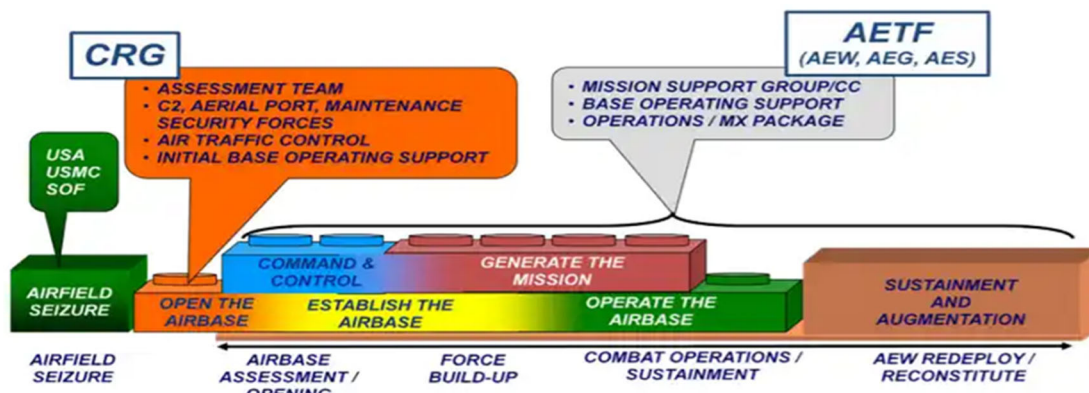
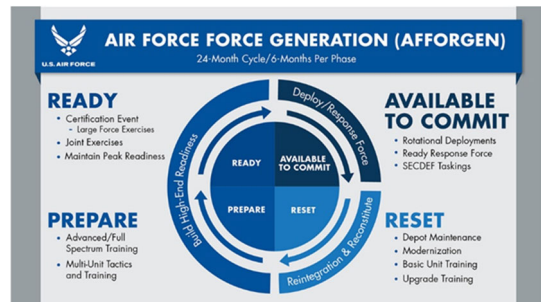
With these necessary and exciting changes, as the consultant I will offer the following advice.

1. Develop your leadership acumen and emotional intelligence. As flight surgeons, we play a role in providing care to our patients but also working closely with our teammates – nurses, technicians, paramedics, Public Health, Bioenvironmental Engineering, and anyone inside or outside the MTF. This teamwork, coordination, and leadership will be stretched even further in a hostile, resource-constrained and communication-degraded environment. It will be important to recognize that we must grow beyond an MTF-centric mindset and leadership skill set.

2. Commit to professional growth for you and your team. Just as any of our leadership tool kits will need to be expanded for this next fight, so will our clinical and professional skills. Please work with your leaders to carve out the time for courses such as the Global Health Symposium, Principles of Biocontainment Care, and Wilderness Medicine. More importantly, advocate heavily for your Public Health, BEE, 4N0X, aeromedical nurse practitioner, and aeromedical physician assistant to get as much expanded readiness training as they can acquire. The notion of the multi-capable Airman is not new to Team Aerospace. At the base level, you know your mission set better than anyone and can identify the gaps for you and your team. Get after it and use the AFFORGEN model and timelines to your full advantage to be prepared.
3. Cultivate a readiness mindset. One of my favorite quotes attributed to NFL Hall of Famer Jerry Rice is "TODAY I will do what others won't, so TOMORROW I can accomplish what others can't." Your fellow Airmen, Soldiers, Sailors, and Marines will need us to be ready to be in difficult places providing the unmatched medical care to give confidence to our friends and discourage our foes. Talk to your families, one another, and your Airmen about this business of Trusted Care...anytime, anywhere, and what it means and how we continue to accelerate innovation and change to support the most lethal and effective combat Air Force in the world.

With our current staffing challenges and multiple ongoing transformations and transitions, AFFORGEN lays out our guiding doctrine for presenting forces. Our key attitude and altitude indicator is our readiness. I encourage you all to do your part to get you and your team there.

