

## No Turning Back - Patty Horoho (Final Mix)

**Patty Horoho:** You know, every experience you have is, is a stepping stone. And so by the time you get to that next level, that puts you in those positions that when you started your career, you never dreamed you would ever be serving in, right. You go in with tremendous gratitude, tremendous humility because you understand the legacy, you understand the prep the past history and, and it's this philosophy of embracing the past, engaging the present. So you're there to engage and be impactful, but you do that while envisioning the future. And, and I think that's the pivotal role that you play when you're in any one of those positions.

**Chris Fussell:** Welcome to No Turning Back a podcast hosted by General Stan McChrystal and myself, Chris Fussell. Our goal here is simple: to have serious conversations with serious leaders so that we can learn from the best and navigate these complex times together. Thanks for joining us today.

Stan and I have a great discussion with retired Lieutenant General, Patty Horoho. Um, In the original release of this. I apologize. I referenced her as a graduate of West Point, which was inaccurate. She graduated from University of North Carolina, Chapel Hill, and then went on to have an exceptional career in the military, uh, which we talk about in, in the, uh, discussion today from early action in the emergency room environment as a, as a nurse in the army, all the way up to a senior position, the, Surgeon General of the United States Army and an incredibly important role, and the first woman to serve in that position as well.

Patty has since retired and gone on to work as the CEO now of OptumServe, which is a component of UnitedHealth Group. So a range of leadership across multiple different domains and, and countless invaluable lessons that she shares with Stan and I today. So, I think you'll really enjoy this discussion, and we appreciate Patty and her team for making the time for us. Now over to the discussion.

**Stan McChrystal:** Well, Patty, we've known each other for a long time, so I've been excited to have you on this program and you've been a female pioneering in the military, you've been a healthcare professional, but the real theme I want to start on is you've also been in leadership when times are hard.

We've just been through more than a year of a pandemic. And everybody sort of has touched a little bit of when things are hard, but I want to get some of your thoughts and I'm going to start back to an experience we shared. Unfortunately, back in March of 1994, you remember there was a, an aircraft crash, a freak accident above Pope Air Force base, and an F-16 collided with a C-130 aircraft, the F-16 pilot bailed out that the F-16 then crashed onto the tarmac, hit a parked airplane, created a huge fireball.

And that fireball almost like a tsunami, went over a group of paratroopers who were preparing for an upcoming airborne operation. And those paratroopers were predominantly from two battalions, one commanded by now Secretary Defense, Lloyd Austin, and the other commanded by then Lieutenant Colonel Stan McChrystal.

And the, the damage to people was horrific. You remember the burns, of course, those who were killed immediately, but then so many injuries and, and the, the emergency crews at the airfield responded

quickly. But the hospital, as you know, the emergency room is where the injured went. And of course, I went first to the airfield to be with the paratroopers and I went to the hospital and I saw it happening.

And you were there, you were at the center of it. And just to get people a scale, there were 24 killed and dozens and dozens badly wounded. And so the scale was huge. Can you talk about that?

**Patty Horoho:** I can and you know, Stan, I, I hold to this day, those memories in my heart, and I think you do as well, and in many others. You know, it's, it was a day. It's interesting was a beautiful sunny day.

I can remember it distinctly. How, how crisp and clear the blue sky was. I remember the response from everybody pouring in to really help with it. But I have to take you back to a moment that occurred before that day occurred. And it really goes back to the University of Pittsburgh because Fort Bragg was my utilization assignment.

So went to University of Pittsburgh to get my Master's as a trauma clinical nurse specialist. And while I was there and it, you know, I feel like my career has been series of adverse events that I call it spiraling, upward and learning, you know, through very stressful times. And so at University of Pittsburgh, I actually, this will show my age, but it was 60 tight pages of my thesis and it was going to be on critical incident, stress debriefing, and we could not get enough patients for the research study.

So then I went into 60 typed pages again on my second one, which was on burns. And then there was this big issue in one of the hospitals that impacted being able to get the trauma patients to be part of this study. And so I was thinking, oh my goodness, I gotta graduate in two years because the Army gives you two years to get your master's done.

And I ended up doing a research paper, comparing both two different types of burn dressings. So when I went to Fort Bragg, the first thing I thought of is how are we going to respond to mass casualty incident? Because we looked, and there was an area for readiness that we could really improve.

And so we planned exercises with Cape Fear Valley with Pope air force space, with the EMS. We made mass-cal carts. And we actually created, we trained that way. And then we created this scenario where all those entities were going to come together. And the scenario, which is a little eerie was actually two planes crashing with multi-trauma victims and the scenario was supposed to occur in April.

So on that day at 14:15 in March, I remember exactly when I got the call. And they said two planes had collided, burn victims are coming in. And I said, "Oh, is this our mass-cal exercise?" And they said, "no, this is real." And in 15 minutes we had soldiers with their uniforms, burned off stacked on top of each other in a deuce and a half truck.

