



Vol. 32, No. 2, Winter/Spring 2019

# Words from the Wise

## President’s Column

Walter “SPARKY” Matthews, Col, USAF, MC, CFS  
President, Society of United States Air Force Flight Surgeons



Hello again from (still) snowy Peterson AFB! I hope that all of you have considered the call to leadership from my last column, and many of you have taken that step forward to lead. We need all kinds of flight surgeons and RAMs to lead, which is illustrated in the focus of this issue: Diversity.

Although Will Ferrell’s character, Ron Burgundy, in the movie *Anchorman* thinks that “diversity is an old, old wooden ship used during the Civil War Era,” we as Airmen define diversity as a composite of individuals, characteristics, experiences, and abilities, consistent with our core values and mission. Furthermore, diversity is a military necessity.

So what extra significance does diversity have in the flight medicine world? Diversity can include commissioning source, medical background, nationality, or operational focus. Did you know one of our 2020 RAMs is Canadian? One of my RAM '02 classmates, Dr. Karen Breeck, was Canadian as well. Her personal life experience and geographic background brought a fresh perspective to our class experience. We were better for having her as one of us, and we hope she benefited from serving with us, too.

Think about how many different medical backgrounds are in the flight medicine clinic. I have known pediatricians, family medicine docs, orthopods, general surgeons, and psychiatrists who served well as flight surgeons. I have also known many GMO flight docs who became outstanding RAMs. We have flight surgeons who are USAFA grads and great docs who are direct accessions. The bottom line is it doesn’t matter who you are, where you come from, or your medical/operational background – the wings make us family.

Right now, our flight medicine family is more diverse than ever, performing more diverse missions than ever before. That occurred to me as I looked at my picture in the top left of this column; here I am, one

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of the longest serving RAMs on active duty, president of SoUSAFFS, and I submit a picture in body armor and OCPs?! Come on, Sparky! But then I realized – that is who we, the USAF Flight Surgeon, are now. We support operations and operators, no matter what they look like. And no matter what they look like, we look like them (you know that’s why we wear the green onesie, right?).

In this issue, we will read about diverse backgrounds and diverse missions. I urge you, in view of your role as a flight surgeon, to embrace the operational mission you support; be part of it, understand it, and participate in it to the max extent you are allowed. If your Viper drivers do weapons academics on Friday, get your butt in the seat and learn with them. If your missileers are going down the pipe, go with them. If your satellite drivers are sitting for 8 hours in front of a console, go strain your eyes with them. If you don’t have clearance, get it. If you’re not invited, invite yourself. Whatever it takes, BE WITH YOUR OPERATORS, no matter the mission and no matter your background. The diverse Flight Surgeon Corps and our diverse missions are tied together by those wings you wear.

Why are you still sitting there? Get out there with your operators! 🇺🇸

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## 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.

Paul “METRO” Vu, Maj, USAF, MC, FS  
 RAM XIX

I'd like to start off by thanking Sandy “OCD” Kawano for her countless hours of counsel and editing the FlightLines newsletter. Her gentle suggestions, corrections, and reminders were crucial to the production of this newsletter and we wish her all the best in her upcoming retirement. She has graciously agreed to help edit the newsletter as time permits while we set up a more permanent arrangement. Thanks again, Sandy.

We have some great articles from writers with diverse backgrounds in this edition. Isn't it wonderful how flight medicine brings together such a wide breadth of experience? Our diversity will be helpful against the looming uncertainty associated with the changes in the MHS. Especially helpful in this edition is Lt Col MacSparran's updates in the Consultant's Corner – I'm sure you'll find lots of useful information. Additionally, we have an Air National Guardsman who has found a way to pursue his passion for orthopedic surgery while serving as an F-16 flight surgeon. Another article is from our current DoD liaison to NASA, a USAF flight surgeon with a very interesting path up to what he considers the greatest job he's ever had. We also have a reintroduction to the 2020 RAMs with their shiny new, officialy branded call signs. In addition, I share what I consider a very important story of Tom McNish, a USAF pilot-physician who was a POW during the Vietnam War.

Thank you for reading and please share with us the great things you are doing. 🌟

## SoUSAFFS Membership

To update your society membership or contact information, please visit [www.sousaffs.org](http://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 Lt Col Stefanie “Phantom” Watkins Nance at [membership@sousaffs.org](mailto:membership@sousaffs.org).

## Notice!

### Call for Content

What makes FlightLines great is that it connects us with the rapid changes and variety of expertise that exist in USAF flight medicine. Send us news that affects us all, teach us about your area of expertise, and share with us your “There I was...” stories from the field. (Include your pictures!)

Submission guidelines:  
 500-3000 words  
 Pictures 300 dpi or better in .tif or .jpg

Send your articles, news, suggestions, or comments to:

[paul.vu@us.af.mil](mailto:paul.vu@us.af.mil)

Moving, need your FlightLines sent to another email address? For FlightLines distribution/email update, please contact the Executive Editor, [paul.vu@us.af.mil](mailto:paul.vu@us.af.mil).



