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MEMORANDUM FOR DISTRIBUTION
MAJCOMs/FLDCOMs/FOAs/DRUs

FROM: HQ USAF/SG
1780 Air Force Pentagon
Washington, DC 20330-1780

SUBJECT: Department of the Air Force Guidance Memorandum Establishing Operational Support Team (OST) Execution

- References:
- (a) Air Force Medical Service Operational Support Team Concept of Operations (CONOPS), 23 June 2022
 - (b) HQ USAF/SG1/8, *Guidance Memorandum regarding supervision of DAF Civilian Employees*, 24 June 2022
 - (c) 31 USC §§ 1301 and 1341
 - (d) DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*, Volume 1-7
 - (e) 5 U.S.C. §§ 7103(a)(2)(A) and 7103 (a)(10)
 - (f) 10 U.S.C. §§ 1073c
 - (g) Under Secretary of Defense Memorandum, *Construct for Implementation of Section 702*, May 22, 2018
 - (h) Department of Defense Directive 5136.13, Defense Health Agency, September 2013, Incorporating Change 1, March 2, 2022
 - (i) Defense Health Agency Memorandum, *Clarification Regarding Current Clinical Competency and an Exception to Policy Concerning Professional Practice Evaluations*, May 2, 2023

By Order of the Secretary of the Air Force, this Department of the Air Force Guidance Memorandum immediately establishes execution and operation procedures for the Operational Support Team (OST). Compliance with this Memorandum is mandatory. To the extent its directions are inconsistent with other Department of the Air Force publications, the information herein prevails, in accordance with Department of the Air Force Instruction (DAFI) 90-160, *Publications and Forms Management*, and Department of the Air Force Manual (DAFMAN) 90-161, *Publishing Processes and Procedures*. This guidance is applicable to all uniformed members of the Regular Air Force, the United States Space Force, the Air Force Reserve, the Air National Guard, DAF civilian employees, and those personnel with a contractual obligation to abide by the terms of DAF issuances.

The point of contact is AFMRA IOS Program Manager, Dr. Andrea Berg, (703) 681-7161, DSN 761-7161 or at andrea.l.matthesberg.civ@health.mil. Point of contact for 711 HPW/OST Office, Chief, Mr. Lindsay Buckalew, (937) 713-3012, DSN 713-3012 or at edward.buckalew@us.af.mil.

Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Management System.

This Memorandum becomes void after one year has elapsed from the date of this Memorandum, or upon publishing of a new Instruction/Manual permanently establishing this guidance, whichever is earlier.

ROBERT I. MILLER
Lieutenant General, USAF, SFS
Surgeon General

Attachment:

- (1) Tier Waiver Guidelines
- (2) Air Force Medical Service Operational Support Team Concept of Operations, 23 June 2022

Attachment

OST is a line of the Air Force (LAF) funded AF/SG Integrated Operational Support (IOS) initiative, managed by the 711th Human Performance Wing (711 HPW)/OST program office located at Wright-Patterson Air Force Base. The purpose of the OST is to improve unit operational readiness by optimizing Airmen and Guardian performance and overall readiness through prevention and mitigation of physical and mental health risk factors.

OST CONOPS provides one multidisciplinary team per DAF installation. The five-person multidisciplinary team integrates into unit-level operations for time-limited periods (i.e., 3-6 months) based on unit needs, data provided by the 711 HPW/OST data analytics, and input from the installation commander, to address emerging priorities such as diminished operational effectiveness due to human factor issues. This integration allows OST to build rapport with squadron personnel and develop detailed understanding of mission requirements, organizational culture, and both physical and mental stressors present within the unit. Integration into units on a given installation will be sequential.