We had motorcycles inside cars. With, you know, injured soldiers being brought in. And everybody responded because we had trained, you know, that, that impact of readiness and preparation really in communication and building relationships was so vital for the response that we had at that moment.

And there's one story if I could share, because I vowed that anytime I talked about the post-crash, that I would honor Sergeant Price. There were many heroes that day, but Sergeant Price taught me something.

And I never met him, but Sergeant Price was an African-American soldier who was on the tarmac. And there was a young Caucasian specialist who was also there.

And the two of them did not know each other, but she shared when we were treating her that Sergeant Price picked her up, threw in the air, jumped on top of her, whispered in her ear and said, run and run now. And she did. And when she looked back, she realized he took the brunt of the fireball and gave up his life for someone he never knew. That's the power of American soldiers that is realizing that you are willing to give your life for another individual.

But what it taught me is that it doesn't matter what your ethnicity, your politics, right, your culture. None of that is important. What's as important is we treat each other as a human and we recognize the value of what we could do to make someone else's life better. So Sergeant Price remains in my heart every single day.

**Stan McChrystal:** Yeah, extraordinary and something I'd remind the listeners is this was peace time. Later when you, Chris, and I were all at war together, we were used to that, but this on a, a warm, beautiful March morning just suddenly emerged. And when I got to the short story, I got to the hospital and it's starting to operate like a machine, but still there's a crowd of people.

And I found out that my adjutant, a young captain had been killed, Chris Dunaway. And they asked me to go down and identify his body. And he had parachute wings tattooed on his left chest. And so I was able to identify his body. And of course that was upsetting. I went up to the waiting area and a few minutes later, his wife walked into the waiting area.

She had not known that her husband was on the jump or involved, but she'd heard about an accident and she thought people at the hospital might need help. She came in and we had this incredible moment because you're supposed to go through formal casualty notification. But my great fear was she'd find out elsewhere.

So I grabbed my chaplain and we, we pulled her over and we told her that, that Chris had died and she sat there for a moment and she looked at me and she, she said, "great, I got it. Thank you. Now, let me see if I can help some of these people." And she started walking around and helping families and it is humbling.

**Patty Horoho:** It, you know, Stan, and to this day, I remember it the, the very best I think of, of everyone came out that day. There were people volunteering. There were you know, we had soldiers that came up. Civilians that came up and they said, "how can we help?" And I said, I need you because we had literally 134 show up within an hour, severely burned, 22 patients on ventilators and our emergency room was only a 22 bed emergency room.

We were doing escharotomies outside of the ER. We had soldiers that I said, I need you to learn how to start an IV. And, and we had logistics. We had them all of the equipment. We showed them how they made mass IVs because we needed that quickly. People held sheets around to give a perimeter so that we had some privacy. Because of all the media that was coming out.

You know, I vowed and I took my very best Sergeant who was a licensed practical nurse. And I said, I need you to have accountability of every single person, because they are a son or a daughter and someone

is going to call and want accountability. So even though they had no name tag, everything was burned off on a lot of them.

We gave them numbers. And, and we made sure that we didn't lose accountability and we didn't. There was so many moments where I think we saw the very best of individuals and, you know, one of the things that I would say when you talk about this, started with adversity, right. And learning through kind of challenging leadership.

I look back if I had not gone through the challenge of learning everything about critical incident, stress debriefing, and then all that I learned about burn care. I would not have been prepared for that moment. I used both of those to be able to take care for those that actually were caring for the wounded because 24 to 48 hours later, we did critical incident, stress debriefing.

And one of the things that came out is the one soldier that I picked to say, I need you just to look at accountability. She felt so devalued and it would have never crossed my mind, but she said I couldn't use my clinical skills. You had me doing a job that wasn't what I was trained for. And I said, but you realize how important it was for every parent to know that we had accountability of their loved one.

And, and so I have learned that you learn through the dark times. That every challenge I've ever gone through it has given me a skillset to be prepared for whatever the next challenge in leadership is going to be.

**Stan McChrystal:** Yeah, incredibly powerful. Thank you.

**Chris Fussell:** Can you build a little bit on that, that idea? Because you, you know, I love talking with leaders who talk, who start in an area of expertise and the military is full of this. So you, you graduate nursing school as a practitioner because you want to do that trade and then fast forward, your military career takes you up to becoming the Army's Surgeon General.

W- where in that, I mean I know it's key lessons throughout, but where in that journey did you start to recognize that you had to be both practitioner of excellence in that trade and a leader of others.

**Patty Horoho:** Okay. You know it was actually recruiting command and as a young captain. So I always, when I came into the military you know, you're a nurse, you're an officer, and you're a soldier. And so I really never kind of forgot those because that is, those are all the roles that you play as a clinician, but you're wearing the uniform and you, and you need to have all those social skill sets. But I don't think it really solidified for me to be perfectly honest until I get sent to recruiting command.

