

The U.S. Army's Holistic Fitness System



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OVERALL CLASSIFICATION: UNCLASSIFIED

Agenda



▶ Why H2F

▶ H2F Overview

▶ Operationalizing H2F

▶ Initial Results

▶ Future Initiatives

Why do we need H2F?

- ▶ 77% of people between 17-24 are unqualified for military service.
- ▶ 17% of Active Component (AC) Soldiers and 25% of Reserve/National Guard Soldiers are obese.
- ▶ 55% of AC Soldiers sustain a musculoskeletal injury each year.
- ▶ 10 million limited duty days & \$577 million annually in patient care.
- ▶ 37,000 of AC non-deployable Soldiers are non-deployable due to medical reasons.
- ▶ 12% of Soldier have sleep disorders & 5% of AC Soldiers require prescription sleep aids.
- ▶ A 1% reduction of non-available rates will save more than \$40 million.



Implement H2F to:

- Optimize Soldier personal readiness
- Optimize physical and non-physical performance
- Reduce injury rates, particularly over-use MSKI rates
- Rapidly rehabilitate and recondition Soldier following injury
- Improve overall Soldier and unit morale and effectiveness



“The nature of war has not changed, and in a violent clash of wills, it is the **human dimension** that determines success.”

-Human Dimension Strategy

H2F Timeline

★ 17 months until first H2F teams reached 80% staffing

June 2015:
Army Human
Dimension Strategy

October 2018:
H2F Pilot
(Battalion Model)

FY21:
28 BDEs Fielded

FY23:
12 BDEs Fielded

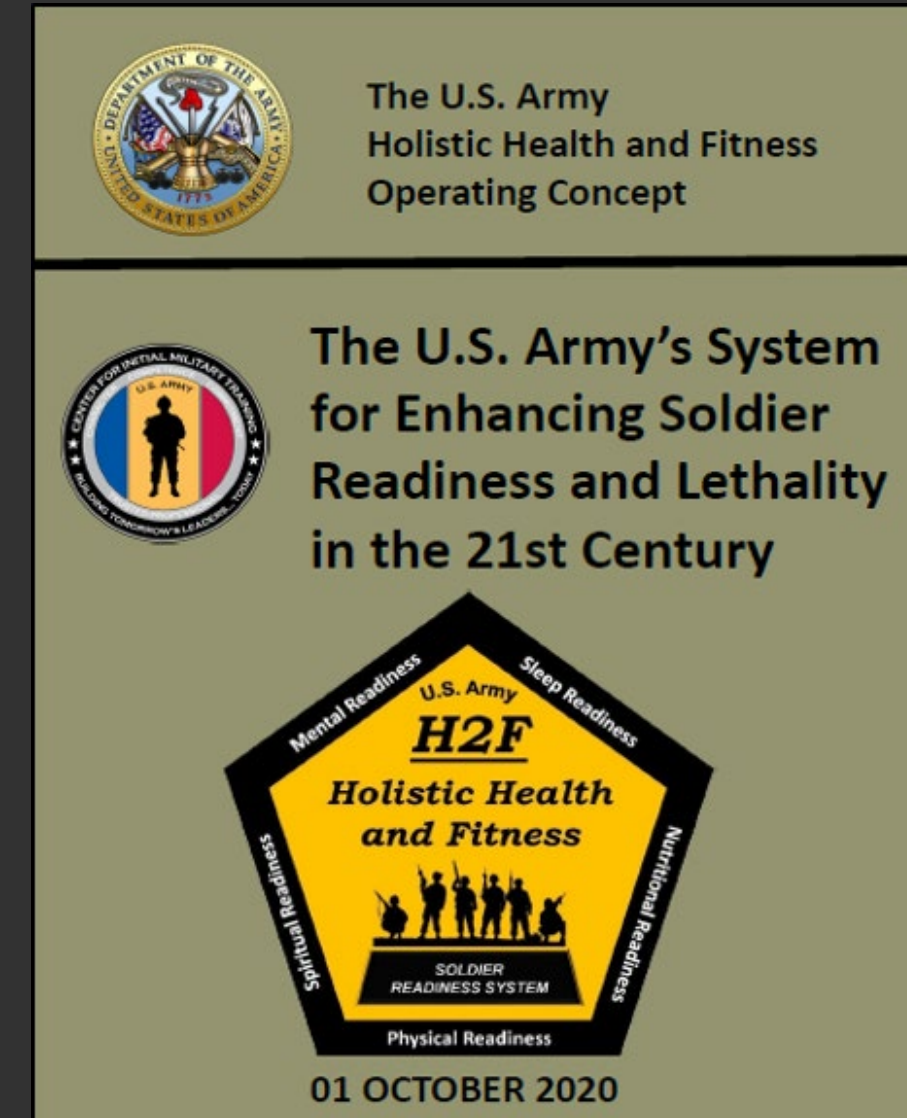
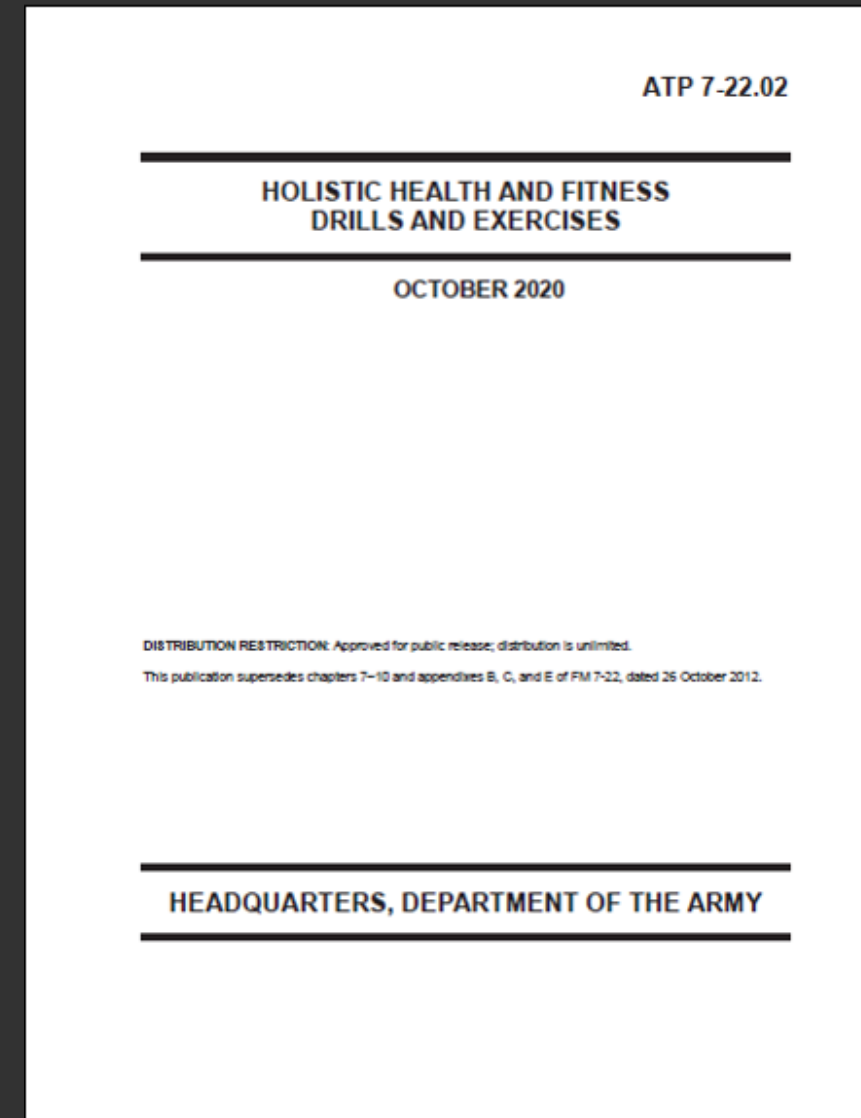
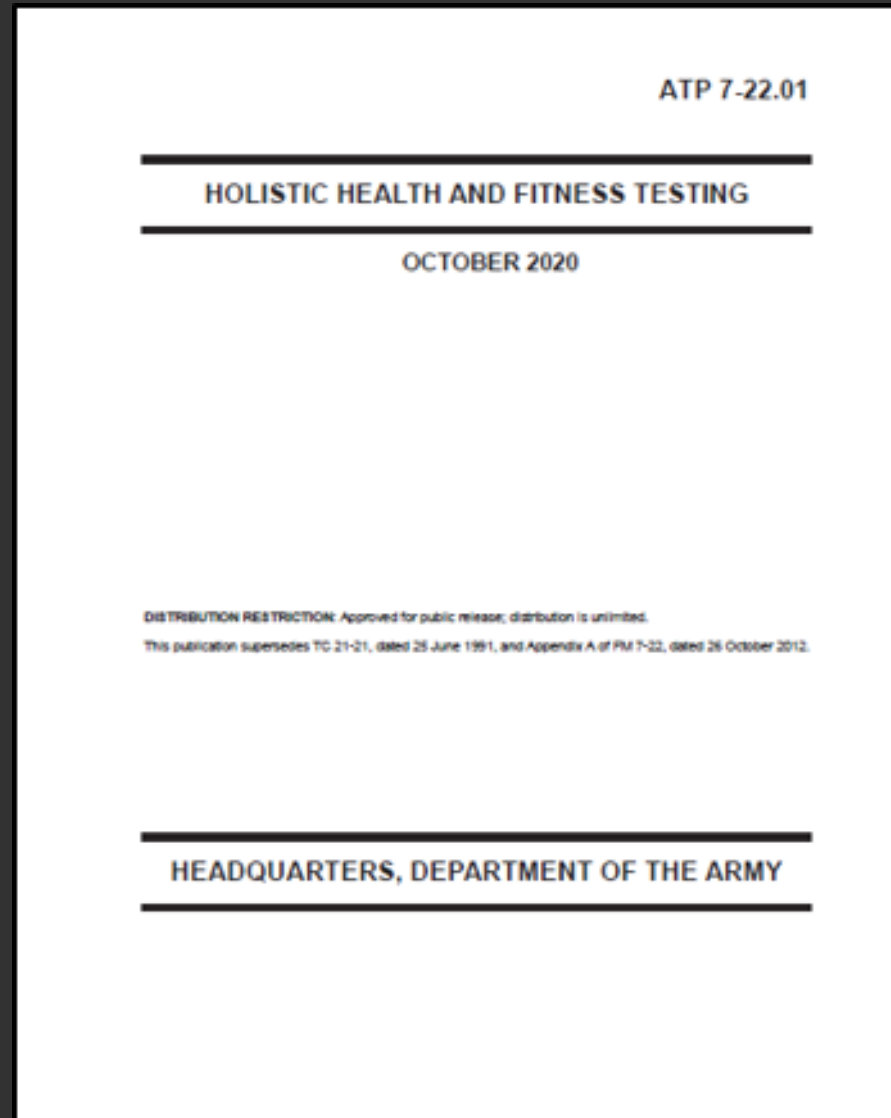
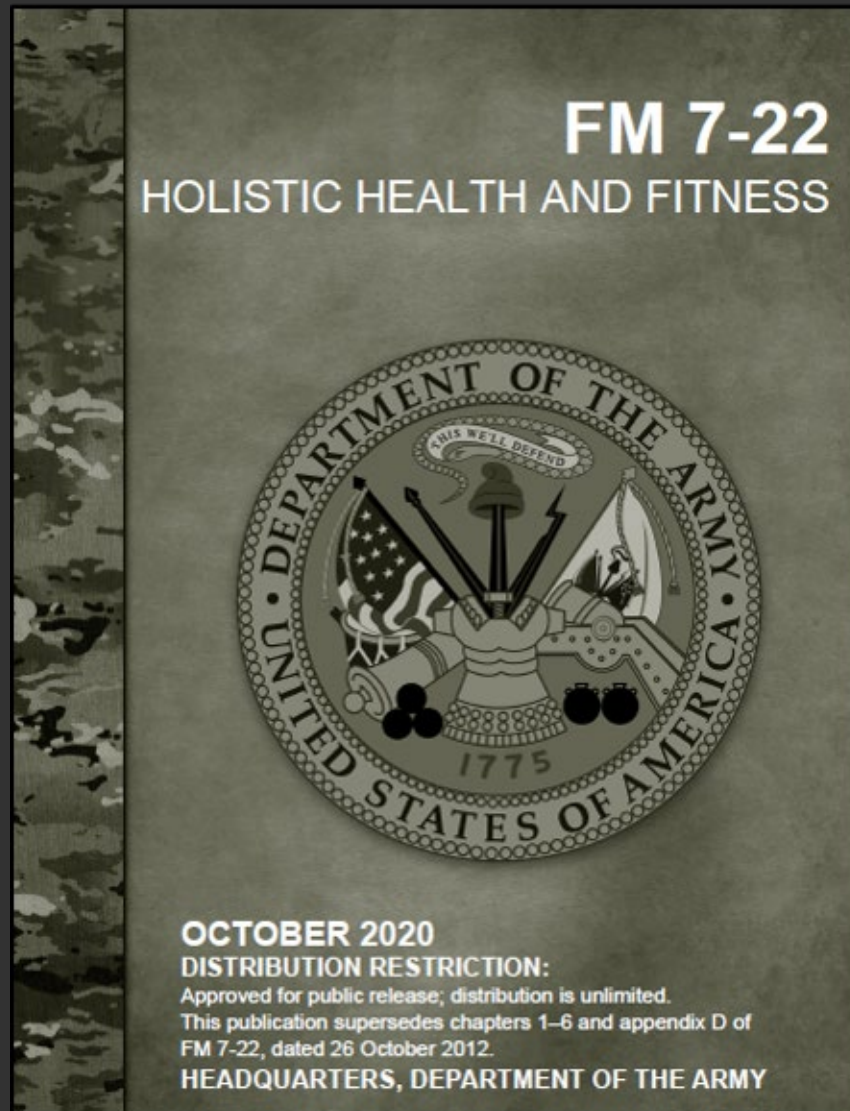


