

Ep. 60: Fighting a losing battle with cancer

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Good day, Gladiators, thank you for listening to another episode of the Sword and Shield podcast. It's Francis Martinez, Director of psychological health for the 960th Cyberspace Wing here with a very special guest. Major Kim Rigby. Welcome this morning. Thank you for joining us. Thank you for having me. So Major Rigby, I know your title is a mouthful but I'm going to let you uh what are glad years uh know where you're calling in from and what your position is. Yes ma'am. I'm currently stationed at Air Force Global Strike Command headquarters at Barksdale Air Force Base, Louisiana, where I serve as the executive officer to the Director of Operations and Communications in our A 36 awesome well thank you so much for joining us and you know I try to do these podcasts with real life stories if I can possibly do that. And I heard your story at the Department of the Air Force resiliency summit and it's really powerful to hear the, you know, the challenges that you face and how you overcame them and knowing that you know there is a way to come through some of those challenges. And so I'd like to you know, open up and start a little bit about like your history and then we can talk about the story that you shared at the summit. Yeah, awesome. I would love to . So in terms of military history I was not , you know , I never thought this would be my path in life . I did not have a lot of family that was in the military . My grandfather's have both served in the Army and the Army Air Corps. Never really talked about it. And you know, my path eventually led me to the Air Force. So I commissioned as an officer through officers training school. I was a little bit older and our commission, I think I was 26 when I got my commission as a second lieutenant. And then from there I went to Naval Air Station Pensacola for undergraduate navigator training. After I finished and got my wings there, I went to Barksdale Air Force Base for the first time when I went to the formal training unit to learn how to fly the B-52 Stratofortress. I'm a weapons system officer by trade might know that as a navigator. So I'm responsible for all weapons activity. Making sure, you know, bombs are on target on time is kind of my J. O. B. From there. I was stationed in my not North Dakota for almost five years after that assignment, I moved to Pensacola Florida again. Uh, the Air Force had stood up now that had stood up that had brought their navigator training for undergraduates to Pensacola. So I had the opportunity to go back there and be part of the instructor cadre and then finishing my time there, I moved to Barksdale where I started my current position. So it's been, it's been a fun ride. I've seen three different bases, a lot of the central time zone and I have deployed uh twice with the B 52 in support of the copay COM continuous bomber presence mission. So I've been out to Guam twice with my squadron when I was actively flying in support of that mission, which was a

really great opportunity to take part in as well. Well, I think that's amazing because I mean I don't think, I think we're in the newer era where there's more female pilot. But I grew up, my dad was army and you know, we never talked about any female pilots in the military and so I think that pretty awesome. Yeah, it's been it's been a great experience. Remember getting to my operational squadron and the squadron had just been reactivated after quite a few years and I was only the third female to ever be part of it. So it's really cool. We're still breaking a lot of barriers and aviation even though women have been, you know, part of those combat quoted FCS for quite some time. But it's cool now there's so many women joining the squadron, so it's great to see a new generation, you know, that that's not a, a typical thing anymore. Yeah, amazing. And then you are just there, you know, breaking barriers as well and being on the forefront of female, you know, females in the military are women in the military. So thank you for that and thank you for your service. And I mean service hasn't always been easy, I'm sure you know that and speaking from personal experience, my husband, he just retired from the Air Force in February. So my whole life has been military as well and I know there's significant struggle that that are people generally will face that are a little bit sometimes more difficult than being just a civilian on the outside. Well, as you very well know, um you know, being part of a very up until very recently active duty family, you know, I don't think our challenges in the military or any different than those of our civilian counterparts, but we face them differently because our support systems are sometimes very different, especially as I mentioned, you know, with multiple PCS's that we all go through every, you know, 3 to 4 years often, you know, learning a new area, if you have Children getting them into schools, you know, a lot of that stuff can become really challenging. So I think there's sometimes for our military members that may be heightens things because depending on what you're going through, you maybe you may have a lot of new experiences that you're going through as well along with regular life challenges. Absolutely, all the pcs are always fun, that's for sure, depends on how you look at it. So I, I, you know, wanted to share again your story of your resiliency story and so what I'm going to do is I'm going to turn it over to you and just give you the Florida to share. You know, the some of the things that you've experienced in your life and you know how you came out of that and where you are today. Yeah, I would love to. So, you know, I mentioned earlier that I had gotten the opportunity to deploy twice with my squadron. One of those deployments was in 2014. And leading up to that, it looked like because of T wise, I went to S. O. S, which is squadron officer school officers generally go to that while they were captain normally towards kind of the end of their captain time and preparing them for, you know, higher leadership. So I was going to that class for about 2.5 months coming home and I would be home over the holidays, the new years and you know, winter holidays and then were going to be deploying early March. And I was expecting to come home from deployment and then probably go to an upgrade program as well. So we were, you know, kind of on the brink of my husband and I looking at about 11 out of the next 13 months that I would probably be deployed in T. D. Y. You know, so we were kind of mentally preparing ourselves to be apart for quite a bit. But when I came home from that deployment, you know, things had changed kind of pretty quickly. And we have been married at that point for less than two years when we

