



THE RECORD

Interagency Institute for Federal Health Leaders

Volume 32 , Issue 2

Fall 2019

From the Director...

At the conclusion of the 135th Institute, I realized this was a significant milestone for me as it marked thirty-five years since I was appointed as Director. Although quantitative matters have never been a particular ability for me, I estimate that during this period almost 3,000 participants have graduated from the Institute; this includes 70 Canadians and a smaller number from Australia, Thailand, Turkey and the United Kingdom. Many of our graduates have moved on to the most senior positions in federal health care and led the health systems of their respective agencies through turbulent times.

We are, once again, in the midst of major changes in federal health care, especially the military health system with the realignment of responsibilities between the Defense Health Agency and the individual services, along with the likelihood of budget cuts and pressures to move more of the service delivery to private contractors. All of these factors will place stronger demands on all levels of leadership throughout federal health services.

I am most grateful to the participants in the 135th Institute for their active involvement in all aspects of the course. Incisive comments about issues and questions to our faculty members are key elements to a successful professional development program. Their group reports are published in this newsletter.

Our 'Lessons From Other Countries' session was held at the Embassy of Australia and we were most fortunate to have the Surgeon General of the United States, the three service Surgeons General, the Surgeon General Canadian Forces and the Chief of Staff, Veterans Health Administration, on the panel of senior health leaders. This was Vice Admiral Forrest Faison's final involvement as Surgeon General, U.S. Navy, before his retirement. An alumnus of the Institute, he has been a wonderful and inspiring speaker at many Institutes. We wish Admiral Faison all the best for the next stage of his career.

OptumServe is gratefully acknowledged for their sponsorship of the reception and continuing education program. Dr. Kelly Morningstar addressed General Patton's experiences with the military health system. It would not be possible to hold these highly regarded functions as part of the Institute program without this generous sponsorship in collaboration with the alumni association.

Also, these Institutes could not be conducted without tremendous support from the Uniformed Services University of the Health Sciences and the Henry M Jackson Foundation for the Advancement of Military Medicine. Many thanks to the numerous people in both organizations for their continuing administrative and logistical support. In 2020, the 136th Institute is programmed for 20 April - 1 May and the 137th from 14 - 25 September.

With best wishes,

Richard F. Southby, Ph.D. (Med)





Letter from the President, FHCEIAA

Congratulations to the alumni of the 135th Interagency Institute and welcome to the new Federal Health Care Executives Institute Alumni Association members. We are elated that you joined.

A reception and continuing education program was held in lieu of a dinner due to limited sponsorship at the DoubleTree by Hilton, Bethesda MD, on September 11. Remarks by Dr. J. Kelly Morningstar regarding “*Old Blood and Guts*” and “*the Damned Doctors*” were phenomenal. Dr. Morningstar, a West Point graduate, is a twenty-year Army veteran who served in the Gulf War and in a wide range of assignments including Germany, Bosnia, Washington DC, and the National Training Center. He is a Fellow at the Center for Strategic Leadership, Army War College, and teaches history at the University of Maryland. His first published book is “*Patton’s Way: A Radical Theory of War,*” Naval Institute Press, Annapolis MD, 2017.

Distinguished Service Award (DSA). Congratulations to MG Enrique Mendez, Jr., USA, Ret, selected as this year’s DSA recipient. Following his highly accomplished career, Dr. Mendez has been a speaker at each Institute for many years. We look forward to honoring him and his wife, Olga, at the FHCEIAA Annual Business Meeting on December 5 (see below for details).

Electronic Resources. The FHCEIAA website has been revitalized to better project our purpose, objectives and needs and for the means to post updates, maintain connections, and collaborate with one another much easier. Search either by name or these links:

Facebook: <https://www.facebook.com/Federal-Healthcare-Interagency-Institute-1805076689707896/>

Website: <http://www.fhceiaa.org/>

FHCEIAA Membership. Alumni, please consider becoming a member if you have not already done so. Membership ensures maintaining connectivity with other alumni and sharing collaborative wisdom to maximize our resourcefulness and effectiveness. Additional opportunities include receiving the semiannual newsletter, eligibility for dependent children or grandchildren to apply for one of two \$1,500 scholarships, and member eligibility to apply for a \$2,000 professional development scholarship. For further information, contact CAPT(Ret) Gayle Dolecek at gjdolecek@verizon.net.

FHCEIAA Annual Business Meeting. Thursday, December 5, Gaylord National Resort & Convention Center, 201 Waterfront St, National Harbor MD, National Harbor Room 2/3. LTG Ronald Place, MC, USA, Director, Defense Health Agency, will be the featured speaker.

To attend this important event, even if not attending the 2019 AMSUS Annual Meeting, you may purchase a ticket using the promotion code AMS19BRK. This is the link to the registration site:

https://reg.eventray.com/r/orchid/AMSUS19/WELCOME_PAGE/750dd89c-166e-4b62-a044-62ee6f8e1bc2

The board approved subsidizing the cost in order for members to receive a continental breakfast for \$25.

As always, we look to tap into the energy and enthusiasm of our highly respected alumni for fresh ideas on how to advance the association. If you are interested in serving as a board member, kindly express your intent by e-mailing me at Aaron.Middlekauff@fda.hhs.gov or CAPT(Ret) Dolecek.

It is truly an honor and I have been humbled to continue to serve as your president. Enjoy the fall and winter seasons and I look forward to synergistically achieving extraordinary accomplishments together! Until next spring and the convening of the 136th Interagency Institute, God bless and wishing you all the best!