Objective #1.3:
First use of "Holistic Health and
Fitness"

H2F Operating
Concept & FM 7-22:
Holistic Health and
Fitness
Center for Army
Lessons Learned

Center for Army
Lessons Learned

Doctrine



H2F DOCTRINE CURRENTLY UNDERGOING INTERNAL REVIEW TO MAINTAIN CURRENCY

U.S. Army H2F
Field Manual

H2F Testing

H2F Drills &
Exercises

U.S. Army H2F
Operating
Concept

Changing the Army's Culture of Health and Fitness!

Mental Readiness

- ▶ Cognitive Capability
- ▶ Emotional Capability
- ▶ Interpersonal/Social Capability

Sleep Readiness

- ▶ Duration
- ▶ Timing
- ▶ Continuity

★ Deep Dive Scheduled 20 JUN

Spiritual Readiness

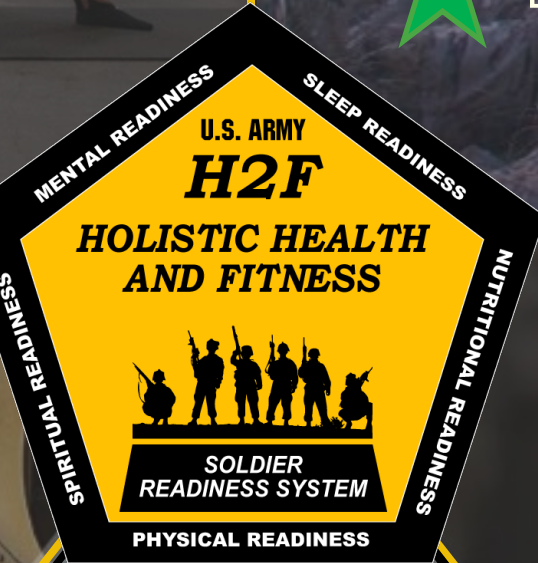
- ▶ Beliefs
- ▶ Principles
- ▶ Values

★ Deep Dive Executed on 1 MAR

Nutritional Readiness

- ▶ Proactive
- ▶ Active
- ▶ Reactive

★ Deep Dive Executed on 23 NOV



Physical Readiness

- ▶ Muscular Strength
- ▶ Muscular Endurance
- ▶ Aerobic Endurance
- ▶ Anaerobic Endurance
- ▶ Power

Current State

Medical Centric



Garrison Support

- HPO
- CR2C
- MFLC
- ASPP
- ASAP
- ACS
- AFTB
- Family Advocacy
- DFAC

R2 Training Center

MRT Performance Expert

EMWR Fitness Center

Personal Trainers (\$)

Brigade

Surgeon



Chaplain



Supply



Company



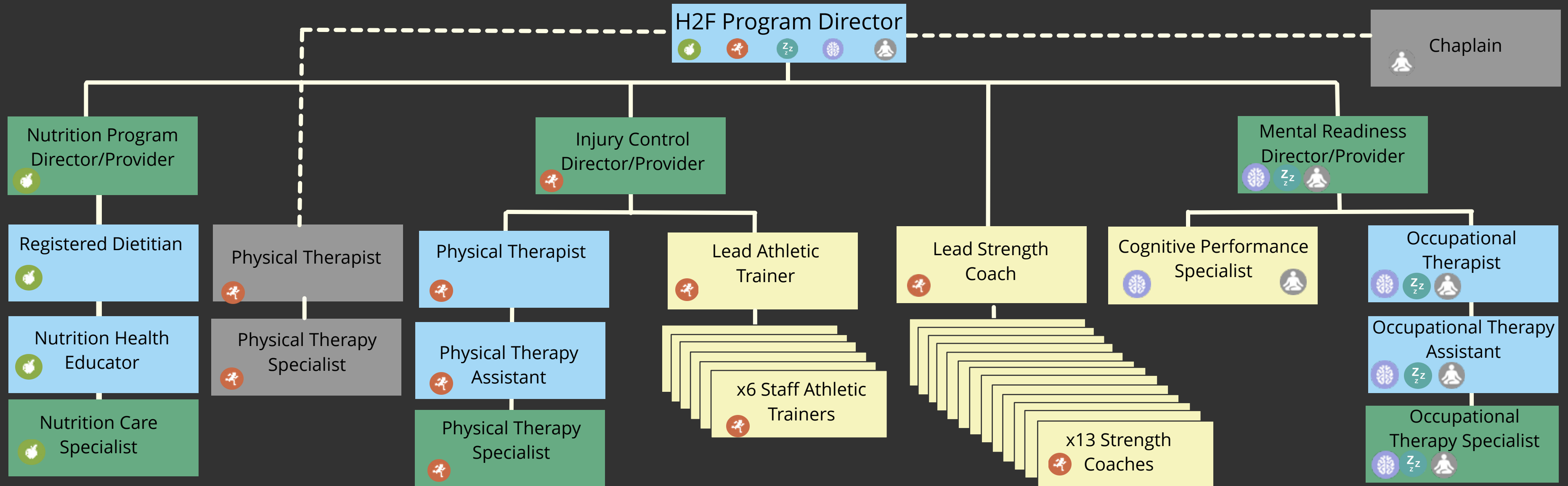
Military Treatment Facility

- Physician
- PT
- Specialty Care
- OT
- Psychiatrist
- Psychologist
- RD
- Sleep Treatment

