The Soldier

“Out of the night that covers me,
Black as the pit from pole to pole,
I thank whatever gods may be
for my unconquerable soul…….”

William Ernest Henley - ‘Invictus’ 1st stanza

The Campaigning Season

We are a highly specialised group of military operators conducting missions in the furthest reaches of Afghanistan. It is 2002, the environment was austere, punishing, and we operated for extended periods at high altitudes against an enemy desperate to re-infiltrate and reassert itself from wintering safe-havens outside Afghanistan.

This is the campaigning season, when the enemy seek to inflict vengeance and rage on those who sought an alternative narrative to that imposed by the rule of violence. Guided by an extreme interpretation of a belief system, they sought to destroy anyone and anything not conforming to their narrative. We saw and felt this in the suffering of the people, the desolation of the regions and the destruction of their history.
We had been operating at high tempo for some time, conducting long range endurance missions and I had just 24 hours previously led the preliminary entry operation and insertion of the team. The team was now deployed and conducting their tasks, while I relocated back to the command group to maintain operational oversight. Changes to the situation are common and we prepare for these. We also prepare for the worst outcomes and one was about to unfold and become *My Decisive Moment.*

“In the fell clutch of circumstance  
I have not winced nor cried aloud.  
Under the bludgeonings of chance  
My head is bloody, but unbowed.”

William Ernest Henley - ‘Invictus’ 2nd stanza

**My Decisive Moment**

The message comes in; the team has taken a hit. We have three casualties, one in very bad shape with extensive lower limb injuries and the team is prepping them for evacuation. The team is a long way out and we immediately activate the recovery plan and await the arrival of the wounded. At the same time we are evaluating the situation and seeing how to provide support for the rest of the team who remain on task and under threat. This is getting up there with regards to how bad it can get but not beyond what we have prepared for. The helicopters land, I am there to take charge of the wounded and confirm their condition as it’s me who will be calling back and talking with their loved ones and telling them what’s happened to them and what I am doing about it.

All thoughts seem pushed aside as I see the wounded taken by stretcher from the helicopters and we move quickly with them into the surgical facility. This is bad, two look OK but have been rocked by the overpressure from very close, high explosive detonations and suffer numerous contusions and hearing damage. The third person is a soldier and he is in a bad way having taken the worst of the explosive blast. His legs are a shocking mess, he is heavily sedated, drifting in and out of consciousness and is not lucid or aware of where he is and what’s going on. He loses consciousness again.
I focus fully on him and two of my command team focus on the other wounded, comforting them while the medical team work in front of me to stabilise the soldier. I knew he was injured badly and when I saw him I needed to see how bad; I wanted to know, I am his boss, I had gone through training with him, I knew him, and I was responsible for him. This was professional, this was personal, this was everything at once and I had the same duty of care, for the team still out there.

The surgeon talks with me; he wants my consent to perform an immediate double amputation of both legs! On seeing the extent of the injuries I felt an immediate, visceral reaction, everything was silent and I could feel a cold sickening sensation wash through me. The orbitofrontal cortex integrates our visceral emotions into the decision making process and this was going on rapidly (Lehrer, 2013, p24). I feel now Plato could have been right and that my emotions could have taken me “like a fool into the world below” (Lehrer, 2013, p17). I was in the midst of “perceptual narrowing” focused on the most essential facts and most basic instincts, I felt sick (Lehrer, 2013, p98). However it passed and I listened intently to what the surgeon was saying. I wanted to place reason over emotion but I knew there was a battle with primitive emotion going on (Lehrer, 2013, p20).

Writing this I am recalling the mass of information that seemed to traffic through my mind as I sought for some better outcome, an outcome that did not hold such appalling loss. Even though I thought I knew nothing my emotional brain did and was trying to tell me something (Lehrer, 2013, p52). I calmed and started reasoning why both? My emotional brain had done my initial thinking telling me ‘no;’ there was more to consider, it had bought me time to think and do the most reasonable thing (Lehrer, 2013, p99). Was I experiencing a loss frame and just trying to avoid something that felt like loss (Lehrer, 2013, p77)? Was it some ‘deal or no deal’ scenario where I was pursuing a better offer no matter what (Lehrer, 2013, p81)? Had my emotions “sabotaged my common sense” (Lehrer, 2013, p82)? As Aristotle argued I needed to intelligently apply my emotions to “the real world” (Lehrer, 2013, p107). I was at a point where it was not that I was not feeling anything but I was now regulating my emotions and my prefrontal cortex (PFC) was in the game, I was now thinking about my own thoughts (Lehrer, 2013, p106).
His injuries were severe; they needed to clean him out and salvage as much as possible including the knee joints which provides better mobility. Wait too long and this may not be achievable. My two guys with me from my command group were now at my back to my left and right waiting for what I was going to do. I worked through the information I had to make the call; perform the amputations or seek other perspectives? Sheffield (2015) lectured us on the need for pluralism where we entertain multiple perspectives and I wanted more than what I was being presented. I had restored “executive control” (Lehrer,2013,p114). My PFC was now in full conductor mode leading the orchestration in my mind (Lehrer,2013,p115). “Chance favours the prepared mind” (Lehrer,2013,p117), and my emotions bought me this chance (Lehrer,2013,p99). I was primed for opportunity and like Dodge I was searching for another way to beat this fire (Lehrer,2013,p115).