## Change on the Horizon!!

Patricia "HANKY" MacSparran, Lt Col, USAF, MC, SFS  
AF/SG Consultant for Aerospace Medicine

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The rumor mill is off the charts these days in this time of fast-paced change across the AFMS. This will be one of my many attempts throughout the year to bring you up to speed and help you keep lock on all the moving targets. So, grab your favorite beverage, hunker down, and read on. As many may have already heard, the AF/SG has added Aeromedical Nurse Practitioners (ANPs) to team aerospace. In summer 2019, 10 ANPs will be placed into the manning document across all MAJCOMs. They will come to us as seasoned family nurse practitioners much like our aeromedical physician assistants (APAs) do now. HAF is working with the line and the FAA to ensure appropriate policy is in place by late fall. On the same front, both ANP and APA career fields are working with SG3P to update their AFSCs within the AFOCD to be appropriately shredded and coded along with their credentialing list. These documents will define requirements to fill future positions along with updates that are being drafted in AFI 48-149. Until these documents are finalized, APAs and ANPs will continue to be trained with the current AMP curriculum excluding AMP202. Flight physicals on these members should not be accomplished until policy has been finalized this fall and a standard has been approved by the flight and operational medicine corporate board and SG3P.

Speaking of AMP (Aerospace Medicine Primary Course), the curriculum is undergoing a complete overhaul. MAJCOM leaders have already met twice in the last year to discuss the future of the curriculum, and the USAF School of Aerospace Medicine (USAFSAM) has been working diligently to have a revised curriculum fleshed out by the end of May. During May, MAJCOM leaders will be reviewing the curriculum and making final suggestions to the schoolhouse with the goal of implementation by this upcoming fall course schedule. Nothing is more important during this marked AFMS transition than ensuring our operational medics have the skillsets they need to ensure our operators can meet their mission and readiness requirement. The days of telling folks, "Oh, you'll learn that when you get back to your base," are gone! We do not do this to our maintainers; why would we do this to our warrior medics?

As many may have noted this year, we had our first ever SGP (Chief of Aerospace Medicine) selection board! A huge thank you to everyone for making this 2-year lift finally a reality. As you might imagine, this is the new SOP (you're welcome Star Wars fans...apologies to the rest) for years to come. In early fall (after board results have been released for Sq/CC etc.), there will be a call for members to volunteer to be SGPs. At the time of the call, there will be a list of all the vacancies we are currently anticipating for the following summer. This process is voluntary and, unlike squadron command, you have the option to opt out without prejudice if you do not find an acceptable match. However, much like squadron command, you will interview with the MDG/CC (and you should be interviewing them as well!). Also, do not hesitate to reach out to the incumbent and ask questions. You can find a current posting of all SGPs on the Kx at <https://kx2.afms.mil/kj/kx5/AFMedicalCorps/Pages/corpshome.aspx> (look at the blue container on the left for "SGP Roster"). At the end of the 2-week interview period, group commanders and selectees submit to both AFPC and myself their match preferences. Needless to say, everyone works for those 1:1 matches and that was everyone's experience with this inaugural SGP selection process. If you think you might be interested in serving as an SGP in the future, please do not hesitate to reach out to me with any questions. The other nice thing about volunteering for these positions is that it puts you in the driver's seat to go to new locations and seek out new mission sets.

Well, it would not be prudent to have an SGP selection process without having an SGP symposium, now called the Aerospace and Operational Medicine Executive Development Symposium (AOMED), for all newly minted or soon to be SGPs. Please get with your training managers to register for the course this spring, 13-17 May, at USAFSAM. Almost every 48 series AFI is in rewrite or has just published or will be publishing in the next 6 months...did I mention there is a lot of change happening? Needless to say, this will be very timely information and you want to be ahead of the shock wave(s).

As you have probably already heard from your MAJCOM SGP, AFI 11-402 has been updated to AFMAN 11-402. Please take a look at the updated badging requirements for flight surgeons. You will note badging is no longer just a factor of time as a flight surgeon and/or hours flown, but progression within the career field. This was a result of feedback from the line on required skills progression in the pilot community (e.g., senior pilot to command pilot, etc.). Some of our flight surgeons were flying a LOT, but not necessarily progressing and increasing skill levels. See the operational pyramid mentioned below.

Have you heard of the operational medicine readiness squadron (OMRS)? It will be coming to 43 CONUS locations this summer!!! This initiative is the result of a Secretary of the Air Force "go do" to our SG this last fall. I know many of you have had, and are probably in, far too many meetings these days trying to figure out how this is all going to work...us, too. Other than being meeting'd to death, if this concept gets operationalized the way senior leadership would like it to be, it will be great! In essence, it will be flight medicine-like care for all Airmen. Much like we have done for decades, the OMRS model will have teams (comprising healthcare providers along with public health, bioenvironmental engineering, PT, and the like) who will take care of defined populations. Teams will work directly with those populations and their commanders to not only care for their folks medically but help them reach peak performance and mission-ready capabilities. Teams are still working on finalizing the CONOPS and manning, but what we do know is flight surgeons will be empaneled at 550:1. SGPs are counted like NEMOs (non-empaneled medical officers) just as SGHs are now. We do not yet have final determinations on what empanelments can consist of (AD only, family members, base members, and entire squadrons), but as soon as we know something definitive we will share it with you. Until then, it's all just rumors! We do know, in concept, the OMRS will be much like an active duty troop clinic or limited scope medical treatment facility. But as many of you know, our missions extend beyond just our active duty population, as we have many civilians who support our mission and require occupational health expertise and determinations...so, more to come. Just remember – non-2992 holders still require a MAJCOM waiver to be empaneled in the Flight Medicine Clinic until the policy changes (current exception is for EOD, which SG3P provided a blanket waiver).

