



Commander's Thoughts

100 Day Report Card

Completing a report after the first 100 days a leader has been serving an organization is not a new or unique concept. At the end of one hundred days, U.S. Presidents dating back to Franklin D. Roosevelt have been assessed on not only their actions, but the vision they have established for their four year term. The history of the 100 day report can be traced back to Napoleon Bonaparte, and while it may seem like an arbitrary window, it is a useful timeframe for any organization to take a retrospective look at itself. I wanted to utilize my 100 day report as an opportunity not only for reflection on the achievements of our organization, but also introspection as a leader.

The 16th of March marked 100 days since I assumed command of the US Army Medical Command and became the 43rd Army Surgeon General. In retrospect, these first 100 days seem to have flown by. I want to take this opportunity to recap the major events my first 100 days. Bottom line up front: Army Medicine's success is your success – all of you who deliver care and support the care delivery system. Every member of the team is critical to mission accomplishment. Our mission focus is readiness of the Force, caring for the ill and injured, and enhancing the health of those entrusted to our care.

In December 2011, we saw the official end of U.S. military operations in Iraq. This marked the end of a conflict that began back in March 2003. Many of you served multiple tours in Iraq and should be proud of the extraordinary medical accomplishments, highlighted by the unprecedented survival rate for US Forces.

An assessment of today's AMEDD initiated the first 100 days, along with a delineation of challenges we anticipate facing in the upcoming years. Subsequently, we published the Transition Team Report that detailed the insightful feedback you gave the transition team on how we can improve the organization. This invaluable azimuth check helped us to focus and develop strategy that will drive transformation of the AMEDD over the next four years.

The 2012 Military Health System Conference in January gave me a unique opportunity to engage in a dialogue with other leaders in healthcare, both military and civilian, on my vision of the Army Medicine transformation from healthcare to health. As I met with many of our team members and young military leaders, I was reminded of the impressive caliber of leadership that exists within the AMEDD. After a decade of war, we have the most highly trained and skillful AMEDD team in the history of Army Medicine. Additionally, this forum gave me the opportunity to interface with leaders in our sister services, as well as national healthcare leaders, such as those from the Cleveland Clinic. We have broadened our sphere of influence beyond the Army, beyond military medicine, and out into civilian agencies and international organizations. I met with the Surgeon Generals and Deputy Surgeon Generals from other nations such as the United Kingdom, Australia, and Iraq, discussing how we will build relationships, exchange knowledge, and continue to expand upon established foundations of partnership. The collaborations we forge today will power our transformation for tomorrow.

We have also partnered with private industry to enable us to move to an operating company model over the next two years; this work has already begun in earnest. While the operating company model is the engine powering our transformation, moving from healthcare to health is the strategy driving us there.

Another great example of this collaborative partnering is the initiative to move Comprehensive Soldier Fitness into the Army Medicine portfolio. This aligns well with one of our top priorities of readiness and wellness of the Force, and presents an incredible opportunity for Army Medicine to influence the lifespan and ensure healthy, resilient Soldiers.

In February 2012, the Department of Defense released the Fiscal year 2013 Budget Request. Defense Secretary Leon Panetta said, "This budget plan represents a historic shift to the future, recognizing that we are at a strategic point after a decade of war." The constrained budgets military medicine faces accentuate the need for dramatic change. We must move from a system of reactive healthcare, particularly when considering the incidence of preventable illness and injury, to a system of health. Our goal must be to ensure our Soldiers and Families maintain a high quality of life through activity, nutrition, rest, relationships and when necessary, healthcare.

World-class healthcare continues to be a core competency and we must deliver that care anywhere we are called. In addition, we must recognize that our interaction with patients represents a very small fraction of their lives. If we are to positively affect their health, we must venture beyond the boundaries of our medical treatment facilities and engage line leaders, Soldiers, their Families, and our military communities – both physical and virtual. By doing this, we are influencing the "White Space" to improve the lifespace. What is the lifespace? It is the other 525,500 minutes of the year when our patients are not being seen by a healthcare provider, where the daily decisions are made that ultimately have the greatest impact on health and wellness.

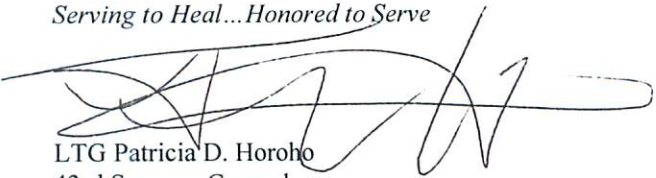
Over the course of the last 100 days we have also faced obstacles and hurdles, some of which are highly publicized. Our processes were questioned by patients, their advocates and our own staff. I appreciate the honest feedback from inside and outside of Army Medicine, and we can do better. As a result, we have identified systemic vulnerabilities and are developing new battle drills that will ensure better outcomes. I know that challenges are inevitable, and we must remember the lessons of the past and maintain the drive forward while we accommodate these challenges and change.

The most demanding challenge facing us as we transform will be to balance the need for change while not breaking faith with those principles that have defined us as caregivers for soldiers and their families for over 200 years. These principles are the bedrock of the Army Medicine Promise and delineate not only how we want to morally and ethically provide care -- they describe who we are and what we believe as caregivers for the best Army in the world. Reading it reminds me of the impact every member of the team has on our Soldiers, our Families, and on one another. It makes me proud of the team I am leading, and it motivates me to maintain this pace towards transformation. I encourage every member of the team to read the Army Medicine Promise, both from the perspective of a care provider as well as that of a patient. I want you to read it and give me feedback.

The next 100 days promises to be as full as the last 100. We started and are finalizing the reorganization of the Office of the Surgeon General and U.S. Army Medical Command staff to better align with conventional Army structure. This reorganization of AMEDD General Officers will best position us to decrease strategic vulnerabilities and strengthen our posture. We will position senior medical leaders to optimize the scope and influence of Army Medicine within the Department of Defense and the Federal Government. The challenges facing the Department of Defense, the Department of Veterans Affairs, and the Nation's healthcare system will require our best leaders to share, collaborate and innovate.

We can be proud of who we are and what we have accomplished, but I hope you are feeling the same sense of urgency for transformation that I am feeling. Four years is a blink of an eye, and we have a lot of work ahead of us – let's go!

Serving to Heal...Honored to Serve



LTG Patricia D. Horoho
43rd Surgeon General

HONORED TO SERVE