



USAF MSC Association (MSCA) Inc.

Spring 2021 USAF MSC History, Legacy, and Culture Newsletter
Fail Upward, Keep the Momentum Moving Forward! Ignite Your Purpose

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CHAIR'S MESSAGE

To All MSC Association Members... I hope you are doing well as we enter our second year of masks, distancing and uncertainty! Judy and I have managed to pivot our work to mostly online activity, but we sure do miss the family and friends. I hope brighter days are just around the corner. Please stay safe and make wise choices about your health...we need you with us a while longer!

I wanted to take this time to **share with you a few initiatives** we are working as I wrap up my two-year term as Chairman. The MSCA Board is meeting monthly with a diverse agenda to make sure we continue to bring value to you and other MSCs who have served this nation. You can view the demographics of them membership below.

First, I am very proud of our **Professional Development webinars**. Steve Pribyl and Curt Prichard have orchestrated a really impressive series of events that have addressed a number of important topics such as leadership, mentorship and career transition. Participation has been growing for each event. I thank you for you for supporting their work. I highly recommend you sign up and listen in if you have the chance. Even the "elder members" can pick up a few ideas! Better yet, we can pass on some wisdom to future leaders! Thanks to all of you who give back by sharing lessons, experiences and information.

History is the "glue" that bonds us. The Board has supported a project to scan all the MSC Class "scrapbooks" that we have on hand. Our files reach back to the early 60s and offer some great insight into our history and legacy. Brig Gen (ret) Chuck "Coach" Potter is heading this up for us and has already completed a "test scan" of one class. The result was great! The process works and we are excited to make all the classes available to you when we complete our next major project...the website.

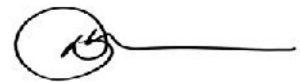
We have also **invested with a vendor to rebuild our MSCA Website**. Jim Moreland has done a great job supporting our current site. Now, our Board and Jim have elected to move to the next stage of online support for our association. A small workgroup that is engaging our developer with a project plan to build a site that captures the rich content of our past platform, but is forward thinking, while still friendly, engaging and represents our values. We will also be adding a "member's only" section with a member login. We expect to provide content that will only be available to members of the MSCA, such as the history project Chuck "Coach" Potter is working on.

As part of the **MSCA Website**, we are planning on offering merchandise, products and spotlights from industry to promote sponsors of our association. We will also enhance

the membership process to be an easy online experience. You will be able to join, renew and view other members once you join. We also plan to provide a portal to experience our past and future reunions on the site as well. Overall, the Board believes it is a great time to transition to a more virtual MSCA. We will keep you up to date as we proceed.

Finally, I would like to mention that the Board is supporting a **virtual MSCA Reunion this year**. We are still working the details, but it will be late October of 2021 and will last over a period of a few days. We plan to still have our required elections, business meetings and education events as we have in the past. However, they will be offered virtually with an interactive platform like Zoom. We hope this will both provide you both information and safety as we still navigate the transition back to a somewhat normal life. This event will be available on our new website as well. Details will be forthcoming as we confirm the schedule, technology and content. We thank you ahead of time for attending from your home.

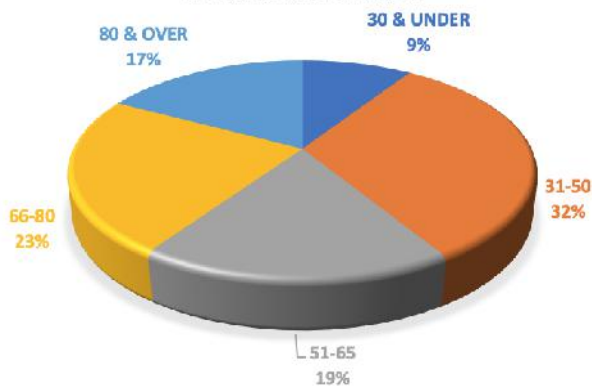
Thanks for your service then and now. Your MSCA is continually working for you to share our legacy and invest in our future. Stay safe.



Don Taylor
Col, USAF, MSC (ret)
Chairman

MSCA DEMOGRAPHICS
a/o March, 2021
Total Members: 998

MEMBERS BY AGE



REGULAR, LIFE & WIDOW MEMBERS

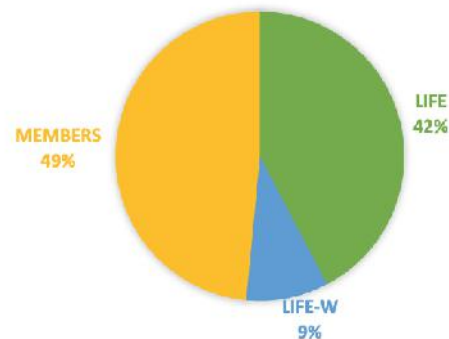


Table of Contents

(Click anywhere on the line to go to that page)

CHAIR'S MESSAGE	1
VICE CHAIR'S MESSAGE	5
SPECIAL ANNOUNCEMENTS AND FEATURE STORIES	7
2020 AMSUS AWARDS	7
EDUCATION AND TRAINING	8
WEBINAR SERIES – ON A ROLL!	8
Tribute to My First MSC Mentor: James V. "Jim" Dorsett, Jr.	10
Obituary: James V. "Jim" Dorsett, Jr.	11
FEATURE STORIES	13
HISTORY OF THE AIR FORCE INVOLVEMENT IN ACHE	13
AIR FORCE INVOLVEMENT IN ACHE II	14
ADVICE FROM THOSE WHO HAVE BEEN THERE, DONE THAT	21
Pete [Brigadier General Peter Bellisario]– and the Magic Bowling Ball	22
Final Lesson – Time Is Unforgiving, Make Every Day Count	23
Expression About Our Sacred Oath to Our Constitution	24
PANDAMNIT! 5,000 VACCINES PER DAY!	25
"End this pandemic, then spread hope and joy"	25
My Time to Run for Congress	26
HISTORY, LEGACY, CULTURE	28
A Spouse Never Forgets, Never Leave Them Behind	28
Colonel Gilbert "Ray" Inman: An Extraordinary Leader for All Seasons	29
A Radioactive Spill of Americium-241	51
NEW! The Briny Sea	52
MSC Association History – Gerald A. Starr	53
LEADERSHIP, DEVELOPMENT & CAREER MANAGEMENT	57
Strategic Health Leadership (SHELDL) Competencies	58
Actions and Competencies for Medical Group Command	59
Leadership Lessons for Command	62
Leading the Mighty Medics of the Fightin' Fifty-Fifth	65
Get Ready, Arm Yourself with A Few Tools, Succeed, Have Some Fun	72
Air Force Unveils New Standards for Enlisted, Officer Evaluations	78
Air Force Maintains Medical Mission Supporting Space Force	79
Who Sits in Your Office?	80
MSCs: Bringing Calm to the COVID-19 Chaos	81
Taskforce Southeast Augments Greensboro CVC setup	82
The Army-Baylor MHA-MBA Graduate Program	85

MSC Leaders in Joint Commands _____	87
AROUND THE CORPS! _____	88
2018 Young Health Care Administrators Focus Group _____	88
Transitions _____	91
SGA Selects _____	91
Director of Operations Selects _____	92
Squadron Command Selects _____	92
Group Command Selects _____	93
MEMBERSHIP UPDATES AND INFORMATION _____	94
HONOR ROLL _____	94
LIFE EVENT PLANNING AND SURVIVOR’S CHECKLIST _____	99
COUNT YOUR BLESSINGS _____	100
NEW/UPGRADED MEMBERS _____	101
CONVERT TO THE ELECTRONIC NEWSLETTER NOW! _____	102
CALL FOR MSC ASSOCIATION BOARD MEMBERS NOMINATIONS _____	102
LAST CALL FOR 2020 COMMITMENT TO EXCELLENCE NOMINATIONS _____	103
CALL FOR ASSOCIATION SPONSORS! _____	104
CALL FOR AUGUST 2021 NEWSLETTER _____	105
NEWS YOU CAN USE! _____	106

Gold Sponsor

Lieutenant Colonel Bob Bunker has been a Gold Sponsor of the MSC Association every year since he retired from the Air Force to pursue business opportunities in the civilian sector. He was one of the original founders of the Air Force Medical Service Office of Innovation and had many years’ experience in the development and implementation of the original Tricare contract. Bob went on to help win and later serve as COO for Humana’s first Tricare contract. Later, Bob left to assist joint venture entities in the acquisition and turn-around of several health care firms, serving each as Chairman, President and CEO. He has also been a sponsor for every reunion. When asked “why?” Bob said; “To give back to the Corps.”



VICE CHAIR'S MESSAGE

“These are the times that try a person’s soul.” Not quite the exact quote but you get what I mean. My subject today is near and dear to my heart. This great country of ours was built on Volunteers – if it was not for the Minutemen at Lexington and Concord, and the all-Volunteer army that followed George Washington, we might be speaking the King’s English. By the way, I know some of our members were drafted during the Vietnam era, and served willingly, but the majority of us volunteered to join the USAF. So we already have it in our blood. The reason I am writing you today is that the MSC Association needs some help. We have a dedicated staff of just a few volunteers that keep the entire operation afloat. We would just like to spread it around and get more people involved. That way, as my mother used to say, “Many hands make light work”.

Doug Anderson and Jim Moreland (and Jim has been doing it a long time) have continued to give of their time to our organization. We have a few folks doing a lot of these jobs. So what I am asking of you all today is to take a look at what we are trying to do and see if you have a few hours to spare each month or quarter to help.

Doug provided me with a list of positions that we need help with. He has written standard operating procedures for each and can explain in greater detail of what the jobs entail. I guarantee you, none of these are overwhelming. So, please take a look and if you are interested in being a part of this, please shoot me an email at (cpefmbmsc@gmail.com) or call (703) 615-0589 and let me know where your interest lies. Some of you have been involved in the past and have taken a break; we would love to have you back for another tour of duty so to speak.

Positions and Functions:

1. **Membership Marketing and Outreach: Number—1-3 positions:** Functions include, Marketing, Outreach, Surveys, Townhall (Zoom) meetings, production of the annual directory and membership services support.
2. **Surviving Family Member Program: Number—3-4:** An updated SOP for this very important position. We have an opening for the Coordinator and regional representatives who contact surviving family members.
3. **Education and Training (E&T) coordinator(s): Number—1-2 positions:** Planning, identifying, promotion, and hosting 4-7 webinars per year.
4. **History Project Interviewers: Number--3-5:** Actively pursue “*MSCs of Interest*” and others who have been at the forefront of change, transformation, leadership and capture their story.
5. **Fund Raising and Sponsorships: Number--2-3 positions:** It has two parts: First, pursue traditional sponsorships through email marketing, personal contacts; supports the reunion. Second, generate innovative Fund-Raising events such as the MSCA masks or Go Fund Me campaigns.
6. **Board Members** – we will have openings in 2021. Best to inquire. More information is forthcoming.
7. **Projects:**
 - **HSA Class Photos and Scrap Books: Number--2-3:** Help review, upload, and organize HSA Class photos and Scrapbooks on the MSCA Website.
 - **History Publication: Number—3-4:** We’ve had several requests for a follow-on. We have developed an approach and outline and now we need editors, interviewers, and researchers to help complete the publication.
 - **Website and Communication Support: Number—3-4:** This area is the “face” of the MSCA. There are many parts to including the website, messaging, social network administration, and social network engagement. Here’s where we need help:

- a. **Website Content Manager:** Be available to upload approved content onto the website using Word Press **Communication Messenger:** Use MAIL CHIMP and Word mailings function to send out messages to the membership.
- b. **Social Network Media Administrator and Content Posters:** Provide oversight of the Facebook and LinkedIn accounts. Set up new media such as YouTube.
- c. **MSCA APP:** We've had requests to develop an app but the effort has not gotten started. We are looking for someone to revitalize this effort and interface with new website



Charles E. Potter, MA, FACHE
Brigadier General, USAF (ret)
MSC Chief #19

I would like to thank a few people who I have heard from and appreciate what you are willing to help with especially with the next in-person reunion in 2022 in Orlando.

The Executive Committee, led by Col (ret) Don Taylor, has decided that we will not have a face-to-face meeting this year, just too many unknowns, but we will try a virtual meeting. You will be receiving details on that gathering sometime this summer. We will try to hold an in-person meeting in 2022 in Orlando and somewhere on the West Coast in 2024. If you want to talk more send me an email: cpefmbmsc@gmail.com or call (703) 615-0589 and let me know where your interests are. Doug Anderson is also available for questions and details. He can be contacted at douglas.e.anderson57@gmail.com or 703-282-7669.

In Addition to Volunteering, Tell Your Story! We would love to see it and will be happy to help you wrestle it into something we can print in this Newsletter if you like.



Submit a newsletter article at any time! Talk to the newsletter editor on your ideas and proposals.

Yes, we want stories like those about Col (Ret) Chris Philips and the Joyful Noise Quartet L-Now (2021) and R-Then (1982).

Newsletter@MSCAssociation.org



SPECIAL ANNOUNCEMENTS AND FEATURE STORIES

2020 AMSUS AWARDS

Congratulations to Alisha Smith Col, USAF, MSC, Commander, Spangdahlem Medical Group, GE and her team!

Leadership Commitment Awards

TITLE: Provider Recharge Initiative to Decrease Provider Burnout (Spangdahlem Air Base)

POC: Maj John Pistello / Commander: Col Alisha Smith



Provider burnout is a public health crisis, with 46% of family physicians reporting symptoms. Widespread impacts include lower-quality patient care, higher rates of medical error, and elevated suicide rates among physicians. In May 2019, this Primary Care Behavioral Health PCBH team identified a trend in provider burnout within the Primary Care Flight and developed a novel program “Provider Recharge” to address this crisis.

PCBH presented this concern and proposed solution to the Mental Health Flight CC, MDOS CC, and SGH, who all supported implementation of the Provider Recharge Initiative. Using the HRO Guiding principle, Constancy of Purpose, PCBH persisted through adversity towards a common goal: reducing provider burnout by implementing an initiative aimed towards teaching skills and building team cohesion and trust.

This six-month intervention involved one, 1-2 hour class per month. Class content included discussion of resiliency skills and Yoga Nidra. Pre- and post-qualitative interviews and quantitative self-report measures of well-being and provider burnout were administered. Participants also completed a feedback survey following each session to test the interventions’ effectiveness. Data was analyzed and presented to the primary care team and flight/squadron leadership.

Summary: When comparing quantitative data pre- and post-intervention, there was a 12% increase in compassion satisfaction, a 23% decrease in burnout, an 11% decrease in secondary trauma stress, and an improvement in overall behavioral health. Qualitative interview data supports a significant improvement in team morale, cohesion, and communication. Limitations of this project include impact to implementation and possible data contamination from the COVID-19 pandemic. In addition, results were not gathered under strictly controlled conditions. Future directions include dissemination to other flights/military treatment facilities MTFs to target provider burnout in the military, thus improving clinician resilience, retention, productivity, and patient safety and satisfaction.



The Air Force Medical Service, [#TrustedCare](#) hero is Capt Bin Ma, a medical support services flight commander, with the 379th Expeditionary Medical Support Squadron, Al Udeid Air Base, Qatar.

When a patient had a stroke and received critical surgery at an off-base medical center, Capt Ma coordinated an early discharge and transfer in a special ICU ambulance to ensure the patient arrived at the flight line in time for aeromedical evacuation.

EDUCATION AND TRAINING

Silver Sponsors



WEBINAR SERIES – ON A ROLL!

The recording for the USAF MSC ASSOCIATION (MSCA) WEBINAR: “Mentoring In the 21st Century” is available upon request.

Overview: 27 participants learned about the value, roles, and applications of mentoring including coaching, when and how to mentor intergenerational leaders including alternative approaches, and discuss the challenges of being a mentor.

Col (Ret)/Dr. Steve Meigs, Former USAF MSC Corps Chief, facilitator, asked several insightful questions of the following panel members.

1. Col (Ret) Andi Vinyard
2. Col Alfred Flowers
3. Lt Col Wendy Moreno
4. Major Josh Monroe

What is Mentoring?

- Relational experience wherein one person empowers another by sharing resources
- Positive dynamic that enables people to develop potential
- Collaborative process between mentor and mentee
- Form of open, social, collaborative learning

Membership ... Services ... Culture ... Keep Serving, Keep Thriving!

“To mentor is to deliberately inspire and cultivate growth in another person. This definition is intentionally void of specific ends, ways, or means as every person, relationship and situation are unique and therefore benefit from a thoughtfully tailored approach. The overall aim of mentorship should be to maximize the potential of the mentee given the specific capabilities, priorities, goals, and capacities of both parties.” ~Major Josh Monroe, Panelist

Answers to the questions can be found in the recording.

1. Obviously you all have been successful in finding mentors – how have you approached this challenge in the past and what advice do you have for participants who may want to secure a mentoring relationship?
2. When you were in the process of looking for mentor, what attributes or characteristics of the potential mentor did you consider important? Why were these particular attributes important to you?
3. Looking back on your experience with identifying and securing mentoring relationships, are there things you would do differently today or advice you provide to your mentees regarding the mentoring process?
4. Before we turn our discussion and talk about your experiences as a mentor to others – could each of you talk about the best advice or kind of support you received from a mentor? Why do you consider this interaction so important or meaningful to you?
5. As a leader and mentor, how do you determine who is a good candidate for your mentorship – what are you looking for in a potential mentee?
6. Once you decide to take on a mentoring relationship, what are the two or three leadership or communication skills you employ when interacting with your mentee?
7. In the Medical Service Corps, many younger MSCs have as their supervisor a squadron commander or senior administrator. As someone's rater or supervisor, there are responsibilities to provide feedback on performance and guidance towards accomplishing duties and responsibilities. In these relationships coaching and mentoring can overlap. How do you differentiate between coaching someone and being a mentor in these situations?
8. You were very experienced with mentoring in the military setting, specifically the Medical Service Corps – what has your experience with mentoring been in the private sector?
9. Have any of you noticed differences in mentoring someone or receiving mentoring from someone who belongs to a different generation than you? If so, how have you adapted your approach to accommodate this difference?
10. In general, it seems work is more technology driven today and there is less opportunity for face-to-face interactions. Given this - what barriers or obstacles to mentoring or being mentored in today's work environment have you experienced as a result and have you discovered any effective work-arounds?

 **Panel Member Introduction**


Presenter: Col (Ret)/Dr. Steve Meigs, Former Corps Chief



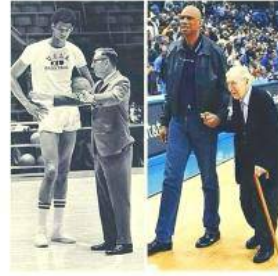
Panel Members:

Col (Ret) Andi Vinyard	Col Alfred Flowers	Lt Col Wendy Moreno	Major Josh Monroe
			

Membership ... Services ... Culture ... Keep Serving, Keep Thriving!

 **Open Discussion and Closing Comments**

Never forget those who helped you up!



Membership ... Services ... Culture ... Keep Serving, Keep Thriving!

Send suggested topics and inquiries to INFO@MSCAssociation.org

ALERT - ACHE FACHE® Membership Tenure Requirement Change - ALERT

Becoming a Fellow of ACHE has long been the gold standard for leadership in our field. After much discussion and consideration, and with the support of the Membership Committee, the ACHE Board of Governors has decided to change the membership tenure requirement for initial Fellow advancement from three years to one year, effective Jan. 1, 2021. We hope this change will make attaining Fellow status possible for more Members who wish to reach this important leadership level.

The FACHE credential is one of the most recognized and respected symbols of a leader's competency and commitment to healthcare management excellence, and this change in no way diminishes the hard work and ongoing commitment to the core values of ACHE that board certification represents. Candidates must still meet all of the other [eligibility requirements](#), including holding an executive-level healthcare management position and having a minimum of five years of healthcare management experience at the department head or director level. The experience requirement also ensures that candidates demonstrate responsibility for departmental budgeting, planning and staffing, and accountability to senior management for departmental and team performance. If you have any questions about the change to this eligibility requirement for initial advancement, or any questions regarding certification or recertification, please reach out to our Customer Service team at contact@ache.org or (312) 424-9400, Monday through Friday, 8 a.m. to 5 p.m., Central time.



General Wagner “sporting”
his MSCA Mask

Tribute to My First MSC Mentor: James V. “Jim” Dorsett, Jr.

By James J. Burks, Brigadier General, USAF (Retired), MSC, 20th Medical Service Corps Chief

I have spoken and written about my mentors over the years, celebrating their influences on my personal growth and professional development. So many of these mentors were MSC officers with whom I served. Yet until now, I have not written about **my very first MSC mentor**. His name is James V. “Jim” Dorsett, Jr. Many of you may not be familiar with Mr. Dorsett, unless you served at Shaw AFB in the late 1950s/early 1960s. But I can assure you, were it not for Mr. Dorsett, there would have never been a Brigadier General Burks...or even a Lieutenant Burks for that matter. Please allow me to explain.

After my wife Valarie and I graduated from Furman University in 1989, we moved to Columbia, SC, where I attended graduate school. At Furman, we became lifelong friends with another couple, Lea Evelyn Dorsett Tatich and David Tatich. Like me, Lea Evelyn was also from Columbia, SC. She and David lived in Columbia for a brief period after Furman. Through this friendship, we met Lea Evelyn's parents, Jim and Sue Evelyn Dorsett.

Mr. Dorsett and I quickly established a rapport around a number of shared interests. As my graduate school proceeded, he and I commenced a mentoring relationship through a series of breakfast meetings. I was still trying to figure out what I wanted to do professionally, and it was during those meetings that Mr. Dorsett would offer career and life advice. He would do so mostly by listening, asking questions, and then guiding my

thinking. Notably, Mr. Dorsett introduced me to a profession with which I had little background – healthcare administration (some of you might recall I was an MBA, not an MHA). Mr. Dorsett had served a prominent career as a healthcare executive and that career began in the U.S. Air Force as a Medical Service Corps officer, after Mr. Dorsett completed his MHA degree from Northwestern University and his administrative residency at the University of Alabama-Birmingham. This was also my very first introduction to the Medical Service Corps.

Mr. Dorsett passed from this life on March 29, 2020. He and I remained in contact through the years, primarily through Lea Evelyn and David. I have thought about Mr. Dorsett a lot over the years, especially during this past year. I think back on our breakfast meetings. As our breakfasts would be served, he would always lead us in a moment of prayer. Each time, he began with these words – “Let us pause and reflect on our many blessings...” If you have ever heard me say the phrase “let us pause and reflect,” you were surely hearing Mr. Dorsett’s words channeling through me. Even more so, you were hearing echoes of his profound influence.

Mr. Dorsett pursued life with passion, wisdom, and joy. The times we spent together were some of my most meaningful moments. I fondly recall his enthusiasm and insightfulness as I began my own pursuits in the Air Force Medical Service Corps. Indeed, I would not be where I am today without Mr. Dorsett’s friendship, mentorship, and influence. Mr. Dorsett made an enduring impact on our profession and Medical Service Corps, and in the lives of so many! It remains my privilege to carry forward his legacy of service.

To all, please join me as I “pause and reflect...”

Respectfully,

Jay

James J. Burks
FACHE, Brig Gen (ret), USAF, MSC
20th Medical Service Corps Chief

Obituary: James V. “Jim” Dorsett, Jr.



James Vernon Dorsett, Jr., 84, of Matthews, NC, died of natural causes, early Passion Sunday morning, March 29, 2020, with his two children blessed to be at his bedside. From the opening prayer of the day: “O send out thy light and thy truth; let them lead me, let them bring me to thy holy hill and to thy dwelling.” (Psalm 43:3 RSV)

James is survived by his wife of over 58 years, Sue Evelyn Arnold Dorsett; his son and daughter-in-law, Mark Arnold Dorsett and Heidi Helms Dorsett; his daughter and son-in-law, Lea Evelyn Dorsett Tatich and David Philip Tatich; and four grandsons: Walker Hoyte Dorsett, Jacob Helms Dorsett, Kyle Austin Tatich, and Grant Louis Tatich; as well as many relatives in Alabama, Georgia and Missouri.

James was born August 17, 1935, in Birmingham, Alabama, the third child of James V. ‘Bud’ Dorsett and Lorenda Bowen Dorsett. Jim was preceded in death by both parents, as well as his two older sisters, Goldie and Nancy. James graduated from Shades Valley High School, Jefferson County, AL, in 1953, where he was active in many sports, including baseball, football, and track & field. As a teenager he was a member of the Cahaba Heights Baptist Church and was baptized in the nearby Cahaba River. He loved singing, especially as the high tenor in many Gospel Quartets.

After high school, James attended Wheaton College, Wheaton, IL, where he continued to sing in the Wheaton Men's Glee Club, graduating in 1957 with a BS in Business Administration. While in college, Jim found his life-long love of golf, while caddying at the Chicago Country Club.

Upon graduation from Wheaton, James earned a Master of Science in Hospital Administration in 1959 from Northwestern University, completing his Administrative Residency at the University of Alabama Medical Center, Birmingham, AL (1958-1959). James then was commissioned and served in the USAF Medical Service Corps at Shaw Air Force Base, Sumter, SC, until August 1962.

While in Sumter, James met his future wife, Sue Evelyn, when he was asked to sing as a soloist with Sue accompanying on piano for a citywide revival. They were married on July 2, 1961.

Upon completion of his active military service, Jim and Sue moved to Lexington, KY, where Jim became the administrator at Central Baptist Hospital. Jim continued with the Kentucky Baptist Hospital system in Paducah, and then in Louisville, where as CEO, he oversaw the construction and founding of Baptist Hospital East (now known as Baptist Health Louisville) in 1975. In 1977, James moved back to South Carolina, to serve at Baptist Medical Center in Columbia. In 1981, James changed careers, into insurance and financial services, earning his Certified Life Underwriter designation (CLU) – a second career in which he positively touched so many lives. In 1994, James and Sue moved to the Charlotte, NC area, to be closer to their children and grandchildren.

During James' career, he served with The Kentucky Hospital Association (Chairman of the Board from 1972-1973, and Life Member), the Southeastern Hospital Association, the National Hospital Association, as well as on the Board of Trustees of Blue Cross. He was ordained a Deacon in 1966, at First Baptist Church, Paducah, KY. He relished singing as a member and soloist of The Palmetto Mastersingers of Columbia, SC; he was an active member of Gideons International; a member first of the Lions Club, and later the Rotary Club – serving as president, and named a Paul Harris Fellow.

Bronze Sponsors



FEATURE STORIES

HISTORY OF THE AIR FORCE INVOLVEMENT IN ACHE

Prepared by William C. Head, LFACHE

January 26, 2021

The Air Force, as well as the other Uniformed Services, leadership role in the American College of Healthcare Executives (ACHE), began during the Annual Meeting in Anaheim, California on September 9, 1978, when Colonel Donald S. Good was installed as the Regent-at-Large. As a historical note, the association at the time was named the American College of Hospital Administrators (ACHA), which was changed to ACHE in 1986. At that time, there was only one Regent-at-Large and that position represented affiliates from the Air Force, Army, and the Navy (note, Navy membership included Marine Corps, Coast Guard, Public Health Service, and the Veterans Administration). To the best of my knowledge, prior to Colonel Good being elected to this position, it had always been held by an affiliate from the VA.

At that same meeting, and the following day during the convocation ceremony, both Colonel Ken Peters, then Chief of the AF Medical Service Corps, and Colonel Bill Head (a Captain at the time) were both advanced to Fellowship in ACHE. After the convocation ceremony, Colonel Good talked to Colonel Head about his plans for the Regent-at-Large position and his desire to establish the first Uniform Services Regent's Advisory Council made up of a Fellow from the Air Force, the Army, and the Navy. He asked Colonel Head to serve as the Regent Advisor for the Air Force and subsequently asked Colonel Marion P. Johnson (Johnny) USA, MSC and Rear Admiral Charles R. Loar (Charlie) USN, MSC to comprise his advisory council. The first meeting was held in Washington, DC at the Army, Navy Club in November 1978. The emphasis for this meeting was to increase the involvement of members of the Federal Sector in the ACHE.

Colonel Johnson discussed that one activity that helped Army participation in the ACHE Congress was having the Army Baylor dinner during the alumni association's night. Colonel Good asked Colonel Head to look into the possibility of having an Air Force Dinner during Congress. Colonel Head took this to Colonel Peters, who gave his blessing and offered his support for such a dinner. The first Air Force dinner was held at the Blackhawk Restaurant in Chicago in their upstairs private dining room during the 1979 Congress. The Chicago logistics were handled by Colonel Don Davies as he was the USAF Health Profession Placement Officer in Chicago. The dinner provided Colonel Peters an opportunity to deliver a "State of the Air Force Medical Services Corps" to some 40 attendees.

The next major milestone was during the ACHE Annual Meeting in Philadelphia, PA in 1981 when Colonel Head appeared before ACHE's Nominating Committee and proposed Colonel Don Good for the position of Governor for District Two (this district was made up of Delaware, District of Columbia, Maryland, New Jersey, Ohio, and Pennsylvania). Colonel Good was elected and served as Governor, District Two from 1982 to 1986. Colonel Head was elected to become Regent-at-Large in 1982 to follow Colonel Good. In 1985 while stationed in Texas, the Board of Governors of ACHE selected Colonel Head to fill the unexpired term of Sister Celestia Koebel, then Governor for District Six, which was made up of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. Due to a position change, Sister Koebel had relocated outside District Six. Colonel Head served as Governor District Six 1985-1986. Colonel Glenn Willauer was elected to replace Colonel Head as Regent-at-Large and served in this capacity from 1985 to 1989. Colonel Willauer went on to serve as Air Force Regent from 1989 to 1991 once each service was approved for one or more regents.

In 1988, ACHE adopted the recommendations of their “Task Force on Governance and Constituencies,” which created a new district, District Eight, made up of the United States Air Force, United States Army, and United States Navy. The Navy also represented the Marine Corps, Coast Guard, and Public Health Service. Colonel Head was elected as the first Governor, District Eight and served from 1989 to 1993. The Task Force also recommended that each state and each Service would have one or more Regents based on the number of ACHE affiliates in that jurisdiction. Under the recommendations of the 1988 Task Force, the Air Force had two Regent positions due to their number of affiliates. These positions were first filled by Colonel Terry Cunningham, who served as Regent for the Air Force-Area A (Eastern Region) from 1991-1994; and Colonel Steve Lecholop, who served as Regent for the Air Force-Area B (Western Region) from 1993-1998.

Colonel Willauer was elected to become Governor District Eight when Colonel Head's term ended in 1993. Colonel Willauer served from 1993 to 1998. Colonel Head became Chairman-Elect of the College in 1993 and served as a Chairman Officer until 1997 (note – Chairman Officer is comprised of service as Chairman-Elect, Chairman, and Immediate Past Chairman, with service as Chair of the Nominating Committee immediately following). This additional time as a Chairman was the result of the ACHE Annual Meeting being combined with its Congress in 1997.

It is also important to note that over the years, a number of retired Air Force Medical Service Corps Officers have served in leadership positions with ACHE after leaving active duty. These officers’ names and ACHE roles have been included in the chart in the preceding article.



AIR FORCE INVOLVEMENT IN ACHE II

Continuing to Explore the Relationship between the Air Force Medical Service Corps and the American College of Healthcare Executives

By James J. Burks, FACHE, Brigadier General, USAF (Retired), MSC and Former Corps Chief

Author’s note #1 – I would like to sincerely thank Colonel Ray Benedetto, DM, LFACHE, MSC (ret); Colonel Terry Cunningham, LFACHE, MSC (ret); Colonel Bill Head, LFACHE, MSC (ret); and Colonel Tal Vivian, DHA, LFACHE, MSC (ret). Each one has peer-reviewed and contributed extensively to this subject. It is only through their leadership, contributions, and reflections that we can accurately describe the evolution of our MSC-ACHE relationship. Any errors or omissions contained herein are solely the responsibility of the author.

Author’s note #2 (added on March 8, 2021) – This article was written in January 2021. On March 8, 2021, Colonel (ret) Ray Benedetto informed us of the passing of Colonel (ret) James (Jim) Morton, LFACHE, on February 22, 2021. As you will see in this article, Colonel Morton was another monumental pioneer in our Medical Service Corps and the American College of Healthcare Executives. This article is dedicated to his memory and legacy.

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In the December 2020 MSCA Newsletter, I submitted a tribute to the late Colonel Glenn Willauer, FACHE, recognizing his service to our nation, Air Force, and Medical Service Corps. The article highlighted Colonel Willauer’s formative role in forging the relationship between our Medical Service Corps and the American College of Healthcare Executives (ACHE). As I noted then, Colonel Willauer was a pioneer in creating a strong foundation between our Corps and our nation’s premier professional society for healthcare leaders.

In addition to honoring Colonel Willauer, I had also hoped the article would serve as a basis for documenting the important relationship between our Corps and ACHE for the purpose of our MSCA history. In drafting the

article, I included a chart of our Corps' past ACHE leaders in elected and appointed positions – Chairman, Governor, Regent, and Nominating Committee (as an aside, I'll also acknowledge that we have MSC officers who have served ACHE in other important roles on committees, task forces, and local chapters). I am grateful to my colleagues – former MSC/ACHE elected leaders – who did the hard work compiling and maintaining this list over time.

Likewise, I am grateful that several of you have reached out to me since the December newsletter's publication with additions and corrections – precisely the feedback I had hoped to receive. I have incorporated that feedback into this update, which I submit with a two-fold purpose: (1) to ensure we continue to tell the story of this relationship in an accurate and complete manner; and (2) so the younger readers – especially those currently serving – will continue to grow their understanding and appreciation of the efforts by those who came before them. After all, the next generation will be the keepers of our stories – so we had better ensure we get the history right while also inspiring them to write its next chapters.

In that same spirit, another of our Corps' legacy leaders in ACHE, Colonel (retired) Bill Head, LFACHE, has drafted the article immediately following this one. As you know, Colonel Head was the first Air Force and active duty military ACHE Chairman. He was also one of the original MSC Officers to engage with ACHE. Indeed, Colonel Head helps us understand “where it all began!” If, upon reading this newsletter, you have something to contribute regarding our history with ACHE, we would welcome your insights in order to continue documenting this important narrative.

I think the hallmark of our Corps' relationship with ACHE is grounded in the concept of belonging to a “profession.” Please permit me for a moment to reflect on what it means to be a “professional” or to serve in a “profession.” When you think of a “profession,” perhaps you think about some of the most ancient ones – medicine, law, and theology immediately come to mind. Medical Service Corps Officers have the privilege of serving as dual professionals – in the profession of arms and in the profession of healthcare administration. This demonstrates how professions evolved in their scope over time...but not necessarily in their fundamental nature. This leads to the question, what exactly is a “profession” – i.e., what is its fundamental nature?

To begin addressing this question, I referenced an authoritative source – Google. I simply typed, “[What is a profession?](#)” Then I clicked on the first link that appeared (not a very scientific research methodology for sure...but sufficient for my purposes). The link was to the Australian Council of Professions – specifically a 2003 article – which suggested to me there is both a global and timeless nature of the term “profession.” Well, that might be a bit of a stretch, but let's review and reflect on what our colleagues from “Down Under” had to say:

*“A [Profession is a disciplined group of individuals who adhere to ethical standards](#) and who hold themselves out as, and are accepted by the public as, possessing special knowledge and skills in a widely recognized body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others.*”

*It is inherent in the definition of a Profession that a code of ethics governs the activities of each Profession. Such codes require behavior and practice beyond the personal moral obligations of an individual. They define and demand high standards of behavior in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the Profession and are acknowledged and accepted by the community.*

*Being a member of a Profession, e.g., a ‘Professional,’ is generally seen as an indicator of integrity, ethics, trust, and expertise.”*

So, let's briefly summarize these tenets: a code of ethical standards to govern behavior; a body of specialized knowledge and skills grounded in education, training, and research; exercise of such knowledge and skills at a high level in service of others; self-governance around the highest standards of behavior.

I reflect back on my own professional journey and remember a foundational moment as I prepared for board certification in ACHE. I was a captain assigned to HQ AMC/SG's office, and my Fellow interview was conducted by our MAJCOM Deputy Surgeon, **Colonel Andy Love**, and FACHE. I am sure many readers of this article know Andy, so you will not be surprised that he asked me a very thought-provoking question – "Jay, what does 'profession' mean to you?" I probably earned a C- on my answer because I had not contemplated the question deeply enough.

I am grateful for Andy's mentorship, which like the mentorship of so many others, dramatically influenced my thinking and approach to this and other important life lessons. Andy took some time to instruct me on the core tenets of a profession, which echo the precepts in the article referenced above – a body of knowledge; a means to demonstrate performance of and advance competence in that body of knowledge; and a code of ethics that defines our relationships with those whom/that which we serve (e.g., patients, fellow healthcare administrators, fellow caregivers, our organization, the community, and the profession itself). To this day, I pass along Andy's wisdom to others, especially those whom I have the privilege to interview in their respective ACHE journeys.

This is important background as we continue to explore and document the foundations of our Corps' connection with ACHE – i.e., the "professional home of the Air Force's healthcare administrators." I would like to credit **Colonel (Dr.) Ray Benedetto, LFACHE**, with the following excerpt. Shortly after the MSCA December newsletter was published, Ray shared some thoughts with me to expand upon the Corps' formative years with ACHE.