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Also this summer, AFMOA (AF Medical Operations Agency) and AFMSA (AF Medical Support Agency) will merge into AFMRA (AF Medical Readiness Agency). Primary headquarters will be in Falls Church, but several members will remain in San Antonio as operations continue to blend with the DHA (Defense Health Agency) over the next several years.

What will not change is our continued effort to grow our operational medicine pipeline. Did you know there is now an approved Operational Medicine Pyramid (you can download from the Kx)? This summer 26 providers will begin operational medicine residency programs with specialties in family medicine (OFM), internal medicine (OIM), emergency medicine (OEM), and pediatrics (OPM) across 14 training platforms. The last one may surprise you, as it was not advertised on the HPERB last year. This was a decision made by our DSG at the time of the board to ensure our pipeline continues to grow and that we get closer to matching our annual attrition rate of operational medics. Our first set of OEM graduates will hit the field next summer! Keep a lookout for the new AFOCD that will be publishing in April 2019. When you look under the 48R AFSC, you will see new shreds! This will allow AFPC to appropriately place new graduates to programs and bases that help them solidify their newly minted residency skillsets in addition to their operational medicine growth. We anticipate the updated HPERB numbers to be released in June, so please keep your eyes out and do not hesitate to reach out to me or the operational medicine residency program office with any questions, [patricia.a.macsparran.mil@mail.mil](mailto:patricia.a.macsparran.mil@mail.mil) or [USAFSAM.OP.Med@us.af.mil](mailto:USAFSAM.OP.Med@us.af.mil)

Below is a brief summary of all the programs; in addition, we will have a short telecom and message to the field with questions and answers of all the programs in May. You will see a message come out through force development with the dial-in number and date. At that time, we will have an updated number of residency positions being offered for 2020. Numbers below are based on last year's HPERB results.

**Operational Family Medicine Residency – OFM:** The Family Medicine-Flight Medicine program is designed to recruit medical students and GMOs who want to combine operational medicine with the clinical training of family medicine. Applicants will compete with other family medicine residents for the program of their choice at one of the five active duty Air Force family medicine residencies and one position at Ohio State University. During the second and third years, elective time will be partially devoted to preparing for Air Force operations through attendance at Air Force clinical rotations and/or courses such as the AMP, Global Medicine, and Occupational Medicine, etc. Graduates will be awarded the 48R1F AFSC and vectored to flight medicine assignments along with a secondary AFSC of 44F3.

**Operational Emergency Medicine Residency – OEM:** The Emergency Medicine-Flight Medicine program is designed to recruit medical students and GMOs interested in operational medicine combined with clinical training in an emergency medicine residency. Applicants will compete with others applying for USAF emergency medicine training and designate the civilian training program(s) of choice (collaborative relationships placing OEM residents at Ohio State University, Mercy St. Vincent (Toledo), St. Louis, Einstein (Philadelphia), and VCU (Richmond) have already been coordinated). During training, residents will be in civilian sponsored status, on active duty with funding by the USAF, and assigned to USAFSAM. During the second and third years, elective time will be partially devoted to preparing for Air Force operations through attendance at Air Force clinical rotations and/or courses, as noted above. Graduates will be awarded the 48R1E AFSC with a secondary AFSC as 44E3 and vectored to flight medicine assignments requiring an emergency medicine background.

**Operational Internal Medicine Residency – OIM:** The Internal Medicine-Flight Medicine program is designed to recruit medical students and GMOs interested in operational medicine combined with clinical training in an internal medicine residency. Applicants will compete with other internal medicine residents for the program of their choice at one of the active duty Air Force internal medicine residencies and one position at Ohio State University. During the second and third years, elective time will be partially devoted to preparing for Air Force operations through attendance at Air Force clinical rotations and/or courses, as noted above. Graduates will be awarded the 48R1M AFSC with a secondary AFSC as 44M3 and vectored to flight medicine assignments requiring an internal medicine background following their training.

**Residency in Aerospace Medicine – RAM:** This option requires at least 2 years of flight medicine experience by the start date of the RAM. Accepted applicants may choose an approved 1-year MPH, MOH, or equivalent degree at multiple institutions before competing the 1-year RAM (aerospace medicine) practicum. The practicum portion offers experiences with rotations at the Aeromedical Consultation Service, NASA, and the FAA. There are additional training opportunities at occupational medicine sites within the AF, hyperbaric medicine, and several elective opportunities tailored to your areas of interest. You will earn the 48A AFSC upon graduation and vectored to a RAM assignment such as the SGP.

