

USAWC STRATEGY RESEARCH PROJECT

SUPPORTING THE WELL-BEING OF THE FORCE

by

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ABSTRACT

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In October 1999, the United States Army began its most significant transformation to move beyond the Cold War mind-set and to reorient itself to a new era and a new century. While moving through this transformation we must pay specific attention to the efforts of supporting the Well-being of the Force. Well-being is an expansion of the concept of the 1980's quality-of-life programs and is inextricably linked to readiness. It is central to the active Army, Army National Guard, and Army Reserve soldiers, the Department of the Army Civilians, retirees, and veterans.

The Well-being concept is the human dimension of Army transformation and, since its inauguration, has made significant strides in its implementation. Over the past five years, the Army has started to institutionalize the concepts and processes of Army Well-being. The current Chief of Staff of the Army, and his predecessor, both recognized the true value for the support of Well-being and the force. This paper will address the progress made with Army Well-being concepts, challenges that face the program and suggested recommendations, supported by theory and metrics, which will help create the momentum needed to further the Well-being framework.

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SUPPORTING THE WELL-BEING OF THE FORCE

This study will review the Army Well-being program, its institutional outcomes of readiness, performance, retention and recruiting, and examine its impact on Active, National Guard, Army Reserve, Department of the Army Civilians, retirees, veterans and families. The intent statement issued by General Eric Shinseki, Chief of Staff of the Army (CSA) on 23 June 1999 set Army Well-being into action. The Army Well-being program represents a system of individual programs that the Army has integrated into a holistic and systematic framework coordinated through policies, and programs that support individual aspirations and mission preparedness of each soldier. This paper will depict the term "Soldier" as Active Component, Reserve Component (Reserve and National Guard) Department of the Army civilians, retirees, veterans, and families. These categories represent the Total Army Family.

This project will describe how the Army Well-being program has integrated into transformation and the total Army family. It is based on what has specifically transpired since inception in the Army Reserve and National Guard and what these two components are doing to increase awareness, positively influencing (from a strategic perspective) the human dimension of Army readiness and the application of this system. As a baseline of understanding, I will answer four specific questions. The first one is straightforward, is well-being working? Secondly, has the Army leadership from all components maintained its concern and interest in a robust well-being program? What is the current status of the Well-being program in the Reserve Components and has the program affected their readiness and mission accomplishment? Finally, the question of, "how has the implementation of this multi-dimensional program affected positive changes for our soldiers, and their families?" This study will also explore means that commercial entities may influence the Army Well-being program increasing its effectiveness for the future.

To define the health, fitness and Well-being of a soldier in the United States Army one can go directly to War Department, Document No. 436, from the Office of the Chief of Staff.¹ This is one of the very first manuals published by the War Department dedicated to the physical training of the United States Army. Published by order of the Secretary of War and signed by the Chief of Staff, Major General Leonard Wood in 1914. It lays the basic groundwork for the current Well-being program of the Army. This historic document focuses on development of the physical attributes of every individual to the fullest extent of his possible.² Physical attributes, in order of their importance in 1914, were summed up as general health and body vigor, muscular strength and endurance, self-reliance, smartness, activity and precision. Our current Army Well-being program promotes the following traits: personal, physical, material, mental, and

spiritual state of Soldiers. One can see the correlation of the historic attributes imbedded in today's current Well-being program, and appreciate that even in 1914; the priority of supporting the Well-being of the force took center stage.

PROBLEM

Since 1999, the Army has gone through many significant changes with transformation. As stated in the 2004 Army Transformation Roadmap (ATR), transformation has not only affected many of our systems, but also our power projection platforms, the incorporation of new technologies, our tactics, joint and strategic initiatives, as well as our organizational structures. In my opinion the most important changes of transformation have affected the soldier and their families. The current Army Well-being program was designed in 1999. Its origin, however, traces from the 1970's through the 1980's and into the early 1990's under the auspices of the Army's Quality of Life Program, (QOL). In 1970, the United States Army commissioned a study that produced Technical Paper 256.³ This study measured the attitudes of first term-enlisted soldiers and evaluated the quality of their lives in the Army. It took a close look at the social and psychological factors underlying Quality of Life in the Army. The Army hoped to learn possible ways to improve the quality of the service experience and thereby attract and retain personnel, a recurring theme in the current Well-being program.

The study consisted of seventy-six interviews that identified sixteen substantive categories that soldiers would use to evaluate the quality of their Army lives. The resulting sixteen dimensions of Army life are presented in **Table 1**.⁴ This study created the first real standards of the Army's Quality of Life program prior to March 1982 when a Memorandum of Understanding between the Adjutant General's Office and the Human Resources Development Directorate⁵ transferred responsibility for Quality of Life policy and certain programs from the Adjutant General's Office to the Director, Human Resources Development (DHRD).

• Being treated like an individual and not like another number.
• Having educational opportunities and post-discharge educational benefits.
• Getting equal treatment regardless of race.
• Having good quality, sufficient quantity, and proper service of food.
• Being able to do one's work without having to "hurry up and wait."
• Being able to cut one's hair the way one wants to.
• Having decent housing and privacy in the barracks.
• Having officers and noncommissioned officers that know their jobs.
• Being provided with good medical and dental care facilities.
• Being able to advance without having to "know the right people."
• Being paid a fair salary equal to what civilians make.
• Being able to do what one wants to do on one's own time.
• Having facilities available on the post that make life easier, e.g., laundry, bus services, PX, etc.
• Getting rid of rules and regulations that don't help performance.
• Shortening the length of a tour and letting one choose the location.
• Making the work meaningful and worthwhile and eliminating the bust work.