Cheers, MAGIC 🇺🇸



Air Force Publication Doctrine 3-36 (the 2019 publication has not yet been updated to include "Robust the Airbase" force module)

MAJCOM Perspectives

An Overview of the Air Force Global Strike Command (AFGSC)

Stephanie Wilson, Lt Col, USAF, MC, SFS
AFGSC Aerospace Medicine Division Chief

As a MAJCOM SGP new to Global Strike, I've been excitedly engaged in learning about the Global Strike mission and its history and am equally excited to share what I've been learning and what is on the horizon.

For those who don't know, AFGSC was activated in 2009, and its headquarters is at Barksdale AFB, Louisiana. It is responsible for three intercontinental ballistic missile wings, the Air Force's operational bomber force, the Long Range Strike Bomber program, and the Air Force Nuclear Command, Control and Communications systems. Additionally, AFGSC is responsible for operational and maintenance support to organizations within the nuclear enterprise.

You may have heard that AFGSC has been working on modernizing two pillars of the nuclear triad. We are undergoing continued development of the B-21 Raider, which will replace our current B-1 and B-2 fleet as a long-range, highly survivable bomber capable of both conventional and nuclear payloads. We are also pressing forward with the transition from the Minuteman III (MM III) to the LGM-35A Sentinel. The MM III currently makes up our fleet of intercontinental ballistic missiles, which have been on alert for over 50 years. As we work to transition to the Ground Based Strategic Deterrent, we can expect a new infrastructure system that will require refitting and retooling of our current missile alert facilities. We are also still on track to add the MH-139 Grey Wolf as a replacement for our UH-1N Huey, which will still allow opportunities for support of additional missions, such as Defense Support of Civil Authorities search and rescue missions in the northern tier. Lastly, our inventory of B61 and B83 bombs is being consolidated and updated with a refurbishment to the B61-12.

These changes continue to provide numerous opportunities for our medical groups to embrace innovation with regard to changes in our support of the Personnel Reliability and Assurance Program mission, particularly the challenge of integrating this program with MHS Genesis. AFGSC is continuously working with AFMRA to ensure that MHS Genesis will be an efficient and effective tool for ensuring the safety of our personnel and their mission. We are also working with other agencies to develop advanced tracking and notification systems to provide commanders and certifying officers with immediate feedback for timely decision making.

My predecessor has confidently proclaimed that "fighters make movies, but bombers make history!" I can assure you that AFGSC will remain at the forefront of innovation and history making for years to come. ✨

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- Our newly designed website allows you to:
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 - ✓ Create your own profile & follow/connect with others
 - ✓ Access mentorship & clinical forums
 - ✓ Create a forum highlighting your interest or topic
 - ✓ Purchase merchandise and actually get it shipped to your address
 - ✓ Access *FlightLines*
 - ✓ Network with experts and mentors in your field
 - ✓ And much, much more....



Aeromedical Ops & Medical Standards

You Decide

**Paul “METRO” Vu, Lt Col, USAF, MC, FS
AFMS Chief, Medical Standards Policy**

“Don’t be afraid to make a decision.” Easier said than done. I’ve perseverated on decisions that have led to terrible consequences – clinically, professionally, and personally. However, I’ve come to believe that in the long run, my decisions have resulted in some net good. As a flight surgeon, you’ll have many opportunities for decision making, sometimes publicly. Whether it’s questions at a squadron brief, team lead during a shop visit, or pinch hitting as SGP/PHEO/IOEMC during some random drop-everything-you’re-doing-to-attend-a-Wing/CC telecon, you’re going to be having to decide things. Even when you’re afraid, decide.