The FM-RAM is designed to vector interested AF active duty GMO flight surgeons into a career path that will produce combined expertise in operational and clinical medicine. Ultimately, you will secure board certification in two specialties as well as a masters-level graduate degree (in 4 years), both of which offer significant career opportunities inside and outside of military medicine. You will earn the 48A AFSC upon graduation and vectored to a RAM assignment such as the SGP and a secondary AFSC of 44F3. The FM-RAM program consists of the following:

1. Complete a family medicine residency with Wright State University's (WSU) Boonshoft School of Medicine. This is a 3-year residency, for which credit is anticipated for at least part of the internship year (R1) that you have already completed. Note: If 6 months of advance credit is awarded and the resident begins limited MPH work during R2 and R3, the entire training path can be completed in 4 years (vs. 5). The WSU family medicine residency, <http://www.med.wright.edu/fm/res>, is a community-based program that provides residents a diverse patient population with high disease acuity in an urban setting.
2. Complete a 1-year Master of Public Health (MPH) or Master of Science in Aerospace Medicine at WSU (this is considered the first year of the RAM).
3. Complete the Aerospace Medicine practicum year at USAFSAM. 🚀

# Around the Air Force

## My Journey to Space: One Airman's Experience from Basic Training to Johnson Space Center-NASA

Craig S. Murphy, MAJ, USAF, MC, FS  
DoD Aerospace Medicine Liaison, Johnson Space Center-NASA



USAF AMP training

Surgeon, Flight, are we a GO? Communication that may seem out of a movie or a historical transcript from Mission Control, but this is just standard dialogue between National Aeronautics and Space Administration (NASA) flight surgeons and flight directors in the flight instrument control room. For many, the role of flight surgeons in the Department of Defense (DoD) carries a meaning far beyond your typical patient/physician relationship, and the role they play in the greater operational realm is tremendous. Outside the DoD, there is also a role for the flight surgeon that remains operational in the civilian sector that is not military oriented and spans international agencies. I am referring to NASA and the role flight surgeons play in operationally supporting the astronauts, families, and mission controllers throughout their training, time on the International Space Station, and rehabilitation upon return to Earth. While operating and providing medical capabilities in an austere environment is not new to the flight surgeon, finding a more austere environment than space may be difficult to fathom. Let me take a step back and tell you who I am and how I rediscovered my childhood fascination with flight and space operations.

If you are like me, at some point in your childhood, you envisioned yourself flying jets with Maverick and Goose or traveling/living/working in space (thanks Star Wars), only to somewhat face reality and see those dreams fade as other

events in life shaped your destiny. I enlisted into the U.S. Air Force (USAF) a year after community college and became an operating room technician, leaving rural West Tennessee for the central California coast (Vandenberg Air Force Base [AFB]). I could not have imagined then that this first assignment, at a U.S. Space Command base, where I bore witness and felt the power of Titan IV rockets, would be a precursor to a much more involved space assignment a few years later. This experience



My Basic Military Training graduation class June 1995



A Titan IV rocket lifts off at Vandenberg AFB

led to specialty training in orthopedics and I would serve the USAF as an orthopedic surgical technician, splitting my time between busy clinics, surgery, family responsibilities, and pursuing education along the way. The late 90s and 2000s brought the information technology boom, which was just as fascinating to me as the jets and space frontier were in my youth. I continued to pursue goals I was interested in and earned a bachelor's degree in computer information systems followed by a Master of Business Administration in the same field. My attempts to commission in the USAF and apply my education were not aligned, and I found myself searching for a new goal...orthopedic surgery.

I separated from the USAF and completed the prerequisites for medical schools with the intention of continuing my formal education in orthopedics. After all, I enjoyed the field, was familiar with terminology, treatment, tools etc. Shortly after I started medical school (Midwestern University Arizona College of Osteopathic Medicine), my wife, who was also active duty, was tasked for a deployment to Afghanistan. It was during this timeframe when I did some soul searching and felt that perhaps orthopedic residency may have to wait. I was fortunate enough during this time to do an elective in flight medicine at Whiteman AFB. I realized how well this specialty combined my love for flight and sports medicine – it launched me on my new journey.

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Aircraft on the ramp at Whiteman AFB. From left to right: Apache, T-38, B-2, A-10.

After medical school, I completed a surgical internship at the University of California, Davis Medical Center in Sacramento, attended Aerospace Medicine Primary (AMP) training at Wright-Patterson AFB (WPAFB), OH, and was assigned as the 9<sup>th</sup> Air Refueling Squadron (ARS) flight surgeon, Travis AFB. For those unaware, the 9<sup>th</sup> ARS flies the KC-10 jet, which is the largest refueling frame in the inventory. Without the KC-10, strike fighters, long-range bombers, and radar aircraft are unable to ensure aerial superiority for extended duration. While managing the healthcare for the squadron, I ensured the maximum readiness level for our crews. Additionally, through several deployments, I was able to experience the operational aspect of crew and understand how my role could provide maximum benefit not only to my squadron but also as a force multiplier across all branches.

