WINTER 2012

U.S. Air Force
Medical Service Corps
Newsletter

From the Corps Chief  Brig Gen Michael W. Miller

What a blessing to see so many of you during our many MTF visits since the last newsletter! We began the Fall with trips to Eielson, Jt Base Elmendorf-Richardson, Fairchild, Malmstrom, Kirtland, Luke, Holloman, Davis-Monthan, Little Rock, Eglin, Hurlburt Field, Tyndall, Kadena, Misawa and Yokota. We intended to visit Cannon but unfortunately the flight was canceled—sorry Cannon! We were also delighted to visit Al Udeid to kick off 4A/MSC Appreciation Week. That was a very special trip for me personally as it goes right to the heart of why we are in uniform.

We also attended the MSC Assoc Biannual meeting in Scottsdale (if you aren’t a member I encourage you to check out this great organization!) The MSCA is so proud of the work you are doing and support us in so many ways throughout the year.

November started with the ribbon cutting at the new HSA Schoolhouse at Ft Sam Houston (METC) and the unveiling of Brig Gen Lewis’ Corps Chief portrait. We were honored to preside over the HSA graduation/Dining Out (the first at HSA’s new home) and, with Gen Green also attending, we welcomed our newest class of MSC officers. We ended November with a trip back to Scottsdale to attend the AF breakout during the AAMA Conference and had a very enjoyable evening during the AF Dinner where our 16th Chief of the MSC, Colonel Steve Meigs, was the featured speaker.

December and January flew by with a visit to DC by the YHCA group, the trip to AR and FL followed by the visit to Japan. It was an honor to attend the retirement of a great colleague and friend, Colonel Roger Goetz. Roger’s contributions as a Senior MSC and AFMS leader are both numerous and outstanding and we’ll miss him dearly.

I’m also thankful for the Presidential nomination of our next Chief of the Medical Service Corps, Colonel Charles “Chuck” Potter. We congratulate Chuck and his lovely wife Karen on this significant event in their AF career! Since the nomination, I have included Colonel Potter in the many discussions regarding our Corps’ future so we can have the smoothest handoff possible.

Looking forward, we are excited about progress we are making on many fronts. I’m hearing excellent feedback on the process improvement initiatives and LEAN events you are conducting in the field. During my visits your Wing and Group CCs are quick to point out the important roles you are filling to ensure mission success. We are anxiously awaiting the announcement of our new O-6 selects. Our Associate Corps Chiefs are working diligently to solidify our skillsets to meet current and future challenges. There isn’t a better time to be an AF medic and a Medical Service Corps officer! I encourage you to keep pushing each other and your Senior MSC leaders with your enthusiasm and your ideas. That push will make us all better as we move together in our passion for Service to our Nation.

Brig Gen Miller serves as the Assistant Surgeon General, Strategic Medical Plans, Programs and Budget, Office of the Surgeon General, Arlington, VA.

Upcoming Events

- 17-19 Feb MISS, Las Vegas NV
- 20-24 Feb HIMSS, Las Vegas NV
- 25-30 Mar RMO Conference, Jacksonville, FL
- 19-22 Mar ACHE, Chicago IL
- 30 Apr-5 May IES, San Antonio TX
- 11-15 Jun DT, Randolph AFB TX
- 24-29 Jun New Colonels Orientation, Washington, DC
- 29 Jun HSA Graduation METC TX

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SCAN WITH YOUR QR PHONE APP
From the Corps Director  Col Perry R. Cooper

I just passed my one year anniversary as your Corps Director and I can honestly say it’s been among the most rewarding experiences of my career. I’ve had the opportunity to meet with more MSCs over the past year than during any other comparable period in my career and I’m amazed at the scope of activities MSCs are involved in and the extent to which they contribute to the AF mission. As the administration of healthcare has become more complex, MSC skill sets are in greater demand than ever before. I’m proud to say that as a group, MSCs have a well deserved reputation for adhering to the highest standards of integrity and professionalism and, consequently, have earned the respect of senior leaders and our colleagues in the other Corps.

Looking back over the past year in this job, the one thing I’m most struck by is the enormous time and effort devoted to mentoring and deliberately developing our officers. The MSC Assignment Team at AFPC, Associate Corps Chiefs, MAJCOM SGAs and other members of the MSC Development Team work diligently to place the right officer in the right place at the right time, balancing the needs of the Air Force with what’s best for the personal and professional development of the officer. It’s not easy, but the processes we have in place for assessing officers for assignments and Developmental Education opportunities are thorough and fair. Our MSC Strategic Plan, which you’ll see highlighted later in the Newsletter and in future Newsletters, is focused on preparing MSCs for the challenges of the 21st Century, and the Goal Champions and their teams have numerous initiatives underway to achieve that end.

At levels below the Senior MSC Council, I’ve seen ample evidence that commanders and supervisors are investing time to mentor junior officers. Those of you who have worked in the civilian sector know how unique this culture of mentoring and deliberate career development is. Is our system perfect? No. Are there commanders and supervisions who fail to adequately mentor their subordinates? Unfortunately, Yes. However, we constantly strive to identify problems and improve our processes.

Having emphasized the processes and structure we have in place to develop our MSC officers, let me quickly add that it’s incumbent on every officer to take a proactive approach to his/her career. Seek out opportunities; be assertive in expressing your interests to your commander/supervisor, Associate Corps Chief, MAJCOM SGA, and others; and keep your ADP up-to-date. Finally, the most important thing you can do to get the job of your dreams is to excel in the one you’re in now.

From the Editor  Capt Emirza Gradiz, Fellow, MSC Force Structure Management

WOW! What a great close out to 2011!! I sincerely hope you enjoyed the holidays and now, onto another superb year.

Last edition, we highlighted the mission and complexities of AF-MAA, IM/IT from a Fellow’s viewpoint, and on TOPA from an overseas Flight Commander perspective. Our leadership feature was authored by Col Goetz and we received several positive comments on his article titled, "Things I Learned Along the Way." We also showcased the fine work our MSCs are doing all over the globe.