Armed Forces Wellness Center

- Fitness Testing
- Cognitive Coach
- Sleep Tactics
- Nutritionist

H2F Performance Team Structure Tier 1



- Military
- Organic to the brigade (Military)
- Department of the Army Civilian
- Contractor

Deployable Medical Equipment Sets



Deployable Training Lockers (Gym in a Box-GIaBs)



Garrison Equipment Sets



Soldier Performance Readiness Center



H2F Performance Team Professionals



Strength and Conditioning Coach

Movement Assessments, Program Design, Training Session Leadership, NCO Education

PHYSICAL DOMAIN



Cognitive Performance Specialist

Cognitive Performance Coaching, Training Design Consultation, Self Regulation Skills

MENTAL DOMAIN



Athletic Trainer

MSK Triage, Movement Screens, Program Modification, Return to Duty, Special Populations PRT

PHYSICAL DOMAIN



Occupational Therapist (+ COTA)

Behavior Change, Ergonomic Assessments, Adaptive Solutions, Upper Extremity Rehab, Sleep Hygiene

PHYSICAL/MENTAL/SLEEP DOMAINS



Physical Therapist (+ PTA)

Injury Diagnosis, Rehabilitation Program Development, Pain Management

PHYSICAL DOMAIN



Registered Dietitian (+ Nutrition Educator)

Individual Counseling, Group Classes, Meal Planning, Pre- Intra- and Post-Event Nutrition

NUTRITION DOMAIN



Chaplain (+ Religious Affairs NCO)

Religious Support, Counseling, Relationship Training, Ethics Training, Morale

SPIRITUAL / MENTAL DOMAIN

Permanent SPRC Space

FJSC – 165 IN BDE & 193 IN BDE

FHAZ – 111 MI BDE

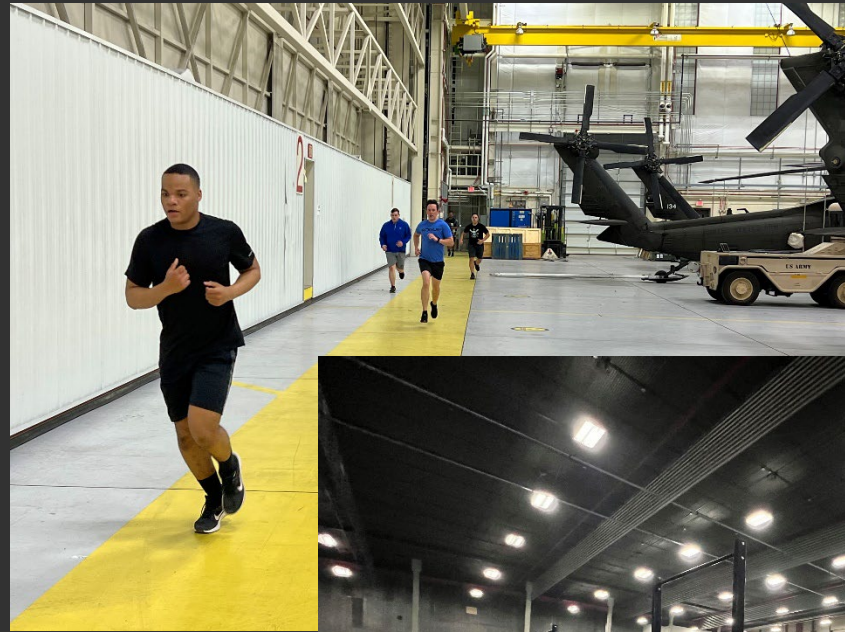


Converted & Renovated space



Diverted, Interim SPRC Space

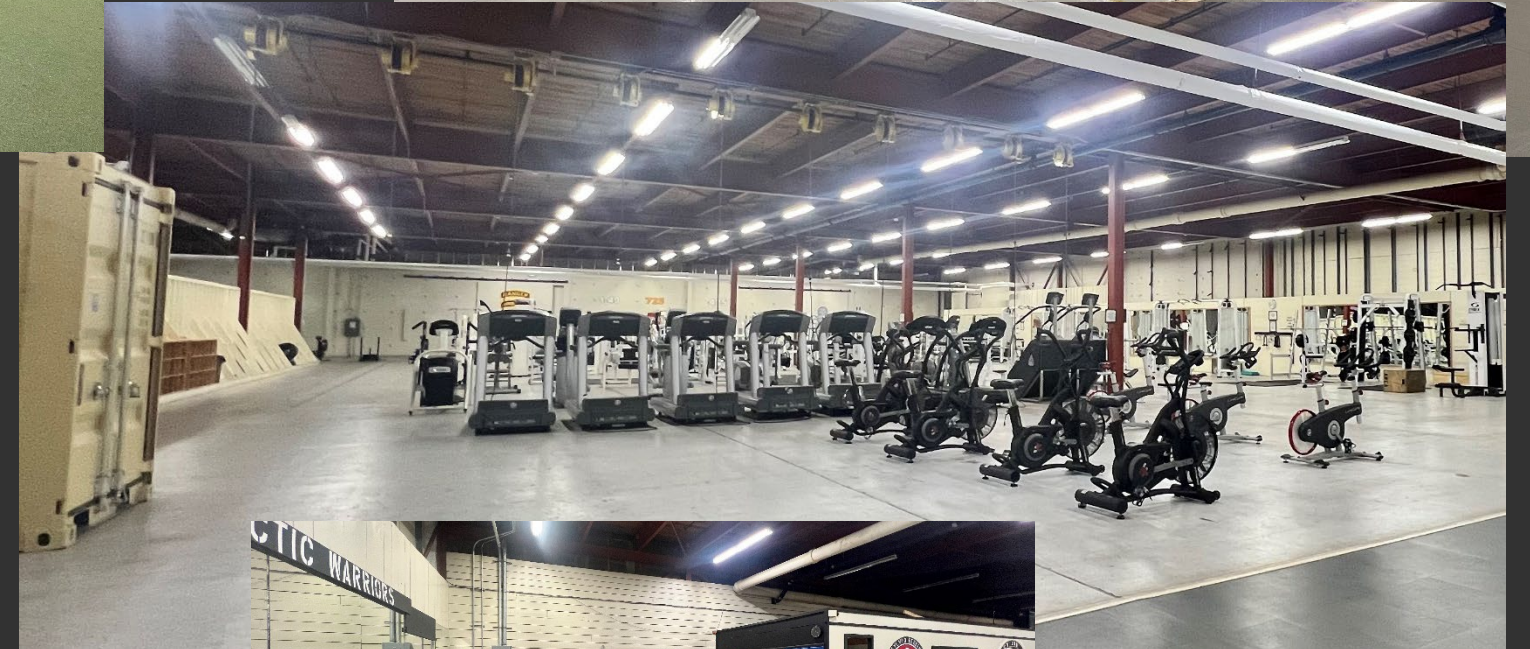
FWAK – 1-11 IBCT & 1-52 GSAB



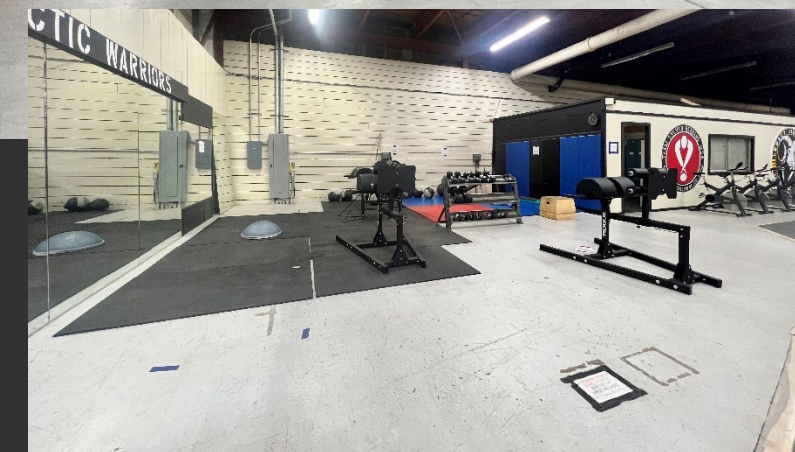
JBLM



JBER – 2-11 IBCT



- Diverted space – must return to original function within 72 hours / no permanent changes



H2F Leader Education

Provide sequential and progressive H2F education

Enlisted Professional Military Education and Enlisted Leadership Courses

BCT/AIT
OSUT



BLC



ALC



SLC



MLC



SMC



NLC

- ▶ Foundational Exercises and Movement Skill
- ▶ Motivation & Cognitive Skills
- ▶ Basic Health Behaviors
- ▶ Soldierization and Indoctrination



