Honoring Our Healer-Heroes
General Information

The Journal of Health and Human Experience is published by The Semper Vi Foundation, a 501(c)(3) public charity. The Journal is designed to benefit international academic and professional inquiry regarding total holistic health, the arts and sciences, human development, human rights, and social justice. The Journal promotes unprecedented interdisciplinary scholarship and academic excellence through explorations of classical areas of interest and emerging horizons of multicultural and global significance. ISSN 2377-1577 (online).

Correspondence

Manuscripts are to be submitted to the Journal Leadership. Submission of a manuscript is considered to be a representation that it is not copyrighted, previously published, or concurrently under consideration for publishing by any other entity in print or electronic form. Contact the Journal Leadership for specific information for authors, templates, and new material. The preferred communication route is through email at JHHE@sempervifoundation.org.

Subscriptions, Availability and Resourcing

The Journal is supported completely by free will, charitable donations. There are no subscription fees. Online copies of all editions of the Journal are freely available for download at: http://jhhe.sempervifoundation.org.

To make a donation, contact: JHHEDonor@sempervifoundation.org. You will be contacted in reply as soon as possible with the necessary information. All donations are made to The Semper Vi Foundation, a 501(c)(3) public charity. Such donations are therefore tax deductible.

The Journal’s outreach and resourcing is enriched by a very special group of experts who generously volunteer their efforts. The Journal leadership and its readers give special thanks to these and other various volunteers whose charitable dedication of time and effort is central to the Journal’s successful international impact.

Copyright Information

As a private sector publication, authors retain copyright for their articles. Authors grant to the Journal an irrevocable, paid-up, worldwide license to use for any purpose, reproduce, distribute, or modify their articles in their entirety or portions thereof. Articles prepared by employees of the US Government as part of their official duties are not copyrighted and are in the public domain. The Journal retains the right to grant permission to third party requestors for the use of individual articles provided that such usage is for educational, non-commercial purposes only. Third party grantees, however, cannot further delegate their approved usage to others etc. Third party usage must give credit to the Journal and the author(s). Opinions expressed in the Journal represent the opinions of the authors and do not reflect official policy of the institutions they may serve. Opinions in the Journal also do not reflect the opinions of the publishers or the institutions served by members of the Journal Editorial Board.

Special Notation

The photograph of Sr. Rosemary Donley in the first article is used with her permission. The divider page photograph is attributed to the Government of Australia Department of Defence, Special Operations Task Group. The remaining photographs used in this edition are in the public domain, or are attributed.
The Journal of Health and Human Experience is published by The Semper Vi Foundation, a 501(c)(3) public charity.

The Journal is registered with the Library of Congress. ISSN 2377-1577 (online)

The Journal is an interdisciplinary, academic, peer reviewed international publication. Its mission is to explore the full expanse of holistic and integrated health within the nature and meaning of human experience. Its scholarly and professional explorations richly convene all possible areas within the arts/humanities and the sciences, cultural and social concerns, diverse technologies, ethics, law, civil rights, social justice, and human rights. The Journal invites the reader into the fullness of our human nature, our history, and the expanding futures before us.

The Editorial Leadership enthusiastically welcomes academic and research investigations, reviews, commentaries, creative writing such as poetry/short stories, new and emerging scholar submissions, and other possibilities.

The Journal makes use of a highly innovative four-stage academic mentoring review process.

A full description of the Journal’s mission, expanse, leadership, author requirements and additional general information can be obtained at: http://JHHE.sempervifoundation.org

For direct contact, email Journal leadership via: JHHE@sempervifoundation.org.
Table of Contents

Mission: Semper Vi Foundation .................................................................1

Journal Editorial Board ........................................................................5

Journal Gold Patrons ............................................................................9

Author Biosketches ..............................................................................13

Prelude
   The Healer Hero: The Call to “Be” as well as to “Do” .........................19
   Edward F. Gabriele

Articles & Commentaries
   Everyday Heroes: Nurses Working Quietly Behind the Scenes
   Saving Lives and Protecting Their Patients ......................................25
   Deborah J. Kenny, Helen Graham, Angela M. Simmons

   Music Therapy: Exercising Music’s Healing Touch ............................48
   Edgewood R. Warner II, Alan Jeffrey Friedberg, Mill Etienne

   What is Antibiotic Resistance and Why is it a Problem? .................62
   Jere M. Boyer

   The Rescue of Refugees at Sea: Exploring Status Determination,
   Transport and International Human Rights Law ..............................72
   Brett D. Cook

   Look for Me in the Whirlwind: A New Perspective on the Leadership of
   Joycelyn Elders in Medicine and Healthcare ...................................88
   Michael A. Washington

   LeaderBeing: Critical Reflections on Context, Character and
   Challenge in the Culture of Research and Its Administration ...........104
   Edward F. Gabriele, Vaughan V. Caines

Profiles in Courage: The Next Chapter
   Farm Girl to Healing Therapist. The Irrepressible Shirley Godwin .......127
   Jan Herman

(cont.)
# Table of Contents

## The Critic's Choice

**Film Review: Military Medicine: Beyond the Battlefield.**
A film hosted and reported by Bob Woodruff ................................................137  
*Moni McIntyre*

**Book Review: The Restless Wave: Good Times, Just Causes, Great Fights, and Other Appreciations.** By John McCain with Mark Salter ..........142  
*David Mineo*

**Film & Book Review: Five Came Back.** Book by Mark Harris.  
Film directed by Laurent Bouzereau..............................................................148  
*Hugh Taylor*

## Under City Lights

**A Special Reflection: Nobody Talks to Your Grandfather.**.......................155  
*David Lash*

**A Poem and Reflection: From Strangers to Soulmates.**.........................162  
*De Fischler Herman*

**Vignette: What Our Patients Teach Us.**.................................................166  
*Bruce R. Boynton*

**Upon Reflection: Learn to Unlearn.**.....................................................168  
*Michele Savaunah Zirkle*

**Poem: Soupline.**.......................................................................................170  
*Edward F. Gabriele*
Mission

The Semper Vi Foundation

“From Victim to Survivor to Victor”

Mission: The Semper Vi Foundation is a 501(c)(3) tax exempt public charity dedicated to the design, development, implementation, and promotion of social justice and human rights resources, programs, and diverse opportunities in education, publishing, research, and services that help the suffering find healing and meaning in their lives. Of particular interest for the Foundation’s mission is Wounded Warrior Care and, equally, the care of all those who suffer in our wounded world.

Vision: Semper Vi reaches out to all who have known the many forms of life’s suffering and tragedy. Semper Vi activities and opportunities seek to help all those who suffer, not only to survive, but also to become victorious so that their wounds become sources of healing for others. Semper Vi assists those who have benefited from our programs and activities to help others in need. Some of those who benefit from Semper Vi’s humanitarian and relief commitments include our Wounded Warriors and their families, as well as individuals and communities who have experienced violence and terrorism, victims of assault and destruction, those who have suffered discrimination and the loss of their human or civil rights due to religion and values systems, race, gender, sexual orientation, socio-economic status, national origin and ethnicity.

Values: Those who become involved with Semper Vi programs practice the Foundation’s three core values: Learning, Healing, and Serving. Foundation participants seek to show those who have suffered that healing can be theirs especially when their stories and experiences become sources of comfort and care for others.

Programs: Semper Vi Foundation activities are organized into four programs.

Education: The Semper Vi Foundation convenes a community of international, interdisciplinary scholars and professionals who develop and promote a wide range of educational programs and resources for enrichment in the humanities, health and healthcare, the physical and social sciences, human development and human rights.
Mission

across the globe. This Foundation designs and provides workshops, seminars, webinars, podcasts, full conferences and continuing education courses at various international locations. Depending on resources, events are filmed and posted on the website.

Publication: The Semper Vi Press publishes the Journal of Health and Human Experience. It also publishes a wide variety of academic and professional books, periodicals, newsletters, and other resources serving the Foundation’s mission and constituents.

Research: The Foundation serves as a sponsored projects college for investigators looking to promote a wide variety of academic and professional domains of inquiry. The Foundation promotes such programs in collaboration with various global universities, centers and institutes.

Social Justice Services: The Foundation serves as a gathering point for individuals and communities who design and promote diverse social justice services and resources supporting human and civil rights. The Foundation supports already existing approaches and promotes the invention and launching of new services to meet emerging social justice needs across the globe.

Reflection: Tales of heroes abound throughout world literature. Our attention is always captured by the stories of those who accomplish great deeds that benefit others and the world. Yet what is it that we mean by the term, “hero?” When is something “heroic?” A hero is one who, despite danger and weakness, musters the courage to sacrifice herself or himself for the needs of others. Sometimes this comes at the price of the hero’s life. However, in all instances, the hero vanquishes the danger and rises above it as victor. Yet there is another nuance. The work of the hero often goes deeper. In many tales, the hero not only fights the oppressor, but also suffers grievous wounds in doing so. The hero embodies the suffering and takes it into her or him self. The hero endures and survives. Yet even more amazingly, in these stories the suffering and pain are transformed from curse to blessing. The hero matures from victim to survivor to victor! The hero becomes “semper victorius!” Always the victor!

Invitation: Join us as we build Communities of Victors, for today and tomorrow!
JOURNAL EDITORIAL BOARD and GOLD PATRONS
Journal Editorial Board

Editor-in-Chief and Executive Director
Edward Gabriele, DrM
Humanities, Education, Research Ethics &
Organizational Development & Strategic Planning
Semper Vi Foundation

Editor
Bruce Boynton, MD, MPH, PhD, FAAP
Neonatology, Correctional Health, Global Public Health
Chief Medical Officer
CorrHealth, Inc.

Senior Associate Editor
Elizabeth Holmes, PhD, ABPP
Psychology, Ethics, Leadership Science
Stockdale Center for Ethical Leadership
United States Naval Academy

General Counsel
J. Michael Slocum, JD
Slocum & Boddie, PC

Deputy General Counsel & General Counsel for International Affairs
Vaughan Caines, MSc, MA in Law (UK)
Barrister at Law, Forensica Legal, Bermuda
Legal Advisor & Member, Bermuda Parole Board

Development Advisory Committee
Chair
Karen Flaherty-Oxler, MS, RN, FACHE
RADM, NC, USN (ret)

Members
Anne Marie Regan, MSOD
Walter Reed National Military Medical Center
American University

Senior Executive Advisors
Louis Guarini, BA, MS
President/CEO, L.J. Guarini and Associates, LLC

Anthony Panto, BA, ABA
President, Panto Wealth Strategies

(cont.)
Journal Editorial Board

Information Technology Leadership

Zachary Slocum, BS
Higher Ed Growth

Special Sections Editors

Vaughan Caines, MSc, MA in Law (UK)
Barrister at Law, Forensica Legal, Bermuda
Legal Advisor & Member, Bermuda Parole Board

De Fischler Herman, BS, RP, SD
Capital Caring Hospice of Washington, DC

Jan Herman, MA
Navy Medicine Historian (retired)

Associate Editors

Yolanda Amerson, MSW, LSW, PsyD (cand)
Social Work, Psychology, Human Development & Humanities
Huntington Disease Society of America

Charmagne Beckett, MD, MPH, FACP
Internal Medicine, Infectious Diseases
Uniformed Services University of the Health Sciences

Vaughan Caines, MSc, MA in Law (UK)
Forensic Science, Human Rights Law & Criminal Law
Barrister at Law, Forensica Legal, Bermuda
Legal Advisor & Member, Bermuda Parole Board

Patrick DeLeon, PhD, MPH, JD
Public Health Policy, Psychological Health
Uniformed Services University

Mill Etienne, MD, MPH
Neurology, Public Health
Bon Secours Charity Health System
New York Medical College

Exnevia Gomo, PhD
Immunology, HIV, Research Administration
University of Zimbabwe College of Health Sciences

Ibrahim Abdel-Messih Khalil, MD, MPH
Global Health, Enterology, Infectious Diseases
University of Washington

Mildred Huff Otosu, PhD
Biological Sciences, Immunogenetics, Sponsored Research
Morgan State University

Ruth Perot, MAT
Education, Integrated/Holistic Health
Social Justice, Human Rights
Summit Health Institute for Research & Education

Clydette Powell, MD, MPH, FAAP
Pediatrics, Neurology, Global Public Health & Human Rights
George Washington University School of Medicine & Health Sciences

Dale Smith, PhD
Medical History
Uniformed Services University

Julie Zadinsky, PhD, RN
Pediatric Nursing, Research Ethics, Education Research, Qualitative Research
Augusta University
Journal Editorial Board

Academic Review Committee

Chair
Thomas J. Roberts, MPA, EdD
Educational Leadership, Higher Education Administration, Public Administration
Florida Gulf Coast University

Members
David Anderson, DDS, MDS, MBHP
Dentistry, Oral Health, Public Health, Bioethics
American College of Dentists

Garrett B. Anderson, JD, MDiv, MTS
Family/Education & Non-Profit Law, Practical Theology, Ethics
State Bar of New Jersey and Washington, DC
Seventh Day Adventist Communities, California

Shaun Baker, PhD, MA
Philosophy, Ethics
United States Naval Academy

Ben J. Balough, MD
Otology, Neurotology
The Permanente Medical Group of Sacramento, California

Cedric M. Bright, MD, FACP
Internal Medicine, Primary Care, Health Equity
University of North Carolina, Chapel Hill
112th President, National Medical Association

Donna Burge, PhD, BC-APRN, CNS
Orthopedic Surgery and Psychiatric Nursing
USN Nurse Corps Reserves

Bruce A. Cohen, MD, MPH
Family Practice, Occupational Medicine, Undersea/ Hyperbaric Medicine, Global Public Health
Old Dominion University
Federal Bureau of Investigation

Brett Damian Cook, JD, LLM
Law, National Security, Cyber/Operational Law
United States Navy

Jayasri Majumdar Hart, MFA
Cinema/Radio Production/Direction, Humanities, Crosscultural Affairs
Hartfilms, Inc.

Jan Herman, MA
Navy Medicine Historian (retired)

Gordon K. Jones, DDS, MS
Dentistry
Lovell Federal Health Care Center

Patricia Watts Kelley, MS, PhD, RN, FNP, GNP
Family & Gerontological Nursing Science
Duquesne University

Deborah J. Kenny, PhD, RN, FAAN
Women Veterans, Nursing Research,
Qualitative Research Interpretive Phenomenology
Beth El College of Nursing and Health Sciences

Anthony R. Kerlavage, PhD
Biochemistry, Cancer Informatics
National Cancer Institute

Frederick Luthardt, DBE, MA
Bioethics, Research Ethics,
Human Research Protections
Johns Hopkins University School of Medicine

Charles MacKay, PhD
Philosophy, Research Protections
Independent Health Care Consultancy

Victoria Molfese, PhD
Developmental Psychology; Child, Youth & Family Studies
University of Nebraska Lincoln

George William Nasinyama, MS, PhD
Pathology, Biochemistry, Clinical Trials
Cancer Treatment Centers of America

Tony B. Richard, MS, MEd, EdD (stdt.)
Education, Leadership, Healthcare Management, Diversity, Social Justice, Equity
The Bennae Group

Bruce Steinert, PhD, CCRA
Pathology, Biochemistry, Clinical Trials
Cancer Treatment Centers of America

John Winters, PhD
Health, Leisure & Human Performance
Bacone College
Journal Editorial Board

Manuscript Editing Committee

**Interim Chairs**

**Jan Herman, MA**
History
Navy Medicine Historian (retired)

**De Fischler Herman, BS, RP, SD**
Healthcare Chaplaincy, Spiritual Direction
Capital Caring Hospice of Washington, DC

**Members**

**Pamela B. Berkowsky, MALD**
International Affairs, Government & Non-Profit Administration
Blue Sapphire Strategies

**Jere M. Boyer, PhD, CIM, CIP, CCRP D(ABB, Microbiol)**
Clinical Microbiology, Molecular Biology & Immunology, Infectious Diseases, Tropical Medicine
Clinical Research Management, Inc.

**Douglas Carroll, MRE, MLIS, EdS**
Higher Education, Library Science, Religious Studies
George Washington University

**Dee Dee Chavers, MSM**
Management Science
Department of Veterans Affairs

**Darlene Gilson, BA, CTESL**
English Literature, Language Education
Carleton University

**Sarah Hope Lincoln, PhD**
Psychopathology, Schizophrenia, Social Cognition, Social functioning, Clinical Neuroscience
Academic APA Expertise
McLean Hospital - Harvard Medical School

**Joseph L. Malone, MD**
Infectious Diseases, Internal Medicine, Tropical & Travel Medicine
Montgomery County Department of Health & Human Services

**Joseph Menna, AIHM, MEd**
STEM Education, Humanities
Brandywine School District of Delaware

**Bryan Murphy, MBA, PE**
Environmental Engineering
United States Fleet Forces Command

**Anne Marie Regan, MSOD**
Organizational Development and Innovation
Walter Reed National Military Medical Center
American University

**Joseph Thomas, MSSc, MSS, PhD**
Leadership Science and Public Policy
United States Naval Academy

**Shelby Tudor, BA**
Communications, Literary Composition, Political Science
Social Justice Services

**Pamela Vargas, MBA**
Education and Research Administration
Southeast Missouri State University

**Marianne Ward, BS, CRA**
Research Administration
Duke University

**Franklin Eric Wester, MDiv, ThM, MSS**
Ethics, Professional Identity, Just War, and Spiritual Resilience
Evangelical Lutheran Church in America

**Michele Savaunah Zirkle, MA, PhD**
Holistic Healing, Education, Creative Writing
Institute of Metaphysical Humanistic Science
Marshall University
We give special thanks to the following national academic leaders whose generosity in this season of support has guaranteed the continued presence of the Journal for the enrichment of health and humanism scholarship.

