



Lt. Col. Angelina Stephens:

Ready. All right, ladies and gentlemen, welcome. Thank you for joining us for our Caring for Airmen and Guardians Wherever They Are panel. I'm Lieutenant Colonel Angelina Stevens. I go by Strike. I'm the Chief of Integration at Headquarters Air Force and I'm also the lead for Cross-functional team for mental health, wellness and resilience for CSAF and on behalf of Airmen and Guardians, we are here with Lieutenant General Tom Miller, Deputy Chief of Staff for Logistics Engineering and Force Protection, Major General Kitchens, the leader for our Chaplain Corps and Lieutenant General Bob Miller, our Surgeon General. Now we have separated the two Lieutenant General Millers on purpose so that my Italian maintainer hand gestures are better distinguished and not too confusing. But we did not take their used first name suggestion. I'm not capable of that. We're grateful for you all being here to have this conversation.

We heard, we've been talking about great power competition and things that may seem very different to the conversation we're about to have here. And our SECF talked about re-optimizing the Air Force and the Department of the Air Force for Great Power competition. Many would argue that our greatest advantage of the United States of America is our people and our culture. And many would also say that when it comes to caring for our people and nurturing that culture, that we are broken in many ways. And so what we'd like to talk about today is how to re-optimize that care and that culture, how we build trust by removing barriers and preventing the force from serving at their full potential. So we only have 40, now 38 minutes, so we could go down the rabbit hole of introducing ourselves and those things folks are responsible for. We've asked our panelists to do two things.

The first thing for the duration of this 38 minutes, we are going to respectfully pretend none of you are there and we are going to have a conversation with each other. And the second thing is we ask them to do a bit of a non-traditional introduction and that is to share 10 words that describe who you are or experiences that define who you are. And then I'm going to ask them to briefly share as they go through that introduction, what Caring for Airmen and Guardians Wherever They Are means to you. So we're going to start with General Tom Miller, General Bob Miller, General Kitchens, and then I promised them I would do the same.

Lt. Gen. Tom D. Miller:

Sir. Thanks, Strike. So first thanks to AFA for having forums like this. AFA is an incredible professional development event, but it's a professional development event for human beings and that's what we're here to talk about. So this is a great exercise if you haven't ever, and I had not until Strike challenged us to do this, come up with a 10-ish, she gave us some latitude there, 10-ish description. So mine would be husband of a very tough cancer survivor that's still on her journey. Proud parent of two adult children and someone who's been shaped by the triumph and tribulations of being a six time commander.

So for, sorry, you said two things. I did one I'm quoting from yesterday if you weren't here. So I'm the director of logistics engineering force protection. So what that's 52% of the Air Force is in those career fields. So 52%, a hundred percent matters. But when I think of caring for Airmen where they are often, whether you're a civil engineer, a defender, maintainer, logistician, that's a lot of shift work. That's a lot of people that don't have access to a computer as their workstation. Their workstation may be a truck, it may be a flight line. The weather matters, not just from going to your car to the building. If you forget your gloves, you have a very bad day. It's shift work, it's rolls around the flying schedule. There's a lot of pressure. This is a very young force we're talking about and I'm really just describing the military piece of our force. When you think there's 39,000 civilians that do maintenance that are in General Hawkins Sustainment Center.



So thinking about that part of our Air Force that has had pressures on it, has had struggles within it. Some of those struggles I think are culturally within the mission sets that they are asked to do. Some is just, there's a whole lot that comes at you in life and you can be not prepared for it or not able to see it for what it is. So I know we have more later, but the 52% of the Air Force, I do have to say, Chief, that I noticed that nine out of 12 of the outstanding Airmen are from the career fields I mentioned, and I wasn't a math major, but 52%, it's more than 52%.

