



Commander's Thoughts

24 February 2012

Gold Book and White Space

The Military Health System (MHS) Conference took place during the week of January 29th and it was my first opportunity to represent you as the 43rd Army Surgeon General. The MHS Conference was a week of strategic communications ranging from a leadership discussion with midgrade officers to an engagement with the Cleveland Clinic Directors to discuss best practices in healthcare. I met with Army Medicine's General Officers during that week to discuss our strategic vulnerabilities within the AMEDD and how to approach those challenges as Army Medicine transforms to meet the demands of the future. Throughout these meetings, I focused on Army Medicine's top priorities: the readiness and health of the Force, Behavioral Health System of Care, and the Integrated Disability Evaluation System (IDES). While acknowledging our current challenges, I am also directing all appropriate resources to outline the near, far, and long term strategies to address these priorities.

The MHS Conference featured a number of dynamic speakers who provided insight on the conference theme, Healthcare to Health. For those of you who would like to view some of the plenary sessions, they are available for viewing through www.amedd.army.mil.

During the introductory plenary session, I illustrated some of the successes in Army Medicine with a brief video clip that recapped a Soldier's heartfelt journey across the care continuum, from point of injury through rehabilitation and return to highest level of function. I am extraordinarily proud of Army Medicine. The combination of wisdom and personal courage within our organization has no comparison. After highlighting our tremendous accomplishments, I shifted focus and posed two questions to the audience:

Are we good enough? Can we be better?

I asked these questions not to diminish our achievements, but to change the lens through which we measure success. Through lessons learned during a decade of conflicts in two theaters, we have rapidly adapted and improved the delivery of healthcare across the care continuum. Now it is imperative that we shift the focus of Army Medicine from healthcare to health. While world-class healthcare is still a necessary component, it's not the ultimate measure of success.

Our efforts ultimately should be evaluated by the health of the population we serve. Where does "health" happen? Is it in the 100 minutes the typical Soldier spends in our MTFs annually, or is it in the other 525,500 minutes of their year – the "White Space"? The White Space is when our Soldiers are working, performing physical fitness training, choosing whether to take a cigarette break, or deciding whether they will have the cheeseburger or the salad for lunch. It is when Soldiers spend time with *their Family*, or get a restful night of sleep, or leverage technology to take ownership of *their wellness*. The White Space is when our Soldiers are living their lives—it is the Soldier's Life Space. German psychologist Kurt Lewin, after serving in the German army during World War I, wrote about the concept of life space in his essay "The War Landscape," describing it as the events that shape and affect us.

The link between health and readiness is clear. The more we positively influence health, the more ready the Force is. Army Medicine is not alone in this mission. The recently published report, *Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset*, referred to as [The Gold Book](#), outlines critical issues and provides guidance on the way ahead. Commissioned by former Vice Chief of Staff of the Army, GEN (Ret) Chiarelli, [The Gold Book](#) provides a valuable roadmap for leaders, commanders and medical providers. It is required reading for Army Medicine leaders and highly recommended for all healthcare providers. GEN Chiarelli's forward ends with this paragraph:

“Given the complex nature of issues affecting today’s Soldier population, we must fulfill our obligation to learn, understand and educate ourselves and subordinate leaders to adapt to today’s environment. To do so, you must read this report in its entirety. There are no shortcuts, EXSUMs or CliffsNotes; these are not intuitive topics but represent the synthesis of complex issues that will require interdisciplinary knowledge and implementation. Just as reading Army regulations and field manuals is essential to professional development, reading and understanding this report will help you achieve the bottom line in this business—Soldier and Family readiness. Study this report, ensure your subordinate leaders understand its message, and let’s work together to effectively promote health and discipline ahead of the strategic reset.”

After a decade of being a wartime Army, we are now preparing for what [The Gold Book](#) refers to as the *Strategic Reset* – the transition from combat to a Force predominantly focused on training and readiness. For all of us, this Strategic Reset means reviewing how we provide care to our Soldiers, and finding ways to improve both the care experience, as well as the efficiency of the process itself. Soldier well-being and health must be our top priority in order to maintain an agile and flexible Force. Within the AMEDD, it is imperative that we keep our Army Medicine Team trained and confident in the unique combat medical skills acquired during ten years of conflict.

During the Army Breakout Session, CSM Brock and I collaborated to discuss the state of the AMEDD and our priorities for the organization. During that time we garnered valuable feedback and engaged in meaningful discussion with the Army and supporting staff attendees. One of the most memorable comments during that session was from the spouse of a Soldier, who reminded us that our job is also to care for the care givers. It is that kind of honest feedback and open communication that CSM Brock and I are looking forward to from the AMEDD. Please share your challenges, successes, and innovations with leadership and peers across Army Medicine.

The community in which we live and work is a direct reflection of how well we are promoting health in our beneficiaries. Health and readiness are not just the responsibilities of Army Medicine, but all Army Leadership. Read [The Gold Book](#) and engage in this strategic dialogue beyond the walls of your clinic, out on your installation, with the leadership, family, and friends who spend the other 525,500 minutes of the year with our Soldiers. Engage with those who impact the White Space and shape the Soldier’s Life Space – affect health.

Why settle for “good enough?” Strive to be better, as we can do better.

Serving to Heal...Honored to Serve!



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