



# THE RECORD

Interagency Institute for Federal Health Leaders

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## ***From the Director...***

The 139<sup>th</sup> Interagency Institute for Federal Health Leaders was held at the Milken Institute School of Public Health, The George Washington University, in Washington, DC, from September 12 to 23, 2022. This Institute was funded through the Uniformed Services University and the Defense Health Agency with continuing education credits awarded through the latter.

Over the 38 years that I have been privileged to serve as Director, we have had many outstanding groups of participants but the 139<sup>th</sup> participants stand out as a very special group!

In reality, it was probably the combination of the participants' wide-ranging skills and personalities, our distinguished faculty and the first-class meeting facilities which resulted in great discussions, enthusiasm and pride in being part of federal health care and the eagerness to learn from each other that made this recent Institute special.

All of this happened at a time when there are serious issues of global conflict, economic uncertainties and the realization that we are still experiencing a pandemic which has not gone away. On top of all this, the social, political and economic factors here in the United States and elsewhere, including increases in violent crimes and social divisions, are extremely worrisome. As health professionals we cannot solve these global challenges but we also cannot ignore them because they affect us personally and professionally.

Many of the faculty members addressed these concerns and it is hard not to be more fearful of these global dangers that seem to get worse daily, rather than better, than at any other period in our lifetimes.

Federal health care continues to face numerous challenges – from beneficiaries getting access, and maintaining it, to the care they need; increasing costs within our respective systems, and in the contract arena; to ensuring high quality, comprehensive and coordinated care and recruiting and retaining health professionals in the federal health workforce.

I think that we also need to remember that as our population continues to 'age' this brings further challenges to develop innovative policies and programs which will enable people to remain independent as long as possible. Fortunately, there are numerous successful examples of such developments occurring in many localities throughout the nation. We must exploit these opportunities and utilize them where appropriate in all sectors of federal health care.

Please keep up your dedication and enthusiasm for federal health care. You can be very proud of your contributions to date but the future demands us to be visionary and willing to work much more collaboratively across and within our agencies in the years ahead.

Best wishes,

Richard F. Southby, Ph.D. (Med), F.F.P.H.M., F.R.S.P.H., F.C.L.M. (Hon)

**FHCEIAA Annual Meeting**  
February 14, 2023, 4:00 - 5:30 PM  
Gaylord Hotel, National Harbor MD  
See page 12 for further details.



## TOP PRIORITIES FOR HEALTH LEADERS

The following **Small Group Members** provided a critical analysis and review of the ***Healthcare Innovation's Executive Report: Top Priorities for Health Leaders 2022 - 2023***: Col Lea Ann Calderwood, USAF, COL Jovitta Chandler, USA, CDR Maria Coon, USN, Col John Davis, USAF, Ms. Madeleine Friedman, DHA, Col Mike Haines, USAF, CAPT Shary Jones, USPHS, CDR Andrew O'Dea, USN and Dr. Skip Walton, VHA.

**Introduction:** The executive report highlights several priorities (value-based contracts, advanced analytics, artificial intelligence (AI), interoperability, cybersecurity, and electronic health record (EHR) optimization) for healthcare leaders. It fails, however, to mention implications on three crucial health care delivery systems: Military, Veterans Health, and the U.S. Public Health Service. This analysis will explore gaps found in the report and apply leadership concepts found in the book by Henry Kissinger, *Leadership: Six Studies in World Strategy* (2022) in tackling today's healthcare industry challenges.

**Major findings:** The analysis of the report reveals several significant findings facing the nation today. One finding highlights the financial burden hospitals and health systems face as they work towards recovering from the effects of the pandemic. Hospital expenses were 19.1 percent higher than pre-pandemic levels when labor costs accounted for more than 50 percent of its total expenses. Due to the national shortage of healthcare workers, hospitals have had to rely on contract staff. As a result, hospital billing rates increased by 213 percent compared to pre-pandemic rates. Drug and medical supply expenses revealed dramatic increases compared to their respective pre-pandemic levels. Moreover, the global effects of inflation compound the financial burden hospitals face as they continue to provide services to their patients. Concerns surrounding cybersecurity remain at the forefront as health systems build out their networks to support interoperability and data exchange when the frequency of adversarial cyberattacks are at historical highs. Another significant finding is the correlation between EHR use and physician burnout. Although EHR use has demonstrated benefits such as improved chronic disease management and improved quality of care through the facilitation of team-based care, physicians attribute their dissatisfaction to the administrative burden EHR use imposes.

**Recommendations:** The report recommends several courses of action. First, hospital executives must plan for ongoing financial pressures, especially increased labor and supply costs. Some cost reduction measures hospitals can implement include increasing automation through remote patient monitoring in the inpatient setting and restrictions or changes in service offerings. In value-based contracting, using multi-disciplinary care teams (MDCTs) for patients with chronic severe conditions results in much-improved engagement by patients and staff, reducing overall healthcare costs. For technological solutions, such as advanced analytics and AI, executives must be familiar with AI options and technology and appropriately invest in them. Advanced analytics discovers actionable information, presenting it to the clinician at the right time, allowing for focused process improvement. Network security engineers must include advanced network micro-segmentation in the design, with a minimum staff of 26 people running 24/7. With increasing global cyberattack threats, healthcare organizations should prioritize implementing advanced strategies and the necessary personnel to aid in protecting their patients' medical data. Finally, in EHR implementation, executives must focus on improving their systems, personalization, governance, and training quality. This focus will empower physicians, reduce stress, and decrease burnout.