Sincerely,

CAPT Aaron P. Middlekauff, Pharm.D., USPHS





A FOLLOWER'S PERSPECTIVE ON LEADERSHIP *

Alan C. Hardman, USAF, MSC

Mature leaders within an organization have usually graduated from a plethora of leadership courses that included leadership theories and principles and phrases like “your ability to lead effectively got you here.” While following leadership principles may illuminate the pathway to organizational success, perceptions held by the leader and the followers may differ. Five leadership principles are explained below from a follower’s potential perspective. Leadership is often written about, difficult to get right, and interpreted in the eye of the beholder. As the saying goes, “the road to hell is paved with good intentions.” Pause and double check that the leadership principles you think you are implementing are actually the leadership behaviors your followers perceive.

Leadership principle	Followers' perception	Explanation
Establishing a vision	Fostering disappointment	Leadership 101 suggests starting with an organizational vision. Followers, however, know daily events will overcome vision, a coherent strategy will be absent, and resources will be lacking. It is a fine line between a vision realized and a climate of disappointment. Beware a vision without an executable operational plan.
Explaining poor outcomes	Blame shifting	Leaders often explain deviation from the articulated vision using phrases like ‘overcome by events,’ ‘lack of funding,’ and ‘emerging priorities.’ All okay IF an executable operation plan was present; when used, however, to rationalize poor outcomes of a deficient operational plan, it sounds like blame shifting. Be careful when justifying deviation.
Meetings	Ensuring hours are lost but minutes are kept	Theory suggests that meetings with stakeholders working towards common goals helps facilitate outcomes. Followers may perceive this as a venue for pontification and soapbox speeches when a leader ineffectively leverages the power of meetings.
Managing with metrics	Progress is optional but updates are mandatory	Management theory advocates pursuit of organizational improvement through metrics. The balance between bureaucratic tracking of timely submission of multiple reports and examining the value and quantity of the data needed to reach analytical conclusions becomes an issue when activity is confused with productivity.
Delaying a decision	No action is a most powerful action	A decision delayed or never made is indecisive. While both are powerful only one advances the organization. A decision delayed but then rendered at the right time in the right context is a strategic pause.

* Edited for publication. Alan is an alumnus of the 135th Interagency Institute.

USAF alumni of the 135th IAI with Lt Gen Hogg (8th from left)



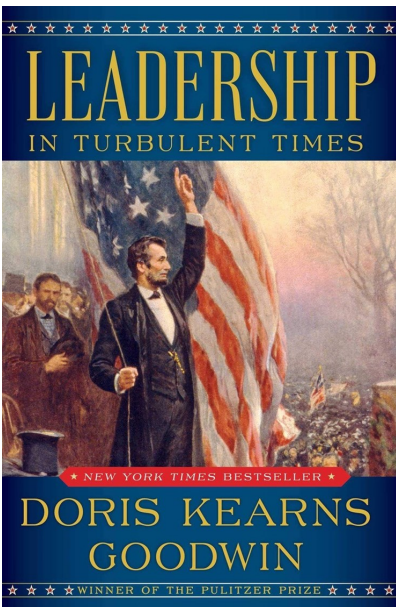


PRESIDENT ABRAHAM LINCOLN – TRANSFORMATIONAL LEADER

Small Group Assignment:

- Describe the circumstances and experiences that effected Abraham Lincoln’s personal perspectives, his position in society, and what he wanted to achieve in life.
- Explain Lincoln’s view of leadership and his responsibility as President of the United States.
- How did Lincoln’s style of leadership differ from Theodore Roosevelt, Franklin Roosevelt and Johnson?

Group Members: Mr. Michael Gardner, VHA; COL Rodney Gonzalez, USA; Col Alan Hardman, USAF; CDR Jason Henry, USN; Col Richard McClure, USAF; Col Shannon Phares, USAF; COL Jodelle Schroeder, USA; CDR Shawn Teutsch, USN; Ms. Amy Weymouth, VHA



Report: A visionary with a purpose and wise beyond his years, Abraham Lincoln might well have been one of the most influential Presidents the United States has ever experienced. His leadership, through a time that could very well have destroyed the United States as we know it, was nothing short of transformational.

In stark contrast to most governmental leaders of the time, Lincoln came from a hard life of extreme poverty, focused on survival in a harsh land. The death of his mother at a young age and a father whose focus was on hard manual labor left an indelible mark on a young Lincoln. While his father was a task master, his mother and eventually his step-mother cultivated his love of learning. His father still taught him the importance of hard work and of storytelling; both would contribute to his success as a lawyer and political leader. When he had the opportunity to attend school, students and the teacher noted he was a fast learner. His uncanny wisdom and thoughtfulness led him to become an impressive story teller who could

entertain other students and local farmers as well. These abilities were matched by what blossomed into a strong ambition to succeed and be remembered for his accomplishments.

Lincoln felt that one of the most important elements of leadership was understanding completely the issue at hand. This was followed closely by his long held belief in the foundational importance of education and self-learning. Due to this approach, he gained sufficient understanding on an issue to make a decision. Once he settled on a course of action, he was strongly adherent to it and was difficult to convince otherwise. He also understood the needs for liberty, equality, and opportunity for all. This belief system drove his politics. When applied to slavery, he stated, “If slavery is not wrong, nothing is wrong” (p. 17). His strong beliefs combined with the ability to engage and explain concepts to crowds allowed him to have significant influence over voters toward his convictions.

