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Influence, authority, and organizational inertia

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"Skipper, we need you in patient administration." "I'll be right there."

I glanced at my watch, 0030. Patient administration, what could they want at this hour? Whatever it was, I was sure it would be unusual. I was about to learn an important lesson on influence, authority, and organizational inertia.

As I quickly walked through casualty receiving, I noticed a young marine staff sergeant sitting on a gurney. There were no other patients in casualty receiving, no blood, and no badly injured soldiers. This had better be important, I thought to myself.

As I entered patient administration, body language immediately told me the source of the tension. An army major was on one side of the tent and a marine warrant officer and gunnery sergeant were on the other side, intensely staring at each other. The army major was the medical regulator from the medical brigade, my immediate superior echelon. His duty was to coordinate medical evacuations. The warrant and gunny were not poster marines, both past their prime, and had the thankless job of liaison officers for their branch of service. Their duty was to make sure that marines who became separated from their units and ended up at Camp Arifjan were fed, lodged, clothed, and reunited with their units. Several patient administration personnel were in the tent, as was my head of internal medicine.

I knew I should not ask the major or the marines what was going on. I looked at the internist.

"Commander, what's the problem here?"

"Sir, earlier this evening, a young marine was medevaced in from one of the amphibious ships in the Gulf for evaluation of hematuria. We thought he had a kidney stone or urinary tract infection until we got the results of his CBC. His white count was 150,000, platelets were 20,000, and hemoglobin was 6."

"Are you absolutely certain about those counts?" I replied, questioning their accuracy.

"Sir, they have been triple checked. Moreover, under the microscope the WBCs on peripheral smear are all blasts."

Oh no, I thought to myself. That young marine I had observed in casualty receiving had leukemia, was

in blast crisis, was in the middle of the Kuwait desert, and was going to die very soon without treatment. Now I was scared.

"Commander, what do you suggest?" I asked, hoping he had an answer.

"Sir, we have talked with hematology at Bethesda. They said that he needs immediate leukapheresis and chemotherapy and that we should not evacuate him to Germany or have him admitted to a hospital in Kuwait City, but rather he needs to be evacuated immediately and directly back to Andrews Air Force Base to be admitted and treated at Bethesda."

How could this get any worse?

"Commander, I don't suppose Bethesda told you how we were to accomplish that task."

"Of course not, Sir," replied the Commander smiling, as he now knew that I understood the predicament that we were in.

Looking and feeling distressed, I addressed the medical regulator. "Major, what can you tell me?"

"Captain, I have spoken with the air force. They have informed me that they just do not have available assets to evacuate one person directly back to the States. This marine will be back at Bethesda in 4 to 5 days using standard medical evacuation procedures. This is just one of the hard realities of military medical triage."

Of course, the major was right. There was no contingency plan for this situation. But I did not like his answer or being told about the hard realities of military medical triage. Under the right set of circumstances, I could be forced to decide how to allocate my limited assets and resources and choose who we would try to save and who we let die. Moreover, although I was a neurologist, I had watched several patients die in blast crisis during my internal medicine residency. I did not believe this marine had the luxury of 4 to 5 days, and I knew the major did not appreciate how complex and critical this marine's condition was.

Next I looked to the two marines.

The warrant spoke. "Captain, we're just two grunt marines. We don't understand our fellow marine's illness. We just know that he is very sick and needs

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to get home right away or he is going to die. Sir, all we are asking is that you to give us permission to try to get him on his way back to the States tonight.”

My respect for those two marines immediately increased. I had spent a lot of time with marines. My gut feeling told me these guys were not blowing smoke up my ass. They had a plan in mind.

I turned to the major and asked an unfair question.

“Major, did you make the air force understand the absolute urgency and necessity of this evacuation?” The only response he could me give was yes.

“Captain, if you tell us to stand down, we will,” the warrant interjected. He was now reading me correctly.

“Warrant, if you can get your marine on his way to Bethesda tonight, I will not stand in your way.” What else could I say?

“This is ridiculous. How are these two guys going to get that marine home tonight? You need to take charge, Captain.” The major was now diverting his frustration towards me. However, I was taking charge by getting out of the way.

