

Thunderbolt soldiers use their lunchtime to take advantage of a holistic health and fitness combat-mobility yoga session 26 February 2020 at the 5th Battalion, 3rd Field Artillery headquarters at Joint Base Lewis-McChord, Washington. These yoga sessions are designed to improve overall mental wellness and increase core strength and mobility. (Photo by Sgt. Casey Hustin, U.S. Army)

Leading the Change to Holistic Health and Fitness

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In fiscal year 2021, the Department of the Army will reach an initial milestone in a planned cultural shift. The Army will formalize a holistic health and fitness (H2F) program that will consolidate and overhaul existing programs and events such as the Army Physical Fitness Test, the Ready and Resilient Campaign, physical readiness training (PRT), and Army wellness centers. While the Army Combat Fitness Test (ACFT) is the most popular event related to H2F, the new system is a generational initiative that "represents a cultural shift" the Army is willing to invest in considerably.¹ Director of research for the Army Center for Initial Military Training (USACIMT) Michael McGurk acknowledges, "Holistic health and fitness is a radical change. ... It is going to cost the Army money, time, and people. And we've got to be willing to give that up."²

According to Chad Garland of *Stars and Stripes,* "The Army, the largest branch, saw soldiers suffering the highest rates of injury, behavioral health disorders, and sleep disorders."³ Furthermore, "Unit training was promoted without regard to individual Soldiers' needs. H2F doctrine changes that paradigm by directing the Army to train the whole Soldier with an individualized program."⁴ In order to successfully integrate an H2F program that promotes an adequate lifestyle balance within the performance triad of sleep, nutrition, and exercise, the Army must accomplish four core tasks: acquire the necessary talent, develop knowledgeable H2F senior leaders, update overlapping H2F doctrine, and provide the necessary physical resources.

The Problem and Need for Change

In 2006 and 2011, the Joint Chiefs of Staff commissioned working groups to determine the most prevalent types and causes of injury to service members. The 2006 working group ranked the leading types of injuries based on the aggregate number of days that troops were on a temporary profile, and the group correlated that data with events and activities that contributed to soldier injuries.⁵ According to the Department of Defense's Military Injury Prevention Priorities Working Group, the top five most commonly occurring musculoskeletal injuries were "(1) lower extremity overuse, (2) lower extremity fractures, (3) upper extremity fractures, (4) torso overuse, and (5) lower extremity sprains and strains ... [and among] the leading causes of injury were ... sports and physical training."6 During fiscal year 2016, medical costs for these injuries totaled approximately \$475 million, and the Department of the Army spent an additional \$27 million to cover inpatient behavioral health treatments.⁷

As such, the Army requires a comprehensive overhaul of its programs designed to ensure readiness, which includes physical training, behavioral health, and obesity reduction through nutrition-focused education. This systemic overhaul needs to align more with the Department of Defense's framework for total force fitness. The special operations community has experienced success in all of these focus areas after successfully implementing the Tactical Human Optimization, Rapid Rehabilitation and Reconditioning program; however, the Army's conventional forces lack the resources and experienced personnel to implement the Tactical Human Optimization, Rapid Rehabilitation and Reconditioning program across its ranks.

Acquire Necessary Talent

There is high demand for tangible resources for the H2F system. The Army's senior leaders are willing to pay for it, but the steepest challenge will be finding the means to do so. The new H2F program organizes healthcare professionals tasked with educating and caring for soldiers at the unit level into human performance teams (HPTs). H2F subdivides HPTs into three specialized teams-nutrition, physical therapy, and cognitive enhancement-assigned at the brigade level (see table, page 69).⁸ An HPT, which may include more than thirty personnel, will be a blend of military officers and enlisted soldiers, Department of the Army civilians, and contractors. A brigade's authorized strength will determine the number of specialists and providers assigned to its HPT. H2F will classify the Army's nearly fifty brigade combat teams and training brigades as either tier 1, tier 2, or tier 3 based on authorized personnel strength. At that rate, the projected end strength of providers totals more than one thousand, and the Army will face challenges to staff all brigade HPTs.

Hiring challenges: The case for a direct commissioning program. While USACIMT and other senior leaders recognize the necessity for a full complement of registered dieticians, physical therapists and occupational therapists, athletic trainers (ATs), strength and conditioning coaches (SCC), and other healthcare specialists, the price tag for so many Army civilians and contractors presents a significant challenge. If the Army cannot afford to hire hundreds of specialists to fill these requirements, senior leaders should consider direct commissioning programs and internships to fill in the talent gap.