- ▶ Exercise Science
- ▶ Advanced Exercises and Leadership
- ▶ Stress Inoculation
- ▶ Performance Health Behaviors



- ▶ Individual and Unit Physical and Non-Physical Readiness Program Planning
- ▶ Mitigate or Prevent Physical & Cognitive Performance Degradation
- ▶ DoD Support Systems



- ▶ H2F Policy, Regulation, Doctrine
- ▶ Unit H2F Planning, Programming, Budgeting
- ▶ Assessment and Modification of Unit H2F



- ▶ Implementing an H2F Strategy
- ▶ Creating a Health & Fitness Environment
- ▶ H2F Advanced Research Topics

Officer/Warrant Officer Professional Military Education and Officer Leadership Courses

OCS
WOCS



BOLC - B
WOBC



CCC
WOAC



CGSOC
WOSC



SSC
WOSSE



GO ASEP



How to Use H2F



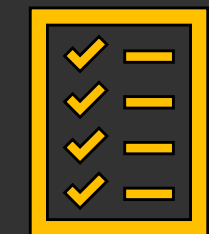
1. METL Driven Training

Based on CDR's intent
HPDT focused
Ex: pre-deployment heat acclimation



2. Newcomer Onboarding

Intro to H2F concept & staff
Resiliency screening
Immersed from day one



3. Expert Program Design

Human performance optimization
S&C professionals incorporating other domains
Individualized



4. Operations Integration

BDE & BN level staff
Human performance planning integrated with
training calendar



5. Extender Course

Improve NCO ability to lead effective PRT
Improve knowledge of exercise science
Education tailored to unit needs



6. Turf Talks

H2F education embedded in daily training & operations
Integrates H2F domains
Short and actionable



7. Medical Integration

Providers credentialed through MTF
Established referral criteria & protocols
SOPs and Emergency Action plans established



8. Special Conditioning

Structured, challenging, and individualized
Rapid return to duty
RPRT, P3T, ABCP



9. DFAC Meal Prep

Improves utilization
Saves Soldier money
Improves performance



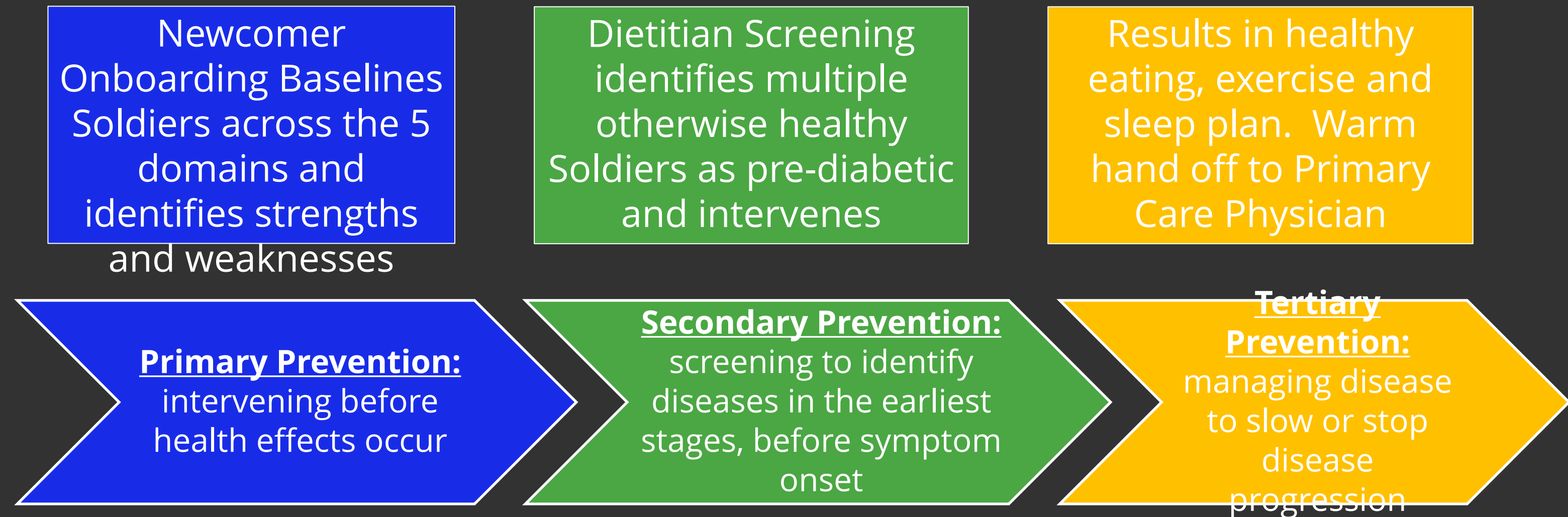
10. Functional School Prep

Ranger, Sapper, etc
Interdisciplinary
Focused attention

Integrating H2F Performance Teams in Unit Training

| LRTC Overlay | January | | | | | February | | | | | March | | | | |
|------------------------------|---|--|------------|---|---|----------|---|----------------|-------|---|---|---------------------|-------|--|--|
| | TW 14 | TW 15 | TW 16 | TW 17 | TW 18 | TW 19 | TW 20 | TW 21 | TW 22 | TW 23 | TW 24 | TW 25 | TW 26 | | |
| P-WEEK | P-3 | P-1 | | P-2 | P-3 | | P-1 | | | P-2 | | P2 | | | |
| BDE Training Calendar | BLK LV REC | RAILOP PREP | RAILOPS | | | RSOI | | Force on Force | | REVERSE RSOI | JRTC RECOVERY | | | | |
| | RNGDENSITY | SIA | RNGDENSITY | | | | JRTC | | | | MAIN BODY FLIGHTS | 13MAR: TRAIL FLIGHT | | | |
| | ACFT | RNGDENSITY | ACFT | | | | TORCH | FLIGHTS | | | | | | | |
| | | ACFT | | | | ADVON | | | | | | | | | |
| Falcon H2F Support | Prep Phase: Proactive care & education for preparation of P-1 week. PT sessions should have slight increasing in intensity. | In the Box Training Phase: Mixed proactive/reactive care & education. PT sessions will be maintenance with low volume & moderate to high intensities. "Get in, Get after it, & Get out"! | | Recovery Phase: To include reactive care & ed. for recovery. PT will be "Deload to Reload". | Prep Phase: Should include proactive care & education for preparation of P-1 week. PT sessions should be increasing in intensity. | | In the Box Training Phase: Should include mixed proactive/reactive care & education. Fitness training should be maintained with low volume & moderate to high intensities. "Get in, Get after it, & Get out"! | | | Recovery Phase: Take a week off. If you PT it's unstructured w/ light intensity and low volume. | Recovery Phase: To include reactive care & education for recovery. PT should be increasing in volume. | | | | |
| Training Focus | <i>SCC Training Phase</i> | Taper for JRT | | | | | Maintenance for JRTC | | | | | Recovery for JRTC | | | |
| | <i>SCC Special Pop PT</i> | DeLoad/ TAPER before JRTC - Focus on Mobility & Strength Deficits | | | | | JRTC - Focus on Maintenance of Mobility & Strength | | | | | Reintegration LPD's | | | |
| | <i>Sleep Hygiene Goal</i> | Sleep Hygiene & Relaxation Techniques LPD | | | | | Implement Sleep Hygiene & Tactical Relaxation Techniques | | | | | Reintegration LPD's | | | |
| | <i>Nutritional Goal</i> | In-Body Re-assessment pre-JRTC / Fueling Tactics LPD | | | | | Implement Fueling Tactics | | | | | Reintegration LPD's | | | |
| | <i>Mindfulness Goal</i> | Cognitive Stress Management LPD's | | | | | Implement Cognitive & Stress Management Tactics | | | | | Reintegration LPD's | | | |

H2F through a Prevention Lens



What you can do now!

Governance

- ▶ Doctrine-FM 7-22
- ▶ FM 6-22
- ▶ AR 350-1
- ▶ Nested
 - ▶ METL
 - ▶ Soldier Surveys

Personnel

- ▶ Assign POC/AO
- ▶ Assess Unit Capability
 - ▶ MFT, MRT
 - ▶ BH
 - ▶ MFLC
- ▶ EO/SHARP
- ▶ CH/UMT
- ▶ Onboarding-Reception

Program

- ▶ Short/Long Range Training Calendar
- ▶ Holistic Training
- ▶ Training (formal)
 - ▶ MFT
 - ▶ MRT

Equipment/ Facilities

- ▶ Installation resources
 - ▶ AFWC
 - ▶ MWR
 - ▶ R2

Leadership Education

- ▶ CALL Handbook
- ▶ Unit level training and classes
 - ▶ H2F Extender Course
- ▶ LPDs
- ▶ H2F CIMT Teams Page
- ▶ Domain Deep Dives

COMPO2/3

- ▶ ARNG/USAR and CIMT Working Group developing implementation strategies
- ▶ POM 26-30 Planning Task
- ▶ Routine touchpoints
 - ▶ Integrated Staff (Future)
- ▶ Series of pilots and initiatives to determine the way forward

H2F Return on Investment (ROI) Metrics

$$\text{ROI} = \frac{\text{Gain from investment}}{\text{Cost of investment}}$$

Medical

(8 metrics)