OST will begin operations as soon as practical after positions appear on the military treatment facilities (MTF) Unit Manning Document (UMD) funded authorizations. OST medical personnel must complete credentialing and be awarded privileges at the local MTF prior to initiating any forms of clinical practice, or initiation of interventions at the unit level or MTF facility, IAW DAFI 44-119, *Medical Quality Operations*, and reference (d). **(T-0)** Initial operating capability is expected within 12 months of the positions being available to fill, and to the degree possible with assigned personnel. An OST staffed with only one individual, is expected to begin operations with the capability their position can provide. Additionally, they should leverage partnerships with other base helping agencies (chaplains, Health Promotion, Military and Family Life Counselor, etc.) to boost OST capabilities, and allow OST mission execution at the unit-level while hiring/on-boarding other team members.

OST personnel will attend the OST training course with the 711 HPW/OST office located at Wright-Patterson Air Force Base prior to assuming an OST position, or within six months of assuming an OST position. This course is centrally funded.

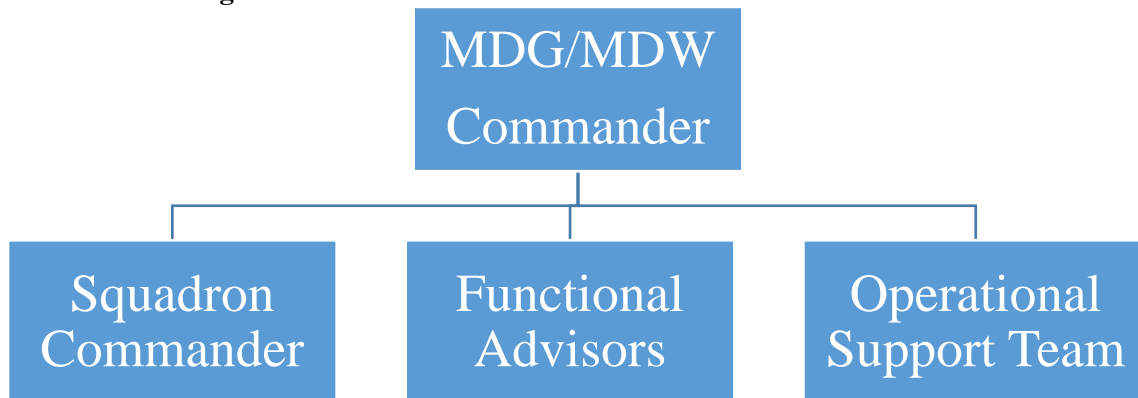
OST medical personnel properly credentialed and privileged to do so, can provide low acuity musculoskeletal care and limited scoped counseling mental health care, while integrated into unit operations as defined by the Defense Health Agency (DHA), DAF guidance, and the OST CONOPS.

OST must meet the healthcare accreditation organization (AO) “Organizational and Functional Integration” criteria, be incorporated into the supporting MTFs Clinical Quality Management (CQM) program and added to the MTFs accreditation E-application within 30 days of initiation of services. OST personnel, with guidance and direction from the MTF, will be responsible for sustainment of standard compliance IAW policy, law, and regulation at every location where care, treatment, and services are provided. OST must coordinate with their

integrated units if any facility improvements or modifications are needed to meet AO requirements. The unit in which OST integrates will be responsible for all costs regarding improvements or modifications required to meet AO standards for patient care rendered in that building. **(T-0)**

While OST personnel are aligned to the MTF UDM, they are LAF-funded to provide full time operational support outside the MTF. MDG Commanders/MTF Directors are dual-hatted and are responsible for both healthcare delivery and readiness of the force. The MDG Commander is the only individual with authority in the MTF to provide administrative control (ADCON), and operational control (OPCON), to LAF-funded personnel/programs aligned with the MTF UMD IAW references (b), (e), (f), (g), and (h). LAF-funded personnel/program includes active duty (AD) members, civilians, and contractors aligned to a LAF program/manpower billets. LAF-funded personnel/programs cannot provide ADCON nor OPCON over Defense Health Program (DHP)-funded personnel aligned to the MTF UMD. In turn, DHP-funded personnel/programs cannot provide ADCON nor OPCON over LAF-funded personnel/programs aligned to the MTF UMD. OST personnel will be solely aligned under the MDG Commander's LAF PASCODE and may not be aligned with the Family Advocacy Program or the Alcohol and Drug Abuse Prevention and Treatment Program. See image A for clarification. **(T-0)** OST re-alignment from the MTF UMD to the Wing is not authorized. **(T-0)**

