President’s Column

Tess “Feelin’” Goodman, Col, USAF, MC, CFS
President, Society of U.S. Air Force Flight Surgeons

Welcome to the fall issue of FlightLines! I am extremely honored to be the 2020-2021 president of SoUSAFFS and humbled to be following in the footsteps of the flight surgeon giants who have held the office before me. So first, let me take this opportunity to thank Col (ret) Duncan Hughes for his exceptional active duty service, passion for the flight surgeon community and, most especially, his tremendous contributions to our society. “Slash” and I attended AMP together in 2005. From AMP graduation to present, he maximized every opportunity to show the relevance of the flight surgeon to our operational community. Thank you for your service, “Slash.”

The passing of the baton from “Slash” to me, and for the rest of the new SoUSAFFS leadership, was unceremonious, but the lack of fanfare by no means equates to lack of productivity. The Board of Governors has met three times and continues to work to maintain our foundational presence to ASMA and to further our value proposition to Air Force flight surgeons across the total force. Already, there have been three resolution proposals, a new website, and a ton of discussion to improve SoUSAFFS’s outreach and influence. Welcome to our new RAM class, small but mighty, who have stepped up to shape SoUSAFFS’s future.

2020 has certainly thrown us many challenges. But these challenges have also brought great opportunity. The pandemic has restricted our movement and forced us to evaluate our priorities, family, and competencies. But, for the flight surgeon, the pandemic has reinvigorated our value to the Line. We are out front developing plans, procedures, testing strategies, etc. to keep our squadrons, installations, MAJCOMs, and Air Force priority missions focused on lethal force. There is no time better suited to show our credibility and relevance to the Air Force mission!

Another of this year’s challenges: confronting the nation and the Air Force’s diversity and inclusion. Again, where there is challenge there is opportunity. SoUSAFFS is blessed to have had representation by men, women, and minorities. We have demonstrated a diversity in our elected members, but we can always do better. SoUSAFFS is working to do better by featuring a diversity topic in each FlightLines and is also working on a strategy to better celebrate the contributions of our diverse membership. We don’t have it right, but we are committed to working toward a better future!

Enjoy this issue of the FlightLines! If you have suggestions for improvements to FlightLines, the SoUSAFFS website, or our society at large, please send my way or, even better, join one of our committees, run for a position on the Board of Governors, and/or write an article for SoUSAFFS that advances our knowledge, brings about debate, or highlights the truly fantastic work of our Air Force flight surgeons. Being a flight surgeon makes you part of a proud few dedicated to the human weapons system. From 1918 to present, our focus is clear. Be proud, be relevant, be awesome! 🎯
**From the Editor**

Tyler “FOD” Negrey, Maj, USAF, MC, FS
RAM XX

Whew! It’s 2020. Just when it seems like it couldn’t get worse, there’s a new crisis. From global pandemics to California infernos to seemingly unprecedented political division, this year has been a doozy. Reading the news is as demoralizing as it’s ever been. From the medical perspective, I’m certainly worried things could get worse this winter before they get better. I am definitely ready to stick a fork in this year, and I imagine many of you feel similarly.

In particular, the divisiveness and rancor of our current discourse is disturbing. I deeply believe that a united America can overcome any challenge, so these divisions should concern us as a nation. Lincoln said it best: “If destruction be our lot, we must ourselves be its author and finisher.” My recommendation is to turn off the talking heads on both sides of the political spectrum who encourage you to distrust or even despise your fellow Americans. They make money by making you angry. Also, delete your social media. Seriously. It feels great.

Then I started reading the articles for this issue of FlightLines. From Maj Shields’ article about international flight surgeon training to Col Chumbley’s list about the awesome aspects of SoUSAFFS, I am reminded why I decided to stick with flight medicine and pursue the FAM/RAM. This is an awesome community of docs who, much like the larger Air Force, stick together despite our diverse backgrounds and beliefs. Even though we face significant challenges on many fronts, we are always ready to support each other. This is a perpetual source of hope for me. So take a break from 2020 for a bit, sit back, and enjoy this issue of FlightLines.

**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: matthew.negrey.1@us.af.mil

Moving need your FlightLines sent to another email address? For FlightLines distribution/email update, please contact the Executive Editor, matthew.negrey.1@us.af.mil.