- ▶ Increased unit deployability
- ▶ Decreased percentage of limited duty profiles
- ▶ Decreased medical cost due to health care
- ▶ Decreased number of suicide attempts
- ▶ Decreased number of alcohol/drug profiles

Performance

(4 metrics)

- ▶ Increased ACFT pass rates
- ▶ Improved ACFT scores by event
- ▶ Decreased number of body composition failures
- ▶ Increased number of Soldiers passing schools

Readiness

(3 metrics)

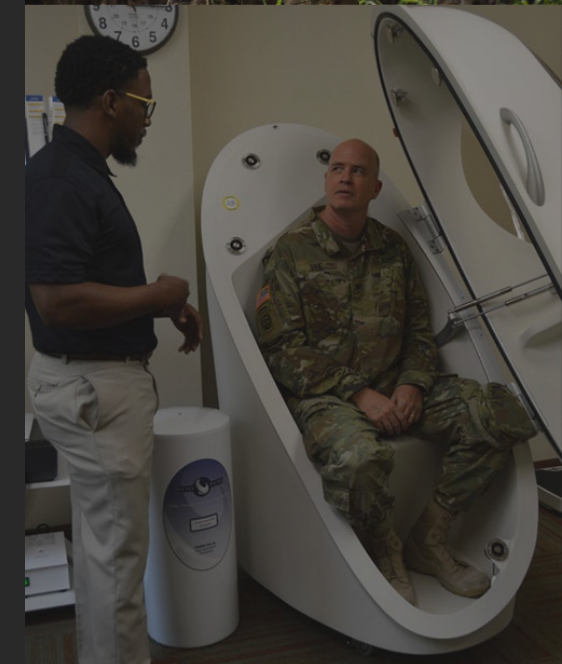
- ▶ Increased number of 1st term Soldier reenlistment
- ▶ Decreased First Term Soldier Attrition
- ▶ Decreased number of Initial Entry Training attrition

Program

(1 metric)

- ▶ Improved behaviors, attitudes, personal satisfaction, and overall improved quality of life for Soldiers

Benefits to individual Soldiers, Commanders, Units, and Army include increased health, fitness, readiness, morale, and effectiveness.



FROM Metrics – Way Forward

- Reassessing the Metrics
 - Lagging indicators
 - Inconsistent use of systems
 - Refine scope of metrics/data
- Triangulating
 - Databases
 - Surveys
 - Observations
 - Unit Reported

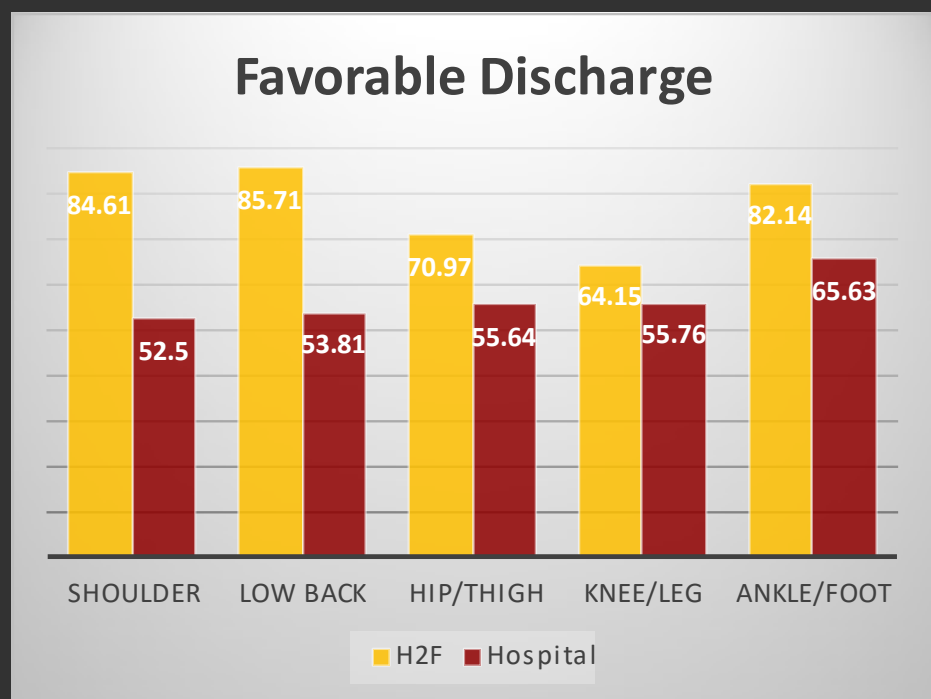
**In God we trust.
All others must **bring data****

-W. Edwards Deming

Initial Results

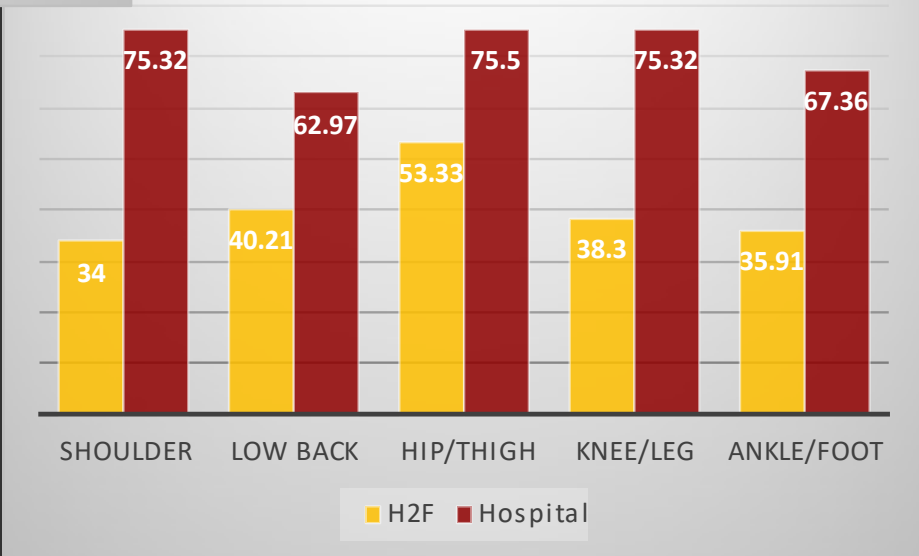
Medical BDE (Resourced)

Data for n=10,694 Soldiers receiving MSKI treatment on the installation (AMC vs MED BDE)



H2F had a greater likelihood of favorable discharge across all injury types

Return To Duty (days)

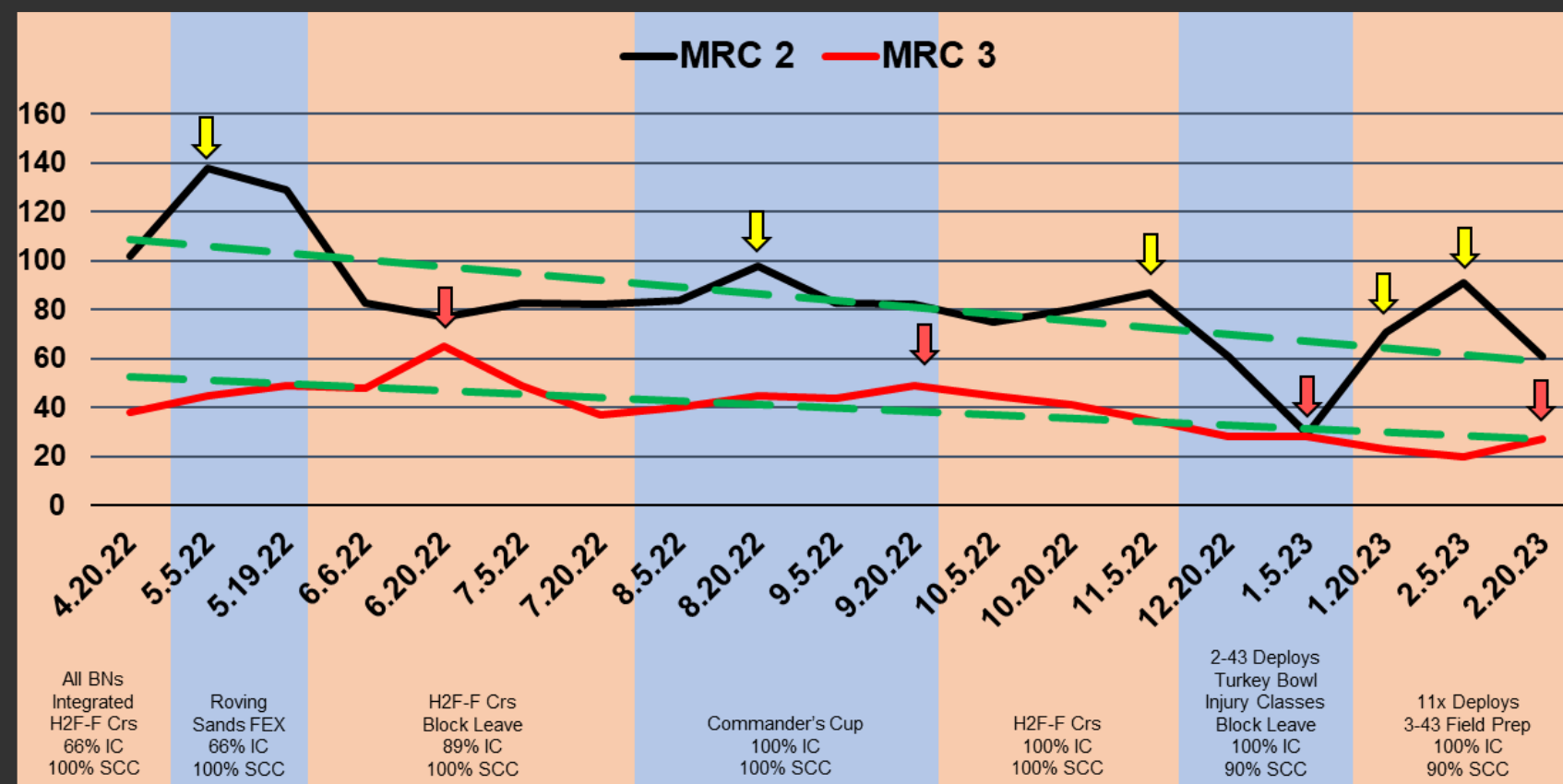


H2F returned Soldiers to full duty in roughly half the time of traditional hospital care