This edition, we bring you some exciting news on a new AF application, the Career Path Tool. Lt Col DeWolf’s article (page 3) will give you more insight on this interactive web-based system aimed to track career field information.

This edition’s leadership article is written by Col Rachel Lefebvre and gives phenomenal insight that you can apply in regards to effective feedback.

Our functional focus areas are Health Facilities, RMO-Manpower and Budget, IM/IT-Cyberinfrastructure, and Readiness-CBRN. Some other articles of interest are from our Air National Guard partners and from Lakenheath’s CGOC. We close with pictures from our MSCs worldwide... from deployments, to MSC/4A celebrations, to the Young Healthcare Administrator group visit to DC, to holiday parties.

Congratulations
Capt Joi Dozier!
WELCOME
to the new
MSC Fellow!!!!
Historically, the Air Force has struggled with identifying individuals with unique skill sets and experiences, and the MSC is no different. In an attempt to better define specific capabilities within career fields, the Air Force embarked on an interactive web-based system called the Career Path Tool (CPT).

This tool will be used to code and track career field information, and it is designed to allow career field managers, assignment teams, commanders, and you the ability to more proactively manage personnel. For example, the CPT can be used by AFPC and the Associate Corps Chiefs to retrieve reports to assist in determining candidates for staffing requirements without having to scour individual SURFs or home-grown databases.

The CPT uses a specific structure, Airman Capability Management (ACM) codes, to categorize our unique duty histories into six digits. The first three digits identify the Air Force Specialty (i.e., 41A). The last three digits consist of functional experience (fourth digit), organizational level (fifth digit), and the job title (sixth digit).

Some of our duty histories are challenging to conform to this coding structure, so I encourage you to review the codes levied against your duty history. If you request a change to the codes, you will also be requested to provide a brief justification as to why this change should be approved. Since November, many of you have reviewed the codes assigned to your duty history by logging into the application at: [https://afvec.langley.af.mil/af-cpt/User/HomePage.aspx](https://afvec.langley.af.mil/af-cpt/User/HomePage.aspx). Some of the most prevalent comments/questions are:

1. **My deployment information is incorrect (e.g., missing deployments, duplicate deployments, etc). How do I fix this?** There is an issue with the deployment data feed. The programmers are working to resolve this issue. There is no action to take on your part at this time. Once this issue is resolved, you will receive a system alert notifying you to verify its accuracy.

2. **I did multiple things for a job but only have one ACM code. How can I add more?** At this time, the CPT is only capable of capturing/assigning one functional ACM code per duty history entry.

3. **The date listed in the CPT when I was specialty matched is not accurate. How can I correct this?** The date listed in the CPT is the date the specialty match information was entered into the application. It does not reflect the date you were specialty matched.

4. **My rank displayed in my duty history is incorrect; I have been promoted since taking the job. How do I update my rank?** The rank displayed in the CPT is based on your rank when you started the job. When a new duty entry is entered, your new rank will be reflected in the tool.

As a reminder, the application is designed to codify your duty history. **It does not replace the need for you to keep your duty information accurate and record up to date.**


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**Brigadier General Wagner Golf Tournament: Smashing Success!**

It might have been the freshly mowed fairways of the Gateway Hill Golf Course on Lackland Air Force Base. It possibly resulted from the brisk South Texas morning which evolved into a perfect 90-degree afternoon with a slight breeze. It definitely had to do with the unparalleled generosity of corporate sponsors and philanthropic players. Ultimately, many factors contributed to the success of the 29th Annual Brigadier General Donald Wagner Scholarship Golf Tournament held at Lackland Air Force Base on 23 Sept 2011.

This year’s tournament raised a record $16,848 for the Brigadier General Donald B. Wagner Perpetual Scholarship Fund, a non-profit corporation formed in honor of Brigadier General Wagner’s many contributions to our Corps and the United States Air Force. The money raised goes into the fund which directly benefits children of Air Force Medical Service Corps officers. Each year the fund awards three $1,500 college scholarships to MSCs’ children to pursue degrees in health care management.
Most recently I had the unique opportunity to attend a superb course at the Center for Creative Leadership in Greensboro, North Carolina. The course, “Leadership Enhanced Performance”, deliberately focused on sharpening one’s leadership edge and was extremely insightful. I’d like to share with you a few leadership perils on the topic of feedback.

Providing effective feedback is perhaps one of the most important skills for any leader or coach to master. It is also one of the most difficult skills to apply consistently and well. Yet feedback is critical as it develops people and it affects workplace performance. Below is a three-step process to improve your effectiveness of providing feedback:

**Situation – Behavior – Impact**

This model provides a structure that helps keep your feedback focused, relevant, and enhances the likelihood it will be received in a clear, non-defensive manner by the recipient.

First, describe the **situation** where the observed behavior occurred. The more specific you are able to be about the where and when, the better. For example, “During Monday morning’s 0900 meeting, I observed...” or “During our lunchtime conference call on Wednesday, I...”

Then address the **behavior** that you are talking about to help the individual understand what you are referencing. Simply describe the person’s behavior while avoiding interpretations and judgments such as, “You were ignoring me.” Instead, think of playing a video and only use words to describe what you saw and heard: “When I was presenting, you pushed your chair away from the table and gazed out the window.”

Finally, share with the individual the **impact** that the behavior had on you and/or on others present, or even the organization. Impact is about you not the other person. Most often it is best to start with a description of the impact, such as “I felt...” or “It appeared to me that others were...”. If you find yourself starting off with “You were...” or “You made me...”, you are probably on the wrong track. For example, “When I was presenting, you pushed your chair away from the table and gazed out the window. This led me to believe that what I had to say was not important” instead of “...it was apparent you were bored and had better things to think about.” An impact statement is not an interpretation of why the individual showed the behavior but rather what you observed or felt. A key to stating impact is to be non-judgmental about the person and/or their behavior.

