

# An Aussie at the USAF sharp end

Wing Commander Tracy L Smart, BM BS, DipAvMed

MY TWO YEARS AS AN EXCHANGE OFFICER with the United States Air Force (USAF) in 2000 and 2001 were a fascinating life experience. As the fifteenth RAAF Medical Exchange Officer, I took up the position of Chief, Flight Medicine Operations in the Command Surgeon's Office, Air Combat Command (ACC) at Langley Air Force Base, Virginia, in January 2000.

The first thing that struck me, and continued to impress me throughout my tour, was the sheer size of the organisation to which I was attached. At Langley alone there were nearly 10 000 people on the base — nearly as many as in our entire air force — including three squadrons of F-15s. ACC comprises over 90 000 personnel in total, including nearly 130 flight surgeons. When you consider that ACC also included medical officers in most other medical specialties, and that in fact most doctors were not flight surgeons, you begin to understand the magnitude of the health services in this single USAF Command. From my perspective, this had both advantages and disadvantages. The main advantage was that there were resources available to get things done, provided you could develop a good business case. The disadvantages were the extra layers of bureaucracy and the lack of communication, not only between different services but even between different Major



Wing Commander Tracy Smart in the commander's seat of the space shuttle trainer at Johnson Space Center.

Commands (MAJCOMs). As someone who had come from a triservice environment, I felt considerable frustration at these barriers.

Despite the organisation's size, there were still opportunities for individuals to make a difference. Although USAF aerospace medicine policy was made up the road in Washington DC, each MAJCOM was able to interpret this policy and release implementation policies that were MAJCOM specific. It was also possible to suggest changes to existing policy, and I saw many of our ACC suggestions accepted during my time at Langley.

## Role of the RAAF Exchange Officer

I was quite surprised to discover that, unlike my opposite number in the Exchange Officer program, I was not posted to a position in the USAF. Apparently this was the result of staffing cuts a few years before. Indeed, three Exchange Officers ago, the Flight Surgeon "shop" at ACC comprised six medical officers; during 12 months of my stay there were but two of us. This meant that I had the opportunity to tailor the role to my interests and to become involved in most of the unit activities.

Wing Commander Tracy Smart entered the Royal Australian Air Force in 1985. She has completed overseas postings with both the Royal Air Force and the United States Air Force, and has been deployed with the ADF to Rwanda, Malaysia, East Timor and the Middle East. She is currently serving her second term as Commanding Officer of the Royal Australian Air Force Institute of Aviation Medicine.

**Royal Australian Air Force Institute of Aviation Medicine, RAAF Base Edinburgh, SA.**

**Wing Commander Tracy L Smart, MB BS, DipAvMed, AMMA, AvMSANZ, Commanding Officer.**

Correspondence: Wing Commander Tracy L Smart, Royal Australian Air Force Institute of Aviation Medicine, RAAF Base Edinburgh, SA 5111.  
Tracy.smart1@defence.gov.au

My initial primary duty was the Flight Medicine Operations role, which involved management of all ACC flight surgeons, including postings, deployments, allocation of duties such as accident investigations, and selection of personnel for courses. My predecessor had also been heavily involved in ACC's Counter Fatigue Management project and I took on this role with much interest. As a consequence, I was involved on a day-to-day basis with developing a training package for flight surgeons, aircrew and commanders on fatigue countermeasures. I was also able to contribute to the surveillance program for the most controversial element of the ACC Counter Fatigue Program — the use of stimulants, or “go pills”, by aircrew.

Another project that I became involved with was in determining the best method for female aircrew to relieve their bladders in flight. We conducted a market survey to determine the best “off-the-shelf” devices available, and conducted operational testing on some of these devices. We also examined industry options to develop the ultimate hands-free female bladder relief device.

As a consequence of my interest in these special projects and my involvement in the ACC flight safety program, a decision was made in mid July 2001 to change the job title to Chief, Flight Medicine Safety and Human Performance.

## Courses and visits

As a military medical officer, one never stops learning. One of my personal goals for my posting to the US was to continue my professional military medical education. In addition to a great deal of on-the-job experiential learning, I was able to attend a number of USAF courses for flight surgeons. My introduction to the USAF School of Aerospace Medicine was on the Global Medicine course (where I met Lieutenant Colonel Paula Corrigan, who later became a USAF Exchange Officer with the RAAF). The course is designed to clinically prepare flight surgeons for deployment to far flung corners of the world. It included a useful refresher on tropical medicine and infectious disease. A similar course would be useful for the ADF.

Also useful was the Aircraft Mishap Investigation and Prevention course, which qualifies flight surgeons to be accident investigators. This was a very well run course, but, as I had been a member of two Accident Investigation Teams back home, it probably came a little late in my career. However, the experience was not wasted, as it will provide the basis for the RAAF Institute of Aviation Medicine Aviation Medical Officer Accident Investigation course currently under development and due to be conducted in 2004.

Space medicine is a personal interest of mine, but difficult to practise in Australia. I was delighted to visit the flight medicine



*The USAF “Top Knife” program gives medical officers the chance to fly in an F-16 fighter jet.*

programs at both the Johnson and Kennedy space centers and to attend the USAF's first Aerospace Medicine in Space Operations course. Guest lecturers on this fascinating course included astronaut-physician Drew Gaffney and Chuck Berry, NASA Flight Surgeon. However, my favourite course by far was the so-called “Top Knife” course – a 2 week F-16 familiarisation. The course is designed for flight surgeons posted to a fast jet squadron and provides a better understanding of the work environment of these pilots. As well as some simulator time, I flew three F-16 sorties — one air-to-air, one air-to-ground, and one night vision. These would have to be

the best spent two weeks of my military career!

## September 11, 2001

I flew out of New York City on the evening of 10 September 2001, little knowing that the following day the whole world would be changed forever. Huddled around the ACC Health Readiness cell's television on that fateful morning and watching the second aircraft strike the World Trade Center, our day-to-day working lives underwent a revolution. We focused on readying flight surgeons for deployment to the Middle East, and to “stans” we had barely heard of before (eg, Tajikistan, Turkmenistan, Uzbekistan). Before 9/11, I had developed a website for ACC flight surgeons — “The Flight Surgeon's Toolkit”. During my last few months in the US, I contributed to the war effort by creating a special operations section of the website updated daily and designed to assist deploying flight surgeons. It was fascinating to be a part of this huge military machine gearing up for war.

## An enriching experience

I was made to feel very welcome as an Exchange Officer, and was readily accepted as a Senior Flight Surgeon or as equivalent to a Resident in Aerospace Medicine. Although we have much in common with our American colleagues, cultural and language difficulties do exist — but this created more humour than angst during my tour. I enhanced my knowledge of aerospace medicine and military medicine in general, both from the courses I attended and from working in such a large organisation. I was also able to cultivate certain areas of special interest (such as female aircrew issues), but also gained experience as a staff officer developing and advising on policy issues. And, of course, I am still using the contacts I made during my tour to advance aerospace medicine in the ADF. Although happy to return to Australia at the end of my tour, I look back at my time in the US as one of the most enriching of my military medical career. □