I completed my residency in occupational and environmental medicine (OEM) at the University of California, San Francisco (UCSF), which increased my experience in the flight/space environment. I was afforded the opportunity to work along NASA Ames researchers to study fatigue predictive tools used across airlines and the DoD to determine their accuracy. I also met and worked with a Canadian flight surgeon and interested UCSF med students to develop a Bay Area Space Medicine Consortium as well as an elective in aerospace medicine for med students to take for credit. After completion, I served at Keesler AFB as an occupational medicine consultant and learned of the position in which I currently serve and decided to apply.



KC-10 refueling a B-2

My current position at Johnson Space Center (JSC), Houston is extremely challenging and fulfilling. While I serve as the USAF-NASA medical liaison, I am also working toward console certification, which will lead to becoming mission assigned to an increment. I participate in daily and weekly meetings that span broad topics concerning human performance in space and offer medical services to astronauts and astronaut candidates. I interface with DoD and NASA

experts about projects that may share common workload or similarities. As part of my background in orthopedics, I work with the astronaut strength conditioning and rehabilitation personnel and the musculoskeletal lead physician to ensure timely care to any injury that may affect training or mission availability. I am part of the Fatigue Mitigation Strategy Team, which is responsible for developing and managing fatigue countermeasures for crew, much like the USAF fatigue program. I was tasked with developing a medical concept of operations for centrifuge training for commercial crew, which is conducted at WPAFB. Flight surgeons also support medical operations at the National Buoyancy Laboratory (NBL) during dive operations for extra vehicular activity (EVA) training and altitude chamber runs.

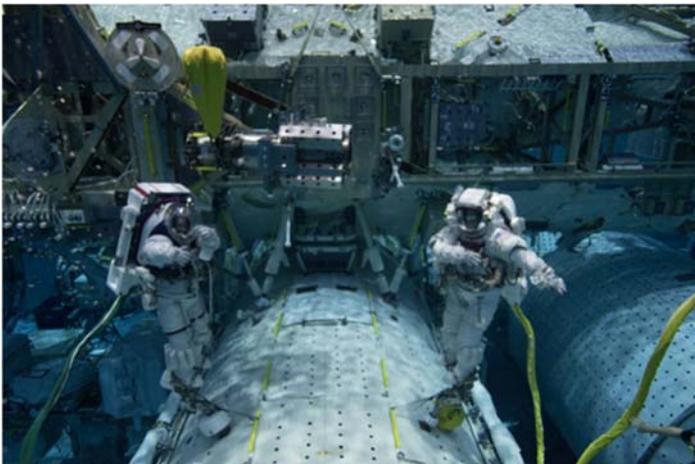
It is difficult to sum up what it takes to define a flight surgeon, as we are employed in various capacities. However, there is a common thread among us, which is the love of the flight environment and providing medical capabilities to meet the mission objective. The mission objective may be training flyers in the Air Education and Training Command, moving aerial assets across oceans and continents, ensuring a healthy force to support ground troops in combat, or venturing out to low earth orbit and beyond. While our colleagues in other medical specialties remain the experts in their field, we as flight surgeons are tasked with application of knowledge to the extreme environment of flight and space. My fellow flight surgeons at JSC are diverse and include internal medicine, emergency medicine,



UCSF OEM residents conduct a site visit at Calaveras Dam

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family practice, and orthopedic backgrounds and many have served in the Armed Forces as an operational flight surgeon. All are members of the Aerospace Medical Association, passionate about space medicine, and share a common goal of providing excellent medical capabilities to mitigate the harmful environment of space.



Astronaut training at the NBL



An astronaut performing an EVA

While I cannot lay out a clear pathway for those who desire to become space medicine flight surgeons, I can tell you that if you pursue your goals with passion and follow your heart, you will no doubt look back on the experiences and marvel at the journey. When I left West Tennessee at 19 years old, I never could have imagined that I would be providing medical care to astronauts and working with colleagues to develop new healthcare algorithms and processes for deep space exploration, yet here I stand. I continue to be amazed as I drive by the shuttle perched atop the 747 on my way to work, enter Mission Control to support an EVA, or even observe astronaut training at the NBL. Those dreams I once had as a young boy about the stars and space are now being fulfilled as I find myself working alongside likeminded colleagues to solve problems in our next frontier. I am humbly grateful of the opportunity and role I currently serve for the USAF, NASA, and my Country. 🇺🇸



## Help SoUSAFFS Grow!

Flight Surgeons, have you joined SoUSAFFS yet? The Society of Air Force Flight Surgeons is a constituent organization of AsMA that more specifically supports the needs of AF Flight Docs, with a focus on education, mentoring, and networking. We are reaching out to our cadre of young physicians to make our organization one that is essential to be a part of. Not only will SoUSAFFS membership afford you invaluable networking opportunities, but it will also make you eligible for retreats/trips to other bases to experience other missions/airframes and bond with your fellow Flight Docs! We want to grow our organization, and we can't do that without bright ideas from excited young docs! Join us today at [www.sousaffs.org](http://www.sousaffs.org).

For more information, please contact Capt Brooke Organ at [brooke.organ.1@us.af.mil](mailto:brooke.organ.1@us.af.mil).