TABLE 1 DESCRIPTIONS OF QUALITY OF ARMY LIFE DIMENSIONS

Two years later, under the tutelage of the Chief of Staff of the Army, GEN John A. Wickham, Jr., and the word wellness came to the Army's Quality of Life program. In a memo to the Surgeon General, GEN Wickham posed six questions based on a meeting by Dr. Kenneth Cooper, the "father of modern aerobics", to the 4-Star Commanders of the Army. The questions range from the establishment of wellness clinics in hospitals throughout the Army, to what are the requirements for physical examinations for men and women over 40 and how effectively are they being met. In addition, should a stress test be mandated for all senior officers periodically, should we have incentive programs for the Army in terms of improved physical fitness and reduced costs of medical care as see in private and commercial industry, and should the coronary risk profile become a part of every physical examination? Answering these questions laid the foundation for the establishment of the Army's first true wellness programs. These new formed wellness programs began operations at each of the 52 health treatment facilities in the form of a Health and Fitness Advisory Team, (HFAT) and a Fitness Facilitator. Originally established under provision of HSC Regulation 40-27 dated 22 December 1982, the HFAT planned and coordinated medical input to the local installation total fitness program.⁶

In the fall of 1984, The Surgeon General directed a Task Force of Fitness to develop a policy and implementation program for selected initiatives involving wellness/fitness concepts for the active Army.⁷ The five main goals of the Task Force were the creation of Wellness/Health Promotion Centers at each Medical Treatment Facility, Coronary Artery Disease rehabilitation/pre-rehabilitation programs, Coronary Risk factor assessment and

feedback at routine periodic physical examinations, fitness/health promotion tapes and a General Officer exercise tolerance test program. At the impetus of the Surgeon General's Task Force of Fitness from 1982 and the successful completion of the Deputy Chief of Staff Personnel, (DCSPER) Corporate Fitness Program in 1983, the Army Staff, and (ARSTAF) Corporate Fitness Program was designed and implemented in January 1985.⁸ The Army would use the ARSTAF Corporate Fitness program as a measurement tool for the cost effectiveness of health promotion and intervention in a mixed military-civilian workforce. This program would also serve as the model for Army-wide efforts of this type.

Current Well-being programs have rich histories that seem to re-create themselves every decade or so. By April 1986 the Army published the Department of Defense Directive 1010.10, Health Promotion,⁹ which required each Secretary of the Military Departments develop a coordinated Health Promotion Program. The program goal; to maximize the readiness and combat efficiency of the force, enhance the quality of life for all soldiers, civilians and family members through the components of lifestyle, which improves and protects health. The program had to encompass the following components into a single comprehensive effort; tobacco cessation, stress management, alcohol and drug abuse prevention, physical fitness, nutrition and a lifestyle health risk appraisal. These components established the foundation for the current Well-being programs that support our soldier's now. In 1986, the Army revised the 1983 Department of the Army Pamphlet (DA-PAM) 600-19, Quality of Life Program Evaluation/Minimum Standards.¹⁰ This document explained the overall Quality of Life program and provided a set of minimum standards for assessing the quality of life in local Army communities. A move in the right direction, this DA PAM not only applied to the Active Army but also the Army National Guard and the U.S. Army Reserve.

A master's thesis published by Debra S. August, in 1995,¹¹ entitled Army Life v. Life in the Army, The Relationship between Quality of Life Program Utilization and Army career Intentions, examined the Army Quality of Life variables of housing, financial assistance or counseling, counseling for personal problems, health services, and morale, welfare and recreation (MWR) programs. Ms. August's conclusion from her study found no credible evidence, to a first approximation, that a positive correlation exists between quality of life program use and retention.¹²

SIGNIFICANCE

From the past history of the Quality of Life program, to the implementation of the Well-being program in 1999, there is a strong validity for this program and how the Army has

consistently placed the Well-being of the soldier as its number one priority from 1914 to the present. Portrayed by the numerous studies, leadership forums, the creation of wellness programs, consistent modifications and policy directives over the past eighty years to get the program 'right' for the soldier. Sun Tzu mentioned Well-being in his book, *The Art of War*,¹³ stating, "Carefully study the Well-being of your men, and do not over tax them. Concentrate your energy and hoard your strength. Keep continually on the move, and devise unfathomable plans." Never could Sun Tzu have thought that in the 21st century, the United States Army would use his words to explore the meaning of Well-being.

In my opinion the Well-being program serves as a multi-dimensional agent of change to the people side of the Army, and has evolved from the Quality of Life Programs of the past. It has a set of standards and metrics that can provide an accurate measurement of how it is doing, as seen in the development of its architecture structure. The program is comprised of four overall goals, to grow, connect, live and serve, eighteen categories of citizenship, financial readiness, education assistance recreation, leadership, health promotion, workplace environment, family member education, family programs, welfare pay and compensation, health care, housing, continuous learning, values training, leader development, and esprit. It concludes with fifty nine functions that fall under the eighteen categories.