#### COMMENTS FROM RAY BENEDETTO:

*"Glenn Willauer was the first AF Regent, but he was succeeded by Colonel Terence Cunningham, who was SGA at Wright Patterson USAF Medical Center in 1991. This entry is missing from the original compilation (Burks note – it has been corrected). Terry succeeded Glenn as Regent when the USAF MSC had only one Regent. Terry was the first USAF Regent to establish a USAF Regent's Advisory Council for which I served as his Chief of Staff; I was intimately involved in getting that set up as well as working with Terry and Bill Head to get a second USAF Regent, the post to which Colonel Steve Lechelop advanced in 1993.*

*My involvement with ACHE started in 1977 when I was in Recruiting and Lt Col John (Al) Gorman was SGA at USAF Hospital Griffiss. We had moved the 103<sup>rd</sup> Recruiting Squadron Medical Recruiting Office (ATC) into the USAF Hospital Griffiss (SAC) in November 1975, and I developed a strong relationship with Al. Al encouraged me to join ACHE prior to my departure for SHCS in Jul 77.*

*From my journey, I learned that the way to build relationships throughout the MSC at the time was through ACHE and especially attendance at the annual Congress, traditionally held in Chicago in February. Our Air Force dinners were informal events at places like the Bergdorf with about 100-150 MSCs in attendance. Colonel John Klotsko also sponsored a 'hospitality suite' where we rubbed elbows and met MSCs with whom we served or would serve in years to come.*

*In the late 1970s, few MSCs held ACHE leadership positions, except for Colonel Don Good, which is why Colonel Bill Head's advancement to Chairman was so significant in many ways. I met Bill at SHCS during our tenure there and then worked with him briefly from Jun-Aug 82. While I was RMO at Sheppard Hospital (Feb 79-Jun 82), I worked closely with Jim Drury, who headed ACHE's Education Division at the time, in bringing ACHE continuing education programs to Sheppard AFB (Bill Haney – Art of Communication, Pete Laubach –*



*Negotiations, Mark Silber – Conflict Resolution and Management) to reduce MSC TDY expenses and to engage our civilian counterparts. We ran several successful annual events that helped MSCs meet their ACHE Category I requirements, which translated to fulfilling advancement criteria as well.*

*I executed a similar project while stationed in Germany in coordination with **MG Dave Rubinstein, MSC, USA**, who was an up-and-coming Captain (Burks note – MG Rubenstein went on to serve as ACHE Chairman). All of our programs were fully subscribed with about 30+ attendees. The civilians appreciated it as much as the MSCs since we brought the programs to them rather than vice versa. We truly changed the paradigm and helped ACHE take a different approach to program delivery. The ACHE Education Cluster concept was born from this initiative.*

*While stationed at Sheppard Hospital, I partnered with Lt Col Hugh Smith to prepare for the ACHE Exam (in the day when we had three levels of membership-long before we had the system that exists today). We had an ‘informal’ study guide that was shared and added to with each group of successive advancements. We also established a study team that met weekly to prepare for both oral and written exams.*

*In those days, the oral and written exams were given in person in Chicago and required a full day. The one-hour oral interview occurred sometime during the day while the written exam took about 5-6 hours to complete. Fortunately, I passed the first time through, which set me up for other opportunities. After I earned my Fellowship in 1986, I served as an oral examiner for several years as well as a Resume Reviewer under Larry Tyler’s lead.*

*I think we also need to give credit to Colonel James (Jim) Morton because he was the ACHE Regent for Mississippi for five years (1994-99) after he retired from the Air Force in 1988. Jim served a broader civilian community in his capacity as Administrator/CEO of Whitfield Medical Surgical Hospital and also served on the Mississippi Hospital Association Committees during his tenure there.”*

Based on Ray’s feedback, I also reached out to **Colonel (ret) Terry Cunningham, LFACHE**, for more understanding on our Corps’ relationship with ACHE during his leadership tenure. Here’s what Terry shared with me regarding his experiences, beginning with the time when **Colonel Willauer** transitioned from Regent to Governor in 1991:

#### **COMMENTS FROM TERRY CUNNINGHAM:**

*“At the same time, I ran and was elected as the first solo Air Force Regent. Prior to that the Army, Navy, and Air Force all had one shared position. I served in the Air Force Regent position from 1991 to 1994 when I retired from the Air Force and became VP at Johns Hopkins Hospital.*

*I also served on many ACHE committees such as Chairman of the Fellowship Advancement committee. I was on the ACHE editorial board for new book publications, and Frontiers, and was published in Frontiers. I was also a book reviewer for ACHE books for over 10 years.”*

Finally, I reached out to Colonel (retired) Bill Head, LFACHE, the Air Force’s first Chairman Officer in ACHE and one of the original college affiliates from our corps. Bill penned a brief history of early Air Force engagement with ACHE. You will find Bill’s article immediately following this article.

Sincere thanks to Ray, Terry, and Bill for sharing their rich historical perspectives! As each one points out, our Corps plays a prominent role in shaping our professional society through such means as advocating for Air Force and Joint Federal Sector leadership, informing policies for membership and advancement, conducting research, writing and/or editing articles for peer-reviewed publications, and leading educational efforts. For

many readers, this will be a nostalgic trip down “memory lane.” For others, let this retrospective advance our understanding, appreciation, and respect for those who came before us and paved the pathway to excellence...a cultural legacy that will continue to be forged by future generations who stand on the shoulders of giants in our profession!

As we continue to capture the history of the MSC-ACHE relationship, I am certain that many of you will have similar stories and reflections. Several colleagues come to mind immediately – **Steve Lechelop, Loretta Bailey, Steve Foster, Kevin O’Shea, Dennis Beatty, Frank Cumberland, Yancey Walker, Adolphe Edward, Kent Helwig, Randy Ashmore, Perry Cooper, Paul Martin, Gigi Simko, Craig Lambert**...and there are many others whom, I am hopeful that upon reading this article, will also take time to share your experiences and contributions. If you have something to add to the history, I encourage you to do so – whether writing an article yourself or sending comments along to others such as myself to collect/collate/organize.

In the following chart, you will find corrections as well as inclusion of Air Force MSC Officers who served in ACHE roles after their retirement from active duty. I’ll sign off for now, with ACHE’s registered saying: “*For Leaders Who Care.*”

Respectfully,

Jay

James J. Burks, FACHE,  
Brig Gen (ret), USAF, MSC  
20<sup>th</sup> Medical Service Corps Chief

| <b>Air Force MSC Officer</b>                                                                                                                                                         | <b>ACHE Role</b> | <b>Start</b> | <b>End</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|------------|
| Col William C. Head, FACHE                                                                                                                                                           | Chairman         | 1993         | 1997       |
| Col Mark Howard, FACHE (UT-ANG)                                                                                                                                                      | Chairman         | 1998         | 2001       |
| <i>* Note, service as Chairman Officer entails a 3-year term as Chairman-Elect, Chairman, and Immediate Past Chairman; and chairman of the Nominating Committee in the 4th year.</i> |                  |              |            |
| Col Donald S. Good, FACHE                                                                                                                                                            | Governor         | 1982         | 1986       |
| Col William C. Head, FACHE                                                                                                                                                           | Governor         | 1985         | 1986       |
| Col William C. Head, FACHE                                                                                                                                                           | Governor         | 1989         | 1993       |
| Col Glenn R. Willauer, FACHE                                                                                                                                                         | Governor         | 1993         | 1998       |
| Col Kent R. Helwig, FACHE                                                                                                                                                            | Governor         | 2006         | 2008       |
| Brig Gen James J. Burks, FACHE                                                                                                                                                       | Governor         | 2015         | 2018       |
| Col Gigi Simko, FACHE                                                                                                                                                                | Governor         | 2018         | 2021       |
|                                                                                                                                                                                      |                  |              |            |
| Col Bill Head, FACHE                                                                                                                                                                 | Nom Cmte         | 1995         | 1998       |
| Col James J. Burks, FACHE                                                                                                                                                            | Nom Cmte         | 2013         | 2014       |

| <b>Air Force MSC Officer</b>          | <b>ACHE Role</b> | <b>Start</b> | <b>End</b> |
|---------------------------------------|------------------|--------------|------------|
| Col Gigi Simko, FACHE                 | Nom Cmte         | 2014         | 2015       |
| Col Stephanie Ku, FACHE               | Nom Cmte         | 2021         | 2023       |
|                                       |                  |              |            |
| Col Donald Good, FACHE                | Regent-at-Large  | 1978         | 1982       |
| Col Bill Head, FACHE                  | Regent-at-Large  | 1982         | 1985       |
| Col Glenn R. Willauer, FACHE          | Regent-at-Large  | 1985         | 1989       |
| Col Gigi Simko, FACHE                 | Regent-at-Large  | 2011         | 2014       |
|                                       |                  |              |            |
| Col Glenn R. Willauer, FACHE          | Regent           | 1989         | 1991       |
| Colonel Terry Cunningham, FACHE       | Regent           | 1991         | 1994       |
| Col Stephen K. Lecholop, FACHE        | Regent           | 1993         | 1998       |
| Col M. Loretta Bailey, FACHE          | Regent           | 1994         | 2000       |
| Col C. S. Foster, FACHE               | Regent           | 1996         | 1997       |
| Col Kevin O'Shea, FACHE               | Regent           | 1997         | 2002       |
| Col Francis D. Cumberland, Jr., FACHE | Regent           | 1998         | 1999       |
| Col E. Yancey Walker, III, FACHE      | Regent           | 1999         | 2003       |
| Col A. Adolphe Edward, FACHE          | Regent           | 2000         | 2004       |
| Lt Col Cori A. Culver, FACHE          | Regent           | 2002         | 2006       |
| Col Kent R. Helwig, FACHE             | Regent           | 2003         | 2006       |
| Col Randall M. Ashmore, FACHE         | Regent           | 2004         | 2007       |
| Col Perry Cooper, FACHE               | Regent           | 2007         | 2010       |
| Col James J. Burks, FACHE             | Regent           | 2010         | 2013       |
| Col Paul Martin, FACHE                | Regent           | 2013         | 2016       |
| Col Gigi Simko, FACHE                 | Regent           | 2016         | 2018       |
| Lt Col Nathan Kellett, FACHE          | Regent (Interim) | 2018         | 2019       |
| Col R. Craig Lambert FACHE            | Regent           | 2019         | 2022       |

*Green Indicates Update from December 2020 Newsletter.*

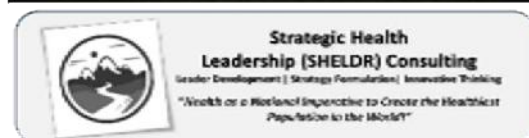
| <b>Air Force MSC Officers Who Served in ACHE Elected Roles After Retirement</b> | <b>Role</b>                          |
|---------------------------------------------------------------------------------|--------------------------------------|
| Colonel James (Jim) Morton, FACHE                                               | Regent (Mississippi)                 |
| Colonel James (Jim) F. Geiger, FACHE                                            | Regent (Pennsylvania – Northeastern) |
| Colonel James (Jim) F. Hanko, FACHE                                             | Regent (Minnesota)                   |
| Colonel William (Boyd) Kleefisch, FACHE                                         | Regent (New Mexico)                  |
| Lieutenant Colonel Christopher (Chris) L. Morgan, FACHE                         | Regent (Mississippi)                 |
| Colonel Stephen (Steve) J. Pribyl, FACHE                                        | Regent (Minnesota)                   |
| Colonel William (Bill) D. Rasco, FACHE                                          | Regent (Texas Lone Star Area)        |
| <i>Green Indicates Update from December 2020 Newsletter</i>                     |                                      |

**ALERT --- REMINDERS, REMINDERS, AND MORE REMINDERS --- ALERT**

|                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Have a change in status? Send membership directory updates – name, address, status, email— changes to the membership team <a href="mailto:membership@MSCAssociation.org">membership@MSCAssociation.org</a></b></p>                                       |
| <p><b>Contribute to the History project – tell your story today! Contact the MSC historian to talk over your ideas and proposal <a href="mailto:historian@MSCAssociations.org">historian@MSCAssociations.org</a></b></p>                                       |
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# ADVICE FROM THOSE WHO HAVE BEEN THERE, DONE THAT

## Friends



Submit a history or newsletter article at any time! Talk to the newsletter editor on your ideas and proposals.

[Newsletter@MSCAssociation.org](mailto:Newsletter@MSCAssociation.org)



One of the greats I've met during my Air Force career. RIP BG Chuck Yeager. (I'm [Lorn] at far right)

~Lorn Heyne, Col (Ret), USAF, MSC, FACHE

## Pete [Brigadier General Peter Bellisario]– and the Magic Bowling Ball Tom Campbell, Major (Ret), USAF, MSC

I was junior Air Force Medical Service Corps officer and a pretty raw, grad student resident in the Medical College of Virginia Health Care Administration program. The residency was a 10-month program and I, being on active duty was completing mine at Malcolm Grow Medical Center on Andrews Air Force Base, Maryland. **Colonel John Gildner (RIP)** was my preceptor although my most active advisor was the Associate Administrator.

The Associate and I also participated on one of the Center's evening bowling teams. My first time there, I was searching the house racks for a suitable bowling ball with little luck. Being left-handed, this was a common occurrence for me as the balls are typically drilled for right-handers. The Associate...noticing my predicament and also being left-handed kindly offered to let me use his personal bowling ball that was custom drilled. I took him up on the offer and promptly bowled what I believe was my first 200+ game ever. When we finished for the evening, I borrowed the Associate's ball again and took it to the counter where I asked the clerk to make me a ball just like it..."exactly like it if possible."

Years, and a handful of bowling leagues went by and that was the last time I ever bowled 200 or better - even using the custom ball I affectionately called "Pete." "Best laid plans...." right?!

The Associate had a great laugh and an "attack the day" sort of style I appreciated - even though he often spoke of leaving the Medical Service Corps he seemed to really enjoy his work. (I didn't realize he was probably joking about leaving.) He ended up remaining with the Air Force and later became the second Medical Service Corps officer to be promoted to Brigadier General.

Thank you again for the loan General, and for helping me stumble through my residency!

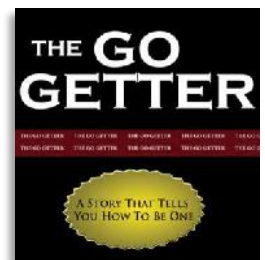
**Management 101 note:** Early on in my residency, Colonel Gildner called me into his office and chewed me out like there was no tomorrow. I forget what it was for but it was the first and last time in over 50 work years I had/have ever been chewed out like that. Then, at the end of my residency he called me something that again hasn't happened before or after; a "great man." We both knew the truth was somewhere in between.

Finally, as a parting gift, he gave me a copy of "[The Go-Getter](#)." Here's a synopsis: "It's a straightforward parable about a young war veteran who's handed an opportunity that will either make or break his career. If he accepts the job and pulls it off, he's a go-getter; if he fails, its curtains. The kid's motto-"It shall be done"- sums up Kyne's point: even if you're unsure, say you can do it. Then figure out how to do it and make sure you succeed. Go above and beyond."

The message worked well for me, beyond my 24-year Air Force retirement at the tender age of 41 and through my subsequent 30-odd consulting years; first, with Schubert Associates and then with my own firm, Campbell Health Management, Inc. Along the way, I found most all consultants shared the same basic principle; if someone asks if you can do something, just say "yes." (Get the engagement then if you or someone on your staff can't do it, find and vet someone who can...under your umbrella.) You'll figure it out from there. Sure, it doesn't always work but it is a hell of a ride, even if the bowling ball isn't "Magic."



*Brigadier General Peter R. Bellisario*



## Final Lesson – Time Is Unforgiving, Make Every Day Count

Ted Terrazas Senior Vice President, Medical & Business Services, Chenega Corporation



I appreciate the opportunity to provide input into our MSC Association Newsletter and will attempt to keep my story and lessons brief. My career as an MSC started as an accident. I was an enlisted Dental Hygienist. I took my Officer Qualifying Test and scored so low, the counselor told me I should take it again, but it was the minimum. I was driving home to California, stopped at MSU and went into the ROTC building. What I thought was going to be a visit turned into an interview and I was accepted pending college admission. I went to Officer Training in the summer, and won the Commandant's Award, so I was able to change my allocation from Missile Officer to Pilot. Few weeks after being back at the detachment, I was told I would be too old to be a pilot, to pick another job.

Thanks to **Cadet Leslie Ness (ret Col)**, who told me all about the MSC Corps, I applied and was accepted. Lesson – Life's challenges may seem unfair but remaining positive and flexible produces optimal results. My first assignment was Reese AFB as Director of Patient Administration. I first met my NCOIC who welcomed me in one sentence and in the next said we have an inspection coming. After completing my review of the operations, I told him and our team we will get an excellent. He in a very polite way told me I was crazy and that a satisfactory would be good. In the end, we received an excellent. He was terrific at his job, but he needed a vision and a coach – be ready to lead. My supervisor was **Col Neese**, who gave me lots of room to excel. I was assigned to begin a new program "Health Care Finders," which involved basically negotiating lower pricing for CHAMPUS civilian referrals. The results were so good, as a LT, I was asked to brief the COL's Group. Winning a game at a time, prepares you for the playoffs. Izmir Turkey was my next assignment, where I served under **Col. Howard Googins**. At the end of the supply chain, with only two MSCs and a war starting up and going to war, you grow up fast. Lessons – Trust in God, Country, your training and your team!

At March AFB, I worked for **Col. John Sheehan and then Maj. Steve Cargill**. The war was still going on, but the attention was on the CHAMPUS Reform Initiative (CRI) to backfill mobilized providers and test Managed Care. In Southern California we had Aetna, where I worked with then **Maj. Don Palen** to implement programing. I started a Managed Care Office within the MTF. I was asked by the SG's Office, why? That's what the contractor is for? My reply was that there were internal efficiencies to be gained in working with our HMO vendor that resulted in significant cost savings. I had the unwavering support of my supervisors which resulted in my being recognized by the Line and Medical Service Corps. Lesson – Make change your friend.

I went on to United HealthCare under the Education with Industry program which readied me for working at the TRICARE Lead Agent for General Rivera and then **Col Al Middleton**. We rolled out the program in Region IV. This prepared me for my first commercial job. Then retired **Col. MSC Jimmy Brown** called me for a job to evaluate TRICARE in Region XI. Great transition. Lessons – Always keep learning. I retired as a Captain due in part to 8 years Enlisted time and being offered an early out program. Lesson – Timing is everything. I worked for the best in leadership and enjoyed serving the medical mission. Still do. Unknown to most and Unclassified – I also served the OSI supporting the FBI and CIA on occasion from 1978 to 2016. I am adopted and my birth name was Max Stein. Recognized for being a Hispanic Entrepreneur (cover of Hispanic Business Magazine), come to find out I have zero DNA south of the border. I am 36% Native American and other % Welsh and European DNA. Another Lesson - I was never the smartest, but the hardest working...hard work can overcome lots of shortcomings. I want to thank my MSC Leadership and fellow MSCs for a remarkable journey! Final Lesson – Time is unforgiving, make every day count, and don't let your book have blank pages!



# Expression About Our Sacred Oath to Our Constitution

## Responsibilities of All Citizens

Posted on Facebook, January 6, 2021

By James J. Burks, Brigadier General, USAF (Retired), MSC

On January 6, 2021, I drafted the most serious commentary that I have ever posted on Facebook. As friends know, my Facebook musings typically focus on family, friends, activities (like golf), and Air Force memories. By contrast, my post on that infamous date reflected my response to the unprecedented actions against our government and my mounting sense of angst as I watched our sacred pillar of democracy – the United States Capitol and our Constitutionally-elected leaders – under siege. Since my original posting, additional facts have come to light describing the depths of depravity surrounding this insurrection attempt, which our elected and law enforcement leaders are handling and which require no commentary from me. That notwithstanding, I wanted to share my voice from January 6<sup>th</sup> here in the pages of our MSC Association newsletter. My remarks are not intended as commentary on politics, parties, or elected officials; but instead, they are my expressions about our sacred oath to our Constitution, and the responsibilities of all citizens of our Great Nation. Thank you for the privilege of sharing these thoughts. Respectfully, Jay

### Facebook, January 6, 2021, by Jay Burks:

Today's heinous acts of insurrection on the hallowed grounds of our U.S. Capitol bring disgrace and discredit to its perpetrators. God bless our law enforcement agencies, which protected our People's House and our elected representatives and their staff members. We must remain mindful of the purpose for our Congress gathering today in joint session – to exercise their Constitutional duty and formally tally the Electoral College votes that legally and legitimately elected Joe Biden and Kamala Harris as our next President and Vice President of the United States. In my non-partisan view, that is a non-negotiable truth! As I watch today's events unfold, I am stunned at this horrible attack on our nation, its elected leaders, and our Constitution. It reminds me vividly of 9/11. As a nation, we will have to come to a collective grip on today's precipitating events. I heard one former senior official state that at the core of today's events are pervasive attacks on truth, and by extension those who propagate lies and misinformation to serve their own self-interests...even in the face of uncontestable facts. Reflecting on my 26 1/2 years in uniform, I had the great privilege of presiding at many commissioning, promotion, and reenlistment ceremonies. A central element of each was the affirmation of the oath of office or oath of enlistment. It is the same oath taken by all military, civil servants, and elected officials. For me, this was always the most moving part of the ceremony, during which I would remind the honoree that our oath is not to a person, a politician, a political party, or a branch of government. Instead, our oath is to the CONSTITUTION OF THE UNITED STATES. I would also remind the



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THE JOINT CHIEFS OF STAFF  
WASHINGTON, DC 20318

MEMORANDUM FOR THE JOINT FORCE

SUBJECT: MESSAGE TO THE JOINT FORCE

The American people have trusted the Armed Forces of the United States to protect them and our Constitution for almost 250 years. As we have done throughout our history, the U.S. military will obey lawful orders from civilian leadership, support civil authorities to protect lives and property, ensure public safety in accordance with the law, and remain fully committed to protecting and defending the Constitution of the United States against all enemies, foreign and domestic.

The violent riot in Washington, D.C. on January 6, 2021 was a direct assault on the U.S. Congress, the Capitol building, and our Constitutional process. We mourn the deaths of the two Capitol policemen and others connected to these unprecedented events.

We witnessed actions inside the Capitol building that were inconsistent with the rule of law. The rights of freedom of speech and assembly do not give anyone the right to resort to violence, sedition and insurrection.

As Service Members, we must embody the values and ideals of the Nation. We support and defend the Constitution. Any act to disrupt the Constitutional process is not only against our traditions, values, and oath; it is against the law.

On January 20, 2021, in accordance with the Constitution, confirmed by the states and the courts, and certified by Congress, President-elect Biden will be inaugurated and will become our 46th Commander in Chief.

To our men and women deployed and at home, safeguarding our country—stay ready, keep your eyes on the horizon, and remain focused on the mission. We honor your continued service in defense of every American.

MARK A. MILLEY  
General, U.S. Army  
Chairman of the Joint  
Chiefs of Staff

JOHN E. HYTEN  
General, U.S. Air Force  
Vice Chairman of the Joint  
Chiefs of Staff

JAMES C. MCCONVILLE  
General, U.S. Army  
Chief of Staff of the Army

DAVID H. BERGER  
General, U.S. Marine Corps  
Commandant of the Marine  
Corps

MICHAEL M. GILDAY  
Admiral, U.S. Navy  
Chief of Naval Operations

CHARLES Q. BROWN, JR.  
General, U.S. Air Force  
Chief of Staff of the Air  
Force

JOHN W. RAYMOND  
General, U.S. Space Force  
Chief of Space Operations

DANIEL R. HOKANSON  
General, U.S. Army  
Chief of the National Guard  
Bureau

UNCLASSIFIED



honoree that the rank he or she was wearing did not belong to him or her – it belongs to the American people, and we are simply entrusted as its stewards on their behalf. So, as I think about our sacred oath, I have come to a conclusion that it is really the oath of and for all citizens. I'd like to share its spirit and intent with you (most of you know it already), then invite you to think about what these words mean to you. Go ahead and raise your right hand and repeat after me, if you feel so inclined.

“I <state your name>, do solemnly swear that I will support and defend THE CONSTITUTION OF THE UNITED STATES against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and I will well and faithfully discharge my obligations as a citizen of the UNITED STATES; so help me God!” ... As we reflect on today's shameful and sickening domestic attack on our democracy, now is a time for all Americans to join together and say, “this is not who we are, and this is certainly not who we want to be in the future.” Regardless of political ideology or party affiliation, let us recommit to civility, respect, truth, and most of all, THE CONSTITUTION OF THE UNITED STATES. *End of Jay's FB Post*

## PANDAMNIT! 5,000 VACCINES PER DAY! “End this pandemic, then spread hope and joy”



[Listen to David Womack, Col \(Ret\), USAF, MSC, FACHE, SVP, Kaiser Permanente, Bakersfield open up a vaccination center to do 5,400](#)

[vaccinations per day.](#) California State University Bakersfield (CSUB) is part of a consortium of health-care providers working together to vaccinate hundreds of thousands of people in our community. The initiative is being led by Kaiser Permanente, in partnership with Dignity Health Hospitals and

Adventist Health. Hall Ambulance ... In continuing coverage, the Bakersfield (CA) Californian (3/25, Mayer) reports CSUB's new COVID-19 Vaccine Hub, “36 vaccination stations stand ready for the big push, which begins Friday.” **Kaiser Permanente SVP David Womack** “told a group of partners and news reporters at an unveiling held at CSUB Wednesday that the vision for the massive effort is twofold: *‘No. 1 ... to end this pandemic,’ Womack said. ‘No. 2 ... to spread hope and joy.’*” According to **Womack**, the site “will have the capacity and the professional staff to administer as many as 5,400 doses per day, or nearly 38,000 vaccine doses a week.” CSUB President Lynnette Zelezny said, “Through the tireless efforts of Kaiser Permanente, Dignity Health Hospitals, Adventist Health and our hardworking staff here at CSUB, we have devised a system that will deliver life-saving doses of vaccine into the arms of thousands of people a day.” Other coverage:

1. [KERO-TV](#) (3/24) adds that Womack said, “Inside the hub here, we have 36 vaccine stations and 14 registration stations. When you do the math with that, we can push through hundreds of people per hour and do 5,400 [vaccinations] a day, nearly 38 thousand a week.”
2. [KBAK-TV](#) (3/24) says Womack added that “when the tiers open up, we believe that with all the other combined efforts in the county, that by the end of the June, we will be able to vaccinate every person in Kern County who wants a vaccine, assuming the supply is there.”
3. [KGET-TV](#) (3/24) also reports.



## My Time to Run for Congress

**Julie Hall, Colonel (Ret), USAF, MSC, Candidate, Massachusetts 4<sup>th</sup> Congressional District**

The 2020 election, indisputably was probably one of the more unique election experiences we'll see for some time. Being actively involved as a Congressional candidate was an exciting journey I never expected to take but strongly urge all of you to consider. **Spending most of my hospital administration career in the Patient Administration, Managed Care arena, I felt I was diplomatic, responded well to difficult questions and was able to think clearly under stressful situations. My military accomplishments and leadership abilities were certainly recognized and respected in my community.** I was not ready to retire and realized for the second time in my life, I could do or be anything I wanted



When I first joined the military in the 1970's I was like most Bostonians, a "Kennedy Democrat". I am a fiscal conservative, but more progressive when it comes to people issues. Even today I have not changed and this is part of my first campaign slogan. *"One for All Julie Hall"*. **The more time I spent in the military and got to see how horribly other countries treated their people, what freedoms and liberties we had, my love for this country and the part we play in preserving those freedoms made me passionately proud.** I always carried a great love for Massachusetts and the part the Commonwealth played in fighting to create an independent United States. As I began learning more about the Constitution, the military, the American Flag, and seeing our soldiers give and lose their lives I realized the military, actual human beings played an integral ongoing part in what keeps our Constitution intact. I left the military a conservative leaning Independent. If you don't have this kind of passion, don't go into politics.

I was now a Republican. I ran for my first elected position as City Councilor At Large coming in as the top vote getter. I ran for State Rep Second Bristol District in a Special Election and General Election which I lost in a very small margin. Just recently I ran for U.S Rep MA 4<sup>th</sup> Congressional District. No Republican has won in this district for over a century. The Incumbent who vacated the 4<sup>th</sup> Congressional seat was Congressman Joseph Kennedy of the well-known MA Kennedy Family. He held that seat for years unchallenged and the person who I ran against and won the seat is a relative of the Kennedy family. Is this coincidence? These are the ugly political lessons of realization that no matter how well you run a campaign, there are behind the scenes factors at work that will be almost impossible to overcome. This is why our election system must be reformed with Term Limits, Campaign Finance spending limits, Political Action Committee and Special Interest Group donation restrictions. If you have money, media and connections on your side you will definitely have the edge no matter how much better a candidate your opponent is.

There are 91 total veterans in the 117th Congress. 28 are Democrats, 63 are Republicans. There are groups that have stepped up recruitment of military veterans to run for office. I am part of a group at the State level in MA that recruits Veterans and Law Enforcements Officers to run and was recently recruited, endorsed and funded by a Federal Group that searches good Veteran and minority candidates to run for office. The easiest part of running for office is meeting the people. The hardest part is fundraising and it does cost money to run a good race so be prepared to call and ask for money or you'll be spending your own.

You are not always going to win and that should not be the only reason why you enter the race. I entered the race because people had stopped respecting the flag, stopped standing for the national anthem, and were tearing down our national monuments, burning our cities and disrespecting law and order. People were angry and I wanted to be able to speak up against this. I resisted at first but my conscience kept saying you have to do this.

Republicans in Massachusetts had not been represented in the Congressional races for years. Five Republican candidates, ran because not one candidate was running against the Democrats so we decided to run. We had no idea how much hope it gave people in our party just to see us out there speaking for America, the Flag, Law and Order, the Constitution. They were very proud of us. We gained a lot of respect so it isn't always about winning the vote, we won a lot of character points.

When the people rally behind you it is amazing. It quickly becomes overwhelming when you realize how much they are counting on you and want you to win. Besides my local friends and family, **I often called on my military family for information and support. Chuck Chapdelaine, Doug Anderson, the Thompsons and Rosado Families come to mind right off but there were many and I thank every one of you.** I do remember getting a message on my Facebook from **Ed Fieg** who I had not heard from in quite some time that really touched me – sometimes it's the right message at the right time from the right person that keeps you going. I had friends with who said they hoped their daughters grew up to have as much confidence and that I was a role model for their girls. It just made me want to work harder.



I took the losses very hard. Of course, no one wants to lose and I had said before this last time that I would never run again. But there was something different about this past race. **I learned that winning was not on me. I was only one vote. All I could do was run my best race for the people.** If I believed in why I was running then it would be a pleasure to represent that cause. This whole last race I ran as a “happy warrior” enjoying the experience and loved meeting all the new people. People ask me if I am going to run again and I say well, I have not run for President yet.

### Women Veterans Have Access to VA Resources



Women are the fastest growing demographic in the U.S. military and Veteran populations, and VA stands ready to provide resources. There are currently more than 2 million women Veterans—and that number continues to rise, according to the [National Center for Veterans Analysis and Statistics](#). In fact, women are expected to make up [more than 16%](#) of the U.S. Veteran population by 2043.

Women have served the country in many capacities throughout history. However, they did not receive VA benefits until Congress passed the Women's Armed Services Integration Act in 1948. That act granted them permanent presence in the military, entitling them to VA benefits.

VA benefits are a vital part of economic stability. In fiscal year 2020, more than 4,900 women Veterans learned about benefits at nationwide woman-focused outreach events. More than 196,000 women Veterans used education benefits and more than 555,000 women Veterans received \$10.7 billion in disability compensation. Hundreds of thousands also engaged VA with pension, home loans, insurance, employment and memorial benefits. [Read more ...](#)

# HISTORY, LEGACY, CULTURE

## Gold Sponsor

Lieutenant Colonel Bob Bunker has been a Gold Sponsor of the MSC Association every year since he retired from the Air Force to pursue business opportunities in the civilian sector. He was one of the original founders of the Air Force Medical Service Office of Innovation and had many years' experience in the development and implementation of the original Tricare contract. Bob went on to help win and later serve as COO for Humana's first Tricare contract. Later, Bob left to assist joint venture entities in the acquisition and turn-around of several health care firms, serving each as Chairman, President and CEO. He has also been a sponsor for every reunion. When asked "why?" Bob said; "To give back to the Corps."



## A Spouse Never Forgets, Never Leave Them Behind

Mrs Elizabeth Frank Rubino



**Frank L. Rubino, Lt Col, USAF,  
MSC, FACHE**

Happy Anniversary in Heaven. You served your Country Well & You died while serving. You left us that cold morning, on President's Day! Without warning & unexpected! I thank you for your love of your Country, Your love for serving as a Medical Service Corps (MSC) Officer & Your love for God, Family, Career & Education. I am Honored & thank you for all that you Bestowed in my Life! Will cherish you always, with Dignity, Honor & Respect! I love you forever, Frank Darling. Rest in Heavenly Peace, until we are one again!

A Sincere Thank You, to **Steven C. Mirick, Col (Ret) USAF, MSC, FACHE**, for instrumenting & his leadership, in my husband's career path to Air Staff, Surgeon General & DOD Health Affairs. I am eternally grateful to **Col Mirick** for his friendship over 40 years & all that he accomplished during my husband's passing.

## Colonel Gilbert “Ray” Inman: An Extraordinary Leader for All Seasons

Colonel Ray Benedetto, USAF, MSC (Ret), DM, LFACHE, MSCA Life Member and Co-Author of *It’s My Company TOO!* With key contributions from

Colonel (Dr.) (Ret) William E. Palma, USAF, MC, and the following USAF MSC retired officers: Colonels John R. Beaty, George Breault, Don Brown, Larry Burchfield, Don Davies, Wm. Boyd Kleefisch, Jim Moreland, Tim Morgan, Bill Powers, and John Sheehan; and Lt Colonels Dale Davenport and Dan Sherred, as well as the assistance of Jan Inman

### Prologue:

*Preserving our MSC History is critical to understanding the roots and foundation upon which the Corps stands. The Corps is significantly different today, with only a small fraction of officers rising from enlisted ranks. However, during the Corps’ first two decades (1951-71), a large number of future senior officers were “mustangs” who had literally pulled themselves up “by their bootstraps” to advance, lead, and change their futures as well as that of the corps. Many of them became “larger than life” role models, and in some cases, heroes to those who followed. This article is dedicated to one such “mustang” who played a very significant role as a “giant” and “pioneer;” who helped shape the Medical Service Corps and the officers who served within it over the course of nearly three decades.*

Professional success depends on several factors, not the least of which is being in the right place, at the right time, with the right set of circumstances through which one demonstrates exceptional skills that garner attention. Being in that “right place” is less a matter of luck than having someone higher up, with more experience, vision, and wisdom, who sees and provides opportunities to learn and grow through which one can advance to their full potential. In various MAJCOM and Air Staff positions throughout his career, **Colonel (Ret) Gilbert “Ray” Inman** became known as “Mr. Personnel” both within the AFMS and the Line of the Air Force because he affected the lives and futures of a great number of MSC officers and their families through his influence, guidance, and mentorship. For many MSCs, Ray’s decisions laid the path through which so many achieved greater success.

Those of us who had the great fortune to work for and with Ray were greatly blessed in many ways. **Colonel (Ret) Tim Morgan** claims him as “one of my truest heroes to this day.” **Colonel (Ret) Bill Powers** notes Ray “helped shape my career for the better” through his advice and assistance. However, **Colonel (Ret) Larry Burchfield** sums it best for all who contributed to this article: “Ray is on the short list of MSC ‘Legends’ if not at the top of it. His contributions to the Air Force, Air Force Medical Service, and Medical Service Corps are immeasurable!” Those of us whom he mentored and guided over the years gained as much through his friendship and personal concern as his professional advice and counsel. He simply expected us to learn and become better leaders, using his example as one measure of our success. We hope all who read this article will take and apply something of value through which you become better at what you do each day.

### Country Boy at Heart

Ray Inman was born on 28 September 1935, the second of two children born to Gilbert Raymond Inman, Sr., and Delia Mae Sizemore Inman, in his childhood home near Wolf Pen Mountain, a few miles outside Waynesville, North Carolina. The home still stands today (on the right) with the smokehouse on the left where they prepared and stored butchered hogs and other meats; a barn sits further back on the property. Being out in the country, Ray did not have nearby neighbors except for Bill Boone, one of 12 children who lived about a mile away.



Ray and Bill roamed the mountain with Ray's dog Penny and frequently visited the Apple Orchard, a cold storage within a quarter mile that contained apples year-round, for an after-school snack. He also visited the Will Boone family whose daughters Adeline and May were teachers who spent a lot of time teaching Ray. They helped to cultivate Ray's love of reading and life-long learning. Ray's mother often found him hiding under the bed covers, reading with a flashlight before falling asleep.



Ray loved uniforms as a child and began to collect uniform patches and insignia from about age 7 (In picture to left, Ray is about age 4 with his sister Ruth, age 9, and two cousins). He still has a good part of his collection. Ray's chores included carrying in wood and coal for the fireplace and kitchen stove as well as bringing water up from the spring. The family had their own cow for milk and hogs for meat, and Ray spent part of his summers planting and working in the garden, which included picking bugs off potato vines and placing them in kerosene to kill them.

Ray's only bicycle had been discarded by his uncle Ernest, but he was industrious and spent time fixing and maintaining it to ensure reliable transportation. He hitched a trailer onto the bike so he and his friend Tom Franklin could "go all the way to the top of the mountain picking up glass beer and coke bottles" that they subsequently sold back for a penny deposit each at Jr. Ensley's Grocery. When Ray was about 10, he started going to the local theatres with his friend Joe Rickman for Saturday matinees featuring westerns with Roy Rogers and Gene Autry. For the most part, Ray had a very happy childhood and was well-loved by his family and friends, many of whom he still has contact with today.