**Report Gaps:** While the report identifies many common challenges currently facing hospitals and healthcare systems due to the pandemic, it falls short in addressing long-term challenges. Even before the pandemic, it was well known that the large Baby Boomer generation would soon reach the geriatric age and require more medical services. Coincidentally, it has been forecasted that the healthcare industry will simultaneously face significant physician and nursing shortages. Many hospitals could look to their past to explore possible solutions by developing educational pipelines to meet the growing demand as they did with institutional nursing programs. Additionally, there are many challenges facing hospitals, including the increasing need to optimize the interoperability of cyber technology in healthcare delivery, while also providing the security of patient's personal identifiable information. During an era of increased cyber-attacks and security breaches, the delicate balance of security and interoperability needs further discussion. Lastly, the report omits the need to explore other non-monetary staffing concerns that could significantly enhance the staff's attitude, benefits, and commitment to the organization leading to higher job satisfaction and potential long-term retention.

**Implications:** As costs continue to rise, the military health system, the Veterans Health Administration (VA) and the U.S. Public Health Service must effectively compete with the civilian health systems for limited resources – the most critical being personnel, placing a premium on effective recruiting and staff retention. Leaders must ensure all team members understand their value and staff feel appreciated and recognized. The hiring and onboarding processes for civilian employees must be streamlined and welcoming.

Additionally, the dependence on continuing resolutions for funding military health creates a significant disadvantage when competing in the marketplace for scarce resources, be it people or supplies. Considerable effort should be directed toward legislation making a more predictable budget cycle for MHS. The transition to a new EHR has also significantly increased stress on personnel recovering from the COVID-19 pandemic. The training in new MHS and VA electronic health record systems must reflect actual provider workflows and allow individuals to configure the system so they can do work most efficiently. The systems must also be stable, with minimal downtime. Without a doubt, consolidating all servicemember health data from enlistment to end of life will create opportunities for population-based research at a scale never seen before. These opportunities must be funded and leveraged. Cybersecurity threats will also continue, potentially significantly disrupting patient care. Continued vigilance is warranted, but there must be a balance between the security of the IT systems and the efficient provision of patient care.

**Conclusion:** The COVID-19 pandemic magnified labor shortages, led to surging supply costs, and intensified cyber threats. Healthcare leaders are facing one of the most challenging environments in decades and now is the time for solutions to be implemented to counter current difficulties, including the aging boomer population. Kissinger has outlined key characteristics of six historical leaders with skills relevant to our current healthcare environment. These leaders reached their positions through meritocratic principles and a continuous learning ethos. What is more when you about these leaders Kissinger used as case studies, they stand out for their boldness, ability to tell the hard truth, and steadfastness in their conventions for what is the right course. Specific examples where leaders went against what most advised and when most expected failed missions, including Nixon opening dialogue with China and Thatcher sending the Royal Navy to recapture the Falkland Islands. They had the skills needed at the time to go against the flow and be successful. The healthcare community is in vital need of leaders with a service mindset and the vision and tenacity to change the trajectory of our healthcare system.



## KONRAD ADENAUER: : THE STRATEGY OF HUMILITY

**Small Group Assignment:** After reading *Leadership: Six Studies in World Strategy* by Henry Kissinger: What was the major leadership style of Konrad Adenauer ? What were his successes and failures as a leader? What do you think are the major leadership lessons from the study of this particular world leader for health leaders in the US?

**Group Members:** Col Timothy Ballard, USAF; CAPT(s) Scott Dunn, USN; Col Stephanie Ku, USAF; Dr. Christopher Loftis, VHA; LTC Megan Moakler, USA; CDR James Ross, USN; LTC Alan Schilansky II, USA; Col Illania Wingler, USAF; Mr. Richard Wolfe, DHA.

**Introduction:** Konrad Adenauer was the first chancellor of the occupied post war German Federal Republic (1949 to 1963). During this time, Germany was “a country which had lost two world wars, undergone three revolutions, committed heinous crimes of the Nazi regime, and saw its material wealth eliminated twice in a generation. There was an atmosphere of hysteria, a tendency toward unbalanced actions.” The Soviet Union, led by Stalin’s Russia, was gaining influence, and the North American Atlantic Treaty Organization (NATO) was forming under the Allied commander, General Eisenhower, and President Truman. It was in this environment that Adenauer’s leadership style of hard truths, balanced with humility, was forged. This paper will attempt to provide a critical review of Adenauer’s leadership approach and further provide critical insight on how his style may be useful for healthcare leaders in the U.S.