Image A
MDG PASCODE Alignment



OST personnel are not to be used to fill vacancy areas (e.g., vacant positions, deployment backfills, manning assist, etc.) under the responsibility of the DHA as set forth in reference (f) and United States Code reference (c). **(T-0)**

DAFI 41-106, *Medical Readiness Program*, applies to OST personnel, i.e. they must meet and maintain Comprehensive Medical Readiness Program requirements and Installation Medical All Hazard Response requirements as appropriate to their Air Force Specialty Code, and the local MTF Disaster Response Plan. **(T-0)**

OST personnel are required to meet and maintain the DHA and DAF policy requirements for maintenance of clinical privileges as an affiliate provider through documented patient care in the DHA approved electronic health care records system IAW reference (i). **(T-0)** Documented patient care, be it in the MTF or LAF clinic aligned to the MTF's accreditation's E-application, will count towards clinical currency requirements, and medical personnel must demonstrate a broad spectrum of their clinical discipline as an independent/unsupervised clinician. **(T-1)**

OST medical personnel performing clinical work inside a LAF building location will have a "clinic" built in the Composite Health Care System (FCGA) and Military Health System GENESIS (OPS FORCES) to document patient care delivered outside a MTF fixed facility. The only time OST medical personnel would report DHMRSi and coding, is when clinical care is provided and documented inside the MTF fixed facility during a 2-week DHMRSi reporting schedule. Time reported working outside the MTF for LAF-funded personnel under code FCGA has been removed from DHMRSi requirements. If no time was spent performing clinical care inside the MTF during a DHMRSi two-week reporting schedule, OST medical personnel do not submit a DHMRSi timecard with the designated pay period. No time will be documented or reported in DHMRSi by OST personnel when attending MTF meetings or meeting with MTF personnel to discuss patient care issues, examples include but not limited to high-interest meetings and Airmen Medical Readiness Optimization boards.

At the end of each month every OST member will document their own monthly activity metrics into their respective template located on <https://kx.health.mil/kj/kx3/IOS/Pages/Home.aspx>. For further guidance regarding this process contact 711HPW.OperationalSupport@us.af.mil.

Manpower (personnel category or Air Force Specialty Code) of the installation-level OST five-person multidisciplinary team construct will not be changed without advisement from 711 HPW/OST program office, career field consultants, and coordination with the AFMRA IOS office. **(T-0)**

OST is the standard brand name of the AF/SG IOS program. Re-branding of the OST program is not authorized. OST may collaborate with other IOS programs and helping agencies, but shall not be merged or re-purposed to build a new program. **(T-0)**

Tier Waiver Guidelines

The authorities to waive wing/unit level requirements in this AFGM are identified with a Tier (“T-0, T-1, T-2, T-3”) number following each compliance statement. See DAFMAN 90-161, *Publishing Processes and Procedures*, for a description of the authorities associated with the Tier designators. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the DAFGM OPR for non-tiered compliance items, as applicable.



Air Force Medical Service Operational Support Team (OST) Concept of Operations

711th Human Performance Wing

VERSION 2.0 June 2022

SUMMARY OF CHANGES

This document has been almost completely revised and must be carefully reviewed. The document was streamlined to focus on the concept of operations and demonstrate the purpose, background, scope, program description, organizational alignment, roles and responsibilities and data analytics of Operational Support Teams (OST) to senior leaders. A separate implementation guide will be developed to assist base level personnel with tactical level implementation details.

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DOCUMENT SECURITY

This Operational Support Team (OST) Concept of Operations (CONOPS) is unclassified.