Ray attended Waynesville Township High School where he played snare drums in the band and served as a Yell Leader. Ray often attended gospel music performances in Asheville with friends like "Boney" Davis who drove an old Mercury. Oft time they tried to emulate The Blackwood Brothers and other gospel groups popular in those days by singing at the top of their lungs on their way home. Ray has always enjoyed singing and

*The Inman Family, about 1950*

his wife, Jan, notes that Ray still "will burst into singing his entire high school song." During his senior year (1953), a close family friend, Jimmy Frady, came to live with the Inmans when Jimmy's parents moved to Oak Ridge, TN for work. Ray and Jimmy hitchhiked to Florida to visit friends (who happened to have two cute daughters) and were given two bus tickets home, but they decided to hitchhike home instead and pocket the cash for other needs. All in all, high school provided some fun times, but Ray also faced the reality that once he graduated, few job opportunities existed locally except for working in factories.

## Introduction to Military Life

College was not an option since academics were not a major interest at the time, so Ray visited the local Air Force recruiter. Although he was “ready to sign up and see the world,” the recruiter told him he couldn’t sign up until he turned 18 in September. When Ray approached his dad at the Unagusta Furniture factory, his dad simply asked, “Where do I sign?” On 15 June 1953, Ray began his adventure of over 40 years when he was inducted into the enlisted ranks and headed to basic at Lackland AFB, TX. He once described his initial training experience as “one of abject fear and wondering just what I had gotten myself into,” but he learned to adjust and adapt, traits he employed exceptionally well over the course of his career.



Adjusting to military life, Ray found going through a chow line to be “an amazing experience” where, despite his requests for small portions, servers clunked large helpings of potatoes, green beans, and whatever else was on the menu onto his tray. Drill instructors frequently chewed him out and belittled him in front of the other troops for not finishing his food, which became a constant source of harassment to Ray. Yet, Ray overcame the challenges and potatoes at breakfast became one of his favorite morning foods. After basic training Ray was promoted to Airman Third Class and assigned to a preliminary specialty in the medical field, which took him crosstown to Fort Sam Houston, Texas, for additional training from which he graduated in November 1953.

## On to Greenland

Ray flew to Asheville, NC, for his first leave, after which he traveled by train at Camp Kilmer, NJ to await transfer to his next assignment. Arriving late in the evening, Ray was issued bedding and told to report for detail while still wearing his Class A uniform. Imagine his surprise when he had the hot and dirty detail of stoking boilers with coal while still in his dress uniform. After two weeks on detail, Ray mounted a bus to Westover AFB, MA, where he sat for a few days while awaiting transport. A drill sergeant asked for a volunteer for Greenland for a year, and since Ray had no idea where Greenland was, except that it was north, he raised his hand. His 18 classmates hooted and laughed, declaring he was “just an ignorant hillbilly,” but Ray eventually got the best on them. Shortly thereafter, Ray sat in old strap bucket type seats in the cold cargo bays of a four-engine prop C-54 and a two-engine prop C-47 for respective legs to St. John’s, Newfoundland and Narsarsuak, Greenland, which he found to be isolated and cold with snow and ice everywhere and not a bush or tree in sight—a very stark contrast to his usual surroundings.

## Welcome to Medical Administration

Ray was a directed duty assignee as a 906X0 in the Registrar’s office where he initially worked for a truly obnoxious SSgt who was eventually fired, which left Ray as the only person to work and run the office. Most of his duty involved preparing patient records for aeromedical evacuation to ConUS or Newfoundland, many for mental health conditions related to the extreme isolation of the base. Ray learned early on the power and influence of mentorship and solid leadership through the examples



2nd Lieutenant, 1962



Captain, 1968

and guidance of MSgt Gunby, whom Ray considered to be “a superior man” and Captain Richardson, the hospital executive officer.

Ray’s industrious nature, the discipline of farm life, and an audacious goal of buying a new car when he returned to ConUS caused him to look for additional work to increase his savings. At one point he held four part-time jobs: Janitor of the one-room base school for dependent children; operator of the hospital’s theatre; cleaning officers’ quarters after work; and on the weekend, stacking beer bottles for shipment back to the States. After six months, Ray received a two-week state-side leave that included a stop in Newfoundland where he met up with some of his former classmates who were pulling three-year tours there. Suddenly he was hailed as “a very bright and fortuitous young man” for volunteering since he only had six months left on his northern tier tour!

### ***The Payoffs – A New Car, a New Wife, and a New Life***

Ray completed his first tour in December 1954 and headed home via military transports and a train from New England. When he arrived in Bristol, TN, he didn’t know which he was more excited to see – his parents and Peggy Reeves, his girlfriend and high school sweetheart, or the new 1955 turquoise blue and ivory Chevy he had ordered and they had driven to the station. He had cut out pictures from magazines and had sent them home while in Greenland, so he had an idea of what to expect. Ray wishes he still owned that classic today.



Ray’s next duty station was Lake Charles AFB, LA, (later Chennault AFB) where he was promoted to A1C. Ray credits the hospital sergeant major, CMSgt L. B. Williams, with setting an example of NCO leadership that set expectations for Ray’s future, including his education. He had been writing to Peggy while in Greenland, and their love continued to grow. Ray returned to Waynesville to marry Peggy on 15 Oct 1955 at the First Baptist Church (photo right). As with Greenland, Ray took on an additional job at Sears, Roebuck, & Co. in the credit department. During this tour, Ray and Peggy were blessed with three children: Michael Kevin (‘57), Randall Ray (‘59), and Melanie Ann (‘62). Chuck Kennedy, one of Ray’s best friends during this assignment, was a few years older and college educated. Chuck encouraged Ray to pursue a degree through the “Bootstrap” program, which Ray realized was the only way to effectively support his growing family. Ray attended McNeese State College in Lake Charles and eventually attained his bachelors’ degree in July 1962. Shortly thereafter, he received a direct commission as a 2<sup>nd</sup> Lieutenant, Medical Service Corps, with orders to Gunter AFB, AL.



### **Cutting a New Path as an Officer**

Ray attended the Basic Course in Medical Service Administration at Gunter AFB, AL for 15 weeks, graduating in December 1962. His evaluation noted he was “one of the best liked, best motivated, and most capable students in the class, (and) his prior military background and personality helped influence the adjustment of the entire class to military life.” His traits of “self-confidence and maturity” along with “an excellent academic record” garnered recognition that he “should be considered for graduate training in hospital administration” via the AFIT program.



### *Setting a Standard for Excellence from the Start*

After Gunter, Ray and his family moved east to the 823rd Medical Group (SAC) at Homestead AFB, FL. Serving as Commander of the Medical Squadron under **Lt Colonel Dan Herrin (SGA) (dec)**, Ray demonstrated “Outstanding professional skill, knowledge and leadership in identifying problem areas in the field of unit administration and in developing controls and procedures that solved these problems.” His rater noted, “Lt Inman enjoys an unusual degree of success in human relations. He is firm but fair and completely serious about his work. His decisions reflect the maturity normally found in much older and more experienced officers. He is completely loyal and has never been known to criticize his superiors or their policies.” Colonel E.D. Edwards, Commander of the 19<sup>th</sup> Bomb Wing, noted that “the consistency with which his squadron attains high ratings on inspections is witness to his constant vigilance in all areas of his responsibility.” Ray received his first AF Commendation Medal upon departure from this assignment on 2 Jul 65.

### *More Education and another Overseas Tour*

Ray next headed north, reporting immediately after Homestead to Syracuse University (NY) where he would obtain his Master’s in Business Administration under AFIT sponsorship. Completing this 48-week, 30 credit-hour program on 22 Jul 66, Ray graduated with honors and was inducted into Beta Gamma Sigma, the New York chapter of this scholastic business society. Ray headed to Clark AB, Philippines for an 18-month unaccompanied Pacific Air Forces (PACAF) tour while his family moved back to his hometown of Waynesville, NC. Ray excelled as Commander, Medical Squadron at USAF Hospital Clark where he turned around a squadron that was “nearly the bottom in the base rating system.” **Colonel Nathan Cooper, MSC (dec)**, one of Ray’s earliest mentors noted, “Through his efforts and his ability to inspire ‘esprit de corps,’ the squadron attained the uppermost place in the ratings among squadrons of comparable size (551 airmen).” Ray’s “great strength of character, tenacity of purpose and ability to get the job done through sheer application of effort” were cited as major factors in his success.

### *Expanding Horizons*

Ray received his Captain tracks on 11 Jan 67 then assumed duties as Chief, Registrar Services in July where he “achieved the best medical reporting record in PACAF, including reports on Southeast Asia casualties.” **Colonel Philip Di Bona, MSC (dec)**, who replaced Cooper as SGA, noted Ray “works best when his abilities are challenged. He works long and hard to achieve the highest ideals and objectives of the AF.” DiBona noted Ray’s “resourcefulness in finding ways to achieve the most difficult of objectives” along with his “rare quality of applying himself well even though the job to be done may not be to his liking or of his choosing, but he still does the best job of which he is capable through application of his knowledge and sheer hard work.” Ray was awarded his second AF Commendation Medal when he departed Clark in Feb 68, which cited his efforts in “establishing model programs for airman retention and training and consistently achieved most outstanding ratings in the Base Squadron Evaluation System for organizations having over 500 personnel.”

### *Establishing Himself as an Air Training Command (ATC) Expert*

Ray headed back east to Sheppard AFB, TX, where he served as Assistant Chief of the Business Office under **Major (future Colonel) Paul Jacko** at the Medical Service School (MSS). Ray and Paul formed a fast personal and professional relationship that lasted for 11 years until Paul’s untimely death in 1979. Ray’s penchant for “superb planning with a keen sense

of constant follow-up” served him well as budget officer for the School. Ensuring 100% utilization of \$4.5 million over 20 cost centers, Ray “completely restructured work order and service call systems to expedite orders, eliminate backlogs, increase service, and ensure a cleaner facility.”

### *Two Critical Success Factors: Mentorship and Relationships*

In addition to learning from Jacko, Ray credits the School Commander, **Colonel (future BG) Geoffrey Wiedeman, MC (dec)** as an exceptional mentor. Wiedeman had quite an interesting history: born in London but grew up in France, immigrated to the US and received his MD in 1941, began military service in 1942 and served in WWII flying air evacuation in the Pacific theatre, was the first physician to attend National War College then served as DBMS at Tachikawa AB, Japan, and 315<sup>th</sup> Air Division Surgeon simultaneously before assuming command of the MSS in 1966. Given this diverse background, Ray listened intently to his mentor and learned extensively about the Air Force's past as well as the vision for the future. The trust between Ray and his superiors strengthened their professional relationships, which affected future assignments.

Wiedeman cited Ray for his "extensive knowledge, background, and experience and ability to apply these assets" as an "expert planner and executer" who always drove "each task to successful completion." Thus, it was no surprise that Ray succeeded Jacko as Chief of the Business Office when Paul, as a new Lt Colonel, followed Wiedeman to HQ ATC. Now working as a Major for **Colonel Jack C. McPhee, MSC (dec)**, Ray showed himself to be "an absolutely brilliant young officer whose career should be carefully charted so that his talents are completely utilized and his phenomenal potential is fully realized." Ray's "dogged pursuit of excellence" and his ability as an "excellent debater precluded him from undertaking any project without a complete in-depth background" through which he was "practically invincible." He "established superior relations with management engineering surveyors and understood their methods so thoroughly" that he "presented findings in masterfully clear language to school personnel" to affect necessary manpower and staffing changes.

Ray followed Paul Jacko's example of mentorship by forming another long-lasting relationship with **Captain (future Colonel) Phil Rutledge (dec)**, who worked for Ray and subsequently replaced him in the Resource Management Division when Ray PCS'd to Randolph AFB. During their careers, Phil "shadowed" Ray, again replacing him at HQ AF Manpower and Personnel Center (AFMPC) as MSC assignments officer. Phil preceded Ray to PACAF in the 1980s. Ray and Phil remained extremely close even after retirement until Phil's death in 2004.

### *Building His Reputation as a People Person and Then Some*

The MSS redesignation as the School of Health Care Sciences, USAF (SHCS), in 1972 brought structural changes. Ray became Chief, Resource Management Division under **Colonel John Delahunt, MSC (dec)**, the Executive Officer, and a new Commander, **Colonel Jerrold Wheaton, MC (dec)**. Cited by Delahunt as "the most industrious, dedicated, highly efficient young officer known in 30 years' service," Ray sustained "his exceptional drive and unique initiative" that were "complemented by compassion, and absolute understanding of the extreme importance of interpersonal communications to a degree far beyond that of any officer of his rank and experience." Ray's "people person" persona truly emerged in this role, but so did his "amazing acumen, versatility, and superb common sense" in managing a nearly \$11 million budget.

Ray led the Resource Conservation Program initiative that identified and implemented over \$671,000 in savings for SHCS alone and recognized Sheppard as having the best Cost Reduction Program in ATC, which led to Sheppard AFB's receipt of the 1971 USAF Resources Conservation Award. Ray was also involved in numerous base level activities, most notable being president of the SAFB Little League that directed activities involving over 350 boys. Ray received his first Below the Zone (BTZ) promotion in 1971 to Major along with BTZ recommendations to Lt Col.

Upon his reassignment to HQ ATC in July 1972, Ray received his first of five AF Meritorious Service Medals for "the highest standards of personal leadership, executive ability, and dedication to duty...successfully

executing a burdensome workload involving fiscal management, personal and manpower actions, and maintenance of facilities” that “only a highly skilled and disciplined manager could have successfully treated...in a manner so characterized by total efficiency.”

### *The First Move to the Air Training Command Surgeon’s Office*

As ATC Surgeon, **BG Wiedeman** sought exceptional officers for his staff and found two in Paul Jacko and Ray Inman. Ray worked under Jacko as Chief, Training Division within the Staffing and Education Directorate and recommended policies for training on all Medical Service personnel at SHCS, including fledgling interservice agreements with the Army and Navy. In his first year, Ray “developed new bivouac training methods for SHCS students that saved \$70,000 without any degradation in training,” consummated a mutually beneficial dental training agreement between SHCS and Midwestern University in Wichita Falls, TX, and resolved complex issues between Army, Navy, and AF staff offices concerning tri-service training, resulting in the first medical manual in Radiology.



*1972 at HQ ATC/SG between friends Major Phil Rutledge and Lt Col Paul Jacko when Ray worked the Training Division under Paul who was Director of Staffing and Education.*

Ray’s staff work was “precise, timely, thorough, and comprehensive” and set the foundation for continued excellence as an executive staff officer. In addition to completing Air Command and Staff College by seminar during his first year in this position, Ray received Lions International “Lion of the Year” award for “outstanding contributions to the local community,” which was a first for a military member. As staff manager and planner for all medical education and training within the Command, Ray was on the bleeding edge of change, especially as the Services faced the challenge of a dwindling supply of physicians with the end of the Draft.

In his second year, Ray worked an interservice agreement with the Navy to train physician assistants; he also initiated and staffed a \$750,000 DoD research grant to test application of PLATO IV computer-assisted instruction for medical education and training at SHCS. HQ USAF/SG staff “continually sought his counsel, advice, and insights into the latest technological and educational developments in the Allied Health Field.” **BG (future MG) Garth Dettinger** who replaced Wiedeman as ATC/SG touted Ray’s strengths as “a meticulous and superb staff planner, organizer, and manager” whose “ability to communicate orally and in writing is exceptional with staff summaries that are succinct masterpieces.”

### *First Division Chief Assignment*

In Jun 1974, now Major Ray Inman replaced Lt Colonel Jacko as Chief, Manpower and Staffing Division when Paul advanced to Colonel and was reassigned to Sheppard Hospital as SGA. Performing at a level much higher than his grade, Ray continued to excel and impress, especially the new Command Administrator, **Colonel Wesley H. Baker, MSC (dec)**. Ray worked for Baker for two years and noted he was another exceptional mentor in his life.

Baker also learned from and appreciated Ray as “the most enterprising officer with whom I ever had the good fortune to serve under my supervision. No detail or possible problem area associated with his duties is ever neglected to the slightest degree.” Ray applied these traits in spades as ATC, like other commands, “faced acute physician shortages and unexpected early retirements” that “compounded an already serious problem.” Ray worked closely with AFMPC assignment personnel to “arrange a most equitable distribution of a scarce commodity, with the minimum number to accomplish the mission. His justification package for medical rated positions was so expertly prepared that HQ USAF approved it with but one exception.”

## *Pillar of Strength*

Ray served as Division Chief for nearly three years (Jun 74 – Apr 77), during which time he had tremendous impact throughout the Command as well as the AFMS. He continued to work for Colonel Baker, who cited Ray as a “pillar of strength to the entire HQ staff agency, providing the best possible coverage to each of our units despite continually dwindling manpower spaces and personnel assets.” **BG Joseph Wesp, MC (dec)**, who replaced BG Dettinger as ATC/SG in 1975, noted Ray was “an absolutely superior officer” whose “superb and authoritative job knowledge, exceptional dedication, and conscientiousness coupled with his superlative and extraordinary job performance...place him head and shoulders above his contemporaries and of inestimable value to the Command and the AF.”

During this period, Ray completed Air War College by seminar and was selected for Lt Col, his second BTZ promotion. **BG Wesp** stated, “There is not a more talented MSC officer in the USAF with a rare talent of obtaining deep respect from his co-workers and superiors. Sought after by Air Staff and military personnel for his leadership, management expertise, and brilliant performance, his mature judgement and advice to me have enabled the staff to work the severe medical manning problems in this command with outstanding results. A people person of unusual sensitivity.” Upon departing HQ ATC in April 1977, Ray received his second AF Meritorious Service Medal.

## **Growing as a Mentor with World-wide Impact on MSC Assignments**

Since Ray was “much sought after for sage advice and guidance on many complex matters,” his move to HQ AFMPC as Chief of MSC Utilization (1 May 1977-2 March 1981) was a natural fit as much as it was a brilliant assignment. Working for **Colonel John R. Green, MSC (dec)** who was Chief, Medical Career Division, Ray had responsibility for assigning over 1000 MSC officers across the globe. Ray states Green had been around for years and had a reputation as being tough to work for, but Ray quickly gained his confidence and support. He also gained extensive and intimate knowledge of mission requirements and “assimilated large amounts of information very rapidly” to effectively serve the Commands. Commended for having “a 100% fill rate of special manning positions for overseas, Recruiting Service, Air Staff, DoD, and SOA positions,” Ray established a reputation as “an absolutely superior administrator who has the situation well in hand at all times.”

During his tenure, Ray “enlarged the planning window for reassignment actions up to 12 months, thereby reducing PCS moves by nearly half” which MG L.V. Svensen, AFMPC Commander cited for “monetary savings of AF PCS funds.” Ray was “project officer for PCS moves in support of an AF/SG reorganization that required extensive coordination at multiple levels” and increased the number of medical materiel interns to eliminate a nagging deficit in Med Material officers. **Colonel James Wittmer, MC (dec)**, AFMPC Surgeon declared Ray to be “the finest MSC officer in his grade; his personal familiarity with each of the officers he services is phenomenal, matched only by his medical administrative and management expertise.”

Ray “stabilized assignments, reduced movement costs, minimized turbulence through early notifications, and established credibility in the assignment process,” but more importantly, he demonstrated “impeccable integrity” in everything he did.



While assigned to AFMPC, Ray played tennis routinely with **Major (future Colonel) Chris Renn, MSC (dec)**.

### *A Tragic Loss with Deep Impact*

In January 1979, Ray and **Colonel (then Major) John Beaty** were having lunch off base near Randolph, one of their weekly routines, when Ray got the news that **Colonel Paul Jacko**, who had been hospitalized and awaiting a heart transplant, passed away the night before. John notes, “Ray took the news hard because they were close friends and showed me, in real time, how intensely Ray felt about personal relationships, especially close friends.” Fortunate to experience such a similar close, confidential relationship with Ray, John also saw “the power of Ray’s personality and friendship bonding throughout his far-reaching career in the world of the USAF health care system.”

### *Guiding Development of Future MTF Commanders and Functional Managers*

Ray expected others to meet his high standards but always sought ways to advance the Corps. He recommended a Career Development Program for MSC Directors of Base Medical Services (DBMS) that was approved by the Corps Chief and briefed to AF/SG. Larry Burchfield notes how the program “was key in my becoming DBMS at Vance as a newly promoted Major with three weeks in grade!” Ray had worked with **BG Wesp** and **BG Hap Hansen**, AFMPC Surgeon, to create command opportunities for MSCs. According to Larry, when BG Hansen called Larry in for end-of-tour counseling he also informed him he had just gotten off a call with BG Wesp who wanted to offer Larry the DBMS position at Vance. Larry didn’t hesitate in answering “Yes!” Larry believes “Ray Inman’s influence and the respect he held with these two generals as well as other senior Medical Corps leaders made numerous command opportunities possible for MSCs.”

Ray also developed internship programs for resource managers and medical planners. For three consecutive years, he also reduced the number of MSC PCS moves, saving over \$186,000 in one year alone, for which the AFMPC Commander cited him as “the most effective resource manager in the Surgeon’s office.” Most notably in this assignment, Ray transitioned mentally from being an excellent staff officer to being an exceptional mentor to MSC officers across the board and around the world.

### *LBWA - Leadership by Walking Around*

Ray notes that he “had a habit of walking the office floor and dropping by to chat with various personnel just to ask how things were going and see how families were doing. I got to know people that way and would often discover problems or situations that needed to be tweaked or corrected.” Ray developed a lot of trust with the entire AFMPC/SG staff, which led to serendipitous moments like a conversation he had with Bill Blakley, a retired MSgt and former First Sergeant turned civilian technician whom Ray had come to know through these LBWA encounters. Ray notes, “Bill pointed out a young Airman, Dan Sherred, who was showing great promise in his job and whom he had marked for future success. I began to observe Danny who was working for a bachelors’ degree in his off-duty hours and came to realize what a superb Airman he was.”

**Lt Colonel (Ret) Dan Sherred** recalls how “Ray taught by example and brought out the best in others.” Although Dan aspired to the Corps, he was concerned that his less than stellar enlisted record might prevent him from being accepted, but Ray encouraged him because of his potential. Ray eventually conducted Dan’s MSC



*In May 1979, Ray as a Lt Col had the honor of commissioning his elder son, Michael, as a 2nd Lt. Michael went on to pilot training and flew F-15s and F-16s at Langley AFB, VA, and then moved to Holloman AFB, NM, to teach fighter tactics as an instructor.*

interview when he was ATC/SGA, wrote the Administrator Interview Record that met the MSC Accessions Board, and sponsored Dan into the Corps. Dan credits Ray with changing “the course of my life” and “always being accessible and just a phone call away.”

### *Working for the Future Corps Chief*

In his third year, Ray worked for **future MSC Corps Chief, Colonel Jack Murphy (dec)**, who was Chief of the Medical Career Division, and **Colonel (future MG) Thomas (Pre) Ball**, AFMPC Surgeon. Murphy cited Ray for his “loyalty to the Organization,” and noted Ray “can do anything asked of him with excellence. He secures the highest degree of cooperation from MAJCOM Surgeons and senior administrators with whom he works, and formal communications from SAC, MAC, TAC, USAFE, and AFSC praise his extra efforts in assigning MSC officers.” Most notably, “his career counseling resulted in retention of many of our most talented young officers.” General Ball stated Ray’s “leadership, application of intellectual ability, motivation, and accomplishments set him apart from his contemporaries.” MG Kenneth L Peek, AFMPC Commander, noted he “should be considered to positions of higher responsibility including Chief of the MSC.”

Naturally, with his promotion to Colonel, Ray was expected to head on to greater responsibility. With his fourth AF Meritorious Service Medal in hand, Ray headed back to HQ ATC to serve as Director, Health Services Administration in a command where he was truly an expert in all aspects of Command operations: medical education, training, management, and especially MTF leadership.

### *Guiding Healthcare Delivery as a Visionary Senior Executive*

#### *Director of Health Services Management, HQ Air Training Command (ATC)*

Ray served at HQ ATC/SGA from March 1981 to January 1984. Responsible for SHCS, Keesler Medical Center, two regional hospitals, and 11 other MTFs, Ray played a critical role in the continuing evolution of the AFMS under the all-Volunteer Force, the growth of Medical Readiness in the face of increased tensions with the Soviet Union, the expansion of technology in medical education and healthcare delivery, and the challenges of aging infrastructure. **BG Bealer T. Rogers, MC (dec)**, the Command Surgeon for whom Ray worked two years, believed Ray was “seemingly infallible” having “reached the epitome of intuitive, excellent judgment based on long years of experience in doing things the right way.”

Ray “reorganized all subordinate divisions to obtain maximum utility and mission support” and led by example in “guiding administrators throughout the Command firmly, fairly, and judiciously.” Through his past experiences at SHCS, HQ ATC/SG, and AFMPC, Ray identified up-and-coming top performers and moved quickly to get several onto his staff, including **Major (later Colonel) Graden “Grady” Casto (dec)** in Logistics, **Lt Colonel (later Colonel) (Ret) John Beaty** in Manpower and Staffing, **Lt Colonel (later Colonel) (Ret) Bill Powers** in Plans and Programs, and **this author** in Health Education and Training who was a senior Captain in a Lt Col billet. Little did I realize until Ray appointed me to the ATC/SG staff just how much he knew about each of us and how he had mentored so many MSCs in moving their careers forward.

**Colonel (Ret) John Beaty** summed up working for Ray very simply: “What a pleasure to work for a boss who knew what he was doing and how to get the best from his staff.” Working for Ray also meant learning how to develop, build, and sustain relationships that would carry into the future. **Colonel (Ret) Bill Powers** had met Ray over the phone while working for **Colonel Paul Jacko (dec)** who was Sheppard Hospital/SGA at the time and Bill was his Associate Administrator. Jacko told Bill that “Ray was one of those senior MSCs that I could call if I needed career advice or assistance with an assignment.” Bill followed that advice, and Ray “was instrumental” in teaming him as SGA with **Colonel (future BG) Tom Schwark, MC (dec)** at USAF Hospital Seymour Johnson.

Ray moved Bill to HQ ATC on his next rotation where he gave Bill “numerous opportunities to grow and learn.” Bill represented ATC/SG on the Command POM (Program Objective Memorandum) committee where he learned the ins and outs of the AF five-year budgeting process. He also did a one-week observer assignment on the Air Force Medical Inspection Team under **Colonel Bill Grinstaff, MSC (dec)**, after which Bill led the MSCs on the ATC/SG Staff Assistance Visit (SAV) teams as the “senior” MSC in the field. This assignment was critical because Ray was committed to redirecting SAV emphasis on current health care issues, policies, and guidance from USAF/IG, AF/SG, and the Joint Commission.

Ray supported **Grady Casto (dec)** in building a facilities maintenance and repair program to get Command facilities up to state-of-the-art and then worked diligently to acquire \$1M in unprogrammed projects money to get it done. **Marge Haug (dec)**, the only civilian on Ray’s team, headed Financial Management, which is where this author had the opportunity to work with her on the test and implementation of the Uniform Chart of Accounts (Future Medical Expense Performance and Reporting System (MEPRS) in my previous assignment at Sheppard Hospital. MG William P. Acker, ATC Vice Commander, cited Ray’s leadership for “fostering the best Uniform Chart of Accounts implementation program in the USAF,” which also raised my visibility with Ray and contributed to my appointment to his staff in 1982.

**John Beaty** notes the privilege he felt in having Ray Inman as a boss who was also a “mentor, career manager, role model, colleague, and friend, or some combination of all the above” as well as “one of the best known, most popular, and most successful members of the Corps.” John closely observed Ray for six years: Four at HQ AFMPC where their offices were in the same suite and two at ATC/SG where no more than 50 feet separated their doors. According to John, Ray’s “people person” focus was constantly evident: People of all ranks and professions, military and civilian, knew him and went out of their way to speak to him, often for a good laugh due to his sense of humor and personality. When he enters a room, people notice and put on a smile. I was always impressed by the way NCOs and Airmen related to him. Everywhere we went, he spent time with the troops, and it was obvious that he had their respect and admiration.

Ray “set forth the most profound and far-reaching improvements in the ATC Surgeon’s Conference,” which later became the ATC/SG Executive Manager’s Conference that this author had the honor of planning, coordinating, and moderating on three occasions. With Ray’s support and guidance, we made significant improvements in SHCS operations, expanded medical readiness training, conducted numerous worldwide enlisted utilization and training workshops to update training curricula and improve field performance, and expanded officer symposia to improve MTF operations. This author attests that our success in advancing training initiatives in support of USAF/SG objectives rested on the confidence AFMS senior leaders had in Ray’s leadership and the staff he relied upon to “get it done.”

**Colonel (Ret) John Sheehan** was very fortunate to have spent several assignments with Ray at AFMPC, HQ ATC, and PACAF. While at ATC as a Major, John “always had a desk full of papers and projects” to work on, but “when I went into Colonel Inman’s office, his desk was absolutely clean, and I wondered when he got his work done. Despite not appearing to be particularly busy, amazingly, he always knew EVERYTHING that was going on in the ATC/SG office and at all the medical facilities.”

**General Thomas M. Ryan, ATC Commander (dec)** noted, “Col Inman has few peers in his specialty. He is an officer, a medical professional, a gentleman, and a born leader who could well be emulated by all and who has no peer in judgment and decision-making.” He also believed that Ray should be considered for appointment as the Chief of his Corps, but that would not be Ray’s future.

In October 1983, he suffered a heart attack and recuperated at Brooke Army Medical Center in San Antonio. Ray and Peggy had parted ways after 28 years of marriage, and personal stress had taken its toll. Yet, Ray’s

resilience and commitment to continue serving the MSC and AFMS were evident in his renewed vigor and relatively rapid recovery.

Ray never lost sight of those whom he helped along the way. **Soon to be 2Lt Dan Sherred** asked Ray via a phone call to administer his commissioning oath of office, but Ray was recuperating at Fort Sam Houston after his heart attack. Yet, because he was so excited that Dan received the offer Ray arranged for a temporary hospital pass and travelled across town to perform the ceremony. Dan states, “Ray showed me how to be a transparent and authentic leader. There were no subjects off limits with Ray and no pulling punches. He was the epitome of authentic leadership and authentic friendship.” To this day, Ray and Dan have stayed in touch with Ray claiming, “I have been blessed to mark Danny as a friend.”



*Ray and Dan's Mom pinning on Dan's "butter bars." - Photo: Lt Col Sherred*

### ***Administrator, USAF Medical Center Keesler***

Ray left Randolph AFB and headed to Biloxi, MS to assume responsibilities as Administrator at USAF Medical Center Keesler, the 2nd largest Center in the Air Force. **Lt Colonel (later Colonel) (Ret) George Breault** was Director of Medical Education (DME) when Ray arrived at Keesler in January 1984. George notes, “Without a doubt, Ray Inman was the key reason for all the success at the USAF Medical Center Keesler in the early 80s. He was the brains behind many accomplishments, like bringing in open heart surgery, hosting MSC MAJCOM meetings, and being home to the Hospital/Clinic Administrator’s Symposium” (See September 2019 MSCA Newsletter for details).



*In 1984, Ray married Janet Cook Montavon and she and her daughter, Melanie (8), moved to Biloxi, MS to join him.*

According to George, Ray “knew how to make things happen, having worked at Air Training Command (ATC) and as a Consultant to the Air Force Surgeon General. His opinion on big issues was always sought out especially by senior leadership.” George describes how “Ray was passionate about his work at Keesler, saying ‘I only have one chance to keep Keesler great’, which is why he was so dedicated.” According to George, “Ray knew everyone at the Medical Center right down to the basic airman, and he knew the key players on the base to get things accomplished for the Medical Center. George also recalls how “Ray used to go home at night with an attaché case and a large green plastic bag that contained the documents that wouldn’t fit into his case. Since Ray could not get it all done during the day, he did more at home.”

George noted that Ray “...never got discouraged for as hard as he worked, and there were long hours for him.” Yet, as in past assignments, Ray “inspired people, influenced their decision-making, listened to their concerns, and lifted their spirits when he thought they might be having a bad day. Everyone at the Medical Center knew that there was no one happier, braver, and kinder than Ray. He did many things for people without ever getting the credit, but he did not mind because he would just say, ‘It’s my job to provide service!’”

Ray was a “cornerstone” speaker for soon-to-be administrators at the Hospital/Clinic Administrators Symposium, giving “fundamental advice to always be about service and do not worry about fame: Just do what is right and you’ll never be wrong.” A key example of this was when Ray had to deal with an extremely sensitive legal matter concerning pathology specimens that had higher HQ attention. Working behind the scenes to avoid credit, he ensured the issue was investigated correctly, setting up a very secure workplace for



reviewing specimens. He arranged for an entire wing of the air evacuation section to be available, even though that unit was a Medical Center tenant. Anticipating potential “territorial” resistance,

Ray ensured AE overflow patients were cared for within the Medical Center itself, thereby ensuring all missions were met. Ray’s sense of humor was always an endearing quality, and George loves to relate a story Ray generously employed regardless of the circumstances. Keesler Medical Center had undergone a major renovation project prior to Ray’s arrival. The facility was “beautiful” and a factor in bringing the SGA Symposium and other MAJCOM meetings to the facility; however, this didn’t prevent Ray from using the picture at right to start his presentations with the claim, “When I came here, this is what the place looked like.”



As the Inmans were preparing to PCS from Keesler in September 1985, Hurricane Elena made landfall near Biloxi as a F3 cyclone. Although the storm had ravaged the Gulf Coast through erratic movement over the previous two weeks, the Inmans managed to survive unscathed and departed shortly thereafter for sunny Hawaii. Ray received his fifth AF Meritorious Service Medal for his exceptional leadership and performance at Keesler.



During their years of working together at Keesler as well as afterwards, Ray and George had an ongoing “dispute” over who was taller. George used to say Ray “was the shortest MSC ever and that they had to lower the urinals at the medical center” because Ray was not tall enough. George always showed the picture to the left (taken on the steps of the Medical Center for the second SGA Symposium in 1985) on various occasions to say Ray had elevated soles in his shoes. (Photos courtesy of Col George Breault)

#### *Director of Health Services Management, HQ Pacific Air Forces (PACAF)*

In October 1985, Ray and Jan arrived in Honolulu where Ray replaced **Colonel Jack Murphy (dec)**, who ascended to be Corps Chief, and Jan worked for the US Army Pacific as Civilian Chief of Training at Fort Shafter. Ray inherited several exceptional MSCs from Jack’s crew, including **Lt Colonel Tom Van Sweringen** (Finance), **future Colonels (then Majors) Bob Ditch** (Readiness), **Boyd Kleefisch**, (Manpower and Staffing), and **Tim Morgan** (Logistics), and **future LtCol (then Major) Joe McGraw** (Readiness). **Future Colonels (then Majors) Creager Brown, John Sheehan, and Don Davies** as well as **future Lt Colonel Dale Davenport** were serving “in the field” as MTF administrators; Don and Dale later joined Ray’s team at HQ PACAF/SG.

**John Sheehan** notes Ray Inman is “one of the superstars of our Corps. He always listened, had great advice, and was genuinely interested in everyone he worked with in all his assignments. A role model for all MSCs.” When John was administrator at USAF Clinic Kadena, the Navy was running the Okinawa hospital, and a “contentious relationship existed with the Navy hospital commander. During a SAV to our facility, the Navy commander gave Col Inman a comprehensive hospital tour that impressed Ray because ‘as a physician, he knew every inch of his hospital.’ The communications during that visit resulted in better ongoing relationships between our facilities.”

Ray tried to spend as much time in the field as his broad responsibilities allowed and truly guided MTF administrators in their growth. **Don Davies** remembers his lessons on being an effective leader and mentor as well as how to conduct effective on-site inspections of medical facilities. **Boyd Kleefisch** notes two critical lessons he carried forward into civilian life: “How to evaluate a facility in terms of the leadership and mission accomplishment” and “The importance of walking around a facility before an actual inspection takes place.” According to Boyd, this last lesson “helped me nail the job as the CEO Maui Region when I retired.” **Dale Davenport** recalls the importance of Ray’s advice that “Great speaking is not a gift; it requires intense preparation and practice.” Ray demonstrated this lesson time and again in over 100 speaking engagements across the AFMS during his career.

**Tim Morgan** believes his promotion to Lt Colonel was the direct result of “Ray’s badly needed encouragement, guidance, leadership, FRIENDSHIP, and innovative motivational techniques, which included the ability to drop kick someone’s wise ass right through the goal posts of success, if required.” Tim worked for Ray as the Command “Loggie” (HQ PACAF/SGAL), and the distance from ConUS presented its share of logistical support challenges. Working with DPSC (Defense Personnel Support Center in Philadelphia, PA) in getting X-Ray machines through normal channels was an on-going issue, and Ray’s response when Tim briefed it was “crystal clear, requiring no further explanation: FIX IT!” Tim stated DPSC was not fixable, but he had coordinated a plan with PACAF Contracting to buy “big ticket” items, the only drawback being that PACAF/SG had to provide a body. In typical Ray Inman fashion, he made a call to Boyd Kleefisch (in Manpower, Staffing, and Education), simply said “Get ‘em a slot,” and it was done. Tim notes, “It only took him six words (Fix it, get ‘em a slot) to clear the path to progress and make the Command better as a whole. Amazing, concise, brilliant support from my boss; it never got any better!”

**Captain (later Colonel) (Ret) Jim Moreland** was working for **Colonel Phil Rutledge** at Clark AB when Ray led a SAV to the Medical Center. Jim later replaced Tim Morgan as HQ PACAF/SG Loggie and worked for Ray. Jim recalls, “Ray was a great boss. He didn’t tell you how to do things. He made sure you understood what outcome he wanted and let you take off to get it done. He depended on feedback from his staff and from the field to let him know if there were issues at any PACAF bases, so I made a habit of calling each base’s Log Chief or NCOIC at least once a month but usually a lot more often to just talk about how things were going.”