While there are many positive traits attributed to Lincoln, he was also shaped by failures and how they affected his future. At age 32 years, he went through considerable depression due to difficulties in politics. Lincoln did not like the fact that his name had not been linked to something that would be in the interest of all men. As a politician, he pledged to renounce his opinion if it turned out to be erroneous. His leadership was shaped by “a willingness to acknowledge errors and learn from his mistakes” (p. 12).

As President, he shaped his Cabinet with individuals who he thought were smarter and would bring different opinions. He did not want “yes men.” He brought together leaders from various factions and across the



political spectrum to challenge his views and present contrary opinions. Although they brought various opinions and recommendations, once Lincoln made his decision, he was committed. This was exemplified by the then controversial Emancipation Proclamation as it was not unanimously agreed on by his Cabinet.

Comparison of Presidential Leadership Style: Doris Kearns Goodwin looked at the leadership of four Presidents, Abraham Lincoln, Theodore Roosevelt, Franklin Roosevelt and Lyndon Johnson. While all four shared many traits in their leadership styles, such as ability for storytelling and beliefs in serving for the greater good of the people, their personal experiences shaped the qualities of their leadership in different ways as shown in the table below.

Abraham Lincoln	Theodore Roosevelt
<ul style="list-style-type: none"> • Learned by self-study • Deliberate in decision making • Shared personal thoughts & feelings with others when faced with melancholy <p>“Lincoln’s emotional intelligence: his empathy, humility, consistency, self-awareness, self-discipline, and generosity of spirit.” (p. 222-223)</p>	<ul style="list-style-type: none"> • Learned by doing • Decision making by small group consensus • Escaped and walled off when faced with tragedy <p>“Hit the ground running; consolidate control; ask questions of everyone wherever you go; manage by wandering around; determine the basic problems of each organization and hit them head-on; when attacked counterattack; stick to your guns; spend your political capital to reach your goals; and then when your work is stymied or done, find a way out.” (p. 133)</p>
Franklin Roosevelt	Lyndon Johnson
<ul style="list-style-type: none"> • Learned from books • Decisive decision making after expert consult • Shared feelings with like groups of individuals when faced with physical adversity <p>“I have no expectation of making a hit every time I come to bat. What I seek is the highest possible batting average, not only for myself, but for the team.” (p. 301-302)</p>	<ul style="list-style-type: none"> • Learned by observation • Decision making on own perhaps with consultation • Diversion of attention to other tasks when faced with personal challenges <p>“And beyond the nation, ‘the whole world would be anxiously following every move I made...it was imperative that I grasp the reins of power...without delay. Any hesitation or wavering, any false step, any sign of self-doubt, could have been disastrous.” (p. 307)</p>

Reference: Goodwin, D.K. (2018). Leadership: In Turbulent Times. New York, NY: Simon & Schuster.

Session on ‘Lessons from Other Countries’ at the Embassy of Australia featuring health systems of Canada, UK, France, Japan and Australia, September 18, 2019.

Photo L to R:
 LCol Andrew Currie,
 Health Services Attaché,
 Canadian Defence Liaison Staff;



Col Chris Wright, British Liaison Officer, Deployment Health; COL Raphael Grippi, French Military Health Service Liaison Officer; LTC Shoko Edogawa, Japanese Medical Liaison Officer; and Dr. Richard Southby, Director, IAI.



PRESIDENT THEODORE ROOSEVELT AND HIS LEADERSHIP

Small Group Assignment:

- Describe the circumstances and experiences that effected Theodore Roosevelt's personal perspectives, his position in society, and what he wanted to achieve in life.
- Explain Theodore Roosevelt's view of leadership and his responsibility as President of the United States.
- How did Theodore Roosevelt's style of leadership differ from Lincoln, Franklin Roosevelt and Johnson?

Group Members: CAPT Sean Boyd, USPHS; Mr. Eric Bruns, VHA; CDR David Burke, USN; Col Johnathan Compton, USAF; COL Mike Pelzner, USA; COL Elba Villacorta, USA; CDR Evan Whitbeck, USN; Ms. Shavetta Williams, VHA; Col Kirk Winger, USAF



Introduction

Teddy ("Teddy") Roosevelt was a "nervous, unhealthy fragile child," plagued with crippling asthma. His father would carry him around the house and take him on nighttime carriage rides to restore breath into his lungs. Not expected to survive childhood, he ultimately became one of our country's greatest leaders and the 26th President of the United States.

Circumstances and experiences effecting Roosevelt's personal perspectives, position in society, and what he wanted to achieve in life

Teddy was born into a family of means, whose father engaged his children's intellect and provided them with opportunities to pursue their interests. He had access to many books and developed broad knowledge on a wide range of topics while becoming a lifelong reader. Roosevelt's father, Theodore Senior, was a true mentor, coach, and philanthropist, often taking on causes to promote fairness and equity for the common man. Teddy adopted this mindset, which he maintained in addition to extraordinary determination to strengthen his body and overcome early perceptions of being a "dude" or a "dandy."

Roosevelt identified himself as a reformer and built platforms on issues where he could make a difference. He felt he could better understand an issue by engaging directly with people

where they lived and worked. This approach helped him see first-hand the corruption and unfairness of the Tammany political system in New York or appreciate an individual's working conditions in the cigar tenements. Early on, he viewed politics "as an arena where good battled evil," and he struggled with learning to compromise. Over time, however, Roosevelt learned from failed attempts and life experience to adjust his approach.