In Memory of Arlene Alfano
Dr. David Anderson
Dr. Susan Arjmand
Dr. Ben Balough
Ms. Pamela Berkowsky
Dr. Jere Boyer
Dr. Bruce Boynton
Dr. Cedric Bright
Dr. George Ceremuga
Dr. Thomas Michael Corrigan
Dr. Annette Debisette
Mr. Larry & Rev. Eileen DiFranco
Dr. Mill Etienne
Dr. Arnold Farley & Dr. Sandy Farley
Dr. Paul Finch
RADM (ret) Karen Flaherty-Oxler
Dr. Mark Frankel
YN1 Micheal Gamble
Dr. Shirley Godwin
Mr. Louis Guarini
Rabbinic Pastor De Herman & Mr. Jan Herman
Dr. Elizabeth Holmes & Dr. John Mateczun
Dr. Gordon Jones
Dr. Anthony Junior
Dr. Patricia Kelley
Dr. Anthony Kerlavage & Ms. Barbara Harner
Dr. David Lash
Dr. Frederick Luthardt
Ms. Nancy Mandile
Dr. James Martin
Dr. Brian Masterson
Rev. Dr. Moni McIntyre
Dr. George McNamee
Bishop Joseph Menna
Dr. Ralph Mora
Mr. Bryan Murphy
Mr. Paul O’Hara
Dr. Lisa Osborne-Smith
Dr. Clydette Powell
Ms. Ann Marie Regan
Dr. William Roberts
Ms. Sharon Sloane & WILL Interactive
Dr. Sandra Titus
CAPT (ret) Jennifer Vedral-Baron
Ms. Marianne Ward
Mr. Michael Washington
Rev. Charles Wilson
Rev. Dr. Lorenzo York
LTjg Tyrell Yorke & Ms. Chloe Whittington Yorke
Dr. Andrew Young & Mr. John Blair
Dr. Julie Zadinsky
Dr. Michele Savaunah Zirkle
Preface

Author Biosketches

**Jere Boyer, PhD**, is an Advisor for Clinical Research Management in Ohio. He is Adjunct Professor of Microbiology and Clinical Professor of Family Practice (Public Health) at the Northeast Ohio Medical University. Dr. Boyer was Director of Clinical Research at several institutions. He has over fifty publications in various areas of microbiology as well as in human subjects’ protection in research. Dr. Boyer is a reviewer for several publications and several national scientific committees.

**Bruce R. Boynton, MD, MPH, FAAP**, is Editor of the Journal of Health and Human Experience. Dr. Boynton has had a distinguished career as a Naval Officer, pediatrician, researcher, educator, and hospital administrator. He was Executive Officer, Naval Hospital Sigonella, Italy; Commanding Officer, Naval Medical Research Unit 3, Cairo, Egypt; and Commanding Officer, Medical Treatment Facility aboard USNS Comfort, a 1,000 bed hospital ship. He is currently the Statewide Medical Director for Centurion of New Mexico.

**Vaughan V. Caines, MSc, MA in Law (UK)**, a Barrister in Bermuda, and the United Kingdom (non-practicing), is Founder/Executive Director, Forensica Legal, Bermuda. He is Legal Advisor/Member of the Bermuda Parole Board, and Occasional Legal Aid Counsel for the Bermuda Drug Treatment Court. Also a forensic scientist, Barrister Caines completed diverse international scientific internships. As a defence and human rights lawyer, he has published/presented globally on critically important interactions among law, science and human rights.

**Brett D. Cook, JD, LLM**, a Navy attorney, is Force Judge Advocate for Commander, Naval Information Force Reserve, Fort Worth, Texas; and a distinguished instructor in criminal evidence/procedure. He has served as a criminal defense attorney; legal supervisor for detainee review hearings in Guantanamo Bay; military/international law advisor in Greece; legal counsel for the Navy Surgeon General, and Rules of Engagement/International Law advisor for Forward Deployed Naval Forces. His LL.M. is in National Security/International Law.

**Mill Etienne, MD, MPH, FAAN**, a neurologist specializing in epilepsy and brain injury medicine, is Director of Epilepsy with Bon Secours Charity Health System, member of the Westchester Medical Center Health Network. He was Founding Director of the Epilepsy Center at Walter Reed National Military Medical Center. Dr. Etienne is assistant professor of neurology, assistant dean of students, and faculty in the first and second year medical student ethics course at New York Medical College.

**Jeffrey Friedberg MT-BC, LCAT**, is the music therapist owner of Music For Life Creative Arts Therapy PLLC providing music therapy to children, teens and adults with TBI, autism, ADHD, socio-behavioral challenges, developmental delays and mental health challenges. He writes, records and performs music helping children build skills with Bossy Frog Productions/The Bossy Frog Band. He is former program director at Creative Arts Rehabilitation Center in NYC. He has worked in inpatient, outpatient, and school settings.
Preface

Edward F. Gabriele, DrM, is Distinguished Professor (adj), Graduate School of Nursing, Uniformed Services University. He is President & Chief Executive Officer of the Semper Vi Foundation and the Journal's Editor-in-Chief. An educator for over four decades in the humanities, he has held several senior executive positions in ethics, including service as Special Assistant to the Navy Surgeon General for Ethics and Professional Integrity. Dr. Gabriele is extensively published and is an international visiting scholar.

Helen Graham, PhD, RNBC, CNS, is an Assistant Professor with the Helen & Arthur E. Johnson School of Nursing and Health Sciences at the University of Colorado Colorado Springs. She managed Cardiovascular Diagnostics and Cardiopulmonary Rehabilitation Departments for over twenty years and is currently a Nurse Scientist with Penrose St. Francis Centura Health. Dr. Graham's expertise is in Cardiac and Pulmonary Rehabilitation.

De Fischler Herman, RP, SD, SM, serves as a hospice chaplain in Washington, DC. She is an ordained Spiritual Director, co-president of the board of the Rabbinic Pastors Association of ALEPH -- Alliance for Jewish Renewal Seminary, facilitator for Age-ing to Sage-ing, and a Champion of the Center for Medicine After the Holocaust. Rabbinic Pastor Herman is an artist, poet, educator, gardener, environmentalist, and bicyclist.

Jan Herman, MA, holds a Master's in History from University of New Hampshire where he also studied under a Ford Foundation Teaching Fellowship. He is the retired Special Assistant to the Navy Surgeon General for Medical History and Archivist. He has produced many Navy Medicine historical documentaries including "The Lucky Few" premiered at the Smithsonian in 2010. He is the 2015 recipient of the lifetime achievement Forrest C. Pogue Award for Excellence in Oral History.

Deborah J. Kenny, PhD, RN, FAAN, is Associate Professor at Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences at the University of Colorado Colorado Springs. She was the college's first Carole Schoffstall Endowed Professor. Dr. Kenny is retired from the Army Nurse Corps and was the Executive Director of the TriService Nursing Research Program. She is a Fellow of the American Academy of Nursing and Co-Chair of the bioethics expert panel.

David J. Lash, MPAS, PA-C, is the Acting Director of the VA's Intermediate Care Technician Program. LCDR (ret) Lash has served as the Acting Executive Officer of the Naval School of Health Sciences, the Director of the Navy's Phase II PA Program, and the Navy's only Surface Force Independent Duty Corpsman School. LCDR (ret) Lash is an Assistant Professor, has presented Continuing Medical Education lectures, and has been published in medical journals and textbooks.

Moni McIntyre, PhD, is Assistant Professor in the Sociology Department at Duquesne University in Pittsburgh, Pennsylvania. She is also an Episcopal priest serving as Assisting Priest at Calvary Episcopal Church in Pittsburgh. She is a retired Navy Captain and teaches in the Advanced Medical Department Officer Course at Walter Reed National Military Medical Center, Bethesda, Maryland. She is also adjunct Assistant Professor in the Graduate School of Nursing, Uniformed Services University of the Health Sciences.
Preface

David Mineo, BSBA, CSC, is a Vietnam Veteran and a former Chief Grants Management Officer at the National Institutes of Health (NIH). He currently serves as an Executive Coach and Managing Director for DLMineo Consulting, working with individuals and institutions to enhance their operational structure and culture. During his career, Mr. Mineo has worked for the federal government, academia and large consulting firms; and uses numerous psychometric tools for enhancing organizational operations.

Angela M. Simmons, PhD, RN, COL, AN, is the Dean of the School of Nursing Sciences at the Army Medical Department Center and School, Health Readiness Center of Excellence in San Antonio, Texas. Colonel Simmons has been an active duty Army nurse for 25 years and conducts research focusing on improving the resilience and professional quality of life of nurses. She serves as a senior leader and mentor for junior nurses, officers and enlisted soldiers.

Hugh A. Taylor, MFA, is a screenwriter, director, author, and poet currently based in Baltimore, Maryland. He has been active in the Baltimore film community since graduating from the Maryland Institute College of Art in May of 2018. He has been involved in a number of projects, including the feature film Don’t Sleep (2017). Mr. Taylor has served as director and co-director on several short films around the Baltimore area.

Edgewood Warner II, BS, is a Class of 2019 MD/MPH candidate at New York Medical College in Valhalla, New York. His public health domain of study is Health Policy and Management with a Global Health Concentration. He is pursuing a career in Internal Medicine following graduation. Mr. Warner currently serves as the 2018-2019 President of the NYMC on-campus public health organization, SHSP Student Healthcare Executives.

Michael A. Washington, MA, PhD (cand), is pursuing his doctorate in Interdisciplinary Studies centering on Ethical and Creative Leadership at Union Institute and University. He has held a number of senior corporate and community leadership roles. Holding separate undergraduate degrees in chemistry and chemical engineering, his graduate studies revolve around leadership development research. A scholar practitioner, his interdisciplinary expertise and professional experiences in business and social justice advocacy inform his scholarship, theory development and praxis.

Michele Savaunah Zirkle, MA, PhD, is a published author, holistic energy practitioner, life coach and self-syndicated columnist. She is the author of the newly released novel, The Emerald Island Elixir, and the soon-to-be-a-motion picture, Rain No Evil, which is based on true events. In addition to hosting a radio show, “Life Speaks,” Dr. Zirkle leads meditations at various venues, teaching and inspiring participants to live with passion and purpose.
The Healer Hero: The Call to “Be” as well as to “Do!”

Dr. Edward Gabriele
Editor-in-Chief and Executive Director,
Journal of Health and Human Experience
President and Chief Executive Officer,
The Semper Vi Foundation
Tel: (301) 792-7823
Email: egabriele@mac.com

This calendar year of 2018 is a most special moment in American history. As such, the Journal of Health and Human Experience is specially themed as “The Hero Year.” Under this theme, our Spring edition honored deeply both Dr. Martin Luther King, Jr. and Senator Robert F. Kennedy as our nation remembered the 50th anniversaries of their horrific assassinations. And now, in this our Fall edition, we are remembering the 100th anniversary of the end of World War I and the very first Veterans Day by honoring our Healer-Heroes --- that is, honoring the health leaders of our Armed Forces who tend the wounded and save the lives of those who suffer in battle or suffer violence, trauma, or poverty in any and all forms throughout the world.

In addition, this August as a nation we were all grieved deeply at the passing of one of our nation’s true heroes, Senator John McCain. His life is an honor to us all. His leadership is and will always be a legacy that will challenge us to serve one another tirelessly and selflessly. His being for years a prisoner of war during Vietnam is an absolutely irrefutable image of illuminative bravery and selfless dedication to the service of others. Indeed, Senator McCain will always be for us a hero. And, while he himself was not a physician or other healthcare servant, his life taught us what it means to be healers for one another. That is so well caught up in his own words to President-elect Barack Obama: “...more unites us than divides us.” Indeed, these are the words of a man who was and will always be for us a real “healer.” And to honor his living legacy, we have a special book review of his memoir, “The Restless Wave,” in this edition of the Journal.

In this same spirit of honored remembrance, I also recall the passing of another who was an immense gift to those who knew him and especially to those for whom he was a healer-hero. Navy Medicine for many years was enriched by a nurse who had a long career of bringing healing to others. When I had the honor of meeting him, Captain Moise Willis, NC, USN was Deputy Director of the Wounded, Ill and Injured Directorate at the Navy Medicine headquarters, known as the Bureau of Medicine and Surgery. While hehardworked innumerable issues, cases and initiatives, what was truly impressive was his humility and dedication to patients as human persons in search of healing. CAPT Willis had begun his Navy career as a sailor – a hospitalcorpsman. He then transitioned (a.k.a. “mustanged”) to become an officer in the Nurse Corps after completing undergraduate nursing studies. He clearly was always present to his patients regardless of his rank or position. He was a selfless servant healer. He never saw himself above others. He always was present as a friend and a peer to all those searching for care. To use a favorite literary image, “Mo” was truly a man for others. In an era when too many seem to be caught up in the adoration of metrics of productivity and relative values units, in a
preoccupation with results and money saved, Mo Willis never lost what always has and what always must be the center of healthcare itself, namely patient-centered care. His legacy, like Senator McCain’s, moves us to bring healing back to healthcare itself. CAPT Willis passed away very unexpectedly and at a very young age in 2016. To honor his gifted life and legacy, we have dedicated the inside back cover of this edition to his memory.

With Senator McCain’s and CAPT Willis’ lives before us, we are amazingly humbled by calling to mind and sharing the image and memory of all our Healer-Heroes. In the most special ways possible, their dedication to the selfless service of others pushes us as individuals and as a society to hear those in need as they cry out in the nighttime of their lives for comfort and care. Many of us have had, in our growing years, our own many moments in which we remember how the very presence of these unique leaders has changed our own lives and moved us to care for others more than we care for our own selves. This has certainly been true for me.

I was born into a militarily-related family. I had many family members who served in the various uniformed services. Among them, my uncle, for whom I was named, was in the Army at the start of World War II. A private first class, he was sent to France not very long after D-Day and the Normandy Invasion. Sadly, he lost his life shortly afterward on August 8, 1944. He had just turned 20. Awarded the Purple Heart, he is buried in the Brittany American Cemetery in St. James, France. My own dad was a master sergeant army medic who served during World War II on the island of Saipan. His duties involved caring for children who had stepped on landmines and lost limbs. He was passionately dedicated to their care, and this passionate care remained central to his personhood for all of his life. My mom and many of her peers were very active in the USO and later as Gray Ladies working in the Philadelphia Naval Hospital. For me in my own life, this dedication in our family to both healthcare and the Armed Services led me over many years to understand that “healing” and being a “healer” are not facile experiences. They are not easy. They surely are about something far deeper than the giving of a prescribed medication, taking a temperature, or the completion of a procedure. Healing and being a Healer are something “more.”

Allow me to share one story and image that is central to my memories of all this --- and to what I am trying to convey. This is a story I have shared on a number of occasions both personally and academically. I also have used it in other publications. It is very important for my reflections here.

When I was in high school, a group of my classmates and I became volunteers in our school’s Community Service Corps. Our volunteering brought us to visit Wounded Warriors returning from Vietnam. Sometimes we were even able to bring them to our homes for dinner. On one occasion, the hospital staff asked me to visit a newly arrived Marine. I walked into the ward and approached his bed. I stopped short --- and nearly lost my breath as I saw an image that I had never seen before. It is one I wish never to see again. He was lying in his bed peppered with shrapnel. It was everywhere, including all across his face. He gave me a hello as much as he was able to, given his stark and striking condition. I said hello back. As he began to say a few more words to me, I could not believe that my right arm moved and I lifted my hand toward his face almost without thinking. I was bent on touching the steel shards. It was as if I were looking to touch something different.
Just before I got to touch his face, the Marine grabbed my arm, pushed it away, raised his voice, and clearly brought me back into reality. “It hurts, kid. It hurts. You don’t need to touch it. I’m no animal for you to stare at. And this ain’t no zoo.”

I was deeply apologetic and almost came to tears. He realized what was going on and wiped the incident away. In fact, several weeks later he came with me to my parents’ home for dinner.

However, this incident was one of the most profound that a fifteen-year-old could learn. I went to serve the needs of a wounded person, a patient. But in the end, he served my needs far more --- especially my need to get beyond turning other people into objects. He called my attention that he, a man who suffered for his country’s bravery, was hardly a victim because he was wounded. Rather, even lying on his bed, his body embedded with shrapnel, he continued to serve our nation’s “defense” by serving the needs of a fifteen-year-old to get beyond himself and learn to live life on life’s terms. In this clear instance, the young Marine embodied the very meaning of healing and what it means to be a hero. He was not a victim, nor just a survivor. His strength of character and his presence at the moment ensured that he would be a victor for the remainder of his life. He would use his wounds as a means of teaching others and bringing them into a deeper sense of what it means to be human and alive.

Over the many, many years since I experienced this moment, I have come to understand that this Marine as a patient was also himself a healer and a teacher. In a sense of incredible mystery, he himself was a person whose wounded self from battle embodied what it means to be physician, or nurse, psychologist, social worker, or anyone else who is what we call a healthcare “provider.” In fact, this young Marine began a deep process in me that only in my much later years I have come to understand, namely that one does not “provide” healthcare. One must learn first and foremost to “be” a healer by being the source of compassion, empathy, care, and human love. And one only truly learns this when one goes deep within to see the wounds inside the self, and how I or you or others are in need of healing within ourselves.

This is what we celebrate in this Fall edition of the Journal of Health and Human Experience. In this edition, our articles call us all to remember in a very strenuous and impactful way that healing is not just something physical or even emotional and mental. Healing is an experience of totality that touches deeply into the very meaning of our lives --- what some have called over the centuries one’s "soul." And the process of being a healer is not just something for which one must be academically astute and professionally credentialed. It is not just learning “to do” something. No, being a healer only becomes truly genuine when the healer goes within and sees their vocational calling as springing forth from the rapids of one’s own experience of being wounded and in need of healing for one’s self. It is learning from within the experience of the self and in the most ultimate way possible “to be and become” an actual healer for others. It is not just about “doing;” it is about “being.”

And this gift is amazingly present in all of our women and men in uniform --- especially those who are part of the various corps in the Armed Forces who selflessly serve the healthcare needs of those who are wounded or suffering in any form. Indeed, we honor these who are truly “Healer-Heroes” for leading us all to be instruments of healing and peace for all those we meet in our lives.
Preface

May the pages of this edition lead us all to honor these wonderful heroes. And may this moment of honor move us to hear more deeply, to see more expansively, and to serve with greatest love those who need our care in every way in our world including those who starve each day for social justice and human rights.