Posture Statements of the United States Army for the years 1998 and 2000 both address Quality of Life Programs. The Statement of FY 1998 says, "Enhancing quality of life for both married and single soldiers is a top priority of the Army. Quality of life programs are critical if the Army is to continue to attract and retain the quality people necessary to maintain a quality force. The Army is committed to providing a standard of living comparable to that found in civilian life by ensuring its personnel receive adequate health care, pay, housing, and retirement benefits."¹⁴ The Posture Statement of FY 2000 says, "Quality of life for our soldiers and their families is a top priority for the Army leadership because it plays a key role in Army readiness. Besides influencing recruitment and retention, installation programs and services help soldiers and their families cope with increased PERSTEMPO frequent relocations and deployments and long separations."¹⁵ These two posture statements show how the Army leadership embraced quality of life programs and not those of Well-being. On 12 October 1999, the Army articulated a Vision that defined how it would meet the Nation's requirements now and into the 21st Century. The Vision is comprised of three interdependent components—People, Readiness, and Transformation. The Posture Statement of FY 2003 says, "We recognize the fundamental relationship between Well-Being programs and institutional outcomes such as readiness, retention, and recruiting. To support mission preparedness, as well as individual aspirations,

Well-being integrates policies, programs, and human resource issues into a holistic, systematic framework that provides a path to personal growth and success and gives our people the opportunity to become self-reliant. We recruit Soldiers, but we retain families – Well-being programs help makes the Army the right place to raise a family. When families are cared for, Soldiers can better focus on their mission – training, fighting, and winning our Nation’s wars, decisively.¹⁶ Now the soldier and family have become the over riding consistent theme supported throughout each posture statement.

This year, the Army has already hosted two major ventures focused on Well-being, placing particular emphasis on the Reserve Component. As part of the Well-being initiative, leadership has committed to continuing to expand the scope of people-oriented initiatives beyond the traditional, active-duty focus to include all Reserve Component Soldiers and the entire Army Family. Leadership has also acknowledged the Reserve Components as part of the total Army family under the Well-being umbrella. The current Posture Statement for 2004 embraces the Well-being of soldiers under two of the sixteen focus areas it develops. The two focus areas addressing Well-being are that force stabilization increases readiness, predictability and secondly, that installations serve as flagships. The 2004 Posture Statement sums up Well-being with the following statement, “People are the heart and soul of the Army - Soldiers, civilians, family members, and retirees. Our readiness is inextricably linked to the well being of our people. The Army Family, for both the Active and Reserve Competent, is a force multiplier and provides the foundation to sustain our warrior culture. We have placed significant emphasis on our Reserve Component this year in recognition of their contributions to the Global War on Terrorism.¹⁷ The statement also dedicates Addendum D specifically to Well-being.

The quality and character of our installations is vital to enhancing the Well-being of our Soldiers, civilians and families, as well as enabling the Army’s ability to provide trained, ready and strategically responsive forces to the Combatant Commanders.¹⁸

- Chief of Staff
United States of America

The above quote from the Chief of Staff shows that the Well-being of the soldier depends not only on the physical, mental, material and spiritual aspects but also how leadership has recognized the essential importance of the installation as a tool for the development of the entire Well-being program as a whole. In May 2002, the revision of Army Regulation 600-20, Army Command Policy¹⁹ effectively addressed the Total Army Family Program (TAF). The TAF falls under chapter five and Other Responsibilities of Command. Chapter six, Equal Opportunity

Program in the Army, deals specifically with Off-Post Activities, On-Post Activities, and Off-limit Actions. This Regulation addresses the ideals that the Chief of Staff stresses in his quote about the quality and character of our installations and their impact on the Well-being program. It is the Commander's responsibility to ensure that the installation provides the highest quality programs for the soldier and the Total Army Family.

ASSUMPTIONS WITH THE ARMY WELL-BEING PROGRAM

The assumption that the Well-being program has infiltrated all components of the Army is where the problem lies. Army leadership must insert the Army Well-being program into all components and develop metrics to measure the effectiveness of the program within the Reserve and the National Guard. A strategic communication system for the program would enhance the level of awareness for the Reserve Components.

BACKGROUND

THE ARMY WELL-BEING PROGRAM DETAILING ENHANCEMENTS SINCE IMPLEMENTATION

Every individual Soldier is responsible for fostering his own well being, but the Army is responsible for creating and sustaining an atmosphere that supports this endeavor. Army Well-being integrates policies, programs, and issues into a framework that supports both individual aspirations and mission vigilance. Thus, Army Well-being provides the opportunity for Soldier's to augment their personal self-reliance and pliability as they pursue their individual aspirations.

The Army Well-being model encompasses physical, material, mental and spiritual dimensions working in synchronization with mission preparedness. The physical state centers on one's health, fitness and sense of wellness, consequently satisfying his/her physical needs through a healthy lifestyle. The indispensable needs of shelter, food, and financial resources compose the second state, material. Third, the mental state focuses on the requirements to learn, grow, and achieve recognition and acceptance. Finally, the spiritual state centers on a person's religious or philosophical desires and tends to provide a powerful support system for values, morals, strength of character, and vigor in difficult and dangerous circumstances.

The model of the Army Well-being definition (**See Figure 2**) is an integral part of the Well-being Functional Framework. This Functional Framework provides the foundation of the Army Well-being from the bottom up in a pyramid fashion, the foundation of the pyramid is to serve, the next level is to live, then to connect, and finally at the apex of the pyramid to grow. The Functional Framework provides Army Well-being with four specific goals, eighteen categories

and fifty-nine individual functions. The Army Well-being definition is a new enhancement presenting an easier model for the four main Well-being categories of to serve, to live, to connect, and to grow.