On my very first TDY, I was carrying about 400 10-mL syringes filled with compounded dextroamphetamine across international borders – this was to resupply the operational Go-Gels downrange. To prove that this was legitimate and that I wasn’t a drug smuggler, I carried my medical license and an MFR from my medical group saying something along the lines that this was okay to do... Although I had some vague concerns, the excitement of the trip and reassurances from prior flight surgeons silenced my misgivings. It wasn’t until I was approaching customs that I started to become anxious, thinking about what I’d have to say, who I’d have to call, wondering whether I should just make a run for it if I was stopped. When the customs official asked me if I had anything to declare, I said no. I surprised myself as I was leaning toward “yes,” as my Catholic guilt was screaming at me to just confess everything, even when I was unsure whether it met the threshold of sin. Anyway, I got the Go-Gels where they needed to go and I count it as a good decision!

When I was a PHEO, I’d do town hall meetings with the installation commander where we’d have a Q&A at the end of each session. People were upset that masks were mandated and the base amenities were restricted. People wanted to know when things would get back to normal, what was the most effective way to prevent illness, why the playgrounds were closed, and why we didn’t have enough sanitizer... I was plenty nervous during these Q&As but I gave the best answer I could based on known information. Many answers changed later as we learned more about COVID. However, getting in front of people with the willingness to decide publicly, to the best of my ability, earned a lot of goodwill. Even when you don’t want to, or you’re somewhat unsure, decide.

When I found out that I was heading to the Air Force Medical Readiness Agency, I was afraid because I didn’t know what that agency was... I’m still afraid. There’s no instruction manual or continuity binder – just random papers and folders of stuff, historical perspectives from seasoned coworkers, and a lot of figuring it out. There have been suboptimal decisions and distributed documents with errors in them. Hopefully, the stuff I got right outweighs the wrongs.

So how does this all relate to standards? Well, flight surgeons are constantly applying standards of some sort to:

- Aeromedical dispositions of FLY vs. DNIF
- Retention standards met, or not, IRILO?
- Aeromedical summary for a waiver, supportive or vaguely written to suggest DQ?
- Able to deploy or not, code 31, DW profile?

DAFMAN 48-123 is meant to help you apply the USAF medical standards. It’s the policy document that empowers the Medical Standards Directory and medication lists. AFI 48-133 helps you with profiles. DAFMAN 48-108 talks about Medical Evaluation Boards. I wish I had spent more time familiarizing myself with the policies – I think it would have lessened my anxiety and uncertainty, allowing me to make better decisions. Understand that policy isn’t perfect – not every scenario is covered and not all policy makes sense. Have a list of trusted people to call so the issue can be worked. If there’s still vagueness, know that AFI 48-101 1.4.15.5.1 empowers the base Chief of Aerospace Medicine (SGP) to be the installation authority, consultant, and subject matter expert in everything Aerospace Medicine Enterprise – that’s very powerful. Know your SGP.

The SGP must be a flight surgeon, and these flight surgeon dispositions are unique to our career field with definite mission impact. Sometimes, these decisions are hard with governance and monetary implications. Your decisions are rarely in a vacuum. Do what you can to inform the stakeholders to the point of understanding, not necessarily agreeing. Know the policies and reach out to the flight surgeon community for crosschecks. And when you must, be brave. Decide. 🦋

Clinical Insight

In Case You Missed It...

David “BANJO” Navel, Lt Col, USAF, MC, FS
RAM 2020

What About That Trial...

How good is a screening colonoscopy? In Norway, Poland, and Sweden, 85,000 people were randomized to find out. In the intent-to-screen analysis, the intervention group did have a lower incidence of colorectal cancer (CRC), presumably from removing precancerous polyps. There was not any difference, however, in 10-year CRC mortality. Why not? A large clue lies in using intent-to-screen analysis for results when only 42% accepted the screening but all invited were in the denominator. That’s a lot of noise without contributing signal. In all, the risk of CRC was lower in the invited, and using per-protocol analysis instead, the authors noted the 10-year risk ratio of death from CRC for those who received colonoscopy would have roughly been halved.¹