And I worked for Lieutenant Colonel Wilkes, who was a field artillery, battalion commander, who used to have me come in at you know, before seven in the morning and he'd play this military hooah music, and then he'd give me my pep talk and he'd say, go out there and put someone in, in shoes and, you know, get them, get them in boots.

And what I realized was how much work goes into recruiting America's sons and daughters to serve in our nation. And I learned at that moment, really the importance of you're a soldier first. I'm a nurse, but

my soldier skills are the value that I bring. I just happen to use my clinical skills to be able to complete that mission.

And, and I really learned at that moment to the team of teams. That it is, it is capitalizing on everybody's skillset to be able to complete whatever that mission is. And, and I think from that moment, it was just really understanding that I need it to balance clinical assignments, administrative assignments, and and each of those, you, you bring unique skillsets and you learn through experience.

**Stan McChrystal:** Wow. Patty, Chris, as you know, was a Navy SEAL and an extraordinary one. But he wasn't the first Navy SEAL. Stan McChrystal was a soldier. I wasn't the first McChrystal to be a soldier, but you were first in a lot of things and I never felt, we never felt that pressure. You were the first female Surgeon General.

You're the first nurse Surgeon General. And there's got to be some unique dynamics when you are trailblazing. Can you talk about it?

**Patty Horoho:** You know, it's it's interesting. My goal was never to be the first of anything, but once you are, then your goal becomes make sure I'm not the last and that other females, right.

Are not the last either. So you have to do that job well enough for people to say. I am going to put another female or I'm going to put another nurse or whatever, right for that diversity is. You know, it's interesting because I, Fort Bragg was pivotal in so many different ways.

And I remember coming home because I got sent over to talk to a leader within the 82nd airborne. And we were going to actually take space away to have it as clinic. I know that was the hospital commander said "Major, you go over there and those are 500 series buildings, which are clinical. And I want you to put a clinical footprint in the division space."

And I remember going into that meeting and I was actually with the Colonel and I'll tell you, I felt I came home and I told my dad who fought World War II, Korean, Vietnam. I said, I just realized what it feels like to play with the big boys. And I said it is hard work, but what it showed me is that you have to be clear, confident and articulate.

And you can't be emotional on issues and you have to learn how to convey in a language that the other person can understand. And, and so from that, going to Walter Reed, cause that was really, I would say where I was the first. So Walter Reed, when I got selected to command the hospital and it was in the midst of the Walter Reed crises, 42 investigations were ongoing.

A presidential commission, the Dole Shalala commission, every member of Congress was coming in. Media was all over the place. It was on the national news. And I got diverted from commanding Lonsdale regional command to commanding Walter Reed, which was a privilege that I hold dear each and every day.

But it was the first time in 98 years, going back to the Civil War, to be honest that they ever had a female, and a non-physician commanding. And I remember at that moment, I thought, you know, it, it isn't about me. What's missing is leadership and it doesn't matter if you're male or female, right. It just matters.

People just want someone to lead. They want them to have a clear, articulate mission, a vision, and they want them to take calculated risks on their behalf so that that unit is successful. And so that's really how I approached it and pulled everybody together and was very transparent. Over communicated because a female style of communication, or at least mine was very different.

And that in itself, you know, can cause some unnerving, but that team came together and really turn the hospital around. And then for the Surgeon General I'll share the one thing and I underestimate it being the first female. I thought it was going to be harder to be the first non-clinician.

Because it was, you know, going back to 1775, where it always had been a white male physician in charge of army medicine. And so I thought it was going to be, that was going to be the challenge. It was actually being the first female, that was the hardest. And I made an assumption that that wasn't even the issue.

And when I had dinner with some people from Israel and France, one of the things they said, is they said, do you want to know what happened when the United States selected a female, not a nurse, but a female to be the Surgeon General. And I said, I'd love to. They said it was a shot that was heard around the world.

All of these countries called each other and said that the United States of America selected a female to lead army medicine. And it made them be introspective to look at how they could do that as well. And what were the barriers that they had. And then the UK called me when I was in Afghanistan to congratulate me.

And I'll never forget this. And they said, we want to congratulate you on being selected, how does it feel to know the whole world's going to watch to see if you succeed or fail. And and it did change my lens, you know, I thought, okay, let me up my game.

**Chris Fussell:** Patty. I want to get into this a little bit of the specifics of that, that role.

But first I want to go back to something you as you describe your, your lessons about clarity of mission, over-communication, those sort of key blocking and tackling skills that are straightforward, but very hard to learn, right? It takes a lot of missteps for most leaders. How did you learn to go to younger leaders and ask the right questions to to, because you can't just give them a book and say, here's how you lead.

How did you tease that out and, and learn to coach younger leaders into that?

**Patty Horoho:** You know a couple of things with it. I'm a I'm a very big storyteller and a visual person. And so a couple things that I would do with young leaders and actually I continue to do this in the job that I'm in now. I look for pictures that inspire and and allow me to create a narrative around it so that I can talk with that individual.