Jim states, “I learned a lot that way, especially once they figured we could really help them with particular problems.” The program Tim put in place with Contracting to have a dedicated Procurement Buyer for equipment and high priority items for all PACAF MTFs turned month and years-long lead times into the bare minimums necessary to comply with the law and little more. Ray supported the program that was still in place when I left.”

Jim noted that “Tom Selleck was filming *Magnum P.I.* in Hawaii at the time, and Ray jokingly referred to himself as Selleck’s double when we were at social gatherings, which always brought a smile to everyone’s face.”

Ray’s open-door policy made it easy to engage in conversation, keep him up to date on what was happening in the Command, and get his advice and counsel. Ray valued loyalty and would back his staff without question.



*Ray being greeted by his longtime friend, Colonel Phil Rutledge, at the 13th AF Medical Center, Clark AB, Philippines (Photo courtesy of Col Jim Moreland).*

Jim describes how the Inman-Breault “dispute” over who was taller was well known throughout the Corps such that their antics kept people laughing at AF meetings and social gatherings. According to Jim, “Laughter was one very descriptive term about having Ray Inman as your boss. It was fun to come to work, and you knew where you stood with him. At the end of the day, it was very gratifying work, and he was a big part of making it that way.”

In July 1989, the Inmans packed up and returned to ConUS for Ray’s terminal assignment. Ray received his first, and long overdue, Legion of Merit for his leadership within PACAF.

### *Chief, Medical Career Division, HQ AFMPC/SG – The Reprise and Finale*

Ray and Jan returned to San Antonio where Ray was assigned to HQ AFMPC as the Chief of the Medical Career Division and Deputy to **Colonel (Ret) Bill Palma, MC**, the AFMPC Surgeon. Ray replaced **Colonel Frank Rohrbough** who had advanced to Corps Chief. Ray and Bill became fast friends and still sustain their relationship with pleasant and witty visits. Bill notes, “I have only a few lasting friends from my military career that I still contact, visit, or enjoy sharing with, all of whom are MSCs, but I email, reminisce, and visit with Ray Inman the most of all!”

Ray was the last MSC to work for Bill who retired in 1991, and the Air Force had “truly saved the best for last.” He believes he “would not have ever succeeded in my various leadership positions except for the support, dedication and knowledge of the many MSCs who helped me, and Ray helped me have the most successful and satisfying of all my assignments.” Bill noted that a medical general and Command Surgeon once contacted him at AFMPC and mentioned his “major and primary role was to support and foster his people, which was certainly foremost for me in my job as the medical officer assignments director. Ray’s experience, guidance, and good-natured leadership were especially instrumental in helping me support and foster the careers of hundreds of medical officers throughout the entire AF. Although I had specific help from Nursing, Dental, Bioscience and other leaders, the MSCs made it all happen.”

Bill recalls: “The BIG event was the three-day Command Surgeons’ and Surgeon General’s annual medical leadership selection board where decisions occurred about future base hospital and clinic commanders and leaders. The preparations and presentations beforehand were intense and fell heavily on Ray and his staff. They never disappointed; every year was a significant success and fully satisfied AF/SG and Command SGs needs. We were always praised for our efforts, and Ray’s leadership was most responsible for that.”

Bill’s reliance on Ray’s knowledge, experience, and relationships was well placed, especially during the sudden implementation of the medical mobilization plan to support the 1990-1991 Persian Gulf War. Mobilizing recently separated doctors who had already completed their payback of a required commitment created a lot of unhappy physicians. Doctors were expected to leave their civilian private practices with little prior notification, which resulted in a lot of upset and reluctant professionals. Bill was impressed with how “Ray and all his staff swiftly organized and set up a process and worked long hours off base to efficiently get these reluctant professionals as satisfied as possible and give them the best assignments possible to lessen the impact of being jerked unexpectedly away from their families and out of their private civilian lives.”

Ray was always conscious of and empathetic toward the impact of assignment decisions. Bill notes, “Ray and his team significantly and favorably influenced the lives of so many medical officer personnel” and fulfilled the mission to “support and foster the people of all Corps, which was our primary aim.” Because Ray had “worked with so many medical leaders throughout his career and specifically in his headquarters and staff roles, he was extremely successful in interfacing with other leaders” and in “letting them know the best way to do things.” Ray had built tremendous emotional and social capital over the years of working assignments and supporting the needs of the field, such that Bill and others “highly regarded his advice.”

### *Mentor Extraordinaire*

The 12 MSCs who contributed to this article as well as this author are all products of Ray's mentorship through the years of his MSC career. Since space prevents including all stories, the following were selected as representative of Ray's "long reach" in building and guiding successful careers.

**Colonel (Ret) Larry Burchfield** completed his AFMPC tour in 1978, three years after he first met Ray who was a highly respected senior Lt Colonel. Larry credits Ray with helping him rise in medical command through his mentorship and sponsorship, first as Commander, USAF Clinic Vance, OK (1978-81) when he had just pinned on Major. Ray brought Larry to Randolph AFB to serve on the HQ ATC/SG staff, but this assignment lasted only two weeks when the USAF Hospital Laughlin/SG position suddenly opened. Grasping the opportunity to place an experienced MSC MTF commander into a Hospital Commander position for the first time, Ray worked with BG Bealer Rogers, ATC/SG, to expedite Larry's move to his second command (1981-85). Larry was well positioned to assume his first MAJCOM/SGA position with Space Command (1985-86), followed by the National War College (1986-87) and Vice Commander of the 3790<sup>th</sup> Medical Training Wing (1987-89, formerly SHCS, USAF).

**Colonel (Ret) Don Brown** was fortunate to work for Ray at HQ AFMPC when Ray returned from PACAF. Don was considering retirement after being selected for Major because of the desire to live in Colorado. One afternoon, Ray called to see him immediately. After ascertaining the "Why" behind Don's decision, Ray's counsel was swift: "Go home and sit tight." Within days, Don was advised he would enter an AFIT-sponsored masters' program at the University of Colorado, and with **Colonel Tom Vorphal's** help, he had a follow-on assignment to the USAF Academy Hospital. In one fell swoop, Ray had met all of Don's personal and family needs as well as those of the MSC. According to Don, "This pivotal moment resulted in what turned out to be a 34-year Air Force career with later promotion to Colonel."

Two years into his three-year USAFA assignment, Don was approached to consider command of the 384<sup>th</sup> Training Squadron (HSA) at Sheppard AFB. Leaving the beautiful Rocky Mountains was a difficult decision, but a phone call to Ray, who was well into retirement, made it very clear what his path should be. With the candor and humor to which his mentees were accustomed, Ray gave Don very succinct counsel: "Don, Sheppard is a sucky location, but every MSC who goes there seems to come out a better officer." Don trusted his mentor and found the assignment to be "one of the most gratifying" of his career.

Years later, Don's last duty station was, ironically, back at the USAFA Hospital as Deputy Commander. When retirement was at hand, Don explained to his boss, who would eventually achieve three stars, why he wanted Colonel Ray Inman rather than him "to preside over a career that he had saved many years prior." Don stated, "I will always be grateful for his gracious concern, foresight, and friendship, for without Colonel Inman's help, I would have stepped away much too soon from a career I loved and embraced." The general understood and readily consented to step aside.

### *Lessons Learned from Serving with Ray Inman*

Contributors reflected on their most memorable lessons from working with Ray who also generously shared his "Ray's Rules of Runaround" as a returning faculty member for the SGA Symposium at Keesler AFB. Thanks to Ray, the leaders included in this article advanced in service to the Corps, the Air Force, and the Nation.

- *Listen and Learn.*
- *Mentoring younger officers is critical for sustaining the talent pipeline as you advance.*

- **Never:**
  - **Underestimate the value of mutual respect and trust.**
  - **Be afraid to express your opinion in a professional manner. As a senior officer, you are expected to have an opinion if asked.**
- **Always:**
  - **Care about the Troops as well as the Mission.**
  - **Practice humility and understanding.**
  - **Respect the dignity and worth of each person.**
  - **Be straightforward and act with uncompromising integrity.**
  - **Keep the Big Picture in mind.**
  - **Practice the three C's – Communicate, Cooperate, and Coordinate to achieve the fourth C – Collaborate and the fifth C – Change.**
  - **Be prepared to accept small setbacks as you continue to push forward.**
  - **Provide opportunities for MSCs to learn and grow.**
  - **Give public credit for achievements and private instruction on what could be done better.**
  - **Own up to a mistake quickly regardless of how you feel.**
  - **Find some humor, even in difficult situations. Take some time to joke around a little when appropriate.**
  - **Work hard, always do your best, and have fun doing it.**

Although Ray retired from active duty on 1 Aug 1992, the ceremony was held on 26 June so Ray and Jan could take a European vacation to help their transition to retired life together. BG Michael McGinty presided at the ceremony where Ray received his second Legion of Merit. Ray and Jan's family, AFMPC staff, and MSCs from San Antonio as well as out of town attended the ceremony to say farewell to a well-loved leader and mentor.



*L-R: Cheryl & son Randy, son Mike, Ray & Jan, and stepdaughter Melanie*

### **Life After the Air Force**

Ray didn't sit home long after retiring from the AF. He spent 10 years at Trinity University in San Antonio as the Residency Director of the Graduate School of Health Care Administration (1993-2003). Ray found the "perfect "retirement" job while Jan continued to work. His greatest challenge with his new position was working for a highly educated woman who was 20 years his junior with opposing views on nearly everything. Engaging his hallmark sense of humor, exceptional listening skills, and empathy for the challenges she faced, Ray overcame their differences, developed a new friendship, and strengthened their relationship as well as the residency program. Even in his retirement, Ray continued to use his extensive treasure of knowledge, experience, and relationships to help and serve others.

### **Conclusion**

Bill Powers stated, "In the later years of my career, I knew that I learned many valuable lessons thanks to a boss who always gave his junior MSCs the opportunities that would serve them well in the future. Despite having



*Ray and Jan at their "summer" home in Waynesville, NC.*

to make your way through a cloud of cigar smoke and his ‘wonderful’ collection of jokes, every moment with Ray was worth it, for sure. He always looked out for his people, defended his staff, and never criticized in public—all attributes of a fine leader.”

For those of us who worked directly for and with Ray Inman, I believe John Beaty gives the ultimate testament: “There are countless members of the USAF health care delivery team, and others, who call Ray Inman their best friend. It would not be hyperbole nor melodramatic to say that people love Ray Inman. There must be hundreds, if not thousands, of members of the USAF health care delivery team—officer, enlisted, and civilian—who know Ray Inman and feel that they are blessed to have such an extraordinary boss, colleague, and friend.” Amen!

### **Postscript**

Anyone who was affected by Ray’s “long reach” and mentorship over the years and cares to reach out to Ray may do so by contacting him via email at [rinman2@satx.rr.com](mailto:rinman2@satx.rr.com).

### *Author’s Notes*

#### **Content**

All direct quotations not ascribed to a specific source within this article were taken directly from Ray’s Officer Effectiveness Reports or decoration citations. I gratefully acknowledge the assistance of Ray and Jan Inman in obtaining OERs, award citations, and other documentation related to his military career. Except as noted, photos are courtesy of Jan Inman.

#### ***Replication of Research Methodology for Future Articles***

I was asked to briefly describe the methodology behind writing an historical narrative to help other MSCs who might be interested in doing something similar. Using a qualitative research approach that engages practices found in ethnography and narrative inquiry, four clear stages exist: (a) Collecting archival documents, such as OERs, decoration narratives, and personal histories; (b) Conducting interviews with the subject of the article; (c) Identifying, contacting, engaging, and obtaining input from significant players with whom the subject worked, e.g., peers, subordinates, and superiors; and (d) Formulating, distributing, obtaining, and screening questionnaires from which contributor stories and data can be collected for inclusion and supporting biographies created. Although research usually revolves around the central approach of “Who, what, when, where, how, and why,” narrative inquiries frequently lead to additional research and questions that require follow-up and possible expansion of the contact base. Feel free to contact the author at [ray@guidestarinc.com](mailto:ray@guidestarinc.com) or 630-301-9646 if you seek assistance or additional guidance in writing about other MSCs who have played a significant role in advancing the Corps or the AFMS. Personal connections with former mentors are a good place to start because of social and relationship capital that already exists with intended subjects.

#### **Contributors**

I gratefully appreciate and acknowledge the contributions, feedback, and assistance of my colleagues below in presenting this biography for the benefit of the MSCA and our MSC History project. I regret space limitations prevented including all their stories, but I believe we included the most prescient and apropos for the occasion. My sincere thanks to all who participated in this tribute to Ray.

**Colonel (Ret) John R. Beaty, USAF, MSC**, enlisted in the Air Force in 1957 after serving a year in the Army National Guard. After four years on active duty, he returned to civilian life to pursue his bachelor’s degree. He obtained a direct commission into the MSC in 1965 and subsequently served for 26 years. John was serving as an instructor in the Officer Basic Military Training-Medical (OBMT-M) course at the School of Health Care Sciences when he first met Ray in 1975. John states, “I personally owe Ray for the last 16 years of my career,” noting how Ray moved him to replace **Colonel (then Major) Bob Hauser (dec)** as Director of Resource

Management for SHCS, which began “a long and positive relationship of mentoring, career management, and friendship.” After ACSC in residence at Maxwell AFB, AL, John moved to AFMPC/SG for one of his best assignments as Chief, Allied Health Education Branch. John’s office was close to Ray’s, and he “had the opportunity to work with outstanding MSCs and **future Colonels Larry Burchfield, Joe Vocks, Bob Armstrong, and Steve Langenberg.**” John moved to HQ ATC/SG when Ray assumed HQ ATC/SGA duties in May 1981, reporting directly to Ray as Director, Staffing, Manpower, and Personnel Programs Division along with “two more outstanding MSCs, (**future Colonels**) **Ray Benedetto and Bill Powers.**” According to John, “Working for Ray led to a year at ICAF followed by six years at the Pentagon in OASD/HA” where he served in several roles leading up to his final assignment as Executive Assistant to the Assistant Secretary of Defense for Health Affairs. While at the Pentagon, John had the opportunity to work for and with “a great friend of Ray’s and another outstanding MSC, **Colonel Fred Vago.**” When John retired in 1991, he entered St. Mary’s University, San Antonio, TX, to add masters and PhD degrees in psychotherapy to the Master of Public Health he had earned in 1961 at the University of Pittsburgh through AFIT.

**Colonel (Ret) George Breault, USAF, MSC**, entered AD in February 1966 after earning his commission through the AFROTC program. He first met Ray in 1977 while serving as an Operations Action Officer for USAF/SG, after which he moved to USAF Medical Center Keesler to serve as Director of Medical Education. This author had the exceptional opportunity of working with George in establishing the first SGA Course when Ray was Keesler Med Ctr/SGA. George subsequently served as Keesler Medical Center/SGA before heading to Ramstein AB, Germany and US Air Forces Europe (USAFE) to serve as Deputy Command Surgeon for Administration, from which he retired in Oct 1992.

**Colonel (Ret) Don Brown, USAF, MSC**, enlisted in the United States Air Force in 1970 as an Aircraft Control and Warning Operator and later retrained as a Radiologic Technologist, attaining the grade of Tech Sergeant in under five years. When he was told he could not compete for Master Sergeant because of TIG, he set his goal to complete his bachelor’s degree and compete for a direct MSC commission, for which he was selected in 1979. His first contact with then Lt Colonel Ray Inman was on the phone as a newly commissioned officer speaking with his Assignment Officer. Ray offered him Davis-Monthan AFB, AZ and was taken aback when Don declined in favor of an assignment to McConnell AFB, KS, near his hometown of Emporia, KS. Little did Don realize what a significant impact Ray would have on his career so many years later at Randolph AFB, TX. Don spent his first assignment learning the various roles of an MSC, but when strangers learned he was in the AF he got tired of people asking what he flew. To remedy the situation, he sought an assignment as an Aeromedical Evacuation Officer with the 57<sup>th</sup> Aeromedical Evacuation (AE) Squadron and later HQ Military Airlift Command, Scott AFB, IL., where he logged over 1,000 flying hours in five different AE evac aircraft and secured an answer to the repeated question. Don subsequently served as the Deputy Executive Director, TRICARE Southwest; 59<sup>th</sup> MDW, San Antonio, TX; Chief, Medical Readiness Division, HQ AETC; Support Squadron Commander, 8<sup>th</sup> Medical Group, Kunsan AB, Korea; Commander, 384<sup>th</sup> Training Squadron, Sheppard AFB, TX; Utilization Officer at AFMPC, and 12 other assignments in various leadership positions. He served three overseas tours in Japan, Portugal, and Korea. It was Don’s assignment at AFMPC as a Utilization Officer and then as Ray’s Executive Officer (in 1990 as a young Major) where Ray’s influence, guidance, and friendship renewed Don’s commitment to continue serving. In 2004, Don retired as the Deputy Group Commander of the 10<sup>th</sup> Medical Group, USAF Academy, CO, after 34 years of service to our country. Ray graciously presided over Don’s retirement ceremony and presentation of the



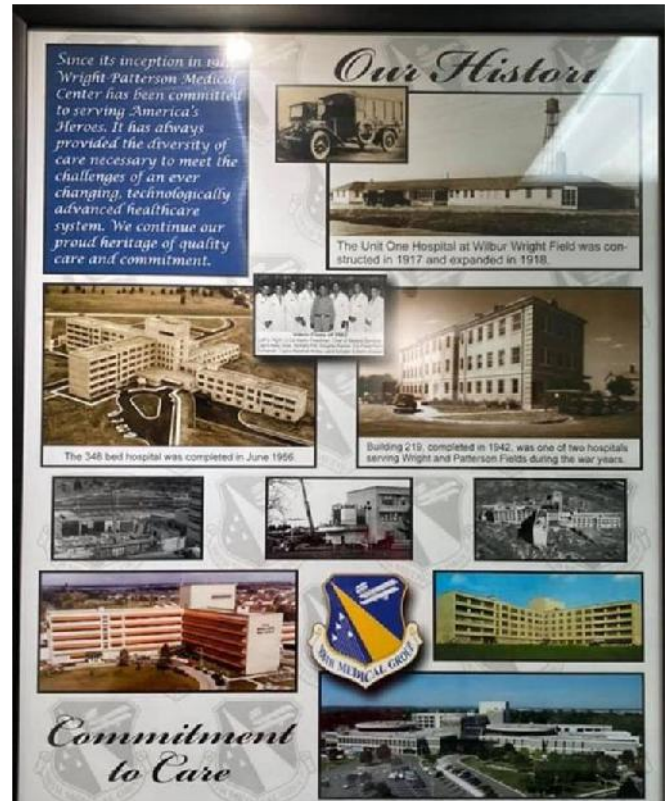
Legion of Merit, reflecting on Don's days of working for Ray at the Air Force Personnel Center at Randolph AFB, TX, and their ongoing mentoring relationship. Like this author, Don was hired upon his military retirement by TriWest Healthcare Alliance where he served 10 years as Vice President, Midwest Market. He continues to serve today as a Business Operations Specialist for the Defense Health Agency. (Photo courtesy of Col Don Brown)

**Colonel (Ret) Larry Burchfield, USAF, MSC [INTERVIEW POSTED IN PREVIOUS NEWSLETTER]**, entered AD in 1966 after receiving his commission through the AFROTC program. He first met Ray in 1974 when he was assigned as Chief, Physician Education at HQ AFMPC and Ray was Chief, Staffing and Manpower, at HQ ATC/SG. They quickly became friends and over the next four years formed a mentoring relationship. Larry replaced Ray at PACAF/SGA when Ray moved to HQ AFMPC for his terminal assignment. He returned to Sheppard AFB in 1991 as Commander of the 3790<sup>th</sup> Medical Training Wing, a position he "always wanted and one that Ray helped make happen." Larry retired from AD in 1992 after 26 years of service. He immediately embarked on a 20-year second career as a senior healthcare executive. He launched and managed TRICARE Managed Care Support contracts and spent 17 years with Humana Military, from which he retired in 2012.

**Colonel (Ret) Don Davies, USAF, MSC** began his AF career in 1966 in the enlisted ranks and received his direct commission nine years later after receiving his undergraduate degree from Chaminade College in Honolulu Hawaii. Don first met Ray in 1980 when he was serving in Health Professions Recruiting in Chicago. A strong ATC asset, Don subsequently served as Administrator at two ATC MTFs: USAF Clinic Vance and USAF Hospital Reese. He headed west to serve as Administrator at USAF Hospital Misawa, Japan, and subsequently moved to HQ PACAF/SG as Director of Financial Management toward the latter half of Ray's tour as PACAF/SGA. Don

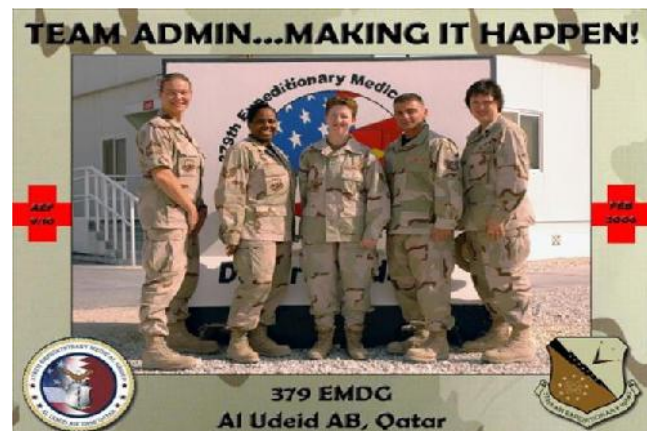
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"The orange shutters [Wright-Patterson] were my Dad's [Brig Gen Vivian] idea. When I was the facility manager I repainted them orange again. The new construction of 1983 covered them up." ~**Tal Vivian, Col (Ret), USAF, MSC, LFACHE, MSCA Historian**

**Yes, we need Doreen Wilder's story!**





served as Administrator at USAF Hospital Fairchild upon return to ConUS and eventually got his SHCS assignment as Director of the HSA Course with additional oversight of enlisted courses in medical administration and Biomedical Equipment Maintenance. Don returned to the field as Commander, USAF Hospital Vandenberg (Space Command) prior to his military retirement in 1999. For 21 years he served in numerous senior executive roles with the Southwest Washington Medical Center, Bastyr University, and Zenith Administrators in the State of Washington and as Practice Manager for Student Health Services for the University of Connecticut, from where he retired in 2020.

**Colonel (Ret) Wm. Boyd Kleefisch, USAF, MSC**, served nine years in the enlisted ranks until receiving his direct commission into the MSC in 1974. He first met Ray in 1982 while serving as a Physician Utilization Officer at HQ AFMPC. He subsequently served as Chief, Manpower, Staffing, and Education at HQ PACAF/SG under Ray and later as Administrator at several MTFs: 15<sup>th</sup> Med Group, Hickam AFB, HI; 45<sup>th</sup> Med Group, Patrick AFB, FL; 377<sup>th</sup> Med Group, Kirtland AFB, NM; and 81<sup>st</sup> Med Group, Keesler AFB, MS. Boyd advanced to Deputy Commander at the 81<sup>st</sup> Med Group then served as Executive Director, TRICARE Region IV at Keesler. Since his military retirement in 1998, Boyd has served as COO and CEO of healthcare organizations in Hawaii, New Mexico, and Utah. He retired from full employment in 2016.

**Colonel (Ret) Jim Moreland, USAF, MSC**, [INTERVIEW POSTED IN PREVIOUS NEWSLETTER] began his USAF career in 1972 as law enforcement specialist and received a direct commission into the MSC in 1979. Jim first met Ray in 1987 when he served as Director, Medical Logistics at the 13<sup>th</sup> AF Medical Center, Clark AB, PI, reporting to Ray's good friend, **Colonel Phil Rutledge (dec)** (13AF MC/SGA). Jim moved up to HQ PACAF/SG where, as a Major, he worked directly for Ray as Chief, Medical Logistics Division. After serving as Administrator at the Kadena AB Clinic, Okinawa, Jim advanced to Lt Colonel and moved to AFMSA/SGSL in San Antonio as **Colonel Tim Morgan's** deputy. Jim returned to the front lines as Commander, 59<sup>th</sup> Logistics Squadron, Wilford Hall Medical Center in 1997, then subsequently to Ft Detrick, MD (near Washington DC) as Chief, Medical Logistics Division, HQ USAF/SG where he worked directly for **Colonel Al Middleton** who was Corps Chief. Jim retired in 2002 from this position and then worked for Science Applications International Corporation where he worked as Project Manager on DoD and VA Medical Logistics IT solutions until he retired in 2014.

**Colonel (Ret) Tim Morgan, USAF, MSC**, entered the Air Force MSC via a direct commission in 1972. This author and Tim began as HSA 72-C classmates and followed each other's careers along different pathways. Tim's strength was always Medical Supply and Logistics where he excelled and became known as "The Supply Guy." Tim's first contact with Ray was in 1978 when Ray was managing MSC assignments and Tim was Chief of Medical Supply at USAF Hospital Mather. Tim subsequently served as Chief of Medical Supply at HQ SAC/SG, Offutt AFB, NE; The AF Medical Service Center (AFMSC), Brooks AFB, TX; HQ PACAF/SG, Hickam AFB, HI; Wilford Hall Medical Center, Lackland AFB, TX; and the Medical Supply Division at AFMSA, Brooks AFB. Tim retired in 1999 as the Chief, Medical Logistics Division, HQ USAF/SG. Tim was inspired to join the MSC through the service of his father, **Lt Colonel Fred B. (Ted) Morgan, USAF, MSC (dec)**, a WW2 veteran and life member of the MSCA who was memorialized in the April 2019 MSCA Newsletter

**Colonel (Ret) William (Bill) E. Palma, USAF, MC**, was the AFMPC Surgeon at Randolph AFB, TX and Ray's last military "boss. He entered the Air Force through the Senior Medical Student Program and served on AD for 30 years (1961-91). Dr. Palma first met Ray in 1989 when Ray became his Deputy. According to Dr. Palma, "Ray's 'Southern personality' was always warm and allowed us to chide each other... There was always room for good humor between us – despite the fact that I didn't ever know why his office was three times the size of my little space! Visiting North Carolina during our retirement years in Ray and Jan's hill country home has always been a delight, and when we play the memory game of 'Whatever happened to \_\_\_\_\_?' or 'How is

\_\_\_\_\_ doing?’ Ray always remembers everybody. We respected our mutual Christian mores, and my life has been blessed because of him. My many memories, at least those that I can still recall, were enriched by our fond association.”

**Colonel (Ret) William J. (Bill) Powers, USAF, MSC**, entered the USAF in 1967 through the AFROTC program and served 29 years before retiring from AD in 1996. When Bill met Ray in 1978, he was serving as Associate Administrator at USAF Hospital Sheppard under **Colonel Paul Jacko (dec)** who was Hospital Administrator and Ray’s close friend and former boss. After serving as SGA at USAF Hospital Seymour Johnson, Bill moved to San Antonio to serve as Chief, Plans and Programs under Ray at HQ ATC/SG. Bill subsequently served as Commander of the USAF Clinic at Izmir, Turkey, and Administrator at USAF Hospital RAF Lakenheath before returning to ConUS to serve as the last SAC/SGA at Offutt AFB, NE. With the merger of SAC and TAC into Air Combat Command in 1992, Bill transferred to USAF Medical Center Wright-Patterson, replacing **Colonel Terry Cunningham** as Administrator. Bill took the reins as HQ AFMPC/SGA when **Colonel Chris Cadenhead (dec)** retired in 1993, which is where this author had the opportunity to work with him for the second time. Bill’s follow-on and terminal assignment was as the first non-physician Deputy Commander for USAF Medical Center Wright-Patterson. Bill subsequently served the private sector as Chief, Plans and Programs for the Dayton Area Graduate Medical Education Consortium and as the Chief Operating Officer for the American Nurses Association (ANA), located in the National Capital Region, from where he retired in 2007. Bill has served on the Board of Directors of the nonprofit Board of Certification/Accreditation International since 2010.

**Colonel (Ret) John Sheehan, USAF, MSC**, began active duty in 1973 after receiving his commission through the AFROTC program at Indiana University. John served in various MTF positions at USAF Clinic McClellan AFB, CA, and USAF Medical Center Wright-Patterson AFB, OH before being selected for the ASTRA (Air Staff Training) Officer program. John first met Ray in 1977 at AFMPC. He was subsequently assigned to HQ ATC/SG as Assistant Chief, Plans, Programs, and Biometrics under Lt Colonel (later Colonel) Bill Powers while Ray was ATC/SGA. John moved “across base” to AFMPC in 1982 as Chief, Physician Education Branch then returned to the field in 1985 as Administrator of USAF Clinic Kadena, Okinawa, where he renewed his friendship with Ray in his capacity as PACAF/SGA. John retired from active duty in November 1999 as Deputy Commander, 55<sup>th</sup> Medical Group, Offutt AFB, NE. John stayed in Omaha, serving first as CEO of Select Specialty Hospital then as Director, Douglas County Community Mental Health Center, from which he retired in 2013.

**Lt Colonel (Ret) Dale Davenport, USAF, MSC, LFACHE**, received a direct commission into the Medical Service Corps in 1975 after serving four enlisted years as an occupational therapy technician and receiving his undergraduate degree in Business from Troy University. Dale was Administrator of USAF Hospital Blytheville (SAC), AR when he first met Ray in 1983. Dale subsequently moved to PACAF as hospital administrator at Misawa AB, Japan, then onto HQ PACAF/SG where he served under Ray as Director, Patient Affairs and Finance (1985-1988). Dale returned to ConUS in 1988 to serve as Administrator of USAF Hospital Minot (SAC), ND and then at HQ SAC/SG as Director of Finance until SAC’s merger with TAC into ACC. After Dale retired from AD in 1993, he served in various management roles including Senior Associate Dean at Creighton University School of Medicine in Omaha, NE for 28 years. He currently serves as a consultant in Health Sciences and Graduate Medical Education.

**Lt Colonel (Ret) Dan Sherred, USAF, MSC**, entered active duty in 1979 and served at HQ AFMPC as a personnel specialist in Medical Accessions where he met Ray in 1983. After receiving a direct appointment into the MSC, Dan served at Williams AFB, AZ in a variety of MSC roles then was off to Osan AB, Korea, where Ray caught up with him during a PACAF/SGA SAV. According to Ray, “I was able to travel with Lt. Sherred out into the country and have a super Korean meal where the floors of the restaurant were heated by charcoal

and dining was family style seated on pillows on the floor. Many fond memories.” Dan obtained his MHA through AFIT at Ohio State University after his return to ConUS then moved to HQ USAF/SG as an Air Staff Action Officer in Managed Care. Dan next took an EWI assignment with United Healthcare in Minneapolis, followed by a return to the DC area to serve at Andrews AFB, MD as Operations Officer in the Med/Surg Ops Squadron. Dan served as Director of Operations for HI and AK in the TRICARE Lead Agent Office at Tripler Medical Center, Hawaii, before tackling his terminal assignment at Edwards AFB, CA, as Administrator and Commander of MDSS. Upon retirement in 2003, after 23 years of duty, Dan returned to United Healthcare as Vice President, Laboratory Services. Currently, he is Chief Operating Officer for White Stone Healthcare Resources.

## **A Radioactive Spill of Americium-241**

### **Larry B. Van Cleave, Lt Col, USAF (MSC), Retired**

This story begins before my direct involvement with a radiation spill of Americium-241 at Wright-Patterson (W-P) Air Force Base, Ohio. Here is what had previously happened. Two "unlabeled" containers of Americium-241 had been opened by four base employees during an inventory check in September and October of 1986. These incidents apparently resulted in the radioactive contamination of a remote WWII medical storage building with radioactivity, as well as exposure of the employees to radiation in an airborne powder form.

According to a taskforce investigation, the americium was “smuggled” onto the base by a W-P civilian employee, the base’s then Radiation Protection and Safety Officer. He "smuggled" it in on behalf of a nonmilitary outsider, later identified as a civilian jeweler who used americium in his jewelry business to change diamond colors to blue. The investigation revealed the base workers involved with the spill had tried to cover up the spill, and had washed themselves off at a nearby Boy Scout camp on the base. In a tape recording of a "secret meeting" between some of the workers and other Air Force officials they were heard "laughing about the spill, while plotting how to cover up the accident”. The unusual nature of the spill perked the interest and follow-on by Defense Secretary Casper Weinberger, Air Force Secretary Edward Aldridge, Senators John Glenn and Howard Metzenbaum, Ohio Governor Richard Celeste, and various state and federal environmental agencies. In addition to an investigative task force established by the governor, the senators conducted a congressional committee investigation.

For remediation of the spill, the medical storage building, where security had been reported as “lax”, was destroyed and containerized for shipment and disposal at an out-of-state hazardous waste disposal site by a professional contractor, Chem Nuclear, Inc. The cost was “about \$1 million...one of the most expensive radioactive cleanups undertaken by the Air Force.” A two count indictment against the Radiation Protection and Safety Officer alleged he “knowingly and willfully possessed a quantity of Americium-241 in an un-encapsulated or unsealed form which was not authorized by any Nuclear Regulatory Commission license or U.S. Air Force permit,” and then he "allegedly lied about it to investigators”. In May 1988, based on indictments from a grand jury, he faced a "maximum penalty of seven years in prison and a \$500,000 fine.”

As a dust or fine powder, Americium-241 can cause certain cancers when swallowed, absorbed through a wound, or inhaled, and can stay in the body for decades (half-life of 432.2 years). It concentrates in the bones, liver, and muscles, exposing these organs to alpha particles. It is extremely radioactive and very chemically toxic in the form of a heavy-metal. The story continues shortly after I reported to the USAF Medical Center W-P as Director, Medical Logistics (DML) and Development Directorates. By virtue of my "DML" position, I was already a member of the investigating task force formed by Governor Celeste. After the cleanup, a new concern evolved into the possible americium exposure of over 300 Boy Scouts and adult leaders, from over a dozen troops across five states, who had used the Boy Scout camp as early as two weeks after the October spill. On one hand, tests showed no contamination at the camp site. On the other hand, dead fish had been found close to and about the wash site used by the base workers after the spill. Hence, the new concern was certainly well

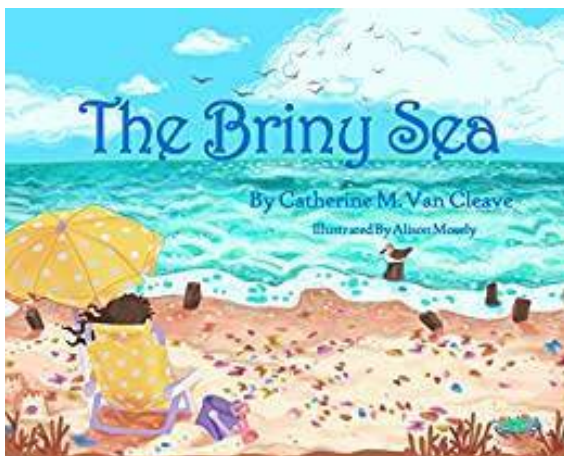
understood, not to mention the concerns of other campers and base joggers.

Towards resolution of the concern, I had three broad objectives: assuring trust in the Air Force, providing the most appropriate clinical testing of those possibly exposed to any residual amounts of americium, and preventing any possibility of further occurrences or accusations of 'cover up'. To these ends, I researched and initiated a sole-source contact with an internationally renowned radiological laboratories company out of Oak Ridge, TN. The contract 'statement of work' specified (1) an objective and unbiased assessment of the americium spill and levels of risk to individuals, (2) visits to the on-base site and review of any and all pertinent actions and documentation, (3) recommendations as to release of information to the public, (4) recommendation of the most appropriate method of third-party clinical testing of those possibly exposed, and (4) their hands-on, with Air Force hands-off, conduct and management of the testing (via International Technology Corp. of Knoxville) to include notification and offer of free testing to those exposed, provision of testing access, and return and recording of test results to include 'chain-of custody' assurances. Note that the third-party testing obviated the use of otherwise available Air Force clinical laboratories, thereby further ensuring no concerns of 'cover up'. The cost of the contract was minuscule (estimated to be less than \$75 thousand), especially when contrasted with the \$1 million cleanup cost. Oak Ridge determined levels of risk to be nil or negligible for individuals, and the use of urinalysis testing as the most appropriate means for determining any exposure of the scouts or others.

Aside from some bureaucratic issues with the contracting process, the need for the Air Force Secretary to specifically designate scouts as one-time beneficiaries of Air Force provided health care, some leaking of urinalysis collection kits returned via the U.S. Postal Service, and a few more dead fish, the testing process, which went on for almost a year, went well. No positive tests were returned for the individuals tested, and subsequent dead fish proved negative for exposure to americium. At this time, there are no issues remaining with what has been purported as the largest radiation spill in the history of the Air Force.

[Sources of the above information: News-Journal (Mansfield, OH), Nov 25, 1987, Dec 18, 1987; The Newark Advocate (Newark, OH), Nov 25, 1987; The Tribune (Coshocton, OH), Nov 25, 1987; The Herald-Palladium (Saint Joseph MI), Dec 19, 1987; The Marion Star (Marion, OH), Jan 12, 1988; Dayton Daily News (Dayton, OH), Jan 12, 1988]

**NEW! The Briny Sea – a Childrens' Book**  
**Cathy Van Cleave (Lt Col Larry Van Cleave) MSC Spouse,**



[The Briny Sea \(ISBN: 978-0-578-87997-0\) description:](#)

What do you do when you've been searching the seas for a rare, hard-to-find object? Ask for help from some surprising sources and see what you'll discover. In this story, our explorer searches for a rare and beautiful shell but finds out a lot about the benefits of curiosity, persistence, and cooperation. During her journey, she learns to appreciate the beauty around her and to observe the sand, the sky, and the beautiful sea life and creatures around her. Ultimately, the journey and the treasure she seeks are worth the wait!