**Background:** At the end of World War II, Germany was morally, economically and spiritually bankrupt with no clear path forward. Adenauer, a former mayor of Cologne, lifelong civil servant and unwavering opponent of Hitler’s failed Third Reich, was chosen by a single vote to lead Germany from the chaos. A devout Catholic, he believed the only way forward was to lead with morality. He believed, above all, that Germany needed to avoid repeating the destructive cycle of nationalistic self-pity, and instead to embrace humbleness and dignity in order for Germany to move forward. Adenauer would connect humility, strength, conviction and Christian morality: “One cannot demand and expect trust from the outset...trust can only be recovered slowly...bit by bit.” Adenauer never diverted from the unwavering belief that Germany’s only path to restoration and equality was to suffer “temporary inequality of conditions was the pre-condition to equality of status.” Every decision and step he made as Chancellor was calm, measured and executed with that long-term plan in mind. Kissinger described when meeting with Adenauer that “one was entering a world guided by principles and immune to slogans or pressure.”

Adenauer achieved countless successes during his leadership tenure. One could argue that perceived leadership failures were minor and that assumed risk was worth taking as he aspired for Germany to seek a more righteous pathway. His continued success as a leader stemmed from his ability to develop and keep Germany committed to a long-range strategy of German unification and political, socioeconomic alignment with NATO allies. Adenauer believed that strengthening ties with the West was the key to the restoration of Germany. In order to achieve his vision, he proposed that cooperation with the various Allied punitive measures was the best strategy. It was imperative that Germany earn the trust and continued support of the Allies through acts of humility, deter reactive nationalism, and ensure the political beliefs of the Christian Democratic Union remain anti-socialist and anti-communist. Further, he found success by restoring historically strained relationships with neighboring France by strengthening political and economic relationships, such as the creation of the European Coal and Steel Community. At times, his diplomatic approach was more readily accepted by the West than by his domestic critics, but it enabled success for his



long-term goals. His success as a leader created a system of government that brought sustained growth to Germany and fifty years of peace to western Europe.

When we evaluate Adenauer's leadership style and successes that healthcare leaders today could take-away, we believe that his diplomacy skills drove his success. In order for Germany to recover and advance, Adenauer would need to stay the course while balancing competing state priorities and pressure from critics.

Healthcare leaders in the U.S. can learn from Adenauer's unwavering commitment to establishing Germany as a founding member of the European Union; specifically, his embodiment of humility and courage while having to make wildly unpopular decisions. Healthcare leaders could learn to incorporate Adenauer's leadership approach in the face of current environmental challenges.

**Conclusion:** Adenauer's approach to the challenges and opportunities of his era offers clear applicability to the challenges faced by today's healthcare leaders. With increasing financial pressures, eroding confidence in institutions, staffing shortages, and increasing threats from external factors, there are several tools employed by Adenauer that we should consider. Adenauer "**owned**" the actions of his Nation. He accepted the anger, criticism, and penalties resulting from the actions of Germany during WWII while establishing and advancing the recovery and development of a unified Germany. He accepted criticism of the past and charted (or at least navigated) a clear path toward recovery that embodied essential leadership behaviors for moving the Nation toward recovery. He set and accomplished **reasonable goals**, advancing the recovery and redevelopment of his Nation toward the reestablishment of German culture as a respected global partner. He knew the value of forming lasting partnerships with key allies both at home and abroad. To this end, Adenauer fostered, shared, and inspired a **vision** of a bright future for a unified Germany and, in turn, the world throughout the 50-year journey from the end of the war to the establishment of the European Union. Finally, Adenauer **stayed the course**. Through the turbulent and humiliating years immediately following the fall of the Third Reich, through the reconstruction of the German state, to the reintroduction of Germany as a partner on the global stage, Adenauer's efforts toward realizing that the vision he helped to develop remained steadfast and immutable.

## Message from the FHCEIAA Leadership

### See the President's letter on page 12!

*The Record*, Spring 2022, was posted on the FHCEIAA website, [www.fhceiaa.org/newsletters](http://www.fhceiaa.org/newsletters), and emailed to members whose personal email address is in the database.

Following an extensive effort to update the Master Membership list, about 225 members confirmed their current contact information.

Currently, 1,500+ members are in our database. Please continue to send updated contact information to CAPT Aaron Middlekauff, USPHS (ret), via e-mail at [amiddlekauff@yahoo.com](mailto:amiddlekauff@yahoo.com) or feel free to call or text with any questions to 907-250-8053. Thank you!



## **RICHARD NIXON: THE STRATEGY OF EQUILIBRIUM**

**Small Group Assignment:** After reading *Leadership: Six Studies in World Strategy* by Henry Kissinger: What was the major leadership style of Richard Nixon? What were his successes and failures as a leader? What do you think are the major leadership lessons from the study of this particular world leader for health leaders in the U.S.?