A few examples of **Situation – Behavior – Impact**:

“Billy, at the end of the flight meeting this morning (situation), you provided a summary of the key action steps we had discussed (behavior). I was really pleased with the level of detail you provided for the entire group as it provided a sense of closure and a way ahead for the future (impact). Instead of, “Billy, you were really effective in the team meeting today – thanks.”

The first scenario gives the person focused, clear feedback, which will encourage like behavior in the future.

“Susan, during our conference call Tuesday morning with ACC (situation), I noticed on three occasions that you interrupted others, to include myself, and did not allow people to finish their sentences (behavior). I felt frustrated at times (impact on me) and I sensed that others may also have been irritated (impact on others). Instead of, “Susan, you were very rude yesterday”). Again, the feedback is transparent, concise, and does not invoke judgment but gets the point across.

Over the next week, practice using the **Situation – Behavior – Impact** process to provide feedback. As you begin, focus on positive observations such as, “Tom, during our round table discussion this morning (situation), I shared the same concern you expressed about unrealistic timelines (behavior). I was relieved to know others are struggling with similar issues and appreciate your courage to bring the issue forward (impact).” Attempt to conduct two to three feedbacks per day using this new system. Before you know it, this feedback tool will become second nature and provide valuable impact in developing others.

**Tips**

Be specific. Use “I” not “You” when describing the behavior. As needed, request a time-out to think about how to best express yourself. Never say the person is wrong; don’t invoke judgment when soliciting feedback on oneself, ask an open-ended question (“What can I do better?”) This allows one to provide advice in a positive light - vice inviting criticism and it focuses on the future. Treat every part of advice/feedback offered to you as a gift – and simply say “thank you.” This is not the time to object or explain.

Finally, I would like to recommend a book that is a must read: **FYI, For Your Improvement, A Guide for Development and Coaching**, by Michael M. Lombardo & Robert W. Eichinger. This book is truly a rich resource to improve your leadership as well as a fantastic tool to aid in coaching others. It covers 67 leadership competencies that are related to success in the areas of behavioral skills, technical skills, and attributes. It offers checklists, remedies, tips, and suggested reading lists. Topics range from approachability to patience to peer relationships to strategic agility. Pick up a copy.
Who we are:
The Air Force Health Facilities Division (HFD) represents the Air Force Medical Service and the Air Force Surgeon General in all matters concerning planning, programming, designing, construction and initial outfitting/transitioning of Air Force medical facilities. The HFD employs 50 officers, five enlisted staff, and seven government civilians who oversee execution of facility projects worldwide with a $2 billion investment program covering Military Construction (MILCON), Sustainment, Restoration and Modernization (SRM) projects and Initial Outfitting (IO). HFD supports 75 medical campuses comprised of over 900 buildings totaling 18 million square feet. The HFD, led by Col Rex Langston, provides expert consultant services to the Secretary of the Air Force, Chief of Staff of the Air Force, Army Corps of Engineers, Navy Facilities Command, the Veteran Affairs, and premier healthcare Architect-Engineers and Contractors around the globe.

What we do:
We develop state-of-the-art facilities with some of the most advanced medical technology. The Air Force HFD requires Air Force leaders with an education in architecture, engineering, or healthcare administration and the ability to excel in leadership, management, communication and interpersonal skills.

To accomplish our mission, the 50 officers are comprised of a mix of Biomedical Sciences Corps (BSC) officers with educational backgrounds in architecture or engineering, and Medical Service Corps (MSC) officers with varied backgrounds in Resource Management, Logistics, Health Facilities, and IM/IT. The enlisted positions are comprised of 4A1s. All active duty personnel in the HFD are deployable.

How we do it:
The HFD currently employs two main operating locations in Falls Church, VA and at Port San Antonio (Kelly-Lackland), TX. All HFD positions are considered Air Staff level positions.

As an HFO, you will be a primary technical consultant to Department of Defense agencies, healthcare and base-level leadership, contract agents, and nationally recognized civilian architect-engineering firms and premier construction companies. In support of war-fighting, peacekeeping and humanitarian initiatives, you’ll manage comprehensive engineering, planning, design, construction, and initial outfitting/transition solutions for high-dollar, high-profile projects and develop and advocate facility design and technical requirements for medical treatment facilities throughout the United States, Europe, Middle East, Southwest Asia, and the Pacific. Projects range in size between $2 and $50 million.

The HFD employs 21 Active Duty MSC and three GS 41A3, to include an AD MSC 0-6 as the HFD Chief. There are three total MSC slots in the HQ AF/SG office in Falls Church, VA, 13 total at HQ AF/SG in SATX, and 5 HFO (also called Developmental Directorate or DD) positions.

The five enlisted staff members are all HFO positions at locations with active construction projects; the sites change and the slots are moved as each project comes to a close, and they are then filled at a new location for the start of the next project.

The MSCs that are out in the field working at an MTF as an HFO have very autonomous jobs, managing an array of enlisted and contract staff members, depending on the size of the project. The MSC is responsible for managing, directing, and coordinating on the construction and outfitting associated with the major project at the MTF. Reach-back support is provided from the HFD office in San Antonio.

We are in need of very strong MSC captains and majors with prior facilities and logistics backgrounds to fill these positions world-wide.

Do you have what it takes to join our team? Email me at mickey.goodridge@pentagon.af.mil if you have any questions.

Lt Col Mickey Goodridge, Chief of Operations, HFD.
Sustainment convoys deliver over 70 percent of the food, fuel, construction material, and ammunition to more than 100,000 U.S. forces in Afghanistan. When air drops and host-nation trucking are not viable options to deliver supplies to FOBs, Army Sustainment Brigades conduct combat logistics convoys via mine resistant ambush protected vehicles (MRAPs). Troops deployed to KAF support several FOBs across southern Afghanistan with variants of the MRAP vehicle. Some MRAP variants may provide more protection than others during sustainment convoys. Military units may send MRAPs to maintenance staging facilities to receive “up-armor” in efforts to withstand sophisticated IEDs currently used in the war zone.

