

## Team Aerospace

Hernando J. "Joe" Ortega, Jr., M.D., M.P.H. FAsMA

So, there I was. Holy Week had just started. I worked all day Monday—10 hours— then drove to Houston. I had a talk on Aerospace Medicine (AM) to give to the American Medical Society of Sports Medicine Annual Meeting in Houston as part of a panel honoring the 50<sup>th</sup> Anniversary of the Apollo 11 mission. Fellow AsMA members Drs. Rick Schering and Ashot Sargsyan were slated to speak and the keynote was to be given by the Federal Air Surgeon, AsMA Past President, Dr. Michael Berry. As the first speaker, my task was to describe what it is Flight Surgeons do to a couple of thousand clinicians who deal with athletes and injuries. My talk was "Aerospace Medicine? What is that and what does it have to do with Athletes?" I'd spent months preparing thoughts of what to say and how to say it. Now at the hotel, I focused on polishing the flow. In the morning, I gave it one more practice, went down to the speakers' ready room and tested it out. All systems go. Dr. Berry arrived with his father, the estimable (and inestimable) Dr. Charles "Chuck" Berry—the real star of the Aerospace themed panel. At 96, it takes him a bit longer to get around, but he is still the epitome of an AM Specialist.

The hour for the panel nigh and, we were waiting patiently for the dais to clear. I decide to check my email...and there it was. It didn't look like much. A friendly email from long time AsMA journalist, Pam Day. Wham!

*Hi Bugs, I don't think I told you that your Presidents Page column starts with the June issue! Sorry for the short notice. I know it is a bit weird to write a column before you officially take office, but our deadline for the June issue is actually this week! The column can be about 1150 words, give or take. blah...blah....*

What? This week? Really? Holy Week? And I'm not even home! And I have a talk to the AM residents in Galveston tomorrow! Yikes! Thanks a ton, Pam. I dig stress... NOT!

After an evening with the new program directors for UTMB's AM residency, Drs. Lowry and Pinkston, I readied for the resident talk. It went smoothly. So, I took the opportunity of the 4-h drive home to ponder just "what condition my condition was in." Life has been so busy—working, giving talks, attending meetings, getting kids through college, marrying off a daughter—there hasn't been a lot of time to reflect on what it means to be the president of a medical specialty society. Pam's "reminder" brought this reality directly to the forefront. I have to start really considering "What does being AsMA president mean?"

I started out thinking about the Drs. Berry and what they have accomplished over their careers and time with AsMA. Inspirational to say the least. But the more I thought, the more daunting it became. And it brought up lots of questions that deserve to be considered. What are the purposes and goals of AsMA? Are they still appropriate, given that since the organization was founded 90 years ago, medicine in America has changed? What are the priorities for AsMA as both the operational and medical worlds around our specialty morph and change? What initiatives should we undertake? What exactly is the state of AM? What is AsMA's role within the larger picture of U.S. Medicine and the global

medical system of care delivery? What are the options to grow and promote our unique specialty? What is actually achievable? What organizations have similar goals? Could we (should we?) partner with them to accomplish these goals? What are our strengths? Is our specialty even viable today? How do you measure viability in today's medical environment and for the future? How do we get more physicians and allied health care professionals involved in "Team Aerospace"? (Throw a quarter down, Dr. Landry.) How do we mold and fully integrate these professionals into a multidisciplinary team? And what is it exactly we are asking them to get involved in?

The 4-h drive did not really provide me with a true answer to my original question "What does being AsMA president mean?", but certainly provided me a lot of additional questions!

The framework of how Team Aerospace does that "voodoo that you do so well" is what I presented to the American Medical Society of Sports Medicine:

1. Select the right people (selection)
2. Keep the participants healthy (prevention)
3. Protect them from risks (sustain)
4. Maximize their performance (optimize)
5. If required, diagnose issues (practice medicine)
6. Return to duty as rapidly as possible (rehab)

Traditional clinical medicine doesn't use this human performance-based framework to deliver care (they only do step 5). Neither does the American system of medicine. Only AM does it all. The way we do these six things has been honed over decades of practice, which is increasingly at risk if we fail to build our feeder pipelines—residencies, courses, certifications, training opportunities for interested professionals.

AsMA has made tremendous inroads with students and international arenas. But my time in AsMA leadership, combined with my experience with the American Board of Preventive Medicine and the AMA, tells me that the roots of our profession are at risk. It is going to take concerted effort to turn the tide. It will require effort from each practitioner of our craft, from all our Members, Associate Fellows, Fellows, and Corporates to become vocal ambassadors for our specialty. We must be resolute in the face of challenges. And above all, we must be faithful to the pilots, air traffic controllers, astronauts, airmen, warriors, and unique operators entrusted to us by using the best science, trust, and care that we can muster. I'm expecting each of you to rise to the challenge. And I'm looking forward to the coming year. Keep 'em flying!

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### CONTACT DETAILS:

**Email:** [President@asma.org](mailto:President@asma.org) • **Web site:** [www.asma.org](http://www.asma.org) • **Facebook:** Aerospace Medical Association • **Twitter:** @Aero\_Med