**SoUSAFFS 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 Lt Col Stefanie “Phantom” Watkins Nance at membership@sousaffs.org.
Flight Surgeon Consultant’s Corner

Aerospace Next

John “Balls” Cotton, Col, USAF, MC, SFS
AF Aerospace Medicine Consultant

I am honored to be serving as your Aerospace Medicine Consultant. In my very short time in the seat, I have developed a profound respect for the difficult (and thankless) job that Col Patricia “Hanky” MacSparran did. I am also enormously grateful to Col Robert “MOBBIC” York for taking on many of Hanky’s duties for the last year. I wish Hanky continued success in her recovery and good luck to MOBBIC as he takes over as AETC/SGP.

In my last job as the U.S. Strategic Command Surgeon, I was privileged to work with some of the biggest brains in the Department of Defense. I was privy to an overarching view of the global security environment and our Nation’s strategic deterrence posture. I left with a profound appreciation of the enormous responsibility that STRATCOM’s leaders shoulder every day, as well as a better understanding of the threats we face and the strategic thinking required to maintain our advantage over our adversaries.

Our own Chief of Staff shares the same concerns that were voiced daily at USSTRATCOM. In Gen Charles Q. Brown, Jr.’s recent paper, Accelerate Change or Lose¹, he provides a sobering assessment:

Tomorrow’s Airmen are more likely to fight in highly contested environments, and must be prepared to fight through combat attrition rates and risks to the Nation that are more akin to the World War II era than the uncontested environment to which we have since become accustomed. The forces and operational concepts we need must be different.

Gen Brown is reminding us of our return to great power competition, and he lays out his key to success for the Air Force: “In the face of growing challenges, we must adapt and accelerate—now—to ensure our continued ability to best serve our Nation.” He goes on to add: “But first, we must candidly assess ourselves and address our own internal impediments to change.”

If the novel coronavirus pandemic has taught us anything, it is that old ways of doing things may no longer work and that we must be agile and adaptable. We have to determine whether we are prepared for tomorrow’s conflicts. If not, then we must identify and remove any impediments to change to do so.

Over the course of my tenure here at AFMRA, I intend to take a strategic approach with our Aerospace Medicine leaders, looking at our training, manning, and business practices to make sure we are facing the challenges laid out by Gen Brown. We will not be afraid to abandon antiquated practices if they are not yielding results. We will also be willing to adopt innovative training methods, manning models, and business practices to answer the CSAF’s call.

As the AFMS embraces the concept of Operational Medicine, we must remember that Aerospace Medicine has always been at the tip of the operational spear. Indeed, OpMed is a continuum of capabilities that—if we correctly imagine the system—will blend together to form one long, sharp blade. We must work as an Enterprise to integrate all aspects of OpMed to forge that weapon.

I promise you all that I will work these issues to the best of my ability to sustain the Aerospace Medicine Enterprise during this extraordinary time in history. Please do not hesitate to reach out if you have questions, concerns, or suggestions. 🌟


SoUSAFFS 2020 Award Winners

Please congratulate this year’s SoUSAFFS award winners for their outstanding contributions.

- MALCOLM C. GROW AWARD: Maj Thomas Skinner, Beale AFB
- OPERATIONAL FLIGHT SURGEON SAFETY AWARD: Maj Mary Rose Chuidian, Cannon AFB
- OLSON WEGNER AWARD AIRMAN: SrA Abigail Palacios, USAFE
- OLSON WEGNER AWARD NCO: SSgt Amanda Trala, ACC
- OLSON WEGNER AWARD SNCO: MSgt Christopher Franken, Hurlburt Field, AFSOC
- TEAM AEROSPACE AWARD: Cannon AFB, AFSOC
- GEORGE E. SCHAFFER AWARD: Col (ret) Rick Allnutt
- HOWARD R. UNGER AWARD: David Alexander (NASA Flight Surgeon/Texas ANG):
This summer SoUSAFFS launched its vastly updated website. 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.

---

**Flight Surgeon Oath**

I accept the sacred charge to assist in the healing of the mind as well as of the body.

I will at all times remember my responsibility as a pioneer in the new and important field of aviation medicine.

I will bear in mind that my studies are unending; my efforts ceaseless; that in the understanding and performance of my daily tasks may lie the future usefulness of countless airmen whose training has been difficult and whose value is immeasurable.

My obligation as a physician is to practice the medical art with uprightness and honor; my pledge as a soldier is devoted to Duty, Honor, Country.

I will be ingenious. I will find cures where there are none; I will call upon all the knowledge and skill at my command. I will be resourceful; I will, in the face of the direst emergency, strive to do the impossible.

What I learn by my experiences may influence the world, not only of today, but the air world of tomorrow which belongs to aviation. What I learn and practice may turn the tide of battle.