And, and integrate principles of leadership in a way that touches a heart. Because I think if you can, if you can touch someone's heart, you open up their mind. And if you open up their mind, you change their behavior. And if you change their behavior, then, then they grow and you grow together. And it really blossoms a young leader.

And so. Storytelling was key. The other piece that I think is key in leader development, or at least it is for me because you've got to have people who understand the why. I think a lot of times we forget. To explain the why behind something. And if we just teach principles of leadership, but they don't understand the why behind it then when that, that environment, which is always changing, right?

It's very fluid in which you lead in. If you understand the why, then you have agility as a young leader. And yet, right you can make quick decisions, but you understand those principles. So I think that was the other thing is really taking the time to connect the why behind a principle of leadership.

And, and the other piece of it is I looked for a positive deviance all the time, and it was those individuals who rubbed someone wrong and who I could look and see, they thought differently and people kind of shut them down. Sometimes I would provide an environment for them to share their thoughts.

And, and I'll tell you those disruptors just made a huge difference and they just needed someone. To give them a time to hear their voice, and then they would blossom as well.

**Chris Fussell:** You must have loved working with the SEAL teams.

**Patty Horoho:** A lot of positive deviance.

**Chris Fussell:** We've mastered that selection process. Can, this is a little more bureaucratic, but I think it'll be really interesting for , for our leaders, especially those in the corporate space as well. And you know, this now we'll get into your, your time now and in the civilian world. Leadership at a senior level is never straightforward, right? Especially today, everybody's leading in this interesting matrix sort of way. Can you talk a bit about the Army Surgeon General where that the role there versus the U.S. Surgeon General and the other forces, how does that all happen in connection with the bigger DOD world?

**Patty Horoho:** Yeah, I'd love to, I'm going to start if I could I'm going to look inward before I, I maybe answer your question and I'll tell you why. Cause I think this is so important. So when I took over as the Army Surgeon General, one of the things I looked at was our organizational structure was so different than the rest of the entire army.

And what that showed is being different was not a good thing in my mind because it made us separate and people didn't know how to access and how to connect with us to really partner because all of it is partnerships right? At different levels. And so we actually did an analysis and looked at a lot of army units and then we reconfigured ourselves.

So we were more aligned with the army and it increased communication. It increased collaboration and it increased partnership across the army at all different levels. The same thing allowed us then, so the Army Surgeon General, actually has, has peers and counterparts and that's the Navy Surgeon General and the Air Force Surgeon General and all three of us work together very collaborative, even though our missions are different.

And our cultures are very different. The uniqueness is to ensure that every you know, sailor, soldier, airman, and Marine and Coasty are ready to do their mission and their family members are, are healthy as

well. And so we worked very collaboratively with the Assistant Secretary of Defense for Health Affairs that set the policy.

We worked very collaborative actually with the uniform service university. Because it's that education and the flow and growing the talent that you need. There is not a command and control relationship with the U.S. Surgeon General that is through public health and it's separate. But one of the things that army medicine did is we reached out and had a very strong relationship with the U.S. Surgeon General.

And the reason why we did that is when we set the vision for army medicine, and we wanted to move it from a disease model of care to a health system for health is our vision was to improve the health of our nation by improving the health of our army. Because I believed if we can improve the health of 4.9 million beneficiaries, we could be a model for the army to, I mean, for the nation to adopt.

And so that relationship with the U.S. Surgeon General, I thought was critically important.

**Stan McChrystal:** Patty, I'm going to take a slight side step, because we've talked about the challenge of being the first female, the first nurse we've talked about leading in hard times, I'm going to talk, ask you about leading in hard environments or with hard people because we lead the people that work with us, but you mentioned your first interaction there with the 82nd Airborne.

And you said like you were dealing with the big boys. I remember I reported as a Second Lieutenant to the 82nd. I went up to division headquarters and the guy reported to is this Major wearing an eyepatch and I have no idea if it was a bad-ass, but he looked like it.

And so, you know, what I found when I got senior is suddenly some of the sanctums you go into even the office may be big, but it's not big enough for the ego in there. And so suddenly you're, you're interacting with people with big egos, sometimes really hard aggressive personalities. How do you go from being a servant leadership inside your organization, going in those rooms and, and having sharp enough elbows to, to protect your organization?

**Patty Horoho:** And that, and, and you know what, the higher you go, the more sharp those elbows can become and the bigger the egos. And I always think one of the biggest vulnerabilities, so of an organization is hubris. It really is it's, it's the Achilles heel and it introduces vulnerabilities, I think, to an organization.

And so, you know, one of the things I always think of is being bold, being hungry, but staying humble. And I think the higher you go. The more humble you should actually be because your impact and your influence is huge. But as you go into those rooms and it is a lot of egos, one of the things that I found is everybody has an agenda.

I learned that probably working in the Pentagon is a Lieutenant Colonel. When sometimes you realize that maybe policies weren't as pure as you thought as a young Lieutenant. Right. And because you get to see behind the curtain. And, and so what I had to do is to realize and say, everybody has agendas.