**Author bio:** Catherine Van Cleave is a wife, mother, grandmother, and former Pre-K and elementary school teacher. She grew up in Florida where she spent time at the beach looking for shells and digging for sand fleas and periwinkles. After years of living in other locations with her Air Force husband (Larry Van Cleave), she returned to Florida once again, where she is always ready to search for more shells on the beach.

**Illustrator bio:** Alison Mosely is an illustrator and has a Bachelor of Fine Arts in Art, with an emphasis on Drawing, from the University of Florida. This is the first children's book that she has illustrated.



## MSC Association History – Gerald A. Starr MPH, LFACHE (Major, USAF, MSC, Retired)

The recent professional and personal experience of **Major David Pitt (USAF, MSC, retired)** published in the recent MSCA Newsletter caused me to reflect on my own path to reach my academic and professional goals as a Medical Service Corps officer including status as a Life Fellow of the American College of Health Care Executives. While there is a bit of “Me too!” in this “blog” there were some unique steps along the way. I am “humbly proud” of my enlisted, commissioned and civilian service in healthcare. Truly, the combined experiences are synergistic as I continue on the path to “ease on down the road”!

My Air Force career began with basic training flight 59-07 at Lackland on January 7, 1959. Four weeks later, I began the basic medical service tech school there at Lackland. I will never forget 2 weeks straight KP in PATS (personnel awaiting training status) until classes began. I then responded to “Any volunteers for Operating Room Training?” I began my 90232

Operating Room Apprentice at Wilford Hall USAF Medical Center. I recall that the SGA at that time was then **Colonel, Donald Wagner**. My experience as a Surgery Tech progressed to 90252 in general surgery and obstetrics at the 357<sup>th</sup> USAF Hospital, Portland International Airport. My squadron Commander? **Captain Wayne Terry, USAF, MSC**. With an assignment at the USAF Hospital Tyndall AFB, Florida on the way, my last enlisted assignment was NCOIC of Surgery 90272 at the TUSLOG Det 37 Ankara, Turkey. With the resource of the University of Maryland extension college courses in Ankara, I was successful in being selected in the Airman’s Education and Commissioning Program (AECPP) in June of 1966 and assigned by AFIT to the University of Oklahoma.

From June to September 1968 at OTS (My second duty at Lackland AFB) I was commissioned 2Lt on September 28, 1968. My designated future was to the Line as an administrative officer and was selected to return for a Masters degree in Industrial Management. However, a funding cut, and that turnaround opportunity was changed to a transportation officer assignment. My experience in the medical services, working with-and-for-great Non-commissioned Officers and health care professionals led me to my long-term goal of returning to the medical service as an officer. A letter to the USAF Surgeon’s Office apparently made that happen. Although when that came down officially, one of my AECPP associates at OU said “my buddy at Randolph changed your



IBM card from 7021 to 9021!" Maybe?

I think my MSC career was set in motion on a different career track for several reasons. Because of "prior medical service" and having served for a period as a Non-Com, I was assigned directly to the USAF Hospital Castle AFB as SGQ. A great first assignment **mentored by LtCol Floyd Morgan and Colonel Vincent Herberholt**. Our Commander was Colonel Murphy Chesney, MD- later the USAF Surgeon. My direct assignment to Castle bypassed the traditional BMSA experience at Sheppard AFB. I have often felt that I missed both the fellowship and opportunities that came from having "classmates" and communications with the alumnae of "my BMSA year group".

In 1970, I was selected again by AFIT to enter Yale University as a candidate for a Masters degree in healthcare administration at Yale School of Medicine Department of Public Health. That education included a five-month internship with Mr. Charles "Chuck" Womer, the CEO of Yale-New Haven Medical Center. Included in that internship was the mentorship of **Mr. Frank Isbell (LtCol, USAF, MSC, Retired)** then an Associate Administrator on Mr. Womer's staff at YNHH.

The incentive to serve as a CEO (MSC Commander) of a USAF healthcare organization was certainly in place upon my return to non-academic active duty following my AFIT tour. The concept was also developing for MSC senior officers to serve as Hospital/Clinic commanders. My next assignment was SGL at George AFB, CA. I had the privilege of serving as SGA (COO?) at the 6280<sup>th</sup> USAF Hospital at Takli Thailand; USAF Clinic, Los Angeles AFS; USAF Hospital Wurtsmith AFB; and, in my final assignment, a return to the USAF Hospital Castle AFB. Given the combination of age, time in service, date of commission, and other factors I chose to search for a continuing civilian health care leadership career. My "retirement" date was April 1, 1982 with 23 years active duty. In my civilian job search (almost six months), I had the experience of being #2 in a number of searches. I was told once "We don't feel we will be comfortable with a "military-style" leader!" In the first successful search, the comment was "we really are searching for a leader with military experience".

In my civilian career- an additional 38 years-I have VP, COO and CEO leadership experience in small and medium size Hospitals, a Teaching hospital, Behavioral Health, and Prison Health Care. In the last six years, I have had the privilege of serving as Executive Director for a Federally Certified Rural Health Clinic in rural California, retiring on March 1, 2021. Healthcare leadership, military or civilian, is truly servant leadership. In my military and civilian career, the core principles of discipline, mission, teamwork and integrity were learned in my growth as a leader as a Medical Service Corps officer. With much respect, my thanks for the many leaders of the USAF Medical Service Corps who have formed and continue to support the Medical Service Corps through the Association.

With Respect, Gerald A. Starr (Jerry); MPH, LFACHE (Major, USAF, MSC, Retired





### **Air Force celebrates 20 years of International Health Specialist program**

Over the past 20 years, the U.S. Air Force's International Health Specialist program has played a key role in transforming global health engagement, giving it a new structure and purpose. As the program has matured, its impact on global health engagement has grown.

Prior to the program's launch, global health engagement consisted of large humanitarian assistance events where U.S. military medics delivered care to populations of partner nations.

Founder of the International Health Specialist program and former U.S. Air Force Surgeon General, retired Lt. Gen. P.K. Carlton, said a key component of his vision was to create specialists with deep geopolitical and cultural skills who could drive more meaningful and long-term engagement with partners and allies.

[Read More](#)

**ALERT --- REMINDERS, REMINDERS, AND MORE REMINDERS --- ALERT**

Have a change in status? Send membership directory updates – name, address, status, email— changes to the membership team [membership@MSCAssociation.org](mailto:membership@MSCAssociation.org)

## **Gold Sponsor**

Lieutenant Colonel Bob Bunker has been a Gold Sponsor of the MSC Association every year since he retired from the Air Force to pursue business opportunities in the civilian sector. He was one of the original founders of the Air Force Medical Service Office of Innovation and had many years' experience in the development and implementation of the original Tricare contract. Bob went on to help win and later serve as COO for Humana's first Tricare contract. Later, Bob left to assist joint venture entities in the acquisition and turn-around of several health care firms, serving each as Chairman, President and CEO. He has also been a sponsor for every reunion. When asked "why?" Bob said; "To give back to the Corps."



Contribute to the History project – tell your story today! Contact the MSC historian to talk over your ideas and proposal [historian@MSCAssociations.org](mailto:historian@MSCAssociations.org)

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# LEADERSHIP, DEVELOPMENT & CAREER MANAGEMENT

## Strategic Health Leadership (SHELDR) in Action

**Editor's Note:** The following articles summarize four USAF MSC Medical Group Commanders (MDG CC) leadership experiences, successes, and lessons learned. Each was asked to identify the top competencies (Knowledge, Behavior, Skills, and Attributes) they applied during their tenure. The Strategic Health Leadership (SHELDR) competencies development and used by the editor to interview 17 former Military Surgeons General served as their guide (Final Published Article available upon request) . Everyone provided insights on development of future leaders at the strategic level with respect to the needed competencies. In addition, the commanders were asked to summarize actions taken prior to and within 180 days of command to set the tone and pace of their command experience, leadership style, and creating a culture of "Trusted Care Anywhere." Here are the questions:

1. Do some reflection. Describe a critical event, crucible of experience, individual, or learning activity that influenced and shaped you as a leader at any time in your career. How did this critical event or crucible help you develop your leadership competencies?
2. Summarize at least three of the most significant accomplishments or strategic initiatives you are most proud as part of your experience the Medical Group Commander (MDG/CC). What and why are these the most significant?
3. Reference the Strategic Health Leadership (SHELDR) competencies. This is a reference only. You may add additional competencies or sub competencies. List the top 5 five competencies (no priority) sets you consistently applied during your tenure as the MDG/CC? Why were these 5 the most important?
4. Describe your first crucial crisis as the MDG/CC? What was it? Why did it matter? How did you and your team handle it? What was the outcome? What were the key learning points?
5. What were the top three 3 most frustrating barriers or crazy makers preventing you from accomplishing the MDG's mission during your tenure? What were your workarounds? What leadership lessons did you derive from these challenges?
6. Summarize your most significant stressful situation or significant setback (or both) associated with your tenure as the MDG/CC. How did you bounce back?
7. Reference the Strategic Health Leadership (SHELDR) competencies. This is a reference only. You may add additional competencies or sub competencies. List the top 5 five competencies (no priority) you wish you had in a larger quantity prior to assuming the position of MSG/CC Why did you choose these five skills? Are there any not on the list?
8. Consider you're stuck on the elevator with a junior officer (any Corps) for 5 minutes. The junior officer asks: What leadership competencies do I need to develop now to be prepared for the greater leadership roles? What actions do you recommend I take?

The editor thanks **Brig Gen (Ret) Chuck Potter and Colonels Steve Meigs, Jim Geiger, Dave Womack, and Talbot Vivian** for their help as part of the study process and product. A special thanks for Lt Gen C. Bruce Green for his mentorship, guidance, and Doctoral dissertation committee member.

## Strategic Health Leadership (SHELDR) Competencies

| Component                                                                                                                                                                                                                                                                                                         | Competency Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>A. Integrates Needs of Others and the Organization:</u></b> Attends to follower and organization (inter and intra) needs; actively listens to understand then being understood. Builds inter- and intra-personal relations. Develops current and future leaders. Helps others succeed</p>                | <ol style="list-style-type: none"> <li>1. <b><u>Actively Listens To Others:</u></b> Engages in, and understands the concerns and needs of individuals and teams; conveys empathy to uncover possibilities; provides support by removing barriers and obstacles.</li> <li>2. <b><u>Develops Leaders and Teams of Leaders:</u></b> Coaches, guides, and mentors leaders and teams. Encourages self-development and intrinsic motivation. Gives constructive feedback. Assures education and training opportunities.</li> <li>3. <b><u>Celebrates:</u></b> Recognizes individual and team contributions, innovations, and progress. Encourages acknowledgement of success and setbacks to continuously improve, learn, and innovate.</li> <li>4. <b><u>Stewardship:</u></b> Judiciously allocates and aligns resources (i.e., money, personnel, information, equipment, information, and infrastructure) with strategy efficiently and effectively.</li> </ol>                                       |
| <p><b><u>B. Encourages Aspirational and Critical Thinking:</u></b> Challenges assumptions (others, self, organization); takes calculated risks; integrates ideas from inside or outside the organization. Applies critical thinking: agile, adaptive, and systems thinking for a sustainable positive effect.</p> | <ol style="list-style-type: none"> <li>5. <b><u>Critical Thinker.</u></b> Applies agile thinking to anticipate or find opportunity in dynamic, uncertain, complex and ambiguous situations. Uses adaptive thinking to solve problems or shift momentum to apply sustainable solutions.</li> <li>6. <b><u>Applies Systems Approach:</u></b> Assesses situations systematically; understands interconnections between systems and processes to develop strategy, solve problems, and make complex decisions.</li> <li>7. <b><u>Challenges the Status Quo:</u></b> Challenges assumptions of others, self, and organization. Asks probing questions from multiple perspectives. Develops new ideas, concepts, solutions, and better processes.</li> <li>8. <b><u>Creates a Culture of Innovation:</u></b> Creates a safe amiable culture designed to encourage novelty and new ideas. Manages risks with experimentation, alternative perspectives, test and evaluation, and prototyping.</li> </ol> |
| <p><b><u>C. Informs, Inspires, and Influences:</u></b> Develops and articulates a futures-based aspirational vision and strategy despite a dynamic, uncertain, complex, and ambiguous (DUCA) environment. Inspires followers to achieve the vision or strategy and take independent initiative at all levels.</p> | <ol style="list-style-type: none"> <li>9. <b><u>Develops Vision:</u></b> Senses signals; anticipates the future. Develops aspirational vision, strategy, plans, and capabilities to meet the needs of customers, suppliers, and stakeholders.</li> <li>10. <b><u>Communicates Proactively:</u></b> Engages followers, teams, partners, and stakeholders to aspire to a greater vision with inter-intra personal communication or outreach. Makes vision clear, meaningful, understandable.</li> <li>11. <b><u>Strategy Execution and Leads Change:</u></b> Sets the tone, pace, and example to lead change. Aligns and integrates concepts, strategy, capabilities, organizations, and processes into common practice and culture.</li> <li>12. <b><u>Empowers Others:</u></b> Shares leadership collectively. Builds, aligns, and sustains diverse teams of leaders to achieve the vision, outcomes and effectiveness. Measures progress and results.</li> </ol>                                 |
| <p><b><u>D. Promotes Professionalism and Builds Character:</u></b> Serves as a role model for high ethics and morals; instills pride; gains respect and trust with proactive communication and collaboration. Leads by example; constantly developing themselves.</p>                                             | <ol style="list-style-type: none"> <li>13. <b><u>Collaborates:</u></b> Builds mutually beneficial relationships and common goals within and across organizations. Partners with networks and communities of practice and stakeholders.</li> <li>14. <b><u>Applies Ethics:</u></b> Serves as a role model for unwavering ethical decision-making and respect for autonomy.</li> <li>15. <b><u>Develops Trust:</u></b> Builds and sustains trust through example, integrity, accountability, and transparency with individuals, across organizational boundaries, and with stakeholders.</li> <li>16. <b><u>Life Long Learner:</u></b> Seeks, leverages, uses, generates, shares knowledge.</li> <li>17. <b><u>Resilient:</u></b> Bounces back from adversity through optimism and improving personal health, wellness, and management of stress.</li> </ol>                                                                                                                                        |

## **Actions and Competencies for Medical Group Command (MDG/CC)**

**Terence T. Cunningham IV, Colonel, USAF, MSC, Commander, 59 Medical Support Group**

**Introduction:** As a direct accession with an architecture degree, I spent my first 7 years as an MSC in the Health Facilities Division. A changing philosophy on qualifying degrees for MSCs led to my competitive selection to an AFIT-Civilian Institute to earn my Masters in Health Administration. From then I followed a traditional MSC path: resource management, group practice management and SGA at Nellis, a fellowship in OUSD Comptroller, Squadron Command at Holloman, HAF staff time in DC, executive officer for the AF/SG, more staff time in DC, Tier II Group Command in Misawa, Japan and now Tier I Group Command at Wilford Hall in San Antonio. I am a legacy MSC, and Col (ret) Terry Cunningham III is not only my father, but also my mentor, confidant, and biggest fan. It doesn't get any better than that.

***Do some reflection. Describe a critical event, crucible of experience, individual, or learning activity that influenced and shaped you as a leader at any time in your career. How did this critical event or crucible help you develop your leadership competencies?*** MSCs have the great fortune of almost never being without a more senior MSC within earshot. You observe model behavior to imitate on a daily basis, and can get a genuine 'vector check' on short notice. I had an incredible opportunity to serve in Office of the Secretary of Defense, Controller (OUSDC), where I was the only MSC in an organization of 300+ personnel. For daily activities I followed the lead of senior GS/SES professionals; not medical, but financial experts. However I was soon detailed to work a project to satisfy a POTUS Executive Order. On day one we signed non-disclosure agreements -- the project involved Guantanamo Bay, and that's about as much as I can say. For 9 months I was on my own to solve my part of the problem (money and healthcare). For the first time in my career I was the expert in the room and accountable only to myself. I didn't have a mentor saying "did you think about...", "bring me a draft by COB," "I had this issue before and I did..." This experience taught me to rely on collaboration with those different than you to ensure you have eliminated the gaps between you AOR and theirs, but also that in absence of an MSC peer, be your own best critic. Present your work to yourself, make sure you understand your content forward and backwards, and don't give yourself a break. Needless to say we didn't succeed at the task at hand, but the experience of holding myself accountable was invaluable. As a Group CC, I quickly realized that once again I was the expert in the room, but now I knew how to "own it."

***Summarize at least three of the most significant accomplishments or strategic initiatives you are most proud as part of your experience the Medical Group Commander (MDG/CC). What and why are these the most significant?*** Prior to assuming my first MDG/CC, I had a brief discussion with the sitting AF/SG, and his guidance to me was to fight to retain the Air Force's clinical competency in the western Pacific. This direction was foundational in one of my most significant accomplishments in command, ensuring wartime clinical competencies in our 'deployed in-place' medics. Through progressively more complex training scenarios and exercises, and by providing both accountability and empowerment of the assigned and attached medics, we went from 'knowledgeable' of our wartime role, to 'extremely proficient.' My second success in command stems from that same interaction with the AF/SG, but more focused on 'peacetime care.' While our manning documents did not justify higher complexity providers, we maximized every manpower action to increase the specialists assigned to Misawa. Our successes increased the body of knowledge for existing staff, and increased the ability to see more patients and accept more operators with EFMP families. Both medical and Line of the Air Force (LAF) missions won. However, the most significant accomplishment as commander was to prove that medical advice is invaluable to LAF operations. Many months of diligently learning flying operations and providing credible advice for daily operations built medical credibility that paid off during the COVID-19 response of early 2020. We were able to perfectly tailor advice to Wing leadership to continue to provide critical medical and non-medical operations. Thru the early weeks of open-source misinformation and conflicting policies, Wing leadership would first seek medical advice, and always follow that advice to guide the base population to the safest COVID-19 posture. Earning respect from hard work is the best reward.

**Reference the Strategic Health Leadership (SHELDR) competencies. List the top 5 five competencies (no priority) sets you consistently applied during your tenure as the MDG/CC? Why were these 5 the most important?** The top five Strategic Health Leadership (SHELDR) competencies that I consistently applied during my tenure as MDG/CC:

1. “Critical thinker” - constantly preparing for action so you are prepared to capitalize on decision cycles
2. “Applied systems approach” – achieving executional success by creatively working within current limitations
3. “Develops trust thru integrity & accountability” – using accountability to the commander’s intent/core values as a form of motivation
4. “Develops vision” –overcoming current limitations and organizing and mobilizing followers
5. “Executes strategy and leads change” – accountable leaders don’t ask someone to do something they are not willing to do

**Describe your first crucial crisis as the MDG/CC? What was it? Why did it matter? How did you and your team handle it? What was the outcome? What were the key learning points?** My first crisis in my MDG/CC tenure involved providing care for an American Citizen (AMCIT) that exceeded our medical capabilities. An AMCIT estranged from a DoD contractor developed significant mental health symptoms in a Japanese hotel, and US Government intervention became necessary to preserve international relations. Unfortunately, the AMCIT became excessively non-compliant with outpatient mental health direction and was voluntarily hospitalized by us for 3 weeks. Multiple attempts to transport the AMCIT to a higher level of care failed, mostly due to technicalities with very important but overly cumbersome options such as the Secretarial Designee program and patient travel via military aeromedical evacuation. Visiting staff with mental health inpatient experience coached the local staff thru caring for this individual, and after 20 days she eventually became compliant enough for transfer to a Japanese facility. Providing care to this AMCIT was ethically the right thing, was politically right thing to do, but was not interoperable with current DoD processes. Thru perseverance and a culture of innovation, we provided care in a manner that was safe for both the staff and the AMCIT, and eventually repatriated her to the US.

**What were the top three 3 most frustrating barriers or crazy makers preventing you from accomplishing the MDG’s mission during your tenure? What were your workarounds? What leadership lessons did you derive from these challenges?** The barriers that created the greatest frustration during MDG/CC were:

1. Being encouraged to challenge the status quo, but in turn just hampering execution of core mission.
2. Bureaucracies that cater to their own efficiencies rather than making execution easier for field units.
3. Policy makers whose advisers fail to seek balanced perspectives or consider the full spectrum of impacted MDGs.

**Summarize your most significant stressful situation or significant setback (or both) associated with your tenure as the MDG/CC. How did you bounce back?** A recurrent stressor in MDG/CC was the delivery of mental health services to a very remote overseas location. While we were an inpatient facility, and we offered mental health services, but by no means were we an inpatient mental health facility. Nonetheless mission partners frequently expected that the MDG would direct inpatient admissions for trouble airmen, sailors and soldiers, providing respite for the units and leaders charged in their care. We pushed our medics to the upper ends of their skillsets and training to meet these expectations, but it wasn’t until a mental health professional simply stated “patients have rights too” that I had a shift in approach. These ‘patients’ needed effective leadership, belongingness in their units and true connections, not three nights in a blank room with no fixtures. As proud of the medical team as I was, sometimes the best medical advice was “this isn’t a medical problem.”

**Reference the Strategic Health Leadership (SHELDR) competencies. List the top 5 five competencies (no priority) you wish you had in a larger quantity prior to assuming the position of MDG/CC Why did you choose these five skills? Are there any not on the list?** The top five SHELDR competencies that I wish I had in larger quantity prior to assuming my position of MDG/CC:

1. “Systems approach” - in particular knowledge of local policies, organizational structures and rules of engagement
2. “Political savvy” - to most effectively inform or act
3. “Resiliency” - or better yet, calm under pressure
4. “Emotional/cultural awareness” - particularly of my host country
5. “Actively listens to others”

**Consider you’re stuck on the elevator with a junior officer (any Corps) for 5 minutes. The junior officer asks: What leadership competencies do I need to develop now to be prepared for the greater leadership roles? What actions do you recommend?** I would encourage the junior officer to ‘analyze the battlefield’ where decisions get made. Study org charts from sister Services and DoD Agencies, this will help understand where influence is applied to seek favorable outcomes. Frequently re-read policy memos from our senior leaders, this is where the peacetime ‘Commander’s Intent’ is articulated. Dive into the foundational documents for DoD, such as the National Defense Strategy. Early careerists will need to operate within the system that currently exists to be effective.

Having a wartime mission to unapologetically strive for was liberating during MDG/CC. During transition I was obsessed with bringing my relief up to speed so she could continue the momentum, build on what we started. I also spent a considerable amount of time thanking the clinical staff that assumed significant professional risk to achieve this success. While at the time they may not have felt they had not done enough, their humility in spite of their significant accomplishments was one of my proudest moments. Sometimes only with the benefit of hindsight do you see how truly great your accomplishments were.

**A frequent question I get from my peers is “What should I do in preparation for command?”** These are great officers, highly competent, but somehow ‘unprepared’ for their capstone experience. My first comment is always “fear what you are about to undergo, that obsession to do your best every day is necessary.” There are small tips that I can offer, such as (re)connect with your peers to build a network of commanders you can bounce things off of, but really my journey started by setting my state of mind to “my Airmen deserve the best I can offer every day.” Then I did the following:

| <b>Time Frame<br/>(Within __ Days)</b> | <b>What Did You Do?</b>                                                                                                                                          | <b>Upon Self Reflection What Else Would You have Done?</b>                                  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>2 Months Prior to Command</b>       | Learned the command structures in my AOR, both AF and COCOM, Army and Navy. Reciprocated ‘congrats’ emails to build my network of “fellow MDG/CCs.”              | Learned how to influence functional areas, such as logistics, that became key during COVID. |
| <b>1-30 Days</b>                       | Listened. Committed to ‘look into’ things, but not taking immediate actions. Don’t cancel standing meetings too quickly, as their value may not be apparent yet. | Engaged my network of “fellow MDG/CCs” sooner on LAF interaction techniques.                |
| <b>31-60 Days</b>                      | Committed to a predictable meeting schedule, allowing those who work for you to settle in as well. Attended everything myself first, then delegate.              | Involved my full time deputy in meeting attendance to ensure she was not being undermined.  |
| <b>61-100 Days</b>                     | Fought for feedback from LAF and MAJCOM leadership; if I was ‘missing’ something (engagement, attendance, updates), better to know sooner.                       | Pushed updates unsolicited and wait to be told to ‘stop’ vice under-informing leadership.   |

| Time Frame<br>(Within __ Days) | What Did You Do?                                                                                                                                                                                                                | Upon Self Reflection What Else Would You have Done?                                                  |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 101-180 Days                   | Used <a href="#">Defense Equal Opportunity Management Institute (DEOMI) Organizational Climate Survey (DEOCS)</a> , sensing sessions, unsolicited and unchaperoned walk arounds to get finger on the pulse of the organization. | Gained trust of the 'informal leaders' that were willing to give me direct and unsolicited feedback. |

**Summary:** MSC upbringing, both before and after entering the Air Force, is the foundation of the Commander I have become. As MSCs, during our early years as action officers and flight commanders, we have peers to teach us, show us and root us on. You survive your FGO years grinding our hard problems as a Deputy or SGA, executing the vision of your wise and sage leader. One day you take the MDG/CC flag, and know you have been preparing for this your entire career. The challenges of command are significant, but you have seen MSC greats with similar upbringings pave the way.

## Leadership Lessons for Command

**Gregory A. Coleman, Colonel, USAF, MSC, Commander, 377th Medical Group**

**Introduction:** Along my journey in uniform, I lean on the foundation my grandfather and father built during their time in uniform and my time as an enlisted Airman. That experience, while some time ago, never leaves me. My transition to the Medical Service Corps was made successful by leaders like **Brigadier General(s) Lewis, Miller, Burks, Pietrykowski, Colonel Kennedy, Colonel Phillips, Colonel Allen, Colonel Flowers, Colonel Love**, and many many more. Without their shining examples, leading, whether in my previous position as the Deputy, Strategic Plans and Programs or as Commander, 377th Medical Group, would not be possible.

*Do some reflection. Describe a critical event, crucible of experience, individual, or learning activity that influenced and shaped you as a leader at any time in your career. How did this critical event or crucible help you develop your leadership competencies?* It isn't easy to narrow down activities that shape my leadership. I feel like I am learning every day from the most junior airman to our Service's senior leaders. Selection for the Air Force/A8 Strategic Plans and Programs Fellowship, known affectionately to most, as the Air Force's Engine Room influenced my leadership style as a young officer. Witnessing our senior leaders' calm approach to highly intense situations that would define the future of the Air Force was remarkable. I saw in real-time how to be influential leaders need to remain calm and focused even in the face of extreme circumstances. I believe that experience served me well when I deployed and was responsible for a team of my own in Afghanistan. I counted on those visible lessons to remain calm, focused and to make good decisions or the best decisions given the circumstances.

Today, I recount those experiences in the face of the global pandemic. Methodical and strategic thinking are integral to responding to this pandemic. Leading Airmen, Civilians, and Contractors through this pandemic are challenging, and we are all doing our very best. I am thankful for the leaders I witnessed excelling in their crucibles. I know it has had a significant impact on my approach.

*Summarize at least three of the most significant accomplishments or strategic initiatives you are most proud as part of your experience the Medical Group Commander (MDG/CC). What and why are these the most significant?* The most significant accomplishments to me are not my accomplishments at all. I have a front-row seat to watching our Airman promote, earn fellowships, and win quarterly and annual awards. The greatest part of this job is the opportunity to help others achieve their goals or see a young airman significantly impact how the Group or their duty section executes the mission. Those will be the best memories at the end of a career how you help others.

Similarly, the relationships we build with other leaders to take care of our Airman and their families are essential to me. The Medical Group is part of a Veteran's Administration Joint Venture. Rebuilding and earning trust in this relationship set the foundation for expanding our medical readiness program and creating another training platform to maintain our providers' and technicians' skill proficiency. The clinic environment does not always provide complex cases for our professionals; the benefit of the VA in our training is tremendous. Maintaining the medical readiness of our Airmen is as vital as having ready medics. Building off my predecessor's work, we have doubled our outreach to take care of the Airman. We increased individual medical readiness rates, but we created an environment capitalize on prevention that keeps our Airman physically and mentally resilient.

***Reference the Strategic Health Leadership (SHELDR) competencies. This is a reference only. You may add additional competencies or sub competencies. List the top 5 five competencies (no priority) sets you consistently applied during your tenure as the MDG/CC? Why were these 5 the most important?*** Listening, critical thinking, building teams, collaborating, and developing a vision are competencies I attempt to apply consistently. We have access to so much information. If we are to be successful as leaders, we must learn to listen and listen to understand actively. That is where critical thinking and vision setting are essential for an organization to be successful. When you have listening, thinking, and a vision set, building teams and teams that collaborate propel organizations. In my opinion, these competencies help shape the environment for the other competencies to flourish.

***Describe your first crucial crisis as the MDG/CC? What was it? Why did it matter? How did you and your team handle it? What was the outcome? What were the key learning points?*** Over two weeks, we unexpectedly lost a third of our provider staff. In a saturated healthcare market, referring care to the network was not a viable option. Further exacerbating the problem, all the providers were from the same clinic.

Before the realignment to create Operational Medical Readiness and Healthcare Operations Squadrons, balancing care would not make a significant crisis. However, with patient care divided among active duty and beneficiaries, healthcare delivery suffers in both areas. We were able to come together and figure out the division of resources and execute the mission. The answer to the crisis was simple. The cultural aspects of two squadrons trying to find their identity and 'defend' their interests complicated the solution. I refer back to my earlier response of listening and critically thinking.

***What were the top three 3 most frustrating barriers or crazy makers preventing you from accomplishing the MDG's mission during your tenure? What were your workarounds? What leadership lessons did you derive from these challenges?*** I think the most straightforward answer to this question is the global pandemic. As the MDG/CC, balancing direction from the Wing Commander, the MAJCOM, the AF/SG, and the Defense Health Agency became difficult, the workarounds and lessons as similar. Do your best to synchronize messaging across all agencies for your people and give your leaders clear direction. Be honest that the situation is fluid and is expected to change. These lessons are not just for your Group but also your boss and fellow commanders. Finally, this was an opportunity to learn how to refine commander's intent and let leaders lead.

***Summarize your most significant stressful situation or significant setback (or both) associated with your tenure as the MDG/CC. How did you bounce back?*** We are nothing without the great people we serve with. Losing a member of our organization was the most stressful time for me. Everything stops. The only way to bounce back is using helping agencies and time.

***Reference the Strategic Health Leadership (SHELDR) competencies. This is a reference only. You may add additional competencies or sub competencies. List the top 5 five competencies (no priority) you wish you had in a larger quantity prior to assuming the position of MSG/CC Why did you choose these five skills? Are***

*there any not on the list?* I think the two most important to me are systems approach and communication. This is both for me and junior leaders. Understanding the team of teams concept and communicating across interests is critical to an organization's success. Those competencies contribute to teamwork and collaboration that we discussed previously.

*Consider you're stuck on the elevator with a junior officer (any Corps) for 5 minutes. The junior officer asks: What leadership competencies do I need to develop now to be prepared for the greater leadership roles? What actions do recommend I take?* 1. Become a life-long learner. Read and expose yourself to areas you are not comfortable with professionally and personally. 2. Learn what resiliency means to you and your family. Make sure your leaders see you leading a resilient and balanced life. 3. Finally, make time to reflect and think. Your job(s) and PME will expose you to many other competencies. These are the areas where you will need to learn to lead yourself.

As I prepare to leave command, I take time to appreciate every moment. I don't just walk into the building; I take time to look at it. I appreciate the teamwork and collaboration I see among the executive staff and junior NCOs. I allow myself time to value every moment for what it is and not focus on the next task. It's always about the people, their resilience, and readiness.

**Introduction:** There is a lot of excitement when you first learn of your next leadership opportunity. After that excitement starts to fade, the real critical thinking about how you will lead at the next level needs to begin. The way you conducted your squadron will not translate to leading a Medical Group; the job and expectations are different. Most MSCs are planners, so building a plan on approaching the first 180 days will be critical to your overall success and, ultimately, the organization's success. Here are a few areas of focus that will give a general idea of how to prepare.

| <b>Time Frame<br/>(Within __ Days)</b> | <b>What Did You Do?</b>                                                                                                                                                                                                                                                                                                          | <b>Upon Self Reflection What Else<br/>Would You have Done?</b>                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 Months Prior<br/>to Command</b>   | <ul style="list-style-type: none"> <li>- Establish time to talk with the current commander</li> <li>- Learn about the members of the team</li> <li>- Understand the organization's strategic goals and any threats to achieving those goals</li> <li>- Review the organizations objective performance against metrics</li> </ul> | <ul style="list-style-type: none"> <li>- Spend more time understanding my leadership gaps and where I would need help in the future role.</li> <li>- Ask more questions about the installation's culture</li> <li>- Learn the history of the organization</li> <li>- Learn about any passion projects</li> <li>- Question any organizational politics</li> </ul> |
| <b>1-30 Days</b>                       | <ul style="list-style-type: none"> <li>- Establish your office battle rhythm</li> <li>- Review meeting minutes and other data</li> <li>- Complete organizational immersion</li> <li>- Meet with all direct reports</li> <li>- Meet with commanders &amp; key mission partners</li> </ul>                                         | <ul style="list-style-type: none"> <li>- Build more credibility</li> <li>- Question what I thought I knew about the organization from an external review</li> <li>- Identify and understand the cultural norms (people)</li> <li>- Know the problems I would have to navigate</li> </ul>                                                                         |
| <b>31-60 Days</b>                      | <ul style="list-style-type: none"> <li>- Established my priorities/intent</li> <li>- Accelerated the organizations battle rhythm</li> <li>- Built plans to shore up organizational weaknesses</li> </ul>                                                                                                                         | <ul style="list-style-type: none"> <li>- Concentrate more on team building with the executive staff</li> <li>- More purposefully involve commanders and executive team members in the SWOT analysis</li> </ul>                                                                                                                                                   |



| Time Frame<br>(Within __ Days) | What Did You Do?                                                                                                   | Upon Self Reflection What Else<br>Would You have Done?                                                                              |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|                                |                                                                                                                    | - Formalize reporting processes for teams to address organizational weaknesses                                                      |
| <b>61-100 Days</b>             | - Validate priorities/intent are executing<br>- Assess improvements in objective data from meeting minutes/reports | - Match strategy to the situation<br>- Celebrate early wins                                                                         |
| <b>101-180 Days</b>            | - Finalize internal changes to match priorities<br>- Established organizational goals for the next quarter         | - Validate assumptions<br>- Ensure deep understanding of external environment and how future decisions will impact the organization |

**Fight the desire to demonstrate you are in charge.** It is clear by your position you are in charge of the organization. Invest much more time than you think necessary to listening to both what you hear and what you are not hearing. In the early days of command, you will not need to make many decisions, so be an observer and understand the organization before setting priorities.

**Summary:** It is always about the team. As you lead larger organizations, your knowledge of team building far exceeds your technical expertise. When you complete your competency assessment, building teams and collaboration are not your strong suits, work at it and surround yourself with experts that can help. Early in my career, I had a front-row seat to leaders who valued team and built successful organizations doing just that.

## **Leading the Mighty Medics of the Fightin’ Fifty-Fifth Life Full Circle**

**Steve “Gator” Mounts, Colonel, USAF, MSC, FACHE, Former 55 MDG/CC, Principal Deputy to the  
Assistant Director, Health Care Administration, Defense Health Agency**

**Introduction:** I’ve been in the Air Force family for over 50 years, growing up the son of an Air Force JAG officer, serving as an Air Force Academy cadet, and now as a Medical Service Corps (MSC) officer for the past 28+ years. Most recently, I had the pleasure of serving with Lt Gen Dorothy Hogg, our first female Air Force Surgeon General, as her Special Assistant for Military Health System (MHS) Governance. In this role, I prepared her and Maj Gen Sean Murphy, our Air Force Deputy Surgeon General, for strategic discussions and decisions about MHS transformation and what it may mean for the future of the Air Force Medical Service (AFMS). After serving in that capacity from June 2018 to August 2020, I was selected to be the Principal Deputy to the Assistant Director for Health Care Administration (AD-HCA) in the Defense Health Agency (DHA). My current role is most likely my final assignment on active duty, and I can’t think of a more rewarding opportunity for an AF MSC than to help the DHA continue to grow into its new responsibilities.

It has been a few years since I served as the 55th Medical Group Commander at Offutt Air Force Base, but that leadership opportunity was perhaps my most treasured. Many say squadron command is “the best job you’ll ever have in the Air Force.” I certainly enjoyed my squadron command opportunities at Osan AB and then at Spangdahlem AB, but having served under the leadership of **Colonel Richard (Dick) McHugh** and **Colonel William (Bill) Head** early in my career, I had always wanted to follow in their footsteps and lead a military

medical treatment facility (MTF) either as the Administrator (“SGA” of old) or as the Hospital (now Group) Commander. Years later in the summer of 2012, thanks to the support of **Colonel (ret) Patrick (Pat or PD) Dawson**, Brig Gen Dan Wyman and Brig Gen Don (Bits) Bacon, Offutt presented me with that opportunity. It was even more special that the assignment returned me to my high school hometown of Bellevue, Nebraska and gave me the chance to lead the MTF where my little sister (Ashley) had been born! Life had certainly come full circle.

