



**From the Helm: Navy Surgeon General  
Rear Admiral Bruce Gillingham  
Leadership Guidance**



**“Military medical services belong to the Nation.  
They exist to preserve and restore our most valuable resource for defense, our human military power.”**

RADM Herbert Lamont Pugh, MC, USN  
Surgeon General of the U.S. Navy (1951-1955)

Mission One for every Sailor and Marine – active and reserve, uniformed and civilian – is the operational readiness of today’s naval force. Navy Medicine directly supports this mission by ensuring our warfighters are medically ready to fight today and tomorrow. We are responsible for maintaining and increasing the survivability and lethality of the Navy and Marine Corps’ most valuable weapon system – people.

Like the generations of Navy Surgeons General who came before me, I am responsible for organizing, training, and equipping our medical forces to execute our mission above, on, and below the sea, and on land to support the health and readiness of our Sailors, Marines and their families. To advance these efforts, I issued Day One guidance to make our four priorities – People, Platforms, Performance and Power – known and our purpose very clear: Navy Medicine provides well-trained People, working as expeditionary medical experts on optimized Platforms operating as cohesive teams demonstrating high reliability Performance to project Medical Power in support of Naval Superiority. This is what uniquely sets us apart and why we wear the Navy uniform.

Leadership is central to our ability to project Medical Power. Leadership is not restricted to only those with titles. Effective organizations have leaders throughout – from the E-1 Hospital Recruit to the Flag Mess. We need thoughtful leaders who build inclusive teams that are empowered to take action and hold themselves accountable for their outcomes as they continuously strive to make each other better.

Leaders take 100% ownership of everything within their domain – not only for the outcome but also for everything that affects it. They embrace this responsibility. When something goes wrong, a leader “gets real” and reviews what must be improved in order to “get better”. Leaders understand that each shipmate, no matter what their position is within the organization, can bring value to the team. Building high-performance teams requires a keen understanding of people, their motivations and their strengths. It also requires listening. As Dr. William Osler, one of the founders of Johns Hopkins Hospital, once said when referring to the art of medicine: “Listen to your patient. He will tell you the diagnosis.” By listening more, leaders can identify specific barriers that constrain performance and impede mission accomplishment.

It is a strategic imperative for our Navy to build a culture that assesses, corrects, and constantly innovates. The CNO has instituted an enterprise-wide campaign to “Get Real, Get Better.” In short, it means Sailors who adapt, learn, and improve the fastest will gain an enduring warfighting advantage. For One Navy Medicine, we have fully embraced this approach through our high-reliability practices. It is the driving principle behind our “Performance” priority. We must objectively face facts, even brutal facts, head-on, so we can honestly assess our own performance and our teams so we can address shortcomings. As a high-reliability organization, we are never content and welcome rapid-cycle feedback to make improvements. The stakes are high: On a Sailors or Marines’ worst day, we must be at our best.

Together, our collective leadership and actions will increase survivability and maritime superiority through personnel training and skill sustainment, agile platforms, second-to-none performance, and power projection in all phases of operations. I urge all members of One Navy Medicine to embrace thoughtful risk-taking, be disciplined in execution, and be deliberative in our assessments as we learn and strive toward excellence.

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