I may send back to a peacetime world the future leaders of this country.

I will regard disease as the enemy; I will combat fatigue and discouragement as foes; I will keep the faith of the men entrusted in my care; I will keep the faith with the country which has single me out, and with my God.

I do solemnly swear these things by the heavens in which men fly.

---

**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.

For more information, please contact Capt Brooke Organ at brooke.organ.1@us.af.mil.
Diversity and Inclusion in the U.S. Air Force: Thoughts from the “one” in the room

Rob “Frag” Craig-Gray, Col, USAF, MC, CFS  
“Omega” RAM Class of 2011  
PACAF, Command SGP

We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color.  
—Maya Angelou

This year 2020 has brought many changes in the way we interact with one another both at work and at home. For example, the COVID-19 pandemic has significantly altered much of our lives and how we practice our profession of aerospace medicine in the U.S. Air Force. How often we go to work, how we see patients, how we deploy and PCS, and many others have been drastically altered, and COVID-19 threatens our return to “normalcy.” However, 2020 has revealed other threats to both Airmen and the Air Force that cannot be ignored. One of these issues is “diversity and inclusion,” which has sparked many conversations in our communities across the United States due to the high-profile deaths of George Floyd and Breonna Taylor. Their deaths due to tragic incidents with police have served to highlight public concerns with community policing, unfair practices and, in general, discrimination and stereotyping many minorities feel within their respective communities.

Across the Air Force, questions regarding “diversity and inclusion” with respect to minority service members have arisen in parallel with those occurring outside the gates of many Air Force bases. The services [including the Air Force] have not been immune or isolated from these conversations, and many senior leaders within DoD have felt compelled to address what they perceive is a persistent and possibly growing problem. At the SuUSAF/SSAFS level, the Board of Governors has had similar conversations and acknowledges that diversity and inclusion should be embraced by all of its members and the U.S. Air Force overall. However, concerns currently expressed and experienced by many minority Airmen cannot be ignored. If we closely look at their experiences, we can gain insight into the strength of diversity and the weakness that occurs when it is not embraced. As a junior flight doc, MTF/SGP, RAM graduate, AMS/CC (twice), and now a MAJCOM/SGP, I will just say it... I have seen and experienced challenges as a minority officer and flight surgeon during my career in the Air Force. Many of the same conversations that currently swirl around “recent events” occurring in our communities are NOT new to me and have been the persistent experiences and topics of discussions of many of my friends, family, and minority peers within the Air Force. Thus, I guess that I am a capable as any to give some insight and thoughts into this larger subject within the Air Force and hopefully I can also provide a few words that may serve as a way forward. So here it goes.

Three months ago, Gen Charles “CQ” Brown, the then COMPACAF/CC, released a video, “What I am Thinking About,” on YouTube that addressed his thoughts and experiences on the subject of diversity and inclusion as an Air Force officer and also an African-American. On this theme, he shared some significant observations on race, culture, diversity, and inclusion from his personal experience and his career. By doing so, he started a discussion that we were all invited to continue amongst ourselves, our co-workers and friends, and with him also to make our workplaces, fellow Airmen, ourselves, and our Air Force better. So, let’s take a look at a few of Gen Brown’s most poignant comments/concerns as they provide significant insight into his thoughts as a senior leader and minority officer in the U.S. Air Force. Gen Brown is thinking of:

1. “A history of racial issues and my own experiences that did not always sing of liberty and equality.”
2. “Living in two worlds each with their own perspective and views.”
3. “My sister and I being the only African-Americans in our entire elementary school and trying to fit in.”
4. “My AF career where often I was the only African-American in my squadron or as a senior officer the only African-American in the room.”
5. “Rarely had a mentor who looked like me...sound advice which has led to my success... yet most of my mentors could not relate to my perspective as an African-American.”
6. “Pressure to perform error free especially for supervisors I perceived had expected less from me as an African-American.”
7. “Having to represent by working twice as hard...to prove their expectations and perceptions of African-Americans were invalid.”