found out that John was diagnosed with Stage four B. Colorectal cancer from the start from the start, he had about an 11% chance of survival. And he was callous classified as terminal, pretty much from diagnosis. So we, you know, we started chemo for a while and his results, you know, we're looking kind of good, you know, some tumors that were shrinking and we kind of went back and forth with his oncologist. They reached out to the Mayo clinic as well for some advice and what they recommended was surgery to remove the primary tumor. It was kind of part at that point to find a lot of balance with my career. You know, finding harmony and my new role as John's primary caregiver was kind of challenging. We didn't have family nearby in the area. All of our family lived in the Northeast. So, you know, folks couldn't just easily come over and, you know, take some of that burden off of us, You know, and obviously, you know, with deployment schedules and an up tempo, you know, being part of an operational squadron, there wasn't a lot that I could ask of my peers, you know, so there were some challenges for that. And especially for myself, you know, during that time I felt like I was letting folks down at work. I felt like I was letting folks down at home, you know, and it was tough. About a year into JOHN's diagnosis, I had the opportunity to go T. D. Y to do an instructor upgrade. I mentioned I was anticipating doing that right after deployment, but we obviously put that off because of JOHN's situation. And since he was doing a little better, I leapt on the opportunity, you know, in the hopes that I could kind of, maybe that would help me keep on track, you know, with my peers. A couple weeks later, when I returned from that training, John was much worse. His condition had quickly deteriorated, you know, following that surgery. So we had a couple quite a few doctors visits, some trips to the ER and everyone was kind of telling us that he was fine. But you know, I'm seeing him in front of me and I could tell that something was not right with him. Like he wasn't fine. He was struggling to eat. He was struggling to get out of bed. You know, he was in constant pain. And this is a man that was, you know, really active. You know, he worked, he had been active duty military himself. You know, he worked at the airport in town, you know, at the general aviation area, loved his work, loved his colleagues. But now, you know, he's not even getting out of bed so I could tell something was wrong. But it was quite a struggle to get any, you know, doctors or medical folks to listen to me. Eventually I guess I was persistent enough calling and kind of begging for help because his oncology team ordered some new scans. And when we got the results of those, we found out that not only were his to us, you know, no longer shrinking, they were growing back because we had a pause chemo because of the surgery. But what the US, excuse me, what the scans also showed was that John had a really nasty infection and was going to the emergency surgery. And what we found out was the only, the only hospital that was equipped to care for him was two hours away because at the time we were in North Dakota, which if any of you have been stationed there, you know, you know, it can be a pretty remote area. It's not exactly a big city. There's, you know, resources in town, but it's not always the resources that you may have a larger city. So I got him in my car and we drove to the hospital as soon as we could. They took him in for emergency surgery. Quite a few surgeries after that. The infection that he had, we were really surprised that no, he wasn't in worse condition. He was, he was pretty bad. But they were honestly surprised that, you know, it hadn't, hadn't been worse