**Group Members:** Dr. Joel Culpepper, VHA; CDR Colin Eliot, USN; CAPT(s) Diana Garcia, USN; Dr. Mark Havran, VHA; CDR Joshua Miller, USN; Col Michelle Milner, USAF; LTC Thomas Summers, USA; Col Kendra Warner, USAF; COL Wendy Woodall, USA.

**Nixon's Leadership Style, Successes and Failures, and Lessons for Health Leaders:** Richard Nixon, President of the United States during the Cold War, is one of the leaders presented in Kissinger's book. He portrays Nixon as a visionary leader, successfully bringing about an effective paradigm shift in U.S. foreign policy, yet unable to manage his neuroses and destructive personality traits. Kissinger's study of Nixon can be extrapolated to inform U.S. health leaders about the value of a leader's courage and the immense importance of extraordinary leaders in difficult times. Given current and future challenges, this conclusion should resonate with all health leaders.

Nixon was primarily a visionary leader who envisioned a future state, communicated that vision broadly, and ensured his administration focused all efforts toward its achievement strategically. Westley and Mintzberg describe the visionary leader as a transformer and visionary leadership as a dynamic interaction that transforms strategy to vision through "psychological gifts, sociological dynamics, and the luck of timing."<sup>1</sup> Nixon was "skillful at formulations that implied a desired goal without committing to a particular implementation" and he believed it was "his duty to seek to resolve conflicts on the basis of an inspired vision of the future."<sup>2</sup> He was a tough but firm leader with strong convictions and was committed under pressure. Nixon's ability to provide a clear vision without micromanagement exemplified his leadership style and led to his strategic success.

Nixon's innovative style led to triumph in fundamentally changing U.S. foreign relations strategies, which resulted in maintaining international peace and order in a period riddled with crises: Vietnam, the Cold War, the Arab-Israeli conflict, the gold standard, Bangladesh and China. Nixon employed a geopolitical strategy linking diplomacy with the threat of power to ensure U.S. interests.<sup>3</sup> This policy of linkage differed dramatically from prior policies focused on containment and allowed the U.S. to simultaneously "respond strongly" to threats, but also keep "open a vision of coexistence."<sup>4</sup>

Kissinger reveals some personality traits and habits that impacted Nixon's success as President. Nixon was "insecure about his image, uncertain of his authority and plagued by a nagging self-doubt."<sup>5</sup> These insecurities and inhibitions prevented him from directly confronting other leaders regarding diplomatic discussions of a non-strategic nature.<sup>6</sup> Additionally, Nixon made sweeping statements that were not intended to result in explicit actions.<sup>7</sup> Nixon was anxious, insecure to the point of demanding maximum

<sup>1</sup> Frances Westley and Henry Mintzberg, "Visionary Leadership and Strategic Management," *Strategic Management Journal*, 1989(10): 30.

<sup>2</sup> Henry Kissinger, *Leadership: Six Studies in World Strategy* (New York, NY: Penguin Press, 2022), 136 and 200.

<sup>3</sup> Kissinger, 141-142

<sup>4</sup> Kissinger, 145

<sup>5</sup> Kissinger, 130.

<sup>6</sup> Kissinger, 134.

<sup>7</sup> Kissinger, 131.



respect, and reluctant to confront face-to-face disagreements.<sup>8</sup> As exemplified by his high self-consciousness, Nixon's neuroticism limited his effectiveness and potentially led to the act which precluded his ultimate downfall – the Watergate break-in.

Nixon's courage to commit to his vision and strategies in the face of extreme international pressure and future uncertainty is a powerful lesson for U.S. health leaders. Nixon's leadership "consisted amid the anguish of uncertainty, to merge complex geopolitical trends into a broad definition of national interest and to sustain it in the face of adversity."<sup>9</sup> U.S. health leaders currently face an uncertain future and are in a battle with 'friendly' adversaries internal and external to their organizations. These leaders must possess and demonstrate courage to effect changes to ensure an optimal envisioned future. Leaders must understand the importance of thinking about the future impact of a strategy and any related decisions and take "the long view, never being concerned about tomorrow's headlines but about how the policy will look years from now."<sup>10</sup> Therefore, leaders must forecast, plan, and react to maintain an equilibrium, all while demonstrating courage to effect changes for the optimal envisioned future.

Health leaders in the U.S. need an extraordinary leader, or leaders, to address the economically unsustainable status of healthcare operations. Leaders that can "transcend circumstances by vision and dedication" are needed to "preempt challenges before they manifest themselves as crises."<sup>11</sup> These leaders must consider and expect challenges from lobbyists, technology, globalization, information security, and the unknown. And, as Nixon successfully did on numerous occasions, use an inclusive approach that will equally engage providers, health systems, payors, government, and patients to ensure future success.

**Conclusion:** Nixon was a visionary leader who changed America's approach to geopolitics and achieved successful results, yet he had personal insecurities that limited his effectiveness as a leader. Health leaders should learn the value of acting with courage in the face of adversity and uncertainty and the value of personal integrity and stability from the study of Nixon. It is clear that an extraordinary leader, or leaders, must arise from among U.S. health leaders to succeed among the myriad challenges the health sector faces. Kissinger presents six world leaders who employed differing statecraft strategies to achieve their visions in volatile, uncertain, complex, and ambiguous environments on the world stage; it is now time for a health leader to follow suit.

