



DEPARTMENT OF THE AIR FORCE
959TH MEDICAL OPERATIONS SQUADRON (AETC)
JOINT BASE SAN ANTONIO – FT SAM HOUSTON TEXAS

19 JUL 2022

MEMORANDUM FOR RECORD

FROM: 959 MDOS/CC

SUBJECT: RESIGNATION FROM COMMAND

1. **Purpose.** This memorandum is my formal, voluntary resignation as the Commanding Officer of the 959th Medical Operations Squadron (AETC), United States Air Force, an action I take to call attention to concerns that have been ignored and minimized by those with authority to take appropriate action. In the following paragraphs, I give my reasons for this extreme action, which I hope will benefit this organization, the Air Force, sister services, and the Defense Health Agency.

2. **Effective Date.** I hereby resign my command effective immediately: 19 July 2022. I have chosen to do so the day prior to the planned change of command ceremony to ensure this organization does not experience any disruption by my effort to bring appropriate attention to the issues described below. The incoming commander is prepared to assume responsibilities, and all appropriate transition actions have already occurred. I also wish to note that inside this command, many members have and continue to provide outstanding service despite the unforgivable conditions. I cannot sufficiently express my gratitude for their commitment and my opportunity to lead them.

3. **Summary.** Joint Base San Antonio (JBSA) and Brooke Army Medical Center (BAMC) suffer from structural and cultural flaws that together create a working environment antithetical to the Core Values of both the Air Force and Army. My efforts to raise the alarm have fallen on deaf ears for two years. Because no official has adequately addressed (or even acknowledged) these issues, I cannot continue to serve as a commander and hereby resign. My intent is constructive dissent with the goal of meaningful change.

4. **Background.** In 1999 I began my career at the Air Force Academy, where the concepts of Wingmanship and our Air Force Core Values are espoused. Thereafter, I lived my life by these core beliefs. I appreciate the calling of service to our Nation and hold it in high regard. Accordingly, I forewent my position as an Orthopedic Spine Surgeon to serve as a commander. It was not a decision I made lightly, and I did so to meet the leadership needs of the Air Force. It is a true privilege to serve our beneficiaries and Department of Defense personnel during this my fourth command. Unfortunately, I discovered that my abilities to effectively accomplish my commander's responsibilities of leading people, improving the unit, managing resources, and executing the mission were repeatedly undercut and hampered. Never one to quit or ignore a deficiency, I simultaneously sought to deliver the best possible results in command while simultaneously raising concerns through established channels. I pushed those concerns throughout my time in command, to no avail. Today I am left with this last opportunity to make a difference, which I seize with sincere conviction.

5. **Concerns.** The following issues, well-known yet ignored by those with authority to act, are the reason I am resigning from this command:

a. **The Standard.** Title 10, United States Code, Section 9233 requires all commanding officers and others in authority in the Air Force: to show in themselves a good example of virtue, honor, patriotism,

and subordination; to be vigilant in inspecting the conduct of all persons who are placed under their command; to guard against and suppress all dissolute and immoral practices, and to correct, according to the laws and regulations of the Air Force, all persons who are guilty of them; and to take all necessary and proper measures, under the laws, regulations, and customs of the Air Force, to promote and safeguard the morale, the physical well-being, and the general welfare of the officers and enlisted persons under their command or charge. As prior Air Force Chief of Staff General Charles Gabriel stated, "integrity is the fundamental premise of military service in a free society. Without integrity, the moral pillars of our military strength, public trust, and self-respect are lost." This standard is not upheld in JBSA/BAMC.

b. Organizational/Structural Concerns at JBSA and BAMC. The structure of JBSA and BAMC does not allow the Air Force Commanders of the 959 MDG to fulfill their roles and responsibilities, which reside in Air Force Instruction (AFI) 51-509 and AFI 1-2. The commanders and senior enlisted leaders of the Air Force component within BAMC are excluded from fundamental decision-making processes and not co-located, even after a ten-year presence in this organization. Even the name Brooke Army Medical Center instead of Brooke Military Medical Center highlights the lack of genuine joint operations. The Army's Health Executive Leadership Organization Structure (HELOS) is present at BAMC and does not follow our Mission Command within Air Force Doctrine Publication 1 or the Air Force Chief of Staff Action Orders. Instead, this structure creates a situation where all decision-making authority lies with the Deputy Commanders, who do not live by the same standard as G-series orders commanders. This commander's charge provides the legal authority, direction, and control for command within the Air Force. Tested and proven lines and scopes of authority, employed across the rest of the Air Force and in real joint organizations, are absent from BAMC. This faulty foundation has allowed widespread dysfunction, undercutting morale, mission effectiveness, pride, and heritage.

