



Commander's Thoughts

Irreversible Momentum

Former Army Chief of Staff GEN Eric Shinseki frequently identified building “irreversible momentum” as a critical element necessary for Army transformation. He once explained that attaining irreversible momentum, which is “the synergy of our ongoing and our past accomplishments, our initiatives, our progress, and most importantly the depth of our commitment and the weight of our achievements, will demand a concerted, unified effort.” We are starting a change that will cause irreversible momentum in Army Medicine!

Over the past few months, I have had several experiences, both internal and external to Army Medicine, that have supported my belief that the direction we are heading in is one that will maintain our important posture as a military command, as well as a healthcare organization. I had the pleasure of taking a terrain walk during the Health of the Force trip with the Vice Chief of Staff of the Army. Great things are happening across installations, but communication is an aspect of our culture that we can improve upon. Whether it is communication between regions, communication between Soldiers and leaders, or communication within the Health Triad of the patient, provider, and commander, the bidirectional exchange of information and understanding will play a pivotal role in improving the way we deliver care, improve the health of Soldiers, and maintain readiness within the Army.

The Commander's Conference I held with Army Medicine senior leaders was a key milestone as well; senior leaders dialoguing to shape the Army Medicine 2020 strategy and vision – “Strengthening the health of our Nation by improving the health of our Army.” The common thread weaving through these events is a concern about how best to maintain, restore, and improve the strength of our Army – our Soldiers.

I truly believe that Army Medicine is in a unique position to set in motion the irreversible momentum that will create the doctrine for how military medicine will sustain itself as a leading and learning organization. I encourage everyone to read *The US Army/Marine Corps Counterinsurgency Field Manual*, and think about the foundation upon which it was written. When the conflict in Iraq began, the Army had not published a field manual on counterinsurgency in over twenty years. There was no common understanding of the problems inherent in a counterinsurgency campaign, and there was no doctrine, or common language, to codify how the Army thought about its role and accomplished the mission on the battlefield. There was a sense of urgency to create a document, and undergo a transformation in a synchronized fashion. I could see parallels between what the authors of the COIN Field Manual needed to create, and what we are currently doing within our organization. In fact, one of the authors, LTC John Nagl, was a guest speaker during the Commander's Conference, highlighting the importance of institutional knowledge, lessons learned, and coordinated change efforts. Just as *Unity of Effort* is an essential principle at every echelon of counterinsurgency, this same principle is a key strategic enabler in building a system for health. Without this unity of effort, “well-intentioned but uncoordinated actions can cancel each other or provide vulnerabilities.”



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We have begun the planning phases of several initiatives that will provide you with a more tactical way-ahead in the near future. I do recognize, however, that transformation and change are not a matter of creating a new policy or adding another layer to a process. The Health of the Force trip demonstrated to me that there is a need for more engaging and innovative ways to implement changes in the mindset and culture of individuals. There is a need to redefine readiness fundamentally; change how we train/educate, measure, report and improve readiness in terms of health, resilience, and performance. Strengthening the performance of our Soldiers and beneficiaries by optimizing their health - focusing on ways to improve quality of sleep, make better nutritional choices, and increase activity throughout the day. In the Army Medicine Strategy these three components, sleep, activity, and nutrition, are known collectively as the Performance Triad.

As an Army Medicine Team, our mission sets us apart from civilian health care organizations – caring for America’s Army is our profession, and in doing this we must possess versatility, depth, and compassion; we must embrace the role we play in enabling the strength of the Army by optimizing the health of Soldiers. This is a tremendous opportunity to impact the patient care experience, impact how we engage with Soldiers and enhance unit readiness, and improve the cohesion of the health delivery team and the way we train in Army Medicine. It will pave the way-ahead for a truly integrated and synchronized system for health.

Serving to heal. Honored to serve.

LTG Patricia Horoho
43rd Surgeon General



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