Lt Gen. Robert I. Miller:

Okay, I guess I'm next. We've got the Miller contingent here. So Bob Miller, I'm a proud military medic of 38 years. I'm that old. Developmental pediatrician, flight doc four-time commander, a parent of three great kids, a spouse of 36 years, a person of faith, and finally a big Disney fan. And I have my Mickey Mouse watch to watch to prove it so that I use it every time I'm in the clinic and part of my professional gear. So it works pretty well on kids. And I just wanted to say this theme of caring for Airmen and Guardians and their families.

I think you have the perfect triumvirate up here because it's not all about the medics, although we play a part and there's medical healing. At times you need chaplains, spiritual healing, and at times you need a strong commander, fellow Airmen, Guardians, others that need to be there to provide that care when needed. So I appreciate the opportunity to be together to share some thoughts and once again to get at how do we best take care of the important folks that make up the Department of the Air Force.

Lt. Col. Angelina Stephens:

Thank you, sir.

Maj. Gen. Chaplain Randall E. Kitchens:

Well, I also am a husband of 42 years. It's difficult remembering when I was not married. Yet, it seems like it was yesterday. So father of two adult children and two children in loves, five adorable grandchildren who call me Chappy, a cancer survivor, a chaplain for over 32 years and a pastor for over 40 years. But daily, striving to care for Airmen, Guardians and families more than anyone thinks possible. I believe as a Chaplain Corps, as we look at the spiritual domain and we think about how do we fortify the war fighter and family, personally and professionally, for tomorrow's fight today, we need to create a safe place.

The Chaplain Corps partners with our other integrated resilient partners in striving to do that and not create a program from the top down to solve all problems, but instead talk to people where they are and then let them be part of the solution in ways that we can better partner together, whether it's in the medical community, with the mental health community, with the Chaplain Corps, with our chaplains and religious affairs Airmen. At the end of the day, how can we better care for our people and their families? That's what keeps me awake at night and that is daily what we strive to do because caring is part of that trust foundation that we talked about.

I think that's a good comma.

Lt. Col. Angelina Stephens:

Thank you sir. So I'm a 20-year maintainer. I'm a Fortify the Force volunteer. I'm a joint spouse member and wife for 19 years. I'm a mom of a five and a seven-year-old and a little league coach to other people's five and seven-year-olds. I'm an ex-drummer, an ex-marathoner, an ex-basketball player who has experienced traumatic physical injury and chronic pain, miscarriage and infertility, traumatic birth, severe postpartum depression and anxiety and suicidal ideations. And caring in this context really means



to me, caring for people or finding a way to care for people no matter the circumstance, whether they are working in a vault or their PRP, if they're guard, reserve, our spouses and family members, our civilians and our contractors. We have focus groups and people coming together from all walks of life struggling to get the care that they need in certain circumstances.

That includes when someone is undergoing disciplinary action or they're already on a journey and they're struggling and they're fighting their way back. Because we all came here to serve and I think we found that in some cases it just takes the right care and the right connection to fill that gap and grow someone or allow them to grow to serve to their full potential. So before we get into some of the more personal side of the conversation, what we want to address upfront is that we have directly heard, and I have directly heard some that have an opinion that caring for people is in direct opposition to readiness and lethality and General Tom Miller, I would ask as someone who is in a role managing readiness weapon system sustainment on a daily basis, your thoughts on that?

Lt. Gen. Tom D. Miller:

Thanks, Strike. So I was Strike's second squadron commander when she was the Second Lieutenant. So maintenance squadron and if you're an aircraft maintenance, you do love machines. I mean it is central to every discussion that occurs. So machines are important. The chief says that air power is the answer. And I've heard him many times say that Airmen are the reason why airpower is the answer and that's not lost on him. And it shouldn't be lost on any of us, that it's not the machine that defends our nation. There's a human being that has a life outside of work, hopefully. That has pressures on them that brought pressures with them into their service. And it's intellectually dishonest, to me, to think that not thinking about the human being is somehow counter to readiness. It is readiness. I had a boss one time that described that if he had a knee problem, he wouldn't just see if it worked out, he'd go to a doctor to see if the knee, something that maybe he didn't do or didn't know how to do that he needed help with.