According to the U.S. Labor Department's Bureau of Labor Statistics, the median salary for healthcare specialists are as follows: physical therapists (\$88,000/year), occupational therapists (\$85,350/ year), registered dieticians (\$61,210/year), and ATs (\$49,280/year).⁹ ATs and SCCs, which represent the largest pool of the HPT construct, command the smallest salary of the aforementioned professions;

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however, these individuals hold a requisite combination of a bachelor's degree in exercise science or kinesiology, certification(s) from the National Strength and Conditioning Association (NSCA), or a master's degree in kinesiology. In order for a transition to the H2F system to be successful, the Army needs to find a way to attract these individuals with competitive salaries nationwide and at overseas duty locations.

Col. Kevin Bigelman, H2F chief of the Army Center for Initial Military Training, believes the Army is postured to attract those individuals. Bigelman said, "We would go with a contractor hiring solution to begin with, but contractors are expensive. I think the [Army's] salary for those folks would be higher ... so I think it would be attractive for many folks."¹⁰ If the Army offered a direct commissioning program for unit-level ATs and SCCs, it would allow organizations to retain and develop essential H2F talent for longer periods while simultaneously benefiting units and providers. For example, if an individual with a baccalaureate degree and NSCA certification directly commissioned as a second lieutenant, that provider's annual base salary would be \$45,456. Offering the rank of captain to a provider with a master's degree in

Staff Sgt. Gabriel Wright (*center*), a signals intelligence analyst with the 780th Military Intelligence Brigade, grades the hand-release push-up event 17 May 2019 as part of Army Combat Fitness Test Level II grader validation training at Fort George G. Meade, Maryland. (Photo by Sgt. 1st Class Osvaldo Equite, U.S. Army)

kinesiology would yield an annual salary of \$52,596. The addition of standard military benefits and allowances, promotion potential, and guaranteed experience working with hundreds of tactical athletes would allow the Army to attract and retain providers with minimum service obligations ranging from four to six years in length.

Enlisted talent development. If the cultural shift to a more health-focused and fitness-focused force is going to be successful, the Army also has the implied task of developing the brunt of its workforce—its junior enlisted soldiers and Noncommissioned Officer Corps. The HPT construct for nutrition, physical therapy, and cognitive enhancement teams currently calls for the following military occupational specialities: nutrition care specialist (68M), physical therapy specialist (68F), and occupational therapy specialist (68L) (see table, page 69). Through

Nutrition team	Physical therapy team	Cognitive enhancement team
(1) O3-O4 Officer in charge	(1) O3-O4 Officer in charge	(1) O3-O4 Cognitive enhancement director
(1) GS-12 Registered dietician	(2) O3-O4 Physical therapists	(1) O3-O4 Occupational therapist
(1) E4-E6 Nutrition care specialist (68M)	(1) E4-E6 Physical therapy specialist (68F)	(1) Civilian/contractor occupational therapist
(1) GS-6 Nutrition specialist	(1) Civilian/contractor physical therapist assistant	(1) Contractor cognitive enhancement specialist
	(7) Athletic trainers	(1) E4-E6 Occupational therapy specialist (68L)
		(1) Civilian/contractor occupational therapy assistant
		(14) Strength and conditioning coaches
Total=4	Total=11	Total=20

Table. Sample Human Performance Team for a Tier 1 Brigade

(Table by author. Sample team consists of Army commissioned officers, enlisted soldiers, Department of the Army civilians, and contractors)

its new credentialing assistance program, the Army should encourage professional credentialing through accredited associations such as the NSCA and National Academy of Sports Medicine. Furthermore, USACIMT should consider lengthening its Master Fitness Trainer Course and awarding a skill qualification identifier to soldiers who complete the course. This would provide units with more qualified enlisted subject-matter experts at company and battalion echelons.