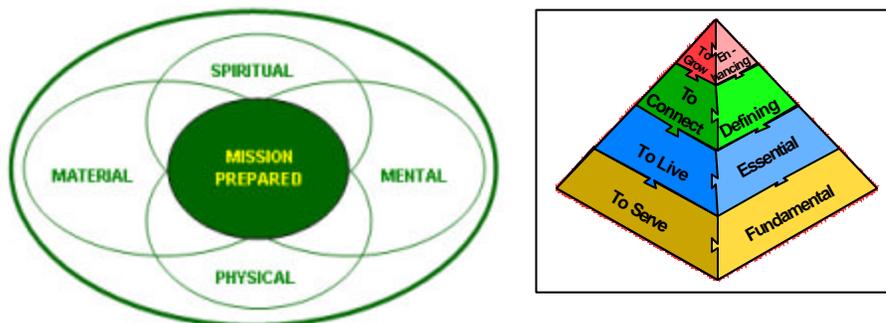


FIGURE 1 ARMY WELL-BEING DEFINED

HEALTH RISKS AND STATISTICS IN THE UNITED STATES ARMY AND RESERVE COMPONENTS.

Since 1980, DoD has conducted confidential, anonymous surveys from active duty service members through an instrument called the “Survey of Health Related Behaviors Among Military Personnel.” In July 2004, Department of Defense, (DoD) health officials released data from a recent survey, taken in 2002. More than 12,500 randomly selected services members took part in the 2002 survey.

Dr. William Winkerwerder Jr., assistant secretary of defense for health affairs, stated, “These survey results provide valuable guidance for continued efforts to improve the health and well-being of the men and women of our armed forces.”²⁰ The survey also included selected national health status goals from Healthy People 2000: National Health Promotion and Disease Prevention Objectives (PHS, 1991) and Healthy People 2010: Understanding and Improving Health (DHHS, 2000),²¹ and also included the mental health status of the force and specific health concerns of military women. The assistant secretary of defense for health affairs added that DoD is also very pleased with the observed positive health behavior trends and preventive health practices among service members, but accentuated a concern with increases in smoking and heavy alcohol use compared with results from the 1998 survey. Dr. Winkerwerder also said “Military leaders and the military health system are committed to enhancing programs to improve health behaviors and reduce avoidable stress. We have implemented new programs since the survey was performed and will be introducing additional programs in the near future.”²²

In my opinion, this statement shows that the future of the Well-being program definitely has rigor infused into it from the data collecting tools that DoD is using to monitor the health of the force.

I feel that it is important to address the fact that DoD has opted to include the Healthy People 2000, Healthy People 2010 objectives into its survey and data collection tools. Of the 383 objectives from Healthy People 2000, DoD identified 181 that were deemed most relevant to the military and of a primary concern for the DoD. The military met twenty-two Healthy People 2000 objectives observed in the 2002 survey and nearly met two additional objectives. It also met five of the Healthy People 2010 objectives, (strenuous exercise, seat belt use, helmet use for motorcycles, Pap smears ever received, Pap smears received in the past three years). Dr. Winkerwerder further stated that DoD has determined that the largest gap and greatest challenge in the Healthy People 2010 objectives and the future of the Well-being program are for smoking, cigar use, smokeless tobacco use, binge drinking, overweight, controlling high blood pressure, obtaining cholesterol checks, and reducing hospitalization rates for injuries.

Another critical measurement tool worth mentioning is the use of opinion surveys conducted by the Army Research Institute (ARI) for the Behavioral and Social Sciences.²³ ARI is leveraging new technologies to streamline surveys to use the Web for personnel business processes. They have developed automation tools that make surveys accessible through the Internet a Web site maintained by Army Knowledge Online (AKO) and PCs. Survey areas that ARI will monitor relate directly to transformation and its impact on morale, motivation, training needs, career goals, satisfaction with job assignments and perhaps the most important area, the assessments of the Well-being and readiness.

PRE AND POST DEPLOYMENT WELL-BEING ISSUES WITH THE RESERVE COMPONENTS.

In addressing the issues that affect the Reserve Components with reference to pre-and post deployment, the Army Reserve and Army National Guard have both implemented Well-being changes that will identify weak and potential problem areas in the respective forces. I will focus on what has affected both components, and what the components are doing to show strength and guidance for the implementation of their respective Well-being programs. In October 2001, a memorandum from the office of the Assistant Secretary of Defense addressed the need to update the policy for pre-and post deployment health assessments and blood samples.²⁴ The purpose for these assessments afforded Reserve component service members the opportunity to have health needs and concerns addressed within the Military Health System upon activation, prior to deployment, and following deployments. A follow up memorandum

from the Under Secretary of Defense, David S. C. Chu dated April 22, 2003 called for enhanced Post-Deployment Health Assessments.²⁵

The Reserve Components were given a Well-being boost in October 2004 when the President signed the National Defense Authorization Act for 2005.²⁶ With the signing of this Act, overall health benefits available to guardsmen, reservists and their families were comprehensively improved. The new TRICARE provisions will have an unequivocal impact on reserve component readiness, but also provide enhanced family member access to health care. TRICARE eligibility is permanently authorized for reserve component soldiers ordered to active duty for up to 90 days prior to the soldier's activation date for eligible members and their families. It also grants eligible members and their family's permanent 180-day transitional health care benefits after deactivation for the Transitional Assistance Management Program (TAMP). One caveat to this benefit is that the soldier must receive a comprehensive physical examination prior to separation from active duty. Reserve component soldiers also received a temporary entitlement as part of the Defense Department's 2004 Temporary Reserve Health Benefit Program, in July 2004 for potential reimbursements of medical and dental claims. Unless extended, these benefits would have just expired this past December.

WHAT CAN THE ARMY LEARN FROM COMMERCIAL WELL-BEING PROGRAMS THAT COULD FUTHER ENHANCE THE CURRENT ARMY PROGRAM?