Major McGee recalled that during a particular AE mission, “We had 2 soldiers who had been involved in an IED blast. My patient was 20 years old and lost both of his legs. I always tell my patients how much I appreciate them, their service, and their sacrifice and wish them luck in the future. As I began to tell him that and he just took my hand and looked at me in appreciation.” McGee then stated that the soldier looked at a litter that was forward and to the left of him and asked me if that was a body bag. She told the soldier that the bag was an equipment litter. The soldier was instantly relieved and proceeded to tell Maj McGee about the IED blast. The soldier stated that one of his good friends was also involved in the blast and that he had not heard from or any information about his friend since the incident. The soldier was concerned that the bag he saw may be his friend. Maj McGee stated, “I was speechless. I couldn't believe that this 20 year old, who had just lost both his legs, was more worried about his friend than himself. It speaks to the character of our men in the service.”

Over a hundred convoys travel outside the wire at KAF each day. A small percentage of the MRAPs are damaged or lost because of IED explosions. To decrease the severity of injuries that our troops endure during IED explosions, Major Xavier Bruce facilitates the MRAP retrograde program as liaison officer between the CENTCOM Deployment and Distribution Center (CDDOC) and Joint Sustainment Command-Afghanistan (JSC-A). He synchronizes intra-theater airlift to maximize the number of MRAPs retrograded to maintenance facilities for installation of underbody improvement kits designed to decrease the impact of IED explosions. Although soldiers continue to sustain leg injuries, the MRAP Retrograde program may save countless lives of those participating in combat logistics convoys.

During Major McGee’s final mission in Afghanistan, she was positioned on the ramp of the C-130 to control the on load of patients. She recalls, “We had a soldier who was involved in an IED blast to be brought to the plane. This soldier had also lost both of his legs and had some other injuries that required him to be sedated and ventilated, so he was unconscious. He was 20 years old and had been deployed with his unit for 7 months. After the blast, his fellow soldiers went to the hospital to sit and wait. The fellow soldiers wanted to do something for their injured friend and insisted on helping with his transfer to the airplane. Six men proceeded to carry him on to the airplane while the other six, three on one side and three on the other, stood at attention and saluted as he passed by. It was hard for me to hold back the tears. This man may never know what his friends did for him. And even though I will never get to talk to that young man, I know what kind of person he is just by his friend’s actions.”

Major Bruce’s and Major McGee’s efforts may help preserve the lives of troops in harm’s way. Unfortunately, a small percentage of troops that perform combat logistics convoys incur serious injuries from IED attacks. Such attacks require troops to be air evacuated by Flight Nurses like Major McGee and MSC officers like Major Zaldiviar. Major McGee stated, “I love my job in AE. To me, it is the best job in the world. I get to take care of those men who go out on the front lines and fight for my freedom, and in some instances, I get to bring them home. I can’t imagine another job being any better!”
Happy New Year! I recently experienced the 2011 End of Fiscal Year closeout as the Air Force Medical Operations Agency (AFMOA) Financial Management Fellow. It was truly an amazing experience to watch our AFMOA Budget Execution Team manage their Operating Agency Code (OAC) accounts and aid the MAJCOMs and Medical Treatment Facilities (MTFs) in executing end of year requirements. We closed out 75 MTF’s from 10 MAJCOMS, USAFA, and AFDW that covered 20 time zones which began at Andersen AFB, Guam (0900 CST/30 Sep) and ended with Hickam AFB, Hawaii (0500 CST/1 Oct). The Budget Execution Branch was reminiscent of the Stock Market on Wall Street with all of the movement of funds, “pulling and pushing” Funding Authorization Documents (FADs) from the MTFs to AFMOA (OACs) to Air Staff (SG8Y) back to AFMOA to distribute to their MTFs to execute. Our OAC cells (teams) were very responsive to MTF needs and carefully monitored their accounts, ensuring that their programs execute to the penny and not go into the red. With eagle eyes, we watched the Commander’s Resource Integration System (CRIS) refresh and observed money flow through the stages of accounting.

The goal for our Resource Management Offices (RMO) was to balance each account to the penny and have everything obligated. Our team was critical to the execution of $2.4B in FY11 requirements and $30M during the end of fiscal year 2011. Our team was able to facilitate funding for requirements that will improve our healthcare facilities and acquire new equipment that ultimately provides outstanding patient care for our beneficiaries.

As we begin the cycle for FY12, I am very excited to be involved in the processes that provide resources to our MTFs. Balancing our MTF’s operating budget during Continuing Resolution, while executing operational requirements at last year’s expense rate is a challenge at all levels. It is a rewarding feeling to be a part of the solutions that help our MTF’s accomplish their missions. AFMOA is a place, “Where Amazing Things Happen...” If you are interested in learning more about Resource Management opportunities at AFMOA, please contact me at robert.barrientos@us.af.mil or DSN 969-9213.

Four generations of AFMOA Financial Management Fellows
(R to L) Lt Col Graves (2008), Maj French (2009), Maj(s) MacDonald (2010), and Maj Barrientos (2011)
The procedures for requesting Air National Guard Medical Service support for manning assistance to the Active Duty Air Force are quite easy. Simply send an e-mail to aefsg@ang.af.mil. Ms. Anita Waugh, ANGRC/SGX, the functional OPR, will then work the requests. The requests must be accompanied by Military Personnel Appropriation (MPA) days. A1 is the directorate tasked with providing the MPA days to the MAJCOMs. Information from the applicable AFI on how to request MPA days is provided below.