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# Serving in Residency

**Robert “SOJU” Ryu, Maj, ANG, MC, SFS  
112<sup>th</sup> Fighter Squadron, Ohio Air National Guard**

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So there I was...at Shaw Air Force Base (AFB), getting ready to take terminal leave with my separation date set for 30 June 2014. I had just completed my final flight with “The World’s Greatest Fighter Squadron,” the 77<sup>th</sup> Fighter Squadron. It was a bittersweet moment, realizing it was likely the last time I would ever fly in the F-16 viper fighter jet. Yet, I was excited to move on with my medical career and start my orthopaedic surgery residency at The Ohio State University (OSU). I started to reminisce about the previous 3 years I had spent on active duty. The Air Force had taken me on multiple adventures from Alaska to Afghanistan, amassing over 300 hours in a dozen different types of aircraft along the way. Realizing that I could be walking away from it all, I decided I wasn’t ready to discontinue military service entirely.

Through various contacts, I reached out to the medical leadership at the medical group of the 180<sup>th</sup> Fighter Wing, Ohio Air National Guard (ANG), inquiring about a need for an additional flight surgeon. I had heard that one of their former flight surgeons served as a traditional guardsman, while in his emergency medicine residency. I asked if I could do the same during my residency, and I was met with enthusiasm. At the time, the unit had five traditional guardsmen flight surgeons including a family practice physician, an emergency medicine physician, a colorectal surgeon, a hepatologist, and an internist. And lucky for me, they were looking to add more.

Eventually, I was put in contact with their recruiter and got the process started. At the time, I signed a 3-year, \$75,000 bonus, paid out \$25,000 per year for 3 years (current bonus is up to \$90k). To ensure there was no break in service, my start date in the ANG was set for 1 July 2014, which I was later told was vital in facilitating a smooth transition from active duty to the ANG. After completing my first 3 years in the ANG, I signed an additional \$75,000 retention bonus contract, with a similar pay structure of \$25,000 per year for 3 years. Ultimately, I was assigned to become the Squadron Medical Element of the 112<sup>th</sup> Fighter Squadron.

Additionally, to ensure I maximized my financial benefits, I applied to take advantage of my GI Bill (GIB) benefits during residency training. Fortunately, I had paid \$100 per month over my first 12 months of active duty to be eligible for the Montgomery GIB (MGIB) benefits. I also had paid the buy-up or kicker prior to separating from active duty. Per DD Form 2366-1, for every \$4 contributed, you will receive an additional \$1 per month benefit, for a maximum benefit of an additional \$150 per month. In other words, for an additional, one-time contribution of \$600, you can increase your monthly benefit by \$150 per month over 36 months—a one-time \$600 contribution will lead to \$5,400 in increased benefits over 36 months! During my first 36 months of residency, I received roughly \$2,000 per month in MGIB benefits. Once I exhausted my MGIB benefits, I applied for additional benefits under the Post 9/11 GIB, which I was approved for an additional 12 months of benefits. In addition to a yearly \$1,000 book stipend, under the Post 9/11 GIB, I received the equivalent of local Basic Allowance for Housing (BAH) for an E-5 with dependents, which in Columbus, Ohio, turns out to be roughly \$1,250 per month. In some cities, this BAH equivalent may exceed your monthly benefits under the MGIB. Therefore, for some it would make sense to make use of the Post 9/11 GIB benefits from the start. In all, with my residency income, my ANG drill pay and bonus, and my GIB benefits, I had effectively matched my salary as an active duty flight surgeon who receives the ASP bonus, flight pay, combat tax exclusions, family separation pay, SDP, among other active duty financial benefits.

Of course, I had to have the approval of my residency program. Fortunately, OSU is a very military friendly institution; more so, our residency program is exceptionally military friendly. When I started, 6 of our 30 residents were former or current military members, one of whom was a former active duty Navy flight surgeon who was serving in the U.S. Navy Reserves while in residency. He had laid the groundwork for me, and therefore my program director was understanding and completely supportive of me serving in the ANG while in residency. I was warned, however, that during my first couple of years in residency, due to a heavy call burden, there would be months in which I might not be able to drill. This was anticipated, but an issue that had been encountered and overcome in the past. I discussed these challenges with the med group commander, who ensured that it would not be a problem and that there were alternative means for fulfilling drill days. Over the subsequent 4 years, I attended more than 90% of my drills. For the months I was unable to fulfill primary drill, I took advantage of makeup drill days and went in on alternative days to work. Additionally, I fulfilled drill with CME courses or conferences. On a number of occasions, I used ATLS or ACLS training or attendance at an orthopaedic conference in lieu of drill. I have been able to successfully complete four good years since starting in the ANG. To complete a good year, you must complete a minimum of 48 drill periods, which comes to 12 weekends. One drill weekend is made up of four 4-hour drill periods.

On a typical drill weekend, I spend Saturday completing Periodic Health Assessments (PHAs), occupational health exams, and shop visits. Sunday is normally reserved for training and meetings. A drill weekend can be extremely busy, filled with over 150 PHAs on Saturday and FOMWG, OEWHG, DAWG, and AMC meetings on Sunday. Yet, there is always time to spend on the operations group side of the Wing. In addition to maintaining a state of individual readiness with deployment mobility and fitness and medical requirements, I have been able to maintain my flying currencies. There have been ample opportunities for me to accomplish all flying requirements including local area survival training, aircrew flight equipment familiarization, conduct after capture training, water survival training, hanging-harness/egress training, and aircrew chemical defense equipment training. I was even able to renew my physiology training by attending the high-altitude, hypobaric chamber course at Wright-Patterson AFB. Maintaining these currencies has allowed me to fly on a routine basis—on average once or twice every few months. I have accomplished roughly 25 flying hours over the past 4 years, adding up to 160 hours total flown in the F-16 Fighting Falcon.