Unfortunately, these are familiar to many minority Airmen and service members. They have continued to face these challenges and obstacles as they navigate the “two worlds” Gen Brown mentions. They are confronted with the fact that often they are forced to navigate within the military world and civilian world sometimes with different rules based on their race, gender, nationality, and sometimes even their AFSCs. They work daily side by side with each other but reside in communities where they are treated differently and where, yes, their treatment doesn’t necessarily resemble the high ideals that Gen Brown speaks of and the Declaration of Independence and Constitution promise. Sometimes, they find those communities and similar treatment by others within the gates where they work or with their co-workers. Much as the famed Tuskegee Airmen of WWII served and defended a country where their rights were at risk or considered invalid, some Airmen can and may face similar situations. Yet they often do so and reside in these communities, raise families, and positively contribute to the overall community and the Air Force, often hoping to just fit in. Many are successful at these endeavors; however, one must wonder at the toll it takes on those who live in these two worlds. As an organization, we must recognize, accept, and eliminate discrimination and inequality wherever we can. We all live, work, fly, and fight in the same airspace!

Mentorship is another area where diversity and inclusion are often problematic within the Air Force. Rarely have there been mentors who looked exactly like me to seek advice and counsel, to shadow and model my career path, or sometimes to just root and cheer for me. I have heard similar complaints/concerns from many minority junior officers I have encountered. Many times, the lack of visible mentors who come from similar backgrounds impedes the feeling of inclusiveness in these Airmen. This is especially more poignant when they compare rises in rank and responsibility and the “only one in the room” becomes more common at the senior leader level among Airmen mentorship opportunities to those they often see

Continued on page 6
more readily apparent with their non-minority counterparts. Unfortunately, this often increases as one some underrepresented minorities. Additional pressure to not be “that guy” who fulfills expected stereotypes and/or perceptions of lackluster performance, work ethics, competence, and/or achievement can lead to immense success and achievements, but it can also lead to burnout and poor performance and cause some Airmen to choose less challenging assignments and jobs and safer pathways and careers. When this happens, it is the Air Force and the Airmen who lose ultimately.

Similarly, to Gen Brown, I have spent a majority of my adult life in uniform in some capacity. When I was in the Marine Corps, we were told all Marines are one color only, GREEN! We could find light green or dark green ones, respectively, but similar to the concept that every Marine is a rifleman first, we were all one big green band of brothers. I accepted the challenge as a common goal to strive for and have always sought to treat everyone fairly and equally. Throughout my career, my expectation has always been for a level playing field, where success or failure was based solely on the quality of my work, my performance, my leadership, and qualifications for the assignment in question and not by my gender, age, sexual orientation, or the color of my skin. Within SoUSAFFS, I have had the pleasure to work with many flight surgeons from many diverse backgrounds. Male/female, black/white/Latino/Asian, U.S. born and naturalized U.S. citizens, RAMs, residency trained, and GMOs have all been labels of identification worn proudly by these flight surgeons and aerospace professionals with whom I have come across in my 20+ year association with the specialty of aerospace medicine. Some looked like me, many did not, but I have taken the opportunity to learn from every one of them. Together we have navigated the challenges of the Air Force, the world, and the culture of Airmen all bound together in common mission and goals. This has been the bond that has not only kept me in the Air Force but allowed me to excel. My own efforts toward diversion and inclusion, as simple as it may sound, have been the something that has kept me “grounded” time after time as I’ve gone through this Air Force journey. Yes, we need to increase diversity in our numbers; we should seek to create additional mentorship opportunities for minorities so that junior officers, whether minority or non-minority, equally have the chance to excel and succeed.

The Air Force has given officers such as Gen Brown and me the opportunity to excel and to achieve and, simultaneously, in some situations has reminded us of some if its faults and areas lacking. However, it has not relieved us of one of the obligations we each should accept the moment we put on the uniform: to improve the service, have a positive impact on others, and to leave the Air Force better than we found it. Improving its inclusion and diversity is an essential part of this duty. While we all have differences, we must acknowledge that there are things about each of us that are unique, and that if we look deep enough, we often find common bonds and shared values. The Medical Corps, AFMS, and Air Force will ALL benefit from the wide-ranging backgrounds and experiences of its members, and increasing diversity will strengthen us all. In his parting thoughts Gen Brown states, “His historic nomination provides some hope but also comes with a heavy burden...but [itself] cannot fix centuries of racism in our country or decades of racism.” I agree, but only by recognizing our faults and errors past and present, by knowing our biases both conscious and unconscious, and by working together can we hope to overcome impediments to diversity and inclusion and excel.
Aviation Medicine in the United States Space Force
Launching United States Space Force: Whither Ted Lyster?

Ray “Doogie” Clydesdale, Col, USAF, MC, CFS
USSF Deputy Surgeon General

Advances in technology drive substantial logistical challenges in how we safely and effectively engage with new and often dangerous environs. What’s remarkable is how quickly (relatively) we adapt.