And to me, that's the human being side of readiness. All the aspects that it doesn't matter the age, different seasons of your life, Kim would say to me, sometimes you may need something at a different point in your life. But if you're in Air force service, whether you're a family serving or you're the military member serving, guard, reserve, civil servant, I think it's not hard based on the crowd that's in this room, I don't have to convince you, you are convinced because you're in this room if you do hear somebody that has a problem collaborating those two things together, the weapon system, the airplane, the machine and readiness together, ask them who maintains it, who flies it, who thought about it, who does the engineering for it, who does the healthcare for it, who helps people through spiritual readiness, medical readiness, the whole journey, as many things. That's not a machine.

Lt. Col. Angelina Stephens:

Anything else? Okay, so as we step into the next portion of this discussion, I will mention we may give a few personal examples that may be difficult to hear. If anyone needs to step out, please do. We have some members of our Chaplain Corps team near the exits if anybody just needs to take a moment. But we've been asked to face and have some of the tougher conversations to do with this today as well. Ahead of this panel, we asked for input on social media and other platforms through the volunteer team and someone reached out and they said that the senior leaders can't see us drowning because they're drowning too.

And that we can't face the barriers without looking clearly at our own experiences and being able to see things from that context. So what we discussed was starting there before we dive into a few other elements of this panel. And then I'm going to give the panel members a moment and then I'm going to



come back and ask them to share some of their personal journey. Before we do that, I want to talk about suicide and I want to do it in a way that isn't necessarily the way we usually frame the subject.

One thing that I get asked frequently is what is the one thing we could pay for or do to get rid of suicides in the Department of the Air Force? And I think that question denies the nature of a suicidal ideation where suicide may be a moment of impulsiveness or a decision the people left behind are only left to see that last chapter and then assume the cause. An ideation or thoughts of suicide is usually a lot more complicated than that last chapter. I spent a year suffering suicidal ideation after I had my son who's now seven. Along with my postpartum anxiety came a significant obsession with breastfeeding my son until he was one year old, which meant that I took the no caffeine, the no alcohol, the no medication to a significant extreme. And today I stand here after a lot of professional help to face, understand, in some cases, remember my own experience that if alcohol or painkillers had been a part of the equation for me, I probably wouldn't be here today to have this conversation.

And in that case, my last chapter would've been postpartum and easy to wash it away with that. I had someone very close to me when I was trying to understand my own experience and they showed a computer analogy, which usually doesn't play well with maintainers because we break computers, but in this case made it very appropriate and they compared suicidal ideation and a mental health crisis to having a hundred tabs open on your computer and eventually the computer crashes. And in my particular example, sure having a kid probably throws 10 tabs, 10 pretty heavy tabs open, right all at once, probably crashed my computer. But when I look at my own journey, 10 years before I had my son, I suffered a traumatic physical injury. And through that example, I spent years going through the pain and recovery process. Every physical therapy at that time, I would go to a doctor, go to a new referral and they would say, here's the thing that'll help you, but it's not covered by TRICARE, but I bet you can find it off base.

I started swiping credit cards on the British Pound to get those therapies so that I could be deployable because this was what I wanted to do with my life, my career. And I spent about 35 hours in MRI tubes over the course of a year or two. And there was a lot in that journey that was a lot harder than it needed to be. And I ignored the mental toll that took as I was going through it. What I look back on now is almost everything that was recommended to me at that time, and that I had to pay my own dime, is now in clinics. It exists and is built into that embedded care and everything would've existed that wasn't there 10 years ago. And looking back on that wonder would I have had the processing power if I wasn't carrying that circumstance and everything else that was open around, how would that have changed my own circumstance when I needed that processing power for something that's very difficult in our life and maybe my computer wouldn't have crashed.