**MPA MAN-DAY PROGRAM** Air Force Instruction 36-2619, para 1, 1.1 and para 7.

MPA man-days support short-term needs of the active force by authorizing no more than 139 days annually to non-Extended Active Duty (EAD) officers and airmen. These days are offered at the convenience of the government and when there is a temporary need for personnel with unique skills or resources that cannot be economically met in the active force. Pay and allowances for personnel performing man-days is from the MPA account. The active duty unit requesting augmentation must submit a request to the appropriate MAJCOM or Forward Operating Agency (FOA) functional OPR with an informational copy to the MAJCOM, FOA or single manager as appropriate. The request will contain:

- A brief statement of the active force mission
- An explanation of how the man-days will result in its accomplishment
- The impact of man-day denial
- Travel fund citation
- Per diem fund citation
- Grade range required
- Date augmentation is required
- Justification
- A statement on attempts to obtain active force assistance
- AF Form 49, Application for MPA Man-Day Tour, if an ARC volunteer has been found MAJCOM or FOA functional OPRs will validate request, attempt to get assistance from active force members from collocated units belonging to other MAJCOMs or, if not feasible, ask the Air Force Military Personnel Center for assistance.

Keep in mind Guardsmen may also have Annual Training days available for use, especially if the deployment or TDY creates a training opportunity.

After days have been secured, Ms. Waugh will need the following information: Rank, AFSC, location, the number of days the member is needed and a job description.

If a Guard member is looking for opportunities, they must contact their Unit Deployment Manager (UDM). The UDM will place them on a volunteer list that is maintained by ANGRC/SGX. Once on the volunteer list, SGX works to match volunteers with deployment requirements.

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**Air Force Brings the Cyberinfrastructure of the Future to the Military**

**An interview with Col Rosado**

Ms. Virginia White, TMA

Physicians and other healthcare professionals who care for our nation’s warfighters don’t want to think about their computers. They expect to boot-up and access their patients’ healthcare records, order reports from the laboratory, write prescriptions, and perform countless other tasks within seconds. The people who do have to think about the providers’ computers, the more than 200 information technology and other professionals at Military Health System Cyberinfrastructure Services (MCIS), ensure that those expectations are met. Any decrease in computing speed or computer glitch resulting in down time could have a direct impact on patient care.

At the helm of this global organization is Air Force Colonel Jaime Rosado. His vision is deceptively simple: support and enhance the health of our warfighters and their families across the continuum of care by securely connecting providers, patients, and information. Pursuing that vision is anything but simple, however. “We are responsible for not only delivering and maintaining the computer hardware in military treatment facilities (MTFs), but also for protecting the network from cyberattacks. Moreover, we protect the patient data that traverses the network to ensure our beneficiaries’ privacy,” explains Col Rosado.

The rapidly-increasing pace of evolution in the health care and information technology fields poses another challenge. “The Department of Defense (DoD) is in the midst of partnering with the Department of Veterans Affairs (VA) to stand up the Inter-agency Program Office, which will develop and implement the integrated electronic health record and virtual lifetime electronic health record. The technical requirements for achieving interoperability among federal agencies and private-sector partners are enormously complex,” says Col Rosado. “Fortunately, over the past year or so, MCIS has been working to embed innovation more consistently into the cyberinfrastructure lifecycle, and we are well positioned to lead the way for the DoD in this effort.”

Col Rosado attributes success in meeting these various challenges to the experiences, skills and relationships he’s acquired throughout his 24-year career in the Air Force. “I advise Medical Service Corps officers in the Air Force to get a broad spectrum of experiences as they progress in their careers. Not only as an information systems officer or chief information officer, but also in health benefits, group practice management, resource management, logistics, patient administration—all those core areas,” says Col Rosado. “By understanding the people and the functions you’re supporting you’re better able to leverage the advantages that information technology/information management (IT/IM) brings to the table."

The ability to work with others is just as important as technical competence. “As a young officer you assume that by virtue of rank, things happen, and then as you start working your way through the ranks, and through all the rotations, you learn the value of relationships,” explained Col Rosado. “A good Medical Service Corps officer is able to communicate effectively, write well, and deliver a presentation. But in the end, the way things get done is through relationships, and that is what my position as MCIS Director has reinforced.” His final piece of advice for becoming a successful AF MSC officer? Have fun. “No matter what you do, you have to bring enthusiasm to the job. If you focus on what you love and what you enjoy doing, at the end of your career you can always look back and take pride in what you’ve accomplished.”
Three Reasons to Pursue a “DBA”
Maj Xavier V. Bruce
Defense Logistics Agency, Troop Support

No, I do not mean DBA as in “database administrator” or “doing business as,” but as in Doctorate of Business Administration. Several MSCs stated their future goal of achieving a doctorate degree in their HSA curriculum vitae. While some MSCs stated their interest in attaining a PhD, others were interested in earning the less popular DBA. As a recent DBA graduate, I decided to offer three reasons why MSCs may want to consider pursuing a DBA:

1. Many MSCs possess an MBA, which may allow them to graduate from a DBA program in less than 3 years! My DBA program was designed to last 36 months. Because I completed my MBA within 5 years of beginning the DBA program, my school waived 15 credit hours. Therefore, my 36-month program of study was slashed by 10 months. Yes, this means that I completed the program in a little over 2 years! Take advantage of the break between PME courses, such as between ACSC and Air War College. I also recommend that you achieve a certification before starting a doctorate program.

2. The DBA program may provide MSCs the skill set needed to solve emerging problems at the facility level. DBA graduates are considered scholar-practitioners, which means they leverage the knowledge gained in their doctoral research to develop effective and efficient business practices. While other doctoral programs are designed to add to the body of knowledge regarding their field of study, the DBA program is intended to provide graduates with the skill set to effectively solve business problems.

3. The DBA program is a relatively new program, so you will part of a new breed of problem solvers. I became only the 10th DBA graduate from my school. I was interested in the DBA program because it involved applied research rather than theoretical research. The Air Force Medical Service will increasingly rely on MSCs to solve health-care administration problems. Therefore, any effort to achieve a higher level of problem solving skills will pay dividends for you, your organization, the Medical Service Corps, and the Air Force Medical Service.