Theodore C. Lyster earned his MD from the University of Michigan in 1899. In 1903, at the age of 28, the young ophthalmologist marveled as the Wright brothers first took flight at Kitty Hawk. Thirteen years later, Major Lyster served as the authority on aviation standards for the Army Signal Corps.1

With the United States involvement in the Great War looming, Major Lyster established aviator examination centers in 67 major cities throughout the country. Lyster, however, pressed forward to bring about his vision of a “semi-independent medical service” composed of physicians competent in the emerging field of aviation medicine and attached directly to flying units. In September 1917, the War Department appointed the now Lieutenant Colonel Lyster as the first Chief Surgeon of the Aviation Section, Army Signal Corps. The following month, the War Department authorized the creation of the Medical Research Board under Lyster which, of course, would later evolve into the School of Aerospace Medicine.2

The powers delegated to the Board:

1. To investigate all conditions which affect the efficiency of pilots
2. To institute and carry out, at flying schools or elsewhere, such experiments and tests as will determine the ability of pilots to fly in high altitudes
3. To carry out experiments and tests, at flying schools or elsewhere, to provide suitable apparatus for the supply of oxygen to pilots in high altitudes
4. To act as a standing Medical Board for the consideration of all matters relating to the physical fitness of pilots.2

Oh yeah … a worldwide pandemic raged, too.

We don’t know where this new space organization is going, but we need physicians with vision and the wherewithal to implement that vision. As the United States Space Force composes and revises space doctrine over the next few years, will human space flight support be added to the seven Spacepower Disciplines? As Mark Twain said, “History doesn’t repeat itself, but if often rhymes.” The United States Space Force Surgeon General’s office has already assumed responsibility for outlining and later executing powers 1 and 4 listed above for space operators. When military human space flight discipline green-lights, delegated powers 2 and 3 will follow.

Fortunately, NASA & USAFSAM constitute a consortium of mature agencies for space research and human space flight support. We just need a Ted Lyster* with the vision and leadership to bring it all together. Like Lyster adapting quickly to the air domain, we’ll adapt to the substantial logistical challenges as we rapidly advance once again into the space domain. Flight surgeons like you are uniquely engineered to succeed. 🚀

REFERENCES


* By 1919, at the rank of Brigadier General, Theodore Lyster, the Father of Aviation Medicine, retired. Let that sink in: major in 1916, retired brigadier general in 1919.
Ejection

Paul “Trauma” DeFlorio, Col, USAF, MC, SFS
Acting Chief, Aerospace Medicine Education Division, USAFSAM

“Forty-two-year-old male, ejected from his aircraft,” the paramedic reported, as we transferred the pilot from the ambulance gurney to our bed. He was collared, back-boarded, but awake and alert, with normal vital signs. I peered over the head restraints to make sure the ABCs were okay, and asked him his name. He replied, smiling sheepishly. Within less than a minute, I’d gotten the story and dismissed the trauma team.

The patient—we’ll call him John—was a reservist and was taxing his T-6 for takeoff on a bright, sunny, south Texas day. John was a little heavy and had some trouble removing the safety pin from his seat, located between his legs. Due to his build, he couldn’t actually look down to see what he was doing. At some point, something in his hands—a safety streamer, or perhaps part of his harness webbing—had gotten caught up in the ejection loop. When he tried to adjust his position to get a better look, the loop got pulled and the ejection seat fired. The apocryphal tale that I heard years later was that he had rocketed up into the air, his parachute had deployed flawlessly, and he had landed on his feet next to the idling aircraft with a stunned look on his face, still holding his checklist. After he realized what had happened, he yelled “Goddammit!” and slammed the checklist onto the tarmac.

Back in Lackland’s emergency department, it didn’t take me long to figure all this out. And while this was before I had wings, I had gotten a lecture on ejection seats in 1998 in a course for med students at the time called mini-AMP. Despite the fact that John had almost no complaints, I wasn’t going to skimp on his eval, as I knew that the ejection sequence involved explosive charges and rocket propulsion. But after cutting off his flight suit, and examining him head to toe, I hadn’t found much.

