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What do you mean, save a soldier from war?

Life's big small decisions

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Life has a way of placing us in unplanned situations, often the result of seemingly small decisions that we made long before. During my final year of neurology residency, I joined the Navy Reserve while trying to decide between a career in academic medicine or military medicine. I chose academic medicine but continued my affiliation with the Navy Reserve.

Until Operations Desert Shield (late 1990) and Desert Storm (early 1991), I was a weekend warrior, training one weekend a month and 2 weeks once a year. Following the collapse of the Soviet Union and the demonstrated utility and value of the National Guard and Reserve in Desert Storm, active duty military strength was reduced and the Guard and Reserve were increasingly used for short duration nontraining or operational missions.

Consequently, I gained significant experience performing multiple missions in remote areas in Central and South America, Alaska, and the Balkans, while simultaneously acquiring extensive field experience working several years with the Navy Seabees.

Shortly after the 9/11 attacks, this background and experience gained me command of a large Navy combat field hospital unit which was comprised of more than 1,000 sailors. One year later, I was selected to command nearly 400 sailors that were mobilized and deployed to staff a combat support hospital and 10 troop medical clinics in Kuwait and Qatar. My unit was embedded in an Army command structure.

This was far removed from anything that I could possibly have imagined for myself as a neurology resident when I joined the Navy Reserve. During my year forward deployed in direct support of Operation Iraqi Freedom, I witnessed the tragedies and horrors that war inevitably produces. As in life, big decisions do not always seem to be the hardest to make at the moment. Frequently, it is the small decisions that we later ponder the most. The following is a case in point.

"Captain Riggs, this is Lieutenant Colonel Smith. You have a Private First Class Jones who belongs to me, and I want him back!"

The demanding tone of the voice on the phone clearly indicated to me that this Army O5 infantry battalion commanding officer thought he was speaking to an Army O3 medical officer and not a Navy O6 (in the

Army, a captain is an O3; in the Navy, a captain is an O6, equivalent to an Army colonel).

"Colonel, this is Navy Captain Riggs, commanding officer of US Military Hospital Kuwait. How can I help you?"

His tone immediately improved, "Sir, Jones is a patient in your hospital, and I understand that he is to be evacuated to Germany." The colonel then proceeded to explain that this 19-year-old private had sustained a self-inflicted gunshot wound as his unit was preparing to move north from Kuwait into Iraq and had been admitted to my hospital. As far as he was concerned, Jones' action was equivalent to cowardice in the face of the enemy and was unacceptable and intolerable. Smith wanted Jones returned to his unit so that the private could be punished in front of his unit and made to serve as an example in order to help maintain good unit morale and discipline. I told the colonel that I did not know the specific details surrounding his soldier's medical situation but that I would look into the matter and get back to him.

I approached my Director of Clinical Services, Captain Danny Williams, who ran the day-to-day clinical operations of the hospital. He and I had served together on many occasions over the previous 20 years, and I had complete trust in and respect for his clinical judgment.

"Danny, do we have a PFC Jones in the hospital?" He understood from the tone of my voice that this was not small talk.

"Yes, sir."

"What's the deal with him?"

Williams told me that Jones had intentionally shot himself in the thigh and was scheduled to be evacuated to Germany. When I asked about the seriousness of his condition, he told me that the wound was minor but that the nurses had developed a strong fondness for this "kid" and wanted to "save him from the war."

"What do you mean, save a soldier from war?"

Captain Williams knew as well as I did that the primary mission of military medicine was to keep soldiers in the fight, not to prevent or save them from going to war; that option was reserved for the Commander-in-Chief and, ultimately and indirectly, public opinion. Smiling, Williams responded, "You know the nurses are going to be mad at you."

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I then approached Commander O'Brien, the surgeon primarily responsible for Jones' medical care. I was told that the gunshot wound was minor and superficial. When asked if he would normally have returned a soldier with this degree of injury back to duty with his unit, the surgeon replied, "Yes, sir."