Among the most notable and influential events in his life was the death of his wife and his mother on the same day in February 1884. Roosevelt chronicled in his journal "The light has gone out of my life." He poured himself into his work only to ultimately retreat from the public eye by departing for the Badlands to immerse himself in the life of a rancher. This marked a time of personal healing, growth and transformation.

When Teddy reentered the political arena, he became the Civil Service Commissioner then Assistant



Secretary to the Navy – both compromise positions beneath what he desired. He recognized things would not always go according to his plan, and seizing opportunities was critical. He resolved to do what he could, with what he had, where he was at the time. Roosevelt strived to recognize a problem, build consensus, and implement change, although his natural tendency was to take charge and aggressively attack a problem.

Roosevelt’s view of leadership and his responsibility as President

Roosevelt studied Lincoln, whom he appreciated for being able to “yield lesser issues for more important ones.” He understood that “leadership had to be earned,” and beginning with his term as Governor of New York became famous for referencing an African proverb, “Speak softly and carry a big stick.” The deaths of his mother and wife made him impatient to get things accomplished, and his leadership style after return from the Badlands was described as “confrontational and often abrasive.”

By the time he became President of the United States, Roosevelt refined his leadership approach and tempered his ambition with careful planning and well-thought execution. When faced with the Great Coal Strike of 1902, he struggled initially with the role he and government should play.

Ultimately, he determined to lead as a steward of the people, with the right and responsibility to confront the problem head-on. Instead of independently and aggressively intervening, Roosevelt served as a broker between “warring” parties of industry and labor, seeking to understand all facts and sides of the situation.

Teddy leveraged the media to expose the issue to the public by releasing a report describing the positions of both the miners and the coal industry, and he alone could not have brokered the resulting mandate from the public.

Leadership differences between Lincoln, FDR and Johnson

Theodore Roosevelt focused on fairness to root out corruption. Although naturally impulsive, reactionary and unafraid of conflict, he learned to build consensus and use public discourse to lead.

Abraham Lincoln was conversely naturally reflective, restrained, and introspective as a leader. Raised poor, Lincoln empathized with the underserved, advocated and took actions based upon what was right and did not compromise on his values to reach more expeditious resolutions.

Unlike the brash Teddy, Franklin Roosevelt made decisions with a propensity to keep the process of determination hidden from view. He demonstrated a single point of vision, exuded calmness, and was a polished politician—concerned with appearance and image. He was charming and told stories directly to the people. He exuded optimism and confidence, allowing the public to identify with him.

Although Teddy and Lyndon Johnson were high-energy individuals, LBJ demonstrated a more coercive and grinding leadership style. In his interactions with others, Johnson's behavior was calculating and cunning. As a leader, Johnson allowed for zero excuses, expecting immediate compliance. He was ruthless and a master of one-on-one interaction, using his interpersonal skills to influence those around him based on his deep understanding of who they were and what motivated them.

Conclusion

Theodore Roosevelt was a formidable leader who possessed determination and perseverance to overcome limitations and mature from life experiences. His keen ability to interact with all levels of society, despite his socioeconomic background, to take risks and act on major issues made him popular among common people. When comparing Roosevelt’s leadership style to Lincoln, FDR and LBJ, his style was most similar to Lincoln. While Roosevelt was more of an extrovert and impulsive, like Lincoln, Roosevelt valued consensus and public support when developing decisions and policy.

Reference: Goodwin, D.K. (2018). Leadership: In Turbulent Times. New York, NY: Simon & Schuster.



THE RESILIENCY AND GREATNESS OF FRANKLIN D. ROOSEVELT: AN ANALYSIS OF HIS LEADERSHIP

Small Group Assignment:

- Describe the circumstances and experiences that effected Franklin Roosevelt's personal perspectives, his position in society, and what he wanted to achieve in life.
- Explain Franklin Roosevelt's view of leadership and his responsibility as President of the United States.
- How did Franklin Roosevelt's style of leadership differ from Lincoln, Theodore Roosevelt, and Johnson?

Group Members: Col Wade Adair, USAF; Col Colleen Frohling, USAF; CDR David Lang, USN; CAPT Catherine McLean, USPHS; Ms. La Tara Miller, VHA; CAPT Jose Pedroza, USN; LTC Diana Weber, USA; Col Woody Woodruff, USAF; COL Vanessa Worshum, USA

Introduction: Franklin D. Roosevelt is one of the most influential presidential leaders in American history, serving during turbulent times and through his inspirational leadership mobilized the nation through great challenges, including the Great Depression and World War II. FDR's character and leadership, through his presidency, could only be attained by supporting a new order to benefit the masses of working Americans.

Experiences and Circumstances that Effected Franklin D. Roosevelt's World View and His Lifetime Goals:

It has been said leaders are often born; however, one could surmise their leadership is honed through life experiences. FDR grew up a single child from an affluent family. His father passed away when he was very young which led him to become a companion for his mother. At age 14, he attended boarding school. He did not fit in and often felt left out, yet continually expressed optimism, learned to adapt to changing circumstances, and alter his behavior and attitude to suit new conditions. At Harvard, he discovered his ambition working for the school newspaper and inevitably became editor. He learned to work hard and achieve what he desired. He soon developed and honed his innate ability to connect with people.