The heels of his black flight boots looked gray and slightly melted, but the leather had protected his skin and his feet were fine. In fact, his only complaint was neck pain. And rather than a cervical spine fracture, this was clearly due to the molten canopy fragments that had imbedded in his neck. Later on, during RAM training, I would learn that the T-6 ejection sequence uses det-cord to fracture the canopy prior to the seat coming up the rails. At altitude the pressurization in the cockpit will propel many of the fracture fragments outwards, but on the taxiway, with no differential pressure, some of them had come John’s way. Because he was trying to look down at the time, his neck was exposed. A quick CT scan revealed that all of these pieces of plastic were only skin deep, and I dutifully picked them out with forceps. That was his only injury, and he walked out of the ED wearing hospital scrubs carrying his cut-up flight suit in a plastic bag.

The next ejection event I was involved with took place 6 years later. After tensions in Libya had escalated, the U.S. air intervention was predicated on the destruction of Ghaddafi’s air defense network. RAF Lakenheath’s 492d Fighter Squadron was among the first over the line. I had seen off each Strike Eagle crew with well wishes and a packet of go pills. The sense of history in the ready room was palpable; this was the same squadron that, flying F-111s, had bombed Tripoli under Reagan’s orders decades earlier. One of those planes didn’t make it back from Operation El Dorado Canyon, and neither did its crew. As it turned out, we were destined to lose another plane in the first few engagements of Operation Odyssey Dawn.

As one of the F-15Es was maneuvering for a strike, it departed controlled flight and entered a flat spin. The pilot and WSO were thrown forwards by centrifugal forces, their heads pinned down between their knees. As the pilot frantically tried to regain control, they could hear their squadron mates calling to them. First, for their status, but then, as they realized they were out of control, their comrades began warning them about their altitude. They counted down, “Bolar 3, you’re at 10,000, 9000, 8000,” and, when they were too low, they called out “Bolar 3, eject, eject, eject!” until the airplane smashed into the Libyan desert.

Unable to respond, the crew had rapidly realized that recovery was impossible, and the WSO had finally been able to reach back and pull the handle. He described a bizarre illusion; a huge white flash and then a red glow illuminated the plane as it seemed to fall away into the darkness, when in reality he was rocketing up and away from it. He told me he remembered thinking “I’m not supposed to see that,” very aware that with his head between his legs, he was in the absolute worse position to eject. Tumbling through the dark Libyan night sky, waiting for their parachutes to deploy, the crew’s adventures were just beginning.

To be continued . . .
Operational Graduate Medical Education

**Excellently Trained Expeditionary Physicians Expedited to the Field**

*A Growing Air Force GME Program*

Katie Crowder, Lt Col, USAF, MC, FS
Assistant Program Director of Operational Graduate Medical Education, USAFSAM

Why Operational Graduate Medical Education (OGME)?

OGME exists to fill operational billets with residency trained physicians.

**OGME staff: Who are we?**

OGME staff are stationed at the USAF School of Aerospace Medicine in Dayton, OH, and consist of a program director and assistant program director (both residency-trained flight surgeons) and a program coordinator.

OGME staff recruit, on-board, advise, train, and mentor residents who choose the OGME pathway.

**How does the OGME residency pathway differ from traditional Air Force residencies?**

1. OGME residents utilize elective time during their residency to complete the Aerospace Medicine Primary course, thus earning their wings. For prior GMO flight surgeons, elective time during residency can instead be spent attending other optional operational courses.
2. Upon graduation from residency, OGME residents receive flight medicine assignments. After serving one tour in flight medicine, they can then request an assignment in their residency field or remain in flight medicine.

**What programs are available in the OGME pathway?**

**Operational Emergency Medicine (OEM)**

OEM is our fastest growing and now largest program of the four. It is unique in that all training is done at civilian programs; residents are in a “civilian-sponsored” status during their residency. Training locations include Einstein (Philadelphia, PA), Mercy St Vincent (Toledo, OH), Ohio State University (Columbus, OH), St Louis University (St Louis, MO), and Virginia Commonwealth University (Richmond, VA). OEM graduates are vectored towards assignments in special operations or combat search and rescue units. They are also eligible for Critical Care Air Transport Team assignments.

We will offer 10-15 OEM training slots this upcoming match cycle (academic year (AY) 2021).

**Operational Family Medicine (OFM) and Operational Internal Medicine (OIM)**

OFM and OIM residents mostly train at active duty Air Force residency sites, although one spot per year is offered at Ohio State University for each program in a civilian-sponsored status. OFM and OIM graduates are so versatile they essentially could receive any flight medicine assignment upon graduation.

We will offer seven OFM and three OIM training slots this upcoming match cycle (AY 2021).