EXECUTIVE SUMMARY

Air Force OSTs include a physical therapist, strength and conditioning specialist, psychologist, licensed clinical social worker, and team specialist to evaluate unit human performance factors, engage with unit members to improve resilience and facilitate medical and mental health care when needed. These teams employ centralized data analytics to guide their interventions and to measure outcomes. Their objective is to improve unit readiness by addressing negatively impacting human factors and engaging with individual unit members to reduce physical and mental health challenges thus strengthening the unit as a whole. OST medical professionals integrate into unit-level operations for time-limited periods. During this period OST members build rapport with unit personnel and develop an understanding of mission requirements, organizational culture, and physical and mental stressors present within the unit's workplace. The teams work directly with unit leadership to develop and carry out a Unit Action Plan (UAP) to optimize operational performance of the unit as measured by both centralized and local outcome metrics. Integration with squadrons on a given base will be guided by the Installation Commander with priority given to highest risk units as identified by objective data analysis.

PURPOSE

Not all Air Force units experience the same occupational environment, operational tempo nor the same medical and mental health burden. After a careful analysis of health indicators, readiness measures and other unit effectiveness factors, units will be identified that are likely to carry a higher health burden and lower resilience than others. For those units, medical services provided from inside the walls of a medical facility may not be sufficient to meet the increased level of engagement required to return Airman and Guardian performance and unit effectiveness to required levels. OSTs focus on higher risk units to provide an assessment of health burden to commanders, work with them to develop a UAP and then engage with unit members to improve musculoskeletal and mental health status. They may also facilitate access to Military Treatment Facility (MTF) care for those unit members whose health concerns are beyond the scope of the OST. Thus, OST directly optimizes the Air and Space Force human performance and operational effectiveness through direct, unit level intervention. This CONOPS provides an overview of the OST mission, team capabilities, organizational and functional construct, and roles and responsibilities of those involved in the program.

BACKGROUND

The Air Force Medical Service (AFMS) has a long-standing history of providing operational support with assigned Squadron Medical Element (SME) flight surgeons and medical technicians. Special Operations Forces (SOF) established Preservation of the Force and Family (POTFF) teams that place medical personnel in close proximity to high-demand operational units. In addition to SMEs and POTFF, unit focused medical assets have also included Independent Duty Medical Technicians (IDMTs), physical therapists, exercise physiologists/strength coaches, performance dietitians, operational psychologists and social workers. USAF Space Command had experience with unit based medical intervention that vastly improved Airman performance, measurably reduced mental health needs and yielded a dramatic reduction in operational errors. The success of these and other unit based medical teams have encouraged the Air Force Surgeon General (SG) to provide focused medical capability to other mission areas that have similar stressors.

SCOPE

The current roll-out of the OST program provides one team per Air Force and Space Force base. It is the intent that each team is capable of providing musculoskeletal injury prevention and mental health expertise and capability. Privileged team providers are licensed and must maintain clinical currency meaning they may need to care for patients outside the unit of focus to achieve the number and type of clinical encounters required to maintain their own currency and readiness requirements. Their designed capacity allows them to primarily focus on one unit at a time. OSTs are supported by the 711th Human Performance Wing (HPW) OST Program Office. This centralized support is unique to OST and allows the teams to apply advanced data analytics and the latest human performance science and technology developments directly to OSTs working with high risk units. The length of time an OST is assigned to focus on one unit should be heavily guided by the Installation Commander and outcome metrics. Generally OSTs will spend a number of months in a unit before the Installation Commander they support, or equivalent, approves their movement to the next unit. The best outcomes are expected when the OST engagements and outcome measures are coordinated with helping agencies including coordination through the Community Action Board (CAB). This allows the Installation Commander to align other services to address negative resilience factors identified by unit commanders working with the OST. Medical care delivered outside the Military Treatment Facility (MTF) must be IAW Defense Health Agency (DHA) and AF guidance and documented IAW DoD governance and local policy instructions. Commanders may establish satellite OST clinics/training centers in closer proximity to operational units outside of the MTF. In this case the MTF Commander will facilitate the establishment of a MOU between the MTF and Installation/Garrison Commander.