For a guardsman, there’s no shortage of temporary duty, or TDY, opportunities. The Ohio ANG has given me some unique and special TDY experiences. In September 2015, I took a week of vacation from residency to travel with the squadron to Tyndall AFB in Panama City, Florida, for Air-to-Air Weapon System Evaluation Program (WSEP), also known as Combat Archer, an exercise where pilots practice shooting live missiles at drones. And I went back to Tyndall in September 2018 for another WSEP exercise. My second TDY with the unit occurred in May 2017 when I traveled with the squadron to Kecskemét, Hungary, for a multi-national exercise called Operation Load Diffuser. This was an incredible experience, including my first trans-Atlantic flight in the F-16, stopping in Keflavik, Iceland. Once in Hungary, I was able to interact with air force members from the Czech Republic, Slovenia, Slovakia, and Hungary. I was even able to get a backseat ride in a Hungarian Saab JAS-39 Gripen.

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Before and after: flight suits to space suits

These TDYs were great opportunities to provide medical support, fulfill flying requirements, and build relationships with the pilots and other members of the unit, while taking advantage of the travel and local culture. Numerous other TDY and deployment opportunities have come up, including trips to Red Flag Alaska, Red Flag Nellis, Guam, Estonia, Hickham, Lakenheath, and Ramstein. All of these TDYs and deployments were divvied up among the other flight surgeons. As an OSU employee and resident, I am entitled to military leave in addition to my normal vacation days. My program has been completely supportive of me going TDY. Nevertheless, I have not taken advantage of my military leave benefit, but rather used my vacation days to go TDY. This was a personal choice based on my priority of being an orthopaedic surgery resident first, seeking to optimize my time off and minimize time away from clinical training.

I believe the biggest difference between the ANG and active duty is *time*—everything seems to happen faster and more efficiently than it does active duty. One drill weekend often feels like the equivalent of 1 month of active duty. For example, as mentioned above, we can accomplish over 150 PHAs in 1 day, and we usually accomplish FOMWG, OEWHG, DAWG, and AMC meetings all in one morning. I pinned on major 2 years ahead of my peers and will be eligible to pin on lieutenant colonel nearly 4 years ahead of my peers. The time between drill weekends seems to fly by. Despite spending a fraction of the amount of time with the squadron as I did with my active duty squadron, I still feel a special tight knit connection to the unit. I know crew chiefs and operations group support staff by first name, and they know me by call sign. Everyone is incredibly welcoming and easygoing without forgoing military decorum.

Would I do it all over again? Absolutely, I would do it all over again! I loved my time in the active duty Air Force, and I have loved my time in the ANG. The ANG has allowed me to continue to meet amazing people, travel to faraway lands, have incredible adventures, and fulfill my passion for aviation and aerospace medicine, all while progressing with my civilian medical career. I plan to continue serving for the foreseeable future. 🇺🇸



Representing

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# One Dark Windy Night

Preston “CUFFS” Laslie, Lt Col, USAF, MC, FS  
RAM XX

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Freezing Oklahoma rain and gusty December wind certainly kept most of RAM XX indoors for a week, but not without a huge party. December 7, 2018, marked the 77<sup>th</sup> remembrance of the Japanese attack on Pearl Harbor, which infamously drew the United States into the Second World War. It was also a day in history when I encountered some of the most colorful stories I’ve ever heard. Chiseled forever into the memories of 12 brothers and sisters is one unforgettable Friday night. It was a 6-hour flying-squadron-style naming ceremony containing memoirs rivaling some of the greatest “fish stories” of fighter pilot days gone by.

Our class met in a suitable banquet room and convened a naming ceremony with the attendant trappings and traditions, including the most delicious (and repulsive) things to eat in all of Oklahoma City. We had decorations, a piñata, games, gifts, previously untold Air Force faux pas, RMO checks, party favors, ridiculousness, pickled eggs, squeaky toys, and so much laughter that our guts hurt afterward.

By the power duly afforded our class mayor, the following RAMs were hereafter named:

RAM	Call-Sign
Alan Flower, Lt Col, USAF, MC, SFS	Holliday
Marshall Hayes, Col, USAF, MC, FS	KRANE
Preston Laslie, Lt Col, USAF, MC, FS	CUFFS
Dave Leary, Lt Col(s), USAF, MC, FS	BONES
Andrew Long, Maj, USAF, MC, FS	BENT
Hattie McAviney, Lt Col(s), USAF, MC, SFS	BURN
Melissa Gear, Maj, RCAF	SHIFT
Dave Navel, Lt Col(s), USAF, MC, FS	Banjo
Mitch Radigan, Maj(s), USAF, MC, FS	NACHO
Ross Semeniuk, Lt Col, RCAF	EGON
Latrise Searson-Norris, Lt Col, USAF, MC, FS	SNIPPS
Josh Shields, Maj, USAF, MC, FS	BLAST



The legacy lives on, and among us it thrives 🍀

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## Returning with Honor: A Thud Pilot's Story

Paul "METRO" Vu, Maj, USAF, MC, FS  
RAM XIX

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I was privileged to meet Tom McNish a few months ago while TDY to San Antonio, TX. As a resident in aerospace medicine, many of my rotations were away from home, and the nomadic appeal of living out of a suitcase had lost its charm long ago. Washing clothes in the sink and missing family events became tiresome routines.