And I think something that we've discussed as a panel is that we're all susceptible to that we all are carrying too many tabs open at once and we're not processing them. And so one question I was going to ask, I will acknowledge for a moment that you're all here, is that as, an audience, at any point, if at any point you felt like you can't come up for air to manage that overwhelm or had that too many tabs open or that you're drowning and you can't come up for air, so you push it aside just to be able to move forward, could you raise your hand if you've ever felt yourself in that circumstance? And so with that in mind, I think we would argue that all military members are failing to treat themselves as the human weapon system in that lens, I've asked each panelist to share a piece of their own journey or their own journey as it relates to that question. Anything you're comfortable sharing in whatever order you'd like to start.

Lt. Gen. Tom D. Miller:



I'll go, I'll throw in. So something that comes to mind for me for sure was I was a captain, third assignment, fourth in a row, flight line job in England, probably the same location Strike's referencing, but my mom was very sick, very sick. We had a newborn, less than two years old. We were getting ready for a big inspection, a really big important inspection. And Captain Tom Miller was pretty sure he was the center of the universe as to why this would go good or bad. Nobody else was telling me that. I was telling myself that. I was putting that on myself and my mom was really sick and it was becoming apparent to everyone except for me that we needed to go home.

If we didn't take our newborn home to see my mom, she would never see her grandson. It boggles, this is 25 years ago, but the drowning aspect, Strike, that you brought up, it so describes what I was going through. I could not see it. I'm not kidding you. I had to have a squadron commander tell me, I mean I had like seven excuses why I couldn't leave. And he's like, "Yeah, that's interesting, Tom, but you're going." I'm like, "Yeah, but we don't have a passport." He goes, "Yeah, I know we have an appointment to get a doctor's letter and we have an appointment for you at the embassy so you can go down and get a picture of your child."

Tim remembers this, they put a towel over my hands to hold his head like chalks because his head was moving back and forth for the picture for his passport so we could go home. And we did. And I'm very grateful to this day that we did. And as shocking to me to describe to you how much I could not see that happening to me at that moment. When I was in charge of 350 people and I had deployed multiple times and I had all this responsibility, I could not see something that was completely personal and I had to have somebody tell me pretty directly and I'm thankful for that.

Lt. Col. Angelina Stephens:

Yes sir.

Maj. Gen. Chaplain Randall E. Kitchens:

So as a colonel, going to the doctor being told that you needed some additional test and another test and another test, and then to be told that you were diagnosed with cancer and just hearing those words, the sobering effect it had on my body and soul, many people did not know how to talk to me, how to respond to me. The ones who had gone through that journey were the ones who knew. Those were the ones who truly cared from those unimaginable places, not from the traditional lanes. And I'll never forget an individual who really walked me through A to Z, everything that I was going to experience through the medical process, all the way surgery and recovery. And I'm eternally grateful for that person because they restored hope to my life. Then to have three people share their story and walk with me made all the difference in the world.

Many times we think that we go through an experience and we wonder what can we do with it? And sometimes it's just having that opportunity to share on the other side, through the recovery, it was the peers, it was the peers around us that really surrounded us. And I was sharing the story with Strike. And there were times that where you thought you would receive help and encouragement, nothing came. I don't think it was because they didn't care. I think it's because they didn't know how to care. Fast-forward to after surgery and further treatment diagnosis and clear bill of health, I never thought, number one, I'd be sitting here, number two that I would continue to serve. I really thought my career was over. I thought there's no way I can continue to serve.

What is my life going to be like for the future? Now for a chaplain that scares you the death, but here I am only by the grace of God. I think my takeaway from that is I have taken every opportunity, someone who's gone through a similar experience is to reach out to them, hear their fear, hear their concern, hear their questions, and really talk with them through that. From that, I have learned that sometimes I



don't have to say a word, I just need to close my mouth and listen because they have the words, they have the thought, and I simply just need to listen, lean in, love them and care for them through that time.