<sup>8</sup> Kissinger, 134.

<sup>9</sup> Kissinger, 200.

### ***With Appreciation to the Embassy of Canada***

Major-General Michel-Henri St-Louis, Canadian Defence Attaché, welcomed the 139th IAI to the Embassy for one day's sessions. LCol Carlo Rossi, Health Services Attaché, Canadian Defence Liaison Staff, coordinated the event. The morning session, "Lessons Learned from Other Countries," included presentations and discussion about the health care systems of six countries:

Australia - Dr. Richard Southby

Canada - LCol Carlo Rossi

France - Col Sandrine Duron, French Health Foreign Liaison Officer, DHA

Great Britain - CAPT Steven Bland, British Liaison Officer (Deployment Health), DHA

Germany - COL Mohamed Nasri, German Health Foreign Liaison Officer, DHA

Japan - LTC Yasuyuki Honda, Japan Ground Self-Defense Force Medical Liaison Officer, OASDHA, DHA

We thank all who made the day a success!



## LEE KUAN YEW: THE STRATEGY OF EXCELLENCE

**Small Group Assignment:** After reading *Leadership: Six Studies in World Strategy* by Henry Kissinger: What was the major leadership style of Lee Kuan Yew? What were his successes and failures as a leader? What do you think are the major leadership lessons from the study of this particular world leader for health leaders in the U.S.?

**Group Members:** Col Joseph Dell, USAF; CAPT(s) Michael Kim, USN; Anita Kimbrough, USA; Col Patrick Parsons, USAF; Mr. Joseph Salvatore, VHA; Col Derrick Willsey, USAF; CAPT Abigail Marter Yablonsky, USN

**Report:** Lee Kuan Yew (LKY) was the first Prime Minister of Singapore. He crafted his country into a powerhouse, with economic, military, and cultural gravitas rivalling most world states. From 1965 to his resignation in 1990, LKY pursued the “Strategy of Excellence,” imbuing into his multi-ethnic people the concrete belief that they were the city-state’s greatest resource and they had capabilities to do things neither great Asian nor Western societies had yet achieved. LKY’s knowledge of Asian and Western histories afforded him the opportunity to learn from what other countries had done and chart Singapore’s course, blending authoritarian and capitalist principles. According to Kissinger, there are statesmanlike leaders and prophetic leaders. LKY embodied both of these leadership styles, crossing back and forth as the geopolitical and socio-economic landscape dictated. Ultimately, he drove Singapore’s rise by imbuing and institutionalizing a culture of process improvement, creativity, and incentivization which fostered pride in excellence.

LKY’s leadership combined his underlying independent, courageous, and highly intelligent persona with a direct, pragmatic, and energetic approach to problem solving. The island of Singapore occupies a strategic position at the southernmost tip of Asia, along major sea routes, with a total land mass of just over 280 square miles at low tide (approximately the size of New York City). Singapore has a population characterized by religious and racial diversity which could be easily susceptible to strife and division. Needing to establish order and uniformity in the 1960s as Singapore was establishing itself as an independent country, LKY utilized authoritarian rule, as detailed by Li and Yaw (2020).

He recognized the ethnic, economic, and geographic realities of his country’s disposition and sought a re-branded national/cultural identity that was both aspirational and unifying. He evaluated the leading nations of his day and aimed to assimilate “best practices” in the furtherance of his own government. His efforts were ever-focused on the pursuit of excellence and national unity, creating a common identity from his nation’s diversity rather than favoring a specific faction or ideology. LKY implemented numerous economic strategies to overcome corruption and inflation leading to improved living conditions for Singapore’s population. Geopolitically, he artfully navigated both regional powers and contending interests, favoring partnership and balance over conflict and competition. He created de-novo a highly-ordered and modern state within thirty short years.

It is hard to argue with Singapore’s success. As noted by Graham Allison in 2015, there are three main markers of national greatness: 1) government effectiveness in policy, and prevention of corruption; 2) government performance in realms of income, health, and safety; and 3) government levels of democracy and civic participation.

Regarding number 1, Singapore led the U.S. in 2015 by a significant margin in World Bank metrics of regulatory quality, law and order, and control of corruption. For number 2, the average Singaporean’s income increased from \$500/year in 1965 to \$55,000/year in 2015. In health, as of 2015, a child born in the U.S. had three times the chance of dying in infancy compared to a baby born in Singapore. In crime, a U.S. citizen in 2015 was 24 times more likely to be murdered than a citizen in Singapore. For number 3, Freedom House produces an annual report on global democratic participation and civil liberties. In 2014, the U.S. was





among the freest countries in the world and Singapore scored in the bottom half of countries. As Gerald Hyman noted in 2015, “Lee’s penchant for authoritarian governance brooked neither democracy nor dissent. He and his associates jailed opponents or pauperized them through civil court cases alleging slander or other misdemeanors. Even when the courts ultimately rejected the claims, the defendants were impoverished by the costs of seemingly endless court procedures. Then, having to declare bankruptcy, they were barred from contesting for public office.”