than it was, that we hadn't lost him. The infection was so bad that it had eaten away his entire tailbone. Um, he had almost half a dozen surgeries to clean out the infected tissue and you know, to bribe the wound and try to clean it up as best as possible. And following that, he was hospitalized for about two months while he had surgical and pain management needs. You know, we had some challenges with the F. M. P. At the time. And I would give the caveat that my experience was in 2014 and 2015 with the F. M. P. Obviously have not been on the program for some time and I know there have been some changes. So if you are reaching out to F. M. P for help are part of the program. Please see more info because my information is a little bit to hit it and my experience is dated. But prior to that, the F. M. P. had determined that he, the level of care that he needed, he could get in North Dakota. Well, we were kind of looking forward and saying, you know, this diagnosis isn't great. You know, we probably need to be somewhere with better resources in case his condition deteriorates. But at the time, at least that was not what if mps structure was like, again, I'm not 100% sure how it's changed these days if it has. So please seek out that info if you're working with the program. But because of his new condition, after this hospitalization, we did qualify for a move. They did determine that he couldn't get the level of care he needed, which added kind of another layer of stress because now, you know, he's challenged to walk. He's challenged just to sit up. Obviously this wounded on his backside. So it's challenging just to sit. And now we're looking at a cross-country pcs from mine, North Dakota, you know, the very north of the country to Pensacola Florida on the gulf coast. Um, you know, we're looking across country, you know, afford a move. So getting that planned, you know, with him and his condition was very challenging. During that time, I think I learned a lot about sharing what was going on being open and not waiting for my leadership to, you know, maybe ask questions, not waiting to think that I was going to burden them with something. So I decided to just be up front and open with my leadership and my flight. Talk about what I was facing. You know, I don't want to feel like I wasn't meeting expectations, but I wanted to work with them to manage expectations of what I could give because for me, making a choice between my career and my husband was a no brainer. Like the Air Force was going to take a back seat. So my commander and I made a new deal. You know, he would help me find some solutions that worked for me instead of just making assumptions of what he felt like I could do or what would be too much for me. And you know, I would talk to talk to my flight doc as well and made a deal with him that I would be open about what was going on, you know, with john and I was what I was struggling with, you know how I was feeling. You know, not only physically but emotionally and mentally. And I was very lucky because in the unit I was in we were geographically separated in this new unit at Pensacola. So we only had two flight dogs. So they got to know the instructor cadre really well. We didn't have a lot of change over. So it was really good. We got to have build relationships with our medical team that deal paid off really well during the routine flight physical while the I. D. M. T. S. Were taking my blood pressure and doing you know the normal vitals and work up they found that both my blood pressure and my heart rate we're kind of off the charts. You know what I'm kind of just like this is every day like I feel fine you know as they kind of did some more tests you know my flight dog remember him saying to me is like Nike

you know it's time that someone takes care of you and explained to me that you know what I was feeling was all kind of what they were seeing in the test was kind of you know the manifestation of this like fight flight freeze from like three years at this point of living with constant stress. So right then and there, you know, he talked to me about it. He pulled me off flying status. Um, He got me referred to a therapist that, you know, he was one of his colleagues in the medical facility just to get me the mental health that I needed and the support that I needed. They diagnosed me at the time with situational depression and anxiety, which was really just kind of a manifestation of everything that was going on with JOHN's condition, trying to manage and balance it. And what they did was they helped me get started both with, you know, talk therapy with my new therapist and with some medication to help manage the depression symptoms so that I could, you know, use it as a support mechanism to help me be there in the ways that I needed to be in my life, both at work and for john, not too long after that happened, we had some more setbacks with john medically he was hospitalized following a seizure and after really tough and confusing week of him in the hospital , We learned that his tumors had grown pretty rapidly . He was still not doing chemo because of the wound, you know, one control when management, You know, they were concerned that chemo would kind of reopened that and you know, it was kind of a catch 22. But because of that, what we learned was that his liver at that time was more cancer than it was liver tissue. He had a lot of new and larger tumors in his lungs. They were really surprised that he could breathe as well as he could. And you know, when they talk to us, I said, you know, we're really aren't any options left to treat him. Your option is to start hospice care and palliative care for him. And that they thought that he had maybe a month, you know, maybe a little bit longer. We took him home, we did home hospice with him for about three weeks. His condition continued to deteriorate. At that point, we were really just concerned with pain management. He had, you know, around the clock pain meds and we were just trying to keep them as comfortable as possible. And we did get to a point where we could no longer care for him at home and we needed to take him to inpatient hospice. He was there for about a week when I got the call one morning while I was getting ready to go visit him, that he had passed away. You know, that day there's really not a day that goes by that I don't think about him. You know, he was so proud of everything that I had accomplished and everything that was on the horizon for me in the Air Force. So every time I have a new milestone, you have an opportunity to share. You know, my story a little bit like this. You know, I think about him, but I also think about the things that I learned during that time and in terms of resilience, you know what I what I learned the most is that my resilience was bolstered through connection. You know, when I started sharing what was going on, you know, folks just rose to the occasion to support me to give me the help that I needed and for me that all came to be because I realized I couldn't do it alone anymore. You know, not sharing, not telling people what I was going through wasn't working and you know, who knows where I would have been if that flight doc didn't step in. You know, if I hadn't been open with him, you know, because I don't know every day that were, you know, sometimes we don't necessarily always have the time to just see what's going on with folks and we'll see each other in the hallway. Hey, how are you? I'm good. You know, we often don't say