Another surgeon who had been off-roster came in; he was an orthopaedic specialist and heard the helicopters arrive. I asked for his assessment wanting to know what time I had and was there a better outcome than a double amputation? He performed an assessment, I had time to get him to another higher medical facility where he may be able to save one and possibly both legs but we had to move now! We were located at an air-field and could hear all the while the drone of engines in the back ground; a US colleague heard my decision and ran out onto the taxi-way stopping an aircraft. My guy was now on his way to the other facility with the surgeon, two of my team and the chance of a better outcome.

We soon hear that one leg was saved while the other was amputated below the knee, as despite their best efforts the surgical team could not reconnect enough blood supply to sustain the severely damaged lower part of the leg. My gut had been right and it had bought me time and we were able to reason through the options and arrive at a better outcome.

While this had all been playing out I remained acutely aware that I still had the remainder of the team out there and now I turned my full attention to them. Three days later we were all out there on site with them, reinforcing the mission and included were the two other casualties who had recovered enough to be able to continue out there with me and the team.
“Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the years
Finds, and shall find me, unafraid.”

William Eenist Henley - ‘Invictus’ 3rd stanza

Making Sense of it all (V-Model and The Gold Standard-R3)

Fig. 1 represents Sheffield’s V-Model (Sheffield, 2005), illustrating the process steps taken numbered 1 thru 6 and using de Bono’s Six Thinking Hats over the six steps (de Bono, 1999).

The V shape deals on the left with steps that link with intentions and the right steps that link to outcomes (Sheffield, 2005). Steps 1 to 3 show refined and narrowed intentions while 4 to 6 compile and broaden outcomes (Sheffield, 2005). The why? what? and how? represents; personal/emotional commitment, interpersonal/moral agreement, and reasoned/technical excellence respectively (Sheffield, p. 88, 2005). Personal commitment was me making the decision not to have both legs amputated and we all committing to getting the best outcome. Interpersonal/moral agreement was the plan to get him to the other facility and expectation from the team that he would get the best outcome possible. Reasoned/technical excellence was enacting the plan and creating the opportunity for a better outcome through the performances of the team, the surgeons and myself.
1: Idea – Seeking the best outcome for him. He’s in a very bad way could lose both legs above the knee. Seek ‘pluralist’ perspectives to support decision. Decide to take risk and get him to higher medical facility.

2: The Objective – Get him to higher medical facility soonest where a better outcome is possible. Very aware rest of team still on task out there.

3: The Action Plan – Get him to the next higher medical facility. Need to get; aircraft, escorts and medical team warned out and ready. Monitoring situation of the team still on task.

4: The Plan in Action – Aircraft secured, escorts assigned, medical teams prepared and expecting arrival. Now planning for larger mission and joining the team.

5: The Results – He is transported and arrives stable to the higher medical facility and is operated on while accompanied by people he knows. We now prepare to join team still on the task.

6: The Payoff – He survives. One leg amputated below the knee the other saved. Glad I made the decision I did, seeking ‘pluralist’ perspective worked. No regrets. I am now with the team on task and we are secure.

**Figure 1: V-Model Decision Framework with de Bono’s 6 Thinking Hat’s**
The Gold Standard is used here to examine the Roles, Relationships and pluralistic Rationality (R3) of the principal actors (Sheffield, 2015). These are shown before, during and after the decisive moment in Figures 2 thru 4.

Roles cover the analysis of Expert, Citizen Behaviours and Decision Maker with these presented as the surgeons, the team and myself respectively. Relationship relates to the behaviour of emotion, morality and reason. Rationality is the degree to which behaviour meets The Gold Standard.