PROGRAM DESCRIPTION

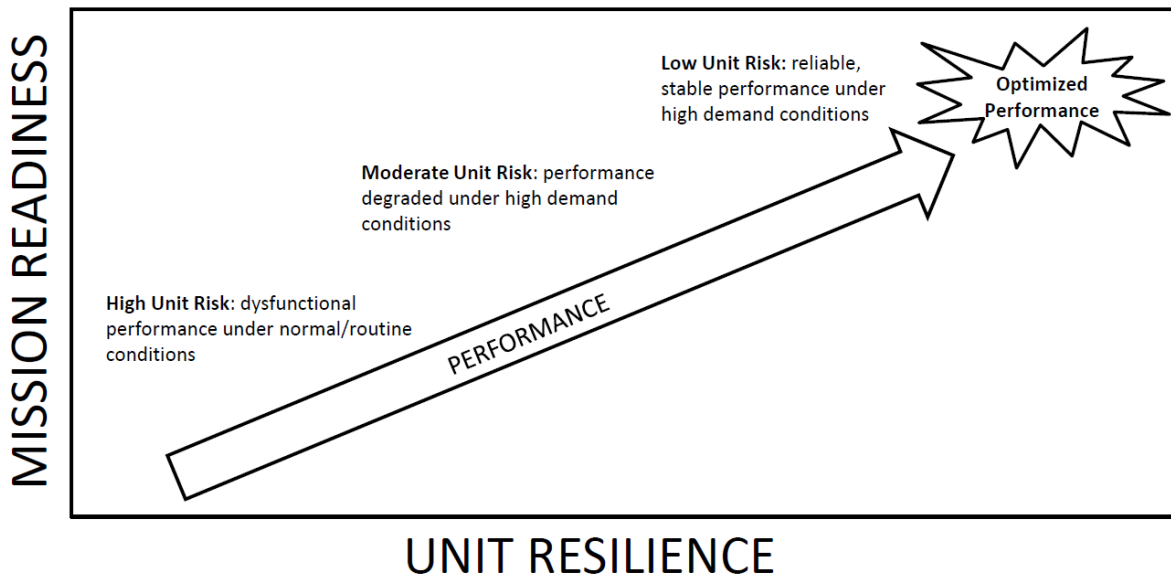
The OSTs may facilitate rapid and targeted intervention when an injury occurs, however, their primary objective is to implement primary preventive health strategies to prevent injury and illness to the extent possible. The three main program goals are:

1. Optimize Airman and Guardian resilience and performance
2. Improve unit effectiveness
3. Support a sustainable culture of maximum Airman and Guardian performance

OSTs meet these objectives by employing the following process:

- **Assessment:** OSTs present local commanders with data indicating units at highest physical and mental health risk to guide decisions regarding which units would most benefit from intervention. OST initiates engagement with a unit by conducting a human performance gap analysis. This considers both objective as well as subjective data to identify and describe unit needs and areas of human performance risk, to determine potential opportunities for improvement.
- **Build Trust/Develop Plan:** OSTs build trust with unit members, gain familiarity with the unit mission and learn of unit challenges through repetitive positive engagements; fueled by curiosity, humble inquiry, a learning attitude and the experience of the unit culture firsthand. OST members coordinate with unit personnel and leadership to formulate a UAP to mitigate gaps identified in the gap analysis, outline planned actions, establish an anticipated timeline for engagement and identify outcome metrics expected to describe desired results.
- **Performance Enhancement:** OSTs will conduct evidence-based physical and mental health performance-enhancing interventions which include addressing current health issues and prevention measures designed to enhance human performance and prevent illness and injury. This approach is represented in the chart below.