Lt. Col. Angelina Stephens:

Thank you, sir.

Lt Gen. Robert I. Miller:

And if I could kind of wrap things up with that question, as a medic, mental health conditions, suicide, they're very hard to fully understand to help somebody because there's not some simple test you can do sometimes to give you the answer to know when somebody's stable and okay, and then some trigger out of the blue occurs you never saw coming. And that stable person that you care about, or you're taken care of, or you work with becomes very unstable very quickly. And I've experienced that as a provider. I've experienced that as a commander. And one situation that comes to mind very quickly was a young medical Airman who worked for me at Vandenberg, who luckily she was willing to share and knew she was struggling, thought we were doing all the right things to support her and that she was in a good place.

And I'll never forget that, she's still with us, but she came to me one day and said, "Sir, something happened to trigger." And she spent the night alone on a cliff in Vandenberg contemplating ending her life. And it was by the grace of God that it didn't happen. It was nothing I did and I thought we were doing everything possible for her. But it goes back to the importance of sometimes it's not all the medical experts, or the chaplains or any, but it's just people that care and get that sense that something's not right and have the courage to ask and have the courage to reach out.

And as medics, that first question we just had about, hey, how does this impact the mission? How does this impact readiness? I mean, as medics, we get it. There's a resistance sometimes to raise your hand to say, I need help. There's a resistance to maybe identify that you have something going on that might impact your ability to do your job. But I could tell you, for all the medics that are out there, I mean we are trying hard to find a way to say yes, to find a way to get you back into the fight, to find a way to make things better. Maybe not always totally fix things but make things better. And so it's that partnership, it's that trust and it's hard. And for everyone out here, the answer's different. There's no simple answer and you all know that. But trying to find what's right for a given person at a given day and how to support them. And at the end, I'm convinced it's just about somebody caring and nothing more than that.

Lt. Col. Angelina Stephens:

Thank you, sir. So as we move into a discussion about moving forward, so I had someone else frame as we led up to this, say that suicide is a disease of hopelessness, which I thought I'd never heard it phrased that way. And we have been charged by General Brown to accelerate change in the arenas of mental health, wellness and resilience. And we just heard him say that change is a journey. And I think we have found that that journey is very hard. Some of the teams that have come together to try to tackle this problem.

Over the course of the last year, there have been over 300 very specific ideas, solutions, thousands of stories, and the people that have come together on the staff, volunteers, have faced barriers and found silos and bureaucracy and have really struggled through that process. And one of the underlying concerns that comes forward the most frequently is that if we don't address the culture and the broken trust, which trust comes up more commonly than anything or that sense of hopelessness, which I think





is driven by that lack of trust, that you could implement 300 ideas that were all very meaningful and it wouldn't matter.

And that if you don't break the silos, we can't move forward. And so we can't have this conversation without acknowledging that that truly has dominated our experience for the last year or two years. So I'm going to phrase a question from social media for us to kind of briefly answer and maybe give some examples. And it said that they've seen a lack of collaboration across agencies, mental health, chaplain, other organizations are running their own programs without a team approach. What are we doing to ensure collaboration to build a more unified and integrated care team? And I would argue to build trust within those agencies. I'll ask General Miller, General Kitchens.

Lt Gen. Robert I. Miller:

Yeah, no, I appreciate that set up. And if I could start by just taking a step back and suggest that a lot of our focus is on the active duty members, the Airmen and Guardians, but everything we're talking about we need to do for the family members too. And they can't be forgotten and their part. They're such a critical part of the Air Force Space Force unit, that family that impacts readiness, that impacts what we do each and every day. So I'm just get to this question. How do we come up with a better way to support the active duty, the family members and targeting the active duty for a minute, the comments just made are spot on. I mean, we have a lot of well-meaning folks out there that want to do the right thing, across all the MAJCOMs. And sometimes we come up with these unique programs, you name the acronym, just leaving General Brown.