Getting the Grade Using a Shortcut

Glycemia Reduction Approaches in Type 2 Diabetes: A Comparative Effectiveness (GRADE) was released 22 September 2022, nearly a decade after its start, to find the best secondary prescription therapy for diabetics. Liraglutide was slightly better than the other three candidates,^{2,3} although sodium-glucose cotransporter-2 inhibitors were not included because the trial started so long ago. Using similar parameters, researchers at the Mayo Clinic closely recreated the GRADE trial with deidentified Medicare Advantage claims data and reached the same conclusion.⁴ They did so at a fraction of the cost in a shorter time frame with vastly more patient numbers. There are limitations for retrospective Medicare data, but the days of humongous trials may be coming to a close if they can’t keep up with new medications.

Traits Mean More Than We May Counsel

The Air Force counsels members with sickle cell trait concerning hydration and exercise, but there’s more that may be left unsaid. Using the UK Biobank, researchers found that sickle cell trait was not only associated with a higher prevalence of rhabdomyolysis but also type 2 diabetes mellitus, hypertension, retinal disorders, chronic kidney disease, and end-stage renal disease.⁵ Data from U.S. veterans also found worse outcomes from COVID-19, including more acute kidney injury and mortality (OR = 1.77; 95% CI 1.13 to 2.77).⁶ Be sure to counsel accordingly!

Guideline Updates

The United States Preventive Services Task Force (USPSTF) reaffirmed several prior recommendations. First, they again recommended against hormone therapy for the primary prevention of chronic conditions in postmenopausal persons.⁷ Second, they confirmed much of their 2016 statin guidance for primary prevention, again utilizing the 10-year Framingham risk score as a significant guidepost.⁸

Citing a 7.8% rate of anxiety disorders among children age 3 to 17 and suicide as the second leading cause of death for ages 10-19, the USPSTF recommends screening for anxiety in ages 8 to 18 and depression in ages 12 to 18 with a “B” rating for both.^{9,10} Screening for younger patients receives an “I” rating, as does screening for prediabetes and type 2 diabetes in asymptomatic nonpregnant persons younger than 18.¹¹

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Mentoring/Leadership Development

The Operational Career Path—Level Three, Part One

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“Roads? Where we’re going, we don’t need roads.” -Dr. Emmett Brown, *Back to the Future Part II*

Happy New Year fellow flight surgeons! We hope the holiday season was chockablock with merriment and provided some time to recharge, reconnect, and recuperate from a challenging couple of years of tackling all the wee beasties Mother Nature has thrown our way! To our fellow flight docs currently down range fighting the good fight while celebrating the holidays away from loved ones, a heartfelt “thank you!” and return home safe! Now, as we continue our ascent of the (recently mothballed) MC Integrated Ops career pyramid, the astute reader will realize we have reached the apex. When we started our journey a few articles ago, we began at level one, the foundation, ascended to level two (split over two articles), and will now complete our ascent by tackling level three.

The four MC career pyramids have been around for several years now. One might argue that the utilization of the pyramid to illustrate career progression implies less opportunities as one ascends the pyramid. Well, that is just not the case! This will be evident as we wrap up our tour of the career pyramid over the course of the next two articles. We have received a plethora of data from the field from several high-speed/low-drag flight surgeons in various high-level positions within the aeromedical and operational medicine enterprise. In sticking with the theme of ascending the pyramid, let us breach the apex and hear from our esteemed colleagues from on high.

Chief, TRANSCOM Patient Movement Requirements Center-East (TPMRC-E)

- *How long were you in this job?* 3 years.
- *What was your path to get this job?* RAM, base SGP/Sq CC, MAJCOM SGP, Air Advisor.
- *What best prepared you?* RAM and exposure to aeromedical evacuation missions. Also, while Flight Medicine/CC at Travis, I oversaw the Aeromedical Staging Facility and the En Route Patient Staging Facility.
- *What are/were your top three priorities?* Safe/efficient patient movement, effective use of DoD resources, maintaining an effective/cohesive joint-service team.
- *What is/was your biggest challenge?* Managing customers’ expectations, particularly as they relate to (perceived or actual) conflicts between DoD/TRANSCOM and service-specific guidance.
- *What is/was your favorite part?* Accomplishing the mission. Moving our Nation’s best/brightest to definitive care, then eventually back to their loved ones. There’s nothing like it.
- *If you have completed this job, what next jobs did it set you up to hold?* Good question. I’m moving out to TPMRC-W next to take over there.