When I walked into that young Marine’s hospital room back so many years ago, I had no idea that what I was about to experience that day especially in its challenge. I certainly never expected that it would remain with me decades later and push me always to do the best by being committed to the challenging horizons of always trying to become a better person for others. Painful as that moment was, I am so glad it did!
Everyday Heroes: Nurses Working Quietly Behind the Scenes Saving Lives and Protecting Their Patients

Deborah J. Kenny, PhD, RN, FAAN
Associate Professor
University of Colorado Colorado Springs
Tel: 719-255-5170
Email: dkenny@uccs.edu

Helen Graham, PhD, RN-C, CNS, FAACVPR
Assistant Professor
University of Colorado Colorado Springs
Tel: 719-255-4354
Email: hgraham@uccs.edu

Angela M. Simmons, PhD, RN, COL, AN
Dean, School of Nursing Science
Chief, Department of Nursing Science
AMEDD Center & School
Tel: 210-295-4423
Email: angela.m.simmons.mil@mail.mil

Author Note
The opinions of this article are those of the authors alone and do not represent the views of the Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences at the University of Colorado, Colorado Springs, the official policy or position of the Army Medical Department, the Department of Defense, or other institutions or organizations the authors may serve. The authors have no financial conflicts of interest. All correspondence on this article is to be addressed to Dr. Deborah Kenny at dkenny@uccs.edu.

Abstract
Nursing is one of the most trusted professions in the world, and for good reason. Nurses care for fellow human beings at their most vulnerable moments. It is a profession where compassion for others is foremost in the minds of most nurses. Thus nurses are willing to do what needs to be done to improve their patients’ lives, even if it means going above and beyond that with which they are charged. A heroic deed may be as simple as skipping a break to hold a dying patient’s hand so they are not alone in their final act of life; or it may be more global, such as pursuing social justice policy for vulnerable patients or changing care models to affect the lives of many. Nurses generally do not seek the label of heroism, but are willing to do what they think necessary to protect patients and change systems. This article begins with a discussion of heroism and its typical public perception. The notion of a quiet hero in the context of altruism is explored so as to introduce more fully the topic and provide a foundation for the exemplars of nursing heroes. Exemplars include the areas of civilian nursing, military nursing, and the
contributes of religious throughout nursing history. It concludes with a synthesis of the article's content and a reflection on nurses as everyday heroes.

Keywords: hero, nurses, nurses and heroes, military nursing, religious and nursing

An Introductory Backdrop

There are as many public definitions and perceptions of heroes and heroism as there are perceptions about the essence of humanity. Even common dictionaries have several definitions, ranging from a fictional character who has been endowed with uncommon powers, to the main character in a literary work, or an individual who displays an extraordinary amount of courage --- such as someone who has great character and is seen as a role model (Merriam-Webster 7 July 2018, https://www.merriam-webster.com/dictionary/hero; Dictionary.com, 2-18 http://www.dictionary.com/browse/hero?s=t).

The purpose of this article is to discuss heroes and heroism as it pertains to the profession of nursing. The significance of discussing nurses as everyday heroes lies in the fact that nurses lend credence to the notion that heroes stoke one's consciousness. They create positive feelings and perhaps even healing beyond the illness being treated. Considering the terms people frequently use to describe an everyday hero (Sullivan & Venter, 2010), such as “caring”, “hardworking”, “intelligent”, and “kind,” nurses possess almost all of them and should receive recognition for the things they do. Nurses regularly deal with people and their vulnerabilities. They may be positioned to perform what others may perceive as heroic acts. For example, a particular nurse may use her own lunch money to provide taxi fare for a patient who otherwise would have to walk a long distance to get home. These small sacrifices and/or deeds, done on a daily basis, have a cumulative effect on how the profession is perceived. Yet for the most part, even nurses who have had a profound effect on the profession are relatively unknown, preferring instead to pour their energy into making a difference.

We define nurses as healthcare professionals with a nursing license, to include: Licensed Practical Nurses (LPNs), Registered Nurses (RNs) with either an associate or baccalaureate degree, Advanced Practice Nurses (APNs) with graduate education, and scholarly academic nurses. Nurses practice in all arenas of healthcare, including but not limited to: hospitals, patients’ homes, skilled nursing facilities, outpatient clinics, community centers, academic healthcare centers, and within the military and veteran healthcare systems. Nurses also practice as volunteers for underserved and poor communities globally and for humanitarian missions.

This article will be delineated within the context of nurses’ often unrecognized work. Keczer, File, Orosz, and Zimbardo (2016) distinguish everyday heroes from general social exemplifications of heroes. They contend that everyday heroes may a) go unnoticed by the public; b) they may or may not have challenges socially; c) their heroism may occur in everyday situations; and, d) they may or may not possess the personal characteristics associated with public heroes. Nursing is a discipline where compassion and altruism are the cornerstones of the profession. Because of their enculturation, nurses tend to put the lives and well-being of those for whom they are entrusted to care above their own needs, even sometimes at their own expense.

This does not mean that all nurses act in this manner and, in rare cases, some nurses can even be quite callous and harm their patients. A well-known example of this is Nurse Ratched...
from “One Flew Over the Cuckoo’s Nest”, authored by Ken Kesey (1962). Nurse Ratched’s character created an icon of the nurse who displayed no compassion for the patients over which she had charge. It is unfortunate for the profession that a few nurses of this type exist. On the other hand, while they often gain disreputable attention, they are not the norm for the profession. Generally, nurses possess the characteristics that would define them as everyday heroes. Such characteristics include: perseverance, caring, compassion, fortitude, and the willingness to self-sacrifice to perform daily actions. As the framework for the article, we will use the definition of hero that most fits this context, namely one who possesses notable character and who acted to improve the lives of their charges.

When one thinks about a hero within the nursing context, the first person to come to mind is Florence Nightingale. Her life story of being a nurse hero, while real, may seem fictional. Her many contributions to health care and to nursing are found in textbooks, lecture halls, and classroom discussions throughout the health care world. They are so influential as they cut across all the sectors used as examples for this article. Born in England into a gentrified family over two hundred years ago, Florence Nightingale has become an international hero within nursing communities. As a young woman, she sacrificed an aristocratic and loving home lifestyle to pursue an education in nursing, which at that time was considered lowly work. Eventually she became involved in the Crimean War, a war judged by today’s standards with health conditions considered atrocious (Nightingale, 1992). Standards for cleanliness in the 19th century were poor even for hospitals (Whyte, 2010). It is important to remember that governing agencies such as the Joint Commission for monitoring quality and safety within hospitals did not exist at that time.

Nightingale was a leader for change among the military with a vision of the need to improve sanitary conditions (MacMillan, 2012). She established what might have been the first laundries in hospitals (Whyte, 2010). Proper ventilation, another major concern of hers, was addressed by establishing ventilation standards (Whyte, 2010). Nightingale often acted alone and advocated for desperately needed changes. Many times she found herself fighting the medical establishment of her day. Obstacles Nightingale faced, especially considering she was acting as a line woman for change during a time when women did not have equal rights, were many and varied but not insurmountable in her eyes.

While Quality and Safety Education for Nurses (QSEN) would not be introduced into nursing schools until two hundred years later, quality and safety were of utmost importance to Nightingale when creating the Florence Nightingale School of Nursing at St Thomas’s Hospital in London. She espoused a thorough education for her student nurses while seeing to it that nursing would be taught as a distinct profession rather than training individuals to be physician helpers (MacMillan, 2012). Nightingale took a holistic, patient-centered approach to nursing education, an approach even in the 21st century that continues to be emphasized. Supervising, teaching, and caring for patients with compassion were not the only activities that occupied this remarkable woman’s time. An interest in mathematics and statistics eventually led her to tracking and recording health outcomes, including population mortality findings. These findings served as the necessary catalyst for instituting change to improve health conditions. Few would argue Nightingale was not deserving of the respect and recognition she received as a nurse hero. Florence Nightingale was remarkable and intelligent, but also a stubborn woman (Whyte, 2010). These characteristics enabled her to break down the many barriers posed to
nurses in her day. While working as an everyday hero, her work put her well ahead of her time. For such courage and innovation, she is widely regarded as the “mother of nursing” (Karimi & Alavi, 2015).

The Hero: Exploring Its Nature

As noted in the definition of hero above, a hero is constructed differently and according to one’s beliefs and value systems. Kinsella, Ritchie, and Igou (2015) carried out a series of studies in which lay participants defined heroism, described traits of heroes, and the impact a hero might have on persons during difficult times. In general, heroes were seen, often symbolically, as protectors and as those who upheld good morals and values. Individuals used heroes to inspire and motivate them when they perceived a psychological or physical threat. Goethals and Allison (2012) describe a hero as one who arises from a “narrative of struggle and redemption (p. 188).” In other words, a hero is one who acts to overcome considerable obstacles and challenges. A good example would be Helen Keller, who, even though blind and deaf, earned a bachelor’s degree and went further to become a noted author and lecturer. But conversely, it could also be someone who was deemed a hero at the beginning, ended up going down a wrong path, but who later found redemption and re-achieved hero status, such as Louis Zamporini, a troubled youth who rose to fame as an Olympic-level runner, and who lived through terrible horrors in World War II as a prisoner of war (POW) in a Japanese camp. Upon his release, he returned to running, but was plagued by flashbacks of the war, and began drinking heavily. As he was hitting rock bottom, he attended a Billy Graham crusade. He found escape from the demons haunting him and positively turned his life around, ultimately forgiving the very Japanese prison guards who tried to break him (Hillenbrand, 2010). He died in 2014 at the age of 97, both a war hero and an everyday hero.

Sullivan and Venter (2010) performed three studies in an effort to determine if the term “hero” could be defined by presenting participants with various characteristics and/or scenarios. They concluded that the term eludes a universal definition because it is highly contextually dependent and crosses heterogeneous populations. Eden, Oliver, Tamborini, Limperos, and Woolley (2015) further rationalize that assessments of others as good or bad examples of heroes are based on personal moral ideals. Interestingly, there are also heroes who became so by mockingly violating good societal morals after time (Klapp, 1948). Such examples ironically would include those judged as outlaws or persons undeserving of the title, if based on defining characteristics.

Many heroes are willing to do extraordinary things, going so far as giving their own lives for the greater good. We have read many accounts of people dying to save a drowning child, or of service members putting themselves in harm’s way to save fallen comrades. Many heroes go about their lives in a quiet way, performing seemingly small deeds that ultimately have a cumulative effect on the moral fabric of society. Even children serve as examples of this kind of quiet hero, such as the small boy who chose to use his own birthday gift money to replace a stolen bicycle for a homeless child, or a young person inviting an autistic boy, who always ate lunch alone at school, to be his friend. Both made a significant difference in the lives of the recipients of their actions. Not all heroes are real. Some heroes in literature are mythical entities such as the Greek gods, or modern superheroes such as Superman and the Avengers. Some are animals, such as the dog Lassie or the famous racehorse Seabiscuit. Yet, we submit that most of
our heroes in life are real people who will altruistically go beyond what is expected on a daily basis, performing those small deeds that provide the potential for optimism in our lives.

Ross (2017) asserts that heroes are not born, but rather are made through a transformative journey. Ross (2017) spoke of an actual journey involving travel, but suggested the transformation could also include significant experiences that enable an individual to conceive of and fulfill a purpose. Allison and Goethals (2017) discussed a process by which common people can become heroes within their own world, or the world of others. They emphasize four “Heroic Arcs” that one must negotiate on the route to heroism. These include the type, depth, openness, and source of transformation. Allison and Goethals (2017) also stress the importance of a mentor figure, one who can assist with the transformative experience.

Isaacs (2016), in describing the process of heroism, stated that it requires deliberate effort to evaluate the risk and then consider how to overcome tremendous obstacles. While Franco, Blau, and Zimbardo (2011) agree that an act of heroism is a personal choice, they also believe that heroism ultimately is something externally and socially attributed to an individual by others. They further state that when an individual chooses the heroic pathway, personal gain is not expected. The science of heroism is a nascent science through which multiple definitions must be navigated and researched to arrive at those characteristics that would define one as a hero (Allison and Goethals, 2017; Efthimiou, 2017; Ross, 2017).

The Context of Altruism: Heroism in Nursing

While Franco, Blau and Zimbardo (2011) would argue that heroism is distinct from altruism, their research shows the only difference is the degree of risk a person takes in performing an extraordinary act. They concluded that oftentimes a hero is not considered as such until after events have occurred. For example, an individual who rescued someone from an approaching train is not a hero until after the event. However, since the various conceptualizations of heroism seem to be action-based and individual choices, but within a social context, one could also argue that altruism is rather a different form of heroism. It may be important to understand that altruism is the foundational base upon which heroism is built. Hence, the accumulation of small acts over time by one, or many persons, could hypothetically create more change than the rescue of a single person as in the example above.

Becker and Eagly (2004) described traditionalist gender differences in heroic actions. In some contexts, more masculine representations of heroism seem to require risk-taking, while more feminine representations involve actions evolving out of empathy for others. We realize that this distinction between the masculine and feminine images may be considered somewhat sexist. Yet moving beyond the problems of gender stereotyping, it is more the so-called feminine context of “other concern” from which heroes arise in nursing whether the nurse be a woman or man. Gray (2010) describes moral transformation as “the hypothesis that doing or merely attempting to do moral deeds imbues people with agency (p. 253).”

According to Efthimiou (2017), one area worthy of heroism research is with healthcare professionals and how they provide greater holistic care through deeper perceptions of their patients’ personal journeys. Nurses care for their fellow human beings at their most vulnerable moments. They perform heroic deeds on a daily basis. A few get noticed, but most go quietly
about their business, making a positive difference in the lives of their patients and their families. As expected, nurses are called to authenticity. As such, nurses are gifted individuals who often must guide and assist patients away from dangerous precipices. They remain present to those in pain. They promote the gift of life itself. And when a patient approaches death, nurses help one make that approach with dignity. Sometimes their giving comes at great cost. Nurses are able to cast aside many factors, even personal commitments, so as to bring healing to those under their care. And nurses do all this simply by being human themselves. Perhaps for this reason alone, nursing is one of the most trusted professions in the world.

Nurses do not seek heroism, but have surely earned this right. Goethals and Allison (2012) illustrate several traits of heroes as described by their study participants. Among these are the traits of being caring, reliable, and selfless --- all traits seen in most nurses as they go about their daily business. We will further describe nursing heroes in the following contexts within the profession: heroes seen in the religious context, those within the military, and those in the context of civilian nursing.

Heroes in Nursing

The Religious Ministry Context

There are numerous instances of the religious influence on healthcare in society. Many of them are well known examples of nuns and brothers who served selflessly, shaping the profession of nursing as we know it today. In the ancient world, virgins and widows were sometimes considered among the monastics in the early Christian church. They came together as groups and often provided altruistic charitable services, including care of the sick. Some of the early monastic societies later in history grew into some well-known religious communities such as the Sisters of the Hotel-Dieu in Paris and the Sisters of Charity (Dock, 1920). Some individuals in the religious context quietly but definitively were important in the revolutionary renewal of healthcare throughout history. Even Florence Nightingale, who is hailed as the “Mother of Nursing,” was highly influenced, not only by her own internal stance that nursing is a “calling from God,” but also by the Daughters of Charity who welcomed her in France, by the Sisters of Mercy who mentored her in Crimea, and by Mary Jones from St. John's House in Britain (Nelson, 2001).

Part of the difficulty in examining evidence regarding the influence of the religious context in nursing history is what Nelson (2001) terms the “veil of invisibility.” Nelson found most of the public in earlier history did not have an appropriate understanding of the prominence of women in senior healthcare administration positions. Yet healthcare actually had been led and administered for centuries by religious women. This women’s role was largely unrecognized. Christian religious life emphasized community and commitment to God rather than self. The religious were called to embody the posture of a quiet, altruistic hero. One of the most recent examples of this would be Mother Teresa, herself not a nurse, but who gained renown because of the sheer scope of her impact on the lives and health of the poor in India. She gained a great deal, not by setting out to do so, but by setting aside her own needs so as to selflessly help others (Gray 2010). A recent personal conversation with a Sister of Charity emphasized this: “A hero is a person who does something; puts the good, safety, reputation, and needs of others ahead of the self.” (Sr. Rosemary Donley, PhD, APRN, FAAN, personal communication, 31 July 2018).
In a little known example, religious women figured very heavily in the development of the current atmosphere of patient care in Colorado Springs, Colorado. In 1887, four Sisters of St. Francis were called to Colorado to work in an infirmary for railroad workers. A few weeks after arriving, there was a major derailment. The most severely injured patients were taken to Colorado Springs where they received expert trauma care. Of the Sisters, it was said:

In the scant comfort provided by the small pot-bellied stove, the Sisters cared for their charges during the cold winter months….Genuine nursing care was the greatest asset the Sisters had to offer their early patients. Drugs and related equipment that are now commonplace were unknown.” (Original St. Francis Hospital founded by Midland Railway, 1966)

These Sisters became experts in trauma care and saved many lives of miners and railroad workers. According to the Penrose-St. Francis Health Foundation (2012), one of the nuns, a teenager known as Sr. M. Silveria, became known not only for her caregiving skills, but also for her fundraising efforts to build a new hospital for the growing community. She would go into the mountains where the miners and industrial workers worked. There it was said that everyone contributed because she would not go away until they had given something. Shortly after the arrival of the Sisters of St. Francis, the Sisters of Charity also came to Colorado Springs and opened a sanatorium for patients with tuberculosis to take advantage of the fresh air and sunshine inherent to the area. The numbers of religious declined sharply in the city over the years. Yet growth continued. The two original religious orders merged their efforts later in the history of healthcare in Colorado Springs. One of the most forward thinking in this achievement was Sr. Myra James, SC, the Director of Nursing at Penrose Hospital, who saw the
different hospitals through to unification while preserving the best parts of them and creating the still vibrant Penrose-St. Francis hospital system (Penrose-St. Francis Health Foundation, 2012). Though today there are few nuns in the system, their influence still stands strong throughout the many healthcare facilities in Colorado Springs. In this system, the nuns’ values are still part of the hospitals’ mission.