Develop Knowledgeable H2F Senior Leaders

Following the results of the 2006 injury prevention working group, the Army identified a need to change its previous physical fitness training doctrine, Field Manual (FM) 21-20, *Physical Fitness Training*. This change led to FM 7-22, *Army Physical Readiness Training*, in September 2012, which was an adaptation of the Army Training and Doctrine Command's Standardized Physical Training Program.¹¹ PRT faced immense skepticism Army-wide, and many commanders were reluctant to incorporate principles of PRT into their unit's physical training programs. Some of the key changes of PRT included a heightened emphasis on the precision of functional movements, dynamic warm-up activities replaced static stretching, and forty-four new exercises and drills were incorporated into the manual.¹² Ultimately, the doctrine failed to gain traction because many leaders and their soldiers simply did not understand the changes from an exercise science standpoint.

As the Army prepares to embrace the newest updates to service-wide physical readiness training, USACIMT and the Army's most senior leaders have attempted to generate preemptive support from commanders and the rest of the force through strategic messaging campaigns. Additionally, the Army now requires field-grade officers identified to compete for battalion command positions to pass the new ACFT, among other screening requirements, before selection for command.¹³ Moreover, the soldier performance health readiness database is a centralized database the Army is launching to provide commanders with a holistic view of individual and unit readiness. The soldier performance health readiness database, currently monitored by the U.S. Army Research Institute of Environmental Medicine during the ongoing ACFT pilot, retrieves information from existing Army databases and programs such as the digital training management system and substance use disorder clinical care program.¹⁴ According to Bigelman, "Commanders and command sergeants major can look at the unit and assess their state of readiness, which could be measured in the physical domain, sleep, [or] cognitive [domains]."15 The Army could further increase service-wide knowledge and understanding of the H2F program by providing lessons developed by the U.S. Army Physical Fitness School to attendees of the Battalion and Brigade Pre-Command Course and installation-level Company Commander/ First Sergeant Pre-Command Courses.

Update Doctrine

As a result of the new holistic approach to monitoring multiple health domains and the envelopment of several programs and installation-level resources into the H2F system, many Army proponents will have to update dozens of affected regulations, field manuals, and training circulars. Army Regulation (AR) 40-501, Standards of Medical Fitness, and AR 350-1, Army Training and Leader Development, are two such publications, but no doctrine will undergo more revision than FM 7-22, which the Army will rebrand as Holistic Health and Fitness. H2F planners provided final briefs to senior leaders including the Army chief of staff, sergeant major of the Army, and commander of USACIMT in February. The next step of the transition to H2F potentially includes a proofof-concept at one installation for twelve to eighteen months before service-wide implementation.¹⁶

The new Army Field Manual 7-22. The new manual that governs the Army's approach to holistic health and fitness will include five sections and align more closely with the total force fitness framework's eight domains of individual fitness.¹⁷ The intent is for the updated version to outline "the basics of

Maj. Malika Rodriguez tests her physical abilities by throwing a ten-pound ball 6 March 2020 during a diagnostic Army Combat Fitness Test at Fort Bragg, North Carolina. (Photo by Sgt. Alexandra Shea, U.S. Army Reserve) human anatomy and performance physiology that are the foundation for program design.^{"18} According to Bigelman,

Part I [of FM 7-22] will cover the H2F System overview and planning. Part II is the design, which covers each of the components: physical, mental, sleep readiness. Part III is the build, which covers program design specifics. Part IV is how it's delivered, which covers H2F schedules. Part V is how we assess.¹⁹

The assessment section of FM 7-22 will provide guidance on the purpose and execution of the ACFT. Subsequent appendices will address *special* populations and programs such as spiritual fitness, postpartum pregnancy physical training (PPPT), and unit-level reconditioning programs (RP).

Postpartum pregnancy physical training and reconditioning programs. The goal of PPPT is to

> prevent muscular atrophy and physical fitness degradation during



(Figure by author)

Figure 1. Sample Session with Select Exercises from Field Manual 7-22, Army Physical Readiness Training

pregnancy and expediently return soldiers to acceptable fitness levels following their pregnancies.²⁰ Certified exercise leaders supervise and instruct educational classes and prescribe fitness regimens designed to accommodate soldiers in every trimester of pregnancy and postdelivery. Even though AR 350-1 mandates participation, the program's success varies across brigades, divisions, and installations based on the degree of emphasis placed on PPPT by senior commanders and their command sergeants major.