Can the Army benefit from and what would its Well-being program look like if it included assistance from a commercial well-being entity? The primary objective of Army and DoD is the soldier, and the means to secure this goal is a sound and complete Well-being program. In this day of outsourcing and contracting of services by DoD; why not outsource the Well-being program to a commercial effort that helps organizations build structurally sound wellness programs dedicated to the health of their employees? Perhaps to an organization that is dedicated to promoting healthier lifestyles for all Americans, especially through sound health and wellness promotion initiatives at the worksite. One such organization is The Wellness Councils of America, WELCOA. Founded in 1987, WELCOA serves as an umbrella, linking communities and coalitions together into a supportive network that includes locally affiliated Wellness Councils, Well City initiatives, Well Workplaces, and individual and corporate members throughout the United States.²⁷

WELCOA could assist the Army by enhancing the ideas of a healthy culture plus assist with strategic planning. The current Well-being program is doing its best to promote these two concepts but I feel they need assistance in doing so, especially in the Reserve Components. Until I began my research about the Well-being program, I knew nothing about how the Reserve

Components handled the program and its benefits. What I found, was that the Reserve Components actually lacked the strategic communication efforts for the promotion of the Well-being program for its soldiers. I feel that the use of a commercial wellness program such as WELCOA could help the Army further develop an all inclusive and top quality Well-being program that would rival none and benefit all.

DISCUSSION

CURRENT EFFORTS AND TRENDS IN WELL-BEING

Both the Army Reserve and Army National Guard have started the development of their own Well-being programs. Although both programs are in their infancy, they hold promise that the Well-being of the Reserve Component is well on its way to strengthening its most valuable asset, the soldier. The Army Reserve started its Well-being program in December 2003 with a memorandum from the Chief of the Army Reserve (CAR), LTG James R. Helmly.²⁸

The CAR outlined parameters that would make participation in the Army's Well-being program a success. The memorandum designated functional staff responsibilities, including management and execution responsibilities for the program. It also addressed staff elements in the areas of training, logistical support or facilities needed, and most importantly, the informational management piece for the Well-being program of the Army Reserve.

The Army Reserve's program focuses on seven Well-being Lines of Operation, (LO): Command Programs, United States Army Reserve Command, (USARC), Pay and Allowances, CFMO, Health Care, United States Army Reserve, (USAR) Surgeon, Housing and Workplace Environment, Director, Installation Management Agency, (IMA), Education, Commander, Human Resource Command, (St. Louis, MO), Family Programs, Army Reserve G1, and Morale, Welfare, and Recreation, (MWR), Director, IMA. This program illustrates the CAR's level of commitment to the Army's Well-being campaign. The intent of the Army Reserve Well-being program is to strengthen the existing performance measures, add new measures and reporting mechanisms in collaboration with the ongoing development of the Army's program.

One of the new measures took place in March 2004 with a Well-being Training conference held for all Army Reserve Action Officers in McLean, VA. This training provided action officers with familiarization of the functional basis of Well-being including the concept, history, purpose, and strategic management tools used to develop and implement the program. The one element the Reserve continues to aggressively seek is funding. Also in March 2004, the AR came one step closer to obtaining the funding with the decisions made by the Well-being General Officer

Steering Committee (GOSC) held at Fort Belvoir, VA.²⁹ The GOSC considered funding for programs linked to Standard of Living, Pride, Sense of Belonging and Personal Enrichment. Recommendations were forwarded to Army Budget officials for approved funding for five specific Well-being programs; Post-Deployment Care Management, Childcare for the Total Army, Victim Advocacy Program, Deployment Cycle Support Reporting; and Army Community Service Support. The group also discussed several issues with the focal goal of prioritizing critical Well-being programs, and providing favorable actions to institutionalize the Well-being management processes Army wide.

Well-being is about the soldier; we must sustain the quality of this great force.”
“We must examine assumptions, underlying existing requirements, and look for ways to realign resources to meet (the) primary Army tasks of providing quality forces and transforming.”³⁰

- Army Vice Chief of Staff,

The Army National Guard (ARNG) established the Army National Guard Community Well-being program supported by a seven person branch, located at the National Guard Bureau, (NGB) in Washington D.C.³¹ The ARNG has teamed with the Army to establish a comprehensive and Integrated Personnel System that enables the manning, readiness, and Well-being of the ARNG through policies, programs, procedures and transformed systems that integrates the spectrum of Well-being initiatives, Well-being related programs and resources to meet the needs of the soldiers. The ARNG has taken the original Army Well-being architectures four goals, (to grow, to connect, to live, and to serve), eighteen categories and fifty-nine functions and tailored it down using the same four original goals, but only ten of the original eighteen categories and thirty-six of the fifty-nine functions.

Implementation of the ARNG Well-being program began with the launching of a Community Well-being STRATCOM Plan, (**See Figure 2**). This plan will assist the ARNG in the development, deployment and validation of an effective means of the delivery and receipt of Well-being programs and services at the community level. NGB leadership chose the North Carolina Army National Guard (NCARNG) as their key player to convey the new program, and determined Camp Robinson, AR as the first test site for the implementation of the Well-being programs for all existing functions in the Well-being architecture.