Well before taking the guide-on in front of the 55th Medical Group on that hot and humid July morning, I was fortunate to have strong family support, great friends, and countless mentors instill important leadership lessons in me. My first assignment at Los Angeles AFB, California was pivotal in shaping who I am today as a military leader and MSC officer. **Capt Rusty Yeager** (now Lt Col ret and very successful CIO in Birmingham, Alabama), was the clinic’s RMO and Information Systems Flight Commander. He immediately took me under his wing and taught me the ropes of how the MTF worked, how to treat people, and how to get things done (and done right!). He became a life-long friend, and although we only had two years together there, helped me appreciate the importance of **systems thinking, taking a strategic view (long-term vision), and how to communicate effectively to influence** decision-makers as well as the people you lead. From that point forward, I worked hard to refine those abilities and found them to be valuable regardless of the job or environment in which I was serving.


Stepping into group command I planned on leveraging these competencies and taking a laser focus on the culture of the organization. Following a mentor and friend in command was extremely rewarding and also quite intimidating. I’d come from the Air Combat Command SG staff and knew **PD Dawson** had built a top-notch team at Offutt. In fact, the 55 MDG had just hit “back-to-back home runs” in their formal inspection cycle. Knowing all that, I set my agenda on continuing to build on their culture of success and began efforts to brand a *Legacy of Excellence* to inspire the staff to maintain their high level of performance.

To that end, I introduced two primary messages in my first Commander’s Call about a month into my command. The first was what I considered “My Charge” as their commander. **A few of these responsibilities align to the work of Dr. (Col ret) Doug “Quilldog” Anderson.** Specifically, they reinforce the competencies of developing trust, communicating proactively, and developing leaders. They also emphasize the need to lead with vision (“Shoot an Azimuth” was my way of describing my role in guiding the direction of the unit and its future focus).

The other primary message was the “**Equation for Success.**” I developed this knowing I was joining a team that had a great track record, and I wanted to help capture what I believed was essential to maintaining that success as a military health care organization. The elements of the equation represented a culmination of my experience working with teams throughout my career. Most importantly, I knew I could speak about each element with sincerity as I genuinely believed in their importance and had always focused on setting the example in these areas. I also incorporated the “Safety, Standards, and Service” theme Brig Gen Wyman was using as the ACC/SG as part of his leadership priorities. The equation helped me share my leadership philosophy in a creative way with the staff. I also made a commitment to personally emphasize these

**Your MDG/CC’s Charge**

- To LEAD
- To Set a Culture
- To Communicate Expectations
- To “Shoot an Azimuth”
- To Maximize Your Potential



**You will have 100% of my energy and focus**

**$E = mc^5$**

**$S^3$**

Excellence = motivation (x)

- competence
- cooperation
- courage
- compassion
- communication

**Safety, Standards and Service**

competencies at our Medical Group Newcomers each month. I considered this work “strategic” in that it was an investment in the culture of the organization with an intent on making a long term impact on everyone who joined our team. As our team reflected on the equation, it was really about helping our staff “become better people, not just better at their day job.”

Just about a month later, I committed to submitting the 55 MDG for the Best Clinic and Best Large Dental Clinic AFMS awards for 2012. It seemed like the best way for me to recognize the accomplishments of PD Dawson as my predecessor, and to reward the “Mighty Medics” who had worked so hard over the past year. It was also an outstanding opportunity to contribute to the culture of the group and their *Legacy of Excellence*. Low and behold we won...both awards! I was so proud to make the announcement with our Executive Leadership team and hoist the banners on the front of Ehrling Bergquist to showcase their collective accomplishment.

The Mighty Medics of the 55th truly responded to the message and continued to see success over the next three years by achieving excellent and outstanding marks regardless of the inspection, and taking more than their fair share of Wing and MAJCOM level awards. *In sum, as the Group Commander it is your charge to invest in the people and culture of the organization and that starts Day 1!* Amazingly as I was writing this article, our Chief Nurse, Col (ret) Dave Roll posted this very same photo on the 55 MDG Facebook page...still celebrating the accomplishment and the common bond Team Offutt shares in that momentous occasion.



*Formally considering the 17 Strategic Health Leadership (SHELDR) competencies shared by Dr. Anderson in his November 2016 article, I consider the following my top five that I did my best to consistently apply during my time as the 55 MDG/CC.*

1. **Develop Trust** – Trust is fundamental to teamwork and effective relationships. An organization cannot function without trust and it can ultimately fail during times of adversity. The profession of arms and the profession of health care demand its members to operate with integrity and character, and leaders must not accept anything less. I highly recommend the book *The Speed of Trust* for anyone who wants a guide on how to improve trust in any setting. Lt Gen Hogg brought the course to the AF/SG staff during my time with them, and it is also a fantastic way to help a team or organization identify areas to improve and build a culture of trust.
2. **Communicate Proactively** – Whether this take the form of constructive feedback, strategic messaging, setting expectations, or sharing good/bad news...getting ahead of the narrative (or rumor mill) is essential to keeping the team focused on the right things. I committed myself to sending a “News You Can Use” note to the group distribution (all staff) every few weeks to summarize key accomplishments, highlight folks doing amazing things, and emphasizing important policies or areas for improvement. We also instituted a quarterly newsletter (The Pulse) to maintain a baseline message with a look-back and look-ahead approach on major news/events. It helped align our unofficial motto...*The Heartbeat of the Heartland!*
3. **Develop Leaders/Teams and Empower others** – Although separately listed in Dr. Anderson’s work, I consider these perfect partners for a leader to keep in focus. In my opinion, if you do one, you almost certainly are doing the other. It is also critical to know when to make a team leader change and/or how to select the right leader for the right opportunity. Most medical groups do not have a full-time Deputy Group Commander, so this particular position is a great opportunity to select the right leader to help you navigate

challenges and to fill-in at the Wing when you are not able to do so. It also certainly helps prepare them for their own group command opportunity.

4. **Resilient** – In the complex world that is military health care, things go wrong, you make mistakes, and sometimes people are harmed or can die because of it. Leaders must be resilient to set the example and teach/train their people to be resilient. I would also recommend allowing yourself to be vulnerable at times with your people, as it helps build trust and let them know you also have to overcome disappointment and the challenges life presents.

*A major crisis our team faced during my group command involved a significant infection control issue in our Dental Squadron involving improperly sterilized instruments being used to treat patients.* What made it more challenging was that it was discovered just a day or so into my command. Col Doug Risk was the 55th Dental Squadron Commander and an infection control subject matter expert, well known for his acumen across the AF Dental Community. I had full faith and confidence in him and my focus was to support him and his team to fully investigate the problem, make appropriate notifications, and use the circumstances to come out better on the other side. ***In short, I used the top five competencies and then some!*** Here's a summary:

1. Being able to fully trust Doug with the internal priorities, I was able to direct my focus to engage Wing leadership, the broader Offutt community, and higher headquarters to maintain trust, openly communicate what had happened, and keep them informed on the process. Doug and our Patient Safety team did a phenomenal job with the formal Root Cause Analysis. It was also a team effort to notify every patient we believed may have been impacted and offer them immediate assistance with any health concerns or tests or medical treatment they'd like to pursue for peace of mind.
2. The most important thing I learned was to "trust first" and be deliberate about how you as the leader react to "bad news." These were the days before the Secretary of Defense directed the MHS Review of Quality, Access, and Patient Safety (2014) and our formal AFMS Trusted Care journey, but it felt right to approach this crisis with a focus on where our sterilization process broke down and how to make it "error-free". Likewise, I knew my reaction to the news was going to define how the group saw me as their new leader. It was imperative to get that right and ensure they knew they had my full support. In the end, our team redesigned the Dental Instrument Processing Center (DIPC) to create a "single-direction flow" system, eliminating the possibility of instruments that were washed (step 1 of 2 steps) to be comingled with instruments that had been fully sterilized. Their work also informed the AFMS approach to DIPC design and corresponding policies/procedures/TTPs to reduce patient harm across the system.

To wrap this section up, regardless of the leadership role you find yourself in you will be successful if you work on systems thinking, taking a strategic view (long-term vision), and communicate effectively to influence. Likewise, I encourage you to reflect on how you demonstrate and practice the elements in the Equation for Success in your daily duties at work and at home. Finally, if you consider the "top five" competencies I've highlighted, you'll be well on your way to *being the leader others want to follow!* Best of luck in command!

**Departing from the more philosophical focus on leader competencies, let's get tactical about how to prepare for group command and structure your efforts in the first 180 days.** I've captured the basics of how I approached the opportunity, and as I shared earlier, I had the benefit of coming from the MAJCOM staff that supported the MTF where I was taking command...so I leveraged that to the fullest! **I also have shared a detailed product we used while I was at the Air Force Medical Operations Agency (AFMOA) staff, developed primarily by Col Virginia (Ginny) Garner (former Command Surgeon at AF Global Strike Command, now retired) and then Col Jeannine Ryder (now Brig Gen Ryder and the Commander of the 711th Human Performance Wing)** [Available upon request to [newsletter@MSCAssociation.org](mailto:newsletter@MSCAssociation.org)]. These two dynamo AF nurse leaders partnered to create a fantastic roadmap to the first 60 days as a group commander, and we shared this with Tier 1 commanders during the course AFMOA hosted for several years.

| Time Frame                       | What Did You Do?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | What Did I Miss?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 Months Prior to Command</b> | <p><b>Prepare &amp; Learn;</b> do your best to understand the “context” of the group and the wing you’ll be joining. Search the web, read articles on the base, appreciate the (Line) mission and appreciate who you’ll be supporting. Is the community friendly? Is the group in good standing (reputation) or does it need work? Be cautious not to overburden the sitting MDG/CC or the staff, but do engage with them and request a few months of major meeting minutes, inspection reports, and any other significant calendar events that will take place prior to and immediately after you taking command (first 30 days is a good target). Ideally, the time you spend in the MDG/CC course (2+ weeks will give you time to plan and frame your questions for the incumbent). Also map out who you want to meet with in the Wing, or community (major partners), and have the staff schedule those for your first 30 days. Lastly, armed with this knowledge, frame out your change of command comments to set the tone (briefly) and help lead into your initial message/memo to the group and your first Commander’s Call.</p> | <p>Returning to a community I’d grown up in gave me a bit of a leg up and a sense of “home” that gave me some additional confidence, but it would have helped to study more about the local partners in the area, especially the health care network and how the base or MTF partners with them.</p> <p>Depending on the MTF, I highly recommend you also make contact with the local or regional representative for the Managed Care Support Contractor (TRICARE contractor). They will certainly reach out to you, but it is a classy move to send them a note and/or reach out early.</p> <p>Now that the DHA is in the picture, I recommend contacting key offices in the DHA to learn how they support the MTF you’ll be leading. Review key performance measures, the QPP for the past year or two.</p> |
| <b>1-30 Days</b>                 | <p><b>Set Expectations, Listen, and Engage;</b> my focus was to meet personally with the entire Executive Team as a group and then individually in the first week. Hard to do, but worth the effort. Have your team brief you on their unit, programs, and major priorities. Listen and ask questions with the intent to understand (vs. solving or judging). You are building trust here and also working to learn about your team and the organization. So be sure to get out of your office! Meet as many folks as you can and visit all your operating locations (out-buildings, etc...). If you have sub-ordinate units that are geographically separated, engage them early and ensure you visit in person in the first 60 days. Send a formal memo with a little bit about you and your expectations for the group to the Executive Team in the first few days, and then to the whole group in</p>                                                                                                                                                                                                                                 | <p>As noted earlier, we faced a sentinel patient safety event in my first few days, so my original plans were impacted a bit. However, I did not get out initially to visit with some of our key partners in the community until well into my tour. As the new guy/gal, many of your peers and other special staff (IG, Chaplain, etc...) will reach out to have an office call. This is a great thing to do early on and it also goes a long way if you visit them in their offices (especially your fellow group commanders).</p>                                                                                                                                                                                                                                                                           |

| Time Frame               | What Did You Do?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | What Did I Miss?                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | <p>the first two weeks. Hold your first Commander’s Call to share a bit about you (get personal/be vulnerable), recognize folks that helped you prior to your arrival (usually a project officer for the CoC and/or sponsor/Exec/Secretary), and set expectations. You’ll also want to formally review the Designed Operational Capability (DOC) statement and get familiar with the scope of your readiness taskings and overall readiness reporting (DRRS, etc...).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>31-60 Days</b></p> | <p><b>Continue to Observe / Find Your Pace.</b> I did my best to establish a battle rhythm and make minor changes to meeting schedules and agendas as I participated in them. I tried to avoid making big changes early, but getting your front office in order and ensuring you optimize your time with the help of the group Executive Assistant, the Deputy Group CC, the Group Superintendent, and the Executive Officer will help. I had the opportunity to select my new Executive Officer upon arrival and also made a change to the Deputy Commander. It was a hard call, but was the right thing to do for the group and overall Executive Team dynamic. This is also a great time to find a few lingering issues that can resolve to improve morale or get you a quick win or two with the team. With the complexity of our military medical mission, there are always things that can be improved with some focus and a resource commitment from your level. If your Executive Team isn’t offering you much, you can find these issues by engaging with the middle-level leaders in the group or the informal leaders (which are important to find early). Every organization has a TSgt or MSgt, or a few of the GS civilian leaders who are difference makers. Pull them aside and ask them what they would fix or change if they had the chance. Also, I attended as many of the meetings at the Wing as possible, especially the Ops/Maintenance Stand-Up with wing leadership. It gives you an insight into the mission focus of the wing and of your peers in their “Executive Committee” environment. Also, helps keep you relevant with wing leadership and discussions in other meetings.</p> | <p>I did not engage with the US Strategic Command leadership early in my command. I saw the 4-star command as a priority customer but assumed the Wing Commander was the more appropriate touchpoint for STRATCOM issues with host wing support. I may have missed a chance to develop a relationship with a major tenant organization early. So...don’t be shy especially since everyone needs health care (especially their families!).</p> |

| Time Frame          | What Did You Do?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | What Did I Miss?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>61-100 Days</b>  | <p>With most group command tours beginning in the June-July timeframe, this is the period where you should focus on closing out the fiscal year, getting familiar with any changes in resources, and when major support contracts are up for renewal. This may sound tactical, but most major issues center around resources (especially staffing), so it will pay immense dividends to have your Resource Management Flight prepare a product for the Executive Team's review. This is also a good time to stress the importance for your squadron commanders and 3-Ltr functionals (SGH, SGA, SGN, etc...) of knowing their resources and how to address gaps. It is also very important to "connect dots" for the team, and ensure the key capabilities in the organization are working together and communicating with each other (e.g., MedLog and Clinical Areas, Facilities and Infection Control, Flight Medicine and the Squadron Medical Elements, and the GPM/Referral Management Center, Appointment Line).</p> | <p>I may have missed an opportunity to create a senior meeting early in my tour, but did eventually see success with it. With the significant focus on access to care and clinical performance, I did my best to allow the SGH and MDOS commander manage clinical operations. However, there was no senior executive meeting to discuss the issues/barriers that were holding us back. Understanding the SGH and MDOS/CC were consistently at odds with how to resolve operational matters, we eventually created a Health Plans Management Committee (HPMC) and invited the clinical Flight Commanders, GPM, TOPA Flight Commander, and Referral Management Center lead to participate. I chaired the meeting with our Executive Staff, but the operational leaders briefed their performance and made suggestions on how to improve. It provided critical cross-talk, learning, and a shared accountability for the staff. Highly recommend leveraging this type of venue.</p> |
| <b>101-180 Days</b> | <p>I honestly didn't plan out this far, but it is the phase where you can begin making real change based on what you've observed in your first 3 months. With a new fiscal year beginning, you can set new goals for the group to work toward and consider a strategic off-site (or team-building activities) to help with team cohesion. Request feedback from the Wing and from key stakeholders, it is a good time for a gut-check on how you're doing and what you can set your sights on to improve if you haven't already found it. By now, your honeymoon is over and you're accountable for things that require improvement.</p>                                                                                                                                                                                                                                                                                                                                                                                    | <p>I was fortunate to serve a full 3 years in group command, but it still went by pretty fast...don't wait too long to invest in improvements and making a positive impact on the culture of the organization. It is also a good time to begin looking at who on your team will change over the next summer, and where you can make a few key hires to improve your team.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Get Ready, Arm Yourself with A Few Tools ... Succeed, Have Some Fun

KARA A. GORMONT, Colonel, USAF, MSC, Chief of Staff, Defense Health Agency

**Introduction:** Throughout your career you frequently hear that Squadron Command is going to be the biggest honor of your career. Undoubtedly it is an amazing opportunity; one that fills you with awe at the scope of your impact on the lives of others and the ability to influence change that you previously could not have fathomed. You are pushed into a world that is too big for you to be able to be the subject matter expert with the vast array of responsibilities that you now have aligned to you. You have to learn to trust the people that work for you, they are now the expert, and you are there to help them shine. You are no longer the center, you are the base for their light, and your job is to not cast shadows on their potential.

***What we don't hear as much about is what it will be like to be a Group Commander.*** The reality is that the changes, the scope, the impact you feel as a Squadron Commander are magnified in group command. The way this shifts and magnifies no one can fully explain to you. As a Group Commander, you will become the leader of leaders in a way that you may not be prepared for. This massive shift in leadership will be one that you will figure out as you go. You will develop your own style, and undoubtedly you will be just as successful in this endeavor as you have in those that got you here.

To aid you in that journey, here are some reflections on my lessons, missteps, and challenges in hope that they might illuminate the journey ahead of you. You will need to pivot your style to be ready for this next evolutionary role in your leadership development.

As my fellow MTF/CCs share their thoughts on this subject, we hope that you incorporate what works for you and that your future success is inevitable and enjoyable. These tools and products will help you be the best version of you everyday.

**Elevator speech:** In the first 30 days everyone will want to know who you are. Who your family is. Where you come from. What makes you, you. Here is a basic Personal Elevator Speech template you can follow:

1. **Who are you:** Where do you call home? Are you married? Kids? Animals? Why you here and what are you excited about?
2. **What do you do:** Okay, you are the group commander, but what do you like to do? Innovate, solve problems, listen to others, and improve compliance? And what about personally? Do you like to hike, race cars, bike, read, and cook?
3. **What makes you unique:** Universities attended, years in service, training, upbringing, hobbies, and sports teams?
4. **Call to action:** Perhaps here something like: I'm excited to be here and I hope I can count on you to help us bring the MDG to the next level. Or, perhaps you want to focus on compliance, trusted care, or culture equality. This call to action might be a broad based actions which you will develop further after your first strategic planning session.

You will need to repeat it again and again those first 30 days. Not only to those in your command, but with slight adjustments, also to your peers, neighbors, community partners. Here are a few communication channels to consider:

1. **Immersion Briefs:** I have found it very helpful to schedule immersion briefs with my reports within the first 1-2 weeks in a new role. You never know how quickly you are going to be asked to speak on a particular issue. The faster you can get up to speed the better off your organization will be when an issue comes up. You want to try to make at least a first connection with your areas of responsibility in the first few weeks so you have that relationship to draw into when inevitably you are asked to speak on something in their area.



Knowing who the experts are, what they do, what their challenges are, will serve you well and help you keep your balance. I have a template that I use for this: 1.) I request bios for the flight leadership 2.) I ask for their recent accomplishments and brags 3.) I ask for their recent challenges and frustrations (where they think they need help). I ask for these three things in advance so I have them ahead of the immersion tour, and then I offer them a 1-2 hour block with me to teach me about them. That can be any method of their choosing; a formal brief, shadowing, hands on, a tour. You can really learn a lot about a unit quickly by allowing them this framework to get you spun up. You are also going to need that elevator speech, but this time you will adapt to a crowd versus a one-on-one connection. You will come back to this foundation again and again.

2. **Strategic Plan:** For me, my first strategic planning was an opportunity to hear from the experts, my Executive Staff. By bringing forward simple Strategic Planning tools you can go through challenges and chart the course that you and your team will want to chart for the next year. This is a great time to set expectations, priorities, and goals. During Strategic Planning I found it helpful to assign champions to those goals and priorities. It enhances buy-in and allows others to see where their work aligns. Our top priorities were broad: Trusted Care, Readiness, Growing Future Leaders and Changing the Culture. Under each of these priorities we nested goals and objectives that we assigned SMART metrics to. The champions would provide periodic updates on each of these at the Executive Committee.

### **First year focus areas: Trusted Care and Readiness**

**Trusted Care:** The first year we spent a good deal of time on Trusted Care implementation. Although this is always a journey with starts, stops, backslides, and gains, in hindsight this seemed to be the easiest of the three goals. There was a cookbook pathway, and when we faltered there were tools to get us back on track. This was one of the goals that was rewarding and provided instant gratification when we could see daily huddles, rounding, Trusted Care heroes winning MAJCOM and AFMS recognition. But, that does not mean it was easy. The 15<sup>th</sup> MDG is blessed with a phenomenal Trusted Care Champion and a team of people who fully support the evolution of the staff and culture to move towards improving Trusted Care. Also under this umbrella priority, in the three years of my command we made two major models of care shifts. The first was the Mountain Home Model and the second was the AF Medical Reform model. Both helped us continue to move towards improving our ability to care for our warriors and their families in a more aligned manner. The flexibility of shaking up our entire delivery of care also helped our clinicians realize that they have the ability and voice to help improve the things that are not working for them. The entire medical group became Innovation Warriors. Once we took a down day to move into the AF Med Reform, and the entire day you could hear people moving office furniture, printers, and filing cabinets. Everyone was working together to implement the new vision of care, and they were bought in. Being blessed with exceptional Squadron Commanders, they had many training and planning sessions that made the success of this change inevitable, and it also made the day of the move a fun experience for all. Now behind the scenes there was still much cussing and discussing, but where it counted, everyone was in alignment and moving forward. This would not have happened without a clearly aligned strategic plan, proactive dedicated champions, exceptional teamwork, and an eye towards innovation.

**Readiness** was challenging because right now things in readiness are changing so much. AFIA is rebalancing the UEs as we move many of our healthcare delivery mission sets under the DHA Joint Commission umbrella and separate out the remaining requirements. 2020 saw a huge shift towards dealing with the readiness of our warfighters as we focused on the pandemic. Soon though we will need to move away from this and into a new battle-rhythm that incorporates the lessons we learned in 2020 with the threats of the future. I am sure you will spend a good deal of time learning how to respond to those evolving changes. Here are a few things that we did that might be of interest and helpful to you.

1. North Korea Pressure Campaign: General Brown was the COMPACAF, and remains very focused as our CSAF, on the threats of our near-peers. In 2017 when I took command, our relationship with North Korea was unstable. We took actions to:
  - a. Re-invigorate the Wing's SABC,
  - b. Led gas-mask-fit tests for the entire wing, finalizing fittings in 2 months
  - c. We partnered with the PACAF Intel Officers to do an "O-Crap Medical Intelligence" brief, and brought 100% of everyone in the MTF with a security clearance in to talk about the reasons we were stationed at this beautiful little island in the Pacific and what they might be called upon to do,
  - d. We trained all of our medics in battlefield triage.
  - e. We brought the lessons of history into our training discussions and reminded every Airmen that the night before Pearl Harbor there was a dance and everyone mistakenly believed that they were far from harm's way.
  
2. Currency and Competency: Our Airmen were asked to review by AFSC their currency and competency requirements. The AFSC leads had to do the annual training plan and gap analysis. But, we asked our AFSC leads to take it further than the prescribed tasks. We asked them if they would be ready to, as Lt Gen Hogg stated "fight right now, not tonight?" The answer was a resounding no. Here are some steps we took.
  - a. I told them that if they wanted me to fix it, they would be very disappointed. I let them know that I could not fix this all myself, but I did empower them to take actions on their own to find ways to enhance the skills they needed to be ready, and they did.
  - b. One of our Airmen called the USA's Medical Simulation Training Center (MSTC) training lab to ask if she could bring a group of Airmen up for field training. There they learned and utilized their TC3 training "under live fire" (paintballs, and yes they hurt). With the first success they launched more until we were doing monthly training sessions with the MSTC for all clinical staff.
  - c. One of our medics called Tripler Army Medical Center and was invited to join their Medical Simulation Lab. We authorized for her to get a national certification, and she began to plan tri-Service training scenarios for our clinicians in a controlled laboratory setting. The goal was to teach our medics skills in the lab first, and then demonstrate those in the field trainings

### **Self reflection:**

**Grow Future Leaders:** To my regret, we started too slow in this area. At first we focused on a couple of foundational shifts in models of delivery. I brought in the author Rosa Say, who taught us the principles of Managing with Aloha that she outlines in her book. This was a perfect foundation to teach everyone my expectations of leading with love. We also established some principles on a "Healing Medical Campus," where we focused on the environment of the MDG and how our workforce and our patients experience that environment when they joined us on campus. There was a lot of work to do here, and I'm sure much continues today. However, these principles did not get to the real needs of the Airmen. Our Airmen (you and your Exec Team included) need coaching and mentoring, and although we have many things set up in our organization, the impact of social media on communication and information flow make some traditional methods too slow and not as in depth as our teams are craving. Here are a few things we did, again not enough, but through these examples you can see how this was evolving.

1. Coaching/Mentoring: Your responsibility to coach, mentor, and grow is unlike one that you have experienced so far. Our military commanders are the best of their year groups, they are the best our military has to offer, and if you are as fortunate as I was, possibly the best people you could imagine. But, they are still going to need you to coach and encourage them in a way that we really aren't trained for. I don't know about you, but I didn't get much feedback through the years, let alone coaching or true mentoring. Our

Sq/CCs and Three Letters deserve that and I hope you do a better job than I did at it. I think just hearing that you need to might help. This is one of those “back in my day things” that we need to correct for the future. Sitting down in a space with your leadership team to truly talk about where you see them and how they can get to a bigger potential is important work. They will thrive if you give that type of real, concrete areas to work on. This certainly does not, and should not be done unless you can do so with an open heart that is there to serve their best interest. Negative feedback has its place, but let’s hope if you have to go there, you have done a lot of coaching along the way. If you have, the negative feedback should be expected. Here are a couple of tools we used to help us open the lines of communication.

- a. **Arbinger:** If you haven’t read Leadership and Self-Deception, stop reading this and grab that at your favorite book store, or if you only have 10 minutes watch a clip on YouTube. Arbinger offers a 3 day training, which I recommend strongly. The third day provides you with leadership tools that will really help you open communication with your staff, and outline your own thoughts on what you need from them. Read the book, seek the training. We sent 5 people to become facilitators, and then trained our entire leadership team all the way to the Flight in the first 6 months, during COVID. Despite high-ops tempo, our leadership team thought it was so important and powerful that we kept training session going all the way through the crazy first six months of 2020.
- b. **Brene Brown:** Man, she can cut through it in a simple sentence. Read the books. Watch the TED Talks. Dig deep and get vulnerable. We took a training day, reserved the movie theater and watched her talks on Shame and Vulnerability. Then we hashed out the dilemma of bringing PT back to the MTF or leaving it at the FAC. Very divisive topic, that we got to the bottom of out in the open. A lot of vulnerability, a lot of shame, a lot of pride, but in the end this was a perfect opportunity for us to practice our non-judgmental listening skills. Little did we know that we were really going to need them a few months later.
- c. **Diversity and Inclusion:** George Floyd was killed in front of all of our eyes in a way that is indefensible. The fact that this happened after all of the MTFs had been surging for months to respond to the pandemic was terrible timing. We were all burnt out, tired, the norming and forming was over, and some storming was bound to happen over even simple issues. This was not a simple issue. This was simmering kindle, for years in the background, whispered and speculated about, but not really opened up. That is no longer an issue, and as a new MTF/CC, you need to know that this issue of disparity that our Airmen of color face, will never go back in the box. It should never have been there, but it was, and we all walked past it because it wasn’t our reality. That time changed many of us profoundly.

**National Issues Impact Everyone:** For some reason, the Air Force timed the release of the report which found that there were distinct disparities in our Uniformed Justice System, one day after the death of George Floyd. In the past few years, many of us, and certainly our Airmen are also getting educated on the disparities in our national justice system as well. I say that here, because as a new MTF/CC, it is important that you know, our Airmen know this. They live it. They have loved ones that live it, and as leaders we need to know this. The kindling, the storming, the fury was palpable with George Floyd’s death. My staff was enraged and raw, vacillating only into numbness. Here are a few suggestions on some actions during a crisis:

1. **Active Listening:** The Monday after the death, I drove past the Logistics Warehouse, an airplane hangar built in 1941 (AFMS please send replacement funds) with its massive doors slightly ajar at 2100, the parking lot was full. I knew what I would find. I drove up and walked in. I was still in uniform, just having gotten off work for the day. When I walked in there were probably 10-15 of our African American NCO and SNCOs. They flocked to our Logistics SNCO, a natural leader who they knew was no-nonsense and would provide a safe (socially distanced) space for them to vent their disgust, disbelief, and desire to open this

conversation up wide. This would not, could not, and should not be ignored. The stories I heard that night of the discrimination that these Airmen and their family members faced will live with me forever. They are not mine to share, but let me assure you that every African American Airman I talked with had a story of discrimination. What we think was left in the '70's, was not. The racism in our country hurts the souls of our Airmen of color. It is important that we know this. It is something they live with daily.

2. **Team Huddles:** The first week, we formed a safe space for everyone to talk. We opened it to anyone who wanted to come. The warehouse was our space, we broke a few rules of the pandemic as people crowded in, but it was necessary at the time. After a week, I challenged the naturally evolving leaders of this group to make this moment last. I asked them to consider setting up a program for the MDG that could harness this need to act. I asked them to focus their energy on our own unit and our wing. We talked about circles of influence and how we can only change our own circle, and then begin working outwards. They understood that. They did that. They began to formulate plans on where they could take action. What was in their sphere to control? They opened their circles to the wing. They had people coming from other wings, agencies, and headquarters. They developed a charter. They discussed ways they could engage on the issues. They engaged with some members who were not showing the right amount of sympathy to this issue. They were angry, and this took a good deal of work from the Sq/CCs to calm the tensions, but they were prepared. They had their Arbing tools and were well versed in Brene's shame and vulnerability. The discussions happened and we grew. Nothing was fixed, that will take so much time, and much larger spheres of influence, but the lesson here for you as a MTF/CC is that you must be ready for whatever comes your way. The time to prepare is before you need to. We learned this lesson well in 2020, with George Floyd, with the pandemic. Your Airmen will see you through, but you must be ready to lead them.

#### **Further Tips for Success:**

1. **Communication:** it isn't enough, during COVID we worked even harder to break down communication barriers. At first we invited everyone to dial in to the daily huddles because we knew that every Airmen had the same questions. We opened up planning sessions to our partners on the Wing, including the Wg/CC if he wanted to dial in so they knew where our challenges were. The Chief did a weekly (sometimes more) newsletter with all of the announcements so the email clutter was decreased. We tried to stay true to an email free Friday rule encouraging our leaders to be out and walking around at least one full day a week. The Chief and I also had weekly Friday calls with rotating group, NCO, SNCO, Civilians, FGO, etc. Those Teams/Zoom calls were for that group to ask us questions. I came with a topic to discuss if things were slow at first, but before long questions began to fly. The level and need for communication, especially now with disperse work settings, telework, and the availability of social media products will take some creative leadership.
2. **Innovation:** WE DO NOT HAVE IT FIGURED OUT. Give your team wild, hole-hearted permission to innovate. Ask them every day what they are fixing? How can we make it better? What do they need you to champion? How can you block and tackle? It will be so easy, and sometimes necessary, to slog through and not make it better. The demands on our time, our Airmen's time are sometimes overwhelming, but for our patients' sake, for our families' sake, we must evolve into the next phase of medicine. There will be so many opportunities to not do the hard stuff, but do the hard stuff. Transition to DHA and join with your partners to make this work. Adopt telemedicine as much as possible, no one wants to come in to the clinic anymore for an appointment that could have been a phone call...don't make them. Staffing and our outdated, historic, antiquated, unchanged, inadequate models, do not meet our needs. Innovate, automate, change the paradigm, and give your Airmen the permission they need to make what they have work. Find the way to yes for them. Not an easy charge, but you will know the battles you need to take for them. They need you to know the battles that are worth fighting.

3. **Fun:** Most importantly, have fun. Every single day, find a way to have fun. Enjoy every moment, carve out space for your Squadron Commanders, Flights, and Airmen to have fun, and make sure they know that you expect them to have fun. The work is always there, and it will be, if you are having fun or not. You must take the time to enjoy the moments as much as possible. Those moments will see you through the hard stuff, and there will be so much hard stuff. So have fun!

### Summary:

Now is your opportunity to get ready, arm yourself with a few tools that you will walk in with. I hope these tips help you think through your own personal story that is unfolding, and that you might be more prepared for your journey of personal, professional, and organizational growth that will occur in the next few years, not just for you personally, but your entire group's growth that will happen with under your leadership.

When I think back at all of the personal Airmen growth stories in my command it brings me joy to think that you are embarking on this amazing opportunity. It will be as you make it. You have two years, three if you are lucky, now is the time to chart your personal course that will grow you and the people that you have the privilege of leading. I wish you all the best of luck in the world, and openly from me, if you are ever in a need to talk through whatever crazy shit is about to befall you, call. By the time you read this, I will likely be on the other side of this career, eager to embrace whatever else is about to unfold, and to get your call if you are in need of an open ear and a cheerleader to give you the courage to continue going. What a ride you are about to experience.

Take your safety gear, toolbox, and tools and jump on the ride with both hands high in the air, joy on your face, and the wind in your hair. I hope when you look back, your command is like mine, the ride that I will remember for a lifetime. Many blessings!



The first picture is incoming CoC; Col Gordon, MSgt Leo, and me 1 Aug 2017. Then the second is the outgoing, Jul 2020.

## Air Force Unveils New Standards for Enlisted, Officer Evaluations

The Air Force is revamping evaluations for Airmen in grades E-7 through E-9 and O-1 through O-6 and establishing 10 Airman Leadership Qualities on which each will be graded, the service announced Feb. 2. These ALQs make up the backbone of a new, as-of-now optional, form the service has published as a companion document to the Airman Comprehensive Assessment (ACA). [Read more ...](#) The new ACA-A...optional for now in the test phase. It discusses the Airman Leadership Qualities (ALQs) and Major Performance Areas. This is a potentially huge step forward for the Air Force in better aligning the OPR (O1-O6)/EPR (E6-E9) with what we value in performance.

### **EXECUTING THE MISSION**

- Job Proficiency: Demonstrates knowledge and professional skill in assigned duties, achieving positive results and impact in support of the mission
- Initiative: Assesses and takes independent or directed action to complete a task or mission that influences the mission or organization
- Adaptability: Adjusts to changing conditions, to include plans, information, processes, requirements, and obstacles in accomplishing the mission

### **LEADING PEOPLE**

- Inclusion & Teamwork: Collaborates effectively with others to achieve an inclusive climate in pursuit of a common goal or to complete a task or mission
- Emotional Intelligence: Exercises self-awareness, manages their own emotions effectively; demonstrates an understanding of others' emotions, and appropriately manages relationships
- Communication: Articulates information in a clear and timely manner, both verbally and non-verbally, through active listening and messaging tailored to the appropriate audience

### **MANAGING RESOURCES**

- Stewardship: Demonstrates responsible management of assigned resources, which may include time, equipment, people, funds, and/or facilities
- Accountability: Takes responsibility for the actions and behaviors of self and/or team; demonstrates reliability and transparency

### **IMPROVING THE UNIT**

- Decision Making: Makes well-informed, effective, and timely decisions under one's control that weigh constraints, risks, and benefits
- Innovation: Thinks creatively about different ways to solve problems, implements improvements, and demonstrates calculated risk-taking

[https://mypers.af.mil/app/answers/detail/a\\_id/49888](https://mypers.af.mil/app/answers/detail/a_id/49888)

# Air Force Maintains Medical Mission Supporting Space Force

By Shireen Bedi, Air Force Surgeon General Public Affairs / Published March 03, 2021

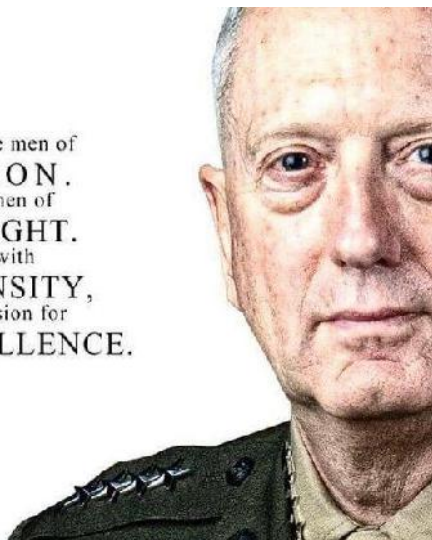


**U.S. Air Force Col. Alfred K. Flowers, Jr., Command Surgeon, Space Operations Command,** poses for a photo at Space Operations Command Headquarters, Peterson Air Force Base, Colorado, Jan. 27, 2021. (U.S. Space Force photo by Staff Sgt. Justin Armstrong) (This image was cropped to emphasize the subject)

[The U.S. Space Force was established in December 2019 as a lean, mission-focused branch of military service and is supported by a medical team charged with maintaining readiness for both the Guardians who operate and protect U.S. space capabilities and the Airmen assigned to Space Force units.](#) “Contingencies take place on multiple fronts, and we have to be ready to protect national interests in every domain - land, air, sea, cyberspace, and space,” said U.S. Air Force Col. Alfred K. Flowers, Jr., Command Surgeon, Space Operations Command. “As medics, we play a role in this critical and growing mission.”