Agendas aren't bad. They just are. And, and what I had to do is figure out what is the agenda of all the individuals that are around that table. I also didn't wait for anybody to invite me to have a seat at the table

because you'll never get invited. You just have to assume you belong. And nine times out of 10, no, one's going to have the nerve to say you shouldn't be there.

And so, right. And I'm also being very reflective. And not feeling like your voice has to be the first voice heard it was really listening and then being very clear and articulate on the message that you want to have. And the other piece of it is not showing emotion. I believe that I never speak, if I'm angry, I will never react if someone hits a nerve. I will take three deep breaths and then it will be a very unemotional response back.

And it deflates, it deflates the other person in a way that then you can have a conversation, right? Because they don't get defensive. And the last thing I would say is I learned when something wasn't communicating well, I would just say "help me understand."

So instead of saying you're wrong, right? Help me understand what, why you're doing that or help me understand your actions? Because it appears to me it's this, right. And, and what I found is people then have a very honest, open dialogue.

**Stan McChrystal:** Yeah. Remarkably important guidance for people.

**Chris Fussell:** A question on that for really, for both of you and Patty start with you, and Stan would love to get your thoughts on this as well.

Cause you both lead certainly in the military. In stepping into roles where I'm assuming here that you had to sort of get out of your own head, right. Walking in as the new commander, that's now in charge of these highly specialized units or Patty positions in your career, as you moved up and having to be a leader in front of these sort of legacy units or parts of the government, where as a younger officer, you put on a pedestal and suddenly you have to go in there and be a leader in front of you. Can't walk in there and say, wow, it's so cool to be here.

I've always looked up to that. Right. How, how did you think about that? I mean, cause that's a really big challenge for leaders as they go through their career.

**Patty Horoho:** I think for me it was more of you know, every experience you have is, is a stepping stone. And so by the time you get to that next level, that puts you in those positions, that when you start at your career, you never dreamed you would ever be serving in, right. You go in with tremendous gratitude, tremendous humility because you understand the legacy, you understand the prep the past history and, and it's this philosophy of embracing the past.

Engaging the present. So you're there to engage and be impactful, but you do that while envisioning the future. And, and I think that's the pivotal role that you play when you're in any one of those positions is really understanding the current landscape, creating conditions for success, but realizing that the job that you're doing at that moment, it's not about that moment.

It truly is creating that future legacy and setting the pathway for success for others to follow, because that's the privilege that you have at that moment. And you are following individuals that in your career, you looked and thought you never dreamed you would be doing the same job that they have.

It's very humbling. Stan.

**Stan McChrystal:** Yeah, no, I think the word humility, it really resonates with me because you're in a role and you have to remember, it's not, you, you are now the commander of something or in that role. And sometimes you have to subtly remind people that you're dealing with I'm in this role. And that's why I'm exerting this authority.

That's why I'm saying these things. Not because I'm Patty Horoho or Stan McChrystal and, and I'm so cool. It doesn't always take initially. I mean, it takes a little while. Sometimes there are hard heads out there, but, but the reality is you, you just got to work on it. I think over time,

**Patty Horoho:** You know, the other thing I'd say, which I found really interesting and I, and I still encounter it today is, I always believe I'm very transparent leader and so very straightforward in what I'm trying to accomplish. Very straightforward with the agenda. Right. It unnerves a lot of people with that because people think there's gotta be a hidden agenda. You, you can't be that straightforward. And so part of that is trying to get people to truly believe.

This is transparency and leadership in action. Right. And it's no more than exactly what I'm saying. And then once you get past that I think it really helps and in teams can just accelerate what they can accomplish together. Yeah,

**Stan McChrystal:** Absolutely.

**Chris Fussell:** Patty, can we pivot to the here and now a bit can you talk about your, your role inside of OptumServe and how you built that out and then specifically the role and focus you've had over over the last year plus during the pandemic.

**Patty Horoho:** Yeah. Thanks. One, I absolutely love and cherish everyday coming to work. And, and I have to tell you, it's the advice that I give to military when they're transitioning is find a company that has shared values, a shared culture and a mission that inspires you every day.

Because that's, that's why you served. And that's why you stayed in for how many years ever you stay in, is you feel like you're part of something greater than yourself. And so when I got called out of the blue to come to Optum and actually stand up their federal business.

I had the privilege of naming the business and I I'm a real tagline person. I, I, it, throughout my entire career everywhere I've commanded, I've thought, okay, what's the tagline that's going to inspire and rally? And so I was walking one day in La Crosse, Wisconsin early on when I was just pulling the team together.

And it was this foggy morning. And this huge American flag was right by the water standing up and blown in the wind. And I had this sense of serving together ... honor to serve. And so I walked into the meeting and, and I said team. This is our tagline, because this is why I took the job.

And so we named ourselves OptumServe because we have the privilege to serve those that serve this great nation and the family members that support them and the government entities that create the

environment for our nation to actually operate. So we're the end to end federal facing for UnitedHealth Group.