Be in the top percentage of the U.S. population with a doctorate degree! Be relevant! Be a Doctor of Business Administration...we diagnose and cure business problems!

Manpower—More than Just a Spreadsheet
Capt Julie Garrett
Medical Programming Fellow

When I arrived at HQ AF/SG8P for the Medical Programming Fellowship, I quickly realized I was arriving during the most dynamic programming era since the drawdown after Desert Storm.

We are all aware of the pressure on the Services, to include the AFMS, to find efficiencies. It has been both exciting and challenging to be involved with some of the most significant efficiency drills in recent history levied upon the line of the Air Force and their impact on resourcing decisions to the AFMS. When the dollars get tight, the ability of the Air Force Medical Service Corporate Structure to unite with the line and defend our requirements is more critical than ever.

One of the great things about being the programming fellow is the experience I have gained about how the Air Force is resourced. The process is critical to understand in programming because there are always more requirements than resources available for everything we want to do. In programming, our objective is to match available resources to our most critical needs. The AFMS Corporate Structure determines our priorities for the out years and vets resourcing requirements. Resourcing decisions are important to understand because each approved initiative requires a divestiture of lower priority missions.

I recently had the opportunity to attend the Air Force’s Manpower course. During that month, I received a big picture perspective from the Air Force’s top manpower leaders at AF/A1MP and Air Force Manpower Agency (AFMA). I also received training on the basics of manpower or ‘manpower at its core’ from the base manpower office. I was immersed with 40 other students from all walks of manpower with the tremendous opportunity to learn the important aspects beyond just a position on the books. We were involved with in-depth studies for Air Force organization, performance improvement and management engineering, as well as sourcing determinations such as inherently governmental or commercial service determinations. Since it’s unusual for a medical officer to attend this course, I was invited by the instructor to give a presentation on DHP manpower and programming. The briefing was well received and I learned the line is equally interested to learn about our similarities and differences in the corporate process and managing manpower.

If you are interested in learning more about manpower, the SG8P and A1M manpower fellowships are the way to go. This fellowship is not all about spreadsheets. You will be given the opportunity to learn manpower programming at a strategic level from some of the top military and civilian experts in the field. When you complete this fellowship, you will have the insight to be a better advocate for your MTP’s initiatives.

Lastly, I would like to thank my amazing mentors, Col (s) Susan Pietrykowski, Lt Col Chris Phillips, Mr John Sardo, Ms Colleen Hill, Mr. Troy Horrisberger and Ms Michelle Redd. From the moment I arrived at the office to start my fellowship, they immediately welcomed me to the programming team and they take the time each day to mentor and develop my programming skills.
On 1 October 2011 something important happened. It was the day the former CBRN Consequence Management Response Force (CCMRF) got upgraded to the Defense CBRN Response Force (DCRF). More than a simple name change, our nation’s ability to respond to a CBRN event and save lives was improved. By the direction of Congress and the SecDef, our medical response capabilities were increased 59% and are now required to deploy twice as fast.

The DCRF is the active duty portion of the new CBRN Response Enterprise that includes all National Guard and federal forces trained and prepared to respond to a CBRN event in the US and its territories. Out of the 5,200 total DCRF personnel, over 1,000 are medical. This is a reflection of how important lifesaving care and force protection would be in a CBRN event.

The medical portion (officially called Task Force Medical) of the DCRF is comprised of: 50 beds, 160 treatment/holding cots, 84 ambulances, and 12 operating tables. Its capabilities come from both the Air Force and Army. For example: 2 x EMEDS, 4 x Level II Army facilities, 4 x Army forward surgical teams, 2 x Army ambulance companies, AF patient retrieval team.

The AFMS greatly increased its contribution and importance to the mission by adding a second EMEDS to the upgraded response force. Having the only Level III capabilities in the DCRF, the AFMS will be a major impact player if the need arises.

The AFMS’s overall DCRF assets include: 2 x EMEDS, 2 x EMEDS Staff Augmentation Teams, 2 x Patient Decontamination Teams, a Patient Retrieval Team, a Mental Health Team, a Bioenvironmental Engineering NBC Team, a Lab Biological Team, an Epidemiology Team, and an Air Force Radiation Assessment Team (AFRAT).

The way the DCRF works: If a state needs assistance, the Governor would request federal assistance from the President, with DoD being one of the possible responders. Once approved for use, the DCRF would fill approved requests for assistance to the state and local government, along with other federal assets such as FEMA, Health and Human Services, etc. The DCRF’s response is scalable and tailorable to the needs requested – it could send just advisory teams (as was done with the Fukushima, Japan incident) or up to the whole 5,200 personnel it has allocated to it. If even more resources are needed, the DCRF can submit requests for forces to bring in what’s needed.

The 86 different units that comprise the DCRF during their 1 to 2 year mission rotations are stationed at 37 different bases throughout the US, so some parts of the DCRF would most likely not be too far from an incident. Getting DCRF forces to the incident quickly is a crucial job that TRANSCOM will fill via DCRF’s force flow plan. The first 2,100 personnel and their equipment are scheduled to deploy out within 24 hours of activation with the remaining 3,100 personnel postured to deploy out at 48 hours.

The DCRF’s C2 organization is Joint Task Force Civil Support (JTF-CS) based at Fort Eustis, VA. JTF-CS is a 2-star standing joint headquarters that provides the DCRF with guidance, training, and support. JTF-CS reports up to Army North (ARNORTH) as the Joint Forces Land Component Commander (JFLCC), who in turns falls under NORTHCOM. The DCRF conducts several exercises a year to stay trained and ready, including an annual field training and certification exercise.
Why the CGOC?
Capt Tanya Simulick
Lakenheath AFB

What is the CGOC? The Company Grade Officer’s Council is a private organization that creates opportunities for CGO’s to develop professionally, serve the base and community, network with peers and senior leaders, and to just have some fun with peers. The CGOC grows better, well-rounded officers for the USAF and the world around them. It also makes the AF experience as full, fun and meaningful as possible.