A current exemplar of a quiet, everyday nursing hero is Sr. Rosemary Donley, SC, PhD, RN, FAAN. Sr. Rosemary is a nursing professor and the Jacques Laval Chair for Social Justice at Duquesne University in Pittsburgh, Pennsylvania. Duquesne was founded over 140 years ago by a community of Catholic missionary men, the Congregation of the Holy Spirit (a.k.a. the Spiritans). They founded the university as a school for immigrant children, giving them an opportunity for an education they would not otherwise have had. It has since evolved into one of the foremost universities and maintains a very strong and long tradition of social justice (Duquesne University, n.d.). Sr. Rosemary undoubtedly promotes the university’s founding spirit, embodying a spirit of care and vision for healthcare and social justice. She has for nine years planned, raised funds for, and managed the yearly McGinley-Rice Symposium on Social Justice for Vulnerable Populations. Its purpose is to raise public awareness and put a face to vulnerable groups such as homeless, trafficked individuals, and other minority groups. These symposia have been a major positive force for bringing needed attention to these suffering vulnerable groups. They have made a further deep impact by bringing to awareness the social determinants of health and community.

For many years, Sr. Rosemary has worked quietly behind the scenes to make substantial policy changes in the healthcare environment. She began when selected as a Policy Fellow in 1979 for the Robert Woods Johnson Foundation. Her work for vulnerable populations continued while Dean of the School of Nursing at The Catholic University of America, where she developed programs in gerontological nursing. Now at Duquesne, Sr. Rosemary remains an
active voice for those who cannot or dare not speak for themselves. She has been very active in numerous organizations and recognized for her efforts both with and in educating students to advocate for different vulnerable populations. Her work in preparing practitioners across the globe and with the military has resulted in changes in education, research, and practice. In an early article titled “A Brave New World of Health Care” (Donley, 1986), she details the movement of healthcare to a world of commodities. She states:

> Concern with quality has often been a euphemism for control, dominance, and preserving the flow of dollars into individual and corporate pockets. The Brave New World may give us the opportunity to re-define quality of care and re-examine our notions of health care (p. 52).

In examining the environment of healthcare some 30 plus years later, care is rationed, sometimes subtly, and disparity between the “haves” and “have-nots” is more obvious than ever. We have not yet succeeded in defining or providing quality care. We are only beginning to recognize how social determinants affect one’s health. One would think this would have most people throwing up their hands in defeat. However, Sr. Rosemary, the powerhouse that she is, continues to chip away at those disparities by drawing attention to vulnerable populations and acting to change policy. In 2006, she was inducted as a Living Legend of the American Academy of Nursing, an honor reserved only for those who have had particularly notable and sustained contributions to the profession of nursing and to society at large. She has been widely recognized by her work. Yet interestingly, Sr. Rosemary does not want the spotlight to be on her, but rather on those vulnerable populations who are deserving of our consideration and support.

The Military Context

The military has many examples of nursing heroes. During the American Civil War, Clara Barton sponsored women as volunteer nurses. She was the hero who nursed the injured and developed supply systems and methods for identifying the missing and dead. She also helped train others, including men, to perform first aid and provide food and water for the wounded. She was the first president of the American Red Cross in 1880 and was credited with improving the care of the wounded while providing comfort as others transitioned to death (MacLean, 2013). As the military evolved, so did the work and skills of those nurses who served. Lavinia
Dock (1920) stated: “It cannot be gainsaid, even by those who most abhor war, that, as far back as we can see, both the medical and nursing arts have been greatly stimulated on the technical or efficiency side, by desperate wars (p.313).” Dock likely did not realize how prophetic her words were to become in the wars and conflicts that followed.

Considering the hundreds of thousands of nurses who cared for the ill and injured during these times, countless examples exist of nurses from all parts of the military who quietly perform heroic acts on a daily basis. During World War I, nurses worked in many types of hospitals and most worked 14-18 hour shifts for weeks without a day free from duties. One hospital received more than 1,400 patients the first week it was operational. Nurses rose to support the challenge. They stabilized patients, administered whole blood and fluids, cared for those experiencing psychiatric breakdowns, and those who had suffered symptoms of differing types of attacks (U.S. Army Medical Department, Office of Medical History, 2016). But even in these conditions, they went beyond. One nurse recounted:

There was a dearth of Christmas decorations in France. There were no ten-cent stores and no red paper. Inventive minds were discovered in every hospital. Gauze and tin candy boxes, bits of string, tinfoil and the blue paper that had been wrapped about cotton were collected from all wards. Everyone cut the unwritten-on bits of paper from old letters to make chains. Wounded men forgot their pain as their busy fingers wrapped string with tinfoil or cut stars from cans. Overworked nurses cut out stockings and secretly sewed them. Even more cautiously they hid white sheets under the mattresses. On Christmas day every bed should be luxuriously white. A sheet was a rarity where the laundry problem made it sometimes impossible even to provide clean pajamas for the wounded men. (Jones, with Stimson, 1929. As cited in Sarnecky, 1999, p. 114)

During World War II, one of the first Navy flight nurses, Ensign Jane Kendeigh and her fellow Navy flight nurses helped with the evacuation of more than 2,000 injured service members during the Battle of Iwo Jima (Sobocinski, 2013). In the Battle of Corregidor in 1942,
77 nurses were captured. Called the Angels of Bataan, they spent 37 months in Japanese prison camps and all survived. In her study of these nurses, Norman (1999) stated:

The more I studied the women, the more I realized I was not dealing with individuals but with a collective persona. The women often answered my questions using the pronoun “we” rather than “I”. They were some of the least egocentric people I have met and as such were difficult interviews....they insisted on emphasizing their connections, their relationships with one another.... (Norman, p. xiv)

African American nurses served since the Civil War. Yet they did not receive benefits or a pension and most served as contract nurses with the American Red Cross. In 1941, after receiving pressure from civil rights groups, a small number of African American nurses were recruited. Della Raney Jackson was the first African American nurse to be commissioned in the U.S. Army. During World War II, over 600 African American nurses served in the Army Nurse Corps. They were given assignments at German prisoner of war camps and others at segregated bases, and in segregated units. Though they suffered discrimination at every turn, they quietly persisted in their desire to serve their country with distinction. They served in segregated units until 1948 when President Truman issued the order for integration (Clark, n.d.).

Military nursing heroes are found throughout the world and in every conflict. During World War II, Lieutenant Colonel Vivian Bullwinkel was one of 22 Australian nurses who survived the attack on the evacuee ship SS *Vyner Brooke* as it was leaving Singapore, which was under imminent attack. The nurses had rounded up and were caring for the other 150 or so survivors who swam to shore. Japanese soldiers found the survivors on Radji Beach on Bangka Island. The men were taken and killed while the nurses were ordered to walk into the sea. Though they all knew what was to come, none panicked as the Japanese began to fire on them. Lieutenant Colonel Bullwinkel was shot in the back. Only she and one of the men survived. After several days in the jungle, they gave themselves up to the Japanese. The man eventually died, but Lieutenant Colonel Bullwinkel nursed her own wound, keeping it hidden and further keeping quiet about what she had seen on the beach. This diminutive but larger-than-life woman was unwilling to risk the lives of other survivors picked up at sea and taken as prisoners. She cared for other prisoners, survived the war camp, and gave evidence at the Tokyo war crimes trial in 1947. Her obvious heroism came as she survived not one, but three different events. However, her true heroism was in protecting the lives of those around her through her silence during her internment, and in living with the horrors of what she had seen during the war. She died in 2000 at the age of 84 (Hughes, 2017; Australian War Memorial, n.d.).

*LTC Bullwinkel*
In 2002, a Severe Acute Respiratory Syndrome (SARS) epidemic that began in China had spread to Taiwan. Because of the very rapid spread and high mortality, Taiwan’s military nurses were called to care for large numbers of cases. At the beginning of the epidemic, the mode of transmission of the disease was unknown, creating panic among the Taiwanese people. The military nurses designated to care for these patients experienced stressors from many sources. They had no choice but to carry out their duties. They worked long shifts. Normal air conditioning was stopped to prevent cross-contamination of units, forcing the nurses to work in hot and humid conditions. Changing protective clothing was so time-consuming that the nurses minimized their own water intake so as to avoid having to change their clothing frequently. Family members were so afraid of contamination they shunned them and the public shunned their family members. Yet these military nurses never shirked their responsibility for the care of SARS patients for four months until Taiwan was removed from the list of epidemic regions (Chou, Ho, Wang, Kao, Yang, Fan, 2010).

Over 6,000 U.S. military nurses have deployed to support operations in the current wars in Iraq and Afghanistan. In a study by a team of military nursing researchers led by Navy Captain Patricia Kelley, it was discovered that almost all the deployed nurses had found themselves in situations where they were expected to care for local citizens, as well as enemies or prisoners of war. Despite their initial feelings of trepidation in caring for these populations, they all related that the “nurse in me came out” and it was their duty to care for all human beings who needed them. Even after being physically hit, spat upon, and yelled at, they provided the best care they could. Many knew that once their patients were stable, they would be taken to local hospitals, which was a virtual death sentence. One Navy nurse tearfully related caring for a teenage Taliban boy who had suffered leg amputations in an attack he had led. After a rough beginning, the boy began to trust this nurse. Upon releasing him to the local authorities, the nurse prepared some extra food for him in a pillowcase. Both knew he would not survive outside the military hospital walls. Upon his release, she could not believe her ears when the boy uttered “Thank you” in English as she left, reaffirming her belief that all persons deserve and appreciate humane care. In this young teenager’s eyes, she was a hero, though it was never formally recognized.

Military nurses continue to provide high quality compassionate care regardless of the area of operations. Some, such as Captain Maria Ines Ortiz, volunteered to deploy to Iraq and made the final sacrifice. In a mortar attack in Baghdad in 2007, she was the first nurse killed in combat since the Vietnam War. Said of her by colleagues, “Her work wasn’t finished until everyone was cared for” (Arlington National Cemetery Website, 12 July, 2017). Sometimes nurses were called upon to provide duties other than nursing, such as assisting a cultural support team. In countries such as Afghanistan where women are prohibited from interacting with men, nurses may be called on to be part of such a team. In another example of extreme selfless sacrifice, Lieutenant Jennifer Moreno was an Army nurse who was deployed with a Ranger Regiment in Kandahar. There, her unit came under ambush by the Taliban with several of the men being wounded. Realizing her nursing skills were needed, Lieutenant Moreno did not hesitate to rush toward the injured soldiers. She was killed by an improvised explosive device. Neither of these two hero nurses, Captain Ortiz and Lieutenant Moreno, flinched when called upon, and both made the ultimate sacrifice (Jennifer Moreno: ‘epitome of no fuss’, May 26, 2014). When duty calls, not one hesitates to step up and meet the challenge. Whether by land, air, or sea, military nurses are there like “Angels in the Midst.”

On September 11, 2001 unimaginable terror changed the landscape of the United States as airplanes flew into both towers of the World Trade Center, the Pentagon, and the final plane
crashed in a field in Pennsylvania. Many heroes rose to the challenge on that day, including retired Lieutenant General Patty Horoho. General Horoho, an Army Nurse at the rank of Lieutenant Colonel at that time, was working in the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs in the Pentagon on that tragic day. When the airplane struck the Pentagon, she evacuated as they were all instructed. After letting her colleagues know she was not hurt, she went to the west side of the building near the point of impact and saw wounded and injured walking out dazed and confused. Lieutenant Colonel Horoho calmly took command of the situation, directing those who assisted with bringing the injured out of the Pentagon to a safe area where they could be assessed. Once the flow of patients was established, she went to the triage area and began assessing the severity of the injuries. Lieutenant Colonel Horoho worked in an administrative position at the time of the attack. She could have simply left the building and watched as events unfolded. However, she made a choice on that day to run back towards the point of impact, take command of the situation, and care for the injured. In December 2001, Time Life Publications honored Lieutenant General (ret) Horoho for her actions on 9/11 at the Pentagon. In 2002, she was one of 15 nurses honored by the American Red Cross and Nursing Spectrum as a “Nurse Hero.” (Condon-Rall, 2016).

Lieutenant General (ret) Horoho had a career filled with heroic opportunities. In 1994, she was the chief nurse of the emergency room at Fort Bragg when two airplanes collided mid-air trying to land at a nearby Air Force Base. At this time, 24 paratroopers were killed and about 100 others were injured. The emergency department at Fort Bragg was saturated with casualties, yet LTG (ret) Horoho controlled the chaos. She was chosen to command Walter Reed Health Care System in 2007, a few months after serious infractions and dilapidated conditions were reported. She took command with confidence, leading that facility from the worst in the Department of Defense to the best, a year later. A visionary and servant leader, Horoho went on not only to lead as the 23rd Chief of the Army Nurse Corps, but was also the first female and nurse to be nominated and confirmed by Congress to serve as the 43rd Surgeon General of the Army and Commanding General of the U.S. Army Medical Command. Lieutenant General Horoho retired from active duty on February 1, 2016. (Stassi, 2015).

LTG Patricia Horoho
The Civilian Context

Nurses in the public sector come from diverse lifestyles and specialties. Often they and their work go unrecognized. Bartol (2016) and Solheim (2018) describe nurse heroes as those who engage everyday with patients and their families to hold a hand, educate, counsel, encourage, support, or act as patient advocates. They may be seen in the Neonatal Intensive Care Unit (NICU) comforting first time parents over the loss of a newborn. Nurse heroes can be observed working in emergency rooms caring for violent individuals, drug addicts, or dealing with victims of physical abuse. Civilian nurses are challenged to put aside personal biases when caring for patients. It is what they do; it is what nurses are all expected to do. It is the reason for becoming nurses in the first place: to heal, treat, and save lives.

Not all nurse heroes in the civilian world are as well known as Florence Nightingale. One quiet individual hero who is no less deserving of acknowledgement is African American nurse leader, Mary Eliza Mahoney. Born in 1845, Mahoney was the first African American woman to complete the nurse-training program at the New England Hospital for Women and Children (NEHWC). The health care industry, led by men at the time, had just begun offering learning opportunities for women. A small woman in stature (Chayer, 1954), she stood tall as a strong advocate for African American women becoming educated nurses during the era of the Underground Railroad and women’s suffrage --- a time when a woman’s future was determined by her place in society.

Mahoney’s parents, freed slaves, settled near the Boston area, where she was born (Chayer, 1954). Given a formal education in integrated schools from the age of ten, she had an advantage over other African American women her age (Encyclopedia of World Biography, 2011). Soon after the Civil War, while doing domestic work within the New England Hospital for Women and Children as a washer and cook, she developed an interest in nursing. Well known by the staff and encouraged by the founder of the hospital, a progressive German-born feminist physician, Mahoney applied to the hospital’s nursing school (Chayer, 1954; Encyclopedia of World Biography, 2011). The majority of training occurred on the ward with 16-hour days seven days a week. After spending 16 months in this rigorous nursing program, Mahoney demonstrated her aptitude and superior ability for performing nursing skills and was one of three out of 41 students who successfully completed the program and became a nurse.

Following Mahoney’s graduation in 1879, other African American women were soon admitted to the nursing program. Race and color were no longer admission issues (Chayer, 1954). Mahoney worked in nursing as a private duty nurse for 40 years starting out at $1.50 a day and sleeping on a couch next to the patient’s bedside while on duty 24 hours a day. Committed to equal rights for women, Mahoney was one of the first women in Boston to register to vote (Chayer, 1954). She passed away in 1926 and her gravesite marker reads, “The First Professional Negro Nurse in the U.S.A” (Encyclopedia of World Biography, 2011).

Nurse heroes are known to lead the way against all obstacles. The idea of Mahoney accomplishing what she did during a time of uncertainty and prejudice against African Americans is cause for reflection. Her struggles were many, including some physicians refusing to work with Black women and patients who refused care from anyone not of the same color. Mahoney, a true hero, was a pioneer who crossed numerous barriers giving African American women a chance at entering a profession dominated by another race. While Mahoney is not best known for saving
hundreds of lives as other nurse heroes, she remains to this day a hero for what she accomplished not only for women of African American descent but for all women. Gifted in so many ways, her strength and sheer determination overcame barriers standing in the way of opportunity. Mahoney is credited with being a founding member of the National Association of Colored Graduate Nurses (NACGN), an organization created to assist black nurses nationwide to gain equal access to education and aim for improving the status of professional black nurses (Davis, 1999).

Stories of nurse heroism certainly continue in our time. Some of them have a marked sense of impact on our awareness. Such is one recent case. In July 2017, Alex Wubbels was the charge nurse in the Burn Unit at the University of Utah Hospital in Salt Lake City, Utah. Early that evening an unconscious patient was admitted who had sustained severe burns over 45 percent of his body as the result of an auto accident when a vehicle being pursued by police struck his truck. Police officers from Salt Lake City Police Department arrived soon after the patient’s admission and informed Alex Wubbels that they wished to take a blood sample from her patient (KUTV2News, 2017, Sept. 4), though he was not at fault in the accident. She refused to permit it and showed the officers the hospital policy, which required patient consent or a warrant (Inside Edition, 2017). The police officers refused to accept the validity of the hospital policy and Alex Wubbels continued to refuse to follow the police officer’s order for taking a blood draw. As a result, she was roughly grabbed by the officer, handcuffed, pushed, and shoved into a police vehicle, and taken to police headquarters where she was ultimately released without charges (Olson & Brous, 2018). According to the University of Utah Hospital chief nursing officer, Wubbels acted according to hospital policy and did exactly as she should have done (UofUHealth, 2017).