After college, FDR met Eleanor, a well-educated, socially cognizant, and highly intelligent woman deeply committed to serving the country, who became his partner for life. He realized each personal relationship was valuable and these relationships were significant to leadership (and political success.) As he progressed through politics (State Legislator, Governor of New York, Assistant Secretary of the Navy, Vice Presidential candidate) he learned the value of having a "core of trusted advisors," creating a vision that resonates with the population, and being able to execute decisive action. With all of these leadership strengths, FDR still lacked humility.

In August 1921, FDR's experience with polio positively impacted his leadership style. Relying on optimism, strength to overcome challenges, and understanding the frailty of life, FDR gained the final feather to propel him to true leadership (and the Presidency)...humility. With this perspective, FDR worked to create an "All-In" approach. FDR relied on storytelling, fun, and humor to maintain high spirits, creating an optimistic, frictionless command. His struggle with polio increased his empathy for others and allowed him to connect with every American as he continued his successes leading the United States out of the Great Depression.

Franklin D. Roosevelt's Leadership Views and Perspectives:

In the face of economic depression, a paralyzed industry, and wide-spread unemployment, the American people put their faith in the President. FDR's election brought with it his strength of experience—faith, poise, hope, and action. In the first "100 days," he enacted a vast group of laws, empowering the federal government to intervene in the private sector.

FDR addressed the feeling of helplessness in the country, by speaking to Americans through the radio via his "fireside chats." He viewed leadership as actively involving stakeholders early, telling the story simply and directly, and surrounding himself with other strong leaders (who often disagreed with him and each other in order to encourage creativity.) FDR's mantra was take action, create change, and bring lasting reform.



Leadership Style Contrasts with Other Presidential Leaders—Lincoln, Theodore Roosevelt, and Johnson:

Lincoln. While FDR communicated effectively with the working American, President Lincoln led through compelling oracles and understood the common man. Lincoln was humble, merciful, confident, and able to sustain the American spirit, while FDR displayed moderate confidence and had a unique ability to connect with people at all levels of the political hierarchy. With a strong sense of moral purpose Lincoln tackled challenges to heal divisions and unite the country. His empathetic, attentiveness, empowering, and forgiving attitude gave him great power to lead.

Theodore Roosevelt. With boundless energy, intellect, and ambition, Theodore Roosevelt often looked for opportunities, whereas FDR took advantage of opportunities as they presented themselves. Although Theodore Roosevelt's style of leadership involved pounding fists, his charismatic self-confidence led him into the Presidency. Although both T. Roosevelt and FDR displayed a transformational leadership style, T. Roosevelt commanded diverse teams with clear direction, empowering them to make informed decisions, whereas FDR's calm and reassuring style inspired confidence in the nation.

Johnson. Leaders lead (as needed)! FDR relied on temperament and humility to inspire confidence. Contrarily, LBJ, known for his exuberant and pushy persona, was assertive, action-oriented and ambitious when the country was rocked by the assassination of John F. Kennedy. Yet, his assertiveness was exactly what was needed to advance civil rights for Americans.

Conclusion: Leadership qualities often are formed through circumstances and experiences in the course of one's lifetime. It is said, difficult times test the responses of leaders and their ability to strategically shape future policy. FDR was a generational President and the ideal leader for his time. Healthcare leaders of today in the turbulent market place and political landscape can learn from FDR's leadership style and his achievements.

Reference: Goodwin, D.K. (2018). Leadership: In Turbulent Times. New York, NY: Simon & Schuster.



Left to right: MGen Andrew Downes, Surgeon General, Canadian Forces Health Services Group; VADM Forrest Faison, III, Surgeon General, U.S. Navy; Lt Gen Dorothy Hogg, Surgeon General, U.S. Air Force; MG Scott Dingle, Deputy Surgeon General, U.S. Army; Mr. Larry Connell, Chief of Staff, Veterans Health Administration; VADM Jerome Adams, Surgeon General of the United States.

Panel presentation at the 135th Interagency Institute for Federal Health Leaders—CF Surgeon General & Senior U.S. Federal Health Care Leaders—Embassy of Australia, Washington DC, September 18, 2019.



LYNDON BAINES JOHNSON

Small Group Assignment:

- Describe the circumstances and experiences that effected Lyndon Johnson's personal perspectives, his position in society, and what he wanted to achieve in life.
- Explain Johnson's view of leadership and his responsibility as President of the United States
- Determine how Johnson's style of leadership differed from Lincoln, Theodore Roosevelt, and Franklin Roosevelt.

Group Members: Col Alan Guhlke, USAF; Col Jeanine Hatfield, USAF; CAPT Robin Hunter-Buskey, USPHS; CDR Kyle Kee, USN; Mr. James Marfield, VHA; LTC Eric Midboe, USA; CAPT Karen Morgan, USN; Col Alisha Smith, USAF; COL Michael Weber, USA.

Factors Impacting Lyndon Johnson's Perspective, Position in Society, and Ambition

Lyndon Johnson's personal journey to the presidency was molded by several environmental circumstances. His mother's practice of rewarding conforming behaviors with praise and rejecting him following non-conforming behaviors was often reflected in the way he would later treat his subordinates. Growing up, his parents pushed him to achieve through a dichotomy of emotions. If he was loyal and succeeding, he received affectionate attention; however, if he was underperforming or being disobedient, it was seen as betrayal and they shunned him via a "Johnson Freeze Out" (p. 72).