LKY ensured that Singapore achieved economic development as his number one priority, even if this meant disregarding some human rights. As Ferrera & Rhodes (2000) note, the Singaporean government banned several areas of free speech, intervened in marriages and family planning, encouraged eugenics, caned people for minor crimes, created an ethnically homogeneous ruling class, treated migrant workers as second-class citizens, and executed those accused of drug trafficking. LKY wanted what he thought was best for his people and spoke about the resilience and strength of his fellow-citizens, but did not trust them as an electorate to make the right decisions if they had a choice (the right decision being to support his government’s policies and leadership). This is evident by his open hostility towards liberal democracy; “The exuberance of democracy leads to indiscipline and disorderly conduct which are inimical to development.”

“A nation is great not by its size alone. It is the will, the cohesion, the stamina, the discipline of its people and the quality of their leaders which ensure it an honourable place in history.”



Mr Lee Kuan Yew  
1963

LKY was courageous as he improvised to move Singapore forward and held it to a high standard, viewing mediocrity and corruption as unacceptable. He rallied Singaporeans into a culture of excellence and fostered a sense of shared success. The health system in the US is at a critical juncture with the belief by many healthcare experts that it is unsustainable in its current form. LKY personified the nimbleness and tenacity to figure out the way forward for his country. Health leaders in the US need these same qualities in order to avert a health care crisis. Outstanding performance is essential for a healthcare system. Health leaders must understand the importance of developing a culture of excellence that will lead to high quality care. As LKY said, “I work from first principles: what will get me there?” ... forget grand ideologies and others’ models. There is no replacement for experimentation, independent thought, and ruthless pragmatism.” Health leaders in the U.S. need to use realistic pragmatism and independent thought to develop innovative solutions for the U.S. health care system.

LKY was raised in a middle-class family and studied hard to earn scholarships to finance his education in Singapore and Britain. As Kissinger notes regarding all six leaders in his conclusion, LKY believed in “public service as a worthy endeavor” (p.400) and in the power of education to develop one’s character and morality. As a politician, he planned and communicated long-term national interests. As an adult he carried forward values from his childhood including personal discipline, self-improvement and patriotism. He was direct and bold, eschewing political correctness. LKY will be remembered for his imagination and transformational leadership that helped cement the stability of Singapore. While Lee Kuan Yew was transformative, will his leadership guarantee future stability once the force of his personality and intellect are no longer the dominant influence in Singapore? Time will tell.

Additional references:

Graham Allison, The Atlantic, March 30, 2015, “The Lee Kuan Yew Conundrum.”

Maurizio Ferrera & Martin Rhodes (2000). Building a sustainable welfare state, West European Politics, 23:2, 257-282.

<https://www.csis.org/analysis/lee-kuan-yew%E2%80%99s-enigma-authoritarian-yet-kind-democrat>.



## **MARGARET THATCHER: THE STRATEGY OF CONVICTION**

**Assignment:** From Dr Kissinger's book, *Leadership: Six Studies in World Strategy*, read the chapter 'Margaret Thatcher, The Strategy of Conviction' and provide a critical review of her major leadership style, successes and failures as a leader, and major leadership lessons from this particular study.

**Group Members:** COL Elizabeth Anderson-Dose, USAF; Dr. Joyce Akwe, VHA; COL Chad Black, USA; Col Geneviève Bussière, CAF; Col Achilles Hamilothoris, USAF; CDR Christopher Janik, USPHS; CDR Damon Jensen, USN; CDR Katherine Noel, USN; Lt Col Anniesa Selimos, USAF

**Introduction:** Margaret Thatcher became the first woman Prime Minister of the United Kingdom in 1979 and served in that role until 1990. She was effective as Prime Minister because she had courage and conviction, while also being charismatic and confident. From her modest youth, she developed the values of faith, discipline, prudence, and empathy. This report will focus on Margaret Thatcher's leadership style, her successes and failures as a leader, and what lessons can be learned for health leaders in the United States.

**Leadership Style:** Henry Kissinger notes that transformational leaders come in two shapes, the Statesman and the Prophet. Margaret Thatcher can be classified best as a Statesman leader. She understood the essential task of economically revitalizing the United Kingdom and her vision was to embrace the Free Market to accomplish this task. Moreover, her underlying value of individual freedom shaped her leadership and revitalized the United Kingdom.