Personally and as a team we achieved the Gold Standard principles through (Sheffield, 2015):

1. Respectful discussion between ourselves as we sought to gain mutual understanding as seen in the discussion with the surgeons.
2. Those who spoke, spoke freely using reason, norms and emotion.
3. We were free to, and did, question each other.
4. Power and influence through rank was set aside as we all sought genuine discussion with me not exercising my authority until after discussions.
5. Personal commitment was seen in the evacuation and deliberations on care for the casualties, social agreement was seen in the decision to seek a better outcome and expectation of others that this would happen and technical excellence was seen in the successful evacuation of the casualties and the highly skilled treatment of them and particularly of the soldier.
<table>
<thead>
<tr>
<th>R3</th>
<th>Surgeons</th>
<th>My Team</th>
<th>Myself</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTION</td>
<td>There has been a contact - we have multiple casualties’ inflight. One is particularly bad with severe lower limb injuries. We are expecting the worst.</td>
<td>We took a big hit - wounded away from harm and in stable condition in-flight to the medical facility. One is really injured – hope he survives. 360 degree focus on any threat that may emerge.</td>
<td>Contact message – guys are secure for now and stabilised the casualties enough and secured an area for the helicopters. Need to ensure they remain secure on the ground while we deal with the treatment and care of the wounded. Team needs reassurance.</td>
</tr>
<tr>
<td>MORALITY</td>
<td>Set up and prepare the trauma team and clear the surgical suite in expectation of immediate use.</td>
<td>We got the wounded out of harm’s way in a professional and well executed manner. We have done everything we can for them. We know there are medical teams ready for them -they are going to be OK.</td>
<td>I am going to ensure that everything possible is done as part of my commitment and duty of care to the team and the casualties. I am accountable for my team’s lives and responsible for their care and treatment.</td>
</tr>
<tr>
<td>REASON</td>
<td>The best treatment available will be provided from this facility and the best clinical outcomes sought for them.</td>
<td>We are highly trained professionals and have trained for this type of situation. We are here for each other and the mission. We carry on knowing that the casualties were given the best treatment from us and are now in good hands. We expect the best possible outcomes for them.</td>
<td>I am the commander and will do whatever is within my ability’s to seek the best outcomes for the casualties and the team remaining on task out there.</td>
</tr>
</tbody>
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**Figure 2: R3 Grid: Before the Decisive Moment**
Figure 3: R3 Grid: During the Decisive Moment

R3

Surgeons

My Team

Myself

EMOTION

Two look OK - we can treat easily – they are going to be OK. The other is in very bad condition – legs are severely damaged – they need to be amputated now.

MORALITY

Convince the commander of the importance and pressing need for his consent to the immediate amputations in order to salvage as much of the limbs as possible and stabilise the casualty.

REASON

1st Surgeon: To delay could see the wounded’s condition deteriorate and mean there is less of the limbs to salvage.

2nd Surgeon (specialist): I think his legs can be saved.

There is no way our guy will not pull through he must get the best care. We are in a tight spot on the ground and got to set things up to protect ourselves.

The wounded are in the best place and the commander and the team back there will do everything they can for them. We are now focussed on our responsibilities to each other out here – they have the ball.

Everyone has been on high alert for some time and I am feeling, anticipation and trepidation. I feel shocked at his condition – my gut is telling me the amputations are unacceptable. This could be any one of us lying there.

I am going to do everything I can for him. I owe that to the wounded, the team and myself. I would be letting everyone down otherwise. I cannot just simply accept what the surgeon is saying.

We have conducted our appreciations and planning and have taken up a good defendable posture – we will be secure in this position for now. We will be updated later when secure on the condition/treatment of the wounded.

Sought and obtained the opinion of another surgeon. Made my decision - get him to the higher medical facility and chance for better outcome. Making it happen. Planning also for the contingency support for the team still out there.
Figure 4: R3 Grid: After the Decisive Moment

**R3**

- **EMOTION**
  - We are glad there was a better outcome.

- **MORALITY**
  - The initial recommendation was based on an immediate initial assessment and was reasoned from a practical and experience basis of the first surgeon.

- **REASON**
  - Between us two surgeons we were able to acknowledge each other’s perspectives and acknowledge what was possible. The medical teams performed very well and the skills and technical expertise provided a better outcome.

**Surgeons**

- We are highly trained, skilled and experienced. Our ability to stabilise the casualties and the tactical situation allowed for their safe and rapid evacuation over a vast distance.

**My Team**

- Feels good to know the casualties are going to be OK. We are still unsure what else is about to happen to us out here. We are relieved for the casualties and we don’t feel so unsettled.

- Everyone is satisfied that the best was made of a very bad situation and that we worked with care and consideration for our mates. Each knows what we would do for each other and we are an even closer forged team now.

**Myself**

- I am hugely relieved with the outcome and that we nearly saved both legs. I am feeling spent but on my way out to the team.

- I have pride in the actions of the team and myself. I also respect the medical teams and the roles they played in this outcome. I will now always seek to consider alternatives and not accept what immediately looks to be the best decision. Perspectives are vital.