Johnson inherited his love for politics from his father whose greatest joy was serving others through political office. From an early age, Johnson often worked alongside his father and eventually became a savvy politician. Johnson was heavily-influenced by his grandfather after whom he modeled his communication style to effectively convey ideas through conversational storytelling. Intellectually-gifted and driven, Johnson believed that no one could outwork him, and he demanded the same level of work ethic from his subordinates. Johnson felt his destiny was to be a Congressman. His opportunistic rise in politics included being appointed as the director for the Texas National Youth Administration, being elected to Congress in a special election, and eventually the U.S. Senate after life changing election defeats.

Johnson's View of Leadership and Responsibility as POTUS

While Johnson's upbringing was foundational for his leadership approach and world view, it was his time spent in the legislative branch that crystalized his sense of responsibility to the American people. Johnson professed a leader's responsibility is serving the people, and in particular, the underdogs, or those who need the most help. From this viewpoint, government should focus efforts on the poor, undereducated, poorly-housed, elderly, and sick. Johnson's unwavering focus on creating equity in America enabled foresight into the government's true role in domestic affairs. He drove quick results by instilling fear and a competitive mindset amongst those around him and always seemed to balance it with affection, sentiment, and praise.

Johnson's relentless work ethic and endless enthusiasm drove results that were thought to be impossible. He recognized early that you must engage with people in charge and keep your promises, which he was most effective at via intimate, face-to-face encounters. These characteristics inevitably earned him the nickname "steam engine in pants" (p. 68). Johnson actualized President Kennedy's agenda for civil rights, the tax bill, and voting rights, and in doing so, instilled confidence in the public. As President, he would "realize a society built on racial and economic justice far beyond the dreams of the New Deal and the New Frontier" (p. 309).

Comparison of Johnson's Leadership with that of Lincoln, Theodore Roosevelt, and Franklin Roosevelt

When comparing Johnson's leadership style to that of Lincoln, Theodore Roosevelt, and Franklin Roosevelt, he was set apart by his level of intimacy with constituents and peers that enabled successful consensus-



building. An essential quality of Johnson’s leadership style came from his ability to forge one-on-one relationships and leverage these relationships to achieve an ambitious agenda. While all four leaders had the ability to understand and influence personal and public opinion, Johnson’s intimate knowledge of members of Congress and Congressional processes fostered a very deliberate and successful transactional leadership style with the members needed to achieve transformational leadership outcomes. He worked tirelessly to achieve his goals, but often at the expense of his staff. His whole being was committed to politics. Ultimately, an aspect of Johnson’s leadership that enabled his success was his ability to adapt his leadership approach after the assassination of President Kennedy. He demonstrated new strength and assurance to the public and deference to Kennedy’s inner circle. He understood the need to be patient and solidify support through humility, and then leverage his experience in Congress to advance Kennedy’s progressive legislation.

All four leaders were able to put the nation above self-interests and, when needed, demonstrate humility and adaptability. They all had a keen ability to understand people and the environment they were working in and adapt their leadership to achieve end goals. All were faced with hardship, which revealed their resiliency and adaptability. They each possessed tremendous discipline and work ethic. The most important leadership characteristic that enabled their success as adaptive leaders was their vision and ability to communicate the vision, enabling them to marshal support required to achieve that vision.

Summary: Johnson’s superior personal knowledge of members of Congress and its processes enabled him to adopt the deliberate and successful transactional leadership style needed to achieve his desired outcomes with the members. His ability to adapt his leadership approach after the assassination of President Kennedy further enabled continued success. He showed strength and assurance to the public and understood the need to be patient and to solidify support through humility. Then, he leveraged his experience in Congress to advance Kennedy’s progressive legislation continuing to be a de facto Congressional Representative for all of America – even while as President.

Reference: Goodwin, D.K. (2018). Leadership: In Turbulent Times. New York, NY: Simon & Schuster.

Right:
USPHS alumni of the
135th IAI with
VADM Adams, Surgeon
General of the United
States (center)



Left:
VHA alumni of
the 135th IAI



HEALTHCARE SOLUTIONS FOR A HEALTHIER NATION

Small Group Assignment: Prepare a careful analysis of 'Priced Out: The Economic and Ethical Costs of U.S. Healthcare' (Reinhardt, 2019). Determine the principal messages Dr. Uwe Reinhardt was attempting to convey and propose a blueprint of what the United States Healthcare System should look like in 2020.

Group Members: LTC Marla Brunell, USA; CDR Kelly Elmore, USN; CAPT Robert Hayes, USPHS; Col Catherine Hight, USAF; Col Craig Keyes, USAF; Ms. Jennifer Koget, VHA; CDR Mary Phillips, USN; Ms. Krista Rogers, VHA; LTC(P) Abdul Willis, USA

Introduction: The U.S. healthcare system is exceedingly complex, increasingly expensive, and unaffordable for many. This is a careful review of Dr. Uwe Reinhardt's account of today's healthcare system, as he tries to explain why healthcare costs much more, while delivering much less than healthcare systems of other advanced countries. Through this analysis, we hope to provide a recommended blueprint for healthcare policy and health system design to enhance the provision of healthcare in the U.S.

Book Review: There are two principal messages conveyed by Dr. Reinhardt. First, the U.S spends exponentially more money on healthcare than any other country and does not yield any significant increase towards improved outcomes or a healthier population. Second, the issues driving U.S. healthcare are not only economical but also include social ethics as well.