c. Cultural Concerns at JBSA and BAMC. While it may be a place of talent and knowledge regarding health, JBSA (and BAMC in particular) is not fit. The counterproductive, toxic leadership described in Army Doctrine Publication 6-22 and Margaret Klein's 2016 article *The (New) Horizon for Value-based Ethics: Insights and Opportunities for Our Profession* is widespread and pervasive. Not only tolerated this condition but buoyed and reinforced within the culture and structure of BAMC. While "dignity and respect" is a claimed policy, the current Army-Air Force structure dynamics do not support this initiative. In fact, it is rife with cronyism and sycophancy, with Machiavellian maneuvering and counterproductive bureaucracy. This caustic environment, "the BAMC way of doing business," is an affront to all ideals of military leadership, particularly the notions espoused in Major General John M. Schofield's 1879 address to West Point graduates.

d. Continuing Failure to Address These Issues. The JBSA/BAMC system's dysfunction has been disregarded by the prior and current 59th Medical Wing (MDW) commanders. Efforts to bring this to the attention of the AETC commander, the Chief of Staff of the Air Force, the Secretary of the Air Force, and the Department of Defense Inspector General have netted zero results or improvements. Following my formal complaints to the 59th MDW/CC about widespread harassment, defamation, inappropriate behavior, and toxic leadership, a commander-directed investigation (CDI) was conducted that examined interference with command authority, failure to maintain a healthy command climate, abuse of authority, and disrespectful/libel comments. The investigating officer (IO) made findings substantiating five specific concerns among the nine I raised. However, in her capacity as the approving official, the 59th MDW/CC dismissed the IO's findings and substituted findings of her own that unsubstantiated all issues, unilaterally declaring that all was well even though they held other field grade officers accountable for UCMJ Article 92 and 133 offenses. Efforts to raise the matter to higher echelons of Air Force line officers/Air Force Surgeon General/DoD leadership were blunted by deference to the decisions of the 59th MDW/CC. Concurrently, congressional inquiries received "all clear" responses prepared by the 59th Staff. Meanwhile, the dysfunction continued as AFOSI, and Army AR 15-6 Investigations continued to document additional examples of misconduct and toxicity. The symptoms of BAMC's

professional malaise are evident and validate the initial concerns brought to, yet ignored, by the entire chain of command:

- (1) The Orthopedics program director resigned due to the culture of BAMC, leading to an Army Regulation (AR) 15-6 investigation initiated by the BAMC Commanding General. This investigation examined “complaints of bullying, counterproductive leadership, failure to treat others with dignity and respect, and a hostile work environment.”
- (2) Subsequently, the Deputy Commander for Surgical Services (DCSS) transitioned out of leadership and is now retiring.
- (3) The Deputy-DCSS/Orthopedics Chair was officially relieved from his leadership positions following findings in the AR 15-6 investigation of “a failure to treat people with dignity and respect, degrading comments, and regulation violations.”
- (4) The 959th Group Commander resigned due to the JBSA/BAMC structure and culture.
- (5) A separate Army AR 15-6 investigation documented counterproductive leadership and bullying within the Department of Anesthesia.

6. The details and examples above only tell part of the story. In each instance, leaders throughout the chain of command were aware and did nothing to stop illegal, immoral, or unethical actions, which was their responsibility under Title 10, section 9233. The structure and culture of JBSA/BAMC also helped undercut leaders' ability to address the issues, which remains part of the problem. Real reform and improvements are needed, as noted in the “Military Justice Improvement Act” initiative. There must be accountability. Commanders with real authority are necessary for good order and discipline, maintenance of morale, and mission effectiveness. Otherwise, we fail our Airmen. If this environment continues, we will likely see another Walter Reed Army Medical Center 2007 scandal/incident.

7. I end with this caution for those contemplating command positions within the military medical structure: you may want to pause over this system's dysfunction and apathy before committing your talent and time to a stymied tour. It is no surprise that Air Force Colonels received an email from the CSAF pleading for leaders to take command. Those inclined to answer that call should perhaps ask if their time and medical skills would be better spent in clinical work than wasted in command time under a system that forecloses accountability and buoys toxicity. Yes, we need committed, engaged commanders—that drove me to take command. The systemic flaws I encountered, and the unwillingness of those with the power to make necessary improvements, are what drives me now to resign this command. Meaningful change, both in terms of structure and culture, is needed.

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