Why should you join? You should join because it is a rewarding experience that will give you unique opportunities to interact with leadership at your base, and show off your leadership and organizational skills to future bosses. My personal favorite reason for being part of the CGOC is the opportunity to learn how the different base organizations work, their mission, and especially getting to know their people. Over the past year, I served as Secretary for the 48th Fighter Wing, RAF Lakenheath CGOC and have met many of my peers across the wing. During my tenure I have used the networking opportunity the CGOC offers on many occasions. For example, I have needed my FSS contact to help one of my Airmen without having to sit in the MPF waiting room for hours, I have used my LRS contact to help resolve several issues over the last year without having to be transferred from one person to the next on the LRS phones, and I have used my JAG friends to help resolve an ongoing MDG contract issue. When our CGOC Advisor, 48 MSG/CC, met with the new board members for the first time she stressed the importance of networking and stated that most of the issues on the base can be resolved at the CGO level and that the CGOC is one of the best ways to get things done!

I was afforded the opportunity to attend the AF CGOC Annual Professional Development Conference in Tampa, Fl in May. This forum allowed over 200 CGOs from 70 bases worldwide to get current, relevant information on hot topics, leadership, and new and unique capabilities and missions straight from the source! I attended the Stars and Bars Dining In which gave the CGOS an occasion to interact directly with General Officers from around the AF and get answers to some of their burning questions in a relaxed setting.

How can you get involved? Look up your local CGOC on Facebook or Google, many CGOCs have either or both pages. You can also check with your base Private Organization office to find out who the POC is for your CGOC and ask to be added to their mailing list. The AF CGOC site has lots of information and resources at www.afcgoc.org and www.facebook.com/AFCGOC.

Knowledge Is Power
Awareness Is Key... Some things you may want to know

Recent incidents regarding the photocopying of military identification cards and common access cards (CAC), by commercial establishments to verify military affiliation or provide government rates for service, have been reported. Personnel are reminded that the photocopying of US Government Identification is a violation of Title 18, US Code Part I, Chapter 33, Section 701 and punishable by both fine and/or imprisonment. Remind your families!

In accordance with AFI 36-2618, paragraph 4.1.14 and AFPAM 36-2241, paragraph 9.8.7, supervisors are required to provide career counseling to subordinates on the benefits, entitlements, and opportunities available in an Air Force career. The supervisor should provide a copy of the BENEFITS FACT SHEET to each individual. The electronic fact sheet https://www.my.af.mil/gcss-af/USAF/AFP40/ds6925EC1356510FB5E044080020E329A9/Files/editorial/AF%20Benefits%20Fact%20Sheet%202021.pdf contains links associated with each topic such as: support services, military pay raises, annual leave, federal tax advantage, BAH, OHA, FSH, COLA, FSSA, FSA, HDP, CTZE, IDP, Travel Entitlements, TSP, retirement, post-AD benefits… and much more!!
Board certification is an important aspect of your progression in health care administration and being a Medical Service Corps (MSC) officer. Once you have passed the examination for board certification, please take the following steps to ensure your record and SURF are updated accordingly:

Complete the AF Form 2096, Classification/On-The-Job Training Action, and submit it to the Commander’s Support Staff (CSS). The CSS updates the “M” prefix on the AFSC in MilPDS. It can be assigned to either your secondary or tertiary AFSC to “trigger” board certification “YES” on your officer selection brief. The “M” prefix should not be assigned to your primary AFSC.

Email your certificate to the MSC Utilization and Education Branch at afpc.dpams@randolph.af.mil or fax a copy to DSN 665-4240. It will be verified, logged and sent to the records section to be filed in your central selection record.

AFI 41-104, Professional Board Certification and National Certification Examinations, is very outdated and currently under revision. The approved agencies for board certification for the MSC are listed below:

American Academy of Medical Administrators (AAMA)

American College of Healthcare Executives (ACHE)

American Hospital Association (AHA)

Certified Healthcare Facility Manager (CHFM for ASHE)

Certified Materials & Resource Professional (CMRP for AHRMM)

Healthcare Financial Management Association (HFMA)

Healthcare Information and Management Systems Society (HIMSS)

International Association of Emergency Managers (IAEM)

Medical Group Management Association (MGMA)

American College of Medical Practice Executives (CMPE)

While MSC officers are encouraged to seek professional affiliation and become board certified, company grade officers should focus on attaining proficiency and familiarity in as many areas as possible. Board certification is “masked” for the promotion boards until attaining the rank of Major. However, once an MSC officer is promoted to Major, the expectation is that he/she earns board certification from one of the approved agencies listed above.

Questions pertaining to MSC Board Certification can be referred to the Air Force Personnel Center MSC Utilization and Education Branch at DSN 665-4094, (210) 565-4094 or afpc.dpams@randolph.af.mil.
Recent or Upcoming MSC Retirements
Thank you for your service · best wishes for a successful future

CAPT ANGELA ANDERSON
CAPT VALERY JONES
CAPT ALEXANDER PIERCE
MAJ DAVIS ANDREWS
MAJ JAMES CHISOLM
MAJ CARLA CLEVELAND
MAJ ROBERT RETSCH
MAJ DENISE SEATON
MAJ BETH SPOON
MAJ TERESA STARKS

LT COL HEIDI ROTHCHILD
LT COL KIM SCHMIDT
LT COL KENNETH WILSON
COL MARIO DESANCTIS
COL ROGER GOETZ
COL JOANNE MCPHERSON

If we have missed someone, please let us know. We are not routinely notified by the personnel system and rely on informal channels including retirement letter requests. To request a letter from the Corps Chief, please go to https://kx.afms.mil/msc.

Wondering what to buy for the next promotion or farewell gift? Look no more!