Reflecting on the case of Alex Wubbels, it is important to recall that The Institute of Medicine (IOM) in 2001 called for a movement to improve the quality of patient care (Masters, 2017). Patient-centered care is one of six aims for improving the health care system within the United States. Patient-centered care has been defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (IOM, 2001, p. 40). Since this time, nurse educators and nursing leaders promptly promoted and supported patient-centered care initiatives that establish patient dignity and trust. Additionally, early on in their educations nurses are taught to act as advocates for their patients’ rights, especially in the case of the unconscious or special needs patient. Alex Wubbels’ refusal to permit a non-consensual procedure, a procedure which potentially could have harmed or damaged her patient, in essence epitomized the ideal of patient-centered care as she protected her patient’s rights and safety. With all this in mind, it should come as no surprise that for 16 consecutive years Gallup Poll findings show nursing to be the most honest and trustworthy profession with superior ethical standards (American Hospital Association, January 10, 2018).
Wubbels’ absolute commitment to the coordination of patient care for a patient who could not speak for himself showed a strength of character to which we all must aspire. While nurses were once expected to be subservient to authority, (Lundy & Masters, 2017) this remarkable nurse proved to be the antithesis of subservience. Acting in her role as the shift charge nurse, Wubbels demonstrated characteristics of an effective nurse leader (Melnyk, Malloch & Gallagher-Ford, 2017) when communicating with the police lieutenant in a clear and respectful manner yet refusing to break down under verbal and non-verbal pressure from the local law authorities (GLOBAL News, September 4, 2017). Wubbels risked her own safety and personal well-being in advocating for her patient, an individual whom only hours before she did not know. Interestingly, earlier in her life Alex Wubbels first showed this incredible dedication when she participated in two Olympic Games and won two national championships in alpine skiing. In a tense moment, Wubbels demonstrated those characteristics associated with being a hero: dedication, and courage in service to others (UofUHealth, 2017).

Wubbels’ act of advocating for her patient has had a far-reaching impact. Her purpose in releasing the video of the event was to show rural nurses in Utah that aggressive incidents by authority exist and to educate other nurses of the potential for workplace violence. In the end, Wubbels’ heroic act has gained national media attention, sparked international outrage (Fine Print, 2018) and caused other institutions to evaluate more closely and rewrite existing policies and procedures (UofUHealth, 2017). Wubbels brought a lawsuit against the Police Department and University and received a settlement of $500,000 (Inside Edition, 2017). Wubbels stated that she was honored by the impact her story made on institutional policies for nurses worldwide. Once receiving the settlement Wubbels intentions included making a financial contribution to the American Nurses’ Association End Nurse Abuse Campaign designed to stop workplace violence (ANA, n.d.), and a contribution towards helping other victims in gaining access to police body camera footage for incidents involving personal abuse (Coble, 2017).

Reflecting Forward…..

The discussion of nurses as heroes finds its relevance in the very midst of human experience. In our humanity, we vacillate on a spectrum of invincibility and vulnerability, health and illness, spiritual need and spiritual fulfillment. Our humanity is the overarching umbrella under which these three conditions fall. In all realms there are those who will provide in large or small ways, some measure of hope and comfort to an individual. We chose to use nurses to illustrate their caring above and beyond as an example of how their heroism can provide hope. We may reluctantly find ourselves having to reach out when in need. During times of need, nurses assist in meeting biological, psychosocial, and spiritual needs through their compassion for other humans, no matter who they are or from where they come. This is a vital part of the human connections we crave, especially when vulnerable. Nurses should be recognized for creating this connection as well as performing their caring role in healthcare systems that so unfortunately are becoming more and more depersonalized.

At the end of the day, these nurses will never claim to be heroes. They will not think they have done anything special. They will not acknowledge that the lunch break they missed, the 16-hour shift, or the extra time they spent with an ill child's parents is anything out of the ordinary. Many do it every day. One of the authors of this article was recently on a flight to a nursing conference. She knew there were many other nurses on the flight. A passenger suddenly
began having chest pain. At the very moment it occurred, several nurses were right at her side, asking for the oxygen, medications, and yes, barking orders to the flight attendants, and making sure the patient was comfortable. Even though asked to take their seats and buckle up, they would not leave the patient’s side during the diversion and bumpy landing, only taking their seats after the emergency personnel had safely taken their patient off the plane. They asked for no recognition, no thanks. That day, there were at least 10 heroes aboard that plane. Those are the everyday, quiet heroes that elevate nursing as one of the most trusted professions in the world.

Franco, Blau, and Zimbardo (2011) may argue that this is simply altruism and they have done nothing heroic because there was little, if any, risk involved. However the role of everyday heroes in today’s world is to offer hope. We read of literary heroes’ struggles and emergence, often achieving remarkable feats. We are inundated with movies containing super-figures. Some are agents of goodness while others may not be so moral. The news is full of sports heroes who have won games, or hit a record number of home runs or those who have gained attention in a less than honorable way, and these people are often revered. We almost never hear of people who, in smaller ways, are creating a better world through what might be seen as insignificant actions. But they are there in many walks of life. They are there in daily examples of nurses as they go about their duties, making a difference with their patients. Their stories are important to tell, if only because of the unrecognized nature of their work. It is important to recognize those at the bedside performing many caring acts, those who are scientists collecting data in an effort to determine how to make patient care better, those in academia who do more than just teach, but who try to model and impart the caring attitude to students just learning the profession.

We all hear of heroes doing extraordinary things at times during catastrophic events. We often strive to emulate them and attain some notoriety ourselves. For the most part we try to make a difference with positive goals. Anyone with altruistic intentions who acts for the good of others creates hope for humanity, even if just a little at a time. Collectively, all such givers make a difference. The collective actions of nurses’ daily heroic actions have shaped healthcare as it is today. It has maintained the primordial nature of our humanness itself in a healthcare environment that is today too fraught with technology, depersonalization, and profit margins. As such, citizens have their hopes strengthened that, when needed, they can trust nurses. Additionally, it is interesting that none of those nurses cited in this article sought recognition or credit for what they have done. What they accomplished was simply for them a daily matter of course as those called to care for others.

As the field of heroism science evolves, and as it is defined, situated, and shaped, one must realize it is transdisciplinary. Nursing cannot be left behind in this, but must be at the table in this nascent field. Given the empathic nature of nursing itself, and the fact that most nurses are willing to go above and beyond in caring for their patients, it is important to discern what characteristics are associated with nursing heroism. Some of the questions that could be investigated within the nursing profession could include:

1. What personal characteristics do nurses possess that allow them to change the shape of nursing as a profession?
2. What are those characteristics that create everyday heroes?
3. How do small bedside acts affect the lives of their patients?
4. How do they shape humanity and morality?
Knowledge in these areas could better inform future nursing students, advance caring science, and provide hope for a profession that is increasingly becoming more of a business and profit model.

While some of these examples were momentous, such as Lieutenant General Horoho’s actions at the Pentagon, some were small such as the World War I nurses who helped make their patients’ Christmas a bit brighter. We recognize that many examples of nurses as heroes are fairly well-known and that those small everyday actions often go unrecognized. Kinsella, et al. (2015) wrote that the moral modeling function of heroes should include reminding people about the good possibilities of society; illustrating morals and values; and demonstrating how to elevate the world or human position. We suggest the examples of everyday nursing heroes should give us much to consider for all of the aspects of our lives and professions.

How are we being called, whether in major or ordinary life moments, to be heroes as well? What demands might being a hero make upon us? What are we willing to risk to provide hope and courage? And, what good might we be called to promote and sustain as we give, in our own ways, the gift of care for those in need?

This article has provided examples of both large and small acts that could help shape one’s thought of a nurse as a hero. Our final question to be posed would be for you, our readers to consider how you as individuals can become an everyday hero to someone, or perhaps many people, by providing hope and committing some small act that would make the world a better place. Providing small gestures such as the examples given throughout this article is one way to provide hope in a world that may be perceived to be broken. Indeed, as the wise who advise us we need to remember ---

“In a gentle way, you can shake the world” – Mahatma Gandhi
References


Davis, A.T. (1999). Mary Eliza Mahoney in Early Black American leaders in nursing: Architects for integration and equality, (pp. 25-29). Retrieved from https://webescobohostcom.libproxy.uccs.edu/ehost/ebookviewer/ebook/bmxlymtfxz1nje1x19btg2?sid=12917007-90f8-4bef-ace3-415df6d0b54@pdc-sessmgr03&vid=0&format=EB&rid=1


Duquesne University (n.d.). *A brief history*. Retrieved from: https://www.duq.edu/about/history


Kesey, K. (1962). One flew over the cuckoo’s nest. New York: Berkley


Music Therapy: Exercising Music’s Healing Touch

Edgewood R. Warner II, BS
Medical and MPH Student
New York Medical College
40 Sunshine Cottage Road
Valhalla, NY, 10595
Tel: (914) 594-4498
Email: edgewood_warner@nymc.edu

Alan Jeffrey Friedberg MT-BC, LCAT
Music For Life Creative Arts Therapy PLLC
117 Depew Ave
Nyack, NY 10960
Tel: (845) 642-0859
Email: info@musicforlifecenter.com

Mill Etienne, MD, MPH, FAAN
Assistant Professor of Neurology
New York Medical College
40 Sunshine Cottage Road
Valhalla, NY, 10595
Tel: (914) 594-4498
Email: mill_etienne@nymc.edu

Author Note
The authors are solely responsible for the contents of this article. The contents do not necessarily reflect the position of New York Medical College. The authors have no financial conflicts of interest. All correspondence should be directed to Edgewood Warner II and Dr. Mill Etienne.

Abstract
Music is an integral part of the human experience. It has diverse roles in many personal and social aspects of human activity. One of its most important roles is as a healing element. This is so because music and humans have co-evolved such that music confers extremely beneficial physiological effects on human listeners. These effects include decreased autonomic arousal and improvement in psychological states of being. Over the course of history, the impact of music on the mind and body has led to an increased integration of music as an adjunctive treatment for a range of conditions, specifically neuropsychiatric conditions such as dementia, traumatic brain injury, and post-traumatic stress disorder (PTSD). The utilization of music in this capacity is known as music therapy. In the era of evidence-based medicine, music therapy has not been fully
appreciated as a treatment modality. However, it is now emerging as an accepted noninvasive form of treatment for patients with a wide range of maladies.

**Keywords:** healing, music, music therapy, neuropsychiatric, posttraumatic stress disorder, traumatic brain injury

---

**Introduction**

Music is one of the most profound elements in human daily life. The many different types of music give it a purpose in almost every aspect of social function. Music has traditional roles in ceremonies, child care, leisure and personal enjoyment, and expressions of individuality and identity (Gregory, 1997). However, one particularly important function of music is to induce relaxation and serenity. It is this ability of music that contributes to its powers as a potent healing agent.

**Evolutionary Basis for the Appeal of Music**

The importance of music stems from the period in human evolution when modalities of expression were developing. Specifically, music was likely the primary form of communication before the advent of words with meaning (Schulkin and Raglan, 2014; Trimble and Hesdorffer, 2017). According to Darwin, as such, music was the basis of socialization, particularly the means by which mating occurred in early humans. This is why he described the ability to create and interpret music as a biological feature (Schulkin and Raglan, 2014).

The architecture of the human body also portends the importance of responsiveness to sound. Over the course of primate history, there has been a divergence in brain morphology of different species in regards to the processing of different senses. Compared to certain primates, humans have had significant increases in areas of the brain responsible for audition, such as the auditory cortex. Thus, humans have developed an enhanced capacity for sensing and processing aspects of sound (Trimble and Hesdorffer, 2017).

Additionally, the morphology of the structures responsible for capturing sound has implications as well. The ear is an open tube that has the ability to process sound at all times. This is opposed to other structures such as the eyes, which can voluntarily filter vision (Trimble and Hesdorffer, 2017). In many circumstances in nature, stimuli are heard before they are seen. This is an important measure for being able to assess potential dangers to oneself.

Furthermore, humans receive early exposure to sounds, such as words and music, during fetal development. The auditory system in humans becomes functional at approximately 25 weeks into the gestational period and requires specific stimulation for proper development. These cues include the rhythmic beating of the mother’s heart and her voice (Graven and Browne, 2008; Webb et al, 2015).

Thus, even in-utero, fetuses have an exceptional capability to receive, process, and commit auditory stimuli to memory. In fact, EEG studies demonstrate that a newborn will exhibit neuronal activity consistent with recognition of sonic stimuli that they were frequently exposed
to during fetal development (Partanen et al, 2013). Thus, humans have been tuned by evolution to be exquisitely sensitive and responsive to music.

**Background of Music and Healing**

The idea of music and its utility as a healing agent is deeply rooted in history. It is widely acknowledged in the Judeo-Christian Bible, in literature and the arts, and in many cultures across time. However, perhaps its greatest recognition as a spiritual healing tool is attributed to Greece. Music was a significant part of Greek society and had a role in all aspects of life, particularly the promotion of physical and spiritual well-being.

Aristotle was a firm believer that music was an effective tool for emotional cleansing (Meymandi, 2009). Greek physicians, particularly Hippocrates (460 to 370 BC), placed a strong emphasis on enhancing health by advocating for a “healthy body and a healthy mind” (Kleisiaris, Sfakianakis, and Papathanasiou, 2014). There was a strong belief in the connection between an ill mind and ill body. Thus, Greek doctors, most notably Asclepiades (c. 124 or 129 – 40 BC), employed the arts as a treatment for psychiatric illness as the arts could potentially lead to improvements in physical health (Yapijakis, 2009).

Musical instruments, such as the harp and flute, were used to treat agitated emotional states. Ancient plays were employed as forms of psychotherapy. Patients were given opportunities to release their emotions on the stages of Greek theaters. In addition, patients were designated to quiet rooms to ruminate about positive mental states (Kleisiaris et al, 2014; Meymandi, 2009).

**Physiological and Neurobiological Impact of Music**

The utility of music in medicine is related to its physiological impact on listening recipients. Music has long been known to have a relaxing effect. The specific physiologic effects of music have been assessed in many studies and experiments throughout the years. Some of the earliest works on establishing a correlation between music and physiology were performed in the 1700s by Diogel, a French researcher. Diogel found that music lowers blood pressure and heart rate and increases blood outflow from the heart (Meymandi, 2009). Subsequent assessments in the modern day, such as the 11 investigations meta-analyzed by Loomba et al (2012), substantiate to varying degrees that music does indeed elicit the effects stated.

Studies evaluating other physiological effects of music have yielded significant results as well. For example, listening to Mozart has been found to increase growth hormone levels and decrease stress-related molecules such as epinephrine, interleukin-6 and dehydroepiandrosterone in intensive care unit patients (Conrad, 2010). Another meta-analysis study performed by Chanda and Levitin determined that music activated the immune system and reduced the levels of cortisol (Novotney, 2013).

The physiological effects of music are borne from its impact on the central nervous system. Music, as does all sound, passes through the ear canal and contacts the ear drum and the three tiny bones of the middle ear known as the malleus, incus, and stapes. These structures magnify the stimulus as it is transmitted to the cochlea and the basilar membrane of the inner ear. Hair cells on the basilar membrane convert the stimulus into a nerve impulse that is relayed by the
auditory nerve into the central nervous system (National Institute for Deafness and Other Communication Disorders [NIDCD], updated 2018). Specifically, the impulse travels via the following neuronal pathway: the dorsal/ventral cochlear nucleus, then bilaterally to the superior olivary complex, then to the inferior colliculus via the lateral lemniscus, then to the medial geniculate nucleus of the thalamus, then to the primary auditory cortex (Cope, Baguley, and Griffiths, 2015), after which it is then further processed for understanding and appreciation.

The integration and recognition of sound stimuli can have implications on other neuronal pathways. This is due to the auditory cortex’s projections to many other areas of the brain including the basal ganglia, the amygdala, ventral segmental area and nucleus accumbens, anterior cingulate cortex, hippocampus, parahippocampal gyrus, and motor cortex (Camalier and Kaas, 2011; Pereira et al, 2011; Thaut, McIntosh, and Hoemberg, 2015). Thus, music modulates pathways that are involved in reward and motivation, physiological arousal, immunity, and socialization (Chanda and Levitin, 2013). In fact, research has demonstrated that listening to music elicits specific neurological effects such as the increased release of dopamine and decreased renal sympathetic nerve activity through modulation of the suprachiasmatic nucleus (Regacone et al, 2014), both of which can lead to decreases in heart rate and blood pressure, among other physiologic manifestations.

In addition to the aforementioned regions, activities involving music also activate regions of the brain that are related to creativity. One particular network, known as the default mode network (DMN), includes the dorsomedial prefrontal cortex, lateral temporal cortex, ventromedial prefrontal cortex, posterior cingulate, and temporal pole. Other regions outside of the DMN include the supplementary motor areas and dorsal premotor cortical regions (Bashwiner et al, 2016). These regions are thought to be involved in cognitive tasks such as daydreaming, divergent thinking, imagination, and reasoning. For example, they have been demonstrated to be highly active in the brains of individuals who improvise during their musical performances compared to individuals who have their performances planned beforehand (Bashwiner et al, 2016).

**The Rise of Modern Music Therapy in the United States**

Given its impact, music has the potential to have a substantial role in medicine. As such, there has been a steady process to incorporate music as a legitimate treatment option in the United States over the last couple of centuries. Music utilized by certified professionals to manage various types of patient needs while using a foundation of evidence-based medicine is known as music therapy (American Music Therapy Association [AMTA], n.d.a). It was thought to be a valuable asset as early as the beginning of the 19th century when it was described in scientific papers written by Atlee (1804) and Mathews (1806). Indeed, Edwin Atlee’s dissertation for his medical degree from the University of Pennsylvania had this to say in introducing the piece:

Theses, in general, are but extracts from such authors as are put into the hands of students, dressed in a somewhat different garb, and ornamented by modern improvement in language....little new can now be thought of. I have, however, chosen a subject for my inaugural dissertation, which, I am well aware, will excite the risibility of many, and the just censure of a few; but though, in thus publishing my opinion to the world, I make known
my own failings, I must beg leave to say, that its originality entitles it to some degree of notice, and that future investigation of the subject will, no doubt, give it that place in the Materia Medica which it merits. I therefore resign it to its fate (Atlee, 1804).

In that dissertation, Atlee also proclaimed he believed that music is to the mind what opium is to the body—a Divine Medicine. He further stated that: “I believe that music ought justly to be esteemed as one of the most agreeable, powerful, and effectual means of relieving human misery (Atlee, 1804).”

The 20th century saw the first utilization of music therapy in a clinical setting (AMTA, n.d.b). Modern music therapy practice was borne during World War II. Many musicians traveled to military hospitals across the country to play music for recovering veterans. The promising responses to these gestures prompted the United States War Department to implement a program to utilize music as an aspect of treatment in military hospitals (AMTA, 2014).