OST MISSION



This diagram highlights the value of data driven OST intervention with a focus on unit resilience to mission readiness. The goal of OST integration is to optimize Airman and Guardian performance in the unit thus increasing overall mission readiness.

- **Continuous Feedback and Process Improvement:** Throughout the unit engagement, the OST will provide regular updates to the unit commander on progress and directed efforts as needed. OSTs will work with unit leadership to identify one or more OST liaisons within the unit. OST unit liaisons provide feedback to the OST and maintain connectivity to OST following the initial engagement to maintain resilience gains achieved during the focused OST engagement. Following the unit engagement, the OST will check in with OST liaisons and continue to provide support when needed. Additionally, unit data will continually be reviewed with unit leadership to ensure OST gains and efforts are properly focused.
- **Data Analytics:** The 711th Human Performance Wing provides a centralized data analytic capability that incorporates suicide risk, fitness performance, adverse administrative outcomes, medical profiles, on/off base medical visits, and components of the Preventive Health Assessment (PHA). Comparative analysis identifies units at highest risk, and informs the local prioritization of units most in need of OST intervention. Continuously updated analytics guide ongoing sequential OST engagement across the installation and reflect program Return on Investment (ROI) associated with outcomes. Additionally, the Air Force adaptation of the Army's Azimuth Check is available to capture pre/post measures of overall unit health/resilience. Each OST has access to an analytics dashboard containing trend and risk ranking data applicable to units within their stewardship. Dashboard analytic components are used to brief Unit/Installation Commanders.

ORGANIZATIONAL ALIGNMENT

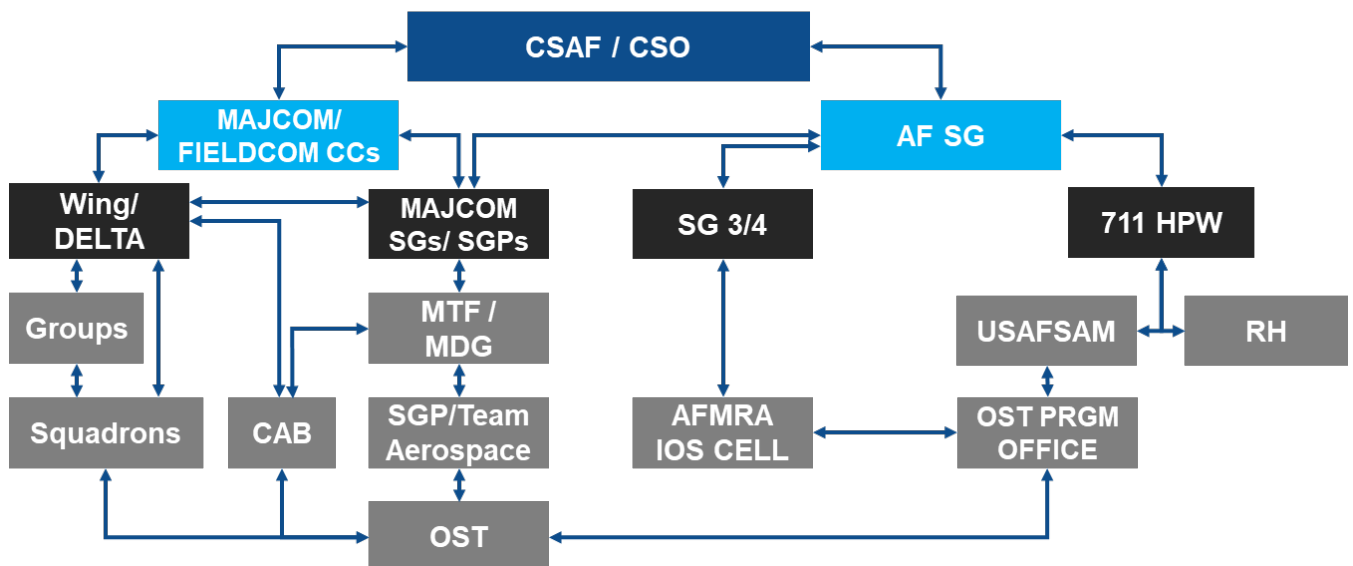
OSTs are aligned to the supporting medical unit. At bases with a Medical Group it is anticipated that OSTs will most likely be aligned through the Operational Medical Readiness Squadron (OMRS). Because the Chief of Aerospace Medicine (SGP) is the executive operational medicine expert on the base it is expected that the SGP will orient aerospace medicine services in support of units working with OST. The Chief of Medical Staff (SGH) and Chief of Biomedical Sciences (SGB) provide professional oversight for OST team members. OST activities will be tracked locally by the Aerospace Medicine Council and through the 711 HPW Knowledge Exchange for program tracking. Alignment of OST within a Medical Group may be as a flight within the Operational Medical Readiness Squadron (OMRS) IAW the *AFMS Medical Squadron Reform Model Concept of Operations Plan (CONPLAN)*, 16 December 2019 and *AF SG1/8 Guidance Memorandum for Air Force Medical Reform Implementation*, 10 July 2020 or combined with any/all of the following into a “Human Performance Flight”: optometry, aerospace physiology, physical therapy/occupational therapy and health promotion flight path IAW the *AFMS Flight Path Special Instruction 1 December 2021 HQ USAF SG1/8*.