**Successes:** Margaret Thatcher was a steadfast leader whose legacy exhibits numerous positive impacts. She helped the British people out of fiscal crisis and transformed and improved the country while nurturing strategic key alliances. She reversed national decline and reoccurring budgetary issues. Britain had requested billions of dollars in emergency loans from the International Monetary Fund and experienced 18-24% consumer price increases in a single year. Thatcher was able to decrease inflation, lower taxes and increase incomes by opening up the stock market to foreign traders which turned Britain into an international financial center. She defended Britain's honor through world events such as the Falkland Islands invasion by Argentina. Britain's battlefield prowess and credibility also unexpectedly strengthened the West's hand in the Cold War by countering Russia's increased world presence that helped end the cold war. Her actions reinvigorated the NATO and provided the U.S. a much-needed partner with similar long-term interests on the other side of the Atlantic. Margaret Thatcher truly left a positive impact on her country and the world.

**Failures:** Margaret Thatcher's character, described as "headstrong, obstinate, and dangerously opinionated" contributed to her stepping down as Prime Minister in 1990. With an intense focus on growing and strengthening Britain's sovereignty which "could only be defended by partnering with America," she under-estimated the important value of expanding relations with the recently reunified Germany and other European nations during the negation European Rate Mechanism. Her independence and decisiveness could also, at times, put hard-earned relationships at risk, such as quickly and publicly criticizing President Reagan's unilateral decision to invade Grenada. Last, although economic decisions throughout her tenure helped tame the country's inflation by 10 percent, her economic decisions nonetheless, may have disproportionately penalized the working class leading to "widespread protests" and reducing her party's influence.

**Leadership Lessons for Health Leaders in the United States:** Thatcher surrounded herself with people who had vast experience and expertise in areas where she needed consultation, exemplified by choosing Charles Powell, a career diplomat, as her foreign policy advisor. She consistently prepared to address issues she was dealing with politically and developed a habit of studying late at night, consulting with experts and picking the brains of university professors about topics of interest to her. Thatcher made decisions and stuck to



them, feeling that an imperfect decision was better than none. Despite having strong preferences for privatization and not a fan of big government spending, she nonetheless increased funding to the NHS. She was very persuasive in her approach to problems and convinced her team to engage in the initially very unpopular Falkland Islands war. Concurrently, she knew when to concede as in the case of negotiations with China over Hong Kong. Because she was confident, she able to turn an insult into a strength when the Russians called her an “Iron Lady.” This backfired as she wore this name like a badge of honor. Thatcher was unable to discern, however, the political shift and adjust in a timely manner. She did not side with her party’s involvement with the European single market system, preferring to maintain the country’s independence in this regard. Further similar disagreements ultimately led to her fall as leader. From this description of Thatcher’s leadership, the group gleaned: Continuous preparation to address the issues at hand is a quality healthcare leaders should possess as well as accepting that decisions must be made even if they do not please everyone. It is important, however, to recognize when a decision has been ineffective and to readdress the proposed solution for the good of the enterprise.

**Conclusion:** Leadership is most essential during periods of transition like the United Kingdom was experiencing from 1979 to 1990. Margaret Thatcher had the courage to choose the direction of Free Market Capitalism and maintain a strong nationalist vision. She had the strength of character to sustain the course despite the year-long coal strike and the challenges of the Argentinian invasion of the Falkland Islands. Margaret Thatcher was able to revive and improve the United Kingdom’s economy and diplomatic influence and status to a level where the United Kingdom was recognized as a post-colonial economic and political powerhouse.



Above: Mr. Erik R. Peterson, Director of A.T. Kearney’s Global Business Policy Council, addressed the Institute at the Embassy of Canada on September 20, 2022.

Far right: Mr. Charles N. Kahn, III, President & CEO, Federation of American Hospitals, addressed the Institute at the Milken Institute School of Public Health, The George Washington University, on September 15, 2022.



Left: LTG Ronald J. Place, MC, USA, Director, Defense Health Agency, addressed the Interagency Institute for Federal Health Leaders for the final time while serving in this position on September 16, 2022. His strong and continuing support since attending the Institute in 2008 has been greatly appreciated.





## **Letter from the President, FHCEIAA**

I really enjoy this time of the year. Temperatures are cooling off and Halloween, Thanksgiving, Christmas and the New Year are just right around the corner! My favorite part of the season is spending more time with my beautiful wife, awesome son, friends and family. I have so much to be thankful for and am so truly blessed. You know how people feel so happy around the holidays? We can continue to feel that way long after the turkey and dressing are gone. How? All we have to do is count our blessings and turn our hearts and thoughts toward gratitude. The warm and fuzzy feelings will follow.

That's why I take this opportunity to give a giant-sized thank you to our FHCEIAA team: Dr. Richard Southby, Dr. Janet Southby, Dr. Kathryn Sapnas, CAPT (Ret) Gayle Dolecek, Col Jim Kile, CAPT (Ret) Aaron Middlekauff and CAPT Thad Sharp, immediate past president, who have kept the alumni association moving forward and thriving. It is incredible to be a part of the process and to watch the team act and react, all with each of you in mind. This is something that really drew me to volunteer and serve on the FHCEIAA Board as I was enamored with the notion that I could give back to our community. I didn't know how rewarding it would be and certainly did not know how much the FHCEIAA board cares about what they do and who they do it for.

So much has changed this past year. But many things have not – like the strength and resiliency we see around us from leaders like you. Thank you for your professionalism, dedication and support to the entire federal health care system.