The two marines got on the phone. Within 15 minutes, they were speaking to an aide to the Commandant of the Marine Corps, a four-star marine general. These two marines jumped their entire chain of command and were appealing directly to the top marine. I could overhear them explaining the situation. I gathered from what they were saying that the Commandant was in Iraq. He had flown into Kuwait on a US government executive jet and then into Iraq by helicopter. That jet was now parked at Ali Al Salem Air Base in Kuwait. These two marines were asking the Commandant to give up that executive jet so that this ill marine could be flown directly back to Andrews.

Amazing!

Moreover, from the one side of the conversation that I could hear, their request was being taken seriously. Those marines did have a plan and were not inhibited in their efforts to execute that plan by their relatively low position on the military totem pole. The marines got off the phone and informed us that the Commandant’s aide would call back in a few minutes.

The call back came 15 minutes later. The warrant handed me the phone and said, “The Commandant’s aide wants to speak to you, Sir.”

The marine captain on the other end briefly introduced himself. I started to explain the situation again. The marine captain abruptly cut me off. He was not interested in my babble.

“Captain, just give me your name and position,” he demanded.

“Captain Jack Edward Riggs, Medical Corps, United States Navy, Commanding Officer, United

States Military Hospital Kuwait, Sir,” I responded. I was in effect speaking to a four-star marine general.

“Captain, are you personally certifying that this is a no-shit emergency, and that it is absolutely necessary that this marine be immediately and directly transported back to Bethesda Naval Medical Center?” the aide bluntly and forcibly asked.

Experience told me that my answer would be critical. There could not be the slightest hint of reservation, hesitation, or qualification in my response.

“Yes, Sir, I am!” I responded, equally blunt and forceful.

“Thank you, Captain,” replied the aide, abruptly hanging up.

I did not know what to say or do. None of us did. So we just waited. Nervous and anxious, I decided to go chat with the young marine in casualty receiving. I knew he had overheard everything.

“How are you doing sergeant?” I asked.

“I am fine, Sir. I’m sorry to have caused you so much trouble,” he responded, letting me know that he had indeed heard everything that had been said about him only a few yards away.

“Sergeant, you have not caused me any trouble,” I replied, smiling and trying to act like this was an everyday occurrence. “We just want to make sure that you get the treatment you need.” I learned this 26-year-old marine was a single parent and that his 6-year-old daughter was staying with the marine’s mother while he was deployed. His life was about to become orders of magnitude more complicated. He asked me no questions about his illness and displayed no fear. There was only stoic resolve in his eyes.

About 30 minutes later, the call came; not from the Commandant’s aide, not to the two marines, and not to me. The call was to the army major and was from the air force. Their orders to the major were to get the marine to Ali Al Salem by 0400. The air force would have an Air Medical Evacuation Transport jet and crew standing by to transport the young marine directly back to Andrews Air Force Base.

We called Bethesda and let them know that this patient would be arriving there the next day. The following evening, we received a succinct message from Bethesda:

Package arrived safely.

Treatment commenced.

Good job.

To this day, I am filled with awe and amazement at what occurred that night in the middle of the Kuwait desert. There was no organizational procedure or structure in place to perform the medical evacuation that occurred. In fact, the massive logistic medical evacuation structure in place actually made what occurred less likely. Organizational structure can have tremendous inertia.

I was initially sucked into the two marines' plan, that the ill marine might use the Commandant's executive jet to be transported back to the States. In retrospect, that scenario was never going to occur. The general was not likely to have condoned letting a sick marine be evacuated on a jet that was not configured for medical evacuation. While I will never know for sure what happened, it seems reasonable and likely that the Commandant's aide called the Air Force Chief of Staff's aide and between them (and the two four-star generals that they served) made this unique medical evacuation happen.

Regardless of how it occurred, the awesome logistic capacity and capability of the United States military altered course with lightning speed that night to come

to the aid of a single service member. The courage and initiative of two marines made this happen. Those marines were the embodiment of the marine motto, *Semper Fidelis* (always faithful; to mission, to each other, to the Corps, and to country). Those two marines recognized that marines' loyalty to each other (their motto, their creed) gave them the influence with the one marine who had the power and the authority to immediately overcome organizational inertia and make this unique medical evacuation happen.

There have been times when I did not feel particularly good about being part of the killing machine that is a necessary aspect of the United States military, but on that night, I had never felt prouder.

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