I next asked Lieutenant Commander Tipton, the psychiatrist who had evaluated Jones, whether in his opinion Jones was a threat to himself or others. What a moronic question, I thought to myself as I asked it. This soldier had recently completed several weeks of advanced infantry training, a main purpose of which was to make him a proficient and disciplined killer.

The psychiatrist assured me that Jones was just a frightened young man who was now embarrassed about his action and did not represent a danger to himself or others. I confirmed with the psychiatrist that those opinions were reflected in Jones' medical record.

Finally, I paid a visit to one of the camp Judge Advocate General (JAG) officers. JAG officers are military lawyers. Although I had already served 25 years in the Navy Reserve, Operation Iraqi Freedom and my tour as commanding officer of a combat support hospital were unique and challenging learning experiences. I asked the JAG why this infantry battalion commanding officer had approached me like I had some kind of authority over his soldier.

"You do, sir. While PFC Jones is a patient in your hospital, you are in effect his commanding officer."

I would utilize that tidbit of information many times over the ensuing months.

I then explained the situation and asked him whether he was aware of any ongoing criminal investigation into Jones' self-inflicted shooting. As far as the JAG officer knew, the Army's Criminal Investigative Division was not investigating the shooting and there were no pending charges that could result in a court-martial. Furthermore, he did not believe this was the type of case that military legal authorities would likely pursue in a hostile fire or combat zone.

In my mind, it would be far better for Jones to endure the wrath of his commander in theater, rather than return to the States and risk a division commander deciding that this soldier had demonstrated cowardice in the face of the enemy and refer him for prosecution. If Jones were willing to accept nonjudicial punishment rather than demand a court-martial, an option that is rarely chosen, then the punishment that his commanding officer could prescribe would be rather limited.

When I asked the JAG officer whether he had any legal advice or recommendations for me, he responded that it was my decision. He did suggest, however, that I not let Army rules or regulations or legal considerations guide my decision. He advised that I base my decision

on my best medical judgment and be prepared to defend whatever decision I made on that basis. This was "stay in your lane" advice, and I would follow that dictum on many subsequent occasions. I learned that my non-medical superiors would virtually never interfere or reverse my decisions as long as they were cloaked in medical reasoning.

Then, I returned the call to Jones' commanding officer. "Colonel," I said, "you were right."

I had found it useful to tell someone he or she was right when hoping to influence his or her subsequent actions. I was hoping that the colonel would exercise a kinder and gentler approach with Jones when he found that I was going to relinquish any control that I had over his soldier. I told him everything I had learned, except for my discussion with the JAG officer. I told the colonel that I was sympathetic with his concerns over the demoralizing effect that Jones' action could have on his troops entering a combat environment. I also told him that I hoped he understood the well-meaning although misguided intentions of my nurses. Everything that I had learned about Jones indicated that he was a nice young man, actually little more than a kid, who was not a coward but rather was frightened. He had made a poor decision and taken an action for which he was now embarrassed and ashamed. I told the colonel that if I had any concerns or reservations that Jones represented a suicide or homicide risk or had evidence of a significant or disrupting personality disorder that I would not allow him to be returned to duty. Finally, I thanked Lieutenant Colonel Smith for bringing this matter to my attention.

I informed Captain Williams that Jones was not to be evacuated to Germany but rather released back into the custody of his unit.

One of the unsatisfying aspects of my command tour was that I rarely learned the eventual outcome or full impact of some of my decisions. Did Smith severely punish Jones by pushing for a court-martial or did Jones receive only nonjudicial punishment? Was Jones excessively placed in the most dangerous roles as his unit performed their combat missions? Was Jones ultimately accepted back into the brotherhood of his fellow soldiers? Did Jones successfully complete his combat tour, or was he wounded or killed in Iraq? I often ponder these questions and wish I knew the answers. But we rarely know the complete outcome and ultimate impact of the decisions we make and the actions we take.

Twenty-five years later, my small decision to join the Navy Reserve separated me from my family for 1 year and resulted in one of the most important, defining, and emotionally challenging and rewarding experiences in my life. What impact did my small decision have on the life of PFC Jones?

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