Promote our MSC proud heritage
HTTPS://KX.AFMS.MIL/ MSC
(Look for the 'MSC Merchandise Order' link under navigation column)

“Legacy Coin”…$8

“A decade of Traditions”
2001 MSC/4A0/4A1/4A2 Coin…$8
Now $5

“Airmen's Creed Coin”…$8

On sale
Land's End Polo Shirts…$30
Now only $25
Men’s Dark Blue: M, L, XL, XXL
Lady’s Light Blue: S, M, L

AIR FORCE MEDICAL SERVICE CORPS ASSOCIATION
http://gsahrmm.org/usafmsassociation

The MSCA held their biennial meeting 6–8 Oct. The MSCA elected new officers and reviewed their committee goals and objectives. Among the guest speakers were Brig Gen Miller and Brig Gen (ret) Wagner.

If you already subscribe, thank you! From time to time you should check to ensure that your e-mail information is correct so you can continue to receive the updates and use all of the Kx functions. The benefits of subscribing are many...among them are the direct updates delivered to you.

LIKE US ON FACEBOOK - https://www.facebook.com/#!/AFMSC

There are many advantages of this page such as the ability to ask questions, share info, connect with current, former, or aspiring AF hospital administrators, all in a professional environment and all in one spot. One of the main advantages for you is notification of updates when you are not connected on the Kx. Also, there are limits to what we can say or provide on Facebook and there are limitations to where you can access Kx, this is why we ask you to "LIKE" us at both places. Not a Facebook user? The page is completely public so you can browse the page whether you are a Facebook user or not.
Congratulations Medical Service Corps NEW Accessions!!

HQ AFPC SELECTS:
Berheide, Adam C.
Cantu, Billy J.
Early, Dennis C. III
Estacion, Michael A
Harris, Amber E.
Houseman, John K.
Hughes, Kelsie L.
Huie, Sean E.
Kennedy, Kristen L.
Key, Daphne M.
Kifer, Benjamin R.
Kolcun, Michelle G.
Legarda, Alison R.
Madey, Jason R.
Mallorca, Kimben M.
Newman, Alicia D.
Phillip, Joseline
Puls, Timothy W.
Ryner, Keenan R.
Robosky, Christopher J.
Senger, Lindsay R.
Steele, Matthew G.
Suter, Scott D.
Swaim, Jessica A.
Turner, Robert C.
Xing, Xiaoli

HQ AFRS SELECTS:
Acklin, Aden
Almosara, Jeremiah
Booth, Krista
Bothwell, Joseph
Carroll, Nicholas
Clift, Louisa
Cline, Bruce
Cote, Christopher
Deal, Reuben

Diamond, Keith
Donahue, Joseph
Finney, Sean
Graney, Kevin
Graves, Nicole
Gruenspecht, Zvi
Holland, Janelle
Howard, Bradley
Inverso, Christopher
James, Jennifer
Joshi, Shailu
Laughridge, James
Lawrence, Michael
Li, Xiang
Maley, David
Miller, Timothy
Mitchell, Irene
Monsaert, Kelsey
Nguyen, Longford
Ortiz, Rey
Perez, Philip
Quinn, Brian
Renfroe, Thomas
Shadd, Thomas
Shipp, Franklin
Stanley, Nicole
Tefsay, Michael
Thaemert, Katie
Thomas, Sonata
Tucker, Jonathan
Tydingco, Christine
# Medical Support Squadron Command Matches

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### Congratulations DE Program Selects!

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<td>AFAFRICA</td>
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<td>AFMSA SG6</td>
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<td>EWI GPM</td>
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<td>Maj Salaski, Jason</td>
<td>HQ USAF MED/LAF</td>
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<td>Maj Scott, Virgil</td>
<td>SAF/FMG Financial Mgt</td>
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<td>1Lt Slade, Shane Eugene</td>
<td>USUHS/MHA</td>
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<td>Capt Stemen, Stephanie</td>
<td>AFPC/DPAMS</td>
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<td>1Lt Trevino, Matthew</td>
<td>Army Baylor</td>
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<td>1Lt Wiser, Grant</td>
<td>USUHS/MHA</td>
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<td>Capt Yates, Ryan</td>
<td>AFMOA GPM</td>
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### Medical Service Corps
#### Strategic Plan

<table>
<thead>
<tr>
<th>Mission</th>
<th>Vision</th>
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<tbody>
<tr>
<td>Lead the Air Force with professional Health Care Administrators delivering the full spectrum of patient-centered support services</td>
<td>Premier patient-centered service through innovation and inspirational leadership</td>
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</tbody>
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#### Guiding Principles
- Service
- Leadership
- Innovation

#### Strategic Goals
- **Execute the AFMS Imperatives**
  - ...shape the future of the Air Force Medical Service
- **Foster a Culture of Continued Excellence**
  - ...continue the legacy of excellence
- **Transform the Medical Service Corps... Adaptive, Proactive, and Innovative**
  - ...develop officers for Air Force Medical Service leadership roles
- **Develop MSCs for the Challenges of the 21st Century**
  - ...foster an environment that promotes mission success

#### Air Force Core Values
*Integrity First – Service Before Self – Excellence in All We Do*

**Congratulations**
Colonel Charles Potter
on your selection to
Brigadier General
Brig Gen Miller and Lt Jenn Stark
Little Rock AFB

Davis-Monthan AFB

Eglin AFB

Luke AFB

Kirtland AFB
Maj Keith Vollenweider, SOCAFRICA
Also… Congratulations Maj Vollenweider on your recent ACHE board certification!!!
Lt Gen Green, Brig Gen Miller, and Brig Gen (Ret) Lewis at Brig Gen (Ret) Lewis Portrait Unveiling

Current and Former Corps Chiefs

Ribbon Cutting Ceremony
MSC/4A Appreciation Week

Keesler AFB

Los Angeles AFB

Tyndall AFB

Eglin AFB

Al Udeid AB

AFDW