And so that, that privilege and is is in the DNA of everybody. Who's part of the team. And I have to tell you, the first couple of years were really challenging. And the reason why I say that is we are a startup. Or were a startup the first couple of years in a Fortune six company, we, we weren't like anything else.

We didn't fit in, you know, we're trying to operate. And we actually developed the team and the organizational structure and we're on our 6-3 Org in three and a half years. So it shows you how fast we've been growing last year, we had 87% year over year growth. In our top line and an at 33% in our bottom line. Incredible, incredible growth but delivery on our mission.

You know, you can grow, but you've got to deliver and you've got to exceed customer expectation. And so one of the things that you asked about the pandemic that we looked at doing when the pandemic hit we had just the year before and at the year in December and said the words, unprecedented growth.

I couldn't get it out of my mind. It was like every day I felt like we were entering into this period of unprecedented growth. And so we had just reorganized to have reliability, repeatability, agility, and scalability, and across our entire organization. And then when the pandemic hit, when I pulled the team together and I said, this is like a war.

I said, we are fighting an enemy. That's an invisible enemy. And that's the virus. Families are going to be separated for a long period of time. I said, we are going to lose loved ones and family members are not going to be able to be there with them. I said, it is going to impact the resiliency of Americans.

It's going to impact the resiliency of organizations. And I said, So we reorg quickly in process, not in structure to do rapid assessment. In almost every day, a week, we had really fast battle rhythms that we looked at. And I said, I want you to develop a resiliency model. That we can support the private sector and look at the combat operational stress model that we saw in the military.

And so they did that. I said we are gonna look at our capabilities. We, we took care of the readiness exams and we still do Army, Navy, Air Force, Marines. So they're ready to deploy. We took that capability and quickly developed testing mobile testing capabilities. And in 96 hours, we had 80 sites and in a state that it has now grown to over 21 States.

And over 4 million COVID test, and now we're doing mobile vaccinations across and it was how do you, how do you ensure there's agility in everything we do? And one of my favorite statements was from Derek who's on our team, a really young contract specialist. Customer said, why are you more flexible than any other company?

And he said, well, we're not. And it was like this awkward silence. And he said, because if we were flexible, at some point, we're going to break. He said, we're like fluid or like water. We flow into the gaps and we partner and we solution and we deliver, and I thought, talk about brilliance in a quick minded answer of a young, you know, a young team member on the team.

But what it said is that really was the DNA of our company. Is how can we maintain service to all those that we need to, because in 48 hours, we went virtual across every one of our contracts and we never stopped serving. And we stood up health care in the middle of the pandemic. When the nation shut down, we stood up healthcare across 36 States, Puerto Rico, Virgin Island and stood up 7,000 urgent care centers in the middle of the pandemic to serve our veterans. This team has been amazing how they performed, but it's been mission focus and their vision was to truly serve.

**Stan McChrystal:** Well, incredibly powerful. Patty, I'm going to close it with a couple of comments because you talked about mission focused and service, and I think those are the tag lines that go with you.

I think those are the things that, that are your legacy already and will be your legacy forever. So I want to thank you for this, but one of the comments I want to make is one of the things that you did as a Surgeon General and earlier in your career, when you talk about moving healthcare from a disease response to health, making people healthy and now to making societies healthy nations healthier, it's a form of leadership that, that sometimes requires people to be convinced of the need.

If there's any good that comes out of this pandemic, it is that we're now a nation that is more aware of public health. We're more aware of the requirement. And I think we're more aware of the people who to make it happen, the essential workers who worked during the darkest days of this, the healthcare workers who are out there delivering it now. The people who are sticking it in arms, you know, all the things that make it happen. And so I think that you embody that you reflect that and you, you lead a good chunk of that now.

**Patty Horoho:** Thank you. Very blessed. You know, I think one of the things that this pandemic has showed is the gaps that we have across our nation in health equity.

And we absolutely need to be focusing on how do we take bias out of our clinical algorithms, right? How do we ensure that we get care to the most underserved and the most vulnerable population? How do we focus on health and wellness, vice diseases? And so we, we are a nation that really is based on a disease model of care.

And I think when you look at the pandemic, our most vulnerable population with chronic disease, this virus had the, the negative impact. And I think the conversation we have to start having really robust conversation is improving the health and wellness of our nation. Focusing on health, incentivizing health, changing our model of care.

And you know, back in 2012, we actually moved in army medicine and the entire army together. We moved from a disease model to a system for health, and it came out of my deployment in Afghanistan. And when I was deployed in Afghanistan, I was in cop lightning. And one of the really remote areas. And I was talking to young medic and I was flipping through the prescriptions and I said, help me understand why we have so much Adderall and Ambien prescriptions.

And he said, well, ma'am when they're going out on convoys, you know, they're taking Adderall to remain really alert because of all the dangers that are out there. And then when they come back, they're

hypervigilant, hyper alert. Right. Just from the experience. And so a lot of them have taken Ambien and I thought this is 2012.