**Family Medicine-Residency of Aerospace Medicine (FAM-RAM)**

The FAM-RAM is an option for flight surgeons with at least 2 years of operational experience who are interested in family medicine. It consists of a 3-year family medicine residency at Wright State University (WSU) in Dayton, OH, concurrent with the Master of Public Health (MPH) program also at WSU. This is followed by 1 year of clinical/operational rotations across the Air Force to complete the RAM portion of the FAM-RAM. In just 4 years, graduates of the FAM-RAM can become double board certified in family medicine and aerospace or preventive medicine while earning an MPH degree. FAM-RAM graduates typically become the Chief of Aerospace Medicine at any Air Force medical treatment facility.

We will offer two FAM-RAM training slots this upcoming match cycle (AY 2021).

**What are OGME’s challenges?**

Retaining medical skills acquired in residency while serving as a flight surgeon is every flight surgeon’s challenge, but the OGME staff work closely with assignments officers to facilitate skills solidification and maintenance.

**Want more information?**

Please contact us at usafsam.op.med@us.af.mil to learn more about our program—the fastest way for residents to get vectored to the field!
European Air Group Advanced Aviation Course

Joshua Shields, Maj, USAF, MC, FS
Chief of Aerospace Medicine, Spangdahlem AB

About 5 months BC (before COVID), I landed in London, was picked up at the airport by an RAF pilot, and driven to RAF Henlow to begin a 6-week Advanced Aviation Course. This is a course sponsored by the European Air Group (EAG) to teach seasoned flight surgeons advanced-level aerospace medicine topics. A lot of European air forces use this course as a discriminator for higher level leadership jobs for their flight surgeons.

So what exactly is the EAG?

The EAG was first established in 1998 as a way for European air forces to coordinate efforts and interoperability and pool resources among their respective forces in areas such as air transport, training, exercises, force protection, personnel recovery, and aviation medicine. It is currently composed of seven member nations including Belgium, France, Germany, Italy, Netherlands, Spain, and the UK. It also has partner nations such as Norway and Sweden and associate nations such as Canada, Australia, and the U.S. It is headquartered at RAF High Wycombe, UK, and is provided direction by a steering group comprising the chief of air staff from each of the seven nations.

The Advanced Aviation Course began in 2004 and is held on a yearly basis. Per their website, “Broadly, the objectives of the AvMed Course are to expose Senior Medical Officers to the latest AvMed developments, provide them with instruction in medical procedures, and equip them to perform high-level staff duties and advise military policy makers on AvMed related matters.” The course takes place over 6 weeks, with 1 week in each of the member nations except Belgium. Each week consists of a different aerospace medicine topic, and each nation can send up to two representatives. Member nations are also able to sponsor representatives from other countries. The course itself is free, so the costs just come down to travel, lodging, and food.

The RAM program has been sending representatives over the past few years, and I was the lucky representative this last year. My classmates consisted of flight surgeons from France, Italy, and New Zealand. We had a small class size this year, as a typical year includes about 8-10 students. Each country did a great job of hosting, bringing in highly knowledgeable experts, allowing us to meet most of the countries’ air force surgeon generals, as well as organizing very informative tours of their military capabilities. They also made sure we were able to experience some of the cultural highlights of their cities and countries.

Listed below are a few of the many highlights.

- UK: participated in night vision goggle training, toured the altitude chamber, and rode in their brand new centrifuge
- France: located in downtown Paris, toured their aircraft recovery and mishap center
- Spain: toured the AirBus facility, experienced new technology including virtual reality training, had fantastic tour of their search and rescue squadron
- Germany: participated in AE training mission (actually flew in their aircraft), rode in very old centrifuge
- Italy: located in downtown Rome, participated in moving an isolation patient exercise with the Japanese and Italian air forces
- Netherlands: practiced flying a helicopter in the “Kraken,” a very cool virtual reality technology

As you can imagine, spending 6 weeks with your classmates provides an excellent opportunity to build strong relationships with future leaders in their respective air forces. We worked on projects together and had a final large group presentation that we gave to the course leaders from all the countries at the end. This year the topic was color vision, and it was surprising to discover the huge difference in standards among different militaries. We still keep in touch via our WhatsApp group. Overall, it was an A+ experience and one of the highlights of my RAM training.
SoUSAFFS: These Are Your People

Eric “De-Mo” Chumbley, Col, USAF, MC, SFS
Commander, 78 OMRS, Robins AFB, GA

When Feelin’ pitched the idea of an article about SoUSAFFS, I grabbed a Post-it® Note and started listing some of the ways I’m grateful to be a part of this organization. Would you mind if I shared some of them?