FUNCTIONAL ALIGNMENT

OSTs provide support to Air and Space Force commanders and are supported by AF/SG 3/4, the 711th Human Performance Wing Commander and MAJCOM/FIELDCOM SGs. This alignment:

1. Supports both USAF and USSF commanders.
2. Establishes communication lines to the AF/SG 3/4 for policy and guidance as well as the 711th Human Performance Wing for reach back support, training and access to most current Air Force Research Laboratory initiatives.
3. Integrates the MAJCOM SGs with Wing and Delta commanders to monitor OST activity and align it to MAJCOM/FIELDCOM Commanders mission demands.
4. Guides local intervention by Installation or Delta Commanders, coordinated via the Community Action Board (CAB).

Operational Support Team Functional Alignment



ROLES AND RESPONSIBILITIES

Air Force Surgeon General:

- Oversees and directs the Human Optimization programs through the Aerospace and Operational Medicine Enterprise (AOME)
- Directs development, employment and performance in support of the operational mission of the Air Force

Air Force Medical Readiness Agency (AFMRA) Integrated Operational Support (IOS) Program Office:

- Provides oversight and guidance of OST program activities, policy and AFIs

711th Human Performance Wing Commander (711 HPW/CC):

- Oversees program execution status to include training, data analytics and support
- Delivers regular program updates to AF/SG
- Connects OST execution to updated human performance research and technology

USAF School of Aerospace Medicine Commander (USAFSAM/CC):

- Provides training and reach-back subject matter expertise for embedded OST personnel through the OST Program Office
- Provides OST program reach back for SGP community

Airman Systems Directorate (RH) Director:

- Provides science and leading-edge technology updates to OST program office
- Partners with OST program office to assess, evaluate and improve applicable Airmen-centered technology

MAJCOM Surgeon General (MAJCOM/SG):

- Represents OST capability, capacity, progress and outcomes to MAJCOM leadership including CC and A3
- Supports and encourages medical facility commanders regarding OST program execution

MAJCOM Chief of Aerospace Medicine (SGP):

- Enables overall program execution of OST at supported bases
- Supports base level SGPs in their OST professional oversight responsibilities
- Monitors installation OST activities and reporting metrics

Wing/Delta Commander:

- Approves priority, sequence and timing of units to receive focused OST intervention
- Supports the development of installation and MTF MOU for satellite medical care
- Provides feedback to MAJCOM leadership including CC and A3 on base OST activity, progress and outcomes
- Incorporates OST intervention into collaborative approach by wing helping agencies to improve at risk unit effectiveness through existing mechanisms like the Community Action Board (CAB)