We had been at war since 2001. And what it showed me is we had health as a really employment that we never thought about. How do you keep someone healthy throughout their entire life? We didn't think about how do you help someone when they redeploy back to wean themselves off of that sleep deprivation.

Right? You understand why you have it in battle, but how do we make them healthy in that area? And so the words collaborative partnership, collective health, popped in my mind. And, and we really looked at the synergistic effect of sleep activity, nutrition, nutrition, being anything you put in your mouth, right.

And activity, not just going to the gym, but truly act being active throughout your life and focusing on, you know, not when a disease occurs, but if a disease ever occurs and we changed the entire model. But it was changing the language that I communicated to the military, because if I had gone to the army and said, I need you to get eight hours of sleep everybody.

Well at the beginning, they did make fun of me. So, you know, my, all my peers would, you know, would make comments. But when I said, if you have less than five hours of sleep, five days in a row, I said, you are operating as if you were 0.08, legally intoxicated. I said, we would never let a soldier come to work and intoxicated.

Would we? And I said, so why are we letting soldiers every day come to work with cognitive impairment? And I said, it's bullets for your brain. Think about that cognitive dominance. So we didn't make it health model. And someone said, how you going to ever do this? And how are you going to know your infect?

You're effective with it. And I said, when it's in the DNA of our army and no one looks at it as a medical. They look at it right as part of how we operate and the army continues. It it's I love it because it's not looked as medical and I don't even think they would look back and say it started in army medicine, you know, and that that's success to me.

And I think we can do that for a nation. But we have to have a different financial incentive system. We have to reward for health and health outcomes. And we have to really look at how do we get healthy food options? How do we have communities and ecosystems that collaboratively put together ecosystems that make it easy for people to make the right choice and they understand the why behind it.

**Stan McChrystal:** You open the door and I'm going to go through it because Chris and I have done a lot of talking about the competitiveness punitiveness of our nation and the cohesion of our nation. You've just talked about the health of individuals.

You had the experience in recruiting. I'm going to ask you to tie the health of the nation to the competitiveness and the security of the nation.

**Patty Horoho:** So it's interesting that you said that Stan, well it's not because I think you're a brilliant leader, but what we talked about in 2012 and, and it remains today is I said, we need to do this because it's

a strategic vulnerability in our nation right now, one in four Americans, 18 to 24 are ineligible to serve in our armed forces.

Many of it is because of not being able to meet the health standards. So think about that. And then that 25% that's eligible to serve in our military, the private sector also wants that 25% right. To serve within their companies. So it gets smaller and smaller.

It is absolutely a strategic vulnerability for our nation. And we have to be able to, in my opinion, we need to look and say, how do we really get health? Into our youth and I mean, youth starting early in their life and all the way through, and it needs to be that it is this. It's just part of how we live our lives as Americans.

And we focus on mental, physical, spiritual, emotional, and financial health, because all of those elements impact someone's ability to be able to operate at the top of our game. And so I have to tell you, I think we have the opportunity in front of us with this pandemic to say the gaps in care are an area we're going to focus on.

That we are going to use data analytics because I can tell you our company in OptumServe, they developed this tool. It's called the pivot tool and health equity tool. And we are able to go down to the zip code level and identify the most vulnerable and then identify the type of care that they need and be able to drive that they are in partner.

And that is so critical. So there- there are, there's so much data out there that we should be using it in a way that partners with an individual, right? So it's not a patient, it's a person. Use that partnership and with the person and the health system together to really improve the health outcomes of our nation.

I believe we can do it, but it is going to take a lot of disruption and innovation, but we have disrupted banking industry. Right? If you go back in time, we have, we're never waiting in line to cash a check, but you know, it's all done on your phone and convenience. We don't watch TV anymore on the night that the show comes on, we all binge watch.

Right. You don't even know which night. And then if you look at how we bought it's instantaneous, Why don't we apply those same things to healthcare and the person controls their health. They control their data and it's truly a partnership. And I think that's, that's the challenge and the opportunity we have in front of us.

**Chris Fussell:** Patty, just, just an amazing conversation and wide ranging and just some really important thoughts there at the end, around the future of the, of the nation and no better person to comment on that from a, from a health perspective.

So standing up both grateful for the time, grateful for the friendship. And we, we look forward to having you back any, any time. Cause we could go much deeper on all of this, but I just want to say, thanks. I'll turn it over to Stan.

**Stan McChrystal:** I want to say the same thing, Patty. Thanks for all you've done all the years. And all you're doing now.

**Patty Horoho:** Now thank you. This I, I would like to thank you both for your leadership, your service to our nation and the continued leadership that you both display. This has been just a humbling experience. So thank you, God bless you both.

**Stan McChrystal:** I, I've known Patty for many years and it started with her saving some of my paratroopers lives in the middle of that Pope Air Force crash.