Support functions of the Space Force, including medical care, are provided by the Air Force. Medical care for Guardians is built upon the established structure that provided care to the former Air Force Space Command, and falls under the responsibility of the Air Force and Space Force Surgeon General, Lt. Gen. Dorothy Hogg. In this capacity for the Space Force, Hogg advises the Secretary of the Air Force, the Air Force Chief of Staff, the Chief of Space Operations, and the Assistant Secretary of Defense for Health Affairs on the unique medical aspects of conducting space operations and the health of Guardians and the Airmen assigned to Space Force units. ... Flowers and his 17-member team keep Guardians mission ready. “Guardians execute no-fail missions, 24-7, in a limited-physical-activity environment that requires intense concentration for long periods of time,” said Flowers. “This requires medical providers to be familiar with this challenging environment and its unique stressors.” U.S. Space Force’s unique mission is what makes the care Guardians need distinct from Airmen.... [Read more at](#)

Think like men of  
**ACTION.**  
Act like men of  
**THOUGHT.**  
Live life with  
**INTENSITY,**  
and a passion for  
**EXCELLENCE.**



## Are you developing the leader within you?

"You know, that is not my real call sign [Mad Dog]. That was something made up by the press. Some reporter, who needed a quick name for me. My real name is Chaos. "Colonel Has An Outstanding Solution." That is my real call sign and what my men used to call me. Anyone who has ever worked with me calls me Chaos. That's the name I prefer." Gen Mattis

## Who Sits in Your Office?

Col Tee Williford, ACC/SGA

After an amazing Group Command experience at McConnell AFB, I am excited to be in ACC, the only MAJCOM with “Combat” in its name! Over the last year, I have been a part of the MSC strategic lines of efforts, which have continually focused on expanding our mentoring and connections within our corps. Throughout these activities, I have been reminded of a simple question, “who sits in my office?” In my command experiences (twice at the Squadron level, Deputy Group and Group Commander), I have realized the significance and importance, perceived or real, of sitting in the commander’s or a supervisor’s office and the impact of simply having a conversation.

Throughout my career I have heard leaders and commanders at every level state that they have an “open door policy”. It was not until an amazing SNCO, SMSgt Quentin Davis, advised me that he “had never seen such a diverse group of the medical staff coming and going from a commander’s office on such a consistent basis,” along with individuals who have historically avoided the command section at all cost, now sitting in my office did I realize how important “who sits in my office” is.

As I reflected on my own career, I may not be able to recall the conversations, but I can vividly remember the leaders whose offices I sat in and the ones that I did not and why! What is the importance of sitting in a leader’s office? Sitting in a leader’s office reflects a leader’s personal interest, a show of support with their time, and the compassionate investment of listening. Yes, there is a significant message being sent, and received, by sitting down in your office to those around you, whether you know it or not!

I realize there is a “virtual dimension” in our environment today that did not exist for Captain Tee Williford many-many years ago. Today, our virtual social platforms allow us to connect almost as intimately in dialogue as they do in person.

Regardless of your rank, I would ask you to ask yourself: “who sits in my physical or virtual office?” Then, I would ask you to ask a trusted and brutally honest advisor, who do they see coming and going from your office? Maybe, a better question is “who is not visiting your office?” I strongly believe that in our MTFs, regardless of size, the staff has formed a perspective of who is sitting in your office. Former VP of Google, Sheryl Sandberg, stated, “We cannot change what we are not aware of, and once we are aware, we cannot help but change.”

Perceived or real, who sits in your office represents a level of sponsorship to the members in your organization. As we watch our nation and Air Force address the concerns of racial inequalities, we must be acutely aware as leaders. A quote to ponder by Stephen Covey—“Self-awareness involves deep personal honesty. It comes from asking and answering hard personal questions.”

During my past two assignments over 4 years, I have had to go beyond the statement, “my door is always open” and truly expand my emotional intelligence, sometimes far beyond my personal comfort zone, to make some feel safe sitting down and having a conversation. In making some feel safe, I created opportunities for colleagues to sit in my office that I believe otherwise would never have had the occasion or seized the opportunity due to various barriers.

Acting upon this awareness has stretched me as a leader and follower, where I have learned not to overlay my personal beliefs, but to most importantly, keep an open mind and heart to all who comes through my door to sit down. Who will you create a safe opportunity to sit in your office this week? ~Col Tee Williford



# MSCs: Bringing Calm to the COVID-19 Chaos

Written by Capt Tamiko Gheen

Almost exactly a year ago, I was in the Wing CAG when the interim Wing Commander tasked me to be his Emergency Operations Center (EOC) liaison for the base's COVID-19 response. Five months of base planning later, I was tasked to a Defense Support of Civil Authorities (DSCA) hospital relief deployment, where I served as liaison between a team of Air Force clinicians, the Army Task Force, and the civilian hospital requiring support for their growing census of severely ill COVID patients. Today, I am serving on an Air Expeditionary Group charged with the OPCON/ADCON over half of all Air Force-run community-based COVID Vaccination Centers where our medics literally inject hope into the arms of Americans. Like most MSCs, I have seen my duties change with the full (and very emotional) spectrum of this pandemic, and here's what I have learned in my year about how MSCs bring calm to the chaos in this team fight to KILL THE VIRUS.



Captain Gheen on site at the Greensboro, North Carolina community-based COVID vaccination center, which is a split operation with drive-through and walk-in centers.

**We know how to communicate.** There is nothing more important than transparency in the midst of a pandemic. From developing and coordinating internal and external base communication in the EOC or MCC during a pandemic response to ensuring a newly stood-up COVID Vaccine Detachment has all the information and the communication platforms they need to coordinate with the state to reach FOC and hit 3,000 vaccines per day within 5 days of being boots on ground, MSCs at all levels quickly identify the requirements and find the best way to communicate to the targeted population.

**We are data driven.** When there isn't data, we find ways to gather it; if the data is not quality, we address it; if teams aren't sure how to use data, we come up with actionable ways to present the data. While on our hospital relief tasking, Maj Greg Taylor and I instituted a form our clinicians would fill out daily in order to trend workload and utilization levels over time. When the state submitted a request to extend all 60 medics an additional 30 days, we were able to produce the data for the ARNORTH Commanding General to present to the DHHS decision making authority which validated we could still support our hospitals' demand signals with only 17 of 60 boots left on ground for 15 days. Even when we start with a blank slate, MSCs can lead the way.

**We don't just manage, we lead.** When we plan and establish processes, we are able to prioritize the mission while also thinking of how it impacts our people, their families, and the general population. Maj Taylor and I jokingly labeled ourselves as a "complaint department" on our deployment. In reality, clinicians came to us with real concerns that impacted their ability to deliver life-saving care, and they knew MSCs would be their best advocate for both their mission and personal needs. Whether it is developing a patient-centered change to a community-based vaccine center, or recognizing the nurse who just had her third COVID patient die in the ICU just needs a mental health day, MSCs are awesome because we can manage processes but also balance the people aspect with it.

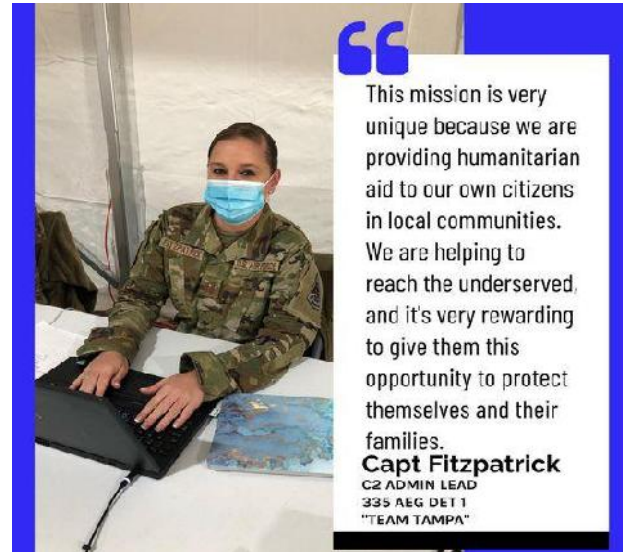
**We are planners, and we ALWAYS provide continuity.** There was naturally chaos in the first week of every response team starting up. There is often no defined role for an MSC like there may for a nurse who has a set patient load and shift schedule. In all this uncertainty, MSCs inject calm to the chaos by planning while simultaneously instituting practices that make life easier or could easily be continued once we are gone.

Whether it is establishing task managers and checklists, or coming up with a continuity book to help guide future teams across the Air Force or even DoD, I have found we are developed to think globally to improve processes and teams outside of our own bubble.

In the chaos that is a pandemic, the most visible response efforts will always be our front-line workers, whether it's the nurse managing 14 drips on a ventilated patient or the medic vaccinating an elderly woman who will soon see her grandchildren for the first time in a year. In these emotional images, what you will not see is the whole-of-team effort and the massive behind the scene planning and logistics to deliver that life-saving and preventive care in any setting. I am honored to be part of a community where MSCs at all levels are making a tremendous impact on the fight against COVID-19 in the deployed setting, at home station, and around this nation. We ARE stronger together on every response team, and MSCs have the skills to be true game changer for any type of team in this fight to KILL THE VIRUS.

Let's give a shout out for one of our MSCs [Stephanie R. Fitzpatrick] deployed stateside. [Tampa] Many are waiting their turns to support POTUS goal of delivering 1.5M vaccines per day in his first 100 days. Have any questions about an MSC's role in running these Community Vaccine Centers?

She's the Lead C2 on a Type 2 team in Tampa, FL! 💪 This means her 139-member team is charged with delivering 3K vaccines daily to the American people. Literally injecting hope into their lives. We will continue to feature more awesome MSCs doing big things in the field. Stay tuned!



## **Taskforce Southeast Augments Greensboro CVC setup 15th Air Force Public Affairs, Tech. Sgt. Ceaira Tinsley, GREENSBORO, NC**

The 15th Air Force Task Force Southeast advanced operational node team worked alongside members of North Carolina Emergency Management to setup the Community Vaccination Center March 2-9, in Greensboro, N.C. The ADVON team was responsible for establishing the foundation necessary to support the main body element that is tasked to support the CVC, which is the state's sole state-led and federally supported site slated to open March 10, 2021.

“Our Air Force team quickly linked up with the North Carolina Emergency Management team, Federal Emergency Management Agency, the North Carolina Guard, and several other agencies to prepare for the arrival of 139 Airmen who will help administer the COVID-19 vaccines to the public,” said Col. Benjamin Busch, 15th Air Force Forward Command Element mission commander. “We are proud to support North Carolina and FEMA in the fight against COVID and slow the spread of the virus. This is truly a whole-of-government effort with federal, state, and local agencies working side-by-side, and we feel honored and privileged to have the opportunity to help save American lives.”



Col. Benjamin Busch, 15th Air Force Forward Command Element mission commander, briefs the role of the advanced operational node team to Brig. Gen. Jeffrey Copeland, Dual Status commander, during a walk through at the North Carolina Community Vaccination Center March 8, 2021, in Greensboro, North Carolina. The ADVON team was responsible for conducting the initial setup for approximately 139 deployed Airmen to support the state-led and federally supported site slated to open March 10th. (U.S. Air Force photo by Tech. Sgt. Ceaira Tinsley/Released)

Under the direction of the Secretary of Defense, the deployed Airmen from across the force make up the Type 2 team that will integrate with the other agencies to expedite the vaccination process. In addition to **providing logistical support for the incoming Type 2 team**, the ADVON reviewed each Airman’s air force specialty code, credentials and training to ensure they had the background and expertise to accomplish the tasks.



Members of the 15th Air Force Taskforce Southeast advanced operational node team pose for a group photo at the North Carolina Community Vaccination Center March 8, 2021, in Greensboro, North Carolina. The ADVON team was responsible for conducting the initial setup for approximately 139 deployed Airmen to support the state-led and federally supported site slated to open March 10th. (U.S. Air Force photo by Tech. Sgt. Ceaira Tinsley/Released)

“This is the first time I’ve ever done a mission like this and it’s really eye opening to see what we’re capable of and how we can actually impact our own people,” said Tech. Sgt. Brian Phillips, 15th AF TF-SE public health advisor. “We’re set up and ready to give this many vaccines to this many people because we came together with the other agencies as a unit. I saw how amazing this was from start to finish. It’s a great experience and it’s something I probably will never do again and hopefully we don’t have to because we beat COVID.”

Once the CVC opens, the Airmen are projected to administer approximately 3,000 vaccines per day to citizens from across North Carolina. The road to opening day was one that came with challenges but with team members like Phillips and its own medical planner leading the way, the ADVON team was able to solve them. “As the medical planner, I put the picture together for the team,” said **Lt. Col. Ramona Rivas, 15th AF TF-SE lead medical planner**. “I knew who needed to come into the picture from the state and FEMA so we could properly align with them.” Despite having similar professional expertise, **Rivas** proclaims before the agencies could become a cohesive team they had to overcome the agency specific language barriers.



**Lt. Col. Ramon Rivas, 15th Air Force Taskforce Southeast lead medical planner,** and Tech. Sgt. Phillips, 15th AF TF-SE public health advisor, pose for a group photo at the North Carolina Community Vaccination Center March 8, 2021, in Greensboro, North Carolina. As members of the advanced operational node team, Rivas and Phillips were responsible for conducting the initial setup for approximately 139 deployed Airmen to support the state-led and federally supported site slated to open March 10th. (U.S. Air Force photo by Tech. Sgt. Ceaira Tinsley/Released)

“We all spoke a different language with different acronyms, expectations and operational pictures” said Rivas. “My job was to sync it all and ensure that it transferred into a language that we each could understand, fit together and work together.”

While supporting a Defense Support of Civil Authorities mission will be unique for most Airmen, Rivas has been training for this moment for more than eight years. “This mission is like a dream come true for a medical planner,” said Rivas. “Not a dream come true because of COVID but because we know what to do. This is what we’ve been training for and it’s a great feeling to be able to execute and be a part of this once in a lifetime opportunity to save lives and help our own.” As the ADVON team prepares to leave and turn over all operations to the main body element, the resounding response from the team is excitement about the smooth and seamless transition that should correlate into vaccinating the masses throughout the state.



## COVID-19 Vaccines

The 4th Medical Group adapted and overcame logistical hurdles to provide vaccines

[Watch the Video ...](#)

# The Army-Baylor MHA-MBA Graduate Program

## My Experience - Capt Ryan Buck

The [Army-Baylor MHA-MBA Graduate Program](#) is a two-year educational and professional development opportunity for competitively-selected MSC's. Under the HPERB program, officers with previous experience in the operational Air Force Medical System enrich their knowledge of the American healthcare landscape with a focus on leading Federal healthcare organizations.

Year One of the Army-Baylor experience is a rigorous classroom experience in the JBSA-Fort Sam Houston-based Army Medical Center of Excellence alongside Army, Navy, Coast Guard, and Veterans Affairs healthcare professionals. Year Two sees students set off to administrative residency sites at both civilian and military healthcare organizations across the country. Administrative Residents learn the structure and dynamics within their respective host organizations and complete projects that simultaneously benefit their hosts and fulfill Army-Baylor graduation requirements.

The COVID-19 pandemic and continuing response, spearheaded by the American healthcare machine, allowed for extraordinary academic and residency settings that no one – especially the current Army-Baylor MSC's – could have ever envisioned.

The latter stages of the Army-Baylor academic year saw quarantines, social distancing, virtual classrooms, and asynchronous project work become commonplace. **Captains Jesse Sheldon, Jaime Hollingsworth, and Ryan Buck adjusted to numerous digital platforms such as Slack, Zoom, WebEx, Teams, and the various Google tools.** Weekdays spent alongside classmates-turned-friends were no more; sharing the revised school day – and Wi-Fi with working spouses and homebound children were in.

The residency sites featured more of the unexpected. Most rotations and meetings with preceptors and organization leaders have been virtual; where previous year's students spent most of their time in corporate offices and rounding hospital floors, this year's class has primarily worked from home; embedding with clinical teams has been sporadic as hospitals continue protocols and safeguards for patients are caregivers; it has been customary to answer e-mails and collaborate with new colleagues at all hours. Health systems that had planned for growth and service line expansion in 2020 instead have sought cost containment, deployment of telehealth services, and maintaining access to care and non-emergent procedure volume.

Despite the “new normal,” the trio was well-prepared. They understood flexibility as the key to airpower, and summoned resilience fortified by training and leadership experience. No matter the setting or circumstances, professionalism and duty were most important to fulfilling the residency year and growing as leaders.

**Captain Sheldon has been spending his residency year with CHRISTUS Santa Rosa Medical Center in San Antonio.** He immediately took on a leadership role in several key projects and applied timeless leadership lessons in improving the hospital's IT department.

“My most notable project is really a combination of roughly 10-15 smaller projects all aimed at the same underlying goal,” said Sheldon. “I want to improve the perception of Information Technology performance and support at this facility. I am working to change a paradigm and create a culture.”

“The 30 thousand-foot perspective is Change Management. The team and I have instituted a myriad of tools and actions best defined under Kotter's 8-Step Process for leading change. We have done everything from working groups, to Gemba walks, installing new hardware, sending out IT metric/status reports, and personally going to units to provide tailored user education. It is really empowering to watch it all actually work as designed. The

most valuable things I have learned are to establish credibility early, fully listen to problems, and keep forward momentum by celebrating small wins.”

**Captain Hollingsworth is spending her residency year at Vanderbilt University Medical Center in Nashville, Tennessee.** In addition to launching a comprehensive LGBTQ+ service line there with a focus on transgender surgery support, she has been a leader in the institution’s efforts to administer the COVID-19 vaccine.

“I’ve had the awesome opportunity to plan and oversee COVID vaccination sites for Vanderbilt University Medical Center; first for healthcare workers, and then for the public,” Hollingsworth said. “I’ve been excited to be involved in mitigation efforts through vaccination dissemination. Seeing how excited people are to receive the vaccine (and the peace of mind that it offers) has been greatly rewarding.”

She has also used previous Air Force experience in such an important endeavor; “Our experience exercising PODs has definitely given me an advantage in planning mass vaccination sites, from logistics to patient flow to after action reports and capturing best practices,” she said.

**This author is currently attached to The Cleveland Clinic main campus in the northeast Ohio system,** while trying to emulate the great work of classmates. Several very interesting projects have come available, to include inventory management for the over four thousand refrigerator and freezer units, a process confirmation and standardization initiative to mitigate patient falls risks in the inpatient facilities, and studying the system’s supply chain operations to procure PPE at the pandemic’s outset. The first Presidential Debate was also an opportunity to learn and contribute. Cleveland Clinic has a remarkable Continuous Improvement department with numerous resources to support process improvement opportunities in the primary care and ambulatory surgical settings as well.

Despite the unexpected challenges one can attribute to the pandemic, the Army-Baylor MSC’s have been able to adapt and overcome. It has been a phenomenal opportunity to learn from a variety of sources, serve patients and caregiver-colleagues outside of the Air Force, and prepare to lead in future endeavors. **Wherever we serve, our profession and Corps mantra endures: Mission, Service, Commitment...We Get it Done.**



My team at TPMRC-E has regulated and moved 97% of CoVID pts for DoD in coordination w/ our CoVID operations teams, GCCs, USTC, AMC. So many sleepless nights since March leading this fight every day of the week 24/7, but I couldn’t be prouder of our mission and efforts to safely and securely aeromedically evacuate our CoVID pts out of Africa, Europe, Middle East and Central Asia to include Afghanistan while still executing 6,000 Pt Movements (non-CoVID) per yr. ~**Silvia Kim, Lt Col, USAF, MSC, Chief, Mission Support, Ramstein** [Read more ...](#)

## MSC Leaders in Joint Commands

By Capt Ricardo Aldahondo

If you would have asked me when I was a lieutenant, I never would have guessed that one day I'd find myself working in a Combatant Command Headquarters (COCOM HQs). Fortunately, through mentorship and dedication, I was selected to support HQ USCENTCOM as a Strategic Medical Operations Officer. I joined the CENTCOM staff at a dynamic time, strengthening COVID-19 response efforts, simultaneously executing three named operations, and a hand full of training and deterrence missions.

My typical day begins by analyzing and briefing Surgeon and J3 (Operations) staff on the current status of our forces in theater, spanning five Joint Task Forces and 15 subordinate headquarters. Throughout the day, my time is dedicated to achieving unity of effort across our 22 nation coalition and our 56 MTFs. Similar to our AFMS mission, MTFs in a deployed environment support line side operations and those warfighters. MSCs assigned to a COCOM HQs have the unique opportunity to serve as advocates for process/policy improvements, health service support and global force management. Our role is pivotal to ensuring the right mix of personnel, capabilities and policies are in place to meet the Commanding General's intent.

One of the advantages of serving in a joint assignment is that you are exposed to the diverse leadership and functional skills of our sister services. You may often find yourself being the only Air Force officer in your directorate, or action team -- this is our time to shine! Despite a friendly rivalry among the different services, what matters most are the soft skills, experience, and analytical capabilities we all bring to the table. If this environment sounds rewarding to you, I highly recommend you pursue a Readiness track and become an Air Force Medical Planner. We need more sharp Medical Planners in our inventory to continue supporting HAF, NAF, MAJCOM and COCOM staffs. Our MTF and MAJCOM SGAs are a wealth of knowledge -- heed their feedback and advice.

I can't foot stomp this enough to my MSC colleagues: do your best in each and every position; leave every assignment in a better place than you found it; and lastly, let your soft skills, experience and analytical capabilities speak for themselves.

### Air Force Medical Personnel Helping Arizona Hospital During Pandemic

A team of 30 U.S. Air Force medical personnel has arrived at Kingman Regional Medical Center in northwestern Arizona to provide staffing support during the pandemic, [The Miner](#) reported. The Air Force sent the personnel at [the request of the Federal Emergency Management Agency](#) after the hospital in January asked for additional nurses and respiratory therapists, hospital officials said in a statement. The staffing help will enable hospital workers who were temporarily assigned to COVID-19 units to return to their regular duties, officials said.



# AROUND THE CORPS!

## Silver Sponsors



### General Wagner Visits the MSC Senior Council and Development Team



The MSC Senior Council and Development Team convened in San Antonio, Texas for the spring session. Brig Gen (Ret) Don Wagner, the 9th AF MSC Corps Chief made a special appearance!

Check out his mask! A collector's item: MSCA Pandemic mask! Did you get one?

### 2018 Young Health Care Administrators Focus Group

By Capt Matthew Smith

This past year, 7 tremendous MSCs executed one of Brig Gen Pietrykowski's core MSC goals --- better communication with the field. To that end, we were tasked with assessing and deep-diving some of our knowledge gaps – particularly, sentiments from the field about their careers, their opportunities, and their place in our Air Force. We hope that you took the time over the past year to take part in these surveys – we received over 600 distinct responses across the two surveys – and here are a few snippets.



- The survey was completed in two parts – an initial survey with high-level, broad ‘brush stroke’ questions which informed us where we needed to ask deeper, substantive questions, which were covered on the second survey.
- We received roughly 300 responses to each survey, and the demographics were consistent between both:
  - 34% of respondents had less than 4 years as an MSC; 32% had between 5 and 10, and the remainder (about 34%) had served over 10 years as an MSC.
  - 57% of respondents were (at that time) filling MTF or AES roles. About 20% were in MSC Staff jobs, 15% were in Command or SGA jobs, and about 7% were ‘other’ (Exec, CAG, HPERB, etc.)

When we set out to design this survey, it was never our intent to do a ‘perfectly designed, internally valid’ survey. We’ve done those before – and we all know how useful they are. What has ever come of a big, massive survey like that? We wanted to make it more of a “fireside chat,” where the team had an opportunity to sit down with you and ‘real talk’ what was going on. As a team, we feel confident we achieved that objective as reflected in the responses we received. We presented a number of recommendations to the Corps Office, all backed by these responses, and our senior MSC Officers are currently discussing which of these recommendations to adopt and assign our 2019 YHCA team the task of managing. Here’s what we presented:

**BLUF:** Some of our recruiting/accession policies are outdated, focused on credentials that ultimately do not target the needs of the Corps or early career growth.

### **Recommendations:**

1. Raise Accession Time-in-Service limit to 10 years either via policy or waiver.
  - a. 68% of respondents know **two or more** highly qualified applicants that had over 8 years TIS.
  - b. Many responded that the TIS limit was inherently *biased* against some of our best applicants – BMETs, Phase 2 Medics, and Aircrew – all of which have lengthy tech schools.
  - c. Many others responded that Airmen made school choices based on speed, not quality, in order to apply within the 8-year limit.
2. Expand and modify the Constructive Service Credit (CSC) with multiple choices: i.e. Signing Bonus, Student Loan repayment or Time in Grade.
  - a. Those 2 years as a 2LT are valuable to learn the Air Force – every MSC should have that growth opportunity
  - b. Top choice (110 total responses) was a bonus in lieu of CSC, Student Loan Repayment coming in a close second
  - c. Decrease emphasis on recruiting advanced degrees and increase HPERB or AFIT opportunities (example: “I came in with an MBA to spend 4 years making PowerPoint slides about WRM Status”)

**BLUF:** Inconsistent mentoring experience and poor quality/availability of mentors in the MTF makes it difficult for junior MSCs to grow and succeed

- Only 17% of MSC’s surveyed thought they were getting good, quality feedback
- 46% of MSC’s felt that their rater was unprepared and rushed the session
- Only about 20% of MSCs indicated that their SGA was their quality mentor (from Survey 1)

Based on these findings, we proposed three solutions to target these issues, with the following objectives:

1. Make sure every MTF – even small ones – have a mid FGO MSC who is **not** the SGA
2. **Only** Dual-Hat the SGA with CC in clinics with other FGO MSC’s
3. **Eliminate** Dual Hat SGAs

### **Recommendations:**

1. Formalize MAJCOM/MTF SGA involvement to include Mentorship and Growth program for junior MSCs --- more trackable/traceable than completing an ACA and “phoning it in,” which is very evidently happening
2. Strategically Place junior Majors in small MTFs to be the “lead” MSC in the clinic & help other MSCs-- Grow GPMs!!!
3. Implement a small team to test centrally manage feedback --- MSC specific development & feedback owned by the Corps Office

**BLUF:** Poor accountability in the MTF allows mediocre MSCs to promote; lack of mentorship and failure to identify toxic leadership.

- We asked “If you could wave one magic wand to ‘fix’ the biggest problems, what would it be? Their thoughts: 31% - “Better accountability in the Corps”, 29% - “Financial Incentives, Student Loan Repayment, Board Cert Pay”, 20% - A better, more clear career pyramid (SGA Track, Functional Track, Command Track)

### **Recommendation:**

1. Develop an MSC Specific Exit Survey for officers who indicate an intent to leave – current exit survey is managed by AFPC and doesn’t give us good data.
2. The other recommendations were covered by lanes 1 and 2 and included accountability, mentorship, SGA/CC Selection Process recommendations, and financial incentives.
3. **Colonel Peltzer** took ideas and feedback from the SGA and CC selection processes and is working with the DT separately from this initiative to understand how we incentivize those positions, what type of candidates we look for, and how we make sure we’re putting the right people in the seat.
  - a) Many people expressed an interest about AE, but were shy about doing it because either:
    - a. They were told it was a career killer
    - b. They were told it wasn’t valued as much as an MTF Rotation
    - c. They didn’t want to compete for SGA **and** DO at the same time
  - b) Multiple respondents expressed a wish for a better rotation between Staff and MTF jobs --- and that there is frustration for too many “high quality MSCs” getting snatched up for Staff Jobs. An overarching sentiment was “We need to be sending those really great MSCs into the clinics to lead and improve our MTFs, but instead we send them to Falls Church to sit in an excel farm and label it as career growth.”
  - c) Transparency was a big issue – in particular with AFPC and assignments, but also with the DT, HPERB and Command/SGA Selection.
  - d) The sentiment about Squadron CC and SGA was...underwhelming. Many, many respondents felt that we aren’t particularly good at selecting those candidates – that there were too many toxic leaders that got by on the strength of their record, and made it to SGA and CC positions. A significant number of respondents indicated that they were looking at CC or SGA just because they either felt like they had to or that they had been ‘groomed’ for it, not because they wanted to or felt like they had a passion for it.

**The vast majority of us responded that we had happy, satisfying careers.** Everyone acknowledged that there was work to be done, but nobody really said that they were insurmountable challenges. We presented this data – which we had a lot to offer, but also a lot to work towards, to our Corps Chief in Mid-August. We are all right alongside you with excitement for these results and looking forward to the Corp’s Office’s feedback to the survey responses. We stand ready to engage further as needed to assist our Corps office in developing this amazing career field. THANK YOU for taking the time to have this fireside chat with us!

## Transitions

*Thank you for your years of dedication and service to Air Force and the Medical Service Corps!*

| <b>Summer 2020<br/>Retirements</b> | <b>Fall 2020<br/>Retirements</b> |
|------------------------------------|----------------------------------|
| Lt Col Michael Clement             | Lt Col Timothy Middleton         |
| Lt Col James F Mullen              | Lt Col Marinus Robertson         |
| Col Gigi A Simko                   | Maj Ammon B Hickman              |
| Lt Col Richard A French            | Col Mary E Stewart               |
| Lt Col Michael J Stone             | Lt Col Aimee L Morales           |
| Lt Col Pamala L Brown              | Maj Scott A Baker                |
| Lt Col Alison M Thomas             | Lt Col Min Yen Jung              |
| Lt Col Russell E Nail              | Col Frederick H Grantham         |
| Lt Col Pagerine L Jackson          |                                  |
| Lt Col Brandi L Foster             |                                  |
| Lt Col Tanya R Yelverton           |                                  |
| Maj Gary L Billingsley             |                                  |

## SGA Selects

| <b>RANK</b> | <b>NAME</b>          | <b>LOCATION</b>         |
|-------------|----------------------|-------------------------|
| LT COL(s)   | BAH CHEICK A         | 87 MDG, MCGUIRE         |
| MAJ         | BOWER MICHAEL A      | 460 MDG, BUCKLEY        |
| LT COL      | COTHREN KRISTINE L   | 75 MDG, HILL            |
| MAJ         | CROSS MELODIE M      | 78 MDG, ROBINS          |
| LT COL(s)   | EVANS VANESSA V      | 22 MDG, MCCONNELL       |
| MAJ         | FINNEY SEAN M        | 5 MDG, MINOT            |
| LT COL      | GRIFFITH DANIEL A    | USTRANSCOM, SCOTT       |
| MAJ         | MCGAUGHEY RYAN W     | 422 MDS, CROUGHTON      |
| MAJ         | MEIGHAN BENJAMIN E   | 959 MDG, FT SAM HOUSTON |
| MAJ         | RAJARAM CHANDRAMOULI | 36 MDG, ANDERSEN        |
| MAJ         | RIVERS ONEEKA R      | 355 MDG, DAVIS-MONTHAN  |
| LT COL      | SHEALEY BRANDON L    | 55 MDG, OFFUTT          |
| LT COL      | TOWNSEND DANIEL T    | 1 SOMDG, HURLBURT       |
| MAJ         | WEIGER VICTORIA M    | 2 MDG, BARKSDALE        |
| LT COL      | JOHNSON MIKE         | 43 MDS, POPE            |

## Director of Operations Selects

| RANK   | NAME                   | LOCATION       |
|--------|------------------------|----------------|
| LT COL | JONES OCTAVIA LORRAINE | 18 AES, KADENA |
| MAJ    | MIKHAILOVA INNA A      | 60 AES, TRAVIS |

## Squadron Command Selects

| RANK      | NAME                     | GAINING LOCATION   | GAINING UNIT |
|-----------|--------------------------|--------------------|--------------|
| LT COL(s) | ANGELOVA RENI B          | AL UDEID           | 379 MDSS     |
| LT COL    | CERVANTES EDUARDO        | VANDENBERG         | 30 OMRS      |
| LT COL    | CURTIS JOSHUA S          | 59 MED SUPPORT GRP | 59 MDSS      |
| LT COL    | DAY COURTNEY E           | AVIANO             | 31 MDSS      |
| LT COL    | DONOVANT JASON L         | LANGLEY            | 633 MDSS     |
| LT COL    | GUZMAN LISA FLORES       | YOKOTA             | 374 MDSS     |
| LT COL    | HESS CODY JOHN*          | ELMENDORF          | 673 MDSS     |
| LT COL    | HEYNE CORBY J            | SHAW               | 20 OMRS      |
| LT COL    | JEFFERSON TOMMY L II     | WHITEMAN           | 509 OMRS     |
| LT COL    | LOVELL TARA E            | RAMSTEIN           | 86 MDSS      |
| LT COL(s) | LUCAS CANDACE            | PETERSON           | 21 MDSS      |
| LT COL    | MALONE EZEKIEL S         | MISAWA             | 35 MDSS      |
| LT COL    | MCGUIRE RYAN J           | KUNSAN             | 8 HCOS       |
| LT COL(s) | MCMILLIAN CHRISTOPHER P  | GEILENKIRCHEN      | 470 MDSS     |
| LT COL    | NOVAK TROY R A           | F.E. WARREN        | 90 OMRS      |
| LT COL    | PARDUE DAMIAN K          | INCIRLIK           | 39 HCOS      |
| LT COL    | SANCHEZ JOSEPH L JR      | HICKAM             | 15 MDSS      |
| LT COL(s) | TAYLOR DORSETT GILLIAN T | GRAND FORKS        | 319 HCOS     |
| LT COL    | WHITSON SARAH MONROE     | KIRTLAND           | 377 HCOS     |

## Group Command Selects

| RANK   | NAME               | GAINING LOCATION | GAINING UNIT   |
|--------|--------------------|------------------|----------------|
| COL    | COLEMAN GREGORY A  | EGLIN            | 96 MDG         |
| COL    | MCCAIN ANN M       | LANGLEY          | 633 MDG        |
| COL    | SMITH ALISHA N     | JBSA-LACKLAND    | 59 MDOG        |
| COL(s) | BAKER CORY L       | RAF LAKENHEATH   | 48 MDG         |
| COL    | BURKS FELICIA L    | SHEPPARD         | 82 MDG         |
| COL(s) | CALDERWOOD LEA ANN | DAVIS-MONTHAN    | 355 MDG        |
| COL    | FRENCH PETER B     | SPANGDAHLEM      | 52 MDG         |
| COL    | HALL DOLPHIS Z     | SEYMOUR JOHNSON  | 4 MDG          |
| COL(s) | HAMILTON MICHAEL T | KIRTLAND         | 377 MDG        |
| COL(s) | KELLETT NATHAN T   | BEALE            | 9 MDG          |
| COL    | KOTULAN DONALD E   | AL DHAFRA        | (365) 380 EMDG |
| COL    | MERCHANT RONALD J  | MOODY            | 23 MDG         |
| COL    | SWINGLE TRACIE L   | HILL             | 75 MDG         |
| COL    | WEAST BRADLEY D    | INCIRLIK         | 39 MDG         |



“Small world” story...while volunteering at a COVID testing site today in Heathsville, VA, the retired OB nurse sitting next to me tells me she was in the AF. “Uh-huh, where were you stationed?” That conversation developed as all military personnel do. Well...we didn’t recognize each other behind the masks (and wrinkles:), but soon realized we knew each other from working together at the AF Personnel Center in 1996, 24 years ago! Col Peggy Williams, NC, retired in 2002. To my AF friends, volunteer at your local Medical Reserve Corps, help with the COVID vaccine effort and reconnect with old friends! P.S. We were 6’ apart except for the photo. ~Lt Col Jodi Williams, Lt Col (Ret), USAF, MSC and MSCA History Project Interviewer

# MEMBERSHIP UPDATES AND INFORMATION

## HONOR ROLL

| 2021 MONTH REPORTED | MONTHLY GRADE | ADDITIONS TO FIRST NAME | HONOR ROLL LAST NAME   | DATE OF DEATH    |
|---------------------|---------------|-------------------------|------------------------|------------------|
| <b>JANUARY</b>      | Col           | John L                  | Flynn (NM)             | 13-Jan-21        |
|                     | <b>Col</b>    | <b>Frank M.</b>         | <b>Mugford (LM)</b>    | <b>7-Dec-20</b>  |
| <b>FEBRUARY</b>     | <b>Col</b>    | <b>James</b>            | <b>Morton, Jr (LM)</b> | <b>22-Feb-21</b> |
| <b>MARCH</b>        | 1/Lt          | James V.                | Dorsett, Jr (NM)       | 29-Mar-20        |
| <b>LM=Life Mbr</b>  | <b>M=Mbr</b>  | NM=Non Mbr              | <b>@=Corps Chief</b>   | S=Spouse         |



### Taking Care of Our Own!

Submitted by Doug Anderson on behalf of Brian Acker, Col (Ret), USAF, MSC, FACHE, MSCA Project Connect POC

**Knowesis Corporate Services [MSCA Sponsor] organized a fundraiser on behalf of Steven Henshaw (former MSC)**

On February 18th a devastating fire broke out at their home in Texas, causing them to lose the majority of their possessions. Thankfully, everyone made it out of the building safely. This tragedy occurred in concurrence with the historic winter storm events of the past week in addition to ongoing COVID19 concerns and restrictions. Knowesis gathered funds to assist the Henshaw's in getting back on their feet as soon as possible.

### Henshaw Family Support



**Obituary**  
**Colonel Frank M. Mugford**



Colonel Frank M. Mugford (USAF Ret.) passed away December 7, 2020 at Traditions of Beavercreek. He was born December 14, 1930 in Houston TX to Jeannie L. and Frank M. Mugford who preceded him in death. Frank is survived by his loving and devoted wife of 39 years Roberta S. (Bobbi) Mugford of Fairborn. Sisters Louise (Ted) Hager; Dallas, TX; Myrna (Charles) Baldwin, Lubbock, TX; Children Murray F. (Darlene) Mugford, Spring, TX; Samuel A. Mugford, EI Paso, TX; Andrea B. (Craig) Self, Johns Island, Charleston SC; Jeffrey L. (Diana) Robins, Springfield, OH; and Col Benjamin S. (Jennifer) Robins, MacDill AFB, Tampa, FL. Mother of his sons, Lucy S. Mugford, Waco, TX. Grandchildren Tara (Bobby) Moretine, Tonganoxie KS; Skye & Angus Mugford, Lakeway, TX; Danielle (Ian) Nelsen, Spring, TX; Nicole (Jason) Stoner, Pine Hurst, TX; Joshua A. Self & Anna Kate Self, Centerville, OH; Kristin A. Robins; Shannon (Shane) Shafer & Rickey Fuller ail of Springfield, OH; Noah, Sadie & Stella Robins, MacDill AFB ,Tampa, FL. Eleven Great grandchildren; many nieces, nephews, cousins, brothers and sisters in-law.