Military Treatment Facility Commander (MTF/CC):

- Supports OST activities and advocates for facilities and OST resources
- Oversees the development of installation and MTF MOU for satellite medical care
- Assists the Installation commander to prioritize high risk units and employment of OST
- Facilitate inclusion of OST activity within the Community Action Board (CAB)
- Report OST capability, capacity, progress and outcomes to MAJCOM/SG on recurring and

regular basis to units who receive OST services and support

Unit Commander:

- Facilitates introduction of OST to unit members, orientation to human performance factors affecting unit readiness/resilience and personnel well-being and share metrics used to assess unit readiness/resilience
- Approves UAP, supports integration activities and provides unit access to OST personnel
- Receives regular OST program updates and provides feedback to Wing/Delta Commander

OST Team Members:

The following are the programmed OST positions. While other career fields or functions are not excluded from supporting the OST program, desired variation for team composition will be routed through the MAJCOM/SG who will then coordinate with higher headquarters, the 711th HPW and applicable Career Field Managers/Consultants as necessary to ensure requirement validation, resource availability and appropriate fit.

All OST Members:

- Observe, orient and support unit mission personnel at all locations and shifts
- Integrate, facilitate and participate in unit organizational activities
- Comply with quality and medical care requirements, IAW with DHA and AF guidance
- Maintain readiness requirements
- Executes UAP as a team, track and report metrics

1.) Team Specialist (GS-12):

- Shares program activities with installation base helping agencies coordinate engagement as appropriate through existing mechanisms such as the Community Action Board (CAB)
- Works with local SGH to coordinate quality-of-care oversight as outlined in current DoDI guidance and AFMAN 48-149, *Flight and Operational Medicine Program*
- Facilitates MOU creation between MTF and Installation/Garrison Commanders
- Tracks and reports relevant data metrics to unit, MTF, installation, MAJCOM, 711th Human Performance Wing and others as requested
- Supports the OST through development of the UAP to include unit-desired capabilities, effect and desired end-state(s) with identification of unit operational measures and engagement timeline

2.) Physical Therapist (42B):

- Serves as musculoskeletal health subject matter expert and provide physical performance optimization that could include: injury prevention, management and/or individual/group physical activity recommendations
- Assists Airmen and Guardians in progressing from risk/injury rehabilitation back to normal function and/or from the normal to performance spectrum

3.) Exercise Physiologist/Certified Strength and Conditioning Specialist (GS-11):

- Assists Airmen and Guardians in optimizing strength and conditioning to reduce risk for injury and enhance physical performance from normal function through the performance spectrum

4.) Psychologist (42P):

- Serves as mental health subject matter expert and provides mental health performance optimization that could include: education and consultation at all levels (e.g. Limited Scope Counseling, IAW AFMAN 48-149)
- Employs rapid relationality techniques and triages unit mental health concerns

5.) Licensed Clinical Social Worker (42S):

- Serves as mental health subject matter expert and provides mental health performance optimization that could include: education and consultation at all levels (e.g. Limited Scope Counseling, IAW AFMAN 48-149)
- Employs rapid relationality techniques and triages unit mental health concerns

SUMMARY

Operational Support Teams (OSTs) support commanders through the employment of data analytics and evidence based interventions to provide targeted interventions for units identified as “higher-risk.” They improve Airman and Guardian resilience and performance and thereby improve unit readiness. OSTs accomplish this by reducing barriers that Airmen and Guardians are facing in both physical and mental health domains. Our ongoing assessment of the OST’s impact will demonstrate overall program effectiveness and ensure that Airmen and Guardians are provided with data driven interventions to maximize readiness and lethality across the forces.

John R. Andrus, MD, MPH
Brig Gen, USAF, MC, CFS
Commander, 711th Human Performance Wing