He was talking about all the acronyms we have and it's confusing to know where am I, what do we call the program? And at the end of the day, it is about wellness and health and prevention. And so if you have folks that can provide mental health support or maybe it's physical medicine therapy, kind of the exercise piece of things, maybe a chaplain, somebody that focuses on sleep, somebody that focuses on quitting smoking, somebody that focuses on just overall health. How do we bring all those folks together under one organization that's the same organization at every base and that you don't have different organizations competing against each other trying to hire. There may not be a whole lot of mental health providers available in a certain location and it's tough and when we're competing against each other. So at the end of the day, I'll be honest folks in the stage, I personally could care less if we call it operational support teams, OST or TrueNorth or Epic or POTEF, I mean we can go down the list of names.

It's all that same desire to support our folks and once again, targeting Airmen and Guardians. So I do think thanks to our leadership, our chiefs, to the SIMSAF, we have folks, in the people on the stage, that are committed to try to take the resources we have. I mean, I'd love to say our country's going to have more mental health providers and that we're hurting everywhere. But the folks you do have, how do we communicate better? How do we consolidate under one name, make it consistent and easier so there truly is no wrong door. And if you're an Airman and Guardian, we make it so easy to meet you and where you are to provide the right support, irrespective of whether it's a medic, a chaplain, a nutritionist, or a sleep therapist, or you name the specialty. So that's kind of where we're headed. There's some work to be done, to be honest. And it is about tearing down stovepipes and consolidating.

Lt. Col. Angelina Stephens:

Thank you sir.

Maj. Gen. Chaplain Randall E. Kitchens:



Commanders have often said to me, "Chaplin, hope is not a KOA." Well actually hope should be our number one KOA. And coupled with trust, how do you build a culture of trust to trust leaders, to trust supervision, to trust peers? Once, a very influential commander in my life said, "Randy, always remember, trust is the currency of influence. And with no trust, the people will not follow." Well, that goes for families and it is hard to regain that trust. What I will say is I've heard the silo comments and feedback also and agree a hundred percent we're better, at least Simon Sinek says, we're better together.

We do not have enough resources. We do not have enough Chaplain Corps members to do everything we need to do with chaplains and religious affairs Airmen. We're going to have to work together. So this is why I'm leaning to the Surgeon General. The Surgeon General is leaning to me, because we recognize that together we need to be able to address the challenges and involve individuals at all levels for good feedback. One of the peer-to-peer initiatives that is going on right now is how do we embed trained individuals in units that can actually reach across lines and provide referral, walk alongside individuals in their challenges? And so in that spiritual domain realm, we have hope specialists that we're piloting, that we're working to train and we're getting tons of feedback from the field. And actually I probably had the least influence on this. I just basically say, "Y'all are doing great, let's keep making this better." Because at the end of the day, we want a better care for Airmen, Guardians, and families.

The other piece, and let me go ahead and talk about the elephant in the room. Well, you're a chaplain, you're going to talk about all that religious stuff. Well, what about the non-religious? Well, in the spiritual domain, everyone, regardless if they have embraced a religious perspective or not, they have a domain of spirituality. They have purpose, they have values, they have meaning, they have disciplines. And we have learned from empirical research that if you exercise that if you practice that, it fortifies yourself and the thickening of the prefrontal cortex that diminishes chronic depression. Or in other words, exercising our spirituality actually makes us stronger and more resilient. And that's what we need. We need individuals to find strength in that resilience, whether it's in the spiritual domain or mental domain or the physical domain or the social domain.

But it's going to take everyone together, caring for one another. The person to the right, the person to the left, the person behind you and the person in front of you. The last point is my very first chaplain supervisor said something to me, said, "Randy, always remember, never walk past a problem. And when you walk past a person, make sure you're not walking past a problem that is going to walk away. So engage with each and every person." That's how I've tried to model that example for others. And I think that's where caring begins with one another.