The popularity of music therapy led to the advent of the National Association for Music Therapy (NAMT) in 1950, which established criteria for becoming certified in music therapy. Nearly 20 years later, a second similar organization, the American Association for Music Therapy (AAMT), was established (AMTA, n.d.b). To reinforce the integrity of the credentialing process for music therapists, the Certification Board for Music Therapists (CBMT) was founded in 1983. Lastly, in 1998, the NAMT and AAMT merged together to form the American Music Therapy Association (AMTA), the premier global music therapy organization that represents most of the certified music therapists in the world (AMTA, n.d.b).

The profession continues to grow. As of 2011, there were 3,532 members of AMTA in 30 countries, with the vast majority (3352) being present within the United States (AMTA, 2011). Domestically, music therapists are predominately located in New York, California, Texas, and Pennsylvania (AMTA, 2011). In 2010, approximately 21,230 facilities provided some form of music therapy services to nearly one million people at an average cost of $59 per hour. A majority of the funding for these services was provided by the facilities themselves because many music therapy services are not covered by traditional insurance (AMTA, 2011). In fact, one of the authors of this article (Dr. Etienne) regularly sends his patients to a local music therapist, namely the second author of this article (Mr. Friedberg), and has invited the music therapist to present to a local brain injury support group.

The Music Therapy Experience

Understanding the music therapy experience is indispensable to realizing the contribution of music to healing. Examples of music therapy that patients can undergo are playing an instrument, listening to music, singing, improvisation, and song writing. The therapy chosen is based on many different factors such as the patient’s musical background, musical interests, and clinical needs. For example, if a patient is known to play an instrument proficiently, that patient may potentially be a candidate for therapy centered on the playing of that particular instrument. However, even with no experience a patient is able to engage in and benefit from these forms of therapy. This is because the needs of the patient are a significant factor in determining the appropriate therapy. If a patient has motor or coordination deficits, then activities such as playing instruments can be implemented to strengthen those neuromuscular pathways. This is so because the auditory perception of the rhythmic aspects of the activity would help to entrain
the neural pathways associated with voluntary movement; that is, the auditory cues provide a component of timing for which the motor system can prepare and execute movements (Thaut et al, 2015). Establishing associations between auditory stimuli and muscular activity can help to enhance the quality and intent of motion in patients with movement and coordination challenges. Musical improvisation can be used with musician and non-musician patients alike to help build communication, social skills, emotional regulation skills, as well as auditory processing skills.

If a patient has speech or expression deficits, then singing may help regain functioning in the language area of the brain. This is because singing therapy would serve as a bridge to regular speech. This is known as melodic intonation therapy (MIT) (Norton et al, 2009). MIT deconstructs phrases into syllables with alternating emphasis that are tracked by a cue, e.g. a tap on the left hand for every syllable spoken. The alternating emphasis (high and low) introduces a musical element to the verbal expression (Norton et al, 2009). For example, the phrase “The dog is cute” would be expressed as “the DOG is CUTE”, with the capitalized words receiving the greater emphasis. This entire process allows for a slower, yet much more precise processing of words through the right hemisphere that helps to pace and enhance verbal expression (Norton et al, 2009).

One of the most notable recipients of melodic intonation therapy was former Congresswoman Gabrielle Giffords, who suffered extensive traumatic brain injury from gunfire in a 2011 Arizona mass shooting. The injury to the left side of her brain resulted in a severe language impairment known as aphasia. Her rehabilitation team utilized knowledge of neuroplasticity (reprogramming of the neural networks) as part of the plan to help her regain her language function. In most people, language is predominantly on the left side of the brain. However, music stimulates multiple neural pathways throughout the entire brain. In her rehabilitation from the traumatic brain injury Ms. Giffords received intensive physical therapy, occupational therapy, speech and language therapy among other therapies. Melodic intonation therapy was incorporated into her treatment plan and this helped to pave new pathways to facilitate regaining her language function (Law, 2012).

If a patient is undergoing listening therapy, there are special considerations in determining the kind of music to which the patient will be exposed. The music that is chosen is often that which the patient would have enjoyed at age 18-25. The premise is that during this time period, the patient is undergoing a solidification of identity, of which contemporary music during early adulthood would be a tremendous part (Bonneville-Roussy et al, 2013). Listening to identity-relevant music is thought to elicit deeply encoded memories. This association between the music and treasured past experiences allows for the activation of regions of the brain associated with pleasure and satisfaction and can stimulate communication.

One of the authors of this article (Dr. Etienne) has numerous patients with dementia and traumatic brain injury who utilize music therapy as part of their own treatment. One example is an elderly gentleman who is a retired physician. He had previously served in the U.S. Army and was a member of the symphonic and marching band. He has played musical instruments and has enjoyed going to the opera throughout his entire adult life. Although he is now at a moderate stage of dementia, his son continues to take him for monthly visits to the Metropolitan Opera. During those visits, although he may have difficulty with the musical program (at times), he recognizes the music and continues to obtain great enjoyment from the opera. His history of
having been in the symphony and marching band has been instrumental in his healing. Indeed, by going to the opera he has been able to retain a connection to and derive pleasure from one of his great passions, music.

The Role and Benefits of Music Therapy

Music therapy can be employed in a wide variety of patient scenarios. For example, it can be utilized to attenuate the progression of dementia, decrease pain in post-surgical patients, facilitate communication in patients with autism, and enhance motor function in patients with Parkinson's disease (AMTA, n.d.a). Another important application of music therapy is with regards to neuropsychiatric conditions, such as post-traumatic stress disorder (PTSD) and traumatic brain injury. In regards to PTSD, music therapy aims to create emotional stability, increase the activity of the parasympathetic nervous system that produces decreases in heart rate and blood pressure, and decrease anxiety and hyperarousal. For traumatic brain injury, the therapy seeks to augment cognitive and executive functions (speech, motor, memory) and decrease the incidence of headaches (Bronson, Vaudreuil, and Bradt, 2018).

Music therapy is an effective treatment modality for such conditions in this population for many different reasons. One important reason is its effects on the various neurochemical pathways previously mentioned. This is important given that many of these pathways may be dysfunctional in certain psychiatric pathologies. One such example is the hyperarousal experienced by individuals afflicted with PTSD or nervous dysfunction in those with brain injury. Music can be provided in many forms that can help to reshape one's physical or emotional responses to the external world (AMTA, 2014). For example, music can help to engage neurochemical processes responsible for neuroplasticity, allowing patients with injuries to regain lost function through neurological reprogramming (Bronson et al, 2018).

All of these facets clearly were a central inspiration for the creation of the fictional account of Marine Gunnery Sergeant and sniper Aaron Davis (portrayed by actor Taye Diggs) in the 300th episode of the popular television series, “NCIS.” In that episode, Aaron Davis is haunted by a near-assassination that resulted in loss of body parts, peace of mind, and control of his life. While therapy was important for his eventual healing, most powerfully important were the heart-to-heart talks he had with NCIS team leader and star of the series Leroy Jethro Gibbs (portrayed by actor Mark Harmon). Gibbs drew upon his own experiences while on active duty. He was a fellow former sniper and suffered his own traumas in family life. He used his own experiences to help to break through the Gunny’s trauma. But the pain of the Gunny’s experience threatened to drive the wounded soldier to “end it all.” Fortunately, the identification of the would-be assassin and special support from friends and loved ones, including his daughter, allowed him to open up and seek healing in a simple yet exquisitely powerful tool — music. He found the powerful tool of music by joining MusiCorps at Walter Reed National Military Medical Center. Located in real life in Bethesda, Maryland, MusiCorps is an actual, real life activity at the medical center. This episode was filmed at the medical center and with the actual uniformed members of MusiCorps. In a most special way, this NCIS episode of “Scope” demonstrated how the arts, specifically music, hold a most powerful therapeutic capacity.
Music therapy is also highly individualized and adjustable for each patient. This is important for properly addressing patient needs, whether they be physical, emotional, or a mixture of both (AMTA, 2014). Connecting with patients in this manner aids the expression and exploration of feelings that cannot be conveyed or accessed by traditional means. This can provide benefits such as the uncovering of repressed memories or induce states of mind that can prove to be therapeutic for patients (AMTA, 2014; Nizamie and Tikka, 2014). For example, a Veterans Administration (VA) Hospital in Miami has a program in which veterans with PTSD share two songs – one that elicits memories of wartime and the other that represents life with PTSD. Through this forum, the veterans can bond through their shared experiences (Moore, 2017).

Additionally, music therapy helps to maintain strong patient engagement. This is owed to several factors. As previously mention, music is highly individualized and, thus, significant to the patient (AMTA, 2014). Therefore, it serves as a strong stimulus that can elicit strong responses. One of the benefits of the magnetic quality of music is that it becomes an escape from the monotony and displeasures of one’s daily life. It can also help to increase a desire to socialize with others (for example, at the Miami VA hospital mentioned above (AMTA, 2014; Moore, 2017). Because of this, patients are more likely to stay with the program and demonstrate adherence to the treatment plan, thus increasing the efficacy of the therapy (Hegde, 2017).

Lastly, music therapy produces very promising results in patients suffering from a variety of conditions. This effect is substantiated by different bodies of research. For example, one study conducted by Nizamie and Tikka (2014) determined that, compared to standard therapy and cognitive behavioral therapy, music therapy was found to produce a much greater decrease in depressive symptoms. Another study by Guetin et al (2009) demonstrated that music therapy had a drastically positive impact on traumatic brain injury patients with anxiety and mood disorders. A third study, conducted with funding from the Veterans Administration Health Services Research and Development, found that music therapy was successful in reducing PTSD and depression (US Department of Veterans Affairs, 2014). Thus, music therapy has a demonstratively positive effect on those who receive it, particularly veterans.

It is very important to note that these benefits are not only achieved by listening to music. A meta-analysis by Raglio et al (2015) demonstrated that individuals who are involved in the creation and delivery of music also achieve very positive outcomes. For example, patients with dementia who played instruments and sang songs exhibited a marked decrease in depression, improved their psychological state, and improved cognition. Patients who had suffered a stroke and who played instruments also reported increased communication, better moods, and decreased depressive symptoms as well (Raglio et al, 2015). Similar results were achieved in patients with multiple sclerosis, Parkinson’s disease, and amyotrophic lateral sclerosis (Raglio et al, 2015).
Conclusion

The impact of music on humans is undeniable. Humans have been evolving with music for their entire existence. We have seen evidence of music being used in a therapeutic capacity in the Judeo-Christian scriptures, in ancient Greece; and we see it being used today as part of modern medicine. Indeed, even before the advent of clinical trials, the powerful impact of music on our health was being appreciated and this form of therapy has withstood the test of time as it is being used more now than ever. Indeed, although we have come a long way with music therapy, there is a great deal more work to be done. In the era of evidence-based medicine, it will be important that more clinical trials are conducted to describe more clearly the impact of the healing nature of music. For this to occur, there will need to be more funding available to support this research.

Elements of music are omnipresent in nature; and humans are extremely sensitive to those cues. Additionally, the connections of music processing centers to neurological pathways that elicit calming physiological responses belie the positive impact of music and its utility as a healing agent. This is especially true of psychiatric and emotional conditions. Some of the most significant benefactors of music therapy have been veterans who are suffering from PTSD, traumatic brain injury, and many other afflictions.

Music therapy has been a tremendous force in helping individuals recover from a wide range of neuropsychiatric conditions with demonstrable positive outcomes. As such, music should be recognized as a treatment modality and incorporated into the regimens of patients suffering from a wide range of medical conditions, particularly those conditions which tend to have comorbid depression or anxiety. As the beneficial outcomes are well documented, music therapy should be recognized as an intervention that is covered by health insurance plans.

Despite music therapy’s massive potential for good, there is still much to learn about this relatively young discipline from a neurological, physiologic, biochemical, and behavioral standpoint. Initiatives such as the National Center for Complementary and Integrative Health’s Notice of Intent to Publish a Funding Opportunity Announcement should help to raise awareness, promote research, and create new interventions aimed at enhancing the practice of music therapy. It is a revolutionary field that, once understood better, can provide substantial clarity about how the human body works and how to maintain health. Music therapy in essence, is the place where the arts and sciences truly merge and thereby allows one to truly understand the journey that is health and human experience.
The MusiCorps Wounded Warrior Band of the Walter Reed National Military Medical Center performs at the Annual Bob Woodruff Foundation event in Washington, DC, April 3, 2013.
References


Articles


What is Antibiotic Resistance and Why is it a Problem?

Jere M. Boyer, PhD, FAAM
Senior Scientific Advisor
Clinical Research Management Inc.
1265 Ridge Road
Hinckley, OH 44233
Tel: (330) 278-2343
Email: jboyer@icongphs.com

Author Note
The author has no financial conflicts of interest. The opinions expressed are those of the author alone and do not reflect those of ICON Government and Public Health Solutions (ICONgphs) or any affiliate of ICON.

Abstract
Antibiotics are agents that fight infections. Although there are many microorganisms, fungi, viruses, parasites, for which there are agents used to treat infections caused by them, we often reserve the term antibiotic to refer to agents used against bacteria. Used properly, antibiotics can save lives. But there is a growing problem of antibiotic resistance. It happens when bacteria change, through mutations, and become able to resist the effects of an antibiotic or the susceptible organisms are replaced by organisms naturally resistant to the antibiotic. These resistant organisms can spread to other people. They can also cause infections that other antibiotics cannot cure. Methicillin-resistant *Staphylococcus aureus* (MRSA) is one example. It can cause infections that are resistant to a number of commonly used antibiotics. This article will discuss how resistance occurs, problems caused by resistant organisms and how to avoid increasing the spread of resistant isolates of organisms.

*Keywords*: antibiotic, microorganism, microbe, resistance, synthetic, semisynthetic, penicillin

Introduction

Why and how do microbes become resistant to antibiotics? Why are antibiotics made in nature to begin with? Let’s address these and other questions about antibiotics in somewhat less technical terms. First, we should define several terms we will use throughout the article. We will use the terms susceptible or non-susceptible rather than sensitive and non-sensitive to describe the ability/inability of antibiotics to work against bacteria. Sensitivity tends to mean too many things including an allergy to something such as an antibiotic. Another term that is often used generically is antibiotic. In a technical sense, antibiotics are chemicals that are produced by a microorganism. That is, all or part of the chemical structure is produced by a microorganism.

For example, penicillin is produced by a mold called *Penicillium*. There are semisynthetic antibiotics (such as semisynthetic penicillins) that are partially produced by organic synthesis in the pharmaceutical laboratory, but the base structure is still produced by a microorganism.
Why Are There Antibiotics?

The term “antibiotic” was first used by Selman Waksman in 1941. It is well known that most naturally occurring antibiotics are produced by soil microorganisms. Indeed, for many years drug companies searched for new antibiotics by trying to isolate organisms producing antibiotics from soil samples obtained from all over the world. It would appear that soil organisms evolved to produce antibiotics to decrease competition for nutrients in their environment. The susceptible competition would be inhibited or killed off and the antibiotic-producing organism would colonize without competition. A logical question then becomes why are the antibiotic-producing organisms not killed by their own antibiotic? Sometimes they are but other times these organisms are resistant to the antibiotic. This article will discuss the naturally occurring process of antibiotic resistance, which has become so important in medicine today.

Antibiotic Resistance in General Terms

In the human environment antimicrobial resistance (ABR) is the ability of a microbe to resist the effects of medication previously used to treat them (WHO, 2016). This broad term (ABR) is usually used to indicate antibiotic resistance, which applies to bacteria and antibiotics. A person cannot become resistant to antibiotics. Resistance is a property of the microbe, not a person or other organism infected by a microbe (CDC 2015a).

Resistance arises through one of the following ways: natural resistance in certain types of bacteria; genetic mutation; or by one species acquiring resistance from another (Alliance for Prudent Use of Antibiotics, 2014). Resistance can appear spontaneously because of random mutations; or more commonly, following gradual buildup over time primarily because of misuse of antibiotics or antimicrobials (CDC, 2015b). As mentioned, these processes are all naturally occurring. A number of these resistance processes will be discussed in this article. Resistant microbes are increasingly difficult to treat, requiring alternative medications or higher doses— which may be more costly and/or more toxic. Microbes resistant to multiple antimicrobials are called multidrug resistant (MDR); or sometimes the bacteria are referred to as superbugs (CDC, 2015b). Antimicrobial resistance is on the rise with millions of deaths every year worldwide (WHO, 2015). A few infections are now completely untreatable with antibiotics because of resistance. All classes of microbes develop resistance (fungi, antifungal resistance; viruses, antiviral resistance; protozoa, antiprotozoal resistance; bacteria, antibiotic resistance).

Antibiotic Misuse

Antibiotics should only be used when needed as prescribed by health professionals (CDC, 2015a). The prescriber should adhere to these guidelines or “rights”: the right patient, the right
drug, the right dose, the right route, and the right time (Federico, 2016). Narrow-spectrum antibiotics should be preferred over broad-spectrum antibiotics. Narrow spectrum antibiotics better target specific organisms and are less likely to induce resistance (Health News and Evidence, 2013). Cultures should be taken before treatment when indicated and treatment potentially changed based on the susceptibility report (CDC, 2014). For people who take these medications at home, education about proper use is essential. Health care providers can minimize spread of resistant infections by use of proper sanitation: including handwashing and disinfecting between patients; and should encourage the same of the patient, visitors, and family members (CDC, 2014).

Rising drug resistance can be attributed to three causes: use of antibiotics in the human population; in the animal population; and spread of resistant strains between humans or non-human sources (CDC, 2015b). Antibiotics increase selective pressure in bacterial populations, causing vulnerable bacteria to be unable to compete for growth substances and thus die off—this increases the percentage of resistant bacteria which continue growing.

With resistance to antibiotics becoming more common there is greater need for alternative treatments. Calls for new antibiotic therapies have been issued, but new drug-development is very slow (Cassir, N., Rolain, J., & Brouqui, P., 2014). Unfortunately, the costs of developing new antibiotics exceeds the financial gain perceived by pharmaceutical companies. Examples of drug-resistant bacteria include: methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *S. aureus* (VRSA), extended spectrum beta-lactamase (ESBL), vancomycin-resistant *Enterococcus* (VRE), multidrug-resistant *A. baumannii* (MRAB) (CDC, 2016a). A World Health Organization (WHO, 2014)) report released April 2014 stated, "...this serious threat is no longer a prediction for the future, it is happening right now in every region of the world and has the potential to affect anyone, of any age, in any country. Antibiotic resistance is now a major threat to public health (WHO, 2014)." According to the Centers for Disease Control and Prevention: "Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die each year as a direct result of these infections (CDC, 2016b)."