Congratulations to the alumni of the 139th Interagency Institute and welcome to the Federal Health Care Executives Institute Alumni Association! We are thrilled that so many of you have joined us.

**I encourage you to attend the FHCEIAA Annual Business Meeting which will be held in conjunction with the AMSUS meeting, 13-16 February 2023, at the Gaylord Hotel, National Harbor, Maryland. Our alumni association meeting will take place on Tuesday, 14 Feb 2023, from 4:00 - 5:30 PM at the Gaylord. Refreshments will be provided and you do not need to be a registered AMSUS attendee to attend the business meeting. Registration will be posted when it becomes available on the AMSUS Annual Meeting website: [www.amsus.org/events/annual-meeting-2/](http://www.amsus.org/events/annual-meeting-2/).**

The FHCEIAA website has been revitalized. This allows us to project our purpose, needs, goals and objectives as well as post updates, maintain connections, collaborate and respond to one another much easier. You can locate us by name search or our link: [www.fhceiaa.org/](http://www.fhceiaa.org/).

Please consider becoming a member of the FHCEIAA if you have not already done so. This commitment assures maintaining connectivity and the sharing of collaborative wisdom to maximize our resourcefulness and effectiveness. Additional noteworthy opportunities for members include receiving the newsletter, the opportunity for dependent children or grandchildren to apply for one of two \$1,500 FHCEIAA scholarships, and member eligibility to apply for a \$2,000 professional development scholarship.

As always, we look to tap into the energy and enthusiasm of our highly respected alumni for fresh ideas on how to advance our organization. If you are interested in serving as a board member, kindly send an email to me at [johnmammano7@gmail.com](mailto:johnmammano7@gmail.com) or to CAPT Aaron Middlekauff, USPHS (Ret), [amiddlekauff@yahoo.com](mailto:amiddlekauff@yahoo.com).

It is an honor and I am humbled to serve as your president. Enjoy the upcoming fall and winter seasons and I look forward to keeping in touch through email or the website.

God bless, be well, and wishing you all the best!

Colonel (Ret) John "Mambo" Mammano, USAF  
DBA, MSHSA, CFAAMA, CPHIMS  
President, FHCEIAA  
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## ***Contribution from the Canadian Armed Forces Surgeon General, Major-General J.G.M. Bilodeau, CD, MD***

During the Senior Federal Leaders' Panel of the fall 2022 IAI, I introduced the LEADS framework to the participants and because of the interest generated, I was asked to write a short synopsis to provide a little more information for the interested alumni.

The LEADS framework is a Canadian evidence-based leadership framework that was developed by a group of academic and leadership experts and published in 2014. It has subsequently been adopted by both the Canadian College of Health Leaders and the Canadian Society of Physician Leaders to align their leadership development activities. LEADS is an acronym that described five domains of leadership capabilities required to transform health care systems, lead change and reshape culture. See below its description with the competencies associated with each domain:

**Lead Self:** self-motivated leaders are self aware; manage themselves, develop themselves; and demonstrate character;

**Engage Others:** engaging leaders foster development of others; contribute to the creation of healthy organizations; communicate effectively; and build teams;

**Achieve Results:** goal-oriented leaders set direction; strategically align decisions with vision, values, and evidence; take actions to implement decisions; and assess and evaluate;

**Develop Coalitions:** collaborative leaders purposefully build partnerships and networks to create results; demonstrate a commitment to customers and service' mobilize knowledge; and navigate socio-political environments;

**Systems Transformation:** successful leaders demonstrate systems/critical thinking; encourage and support innovation; orient themselves strategically to the future; and champion and orchestrate change.

The beauty of this framework is that it is applicable to all leaders, formal and informal, regardless of their position in our respective organizations. It provides a common language for all leaders in the health care system and encourage a distributed leadership approach in which everyone has a role to play in positively influencing our organizations.

If you want to learn more about the framework, I encourage you to have a look at the recently released second edition of the LEADS in a Caring Environment and/or to have a look at the pamphlet and the LEADS Canada website.

*Reference:* Dickson, Graham; and Tholl, Bill; Bringing Leadership to Life in Health: LEADS in a Caring Environment, Second Edition, Springer, 2020.

### ***Farewell and Welcome***

**Brigadier General Anita Fligge, USAF, NC**, Chief Nursing Officer, Defense Health Agency, has been our contact person at DHA for the management of the contract for the Interagency Institute in coordination with the Uniformed Services University of the Health Sciences. She has been a strong supporter of the Institute in this role and it is greatly appreciated. She will be retiring in October. I want to take this opportunity to thank her very much for her friendship and wish her all the best for the future.

I am very pleased to welcome **Rear Admiral Rick Freedman, DC, USN**, Chief Navy Dental Corps, who will be relieving Brig Gen Fligge. Rear Admiral Freedman is a graduate of the 108<sup>th</sup> Interagency Institute for Federal Health Leaders in September 2005.

Dr. Richard Southby