Lt. Col. Angelina Stephens:

Thank you, sir. So as we near closing, we wanted to kind of address again that topic of hope. Right now we're in a position where we have senior leaders who have been willing to put action and accountability behind this, especially in the last few months. We have two service senior enlisted leaders who have protected and championed this for two years. And we're here at AFA where you have humans at all levels, all walks of life who are struggling and they're relying on us to create the ecosystem that they deserve. As a last comment, in closing again, we heard General Brown say "Change this journey and that journey must continue." What I would ask is, what hope would you hope to achieve for that future force and what gives you hope that we can actually achieve it?

Lt. Gen. Tom D. Miller:

So my hope is not in machines. My hope is in human beings. And when I look at, I learn stuff every day from these two and this one, that trust is the currency of influence. Well, trust is a choice. If you're a





leader, if you're a senior Airman leader or you're a MAJCOM commander leader, trust is a choice you make every day. If you make the people feel trusted in your organization, it is remarkable the difference it makes in their lives and is remarkable, the difference in what they can do. And that doesn't cost more money. There's no advocacy that we have to do through the corporate palming process. There's no line item to be cut.

It is a choice that people make. I don't know that people proactively choose not to trust others as much as they're just absent-mindedly walking through life. And the tragedy of it is it has a huge impact on people. And if you don't have trust, you can feel it from your boss. I won't say a leader because they may be your boss, but they may not be your leader. So the hope I have is in the human beings and that we've got this kind of collection of people that care about it also and our leadership in the Air Force that does, that's where my hope is.

Lt. Col. Angelina Stephens:

Thank you, sir. General Kitchens.

Maj. Gen. Chaplain Randall E. Kitchens:

I'll just close with a quote. The great intangible of the American forces is not its stealth, it's not its weapons, it's not its fighting generals, but it's people and the spirit that drives them.

Lt. Col. Angelina Stephens:

Thank you, sir.

Lt Gen. Robert I. Miller:

And I'd just like to add the hope I have our leadership, some of those sitting in the front row, whether it's our chiefs, General Brown, General Saltzman, our SIMSAF, Chief Toberman, others, they are challenging the medics to how do we take more risk? How do we potentially accept more Airmen, Guardians coming into the military with certain diagnoses? How do we keep them in? That's empowering to us. Because I mean, you have medics that want to support, want to do right by our Airmen and Guardians. And I think that gets back to the stigma question because if people know that they're really there to help and we got the top cover. And then in addition, our leadership is once again challenging us to find other ways. You heard about the stovepipes we commented on, but allowing us to come up with new models.

Okay, maybe we're not going to double the size of medics or chaplains or other folks that can provide support, but how do you best use the resources you do have? I mean, some of you remember the HAWC, the Health and Wellness centers, which worked pretty well, but went away more from a funding standpoint. So with all things on the table and allowing us to kind of be creative and best use your resources maybe in a hub and spoke. If you can't put a Wilford Hall at every base across the globe, then how do you best play the cards you're dealt? And I think having leadership that support us, that are pushing us to move forward and to do right by our Airmen, Guardians, and families, gives me a lot of hope.

Lt. Col. Angelina Stephens:

Thank you, sir. So I'd like to thank our panelists for their time and willingness to have this conversation. We'd also, everyone who's joined us today, but also everyone who sent us questions and things to talk about, we acknowledged our greatest fear was we wouldn't talk about something we needed to. And



we have realized that because there's too much for a short conversation. But I appreciate everyone that took the time to share with us what they hope that we can look at moving forward and to AFA for scheduling this panel and inviting us here. That invitation and the creation of this panel generated change in collaboration well beyond what you see in this room. And that in and of itself was incredibly meaningful. So thank you all for the opportunity and we look forward to what comes next. Thank you, sir.

Lt Gen. Robert I. Miller:

Thank you.

Lt. Gen. Tom D. Miller:

Thanks, Strike.