**Evolution and Spread of Antibiotic Resistance and Some History**

In 1926, Alexander Fleming discovered penicillin, a substance that appeared able to inhibit bacterial growth of many kinds of bacteria. In 1939, Edward Chain and Howard Florey further studied penicillin and later carried out trials of penicillin on humans with what were considered fatal bacterial infections. Fleming, Florey and Chain shared the Nobel Prize in 1945 for their work, which ushered in the era of antibiotics. Interestingly, earliest traces of antibiotic use date back thousands of years. Tetracycline has been found in skeletons from Sudanese Nubia, an area that included ancient Egypt (Pollock, M.R., 1967). Researchers believe that ancient Nubians were actually brewing tetracycline into their beer or otherwise incorporating it into their diets over a long period of time because the compound was found embedded deep in their bones and the population’s documented infectious diseases seem to be quite low. This discovery overturned the commonly-held belief that antibiotics didn’t exist before 1926. Bacteria with resistance to antibiotics predate medical use of antibiotics by humans. In 1962 the presence of penicillinase was detected in dormant endospores of Bacillus licheniformis, a common soil organism with
commercial uses, that were revived from dried soil preserved since 1689 in the British Museum (Pollock, M.R., 1967).

In 2016, WHO (WHO, 2016) indicated the following reasons for the widespread use of antibiotics:

1. increasing global availability over time since the 1950s
2. uncontrolled sale in many low- or middle-income countries, where they can be obtained over the counter without a prescription, potentially resulting in antibiotics being used when not indicated. This may result in emergence of resistance in any remaining microorganisms
3. use in cattle and other livestock. This is a major factor in the spread of antibiotic resistance.

Antibiotic use in livestock feed at low doses for growth promotion is an accepted practice in many industrialized countries and is known to lead to increased levels of resistance (Mathew, A.G., Cissell, R., & Liamthong, S., 2007). Releasing large quantities of antibiotics into the environment during pharmaceutical manufacturing through inadequate wastewater treatment increases the risk that antibiotic-resistant strains will develop and spread (Larsson, D.G. and Fick, J., 2009). It is uncertain whether antibacterials in soaps and other products contribute to antibiotic resistance, but they are discouraged for other reasons (Aiello, A.E., Larson, E.L. & Levy, S.B, 2007).

Increasing bacterial resistance is linked with the volume of antibiotic prescribed, as well as missing doses when taking antibiotics (McNulty, C.A.M., Boyle, P., Nichols, T., Clappison, P. & Davey, P., 2007). Inappropriate prescribing of antibiotics has been attributed to a number of causes, including people insisting on antibiotics, physicians prescribing them as they feel they do not have time to explain why they are not necessary, and physicians not knowing when to prescribe antibiotics or being overly cautious for medical and/or legal reasons.

Up to half of antibiotics used in humans are unnecessary and inappropriate. For example, a third of people believe that antibiotics are effective for the common cold, and the common cold is the most common reason antibiotics are prescribed even though antibiotics are not effective against viruses (McNulty, C.A.M., Boyle, P., Nichols, T., Clappison, P. & Davey, P., 2007). A single regimen of antibiotics even in compliant individuals leads to a greater risk of resistant organisms to that antibiotic in the person for a month to possibly a year after use of the antibiotic (Costelloe, C., Metcalfe, C., Lovering, A., Mant, D. & Hay, A.D., 2010).

In summary, it is the organism that mutates to become resistant to an antibiotic. This is naturally occurring and does not require the antibiotic to be present. The resistant organism is present in small numbers but usually does not compete well with the “normal” susceptible bacteria. However, our use of antibiotics can kill off the susceptible bacteria, allowing the resistant isolates to become the predominant flora.

Certain antibiotic classes screen for resistance more than others. Increased rates of MRSA infections are seen when glycopeptides, cephalosporins, and quinolones (Muto, C.A. et al., 2003). Cephalosporins, and particularly quinolones and clindamycin, are more likely to produce colonization with Clostridium difficile (Thomas, J.K., et al. 1998).
Factors within the intensive care unit setting such as mechanical ventilation and multiple underlying diseases also appear to contribute to bacterial resistance (Thomas, J.K. et al., 1998). Poor hand hygiene by hospital staff has been associated with the spread of resistant organisms (Girou, E. et al., 2006), and an increase in hand washing compliance results in decreased rates of all bacteria (Swobota, S.M., et al., 2004).

Improper use of antibiotics can often be attributed to the presence of structural violence such as civil war in particular regions. Socioeconomic factors such as race and poverty affect accessibility of and adherence to drug therapy. The efficacy of treatment programs for drug-resistant strains depends on whether or not programmatic improvements take into account the effects of structural violence.

Mechanisms – A Brief Discussion

The five main mechanisms by which microorganisms exhibit resistance to antimicrobials are (Munita, J.M., & Arias, C.A., 2016):

1. Drug inactivation or modification: for example, enzymatic deactivation of penicillin G in some penicillin-resistant bacteria through the production of β-lactamases. Most commonly, the protective enzymes produced by the bacterial cell will add an acetyl or phosphate group to a specific site on the antibiotic, which will reduce or destroy the antibiotic’s ability to inhibit cell wall synthesis.

2. Alteration of target site, for example alteration of penicillin binding proteins (PBPs)—the binding target sites of penicillins—in MRSA and other penicillin-resistant bacteria.

3. Another protective mechanism found among bacterial species is ribosomal protection proteins. These proteins protect the bacterial cell from antibiotics that target the cell’s ribosomes to inhibit protein synthesis. The mechanism involves the binding of the ribosomal protection proteins to the ribosomes of the bacterial cell, which in turn changes its conformational shape. This allows the ribosomes to continue synthesizing proteins essential to the cell while preventing antibiotics from binding to the ribosome to inhibit protein synthesis.

4. Alteration of metabolic pathways, for example some sulfonamide-resistant bacteria do not require para-aminobenzoic acid (PABA), an important precursor for the synthesis of folic acid and nucleic acids in bacteria inhibited by sulfonamides. Bacteria will turn to using preformed folic acid found in host cells.

5. Reduced drug accumulation, by decreasing drug permeability or increasing active efflux (pumping out) of the drugs across the cell surface. These specialized pumps can be found within the cellular membrane of certain bacterial species and are used to pump antibiotics out of the cell before they are able to do any damage. These efflux pumps are often activated by a specific substrate associated with an antibiotic.

Further Information on Resistance

Antibiotic resistance can be a result of horizontal gene transfer, and also of unlinked point mutations in the pathogen genome at a rate of about 1 in 108 per chromosomal replication.
Mutations are rare but the fact that bacteria reproduce at such a high rate allows for the effect to be significant. A mutation may produce a change in the binding site of the antibiotic, which may allow the site to continue proper functioning in the presence of the antibiotic or prevent the binding of the antibiotic to the site altogether. Research has shown the bacterial protein LexA may play a key role in the acquisition of bacterial mutations giving resistance to quinolones and rifampicin. DNA damage induces the SOS gene repressor LexA to undergo autoproteolytic activity (Levin, B.R., Perrot, V., & Walker, N., 2000). This includes the transcription of genes encoding Pol II, Pol IV, and Pol V, which are three DNA polymerases that are required for mutations in response to DNA damage. The antibiotic action against the pathogen can be seen as an environmental pressure. As indicated above, those bacteria with a mutation that allows them to survive, live to reproduce. They then pass this trait to their offspring, which leads to the evolution of a fully resistant colony. Although these chromosomal mutations may seem to benefit the bacteria by providing antibiotic resistance, they also confer a cost of fitness. For example, a ribosomal mutation may protect a bacterial cell by changing the binding site of an antibiotic but it may also slow the process of protein synthesis. Additionally, a study by Levin, B.R., Perrot, V., and Walker, N. (2000), specifically compared the overall fitness of antibiotic resistant strains of *Escherichia coli* and *Salmonella typhimurium* to drug-sensitive isolates. They observed a reduced overall fitness in the antibiotic resistant strains, especially in growth rate (Levin, B.R., Perrot, V. & Walker, N., 2000).

There are three known mechanisms of fluoroquinolone resistance. Some types of efflux pumps (pump the antibiotic out) can act to decrease intracellular quinolone concentration. In Gram-negative bacteria, plasmid-mediated resistance genes produce proteins that can bind to DNA gyrase, protecting it from the action of quinolones. Finally, mutations at key sites in DNA gyrase or topoisomerase IV can decrease their binding affinity to quinolones, decreasing the drug’s effectiveness (Robicsek, A., Jacoby, G.A., & Hooper, D.C. 2006).

Antibiotic resistance can also be introduced artificially into a microorganism through laboratory protocols, sometimes used as a selectable marker to examine the mechanisms of gene transfer or to identify individual bacteria that absorbed a piece of DNA that included the resistance gene and another gene of interest. A recent study demonstrated that the extent of horizontal gene transfer among *Staphylococcus* is much greater than previously expected—and encompasses genes with function beyond antibiotic resistance and virulence gene elements (Cheong, X.C., Beiko, R.G., & Ragan, M.A., 2011).

For a long-time it has been thought that for a microorganism to become resistant to an antibiotic, it must be in a large population. However, recent findings show that there is no necessity of large populations of bacteria for the appearance of antibiotic resistance. We know now that small populations of *E. coli* in an antibiotic gradient can become resistant. Any heterogeneous environment with respect to nutrient and antibiotic gradients may facilitate the development of antibiotic resistance in small bacterial populations and this is also true for the human body. Researchers hypothesize that the mechanism of resistance development is based on four SNP (single-nucleotide polymorphism) mutations in the genome of *E. coli* produced by the gradient of antibiotic. These mutations confer the bacterial emergence of antibiotic resistance (Cheong, X.C., Beiko, R.G., & Ragan, M.A., 2011).
Recent Antibiotic Resistance Research

Scientists at the Walter Reed Army Institute of Research (WRAIR) have performed extensive research concerning antibiotic resistance at the Multidrug-resistant Organism Repository and Surveillance Network (MRSN) in Silver Spring, MD. The MRSN is responsible for tracking antibiotic resistant organisms in military healthcare facilities throughout the world. Additionally, other organizations such as the VA and other agencies, rely on the MRSN to track and identify resistant organisms in their facilities. Further, the MRSN re-identifies the isolates and determines through the latest techniques the specific resistance factor(s) involved. Much research has been provided by this group of researchers.

Researchers at WRAIR recently determined the presence of mcr-1 and bla\textsubscript{EW-1} on a novel IncF plasmid in E. coli. This was the first report of the mcr-1 in the U.S. The mcr-1 gene was first seen in China. This plasmid gene is responsible for colistin resistance. Its insertion into an Enterobacteriaceae organism already possessing other resistance factors is very concerning because colistin is a last-resort antibiotic against some Enterobacteriaceae (McGann, et al, 2016). In another study, WRAIR researchers collaborated to assess another Gram negative organism, Acinetobacter baumannii, with New Delhi Metallo-β-lactamase that induces resistance to carbapenem (Waterman, P.E., et al. 2013). These studies, and others, have advanced our knowledge of antibiotic resistance.

Although the process is currently slow, new antimicrobials are being developed. New treatment methods are also being researched such as the use of bacteriophage (bacterial viruses) to inhibit bacteria in wound infections without harming the human host. If we use caution and follow usage guidelines we may curtail the spread of antibiotic resistance.
References


The Rescue of Refugees at Sea: Exploring Status Determination, Transport and International Human Rights Law

Brett D. Cook, JD, LLM
Lieutenant Commander, Judge Advocate General Corps, United States Navy
Force Judge Advocate
Commander, Naval Information Force Reserve
Fort Worth, Texas
Tel: (817) 782-1847
Email: brett.cook@navy.mil

Author Note
This article was originally written by the author for his Master of Laws degree program at Georgetown University School of Law. It has been adapted and revised for this publication. Where indicated in the text, for expanded information refer to the endnotes section of the article. The opinions in this article are those of the author and do not represent the official positions of the Department of the Navy, the Department of Defense, or the United States government. The author has no financial conflicts of interest.

Abstract
This article examines various laws regarding the duty to rescue individuals at sea and how they are interpreted by different courts under International Human Law. Further, this article discusses what should be done with refugees who are rescued at sea. Although international law prohibits the return of refugees to a persecuting regime, it is unclear where they should be taken and how to establish the legitimacy of their claim for refugee status. Additionally, legal doctrine does not clearly delineate who has jurisdiction to enforce human rights law when individuals are rescued by foreign-flagged vessels in territorial or international waters.

Keywords: refugee, rescue at sea, maritime law, international law, United Nations Convention on the Law of the Sea, human rights, non-refoulement

Introduction
From the time the modern refugee regime was codified in the early 1950s until the late 1970s, rescue at sea was not a major issue in refugee protection. The number of asylum seekers retrieved at sea were relatively small, and it was usually possible for them to have their claims processed in the rescuing ship’s next port of call. Subsequently they would usually find protection in the country where the ship was registered, or in another country where the refugee had previous ties.

One of the most significant post-1950 refugee sea migrations occurred toward the end of the Vietnam War with the Vietnamese invasion of Cambodia in 1978 and the 1979 Chinese invasion of Vietnam. In September 1978, the flood of refugees by sea began with 1220 “boat
people” who left Vietnam on an old vessel and landed in Indonesia. By June 1979, 56,000 Vietnamese refugees were arriving in Malaysia, Thailand, Indonesia, and Hong Kong by boat every month (Thompson, 2010). Most of them left Vietnam in decrepit, leaky, overcrowded boats. The longest journey, to Hong Kong, was approximately 616 nautical miles.

The refugees were plagued by storms, water, and food shortages and, most seriously, pirates in the South China Sea and Gulf of Thailand. The pirates attacked many of the small boats raping and kidnapping women and stealing the refugees’ possessions. Merchant ships often refused to rescue them for fear that no country would allow them to unload the rescued individuals. Moreover, many port officials refused to allow boats with refugees to dock at their ports. The United Nations High Commission for Refugees estimates that between 200,000 and 400,000 Vietnamese refugees died at sea during this era (Thompson, 2010).

The continued arrival of more boat people and the refusal of Southeastern Asian countries to allow additional refugees unless European and North American countries promised to resettle them created a crisis within the Southeastern Asian countries. At a United Nations (UN) sponsored conference on refugees in Geneva in July 1979, the Western countries agreed to accept 260,000 refugees per year for resettlement, to facilitate the processing of refugees, and to contribute additional funds to refugee assistance. Between 1979 and 1982, during the height of the humanitarian crisis, twenty Western countries, led by the United States, Canada, Australia, and France, accepted 623,800 Indochinese refugees for resettlement, most of them were boat people from Vietnam (United Nations High Commissioner for Refugees).

The Indochinese migrant crisis after the Vietnam War was the first test of the 1951 Refugee Convention which defined who is considered to be a refugee, their rights and the legal obligations of Member states (United Nations Refugee Agency). The resolution of this crisis was achieved because the Members agreed that the dangers of mass migrations by sea was a global concern and could only be resolved through multinational collaboration.

The 2018 European Migrant Crisis presented the next significant challenge for the 1951 Refugee Convention. The crisis began in 2015 when a rising number of refugees and migrants traveled to the European Union (EU) to seek asylum. Most of the refugees traveled by sea across the Mediterranean Sea or on foot through Southeast Europe. In 2015, the United Nations High Commissioner for Refugees reported the top three nationalities of the over one million refugees traveling across the Mediterranean Sea were Syrian (49%), Afghan (21%), and Iraqi (8%) (Wright, 2015). The International Organization for Migration (IOM)
reported that more than 3,771 migrants died crossing the Mediterranean in attempts to reach Europe in 2015 (a rate of more than 10 deaths per day), making it the deadliest year on record for such deaths. More than three-quarters of the deaths, 77%, occurred along the central Mediterranean route, which was typically used by people smugglers operating off the coast of Libya (Hume, 2016). One such tragic death was that of three-year-old Alan Kurdi, a Syrian boy of Kurdish descent who drowned on September 2, 2015 in the Mediterranean Sea. Endnote 1 provides essential detail and the Wikipedia web address for the fuller story of his passing.

This article will examine whether national vessels are obligated to rescue refugees in distress at sea and transport them to a safe territory for a status determination [See Endnote 2]. This article also assesses how the refugees’ location when intercepted and the State’s application of international human rights law effects its obligations. In light of the European Migrant Crisis, the scope of this paper will be confined to the application of applicable international human rights law as applied by the United States and the European Union (EU) [See Endnote 3].

International Law Prohibits Returning Refugees to Their Persecutors

The principle of non-refoulement, which forbids the rendering of a true victim of persecution to his or her persecutor, is a key facet of international refugee law. This principle was officially enshrined in Article 33 of the 1951 Convention Relating to the Status of Refugees and is also contained in the 1967 Protocol Relating to the Status of Refugees. The United States (U.S.) and all EU States are members to the Status of Refugees Convention.

In addition to protecting individual refugees, the principle of non-refoulement prohibits the collective expulsion of groups of refugees, regardless of status, to territories where they would face a bona fide threat to their safety and security pursuant to international human rights law. Non-refoulement is codified in a number of international agreements including the Convention Against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment [See Endnote 4]. These international agreements, however, do not create an obligation for States that rescue refugees extraterritorially and bring them to their State for a status determination hearing. Further, they do not specify the procedures that should be undertaken to prevent refoulement.