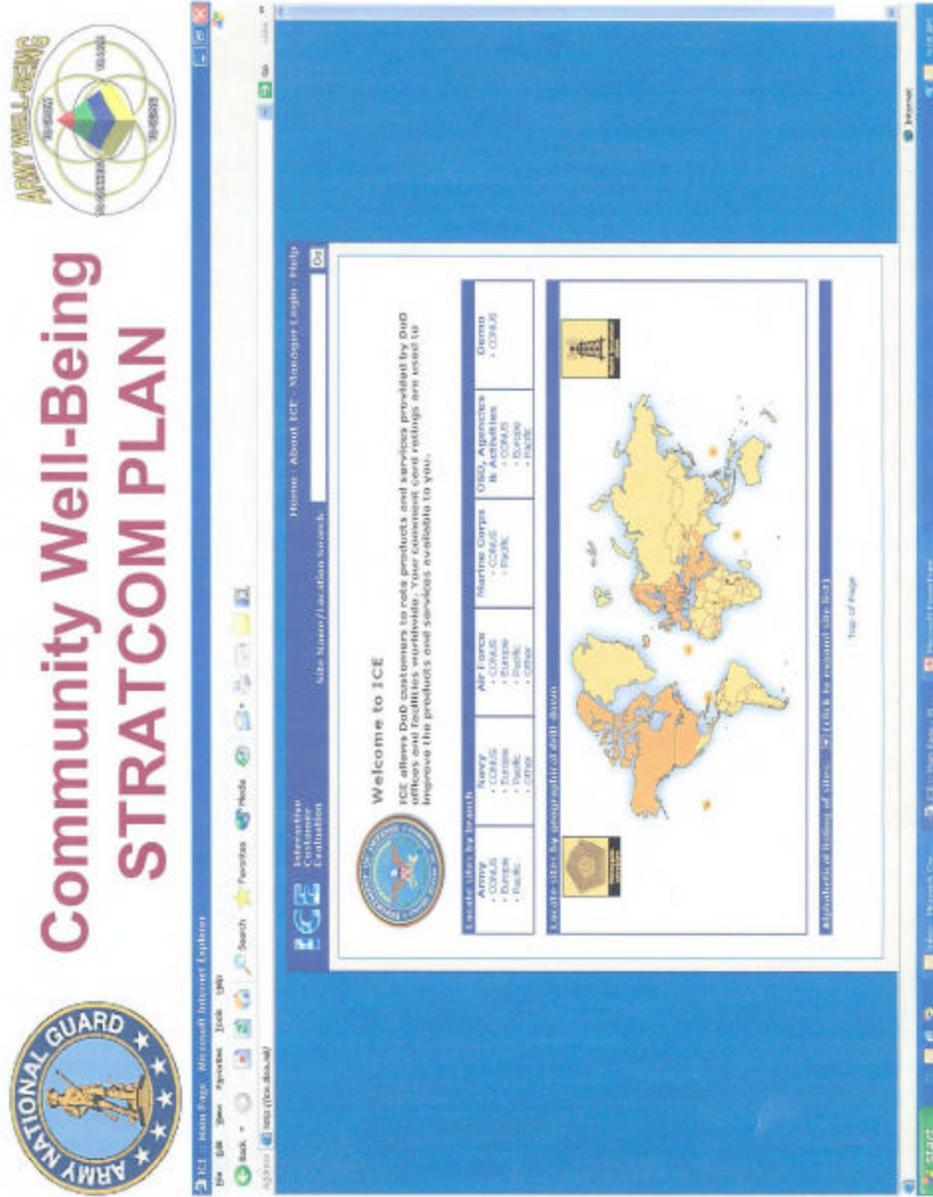


FIGURE 2. COMMUNITY WELL-BEING STRATCOM PLAN

The NGB has tasked the test state to launch an aggressive marketing plan to “push” users of services to an electronic measurement tool that will provide much needed feedback on levels of contentment with programs and services that fall with-in the Well-being program. The internal targeted audience is the soldier, family members and civilian workforce. The external target audience is the North Carolina Employer Support of the Guard and Reserve (ESGR), the State Representative and employers. The ARNG lists the following objectives for the Community Well-being STRATCOM Plan: (1) to enhance and impart a general understanding of Well-being that will maintain a responsive program that allows constituents to be program oriented, (2) determine the awareness of Well-being initiatives through diverse means of communicative applications, (WEB, news and press articles etc.) in order to reach all constituent groups, (3) implement an efficient, aggressive advertisement and marketing plan that will endorse all constituent groups, (4) sustain the Well-being program plasticity with a reliable flow of information, and (5) appraise and/or bring up to date Well-being management and measurement tools.

The NGB has broken the STRATCOM Plan into two processes for implementation. The ARNG process and the ARNG and State process. The ARNG procedure calls for a three-phase plan. Phase one is preparation and ran from June through September 2004. It consisted of the selection of three Well-being strategic functions, the development of public affairs partnerships, the management methods and appraisal tools. Research of the test state, orientation and training of state Well-being coordinators, and deployment of the baseline measurement device, (the Interactive Customer Evaluation System ICE).³² The Interactive Customer Evaluation (ICE) System is an Office of Secretary of Defense sponsored web based program. The ICE site allows the customer to provide feedback, regarding the services provided by the NGB. The ICE system is also used by the Marines, Navy and Air Force, and is designed to improve service, and provide leadership with timely data on customer service and satisfaction. It allows the NGB to get feedback from their customers, both internal and external. The NGB Well-being Branch will use the comments they receive to help shape the services, businesses and office operations.

Phase II execution, took place from October through December 2004 and supported the execution of the North Carolina STRATCOM Plan (**See Figure 3**). It provided assistance needed, enforced the Well-being functions, and appraised ICE. Phase III (Evaluation, January through September 2005), will consist of the assessment of the communication and management tool, the monitoring of delivery and receipt of functions, conduct the final data collection of the NCSTRATCOM Plan and prepare a data report for the final after action review.