My encounter with Tom gave me a rejuvenating perspective, reminding me of how good I really had it. I had become complacent and took for granted the many luxuries I enjoyed. I had easy access to food whenever I wanted. I was free to explore my surroundings and engage with others. I didn't suffer from physical and emotional oppression and basked in the comfort of knowing that such luxuries were mine to enjoy indefinitely.

I thought it important that I share with you Tom McNish's story, as I've found myself more mindful and appreciative since meeting him. I am a happier person. I hope it does the same for you.



F-105D in flight. USAF photo, <https://www.nationalmuseum.af.mil/Upcoming/Photos/igphoto/2000544014/>

Tom McNish was born near Nashville, TN, and grew up on a farm in the mountains of western North Carolina. He had aspirations to be a pilot and was selected for pilot training after graduating from the Air Force Academy in 1964. He earned his wings in September 1965 and got his first choice to become an F-105 Thunderchief (Thud) pilot.

In June 1966, he was assigned to the 354<sup>th</sup> Tactical Fighter Squadron in Takhli, Thailand, where he flew missions into Vietnam and Laos. It was supposed to be a 1-year or 100-mission tour, whichever came first. Tom recalled, "3000-pound bombs were very fun to drop... We dug a lot of fish ponds for the Vietnamese." The objective was to interrupt the Ho Chi Minh Trail. It wasn't all fun, as he faced some of the most intense anti-aircraft fire in the history of warfare. Additionally, there were mounting frustrations as missions did not allow for the targeting of enemy runways, dykes, or MiGs on the ground.

On September 4, 1966, Tom was flying #2 of 4, on a mission into North Vietnam near Hanoi. This was his 45<sup>th</sup> combat mission and he encountered heavy flak. At 10,000 feet, he was hit. It was serious and after dropping his weapons on the target, his fire-light came on. He turned for Laos, but as the cockpit heated up, he realized that he had to eject. He punched out at 550 knots and the wind blast ripped off his helmet. Falling through the sky, he pulled his ripcord and deployed his parachute. The ejection badly damaged his right knee, and upon landing in a rice paddy, he was immediately captured. There is video footage by the Vietnamese of his jet being shot down. Three days after his capture, the Vietnamese staged a reenactment of the capture for propaganda.

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Tom was held at multiple prison camps – one aptly called “Heartbreak Hotel.” For over 6 years, he was interrogated, tortured, and continuously tested. “We’d be tortured for communicating or even attempting to.” Sometimes, multiple prisoners shared a room, but they were often separated. Against their captors’ wishes, communication persisted, often through tap code. Aside from fulfilling the urge to connect with fellow Americans, defying the guards was a duty – “It was our job to resist.”

People who hear his story often question how he got through such a dark time. They’d say, “I can never do that.” According to Tom, that is simply a wrong statement. “I had absolute faith in my country getting me home, dead or alive.” Tom was optimistic that they’d be released in 6 months, and as each 6-month interval passed, he would just extend it another 6 months. The three things that he relied on throughout his confinement were faith, ingenuity, and determination.

It was collective ingenuity that taught new prisoners the tap code system. A tap code matrix was scratched onto prison walls where rotating prisoners would fill in missing information. In addition to tapping, communication occurred via banging, using hand signals, and even sweeping.

“There was a lot of time to think and reflect.” Occasionally, he encountered guards who were kind. Some captors were medics who assessed and cared for ailing prisoners. When health issues made him realize he might not be able to fly when he got home, Tom determined that once free, he would continue his service as a physician.

Tom was released March 4, 1973; he was 30 and spent over 6 years imprisoned. He wasn’t discouraged when medical schools told him that he was too old. His determination brought him to Emory University School of Medicine, where he graduated in 1978. He completed a family medicine and an aerospace medicine residency in 1981 and 1983, respectively. As a pilot-physician, he flew the A-10 Thunderbolt II and T-38 Talon. He has commanded at numerous levels and retired after his final assignment as Command Surgeon in the Office of the Air Force Reserves on July 1, 1994.



XIX RAMs with Tom McNish. Courtesy of Paul Vu

If Tom McNish’s story didn’t move you, it was from my inadequacy in writing. I left the encounter with Tom feeling very small, ashamed for too often focusing on and complaining about life’s inconsequentialities. Thanks, Tom, for helping me realize the abundance present in my life. It has allowed me to better cherish these moments that are all too fleeting. Two fantastic documentaries about Thud pilots are “Return with Honor” (which has the footage of Tom McNish) and “Thud Pilots.” 🙏