U.S. healthcare expenditures are by far the highest in the world, which accounts for a higher spending percentage of U.S. GDP for healthcare compared to other industrialized nations. Expenses associated with administrative overhead, high charges for services, high pharmaceutical prices, and ineffective use of resources are contributing factors to increased healthcare costs in the U.S. No other country with an organized healthcare system applies a greater amount of financial resources towards healthcare administration than the U.S. This issue is exacerbated by complicated requirements imposed by government policies and insurance companies requiring additional administrative processes to ensure compliance and maximize reimbursement. The U.S. lacks a uniform fee schedule and transparency of charges which result in estimates and costs that are confusing for consumers. Prices for services in the U.S. are twice as high compared to other countries and medical bills show increased rates when consumers use out of network services. The lack of prescription cost regulation has further amplified the cost of healthcare as drug companies continue to set prices and charge U.S. consumers more than other countries.

Dr. Reinhardt raised the following ethical questions: Is healthcare a right or a privilege? To what extent should we be our poor and sick brothers' and sisters' keepers? Addressing these ethical questions is essential in formulating policies for U.S. healthcare. The U.S. has difficulty establishing policies due to the lack of political consensus toward these fundamental questions.

Recommendation: The recommended healthcare blueprint stemmed from lessons learned from Dr. Reinhardt's writing and review of U.S. healthcare policies and systems. The proposal is to establish a U.S. universal healthcare system that contributes to a healthier nation by reforming current policies, restructuring healthcare system practices and controlling healthcare costs, and recognizing healthcare as a right and not a privilege.

A blueprint for U.S. Universal Healthcare in 2020 should include the following:

Policy Goals

- All individuals with a valid social security card will be eligible for universal healthcare.
- Support the implementation of universal healthcare by establishing uniformity of fee schedules and price regulation.



- All federal agencies will engage in the development, implementation and enforcement of healthcare policy.
- Implementation of universal licensing and credentialing for all licensed healthcare professionals.
- Development and implementation of a universal health record with standardized administrative reequipments for documentation and billing.
- Development and implementation of national healthcare education and population health standards with a focus personal health responsibility.

System Design

- The Affordable Care Act will transition into the universal healthcare plan. The focus of the universal healthcare package will be prevention and wellness, health promotion and evidenced based services.
- Legacy Medicaid and Medicare programs will be consolidated into a program called “Medi²” and cover catastrophic illnesses and other special needs care.
- Single Payer healthcare system.
- Consumers may elect to supplement the basic universal healthcare package with employee-based insurance, private insurance, Tricare, VA, etc.
- All healthcare institutions will accept the universal healthcare plan and Medi² patients; private clinic/hospitals must include a certain percentage of universal healthcare and Medi² patients into their case mix. Reimbursement requirements will be streamlined.
- The education system will incorporate health education, health promotion activities and personal responsibility for healthcare into curriculum for all ages.
- Establish a financial incentive program for individuals who maintain personal health.

Responsibilities

- Establish a universal healthcare enterprise to develop and enforce transparency of fees to prevent “surprise bills,” and oversee mandatory estimates detailing procedure costs and final charges.
- Establish a federal committee to determine uniformity in fee schedules and fees for services/procedures.
- Regional/state-based price determinations will account for the cost of living.
- Establish a ‘Federal Drug and Device Price Regulation Committee’ with pharmaceutical company representation to set uniform prices on prescription drugs and devices.
- Mandatory review and publication of system wide evidence-based metrics every two years.

Financing

- Federal wage and/or sales tax will be evaluated and increased as needed.
- Additional cost to individuals will be dependent on individual choice to supplement the universal healthcare package with additional coverage.

Conclusion: Providing healthcare coverage to all will not solve the U.S. healthcare crisis. There is a need to control costs, change societal and culture views to focus on healthy living, promote wellness, and improve administrative practices. Upon achieving these, the U.S healthcare enterprise may support transitioning to a healthier society engaged in wellness.

Reference: Reinhardt, U.E. (2019). Priced Out: The Economic and Ethical Costs of U.S. Healthcare. Princeton NJ: Princeton University Press.

IN THE END...IT'S COMING...JUST DEAL WITH IT.



IS OUR CURRENT HEALTHCARE SYSTEM HOW WE TRULY AND ETHICALLY WANT TO CARE FOR MEMBERS OF OUR SOCIETY?

Group Members: Dr. Angel Colon-Molero, VHA); Lt Col Benjamin Gantt, USAF; CDR Stuart Hitchcock, USN; Col Brandon Isaacs, USAF; Col Ann McCain, USAF; CAPT Katharine Shobe, USN; COL Matthew St Laurent, USA; CDR Mark Thomas, USN; Ms. Peggy Wilson, VHA; COL Helen Wright, CF

Assignment. Throughout his distinguished academic career, Professor Uwe Reinhardt made it very clear that he did not favor a single-payer health care system for the United States. As the campaigning for the 2020 elections is getting underway, a number of presidential aspirants are proposing versions of 'Medicare for All'. Why did Professor Reinhardt not support a single-payer approach?

He also outlined in considerable detail why we have arrived at "our present not-universal system of health coverage by fits and starts over a century of political improvisation." What changes need to be made if we as a society agreed with Professor Reinhardt that the child of a poor American family should have the same chance of avoiding a preventable illness of being cured from a given illness as does the child of a rich American family?

Introduction. Health care spending is expected to be a priority for voters in the 2020 presidential election. Current candidates split into three groups on health care reform: 1) single-payer 'Medicare for all,' 2) public option, and 3) public-private hybrid plan. In 2018, the U.S. was compared with 10 other high-income countries to determine the primary drivers of health care spending. The authors determined the high cost of U.S. health care was due to the cost associated with health care delivery driven by administrative and pharmaceutical costs and clinician salaries. ¹

Why did Professor Reinhardt not support a single-payer approach?