ADA BDE (Resourced)

Consistent decline in both temporary and permanent profile rates since H2F implementation

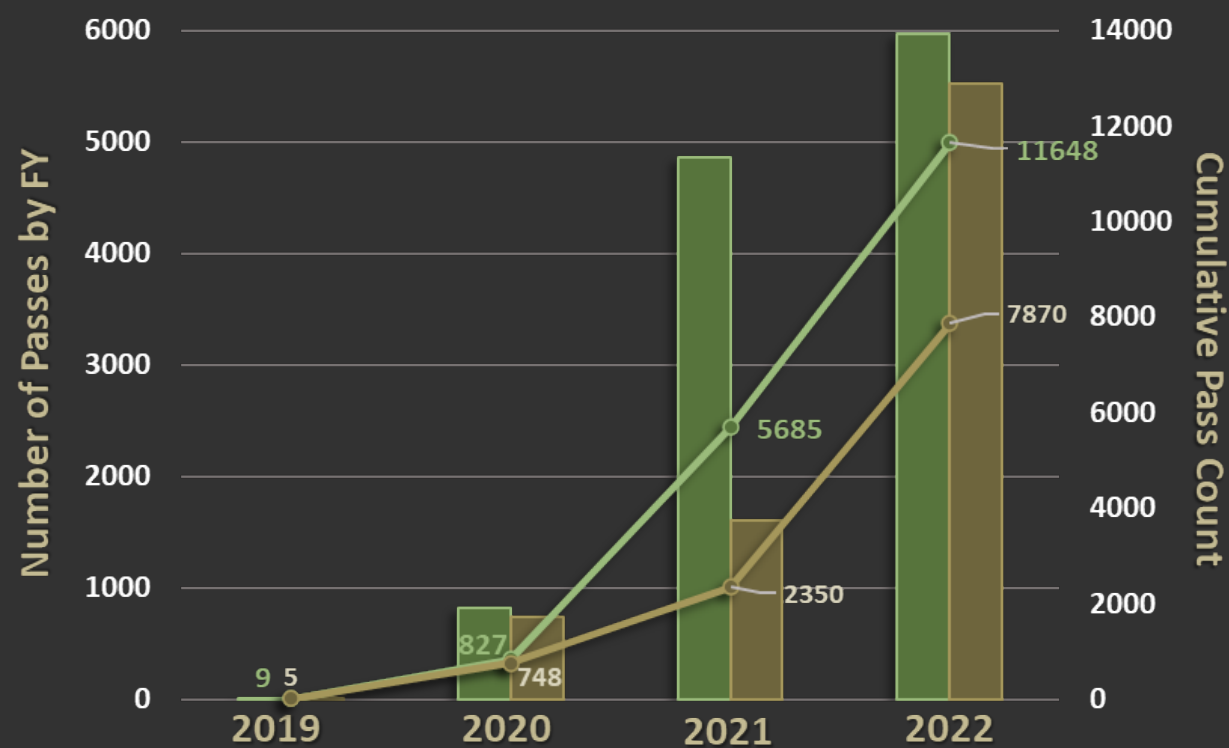
| Category | 4.20.22 | 2.20.23 | % Change |
|----------------------|---------|---------|----------|
| Perm MSK Profiles | 376 | 332 | ↓ 11.70% |
| Temp MSK Profiles | 140 | 88 | ↓ 37.14% |
| MRC 2 MSK (<30 days) | 102 | 61 | ↓ 40.20% |
| MRC 3 MSK (>30 days) | 38 | 27 | ↓ 28.95% |



*yellow arrows denote spike in MRC2s and correspond with spike in MRC3s approximately 30 days later

H2F Data (DRAFT)

ACFTs Passed by Female Since 2019



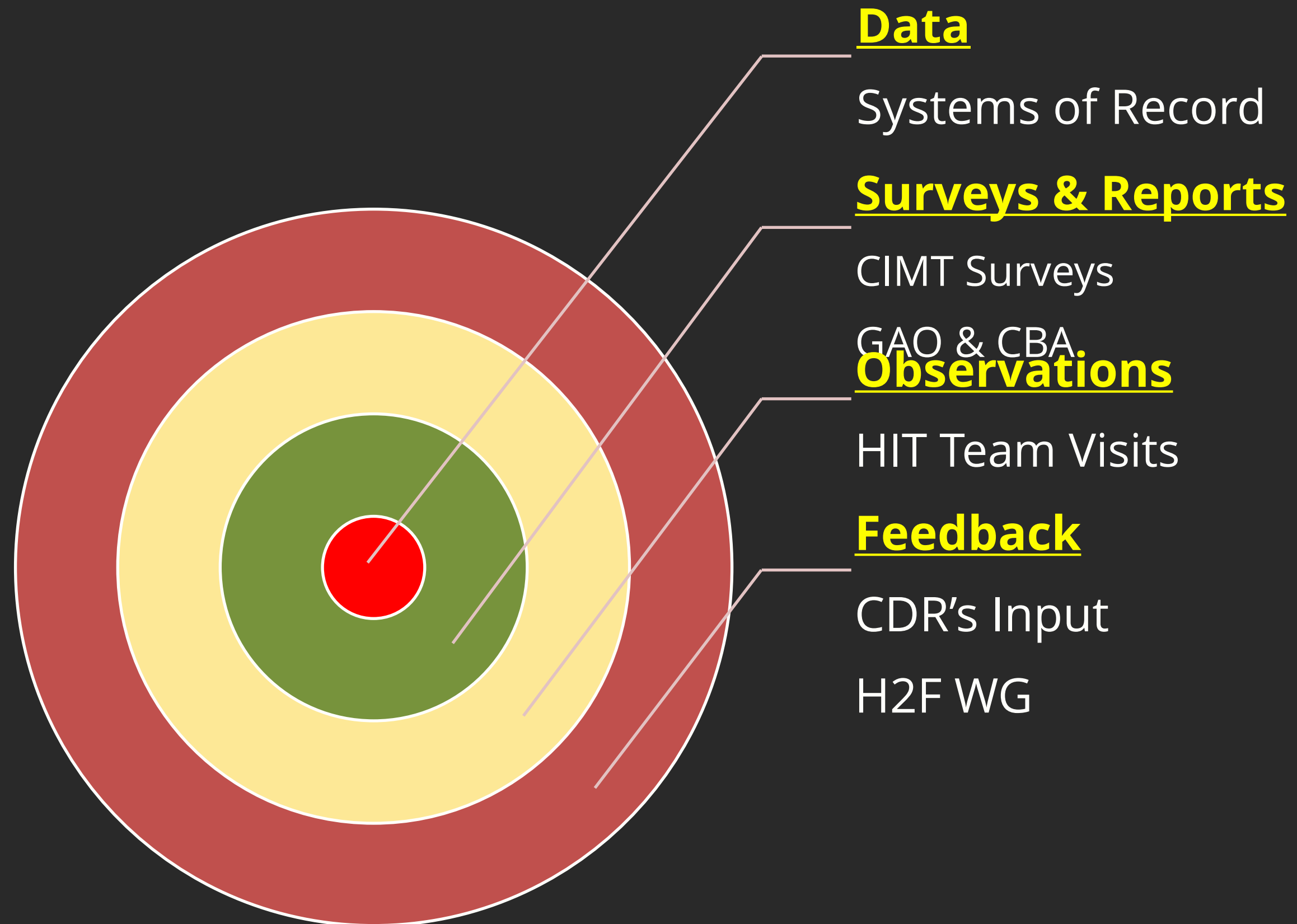
38.71% more female Soldiers and 6.53% more male Soldiers in H2F Resourced brigades passed their ACFT than in controls

Soldier Survey (n=15,200)

16% more male and female Soldiers in H2F BDEs reported passing all six ACFT events vs. non-resourced BDEs.