Community Well-Being STRATCOM PLAN

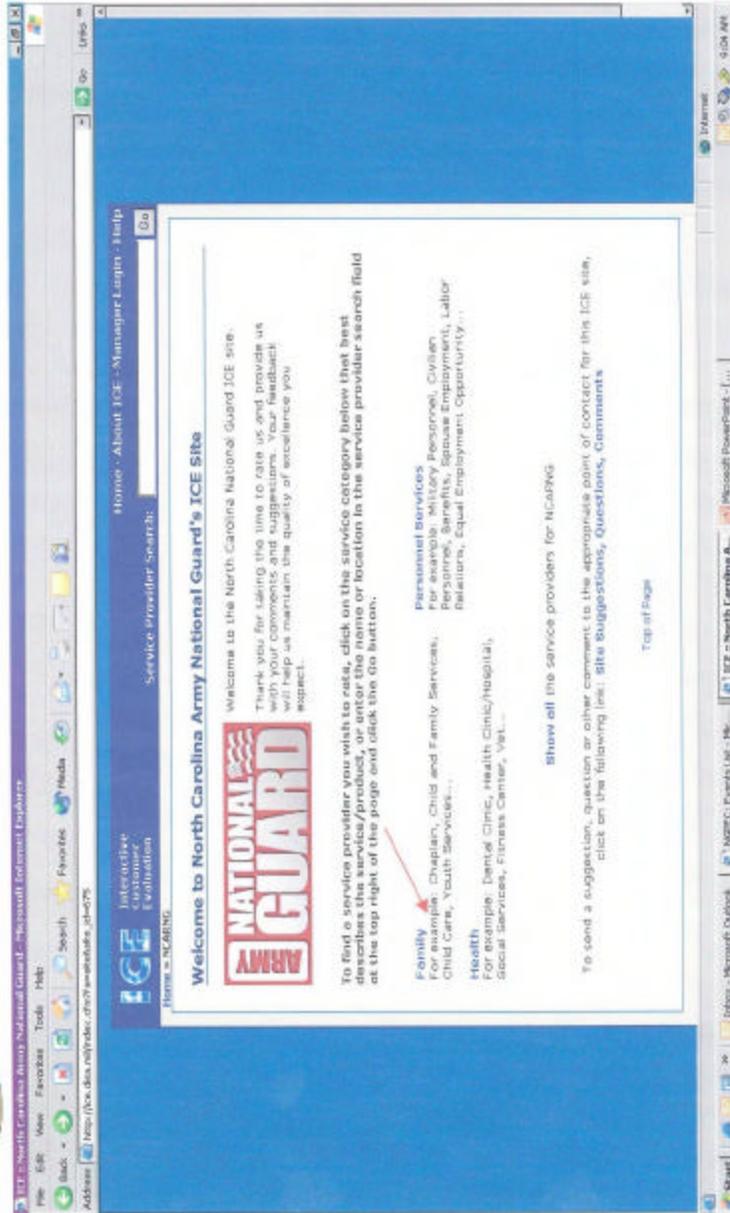


FIGURE 3. NORTH CAROLINA COMMUNITY WELL-BEING STRATCOM PLAN

The test State process is very similar to the NGB in that they will plan and implement the STRATCOM Plan through the NCARNG Headquarters and the State Adjutant General in Phase I, execute through both internal, external media resources and marketing products in Phase II, and finally, provide data review and valuation to NGB. Timelines are the exact same as the NGB process and phases. NGB will have an effective measurement tool providing specific feedback and assisting in reporting successes and failures of the STRATCOM plan. This also allows ARNG leadership to consider the implementation of a Well-being National STRATCOM Plan to meet its mission of distributing Well-being efficiently to the soldier.

If the NGB is moving ahead with a STRATCOM Plan, then what, if anything are the individual states doing to support the Well-being of the force? Only one state outside of the NGB has developed and is working a Well-being program for their soldiers. The state of Connecticut (CTARNG) has a program independent of the NGB, called the CTARNG Health and Wellness Program (HWP), and supported by CTARNG Circular Number 350-04-11, dated January 2004.³³ Its main focus provides training for soldiers in the CTARNG in jeopardy of termination from the ARNG due to Army Physical Fitness Test (APFT), or Height and Weight standards (AR) 600-9, failure(s). With this program Connecticut and its Adjutant General has taken a very aggressive role in the health and wellness of its soldiers especially pertaining to the APFT and AR 600-9 standard areas. The ARNG and NGB leadership as well as the state of Connecticut have both developed effective command and state plans that implement the Well-being functions for the soldier.

ARE CHANGES NEEDED?

The Army Well-being program has made great strides since its inception in 1999, but in my opinion, leadership should place more emphasis by outsourcing the entire program or some specific parts of it. The evidence of strong improvements in the areas of health care, housing and education, show up in the daily lives of soldiers and throughout all components of the services. The individual quality-of-life programs (e.g. health care, housing, education, etc.) will require continual and adequate funding for as long as a decade or more to satisfy the requirements, but more importantly to overcome the years of neglect and misappropriations. The new framework of the Well-being program and many of the individual programs provides for easier tracking, monitoring and therefore the appropriation of funds for the program. The “to live, to connect, to grow” model provides the mechanism needed for the horizontal integration across the many individual programs, ensuring a proper alignment and the synchronized effort for continued implementation.