what we're really feeling. So I learned that by sharing, you know, just being open and answering that question honestly, you know, my friends from my squadron, my leadership, my flight dog, you know, those folks who surrounded me were able to jump in and help me. So connection has been, you know, a huge, huge piece for me in terms of resilience and that's just the theme of the Air force resiliency program. If you know, being connected to be protected and it's 100% true, right? Like we're so isolated. You know, we're going to deteriorate. But if we stay connected checking and being good wingman, then we can actually get some you know attraction and solve some problems in getting people to the right resources. Absolutely. And I think, you know, as we think about leadership, you know, it doesn't matter if you're an A one C or a second lieutenant or you know, if your kernel or senior master sergeant, you know, everyone can be a leader. Its leadership was about empathy, you know, and it's about compassion and it's about taking care of people and I firmly believe that you know, our folks are going to get the mission done. You know, I don't think we need to reiterate how important the missions that we all do our every single day, you know, to the Air Force and to our country, but for our airmen and guardians, you know, to be able to do their missions, they need to know that they're taking care of, you know, um you know, we need to know that our basic needs are being met. You know, whether that's food, water, shelter, you know, or maybe that's connection, you know, we need to know that those things are in place to support us and you know, that's leadership, you know, reaching out and connecting. But I would also challenge everyone. Be open and share your story because, you know, we don't know everything, you know, I don't know everything exactly on what the members of my team, but I do when we have the moments to connect, when we get to know each other. So yeah, 100%. I think that support and being there for each other, you know, when you're struggling and you can't take much more, you know, let the folks around you be there to lift you up and give you the support you need. And in some other point that you talked about is that the work life balance right? You were struggling with the home life because you know, what was going on with john and his medical needs, but also just talking to your leadership and talking about expectations and where you currently are. And I think people are scared sometimes to do that because they're not sure what the outcome will be. But I think sometimes if we have those open, you know, dialogues and say, hey, this is what's really going on. More than likely your leadership is going to be on board and supportive of what, you know, happening in that person's life. Absolutely. And I think that's so important. I mean every, like every person that's part of your team needs to be a part of that. You know, we talk about, you know, family care plans for folks with Children should something happen, you know, and you need assistance being open and honest about what is going on is going to help them find solutions for you. One thing I realized as I, you know, I have 14 years in the Air Force now and one thing I've realized as my career has progressed and I've moved is everywhere I go, my network just gets a little bit bigger. You know, meet folks like yourself and I have those resources to lean back on and I realized that I don't always have the answers. You know, I'm a B 52 navigator by trade. You know, I'm not going to be able to answer tough medical questions. You know, I don't have the same knowledge, you know, that our FSS has, but we're all part of a team and I do know,

you know the FSS commander, you know, I do know some people across base and I can use those connections to help get you the support that you might need. So I think letting people know what you need and what you're capable of and basically kind of setting up like an airman care plan, you know, when you're going through tough times, this is what I can do. Hey, you know what, maybe, you know, maybe for me it was, it was kind of before the Times of VPNS and tell the work that we've all experienced in the last year or so. But you know, these days, if there's someone that's in a situation like I was, you know, maybe telework a couple days a week is absolutely a way that they can give back and find better harmony between what's going on in their personal life and in their professional life. So it just takes being creative, I think on our end, it takes being like I said, open and honest about what you can do, we can't always give 100% each day. But like if you know that you can do 75%, then man, give it all of your 75% and you know what, maybe the next day you'll be able to give 100 or maybe the next day you can give 60. But if you can bring yourself fully to your capabilities that day, you know, for me as a leader, like I'm going to work with you to help get you the support that you need and help you, you know, still be a valued member of the team and help you find the harmony that you need in those difficult situations. And I know for the Air Force Reserve Command general Goby and then our wing commander Colonel Marriage are very big about you know, taking care of their men and their families. That's like number one, you know, obviously we have we have missions that that has to get completed. But if we're not taking care of the people that are running the mission then you know, there's a ripple effect. Right? And so um that that is our number one priority at least in the wing. And then with the Air Force user command is just taking care of our people. Yeah, exactly. I mean I remember I got to take part in the Daft Women's Aerospace Power symposium and chief to Berman, the Space Force Chief shared a bit about the platinum roll with us, you know, which if you haven't heard that it's treat others how they want to be treated and you know, I think that's exactly what you said. You know, that's what your wing and reserve is getting after. How do others want to be treated? How can I meet you where you're at? And that's all about connection. Let the team around. You connect with, you share your story and actively listen to the stories of those around you and then, you know, find out how you can help exactly one last thing before we, you know, wrap up, I want to touch on the mental health peace because military, there's that big myth that if I go seek mental health, I'm going to lose my clearance, I'm not going to have a job and then I get kicked out. And again, it's said that part that we're just trying to constantly demystify and tell people it's okay to get help. It's when you don't seek help and something bad happens, then that's when, you know, we are faced with different challenges. Yeah, absolutely. And I'm glad you mentioned that I'll share a little bit, a little more detail on my experience with that. So I mentioned that my flight doc pulled me off flying status, that I started, you know, going to therapy and, you know, I kind of had, like, an open invite to come. You know, I didn't really have set times, but I could just give a call. They put me on the schedule for that week, you know, with my doc, but that they also put me on medication. So I was diagnosed with situational depression and anxiety, which was kind of a response to everything that was going on. The stressors that I was feeling. My doc's put me on Prozac for