Soldiers assigned to H2F-resourced units are **10% more likely to agree that the Army Cares about promoting Soldier wellness.**

Refining H2F

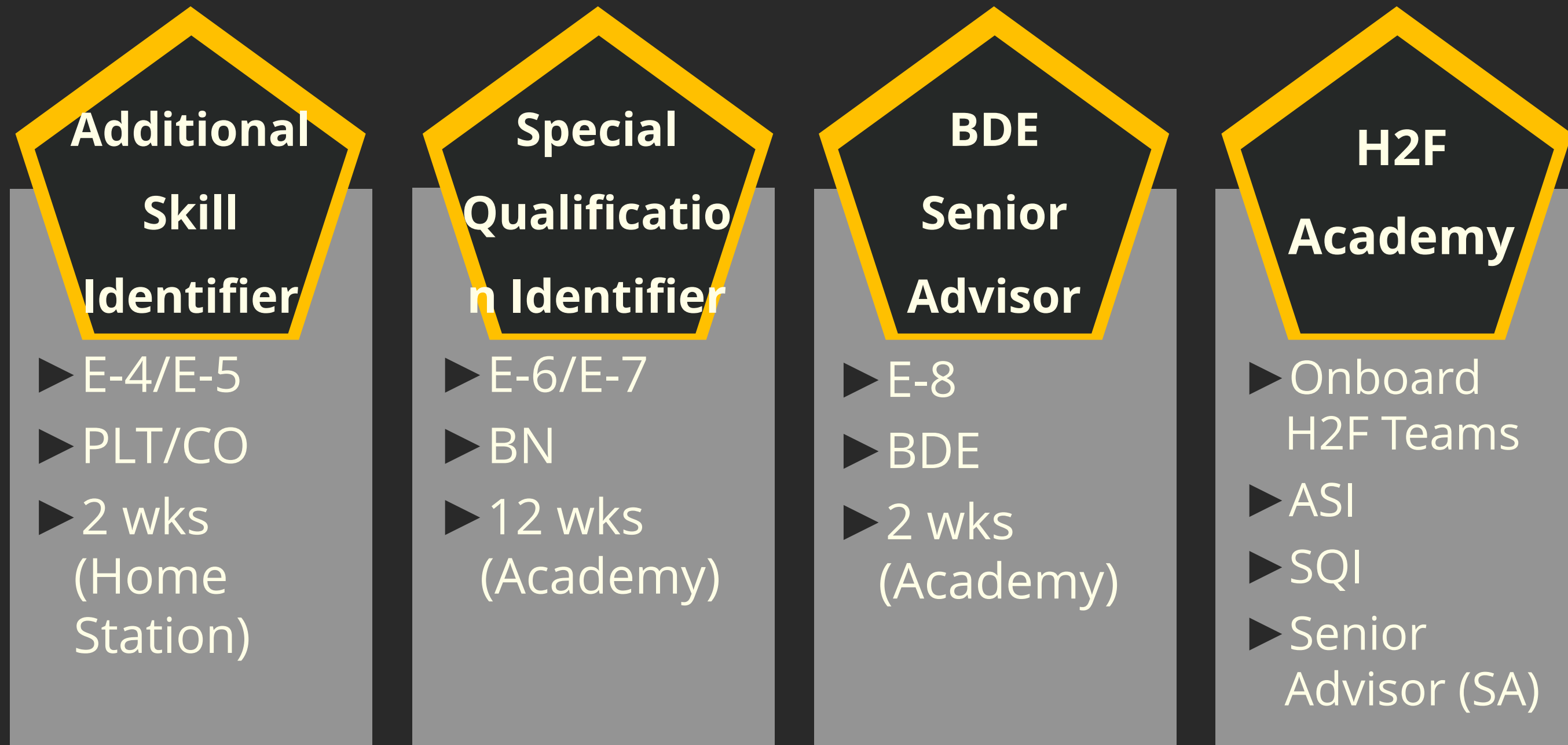


CAI Handbook (May 2023)

- ▶ Based on visits to 28 FY21 resourced BDEs
- ▶ Includes lessons learned and best practices
- ▶ Checklist for H2F programs

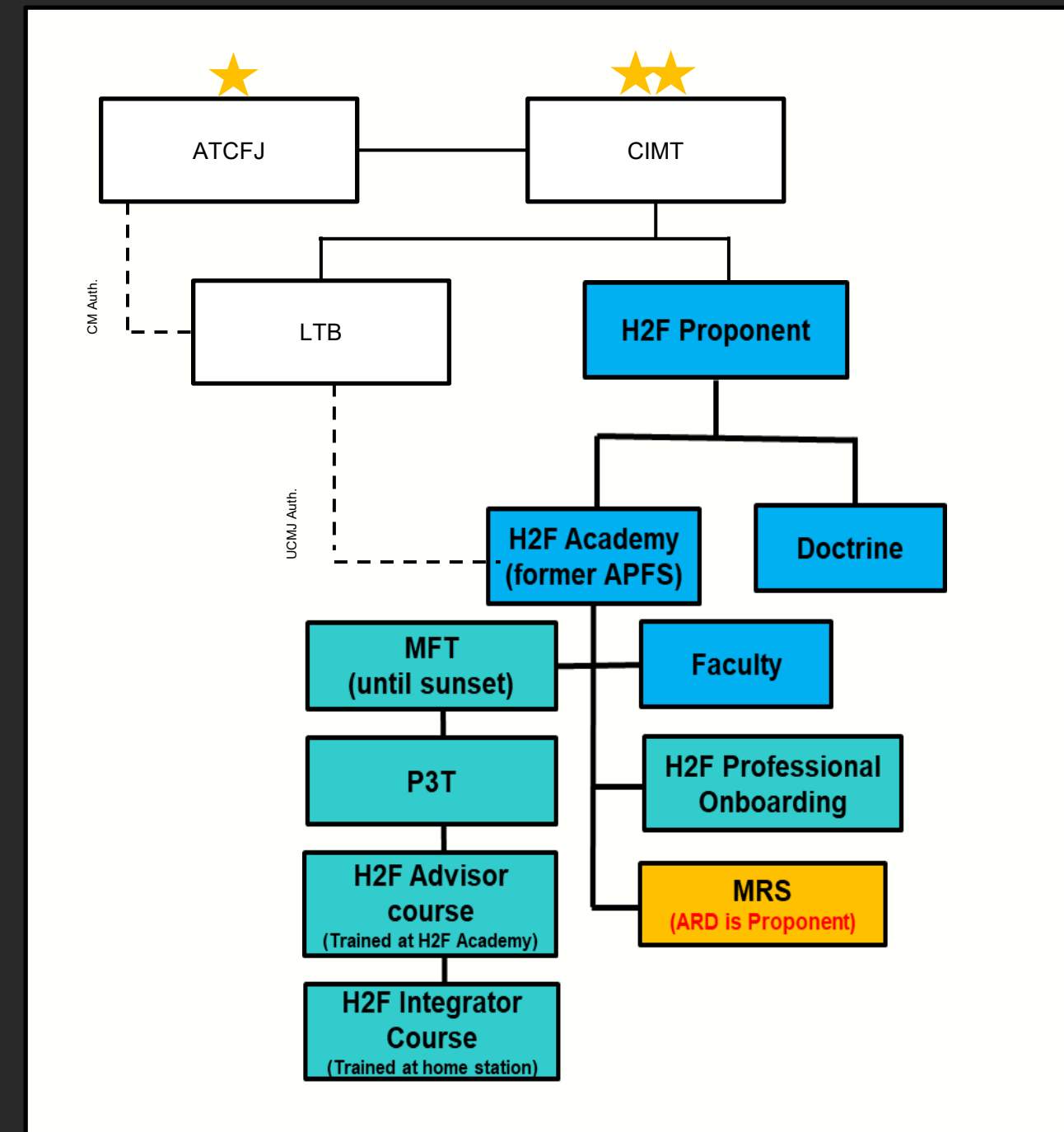
| H2F Performance Team Programmatic Checklist | | | | | |
|---|----------------|--|--|--|---|
| Task | Current Status | | | Notes | |
| Staff On Boarding | | Major delays getting CACs, NIPR accounts | CACs & NIPR accounts provisioned, limited credentialing & documentation access | Personnel have access to all necessary systems, know each others' capabilities, and have completed all appropriate local requirements. | Efficiently on boarding new civilians and contractors, including getting them the appropriate accesses, is crucial to maximizing the effectiveness of the team. |
| Internal and External Capabilities Brief | | No capabilities briefs prepared | Briefs developed, but not routinely delivered | HPT capabilities brief, and specific capabilities briefs for each specialty are established, rehearsed, and routinely delivered | Many of H2F's capabilities are unfamiliar for the Army. Having a clear capabilities brief available for leaders and formations facilitates integration and engagement. Staff must be familiar with each others' capabilities. |
| Team Building | | No team building efforts | Occasional ad hoc team building | Team building is a recurring part of HPT operations | Deliberate approaches to team building are crucial for effective collaboration across disciplines. |
| Commander's Intent, Unit METL | | H2F leaders have not engaged with the command team, no clear intent established | H2F leaders have met with the brigade command team, but guidance is vague | H2F leaders have strong relationship with command team, and are executing a clearly defined commander's intent | Commanders may have significantly different priorities based on unit type, mission, location, etc. For example, training units should have clear guidance on cadre vs. trainee services. |
| Preventive vs Reactive | | H2F operations are almost entirely reactive, leadership views it as a medical program, performance is measured by access to care | H2F providers are engaged in sporadic performance and education activities, but their time is still consumed by patient care | H2F operations include a blend of reactive and preventive efforts, performance is measured based on outcomes identified in commander's intent | Many HPTs initially find themselves overwhelmed by patient care requirements. Deliberately blocking off time for preventive activities, education, etc. is necessary to finding a more appropriate balance. |
| New Soldier In-Processing | | No H2F component of in processing | Newcomers aware of H2F | Majority of unit understands what H2F offers across all domains | Introducing members of the brigade to what H2F offers is necessary to drive utilization. |
| Battalion Integration | | H2F centralized at brigade | H2F training at battalions | H2F personnel embedded in battalions | Although H2F is staffed at the brigade level, it needs to be integrated down to the lowest possible level to be effective. |
| H2F Extender Course | | No structured H2F education | Extender course established | Extenders utilized, continuous leader professional development | While the length, curriculum, scope, etc. vary between brigades, H2F Performance Teams universally find that a course to train "extenders" improves the effectiveness of their programs. |
| Special Conditioning | | No organized special conditioning programs, affected Soldiers separated from unit but without structured training | Organized special conditioning, but performed without HPT involvement | Fully functioning special conditioning with HPT involvement to return Soldiers to full duty | Units should have established special conditioning protocols that allow for individualized return to duty progression. Efforts should be made to keep Soldiers as integrated with their unit as possible. |
| Staff Professional Development | | No continuing education opportunities for H2F staff | Some continuing education available | Funded continuing education, hosting courses/summits on location | Staff members must have access to continuing education opportunities. Installations with a significant human performance presence should host summits to drive collaboration. |
| Operations Integration | | H2F operations not coordinated with unit | H2F operations coordinated with S3, events are on training calendar | H2F actively involved in planning of unit training, long range training calendar is development includes H2F input | As a component of the brigade staff, the H2F performance team must be involved in the planning and execution of all training. |
| External Assets | | No relationships established with external assets | Points of contact identified, but no recurring relationships/activities | External assets are routinely integrated into unit functions and have ongoing relationships with H2F personnel | External assets that can enhance H2F operations include R3 Performance Centers, Army Wellness Centers, Army Community Services, WIC office, and other unique installation programs. |
| | | | | knows how to get in touch | Footprint, entire brigade is familiar with H2F |
| | | | | established process for collecting or utilizing data | relied heavily on manual processes |
| | | | | systems of record and automations to consistently monitor trends in outcomes (MEDPROG, utilization rates, recovery time, frequent injury types, etc) | Tracking utilization of H2F services as well as performance and injury trends is crucial to optimizing H2F. At a strategic level, the Army has limited data fidelity. Within brigades, significantly more detail and context can be achieved. |

