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Military Medicine For Our Community Partners

**75th Medical Group
May 20, 2022**

Panel Members

- Col Tracie Swingle
 - Commander, 75th Medical Group
 - USN for 10 years and USAF for 22 years
 - Assignments all around the world with multiple deployments
 - Board Certified in AHRMM

- Col Lance Nussbaum
 - Chief of Aerospace Medicine, 75th Medical Group
 - USAF Flight Surgeon for 19 years
 - Assignments all around the world with 14 deployments
 - Board Certified Aerospace Medicine Physician

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Disclosures

- Neither one of us have any financial relationships to disclose.

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Objectives

- Provide an Overview of the Military Health System
- Discuss Hill Air Force Base's Mission
- Provide an Overview of Operational Medicine
- Discuss "Readiness" Standards and Reliability Programs

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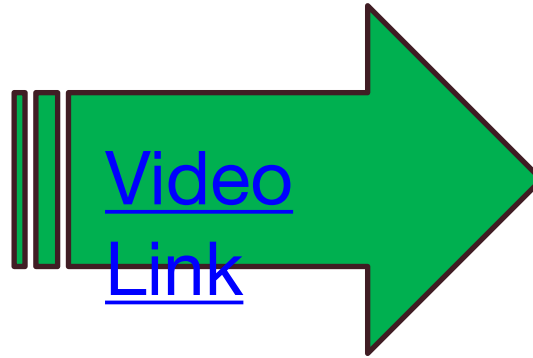


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Military Health Transition

Military Health Transition



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Hill Air Force Base (HAFB) Mission

Hill AFB Mission



[Video](#)
[Link](#)



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Operational Medicine

Operational Medicine – History

“To perform a task as difficult as that of a military surgeon, I am convinced **one must often sacrifice oneself, perhaps entirely, to others**; must scorn fortune; and must maintain an absolute integrity.”

- Baron Dominique–Jean Larrey
(1766-1842)



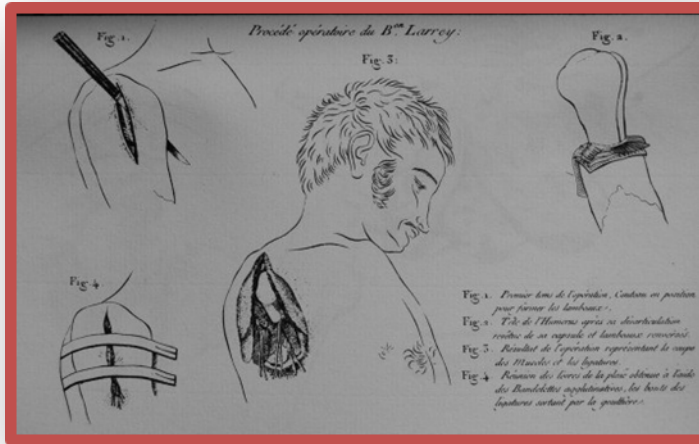
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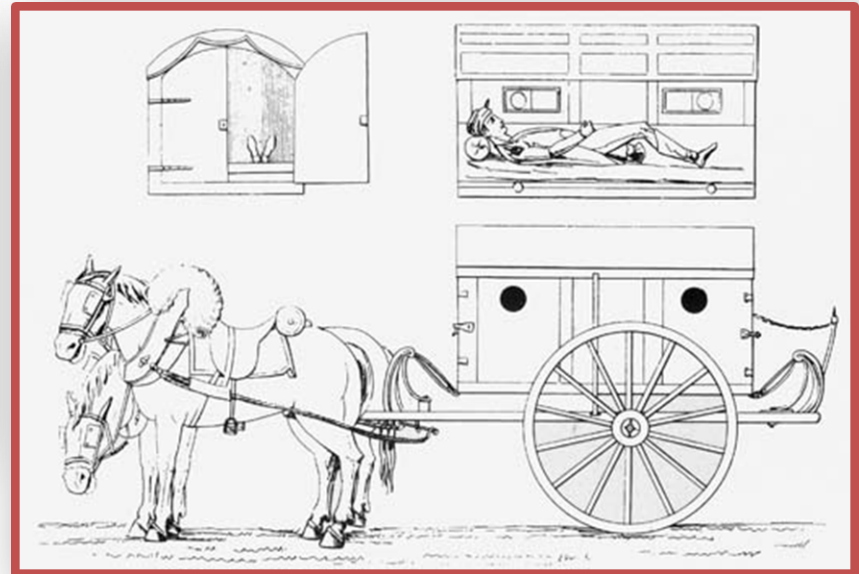


Operational Medicine – History



CONTRIBUTIONS:

- ✓ Flying Ambulance
- ✓ Modern Triage
- ✓ Early Amputation



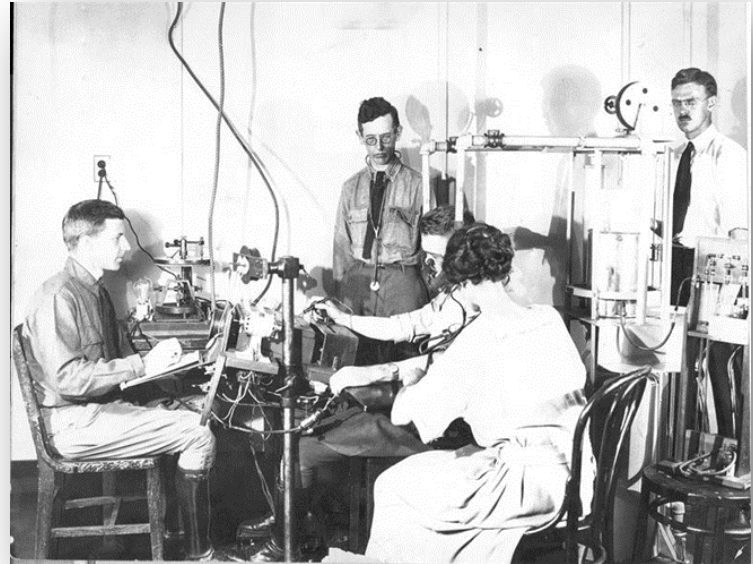
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Operational Medicine – History

“Today thousands of trained mechanics are working day and night upon the engines of our airplanes; thousands of expensively trained riggers and sailmakers are tuning the wires and mending torn fabric; thousands of hangars are provided to house the planes when they are not flying. A striking discrepancy is noted when we look about to see what is being done to take care of the that ***infinitely more delicate organism – the man who flies the machine.***”



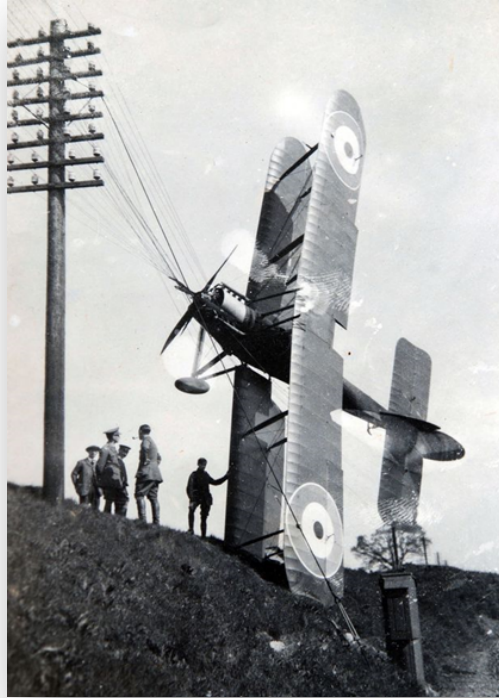
- Air Service Medical Manual, 1918

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Operational Medicine – History



“The pilot of the airplane is the heart and brain of the whole flying apparatus. The engine may fail through lack of care, but the pilot brings the machine safely back to the airdrome... When the pilot breaks, even momentarily, nothing is left to direct the flight, and the plane and engine, no matter how well they have been cared for, crash and are lost.

- Air Service Medical Manual, 1918

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Operational Medicine – History



After graduating from college and medical school at Harvard, **Dr. Louis H. Bauer** began his career in the Army Medical Corps. His military career was highly successful as he served as Director of the Medical Research Laboratory after WWI, helped to establish the **Army School of Aviation Medicine for flight surgeons in 1922**, and served as commandant of the school for 6 years.

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Operational Medicine – Current

- Insight to the members of the unit
- Well grounded in medicine
- Interest in fitness & participate
- Observant of all activities
- Understand aviation environment
- Advise the Commander
- Human performance optimization
- Be a good listener
- **Combination of doctor, lawyer, & priest**



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Operational Medicine – Current



Special Operations Surgical Team (SOST)

- Trauma Surgeon
- Emergency Physician
- Nurse Anesthetist
- Surgical Scrub Tech
- Critical-Care Nurse
- Respiratory Tech

Operational Support Team (OST)