Reconditioning programs, which share goals and training philosophies akin to PPPT, target soldiers who are physically limited due to injury or surgery and unable to participate in unit PRT' sessions.²¹ Many units do not have RPs due to a lack of resources, lack of understanding the program's potential impact on unit and individual readiness, or an unwillingness to comply with established training guidance for this special population. In order to eliminate the lack of nonparticipation with these programs, the Army should require each installation's senior mission commander to mandate compliance with PPPT' and RPs in accordance with AR 350-1, FM 7-22, and Technical Guide Series 255A-E, U.S. Army Pregnancy Post-Partum Physical Training Program. Army Combat Fitness Test. Presently, the hot-button topic related to the H2F system is the launch of the ACFT. In 2017, the Department of the Army announced that it would replace its forty-year-old, threeevent Army Physical Fitness Test with the ACFT. The ACFT is an age- and gender-neutral, six-event test that gauges a soldier's aptitude and suitability for combat-related duties. While many have scrutinized the test's potential as a gender-based discriminant for assignments and an inaccurate reflection of MOS requirements, the Army could mitigate this problem by coding all duty positions in its force management system website to reflect the ACFT category required for each job.

USACIMT's research and analysis directorate used the *Baseline Soldier Physical Readiness Requirements Study* to evaluate soldiers using a simulated test of common and critical warrior tasks and battle drills, the Army Physical Fitness Test, and twenty three additional physical fitness events.²² The ACFT will be the Army's test of record beginning in fiscal year 2021, and USACIMT will outline ACFT instructions in part V of the pending update to FM 7-22. Commanders will need to adopt innovative and creative physical readiness training plans to optimize unit performance on the ACFT. By consulting with master



(Figure by author)

Figure 2. Sample Soldier Physical Readiness Center's Physical Readiness Training Session with Exercise Examples



(Figure by author)

Figure 3. Correlation between Health and Fitness, Readiness, and Development

fitness trainers and cognitive enhancement teams, commanders and PRT leaders can identify select exercises and drills that simultaneously prepare units to accomplish their mission essential tasks by training for the ACFT (see figure 1, page 71). Since the proposal of the ACFT, commanders and leaders have decried the lack of resources necessary to train their soldiers for it.²³ The Army plans to provide the necessary physical resources but that does not substantiate the need for hexagonal barbells and medicine balls to prepare for the ACFT.

Provide Necessary Physical Resources

While the Army maintains a plan to field enough ACFT equipment to all battalions based on authorized strength, USACIMT also intends to provide the force with other tangible assets to enhance soldiers' physical readiness training.²⁴ One such resource is the soldier physical readiness centers (SPRC). According to USACIMT's functional concept for H2F, the Army intends for SPRCs to be dedicated space for units to train an array of physical readiness activities.²⁵

USACIMT envisions SPRCs as brigade-level facilities with approximately forty-four thousand square feet of usable space for company-size units and their HPTs to train effectively.²⁶ The complex will include a wide range of free weights, strength and endurance training machines, and outdoor space for conducting PRT and ACFTs. HPTs and master fitness trainers can assist in the facilitation of mission essential tasks-driven training emblematic of training regimens for professional sports teams (see figure 2).²⁷ In order to maximize SPRC usage, commanders should restrict SPRC

use to individual training, fitness-related classes, unit PRT, PPPT, and RPs.

Conclusion

There is a direct correlation between a soldier's health and fitness, individual readiness, and professional development (see figure 3, page 72). If individuals are not exercising enough, properly fueling their bodies, or receiving adequate sleep and time for recovery, then the result is diminished cognitive performance. Knowledgeable H2F leaders recognize the potential link between suboptimal performance and insufficient sleep, dieting, or exercise habits. Poor cognitive performance may visibly manifest itself in a soldier's lack of mental agility, Army Physical Fitness Test failure, or an inability to maintain positive work and family relationships.²⁸ Over the length of a career, unhealthy habits inhibit a soldier's development across the operational, self-development, and institutional domains of the Army's leader development strategy.²⁹

While the force anticipates the full-scale implementation of the ACFT with mixed reviews of enthusiasm and doubt, senior leaders must remain steadfast in their determination to change the Army's approach to readiness through fitness. This long-term plan requires a keen understanding and blend of programs that optimize the domains of exercise, nutrition, sleep, mental cognition, spirituality, and resilience. Successful implementation of the H2F system will take a total effort by the entire Army, more so from leaders at every echelon. The Army's senior leaders will provide the necessary talent, resources, and doctrine updates to institute the H2F system, but it is incumbent upon direct and organizational leaders across the force to comprehend modern principles of health science and lead the change to holistic health and fitness.

Notes

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