FUTURE CHALLENGES AND PROGRAMS

Key challenges facing the Army and the Reserve Components are based in the areas of the “to live, to connect, to grow” model. First, continued Reserve Component health care, (readiness and benefits) as well as continued improvements in TRICARE, remains as the top two challenges for the Army and government. These two challenges fall into the “to live” aspect of Well-being. Although many improvements have taken place since September 11, 2001 emphasis must remain on these challenges. Perhaps the greatest challenge is the continued commitment from the government. In my opinion, both the President and the Congress must continue funding the military construction and privatization projects throughout the program years because the failure to do so in even one year would cripple the program for the future and certainly undermine the successes of the past. This challenge is a “to live” aspect of Well-being and stresses the basis of housing needs for the soldier. Another “to live” challenge is to continue to close the pay gap between soldiers and the general civilian occupational levels. Both the U.S. Government and the American people have shown their support for military forces as evidenced by the 3.5 percent pay raise provided for in the 2005 Defense Appropriations Bill.

Challenges in the “to connect” category fall into family programs. A challenge specifically affecting the Reserve Components is poor access to installation child development centers. Guard and Reserve soldiers, activated for extended periods who live and/or work long distances from an installation, need assistance not just with finding quality childcare near their homes, but also with paying for that care. We have asked the Reserve Components to fulfill critical missions for extended periods and continued emphasis on quality childcare for these soldiers is a must.

Finally, in the “to grow” category, the challenges will concentrate on family member employment, educational assistance, and morale, welfare and recreation (MWR) programs. Highlighting these three areas will focus on funding and awareness with state governors and legislatures about the inequities that military family members incur in both employment and educational benefits. Continued funding of base operations budgets will enhance the MWR programs offered to soldiers who have seen a decline in funding since the 11 September terrorist attacks.

We must ensure each Soldier is equipped and trained to fight and win. We must also provide for our families. We will not be successful if we fail to care for our loved ones waiting for their Soldiers to return. We must fight for their healthcare, children, housing, and Well-being with the same vigor we fight with on the battlefield. They deserve nothing less.³⁴

- SMA Kenneth O. Preston
Sergeant Major of the Army

Programs that show support for Well-being and in my opinion have the potential to impact soldiers during the war on terrorism and also with Operation Iraqi Freedom and Operation Enduring Freedom follow. The Well-Being Liaison Office (WBLO) assists the Army Leadership with its constituent communities - Soldiers (Active-Duty, National Guard and Army Reserve), Civilians, Retirees, Veterans and their Family members - to ensure the effective delivery of Well-Being programs to the Army by providing focused representation of constituent interests and attitudes as they relate to Well-Being. The WBLO accomplishes this through its Integrated Service Delivery System that incorporates the organization's core functions - liaison, outreach, feedback, evaluation and advisory. The site offers valuable news and information relevant to Army Life; a robust Smart-Book that offers one-stop access to information and resources through Web links and phone numbers; access to online Well-Being Polls; as well as electronic versions of Well-Being publications such as FLO Notes and Army Well-Being.³⁵

Other programs and resources researched that enhance Well-being are; the Well-Being Division of the Army G-1 staff agent that integrates Army Well-Being programs, policies, initiatives and constituent interest, and provides Army senior leadership with analysis of Army Well-Being in support of the Human Dimension of Readiness.³⁶ The Well-being Magazine, Well-being Strategic Plan, Well-being Trifold pamphlet and the Disabled Soldier Support system provide the resources for soldiers to use. The Reserve Affairs web site³⁷ sponsored by the Office of the Secretary of Defense. The Employer Support of the Guard and Reserve web site,³⁸ with a mission of gaining and maintaining active support from all public and private employers for the men and women of the National Guard and Reserve as defined by demonstrated employer commitment to employee military service. Finally, The HOOAH 4 Health web site,³⁹ the U.S. Army health promotion and wellness web site specifically designed to address the force health protection and readiness requirements of the ARMY, particularly its Reserve Component.

CONCLUSION

This paper describes the support for the Well-being of the Force, with a concentration on the Reserve Components. It expresses where Well-being has come from, how well it is working since its inception in 1999, where it is headed as a system integrated into the transformation of the total Army family and how well Army leadership has embraced and continues to support the Well-being program. I have addressed the possibilities of the Army outsourcing the Well-being program to make it even more effective by using commercial WELCOA services.

My earlier suggestion of outsourcing is further supported by the fact that the United States Department of the Army, Fort McPherson, Atlanta, GA., has just recently contracted the Aquila Fitness Consulting Systems, of Miami Beach, FL., as its provider of fitness programming and fitness management services.⁴⁰ Fort McPherson provides support to U.S. Army Forces Command, Third U.S. Army Forces/Central Command, U.S. Army Reserve Command, and the U.S. Army Center for Health Promotion and Preventative Medicine-South, totaling more than 5000 customers. Aquila Fitness a health, wellness, fitness and spa management organization that services clients nationally and internationally, will provide onsite operations management and fitness, sports and wellness services to patrons under a five-year contract.

The use of cutting edge resources for the soldier is evident by the recently released (January 2005), DoD program managed by TRICARE called Healthy Choices for Life (HC) web site.⁴¹ A great web site for one-stop, user-friendly clearinghouse information about health, wellness, fitness, and disease prevention. Specializing in weight loss, smoking cessation and the stopping of binge drinking. These two recent developments further prove that the outsourcing or the commercialization of all or certain Well-being programs could make a difference. Doing this would further strengthen the overall Well-being program and ensure that it continues to provide maximum service to our supreme asset, the American soldier.

We are a country at war, and the difficulty and pressures to recruit and reenlist soldiers' pose a formidable challenge to all components of the Army especially the Reserve Components. Throughout this study, I have documented how the Well-being program is working. I have also stated how the use of outsourcing or contracting of Well-being will make it stronger and more successful. In my opinion, with the assistance of commercial entities, Army Well-being will continue to generate effectiveness for the soldier throughout the transformation process and in support of the Objective Force.

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¹²*Ibid.*, 52.

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