And so when I think of Patty, I think of two stories. There's the story of a medical professional. A great nurse and a soldier, which is a pretty complex story. And then parallel to that. There's a story of a female leading in both the military and the medical world, commanding Walter Reed army hospital at a really critical time in that hospital history.

And so those two intertwine, which make it really amazing story because you know, I believe she had to be a better soldier and a better nurse because she was a female to have the kind of success she had. I'd like to say that wasn't the reality, but I know Patty and I know the army as it was and a bit still is.

**Chris Fussell:** Yeah. I had not spent time with her in any depth. And I had met her a few times through, through you, and she spent some time in our office, just an impressive person present leader. But a couple of things that jumped out at me, one is, you know, I, I joined the service in 97 first couple of years are a blur and then 2001.

So, and then beyond that, that, you know, the last 20 years has just been a generational conflict and it's easy to forget that even in the the quieter eighties and nineties, there were still mass casualties and professionals that had to step in and to hear her story. And then obviously I've known it from your side as a young officer nurse to be on the receiving end of what, you know, fast forward 20 years would have been a given day and in Baghdad The calm, demeanor, and professionalism that her and our team approach that with that I've heard you, you described, it's just a good reminder for the, for the listeners and for the country of what peacetime or wartime, what their military is doing on any given day.

**Stan McChrystal:** We also she understated the Walter Reed experience because if you remember, there was a scandal around Walter Reed and the scandal was the idea that we weren't taking care of soldiers well enough. And there was mold found in some of the housing. And the reality is much of that had been around a long time.

It wasn't something that people would turn their back on. But suddenly there was this scrutiny. And so the leadership that was required then had to, had to balance that on the one hand, you want to say, okay, I'm going to come in and clean it up. But on the other hand, you have to be mature enough to know that not everybody there was doing bad things, they were working hard with what they had.

And she had to balance that in a really politically charged environment back in the early two thousands.

**Chris Fussell:** Do you think? And I appreciated the discussion with with Patty much like our discussion recently with Lisa Jaster as she went through Ranger School and, and lead in that space as well.

Those are women in the military that they think of themselves as soldiers and leaders first. And then perhaps it cornered say, yeah, I guess it was pioneering as well. Which I have great respect for. I've never

pioneered anything. Because I just haven't had to be in that position. I don't know the pressure of that spotlight.

How do you think the military broadly is? I mean, you were in the service when the first one became a four-star any service and now there's several that have just been recently promoted. We see women in directorate positions around the government. How, how do you think that. Is continuing to change.

One of my impressions is that more Patty Horoho's, and Dunaway's that sort of leader that you have up at the senior ranks that more they're able to pull through other very competent women in the service.

**Stan McChrystal:** Okay. Yeah. My sense is it's still not easier automatic. But, but I would say if you go back to Ann Dunwoody, who was the first army four-star and she was a battalion commander at the same time I was.

So she was there at Pope with, with Patty as well. Those females, just like some minorities had to navigate a system and they had to do it with a certain amount of grace because you couldn't have sharp elbows. Push away ahead because that just didn't work in the army environment. So you had to be a really good soldier or a really good nurse, or a combination of those, which got you to the table.

And then when you got to the table, you had to represent yourself really effectively to be, to be accepted. And so it makes those. Early pioneers to me that much more impressive. Now we hope that current females or minorities don't have to do that. But the reality is, I don't think we're so far along yet that we can't assume that we demand a little bit more out of people who don't fit the normal mold just to get to the same place the rest of us do.

**Chris Fussell:** Yeah. It's, it's something that I've only over the last. Being out of the military, actually, I've started to understand and appreciate it differently. We like to look at the first, the first woman to graduate West Point the first you know, underrepresented group to, to get through a selection Ranger School, whatever it may be an equal, perhaps more important in the, in the broader change spectrum is that very competent senior leader.

Who's because that's the person that's done 35 years to get to that level and then they can, they can represent here's what's possible for that young cadet in 2050, you could be at this, this level. It's great to make it through the selection.

Obviously that's, that's a key star point, but there's a, there's a deeper and more packable message, I think from the Patty Horoho's is the people that make it, that senior level. It can grow them up, those other, those other networks underneath them. So she's a great example of that.

**Stan McChrystal:** Yeah, and she's doing great stuff. Now, we just heard her leadership philosophy, which is just so inspiring. And so I don't want to say basic, but it goes back to core principles of how you inspire people, how you build trust.

And that is all foundational. And the fact that we hear them from an accomplished pioneer leader, I think makes him even more effective.

**Chris Fussell:** I didn't want to put her on the spot, but she is a, a person I would fingers crossed that she has one last push for national service. Cause I would love to see her run for office the way she are, because she has obviously deep military experience, battlefield experience, health care experience at the big system level.

And now she's doing and, and the civilian side of healthcare. We need more leaders like that inside the beltway.

**Stan McChrystal:** Couldn't agree more love to see it.

**Chris Fussell:** Great discussion. We appreciate Patty, her life of service and spending the time with us. So we look forward to seeing you here next time. No Turning Back.