- I have joined the team out there on task with two of the casualties who have recovered sufficiently. Post amputation the soldier is now stable and will be heading to a recovery unit in Europe before heading home.

**THE GOLD STANDARD**
".....It matters not how strait the gate, 
How charged with punishments the scroll, 
I am the master of my fate: 
I am the captain of my soul."

William Ernest Henley - ‘Invictus’ 4th and final stanza

Takeaway points and reflection

My emotions initially led me before I sought to use my PFC and direct my thoughts from the top-down (Lehrer,2013,p114). I was now getting into a state of “deliberate calm” (Lehrer,2013,p125) with the PFC able to make use of my working memory where I could make sense of “the information streaming in from the other cortical areas” (Lehrer,2013,p127). I was making “creative associations” such as knowing from somewhere that there was an orthopaedic specialist on base and that there was an aircraft preparing for flight which we could hear in the background (Lehrer,2013,p127). The “restructuring phase” followed where relevant information was being mixed together in new ways (Lehrer,2013,p127). My PFC was able to pick up on new insights and realise the answer I was looking for (Lehrer,2013,p128).

With the conscious brain only able to deal with about seven pieces of information my PFC was feeling overwhelmed (Lehrer,2013,p147). Given that working memory and rationality share the same “cortical source” which is the PFC, trying to track lots of information was making me less able to exert control over my impulses and this was the perceptual narrowing I initially experienced (Lehrer,2013,p148).

I had been presented what felt like an ethical dilemma - stabilise him and look to manage double amputations below the knee - or seek an alternative; my unconscious had instantly and automatically generated an emotional reaction to that proposal, my brain had made up its mind and I knew what was right (Lehrer,2013,p167). Now that my emotions had made the moral decision I then started to “activate those rational circuits” in my PFC (Lehrer,2013,p167).

I liken the decision I was asked to make initially being similar to pushing the fat man off the bridge; it was a personal moral dilemma (Lehrer,2013,p171). The decision then became an impersonal moral dilemma as it now would rest with the second surgeon and the team at the higher medical facility as to whether the legs could be saved or not (Lehrer,2013,p171). I felt sympathy for the soldier and knew how bad it was for him and how he would feel about the situation he was in and I now understand this as “fellow feeling” (Lehrer,2013,p176). This sympathy created a drive to seek fairness for him and it felt good pursuing a better outcome (Lehrer,2013,p176). I related to him through feeling not thinking as my mirror neurons allowed me relate to him through what I was experiencing by being there with him (Lehrer,2013,p178).

Through personal examination and reflection I now think my decision making could improve by conscious application of these five key conclusions:
1. Simple problems require reason, as anything more than four variables can overwhelm the rational brain (Lehrer, 2013, p233). It’s good to exercise our reason to check our feelings however I did not know this and thought my emotions could be letting me down as I could not explain them.

2. Novel problems also require reason, as we need our working memory to tackle a real dilemma if it really is unprecedented (Lehrer, 2013, p235). I need to develop awareness that this is what is actually happening as it would have helped knowing I was doing the right thing at the time.

3. Embrace uncertainty and extend my process of decision making (Lehrer, 2013, p235). I will do this deliberately now as there are two things to aid me; firstly to always allow competing ideas, and secondly always remind myself the things I don’t know (Lehrer, 2013, p236). Using this quote by Colin Powell I can apply this to my thoughts; “Tell me what you know. Then tell me what you don’t know, and only then can you tell me what you think. Always keep those three separated” (Lehrer, 2013, p236).

4. You know more than you know, as we are blind to knowing what happens outside the PFC (Lehrer, 2013, p237). It’s our emotions that give us a clue as to what’s going on giving us a “visceral representation” of the processes we can’t see (Lehrer, 2013, p237). I know now that a bad experience is a good teacher as it’s feelings and not our PFC that “captures the wisdom of experience” (Lehrer, 2013, p237).

5. Think about thinking, as matching the best thought process to the decision can be a deliberate choice I can make (Lehrer, 2013, p238). Do I go with emotion or reason? It depends and I have a better understanding if I understand how I make decisions and “listen to the intense argument” going on in my head (Lehrer, 2013, p238).

We continued on operations another four months before coming home at the end of the campaign season and over six months on operations. We would have some respite and be back within another 18 months. This decisive moment was an experience that improved us all and added to the resilience we had developed in our training – we had other moments as well.

I have come to realise at the end of this reflective experience that my decisive moment was a real test and one which I passed. It has allowed me to better appreciate the why? what? and how? of my decision making and the processes at work within my mind as I seek to be as William Henley’s poem Invictus ends - “the Captain of my soul.”
References


Sheffield, J. (Trimester 1, 2015) MMBA508 Lectures, Victoria University of Wellington.