

SPECIAL TALK: AN INTERVIEW

"People who say 'No!' irritate me; we should say 'yes!'"

— COL Russ Kotwal of the Joint Trauma System on Improving Prehospital Medicine

Interviewed by John F. Kragh Jr

How did you enter Special Operations?

It took me 16 years. In 1983 I went to airborne school, and then I had to swap to get an infantry assignment as a Medical Service Corps officer. I was able to get to Ranger school, but since the Ranger Regiment had no MSC slots I had to go to medical school. I eventually got to the Rangers in '99. I tend to craft what I do; I am meticulous and planned. I wanted to serve in a regimented system where they let people have flexibility and use their creativity. I love Rangers and the Regiment.

How was medical school?

Somalia was a sentinel event to me in October 1993. We students had a Halloween party, and Romney Andersen and Dave Kramer—both were infantry officers in the 3d Ranger Battalion—went to Walter Reed and brought the wounded Rangers to the party.

From whom did you learn the most?

I learned the most from my mentors who were senior enlisted. I hung out with my NCO mentors, and they were extremely important to me as an officer who wanted to learn. For example, as a young lieutenant, I learned from CSM Rocky Howser of the 25th Infantry Division. This was my habit.

Your thoughts on prehospital data?

We thought: how do we validate this point-of-injury care like the SEALs and Ranger First Responders were doing? So we objectively gathered information to guide us. We and SOF remade the Field Medical Card—you remember that old, outdated tag—into the Ranger card, which was the prototype of what we have today. We knew what the knowledge was, like Bellamy's work on causes of deaths in war, so we made standardized bleeder control kits. Everybody knew what was in them. They became familiar and systematized. We changed the structure of the organization in order to change the work in order to condition all into the techniques of best care.

What do we need to do to optimize structure?

Change thought. Change philosophy. We all can be conditioned. It's a bit of a chicken-and-egg situation, but if the organization can change its thinking, then it can change its structure. If it changes its structure, it can improve as culture and strategy follow structure. The Ranger commanders becoming the owners of individual Ranger response to casualties taken was the pivot to the increased lives saved. This vision became clear after Somalia. Some of us, to include

Frank Butler, Bob Mabry, John Kragh, and others, learned from that sacrifice, and in the long run the lessons learned in Somalia saved many more lives in current conflicts. God had a plan.

Who in Special Operations affected you the most?

Affected most? Hmm. Through all the years? I'd say that person who is the theme is probably Bill Donovan. As the senior physician assistant and long-time Ranger, Bill had a world of experience. I modeled things like he had done. Training, leadership, care of individuals, systems-based care.

What did you learn from being a staff officer?

I think it helped me work in a system to create and start changes. To think in a reductionist way, you can care for individual patients as a doctor, and that is person-oriented. You can also care "wholistically" for populations, which is system oriented. A system-approach allowed

greater and more global change, and the improvements persisted even with personnel and personality turnover.

How do you improve a system?

Change its structure. By changing the structure of an organization, like adding medical service and medical specialist officer slots to the Ranger Regiment, you create opportunities for people who can take or shift ownership of key tasks. Gradual structural change focuses on the few key basics, like Ranger Regimental Commander COL Stanley McChrystal's Big Four, which included a mastery of the basics such as first aid. First aid became owned by all Rangers as casualty response drills. This was important to eliminating preventable death on the battlefield.

What's new for your part in the Joint Trauma System?

Information processes include care card collection, after action reviews, and the prehospital trauma registry. We had similar things in the Rangers. The feedback leads to changes. We aim to keep the pilot light on so that we don't start in the next war in a worse place than where we are now.

What's in your future?

I officially retired from the military in October 2014. My family and I are in College Station, Texas.

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"Russ doesn't like doing interviews, especially spontaneous interviews."
"We should create opportunities. Senior people should give. Junior people should take."