Frank graduated from Schreiner Military Institute, Kerrville, TX in 1951 and was an ROTC graduate of Baylor University enlisting in the USAF in 1955 where he spent 30 years active duty in the Medical Service Corp as a Hospital Administrator. He also held a Master's degree from Ball State University. Tours of duty were in Okinawa, Viet Nam, Europe and the US. He retired in 1985 from Warner Robins AFB, GA and was instrumental in developing the Houston County Hospice in Warner Robins. He also volunteered at Hunt Elementary School in Macon, GA and gave many hours to Boy Scouting there.

Returning to Fairborn he was again pulled by his desire to give back to the community and became a volunteer for the Internal Medicine clinics of the 88th Medical Group; the Retiree Activities Office; Active Board member of Dayton Chapter of MOAA; leadership roles in Boy Scout Troop 72 of Fairborn and the Tecumseh Council. Frank was a Life member of National MOAA; Life member of the American Legion; VFW; Medical Service Corps Association of the Air Force; Fellow in the American College of Healthcare Executives; 65 year member of the George M. Denton #24 Blue Lodge, Waco, TX.

He was a member of the Dayton Chapter Jewish War Veterans, Dayton Jewish Federation and an active member of Temple Sholom, Springfield, OH. Frank spent his Air Force career in health care and choose to donate his body to the Boonshoft SOM Anatomical Gift program. Internment will be at the Dayton VA cemetery with full military honors. The family observed a private Zoom memorial service on January 10, 2021 led by Rabbi Cary Kozburg of Temple Sholom, Springfield.

**Obituary**  
**Col (Ret) James I Morton, Feb 28, 1935 – Feb 22, 2021**

James "Jim" Irwin Morton passed away Monday, February 22, 2021 at Northwestern Memorial Hospital in Chicago, Illinois. He was 85 years old.

Jim was born on February 28, 1935 in Chulumani, Bolivia to missionaries Harrison Cecil Morton and Flossie Mae Morton (nee Irwin). He grew up in Lima, Peru until he went to high school and college in the United

States. After obtaining his Master of Hospital Administration from the University of Michigan in Ann Arbor in 1958, he joined the Air Force in 1959. He spent 29 years as a hospital administrator, attaining the rank of Colonel. When he retired from the Air Force in 1988, he became administrator at Mississippi State Hospital at Whitfield. He worked there for 11 years, retiring in 1999, when he and Jean moved to Michigan.

He married Beverly Jean Nash on June 9, 1957. Together they enjoyed 55 happy years living in Howell, Michigan; Milwaukee, Wisconsin; Topeka, Kansas; Madrid, Spain; Blytheville, Arkansas; Bellevue, Nebraska; Honolulu, Hawaii; Fort Walton Beach, Florida; Duluth, Minnesota; Wichita Falls, Texas; Biloxi and Jackson, Mississippi. They moved to Berrien Springs, Michigan to be closer to their daughter Linda, her husband Bruce, and their beloved grandsons Evan and Dylan. Following Jean's passing in 2011, Jim rekindled his friendship with Josephine "Joy" Hammer. The two fell in love and spent nearly a decade together traveling the world and enjoying each other's company in Chicago, Illinois.

Jim was a man of routine. Every morning in Michigan he would get dressed, put on his hat and shoes, and walk to the end of the driveway to pick up his newspaper (he snipped recipes to try later with Jean, caught up on current events, and wrote down jokes he could share at the dinner table). He diligently noted in his planner the Michigan Wolverines' game schedule before every season. Following the advent of caller ID, he still insisted on starting every conversation with "Hello, this is Grandpa Jim" when phoning his grandchildren. He listened to classical music every day, and in his last days enjoyed piano recordings of Mendelssohn, Beethoven and Oscar Peterson made by his grandson, Evan.

Jim was an adventurer as well: he tried every hot sauce he could (requesting the spiciest option in his fluent Spanish, if necessary), was an avid traveler, loved his family unconditionally, and was determined to live his life to the fullest. He leaves behind many loved ones whose hearts ache from his absence but are inspired to continue their own adventures as he had lived his: eyes forward and heart open.

Jim is survived by his loving partner, Joy; daughter Linda "Kathy" (Bruce) Closser; grandsons Evan and Dylan and their respective partners, Amethyst and Megan; and several cousins, nieces, and one nephew. Jim was predeceased by his wife Beverly Jean, parents Flossie and Cecil, and his sister Marjorie.

### **Obituary** **Col (Ret) Robert Stuart Hauser, July 22, 1936 – November 23, 2020**

Steadfast husband, father, brother, uncle, World's Greatest Grandpa, and faithful friend Robert Stuart Hauser, passed away on November 23, 2020 at age 84 in San Antonio, Texas. He was born to Helen (Myers) and Lewis Hauser, Sr. on July 22, 1936, in Alton, IL. He earned a Bachelor's Degree at Southern Illinois University at Carbondale and Master's Degree from the University of Illinois. Bob was a high school principal and assistant superintendent in Illinois in the sixties.

In 1968, his Air Force reserve unit was called into active duty. He made the Air Force a career and served 29 years, rising to the rank of Colonel. He served in Afghanistan with the USAF Medical Corps during Operation Desert Storm. In 2002, he retired to San Antonio where he was an avid golfer, served as an elder and trustee at Cibolo Creek church, cheered for the Cardinals, San Antonio Spurs, Texas A&M Aggies and enjoyed telling stories about his many adventures and his amazing grandkids while entertaining friends on his back patio.

Bob was preceded in death by his sons Scott Hauser and Kevin Hauser. His big brother, Lew Hauser, passed away just five days after him. He is survived by his wife, Judith Horton Hauser, his daughter-in-law, Alisa Hauser, three grandchildren, Kate, Jake, and Jenna, as well as his extended "Illinois family" including sister-in-law Dolores, niece Cindy Wills (Robin), and nephews Jeff Hauser (Beth) and Randy Hauser (Mara).



**Obituary**  
**John L. Flynn, November 2, 1959 - January 13, 2021**

Colonel John Larry Flynn, 61, of Williamsburg VA, passed away on Wednesday, January 13, 2021 at Sentara Regional Medical Center (Williamsburg, VA), after a month-long battle with Covid-19.

The eldest of four, John was born November 2, 1959 in Wells, MN to proud parents Larry and Carol (Purdie) Flynn. John attended Wells-Easton High School, graduating in 1978. That same year on June 17, John married the love of his life, Stephanie (Segar) Flynn, establishing the foundation of a remarkable and inspiring 42-year loving marriage.



After high school, John enlisted in the United States Air Force where he proudly served for 33 years. With various station assignments across the US and Europe, he made a home for his family wherever his duty led them. He embraced the responsibility of a Medical Service Corp (MSC) leader serving in many capacities to include Flight Commander, Squadron Commander, Medical Group Administrator, Inspector with the Air Force Inspection Agency, and Air Combat Command Administrator. After retiring as an Air Force Colonel in July 2011, he returned to Langley AFB as a civilian employee, continuing to foster many admirable relationships both in and out of the office.

Throughout this accomplished career, John was recognized for numerous achievements. He humbly acknowledged these successes were a result of the love and support of those surrounding him. Beyond his awards and honors, he held most pride in the privilege of mentoring the next generation of officers and enlisted. John was respected by leaders, held in high regard by colleagues, and admired for his selfless commitments. His impact reached across oceans; those fortunate to have known him will not forget the fine qualities that counted John among the absolute best of men.

John had a true zest for life and was always planning the next tee time or vacation. If he wasn't on a golf course, John was traveling, hunting, and undoubtedly taking every opportunity to visit with family and friends. John had many plans to enjoy his retirement with family and enjoying precious time with his grandchildren making memories, honing his golf game, exploring new locations, and finding the perfect bourbon and cigar.

John is survived by his wife, Stephanie of Williamsburg, VA; their children, Jeremy (Gail) Flynn, Spokane, WA, Christine (Michael) Rodarte, Phoenix, AZ, and Lauren (Dallon) Meredith, Ponder, TX; five grandchildren Ashton Flynn, Lydia Rodarte-Farrell, Kylie Rodarte, Revan and Raylan Meredith; his father, Larry Flynn; siblings, Marsha (Byron) Kidder, Mark (LeAndra) Flynn, and Julie (Wayne) Silbernagel along with many uncles, aunts, cousins, nieces and nephews. He was predeceased by his mother, Carol Flynn; grandparents Marshall and O'Ceil (Tenold) Purdie and nephew Nicholas Silbernagel.

In lieu of flowers or other gifts, John's family requests that donations be made in his memory to Wintergreen Adaptive Sports, to support the organization's wounded warrior programs which he supported and admired for many years. Donations can be sent to the organization at P.O. Box 4334, Charlottesville, VA 22905 or made online at <https://www.wintergreenadaptivesports.org/donate>.

A Celebration of Life Service will be held on Tuesday, January 26, 2021, at 1:00pm at Bucktrout of Williamsburg, 4124 Ironbound Road, Williamsburg, VA 23188. The service will also be broadcast online at [www.tribucast.com/tcid](http://www.tribucast.com/tcid), TCID Code: 90402670

## **Tribute from Lt Col Mickey Goodridge:**

Col John Flynn, AF Ret left us all way too early in this life. John was an absolutely stellar LogDog, RMO, Flight Commander, MDSS Commander, IG Inspector and one of everyone's favorite MDG Deputy Commanders, and MAJCOM SGAs. John's passion was to lift up everyone around him, always, he never sought personal accolades, he thrived when one of his folks were recognized for dedication and commitment to our Air Force and this Nation. Awards for his Squadron and for his people is what John was all about, everywhere he went, he touched so many lives by teaching a Servant Leadership style, unselfish, always friendly, forever committed to anyone that knew him. His every other Friday afternoon (Fairchild AFB as 92d MDSS/CC) John Maxwell Video Series teaching his Flight Commanders and Superintendents innovative and unselfish ways of taking care of each other, redefining what it meant to take care of patients, with passion, care and concern is what I never forgot as many of us sprang out of Fairchild and onto other leadership positions where we able to take John's lessons and bring them to scores of others.



I was playing racquetball with John at Fairchild AFB on Friday, 21 May after work, when during our intensely heated match, we both were startled to hear the Base Wide Emergency Warning Sirens. We ran upstairs to find out that a tornado had touched down on base for the first time ever in Spokane and Fairchild history! In a quick moment, John said, "Hey, you call Yvonne and I'll call Steph, make sure they're ok and we can tell them we are ok." And so we did...immediately after, John looked at me and said, "Are you ready bud?" I said, "Ready for what?" He said with the biggest grin on his face, "Let's go finish!!" We laughed for 15 straight minutes and have done so every time we reminisced about it since...it was just a great moment together.

John mostly made work so much fun, no matter what level his responsibilities were, he was always encouraging on fun runs (3K/5Ks), racquetball matches, golf tournaments and many, many rounds with so many, and I know so many of you remember how much fun he was to be around and golf with. John left his mark on literally thousands of Air Force Medics, and each of us flourished because of his unselfishness, his love of doing what he did, especially for all of us lucky enough to know and work with him/for him. He and Stephanie (his spouse) opened their home for so many over the years, to celebrate holidays, AF events, and just to bring us all together for great fellowship and wonderful times together. We all got to know Stephanie, his beautiful wife, Jeremy, Lauren and Chris, his son and 2 daughters. John leaves them all behind after his 26-day heart-braking battle vs COVID19, as well as his 5 grandchildren. He had intended to retire permanently in February and drive out to Phoenix, AZ to live in a brand new home on a golf course that he and Steph had recently custom-built.

I could not be more heart-broken today as I received notification that HQ ACC/SG plans to dedicate our ACC/SG Conference Room in John's name. It just brings me right back to my mid-January mourning as we lost John on the afternoon of 13 January. I am thrilled with this brilliant dedication but I realized today that John will never sit with me again in a golf cart, and we will never see each other battle again in a racquetball in 3-hour 5 set matches. I will forever miss my buddy, and there is some solace for me in sharing this with all of you, because no matter our politics, no matter our locations, all of us have lost close AF and military mates, so I know it is right to let you know a little bit about John that maybe you didn't know before.

**~Mickey Goodridge, Giddy Up**

## Obituary

### Rufus M. DeHart Jr., MD, February 15, 1935 - December 24, 2020



On Christmas Eve, Rufus M. "Dee" DeHart Jr., MD passed away at age of 85, from declining health conditions in San Antonio, Texas. Born in Christiansburg, Va., in 1935, to Rufus M. DeHart Sr., MD and Rachel D. Bass, he graduated from Radford, Va. High School, 1953. He was the son of a rural country physician in the foothills of the Blue Ridge Mountains, and was an accomplished football player, marksman, fisherman and outdoorsman. He enjoyed photography, piano, fast cars, and pretty girls. After a year of college, he joined the USAF as an Aviation Cadet and by age 22 was a jet fighter pilot flying the F89 Scorpion. He was first and foremost a pilot dedicated to aviation safety, a skill that carried him to Keflavik Iceland where he served as a fighter-intercept pilot, against the Soviets.

Playing piano at the O-club, he met an Army Colonel's daughter, Mary Margaret McCord (deceased). They were married February 27, 1960, and formed a devoted team raising three children, Rufus M. "Dee" DeHart III, Marc M. DeHart, MD, and Melanie Ann DeHart, MD. Returning to Virginia, he attended the University of Richmond. Though he never graduated college, he received his MD from Medical College of VA. in 1965, while serving in the Virginia ANG flying F-84F's to pay the bills. After completing his Aerospace Medicine residency in 1969, he was stationed at Korat, Thailand during the Vietnam war as the Clinic Commander, where he flew 160 combat hours in F-4Es. He was the first USAF Pilot-Physician to qualify as an instructor pilot and acquired 3,500 fighter hours over his career. He rose to the rank of Brigadier General, but felt his most rewarding job was serving as the TAC Command Surgeon. During his last military tour, he led the first Tri-service military exchange visit with Soviet Union 1989 – two years before its fall.

Throughout his 32-year career he and Mary Margaret served at 11 different assignments, through which he was a strong father and devoted husband. Between assignments they toured National Parks and campgrounds across the U.S. in a camper with dogs and kids. He taught his family waterskiing, shooting, fishing, and photography. He generously entertained, opening his house and heart to friends and colleagues. He enjoyed cooking and grilled fabulous rib-eyes paired with his special "General's baked potatoes". His house was filled with all kinds of music especially jazz and the songs of Sinatra, Andy Williams and Nat King Cole. During holidays, he reminisced the good times of his youth sharing thinly sliced country ham biscuits, "red eye" gravy, and well-fortified home-made eggnog. He is survived by his children, sister Betty Jean Holt, brother Tommy Day DeHart, numerous nieces, nephews, nine grandchildren and one great-grandchild. "Throw a nickel on the grass"

## LIFE EVENT PLANNING AND SURVIVOR'S CHECKLIST

[Click here for a complete copy of the Survivor's Checklist.](#)

|                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>USAF Medical Service Corps Association<br/>(MSCA)<br/>2020 LIFE EVENT PLANNING AND SURVIVOR'S<br/>CHECKLIST</p>                                                                                                | <p><b>Introduction and Purpose</b></p> <p>The MSCA approved checklist is intended as a guide to help members complete pre-event planning actions prior to, during, and after a life event such as accident, debilitating disease, or death. A major benefit of belonging to the USAF Medical Service Corps Association (MSCA) is knowing a state representative will call a surviving spouse to relay the MSCA's condolences, advise your surviving spouse or whoever you think may need assistance, and send a checklist with actions that need to be done immediately and some later.</p> <p>The checklist is especially designed to help survivors find a sense of ease while navigating through the effects of a death. For example, checking off each call and making as many notes as possible of your conversations, including the date, topic, and name of the person with whom you spoke will help you find a sense of comfort. Portions of the checklist have been borrowed from a Military Officers Association of America checklist with approval, other sources, and inputs from several MSCA members.</p> <p>We thank the original progenitors of the checklist, Col Garry Stanberry and Ray Inman for their compassion to help others in their time of need. The guide has also been reviewed by Col (Ret) Frank Nelson whose personal experience and subsequent publication, "A Sense of Comfort" provides more detailed advice and actions prior to, during, and after an event.</p> <p>The guide has been approved by the MSCA Board of Directors and Officers. Check off each call as you go and make any notes of your conversations, including the date on which you called and the name of the person with whom you spoke.</p> |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>USAF MSC Association <a href="http://www.mscaassociation.org">www.mscaassociation.org</a><br/>Send Corrections and Suggestions to<br/><a href="mailto:INFO@MSCAssociation.org">INFO@MSCAssociation.org</a></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>2020</p>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## COUNT YOUR BLESSINGS

*By Dan Sherred, AFMSC Association Chaplain, Lt Col (ret.)*

Before I start, I must divulge that I come from a Judeo-Christian background and perspective. I may offend or disregard other religions in the process of sharing my beliefs. No disrespect is intended, but I must speak the truth in love (Ephesians 4:15) as I have learned it.

As you look upon this Easter season, it is a splendid time to reflect on the many blessings you are afforded as an American and as a believer in Jesus, if you have chosen to believe in Him. **John 1:16 states, “From the fullness of his grace we have received one blessing after another.”** Let me share what this is saying, and what it is saying to you and me.

**What is John 1:16 saying?** By the grace of Jesus, we have received blessings beyond what we deserve. When you read the word “grace” what comes to mind? Where Karma is getting what you deserve, grace is getting better than you deserve. Christians define grace as the spontaneous, unmerited favor of God. A mnemonic I use is the acronym G.R.A.C.E., or **God’s Riches At Christ’s Expense**. Of course to receive this grace, you need to accept Jesus as the Son of God who paid the price for your sins. Jesus paid the full price for the admission ticket to heaven, and you cannot be good enough to earn the ticket or pay for it. The Bible is clear on this. Romans 3:23 states, “...for all have sinned and fall short of the glory of God.” Ephesians 2:8-9 states, “For it is by grace that you have been saved, through faith – and this is not from yourselves, it is a gift of God - not by works, so that no one can boast.”

In addition to God’s grace for believers, we, as Americans, can count our many worldly blessings. Here’s a small list to consider:

- Living in a country free from persecution, religious or otherwise.
- Safety and security provided by law enforcement, first responders, and national defense.
- The best health care system in the world that attracts even the wealthiest people from other countries when they are sick.
- Living in a generation when life expectancy is significantly higher than all prior generations.
- Living in one of the most prosperous countries in the world during the most prosperous time in global history.
- Family and personal health to varying degrees.
- If you think about your personal circumstances, I am sure you can double or triple this list!

**What is John 1:16 saying to you and me specifically?** Every morning when you wake up (which, by the way, is a gift from God on its own merits), you have the option of counting your blessings or focusing on the negatives. What’s it going to be? I like to start the day by voicing out the following two Bible verses, three times each, that help me to count my blessings. Psalm 118:24 “This is the day which the Lord has made; I will rejoice and be glad in it.” Romans 8:31 “...If God be for us, who can be against us?” As I am sure you know, maintaining a positive perspective can also provide residual health benefits. I hope you can see one blessing after another in your life!

If you have any questions about starting a personal relationship with Jesus, feel free to e-mail me at [dsherred@whitstonellc.com](mailto:dsherred@whitstonellc.com).

Do you have a faith story? We would love to hear about it. Please e-mail your story for the next MSC Newsletter to [dsherred@whitstonellc.com](mailto:dsherred@whitstonellc.com) and [Newsletter@MSCAssociation.org](mailto:Newsletter@MSCAssociation.org).

## NEW/UPGRADED MEMBERS

### Captain (Ret) Kenneth P. Bonner – Member Services



We welcomed 25 new members since our last newsletter. We added 1 new Life Members. We had 5 members upgrade to Life since December 2020. As always, annual members who upgrade to life status, enjoy the benefit of a \$20 discount on the age-based membership fee and can pay in four quarterly payments. It's an easy option to consider! Below are the new members to our association.

### New Members

|        |          |   |             |                   |    |        |            |   |         |                 |    |
|--------|----------|---|-------------|-------------------|----|--------|------------|---|---------|-----------------|----|
| MAJ    | LINDA    | J | SMITH       | SUN CITY          | FL | LT     | APRIL      |   | MURRAY  | YORKTOWN        | VA |
| LT COL | JOHN     | G | CORNALI     | LAVERNIA          | TX | LT     | CHIARA     |   | DONOVAN | ALEXANDRIA      | VA |
| LT     | ADRIAN   |   | PEREZ       | GOLDSBORO         | NC | LT     | LOREN      |   | SADLACK | SAVAGE          | MN |
| CAPT   | CAMILLE  | C | MEIER       | FORT WALTON BEACH | FL | CAPT   | GARRETT    | C | GUTHRIE | SAN ANGELO      | TX |
| LT     | JEMIMA   |   | SANTIAGO    | SAN ANTONIO       | TX | CAPT   | JACQUELINE | R | QUINT   | PORTSMOUTH      | NH |
| LT     | NICHOLAS | J | ZIERDEN     | EIELSON AFB       | AK | CAPT   | CRYSTAL    | S | STOVALL | HUNTSVILLE      | AL |
| LT     | TARRA    | D | BLACKWELL   | MOUNT OLIVE       | MS | MAJ    | EMILY      | J | WAGNER  | ALEXANDRIA      | VA |
| LT     | JOSHUA   |   | MELTON      | VACAVILLE         | CA | LT COL | RODNEY     | L | JAMES   | WOODRIDGE       | VA |
| LT     | LYDIA    |   | CHRISTENSEN | CLINTON           | UT | LT COL | FRED       |   | WOODS   | ODENTON         | MD |
| LT     | NICOLE   | J | ANULIES     | ABILENE           | TX | COL    | WORTH      | R | TAYLOR  | SWANSEA         | IL |
| MAJ    | KRISTINA |   | HILL        | TALLASSEE         | AL | MAJ    | NATASHA    | A | DRESHER | NORTH LAS VEGAS | NV |
| CAPT   | SAMANTHA | C | SCHAFFER    | FORT COLLINS      | CO | LT COL | WENDY      | M | FRANKE  | AITKIN          | MN |
| LT     | ADAM     | J | SMITH       | RIVERSIDE         | OH |        |            |   |         |                 |    |

### New Life Members

|        |        |   |    |           |              |    |      |                |   |  |        |              |    |
|--------|--------|---|----|-----------|--------------|----|------|----------------|---|--|--------|--------------|----|
| LT COL | JOHN   | F |    | ROTHSTEIN | KITTERY      | ME | COL  | RICHARD "CHIP" | N |  | TERRY  | FALLS CHURCH | VA |
| LT     | THOMAS | R | JR | LACK      | COLUMBUS AFB | MS | CAPT | SALLY          | A |  | RYAN   | TOANO        | VA |
| LT COL | WENDY  | M |    | FRANKE    | AITKIN       | MN | COL  | KEVIN          |   |  | SEELEY | FAIRFAX      | VA |



**Gotta Love Life Member, Larry Burchfield's Fashion Statement: This MSCA Mask is the Bomb!**

Our little Yorkie Sassy says dad I don't want to go back outside in the snow! Five inches overnight here in San Antonio and 9 degrees this morning! Burr!

~Larry R. Burchfield,  
Col (Ret), USAF, MSC,  
FACHE

Please give them all a warm welcome to the Association! And, for all of our members, we only have 998 active members, while there are 1,068 inactive members, so please reach out to your MSC friends and colleagues and if they are not active please ask them to join us again. There is no penalty for reestablishing their membership just pay their dues for the current year and keep paying them yearly going forward.

Also please let us hear from you. Tell us what you like, don't like or what you want to see that you are not seeing in our newsletters. Your feedback is important to us. Just a reminder to use [membership@mscassociation.org](mailto:membership@mscassociation.org) for any inquiries related to your membership.

## CONVERT TO THE ELECTRONIC NEWSLETTER NOW!

We need your help. We are asking members who elected to receive hard copies of the MSCA Newsletter to convert to the electronic version. Our print newsletter has grown in length, content and quality. So has the cost. At the same time, our members love it. For example, we capture articles and interviews on our culture, history, and culture as part of the history project. We find and print vignettes on deployments, career advice, job openings, and career management tips. Our editors seek out information and news on deployments, current events, career and leader development from members and a variety of sources to appeal to our diverse membership.

Rather, than rely on print, we think the electronic version is versatile, timely, and cost effective. For example, once the Newsletter has been approved, the electronic version is sent immediately to all members. Hard copies are mailed and typically reach the member's mail box 2-3 weeks later. Beginning with this newsletter, we will not include as many articles (pages) in the hard copy version as the electronic version due to printing costs. An email version allows you to quickly review the content, print portions you are interested in and share with your peers, friends, and associates.

We also acknowledge personal preferences. Please, give it some thought. We will honor your choice. Please make your choice by **28 MAY 2021** so we can make any changes. Contact Doug Anderson at [douglas.e.anderson57@gmail.com](mailto:douglas.e.anderson57@gmail.com) if you have any questions.

## CALL FOR MSC ASSOCIATION BOARD MEMBERS NOMINATIONS

**By Ty J Obenoskey, Board Member and Bylaws Chairman**

The USAF MSC Association is requesting submission from retired or separated MSC officers or a member of the Air Force Reserve or Air National Guard (Active or Retired) and members of the MSC Association for one of the two (2) Board of Director positions being vacated by two (2) current members who have come to the end of their six year term.

If you are interested please submit your name, rank, phone number, email address and component (active duty/retired or reserve component) and a brief statement (no more than 10 lines) as to why you want to be a member of the Board of Directors. Some areas to consider:

1. Past or current MSC Association involvement
2. Willingness to lead an MSCA initiative or participate in a function area
3. Service on other boards, community involvement

**Send nomination letter / statement to [ty.obenoskey@gmail.com](mailto:ty.obenoskey@gmail.com). no later than **28 MAY 2021**.** Elections will be held at our Virtual Conference being held at a later date.

# LAST CALL FOR 2020 COMMITMENT TO EXCELLENCE NOMINATIONS

(RETIREE) FOR CALENDAR YEAR 2020

**John Haas, Capt., USAF, MSC, Retired, Board Member**

Everyone knows of someone deserving of an award for their service or contributions to the Medical Service Corps and their community following their retirement from service. By recognizing this person, you not only honor their accomplishments but also you demonstrate to fellow MSC's that life goes on after retirement. You can also find an outline of the nomination criteria. The period for this award is for service AFTER the person's retirement from active duty/Guard or Reserve, so please focus your narrative accordingly. We are making the process as simple as possible too. Submit nominations, 1 page maximum to this email: [membership@mscassociation.org](mailto:membership@mscassociation.org). Suspense date: 1 May 2021.

## Format:

### Name of Person Submitting Nomination:

Email:

Date joined the MSC Association: \_\_\_\_\_ (if you don't have this information, it will be entered)

### Nominee Information:

Rank:

Last Name:

First Name:

Middle Initial:

Describe the nominee's contributions after he/she retired from the Air Force, including Guard/Reserve, in one or more of the following areas:

- MSC Association (offices held, committee membership, etc. – be specific)
- USAF Medical Service Corps
- USAF Medical Service
- Military Service members or veterans

Describe how the nominee is a consummate team player, and role model for others in the Association and Medical Service Corps:

Describe the individual's community and public service following retirement:

### Additional directions:

1. Keep submission to less than 1 page.
2. Use continuation sheets as necessary (place the nominee's rank and name at the top center of each continuation page and number them).
3. Only one nomination for each person.

Nominators may provide letters of support from other Association members in lieu of duplicate nominations. If letters of support are used, the nominator is responsible for inclusion.

## CALL FOR ASSOCIATION SPONSORS!

We are seeking sponsors for your 900+ member MSC Association. Your support will help us continue to provide a way to stay in touch with other MSCs, support member survivors and on documenting the history of the Medical Service Corps. You will also be supporting activities such as active duty MSC gatherings, reunions, awards and military family charities.

### We offer four levels for sponsors:

- **Friends - \$100-999**
- **Bronze - \$1,000+**
- **Silver - \$2,000+**
- **Gold - \$5,000+**

These come with varying degrees of recognition including mention with graphics (logos, etc.) in our quarterly newsletter, on our website and at MSCA events.

For those of you who have sponsored us in the past; thank you! Your contributions have helped us continue our pursuit of substantive information and gatherings for members and their families. We hope you be willing and able to continue.

If you or any of your colleagues are interested in sponsorship and associated sponsor levels, we have posted more detail on your MSC Association website (coming soon)

Thank you for looking this over! If you have any questions, please contact Emirza Gradiz; [sponsorship@mscassociation.org](mailto:sponsorship@mscassociation.org), [emirza@gradizgroup.com](mailto:emirza@gradizgroup.com), or phone (210) 846-2004 and ask for Emirza.



### MSCA Pandemic Mask Fashion Alert!

Getting it done! I am proud to be the eyes and ears for my out of state home buyers! Here to serve! #thegradizgroup

~Emirza Gradiz, Lt Col (Ret), USAF, MSC, FACHE [MSCA Sponsor)

### GET TO KNOW YOUR REALTOR!

“ I FIND PRIDE IN MENTORING YOUNGER GENERATIONS TO SET THEMSELVES UP FOR SUCCESS; LIKE MANY MENTORED ME.





# CALL FOR AUGUST 2021 NEWSLETTER

## AND USAF MSC HISTORY, LEGACY, AND CULTURE NEWS STORIES BY 4 JUL

*“Just read and reread the December Newsletter which is one of the best ever. I especially appreciated the extensive and well written articles by Don Taylor and Ray Benedetto on Bob Hauser and Bill Holder. I considered Bob Hauser a friend and mentor even though I never worked for him. Ray certainly painted a good picture of Bill Holder. I never worked for him, but heard many “stories” about him. Thanks to Ray I now know what a remarkable MSC and leader he was. Thank all involved.” ~Darrell Eickhoff*

We must continue to build our history, legacy and culture of excellence for those serving today and in the future! We are interested in hearing and archiving your stories or providing pictures with captions about the following:

**We especially want our MSCs who served in the 1950-1990s to share their stories. Seriously, we need your story: advice from your career, projects and programs you were involved in, policy issues, case studies, deployment experiences, and leadership experiences.**

1. Lessons and advice for first time flight and squadron commanders
2. Reflection and advice from SGAs and Group CCs on the first 6 months of their assignment
3. Techniques, tools, and approaches on how senior MSCs are coaching, guiding, and mentoring younger MSCs and vice versa or “mentoring-up.”
4. Post retirement and transition advice from MSCs who have retired the past 2 years or unique experiences of retired MSCs in their current positions as healthcare executives.
5. Impact from COVID-19 – response, leadership, adaptation, changes in work processes, resilience, lessons and observations; family support
6. Family and care giver support experiences and support and advice to other families
7. Observations on transition to the Defense Health Agency (DHA) for others to learn from
8. Summary of new partnerships and agreements with local Veterans Affairs (VA), Service, network, and local healthcare partners
9. Spouse perspectives on key spouse, employment, military life, spouse support
10. Spouses who want to share experiences on being a care giver and employment

**The Newsletter team will take submissions in just about any form:** articles, op-ed, story in pictures, slide shows, links to a website or blog, case study, vignette, old reports, videos, book summary, artifacts, etc.

**Ideal format:** Times New Roman, 12 Pitch, Single spaced. The team will advise and edit as necessary.

**Send your story, article or, pictures with captions by 23 Nov 2020 to [Newsletter@MSCAssociation.org](mailto:Newsletter@MSCAssociation.org)**

**Send inquiries to the Newsletter Editor (Doug Anderson): [douglas.e.anderson57@gmail.com](mailto:douglas.e.anderson57@gmail.com)**



# NEWS YOU CAN USE!

(Click on hyperlinks or copy and paste the title to your browser)

## [USAF Retiree Services: Afterburner Archive](#)

The most recent edition of the *Afterburner* is below. The *Afterburner* is produced twice a year when funding permits, and is mailed via U.S. Postal Service to those without Internet access. An announcement and link to the online version of the *Afterburner* is emailed to those people with a myPay email address on file with the Defense Finance and Accounting Service. (Click [here](#) to self-subscribe to the electronic version if you do not have a myPay account.)

The Air Force has partnered with the Defense Finance and Accounting Service in this effort to save postage costs. People with a myPay account have been removed from the hard-copy mailing list. Instead, using the email address they have listed in myPay, they will receive an email notification with a link to the latest *Afterburner*.

Retirees and annuitants can keep their email address updated by logging into myPay at <https://mypay.dfas.mil/mypay.aspx>. Once logged in, click on "Email Address" and review/edit the "Personal Email address" block. When finished, click "Accept/Submit" button.

### **If you do not have a myPay account:**

To opt out of receiving a hard copy, please send:

- Your full name, status (retired rank/surviving spouse)
- Mailing address
- The last four digits of your Social Security number

via email to [afpc.retiree@us.af.mil](mailto:afpc.retiree@us.af.mil). Also list if you need to be subscribed to the electronic edition or if you have already self-subscribed using the link above.

Whereas the printed version is sent (when funding is available) only to selected retired Air Force members and surviving spouses eligible to receive pay and compensation, anyone with computer and Internet access may read or subscribe to the *Afterburner* electronic version online.

**Air Force publishes resources to support Airmen & Space Professionals in courageous conversations:** Department of the Air Force published its first enterprise-wide Diversity & Inclusion [Resource List](#). The list is intended to support commanders and other Air Force leaders in conducting challenging conversations about race, unconscious bias, and systemic prejudices that Airmen and Space Professionals face every day. ... The list provides impactful information to facilitate listening sessions and build a foundation about diversity in organizations and American society, since both diversity and inclusion are important to mission success. Click [here](#) to download the resource list. It is also available on the [Air Force's diversity](#) webpage [here](#).

[USAF MSC \(Medical Service Corps\) AY21 Results and Reflection](#)

[Unlock Your Dream Job With Three Important Interview Questions](#)

**The Department of Defense launched a new mobile app designed to help the military community manage stress. The free Chill Drills by Military OneSource mobile app is now available for download on Google Play and Apple's App Store.** The Chill Drills app includes a collection of mindfulness audio exercises that

give service members and military families access to expert stress-relieving To learn more about the Chill Drills app or to download the app, visit [www.MilitaryOneSource.mil/ChillDrills](http://www.MilitaryOneSource.mil/ChillDrills).

1. [On the move? Here are some employment resources for military spouses](#)
2. [175,000 have found jobs through Military Spouse Employment Partnership](#)
3. [Military Benefits After Divorce](#)
4. [I'm a Military Spouse. The Capitol Attack Reminded Me of a War Zone. | The Nation](#)
5. [New Retreat Offers Seasoned Spouses a Chance to Focus on Themselves Before Transition | Military.com](#)

**On Feb. 11, 2021, the Defense Health Agency announced that approximately 124,000 working-age military retirees and their family members have lost their [TRICARE Select coverage](#) because they didn't set up a payment plan for the new fees by Jan. 1, 2021.** Those who wish to restore their coverage have until June 30, 2021 to establish a payment plan. As of Jan. 27, 2021, 74% of the working-age retirees and their family members who were covered under Tricare Select have set up payments for new fees in order to continue their coverage.

#### **DHA set to takeover all military hospitals by end of 2021, even after transition halt during pandemic:**

After a tumultuous year of pauses and reconsiderations, military hospitals and clinics are still on track to move under the management of the Defense Health Agency by the end of the year. How that will affect patients of those facilities may change from the original plan though, after the military's centralized medical administrator was forced to rethink what role private health care providers can play in the plan after COVID-19. **"We are absolutely on track to meet our timelines and that's our expectation with us," Dr. Brian Lein, DHA assistant director for healthcare administration, told Federal News Network.** The transition includes 721 military treatment facilities (MTFs) and 174,000 health care personnel including active-duty service members, civilian employees and contractors, which provide care to 9.5 million TRICARE beneficiaries. The facilities are clustered into 21 large markets that encompass about two-thirds of patient interactions. The rest are in 16 small market regions or stand-alone hospitals and clinics — think rural areas with a large military presence.

Congress initiated the transition in the 2017 National Defense Authorization Act as a means to better integrate health care instead of continuing the decentralized system of each military service overseeing its own MTFs. As part of that transition, DHA planned on "[rightsizing](#)" its markets to increase readiness. "What we found in our review is that many of these facilities do not have the type of patient case load, volume, acuity that we need for our providers to be proficient in what they do downrange," Thomas McCaffery said in early 2020 when he was the assistant secretary of Defense for Health Affairs. "And so by limiting the scope of services, that will allow us to take some of those providers and place them at other MTFs that do have that direct match for their readiness requirements." The plan would have closed about 50 MTFs and moved approximately 200,000 patients from getting care on base to using their TRICARE insurance to get assistance from private providers.

Even before coronavirus there was skepticism around whether those 200,000 would have the access to care they needed, however the pandemic exacerbated the issue. "The markets in some of the areas changed significantly, just like you saw in the newspaper and elsewhere, a lot of providers closed up their doors, and a lot of access went away," Lein said. "The United States lost a lot of hospitals, and hospital capability, especially in some smaller communities, where it couldn't support those hospitals in terms of finances." DHA is now in the process of reconsidering its rightsizing plan and taking into account the changing medical communities. Lien said DHA has not yet come up with a number of how many patients will be offloaded from MTFs and how many MTFs will close.