everyday use which really helped kind of call me, I felt less stressed, like I didn't feel those physical manifestations that I have to be honest, they were so gradually over time that I didn't feel a difference, it was just my new normal but they could see it showing up medically, you know, so that's how they noticed but that helped kind of less than that you know, help lessen that fight flight freeze, it helped me you know just kind of relax a little bit and they also gave me Xanax for times when you know maybe the Prozac just wasn't doing it you know and it needed to I needed to kind of you know kind of stop the bleeding I guess if I was having a really bad day, I didn't need to use that very much, you know when things got really rough with John you know we were taking him into inpatient hospice and after he passed I did but for me the process to get back up on flying status was that I had to be off that medication for six months and then just have a quick, you know medical eval with my doc which was just kind of the normal PHA work up you know, how are you feeling vitals for me as a flyer that was you know there was a little bit different because it was controlled substances and as an aviator there's a little bit different rules than you know, average airmen Macy so if you are on a special duty, you know her position like that or maybe you're a defender or an aviator you know or as our strikers and Global strike. No you know working with missiles or something, certain duties like that you know you may have those you know waiver requirements to get back up on status. I'm also you know when I'm do flying B 50 twos, I'm up on the personnel reliability program which is a you know screening program to work around nuclear weapons. That did not hurt my chances to get back on PRP when I'd be back in an active position since a month staff right now I'm not up on PRP because I don't work with the weapons. So that's only when you're physically in a position where you would I have zero limitations to go back onto PRP. Should I have an assignment that requires it? I have a T. S. S. C. I. That hasn't impacted any of that. You know I've seen zero impacts to my clearances, to my ability to do my job to get back on flying status because of that. And you know I think part of that is that I was open and honest about everything that was going on. You know I needed assistance. I sought it out, I got it and you know was honest with my doctor about when I felt like it was right to stop you know taking those things to stop that. You know I didn't need that extra help any longer. So yeah I think you open and honest about it. Those resources are there for you and you know your medical teams are there to help you; they're there to get you fixed. Mental health is nothing to joke about. And I like to tell folks you would go to the doctor if you broke your leg, especially if there was a bone sticking out. You know, we definitely go to the ER we get that legs that we'd go get the X rays would go get the surgery, We would do all the things to fix it and get, you know, as quickly as we could. So why not do that when you know, you're struggling a little bit mentally, you know, or struggling a lot mentally. You can't see that as easily. But it is just as important, if not more, to get you right mentally. Exactly. And that's what, you know, we are striving to debunk the myths and make sure that people do have access to care and are seeking the care that they need major with me. Thank you so much for joining us today. It's been a pleasure. I know sometimes talking and reliving the stories can be a little bit traumatic but I truly appreciate you sharing your story with us today. Well thanks for having me. And you know I always tell folks if missionary my story helps one airmen out there to connect, then it is all

worth it. If there's anyone out there who's listening to this, who is going through something similar or you know of an airman or Guardian that's going through something similar in the global Kimberly.Rigby@us.af.mil. I'm always happy to connect with folks so please reach out if there's any way that I can help you. Absolutely thank you so much and Gladiators, if you or someone you know are contemplating suicide, please contact the National Suicide hotline at 1 802 738255 Thank you again. Thank you for joining us and Gladiators out.