In *Priced Out*, Reinhardt discussed the logic behind the single-payer approach and the inherent administrative cost savings with uniform fee schedules.² He recommended a single-payer system for the country of Taiwan when the government was implementing universal health insurance in 1995. In the U.S., Reinhardt pointed out that Medicare is an example of a classic single-payer system works that works well for the elderly, those with disabilities, and renal failure. Nevertheless, he did not support a single-payer approach for the entire U.S. due to the current political 'context.' The epilogue to *Priced Out*, by Tsung-Mei Cheng, discussed Reinhardt's skepticism that a single-payer system could be implemented universally in the U.S. given the current opposition from opposing health industry special interests. He felt the American political system and its vulnerability to lobbying against a single-payer approach would prevent such a system from being administered effectively.

What changes need to be made if we as a society agreed with Professor Reinhardt that the child of a poor American family should have the same chance of avoiding a preventable illness of being cured from a given illness as does the child of a rich American family?

If American society agreed, healthcare should be viewed in terms of 'distributive social ethics' rather than a 'capitalistic good,' America would be better served by moving to an all-payer system in order to control costs and preserve the private insurance market. Similar public-private hybrid systems exist in Japan and Germany. The ideal system would consist of four main areas:

- A government health insurance program that is mandatory for any American under a predetermined income level. Above that income level, one could opt to purchase private insurance.
- Health care costs would be paid by premiums (by employer, employee, and underinsured) and through taxes. These premiums would be paid based on a sliding scale related to income.



- Government health insurance holders jointly carry the risk of costs.
- Rates for health care are community-based and determined on a state level by self-governing bodies made up of health care providers, administrators, insurers and patients.

In order to decrease cost, and to save on administrative charges, we propose to standardize prices by establishing a fixed 'Case Rate', 'per diem Cost' or 'Procedure Rate' set by each state. Fair and reasonable charges for standard health care coverage will be determined by each state. Rates, incentives, and rebates will be offered if baseline outcomes and performance measures are met or exceeded.

Medication costs, a significant driver of health care costs, must be regulated. Prescription prices in the U.S. are significantly more expensive than other developed nations. States will negotiate prices with the pharmaceutical companies and/or buy directly from other countries like Canada, the United Kingdom and others, as has been the tradition in Florida, Vermont and Oregon.

"Medicare for All" is not a good model to emulate unless we can change that model of delivery. Change to existing legislation to allow Medicare to negotiate with pharmaceutical companies or allow Medicare to pay the same prices negotiated by entities like the Veterans Health Administration is a must. There can be no doubt that this legislation change would result in lower prescription drug prices and significant savings. There are approximately 57 million people covered by Medicare, one-eighth of America's population. Our representatives routinely adhere to Lobbyists' requests from influential companies rather than address their own constituents' needs and medical expenses. In 2016, according to the Center for Responsive Politics, the goal of 804 pharmaceutical company lobbyists was to assure that any legislation benefited their interests.

Negotiations on medical delivery of services could also be implemented more aggressively if we had more transparency on pricing for services delivered. Then entities could better negotiate prices on deliverables just like pharmaceuticals. Price transparency through legislation and/or other means based on consumer expectations would help drive costs down as competition enters the market. Better informed healthcare consumers at all levels could more readily make informed choices and be more able to look critically at the services delivered and drive costs down through open negotiation.

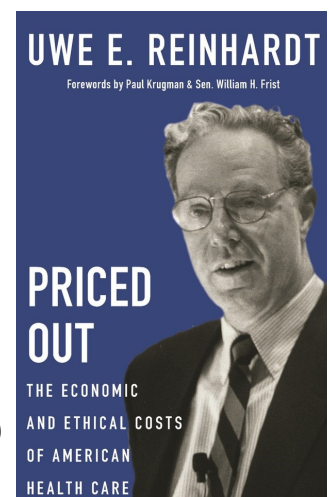
Conclusion: Professor Reinhardt stated that "Americans typically shy away from an explicit statement on social ethics in debating health reform." Instead, they prefer discussing health care in technical terms as if speaking about any ordinary commodity (such as pork bellies and oil) and frame it like a business discussion. People are more comfortable discussing sensitive (or emotional) topics in an impersonal format but we cannot forget the debate is not just about economics, it is a question of social ethics.

Health care is a social ethics issue. Our insurance plans are based on profit margins with higher premiums for individuals who can least afford the cost. Everyone agrees that change is necessary, but there is no agreement on how to make it happen. While nations are judged by how they care for the health needs of the most vulnerable members of their society, how do we want the United States of America to be judged? The time has come to make a decision between personal responsibility verses social responsibility and we must ask the question, ***Is our current healthcare system how we truly and ethically want to care for members of our society?***

References:

¹ Papanicolas, I., Woskie, L. & Jha, A. (2018). Health Care Spending in the United States and Other High-Income Countries. JAMA. 2018;319(10):1024-1039. doi:10.1001/jama.2018.1150

² Reinhardt, U. E. (2019). Priced Out: The Economic and Ethical Costs of U.S. Healthcare. Princeton NJ: Princeton University Press.



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Annual dues - \$25, Lifetime membership - \$100

Save the date

The FHCEIAA Annual Meeting and breakfast will be held Thursday, December 5, during the AMSUS Annual Meeting at National Harbor MD, December 2—6. See registration details on page 2.

Plan now to attend!

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