Surgeon General, Theatre Special Operations Command

- *How long were you in this job?* 2 years.
- *What was your path to get this job?* 5 years combat search and rescue general medical officer flight surgeon, emergency medicine residency, then 3 years as 720 Special Tactics Group/SG.
- *What best prepared you?* Total experience in the Special Operations Forces (SOF) enterprise overall. No one thing to point at. Largely the beginning of staff experience learned at the 720th helped to ease transition. I believe any staff position would well prepare someone, since this is essentially a staff position working for a two-star general officer.
- *What are/were your top three priorities?* Establish a fresh whole blood prescreened donor program that could be executed outside the traditional hospital environment. Integrate U.S./Republic of Korea (ROK) SOF medical assets through joint exercises and cultural engagements with our counterparts to increase interoperability. Lastly, develop and promulgate a prolonged field care curriculum for new-to-theatre medics due to many of the semi-unique wartime concerns on the Peninsula.
- *What is/was your biggest challenge?* Getting the U.S. Army to listen to a lieutenant colonel when all of their equivalent positions are O-6s. (The position is actually a major billet, though I would recommend always sending an O-5, as the Koreans are very rank conscious.) Ultimately, it just took demonstrations of competency and force of personality/persuasion to get things moving. The high context Pacific culture should also be explored prior to diving into this position, especially if no previous experience.
- *What is/was your favorite part?* Working our ROK SOF and civilian Korean partners. It is an amazingly welcoming culture, and I would happily return at a moment’s notice if I can go back in the future.
- *If you have completed this job, what next jobs did it set you up to hold?* MAJCOM staff, Joint staff, SDE in residence, squadron command (in my case since I had not done previously).

Department Chair, USAFSAM Aerospace and Operational Medicine

USAFSAM is a pseudo-Tier 1 group command. If you look at it like an MDG, Col Woodard is the MDG/CC and the departments—Defense Institute for Medical Operations, Office of the Dean, En Route Care Training, Aerospace Medicine (FE), Occupational/

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Environmental Health, and Public Health & Preventive Medicine—are like squadrons. Within the FE Department are five divisions (like flights): FEB (BOMC), FEC (Aeromedical Consult Service), FEE (Education), FEP (Physiology), and FES (Studies and Analysis – short term research). Within the five divisions are 18 branches totaling about 280 personnel. For instance, the RAM is a branch in the FEE Division within the FE Department. Organizationally, it is complicated, but that is the best analogy. Physiology is now an AETC Detachment at USAFSAM.

- *How long were you in this job?* I PCSed into the gig August 2021. I am still learning every day, as it is a complex mission set with civilians and operations and maintenance funding.
- *What was your path to get this job?* My path was 10 years of base-level internal medicine and flight surgeon assignments, RAM, Sq/CC, MAJCOM/SGP, MDG deputy commander, then into the USAFSAM/FE gig. I have sat on the Medical Corps Developmental Teams, and the theme for this assignment is graduated Sq/CC with operational experience. So, 21 years in the AF and 10 deployments with 12 assignments.
- *What best prepared you?* Sq/CC best prepared me to understand the resourcing requirements. MAJCOM/SGP assignment additionally provided a greater understanding of the Aerospace and Operational Medicine Enterprise (AOME) site picture for the Air Force Medical Service (AFMS). Money and manpower are complicated. Also, operational flight surgeon assignments gave me a customer perspective to understand the field requirements.
- *What are/were your top three priorities?*
- Relevance to the field and AOME.
- Talent management (right people in the right seat at the right time) and sustainment of talent (growing the next generation of ACS, RAM Program Director, AMP Program Director, Operational GME, etc.).
- Resourcing the department (money and manpower) effectively and removing obstacles/barriers.
- *What is/was your biggest challenge?* Overcoming the middle management “no” inertia and entrenched dogma. Everywhere the abominable No Man is present. This is where you wield your O-6 power for good. Also, USAFSAM is an extremely complicated organization, and understanding the diverse mission sets takes time to unpack.