Future H2F Initiatives



H2F Academy (Pre-Decisional)

H2F Academy Proposed Task Organization



- ▶ Additional Information
 - ▶ CALL Handbook (May 2023)
 - ▶ Quarterly Domain Deep Dives (Virtual)
 - ▶ H2F Posters (GTA 07-08-006-1-5)
 - ▶ H2F CIMT Teams Link



PHYSICAL READINESS

Physical readiness is the ability to meet the physical demands of any duty or combat position, accomplish the mission, and come home healthy.

CREATE MOVEMENT LETHALITY

- MUSCULAR STRENGTH**
The removal of force or muscle or groups of muscles can generate when needed such as when dropping a heavy load or extracting a casualty.
- MUSCULAR ENDURANCE**
The ability of a muscle or muscle group to repeatedly perform work for an extended period such as when lifting a large log into a truck or holding a rifle steady.
- POWER**
Referred to as "explosive strength" used in a variety of activities such as jumping, bounding, throwing, and casualty evacuation.
- AEROBIC ENDURANCE**
The ability to exert large muscle groups for sustained duration of time such as when conducting long foot marches, patrols, or distance running.
- ANAEROBIC ENDURANCE**
The ability to tolerate short bursts of high intensity activities such as when moving rapidly with a heavy pack, spraying, heavy lifting, and when engaging in combat.
- IMPROVED PHYSICAL PERFORMANCE**
Physical fitness is an important part of military readiness. Physical fitness, and with it, the ability to perform, is essential to success in the field.
- IMPROVED MENTAL HEALTH**
There is a strong connection between regular exercise and keeping a positive mental attitude, stress prevention, and good cognitive function.
- INJURY RISK REDUCTION**
Developing and maintaining a high level of strength and endurance can reduce the threshold of injury.

MENTAL READINESS

Mental readiness is an individual's or team's ability to think, feel, and act in a manner that optimizes performance. Mental readiness includes the ability to integrate cognitive, emotional, and interpersonal capabilities.

BOOST YOUR MENTAL HEALTH

- COMMUNICATION SKILLS**
Developing and maintaining good relationships means effective decision and risk management. Effective communication includes personal isolation and proper message delivery.
- LIFE BALANCE**
Taking time for leisure, recreation, and hobbies can reduce energy levels, reduce a healthy balance of work-life health, and healthy relationships and their performance capabilities.
- GOAL SETTING**
Goal setting provides a roadmap for success that can increase motivation and commitment towards achieving an objective.
- BREATHING**
Awareness of brain and body connection helps Soldiers better control their emotions and actions. Regular practice of intentional, controlled breathing is a useful technique to optimize performance.
- HEALTHY HABITS**
Learning, acquiring, and developing healthy life habits can mitigate stress, emotional instability, promote healthy behaviors, and optimize performance.
- MINDFULNESS**
Mindfulness is paying attention, on purpose and without judgment, to the present moment. Practicing mindfulness can reduce stress, improve focus, and enhance cognitive performance.
- STRESS MANAGEMENT**
Stress is the body's and brain's response to a challenge. Stress can be a useful tool that can increase motivation and commitment towards achieving an objective.
- SLEEP HYGIENE**
Most Soldiers need 7 to 9 hours of sleep a day to optimize health, decision-making capabilities, and performance.

NUTRITIONAL READINESS

Nutritional readiness is the ability to recognize, select, and consume the appropriate food and drink to meet the physical and nonphysical demands of any duty or combat position, accomplish the mission, and come home healthy.

FUEL YOUR BODY

- BEFORE EXERCISE**
Choose carbohydrate-rich foods and/or fluids to top off energy stores. Good choices include fruit, crackers, bananas, or granola bars. Pair them with fluids containing electrolytes.
- WHOLE FRUITS AND VEGETABLES**
Fruits and vegetables are packed with nutrients that support physical and cognitive performance. Examples include berries, citrus, and leafy greens.
- LEAN PROTEIN**
Eat protein at frequent intervals throughout the day to maintain muscle mass and promote recovery from intense exercise. Choose lean sources of protein like poultry, fish, lean red meat, dairy, nuts, seeds, and beans.
- AFTER EXERCISE**
A combination of carbohydrates and protein is optimal recovery. Try your fat and protein to promote recovery. Try your fat and protein to promote recovery.
- COMPLEX CARBOHYDRATES**
Complex carbs are critical for Soldiers to maintain energy and provide fuel for physically and mentally intense training. Smart choices include whole grains like oats, brown rice, or whole grain bread, and starchy vegetables like potatoes or beans.
- HEALTHY FATS**
Healthy fats can help fight inflammation and keep you feeling better. Choose healthy fats such as nuts and seeds, nut butters, avocados, olive oil, and cod liver oil.

SLEEP READINESS

Sleep readiness is the ability to recognize and implement sleep principles to support optimal brain function. Soldiers need 7-9 hours of sleep per day to maximize health and team performance.

SLEEP IMPACTS PERFORMANCE

- MILITARY PERFORMANCE**
Sleeping 7-9 hours per night is essential to maximize health and team performance.
- ACCIDENTS**
Sleep loss degrades attention and vigilance which increases risk for accidents.
- INJURIES**
Athletes who sleep less than 8 hours per night are twice as likely to sustain injuries that decrease performance. Soldiers are tactical athletes who face similar physical demands in other sport athletes.
- IMMUNE SYSTEM**
Sleeping less than 7 hours per night increases the risk of infection and is associated with a 32% increase in illness.
- RELATIONSHIPS**
Sleep loss can make it harder to understand others and accurately interpret emotions.
- TESTOSTERONE**
Healthy males have a decrease in testosterone levels following sleep of reduced hours.
- STRATEGIES TO IMPROVE SLEEP READINESS**
TACTICAL NAPPING: One way to recuperate less than optimal time for sleep is to take naps. Shorter naps (15-20 minutes) are ideal when the soldier needs to be fully alert upon awakening. Longer naps can help make up for sleep loss, but can also cause grogginess.
- SLEEP BANKING:** Sleep is like a bank account. The more you put in, the more performance can be sustained during high tempo missions.
- SLEEP RECOVERY:** Reduced performance from sleep loss can only be reversed by subsequent sleep recovery.

SPIRITUAL READINESS

Spiritual readiness is the connection that gives meaning and purpose to the core values, beliefs, and identity unique to you but common to all, whether you are religious or not. It enables your resilience in times of stress, hardship, and tragedy.

NURTURE THE SPIRIT

- BE GRATEFUL**
What are you thankful for and how will you show it? What do you want to make sure you do not lose for good?
- SERVE OTHERS**
What personal strengths and gifts can you share? What's one thing you can do today to make the world a little better?
- OVERCOME CHALLENGES**
What do you need to accept? Where can you take action? Who or what gives you the strength to persevere and grow?
- FORGIVE YOURSELF AND OTHERS**
What anger, pain, guilt, or hatred do you want to release? What can you learn? What do you hope for the future?
- LIVE YOUR VALUES**
What values do you want to live out? What does your best look like? What are your temptations? How can you resist them?
- CONNECT WITH SOMETHING GREATER**
How will you intentionally connect with others, or nature, or your faith? How can you live out your values?