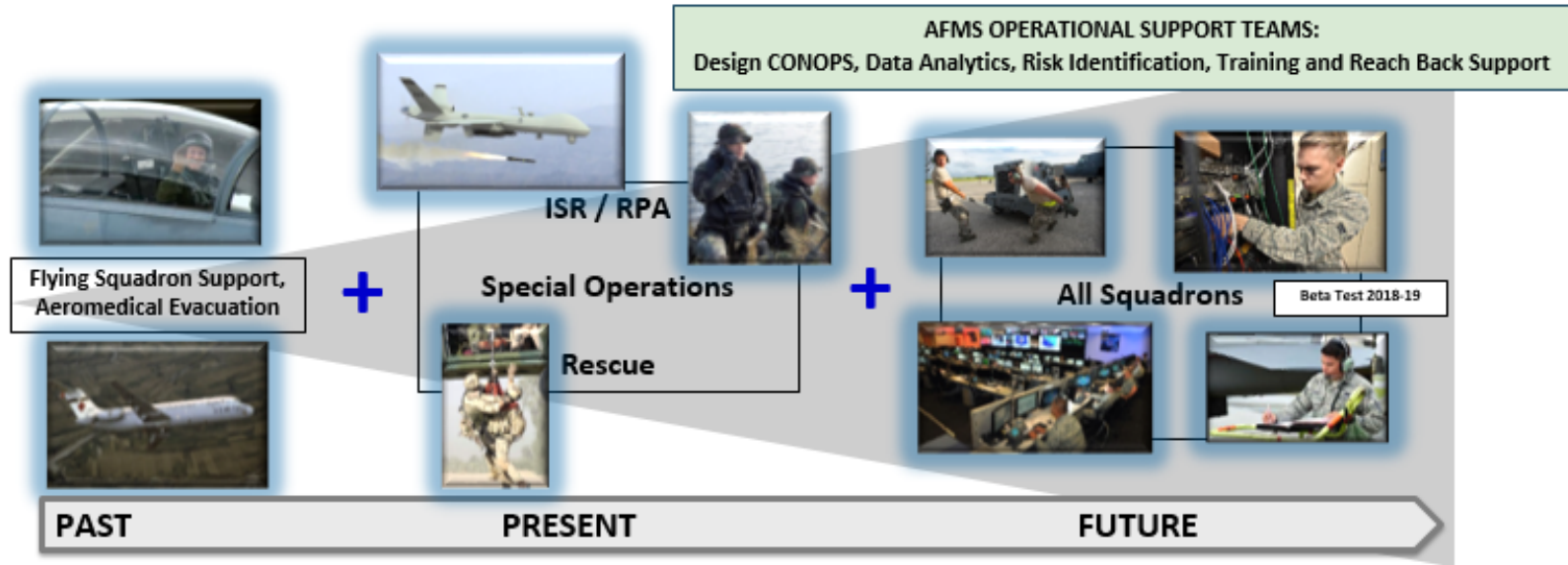
- Physical Therapist
- Strength and Conditioning Coach
- Psychologist
- Social Worker

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Operational Medicine – Future



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Operational Medicine

- Physician
- Nurse
- Physician Assistant
- Nurse Practitioner
- Medical Technician



- SME Teams
- POTFF
- Guardian Angel
- OME
- ACU Teams

- Deployed – “Full Scope”
- Deployed – “Limited Scope”
- Aeromedical Evacuation

- Public Health
- Bioenvironmental Engineering
- Occupational Health

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Military Medical Standards

Medical Standards Directory (MSD)

- USAF has RETENTION and SPECIAL DUTY standards (among others)
 - **RETENTION** – Standards used to determine if a service member should remain in the Air Force.
 - **SPECIAL DUTY** – Standards used to determine if a service member should remain on “special duty”.
 - ✓ Pilot, Air Traffic Control, Flight Engineer, Flight Nurse, Loadmaster, etc.

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Medical Standards Directory (MSD)

Disqualifying Condition	Retention	DW	Flying Class I/IA	Flying Class II	Flying Class III	Air Traffic Control (ATC)	Ground Based Operator (GBO)	Operational Support Flying (OSF)	Special Warfare Airmen (SWA)	Comments
L19 – Migraine and other headache disorders manifested by attacks requiring frequent absences from duty, mobility restrictions, or frequent specialty follow-up	X	X	X	X	X	X	X	X	X	Note: Botox use requires DW or ALC
L21 – History of the following types of headaches: a single incapacitating headache of any type...History of migraine or its variants; Recurrent headaches of migraine, cluster, or any other types that...			X	X	X	X	X	X	X	See Aerospace Medicine Waiver Guide

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G3 – Asthma of any degree, reactive airway disease, intrinsic or extrinsic bronchial asthma, exercise-induced bronchospasm, or IgE mediated asthma.	X		X*	X*	X*	X*	X*	X*	X*	*History of asthma requires a waiver for initial qualification
G13 – Recurrent Spontaneous Pneumothorax , when the underlying defect is not correctable by surgery	X		X	X	X	X	X	X	X	
G14 – Spontaneous Pneumothorax . This includes a h/o of spon pneumo for IFC exams.			X	X	X			X	X	See Aerospace Medicine Waiver Guide

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Reliability Programs – PRAP

- Personnel Reliability Assurance Program (PRAP)
 - **PERSONNEL RELIABILITY PROGRAM (PRP)** – Ensuring *reliable* service members work with critical weapons systems.
 - **ARMING USE OF FORCE (AUoF)** – Ensuring *reliable* security force (SF) members are arming up appropriately.

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Medical Standards

TAKE HOME POINT:

Please don't be offended by Requests for Information (RFI) at referral visits – this info really does help our military providers apply medical standards to our Service Members.

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Review

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- Discuss “Readiness” Standards and Reliability Programs

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Questions



**Col Lance Nussbaum, D.O.
Chief of Aerospace Medicine
75th Medical Group, Hill AFB, UT**

lance.m.nussbaum.mil@mail.mil

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