1. Learnin’! In 2011, I joined the Air National Guard with an 8½-year knowledge gap since leaving active duty. FlightLines caught me up on what had happened since 2002. Someone did away with the 4F career field?????? The writers in these pages have covered the challenges we face. From the BOMC rollout to PAs and nurse practitioners joining us in clinic, you’ve had access to what your colleagues are thinking. And all are part of SoUSAFFS, volunteering their time to educate the rest of us.

2. Awards. Yes, AFMS sprinkles some awards around (exercising a LOT of restraint here regarding how they’re apportioned), but if you really want to get your people recognized, it’s SoUSAFFS all the way. Your non-aerospace medicine peers know about our awards, and both your MDG/CCs and, more importantly, your people love when you bring them home. It can be tough to grasp the importance of awards before becoming a squadron commander, but they are an incredible boost for your folks. Send in the packages!

3. Connection. Working with the 114th Fighter Squadron in Klamath Falls, OR, was a treasured experience, but it’s apparently the most isolated ANG base in CONUS, at least in distance from an active duty MTF. Fortunately, connection with other flight docs through reading FlightLines allows one to figure out where others are, and what they are doing. And maybe to lure some to fly at Top Knife. At Klamath, we got to know and work with Guard flight docs employed in busy civilian practices, active duty RAMs, current and future MAJCOM SGs and SGPs, current and future group commanders, the young and the old, introverts and extroverts. A pretty good cross section of who we are, and it would not have happened without this organization! You’ve no doubt noticed we don’t have as much opportunity to gather in person of late. That makes SoUSAFFS all the more important for sharing information and also brings me to a shameless plug: look at the new web page, sign up, and get on the forum!

4. Personal growth. As above, seeing what you have done is motivating! Being a small part of this group causes one to consider what he or she likes about being a flight surgeon, and to try to improve. My story: Got my wings while assigned to Lackland where we had no flying mission. We spent our days clearing future aircrew to join our ranks, working on waivers for inactive aircrew and, oh yes, a little bit of medicine. Moved to Randolph to be a flight doc for Pilot Instructor Training. At both places, went upside down and in the weather in the Tweet. Never both at the same time while I had the controls. I think. After wandering in the civilian desert, joined KYANG and learned how to take care of a C-130 crew. Full time with the Air National Guard as a reservist (funny story, kind of), logged almost 200 hours in the an Eagle pit while swimming in the fighter pilot ocean, and took care of an AFSCOC Special Tactics Squadron. Along came the RAM, lifelong friendships, in-depth study of no-kidding aerospace medicine, flying the Piper Warrior, incredible exposures to NASA, air evac, and tanker missions, and the RAM Bowl, back when we went to AsMA! A couple of squadron commands, a tour in Europe, Viper time, C-130 time, and JSTARS time. I don’t mean for that to be so much autobiographical as to demonstrate the diversity of one flight surgeon’s experience, and to say I am not the same guy who was in The Iguana’s first AMP class at Brooks in 2000. Your mileage will vary, and that’s a good thing.

5. Finding your place. There are several reasons we want to become flight surgeons. Some have always wanted to fly high-performance aircraft. Some crave the operational experience. Some love the flying community. Some want the heck out of the primary care clinic. Many of us probably combined a few of those reasons and more. But just as many roads led here, no two jobs are just alike. Some are SMEs, some work primarily in the MTF. Some fly heavies, some fast movers, some rotary, and some sit in the container. Some travel the world, and some see Texas. No matter which job you have held or do hold, I’ll bet you’ve known somebody else out there who had a job you wanted to try, and there’s a good chance you heard about it because you saw that person at AsMA or read about it in these pages. As diverse as my experience has been, yours has been more so, and I’ve read about it here! I’ve never been to Antarctica or Asia, but you have. I’ve never been to South America on a humanitarian mission, but you have. I’ve never been an International Health Specialist, but you have. I’ve never set up a clinic at a remote air base in Africa, but you have. I’ve never been in a bomber, never been the waiver authority, never been the consultant, never been a MAJCOM/SGP…you get the picture…but you have and you will!

6. Community. I almost titled this article after Elizabeth Barrett Browning’s Sonnet 43 (look it up, it will do you good), but decided you would never let me live it down. And why should that matter? Because, you’re my people, and I’m not a sociopath. We’ve studied together, broken bread together, flown together, gripped and moaned together. When we can’t figure something out alone, we reach out to one another. When you get a sweet job, we applaud you. You’re a special bunch. Wear those wings proudly. And send in your dues. 😊