- *What is/was your favorite part?* The people. It is impressive the talent density we have at the 711 HPW. Eye watering.
- *If you have completed this job, what next jobs did it set you up to hold?* Tier 2 MDG/CC.

Chief of Aerospace Medicine, Air Combat Command (MAJCOM/SGP)

- *How long were you in this job?* I’ve been here 2 years since June 2020.
- *What was your path to get this job?* Flight surgeon, SGP, RAM, Sq/CC, 24 SOW/SG, MDG/CC then MAJCOM/SGP.
- *What best prepared you?* Flight surgeon/SME, SGP, RAM (less than you would think, but a great deal on medical standards, i.e., rotations with FAA, ACS, etc.).
- *What are/were your top three priorities?* Improve quality of flying waivers submitted; improve AMRO process across the command; get flight surgeon manning right-sized (which positions should be ANPs or APAs?).
- *What is/was your biggest challenge?* Helping MTFs create a process to conduct medical portion of deployment clearances before members are even hard-tasked, IRF clearance process.
- *What is/was your favorite part?* My favorite part is being part of the MC DT process, feeling connected to the larger issues facing the AFMS.
- *If you have completed this job, what next jobs did it set you up to hold?* Still in position; probably would be a step to AFMRA flight surgeon role – HAF/SG3P.

Aaaaaand scene! That about wraps up part one of our whirlwind tour of level three of the MC Integrated Operational career pyramid. After the interval we will reconvene and conclude with part two of level three. Be advised the MC career pyramids have been flipped upside down (sort of) and restructured into the new MC Career Roadmap. What does this mean for us moving forward? The roadmaps illustrate, on a more granular level, just how diverse our Medical Corps is and are designed to allow us to look at future career opportunities all in one product. These new roadmaps also highlight the fact that we are not isolated/stove-piped into one pathway for our whole career. Standing by for comments/questions/suggestions/spears. Cheers! 🍷

Around the Air Force

SoUSAFFS Website



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SoUSAFFS continues to advance, with enhancements on the website as one example. Other than a shiny, modern feel and MANY backend improvements, the new platform also includes a few new features that our members will [hopefully] find useful:

- **Flight Surgeon Forum:** Accessible only to SoUSAFFS members, this page allows any member to post or reply to questions and topics from other members. Users may also follow individual posts or topic areas. We hope this forum enables connections between both junior and senior flight surgeons across the Aerospace Medicine community. Have a question? Post it to the Flight Surgeon Forum!
- **Announcements:** Any time SoUSAFFS posts an announcement, all subscribed members will immediately receive an email [make sure to add info@sousaffs.org to your “safe senders” list].
- **Sign in with Google:** No more forgotten SoUSAFFS passwords! Sign in and link your SoUSAFFS website account with Google.
- **Mobile Responsiveness:** Website content automatically adjusts to your device’s screen resolution.
- **File Archive:** Find old issues of *FlightLines* and Board of Governors meeting minutes here. Again, this page is only accessible to SoUSAFFS members.
- **Order Merchandise Online:** Order SoUSAFFS patches and guides through the website. Invoices are automatically sent to our merchandise chair for fulfillment. For now, though, please email info@sousaffs.org directly if you’re shipping to an APO, FPO, or DPO address.

Please visit sousaffs.org to see and explore the new website yourself. If you have any suggestions on additional content or how the website can be improved, please don’t hesitate to email us at info@sousaffs.org.