History may provide valuable guidance. The U.S. confronted these questions in 1994 when large numbers of Haitian Cuban refugees travelled in unsafe vessels hoping to gain asylum in the U.S. The United States did not want to allow fleeing refugees into the country because they could remain on U.S. soil for years awaiting status determination, even if their asylum applications were rejected, because Federal courts permit refugees to stay until their appeals are exhausted (Jehl, 1994). The United States sought to establish status determination processing centers in third party countries; however other Caribbean States refused to accept the refugees. As a compromise, Jamaica agreed to allow the United States to anchor ships in its territorial waters so American immigration officials could hold shipboard hearings to determine whether fleeing Haitian Cubans qualified for refugee status (Jehl, 1994). This solution satisfied two American goals. First, it prevented a large influx of migrants, who may ultimately be refused asylum, from reaching Florida coasts. Second, and most importantly, it decreased the loss of life at sea because refugees no longer needed to brave the 615 nautical miles between Haiti and Miami in makeshift vessels.
International Law Provides Refugees a Right to a Status Determination Hearing

Article 33(1) of the UN Convention Relating to the Status of Refugees provides migrants with the right to a status determination hearing (United Nations Convention Relating to Status of Refugees). While States bear the main responsibility for providing refugee status determination hearings (United National High Commissioner for Refugees), there is ambiguity regarding where the hearing should be held and who is responsible for providing the hearing when refugees are rescued beyond the rescuing State’s territory. In practice, the obligation for providing the status determination hearing falls squarely on the rescuing State and comes into effect after the asylum seeker enters the rescuing State’s territory (which could be a sovereign State vessel) and makes a claim for refugee status.

As a result, many States are reluctant to allow the disembarkment of refugees or individuals who may assert refugee status, who are rescued at sea. Moreover, the Status of Refugee Convention does not create an obligation for third party States to open their doors to rescued refugees. The intersection of maritime law and refugee law leaves States in a quandary. As discussed below, there is an obligation to assist refugees whose lives are in danger at sea; however no State is required to accept them when they are beyond the sovereign territory of the rescuing State. The result was demonstrated by the current Syrian Migrant Crisis. States were determined to deter and divert ships that may disembark asylum seekers on their shores.

The Requirement to Provide Assistance at Sea

Unlike during the Vietnam War, today there are a number of international agreements that complement the Refugee Convention and require states to assist refugees in distress at sea. International maritime law codifies the obligation to render assistance in such instruments as the 1982 UN Convention on the Law of the Sea (UNCLOS) and the 1979 International Maritime Organization’s (IMO) International Convention on Maritime Search and Rescue (SAR) [See Endnote 5]. These conventions require the master of every ship flying the flag of a Member State, in so far as he can do so without serious danger to the ship, the crew or the passengers to: 1) render assistance to any person found at sea in danger of being lost; 2) to proceed with all possible speed to the rescue of persons in distress, if informed of their need of assistance, in so far as such action may reasonably be expected of him; and, 3) after a collision, to render assistance to the other ship, its crew and its passengers and, where possible, to inform the other ship of the name of his own ship, its port of registry and the nearest port at which it will call (United Nations Convention on the Law of Seas, 1982).

The obligation to extend aid applies without regard to the nationality, status, or circumstances of the person or people in distress. Under SAR, ship owners, ships masters, coastal nations, and flag States (the States where ships are registered) have a responsibility to rescue distressed persons at sea and deliver them to a place of safety (International Convention on Maritime Search and Rescue, 1998). The U.S. extends this requirement extraterritorially. Additionally, it is codified by the U.S. military as a Department of Defense Directive making it binding law for U.S. armed forces (United States Department of Defense, 2006). Furthermore, SAR indicates that rescue operations are terminated when the individuals are delivered to a place of safety.
Although SAR establishes a clear obligation for member nations to rescue refugees at sea, it does not define a “place of safety” nor does it specify where the refugees should be taken after being rescued. SAR merely requires nations to “consider the need to avoid” disembarkation in territories where the lives and freedoms of those facing persecution would be threatened (International Convention on Maritime Search and Rescue, 2004). SAR also requires the rescuing vessel to bear the burden of caring for and protecting its new passengers. If the refugees are seeking asylum, the principle of non-refoulement and the refugee’s right to a status determination hearing severely limit the rescuing vessel’s options for disembarkation and disrupt its intended navigation course.

The UN Convention on the Law of the Sea Defines Sovereign Authority Within Maritime Zones

As discussed below, the EU and the U.S.’ obligation to prevent refoulement and abide by the Refugee Convention is largely based upon whether they believe the conventions are binding extraterritorially. UNCLOS is the international agreement that resulted from the third UN Conference on the Law of the Sea, which was concluded in 1982. UNCLOS has been ratified by 166 States. An additional 14 UN member States have signed but have not ratified the convention. The United States has not ratified UNCLOS, however, its provisions are considered to be customary international law and the United States honors them.

Maritime Zones of National Jurisdiction, 1982 Law of the Sea Convention

When examining a State’s obligation to assist refugees at sea, it is important to understand how the location of the refugees when they are intercepted shapes these obligations. As seen in the figure that follows, UNCLOS divides the sea surrounding a State’s coastline into four areas that affect sea migration: 1) the territorial sea, 2) the contiguous zone, 3) the exclusive economic zone (EEZ), and the 4) high seas (United Nations Conference on the Law of the Sea, 1982).

Intuitively, a State’s sovereign authority decreases as you move further from its coastal baseline. Internal Waters are also defined by UNCLOS but they will not be included in this discussion because they consist of bays and inlet waters and it is seldom disputed that these waters are sovereign territory and once refugees reach Internal Waters States will be obligated to assist them in accordance with international law obligations.

Refugees Rescued in Territorial Waters Are Within the State’s Sovereign Authority

The sovereignty of a coastal State extends beyond its land territory and internal waters and, in the case of an archipelagic State, its archipelagic waters, to an adjacent belt of sea, described as the Territorial Sea. The Territorial Sea extends 12 nautical miles from the State’s baseline, which is where the sea meets land at low tide (United Nation Conference on the Law of the Sea, 1982) [See Endnote 6]. States may enforce their laws in territorial waters unless it extends into another State’s territorial waters [See Endnote 7]. A State’s authority is strongest in its territorial waters. Therefore, if the State is a SAR member they have a duty to assist refugees rescued in territorial waters and the refugees will likely be considered to be within the State’s jurisdiction for the enforcement of human rights law principles. The location of the refugees when they are discovered by a State’s vessel is important because, as explored below, the extraterritorial application of a State’s commitments to international agreements is not interpreted consistently among member nations.

Further, pursuant to UNCLOS, State ships have a right to innocent passage through territorial seas but they must navigate through territorial waters in a continuous and expeditious manner; and they cannot be submerged, nor may they conduct any intelligence gathering operations (United Nations Conference of the Law of the Sea, 1982). Although foreign vessels have a right of innocent passage, transiting ships should notify the host nation before passing through their waters to prevent perceived acts of aggression or espionage (Starr and Browne, 2016) [See Endnote 8]. However, there is an exception to the continuous and expeditious navigation rule. A foreign vessel may enter a State’s territorial waters to provide assistance to ships or people in distress (United Nations Conference on the Law of the Sea, 1982). This exception compliments SAR and allows vessels to render assistance to those at sea regardless of their location; however, it remains unclear who is responsible for conducting status determination hearings for refugees rescued by a foreign State vessel within the territorial waters of another State.

The Policing Authority Within a State’s Contiguous Zone May Extend the State’s Obligation to Refugees Under International Treaties

The Contiguous Zone begins where the territorial sea ends and extends 12-24 nautical miles from the State’s baseline. Within the contiguous zone, a State has the authority to prevent infringement of its customs, fiscal, immigration or sanitary laws and regulations and
punish infringement of the laws and regulations committed within its territory or territorial sea (United Nations Conference on the Law of the Sea, 1982). This policing authority within the Contiguous Zone allows States to stop and search vessels and provides coastal States with the ability to enforce their migration laws. The ability to extend a State’s policing authority regarding customs and immigration up to 24 nautical miles from its baseline suggests that their commitments to human rights’ agreements concerning refugees should extend to 24 nautical miles as well. A State’s policing authority also permits the boarding of vessels and detention of passengers, which would also create a duty of responsibility for the detaining State.

**States Have Sovereign Jurisdiction Over the Economic Resources within the Exclusive Economic Zone**

The Exclusive Economic Zone (EEZ) extends 200 nautical miles from a State’s baseline. Within this area, a coastal State assumes jurisdiction over the exploration and exploitation of marine resources including fishery management over all fish and all continental shelf fishery resources (United Nations Conference on the Law of the Sea, 1982). Unlike the territorial sea and the contiguous zone, the EEZ only provides sovereign rights for the purpose of exploring and exploiting, conserving and managing the natural resources in the surrounding seas. Thus, if the U.S. or EU determines that their human rights obligations do not apply extraterritorially then there is little support to apply the principle of non-refoulement and the Refugee Convention human rights principles to refugees who are intercepted 24 to 200 nautical miles from a State’s baseline.

**There is No Sovereign Territory in The High Seas**

The high seas begin where the continental shelf ends or 200 nautical miles from the coastal State’s baseline (United Nations Conference on the Law of the Sea, 1982) [See Endnote 9]. The high seas are open to all States, whether coastal or land-locked. Freedom of the high seas is exercised under the conditions established by UNCLOS and by other rules of international law. Within the high seas, States enjoy freedom of navigation, freedom of over flight, freedom to lay submarine cables and pipelines subject to Part VI of UNCLOS, freedom to construct artificial islands and other installations permitted under international law, freedom of fishing, subject to the conditions laid down in section 2, and freedom of scientific research subject to Parts VI and XIII of UNCLOS. No State retains sovereign control in water that is considered to be high seas. Therefore, refugees rescued in the High Seas would be least likely to receive a structured status determination process and non-refoulement protection unless the rescuing vessel is flagged in a State that specifically applies these treaty obligations internationally.

**The Exercise of Control over the Contiguous Zone and EEZ May Create an Obligation to Comply with International Humanitarian Law**

The exercise of law jurisdictional authority leaves little doubt to a State’s obligation to refugees rescued within its Territorial Seas. Nevertheless, the exercise of law enforcement authority in the Contiguous Zone and fishing rights in the EEZ may also create an obligation to apply International Humanitarian Law (IHL).

In its 2003 Concluding Observation on Israel, the Human Rights Committee (HRC) opined in relation to the International Convention on Civil and Political Rights’ (ICCPR) application to the Occupied Palestinian Territories that the provisions of the ICCPR apply.
to the benefit of the population of the occupied territories (United Nations Human Rights Committee, 2003). This reasoning resembles a cause and effect understanding and a variation of the factual relationship theory that can be found in European Court of Human Rights’ (ECtHR) jurisprudence as discussed below (King, 2009). The International Court of Justice (ICJ) considered the question of jurisdiction in light of Israel’s occupation; but it only provided meager clarity when it observed that, while the jurisdiction of States is primarily territorial, it may sometimes be exercised outside the national territory. However, the ICJ went on to say that considering the object and purpose of the ICCPR, it would seem natural that States parties to the ICCPR should be bound to comply with its provisions.

**Jurisdiction to Enforce International Human Rights Obligations at Sea is Addressed within International Agreements**

Due to the lack of sovereign jurisdiction in the High Seas, a State may not be obligated to rescue refugees and transport them to a safe place for a hearing determination unless they explicitly support the enforcement of human rights obligations beyond what is considered to be their sovereign jurisdiction. The extraterritorial application of the ICCPR and the European Convention on Human Rights is effectively circumscribed by the term ‘jurisdiction’ (King, 2009) [See Endnote 10]. Article 2(1) of the ICCPR requires States who are party to the convention to respect and to ensure that all individuals within its territory and subject to its jurisdiction are provided the rights recognized in the ICCPR (United Nations Human Rights Office of the High Commissioner, 1966). Although the ICCPR requires rights to be secured for individuals who are within both a State’s jurisdiction and its territory, the HRC and the ICJ have interpreted Article 2(1) disjunctively, thus requiring States to observe their human rights obligations beyond their territorial borders where they wield jurisdiction (United Nations Human Rights Office of the High Commissioner, 2004) [See Endnote 11].

Article 1 of the ECHR provides that the High Contracting Parties “shall secure to everyone within their jurisdiction the rights and freedoms defined within this convention” (European Convention on Human Rights, 2010). However, jurisdiction can result from a purely factual relationship between a State and an individual. An argument could be made for jurisdictional authority where a State has lawful competence to act in relation to a person under international law principles of jurisdiction, such as the international principle of non-refoulement and a status hearing determination, that a person is within its “jurisdiction” for human rights purposes, and the State has a commensurate obligation to respect and ensure those rights. This jurisdiction authority is strengthened when States exercise authority over the area such as within the Territorial Sea, the Contiguous Zone and the EEZ.

**The European Court of Human Rights Creates a Duty to Apply International Humanitarian Law Obligations Extraterritorially**

In both *Al-Skeini v. United Kingdom* (Al-Skeini v. United Kingdom, 2011) and *Al-Jedda v. United Kingdom* (Al-Jedda v. United Kingdom, 2011), the underlying issue was whether the United Kingdom was bound by its treaty obligations under the ECHR with regard to its military presence in Iraq. *Al-Skeini* involved the joined claims of six Iraqi nationals whose relatives were killed while allegedly under the United Kingdom (U.K.) jurisdiction in Iraq. The relatives claimed a lack of effective investigation into the deaths under Article 2 of the ECHR.
In *Al-Jedda*, a dual Iraqi-U.K. citizen challenged the lawfulness of his three-year detention in a British-controlled detention facility in Basrah City, Iraq. Both cases touch on the pivotal issue of U.K. jurisdiction over persons in areas beyond its sovereign jurisdiction, though the paths taken in the analysis of each case diverge. However, *Al-Skeini* focused on the critical calculus of determining the existence of ECHR Article 1 jurisdiction, which is most analogous to the extension of jurisdiction beyond the Territorial Sea (Al-Jedda v. United Kingdom, 2011).

The *Al-Skeini* Court revisited the concept of the European Court of Human Rights’ (ECtHR) character as a regional instrument of European public order with regard to its applicability outside the Convention’s jurisdiction (Al-Skeini v. United Kingdom, 2011). The Court also recognized the role of the United Kingdom (together with the United States) as an occupying power in Iraq from May 1, 2003 until the installation of the interim government. Accordingly, the Court found that it was in the United Kingdom’s capacity as an occupying power in southeast Iraq that it assumed in Iraq the exercise of some of the public powers normally to be exercised by a sovereign government (Al-Skeini v. United Kingdom, 2011). Although the extension of the principle of non-refoulement and the obligation under the Refugee Convention beyond its Territorial Waters does not involve a military occupation of another nation it does entail the assumption of public powers in those areas that are normally reserved for the controlling government. Accordingly, the *Al-Skeini* decision suggests that the ECtHR will hold European Union (EU) nations to their duty to prevent non-refoulement and support a refugee’s right to a status hearing when they are rescued beyond the Contiguous Zone and EEZ based on the jurisdictional powers that are exercised in these areas.

Soon after *Al-Skeini*, in 2012 the ECtHR bolstered its support of the extraterritorial application of IHL obligations in *Hirsi Jamaa and Others v. Italy*. In this case, a group of about two hundred individuals left Libya in 2009 aboard three vessels with the aim of reaching the Italian coast. On May 6, 2009, when the vessels were within the Maltese Search and Rescue Region of responsibility under SAR they were intercepted by ships from the Italian Revenue Police and coastguard. The occupants of the intercepted vessels were transferred onto Italian military ships and summarily returned to Tripoli. The plaintiffs argued that during that voyage the Italian authorities did not inform them of their destination and took no steps to identify them. Upon arrival at the Port of Tripoli, the migrants were handed over to the Libyan authorities. The plaintiffs objected to being handed over to the Libyan authorities but were forced to leave the Italian ships.

Enacted in 1968, ECHR Protocol 4 states, “the collective expulsion of aliens is prohibited,” but it makes no reference to territory or jurisdiction (European Convention on Human Rights, 1968). The *Hirsi* Court determined that an ECHR contracting State had exercised its jurisdiction outside its national territory by intercepting the migrants and collectively expelling them. Furthermore, the Court decided that the special nature of the maritime environment could not justify creating an area outside the law where individuals were covered by no legal system capable of affording them enjoyment of the rights and guarantees protected by the Convention. The transfer of the migrants to Libya had been carried out without any examination of each individual’s situation in violation of their right to a status determination. Further, the plaintiffs had not been subjected to an identification procedure by the Italian authorities, which forbade disembarkation in Italy and restricted them to disembarking in Libya. Ultimately, the Court determined that the removal of the migrants had been of a collective nature, in breach of ECHR Article 4 of Protocol No. 4 (Hirsi Jamaa v. Italy, 2012).
Hirsi demonstrates ECtHR’s support for the extraterritorial application of the principle of non-refoulement and ECHR jurisdiction once an EU State has intercepted refugees at sea. Although Hirsi does not unilaterally create a duty to rescue and transport migrants to a safe territory for a status determination, when it is coupled with a State’s duty to assist vessels in distress, it is clear that once contracting parties rescue refugees they must be taken to a place other than their home country to receive a status determination hearing.

More recently, in September 2015, the ECtHR once again struck down a bilateral agreement between Italy and Tunisia that violated ECHR Article 4 of Protocol 4. In Khlaifia and Others v. Italy, three Tunisian nationals reached Italy on September 2011 during the Arab Spring. The Italian coastguard intercepted them and took them to the island of Lampedusa. Subsequently, they were identified by the Tunisian consul and deported to Tunisia based on a bilateral agreement between the two States. The Tunisian migrants argued that they had been victims of collective expulsion contrary to Article 4 Protocol no. 4 of the ECHR on the basis of being summarily removed on account of their nationality without individual consideration of their personal situations. The Court acknowledged that unlike the applicants in Hirsi Jamaa, the Tunisian applicants in Khlaifia had been subjected to individualized identification and processing by Italian authorities; but under the circumstances the Court did not consider an identification procedure standing alone to be sufficient. The Court concluded that, contrary to Article 4 Protocol no. 4, the Italian authorities had not taken into account the individual circumstances of those involved (Khlaifia and Others v. Italy, 2015). Further, the Court concluded that Italy’s bilateral agreement with Tunisia was particularly suspect because it had not been made public and provided for the repatriation of irregular Tunisian migrants through simplified procedures, based on the identification of the person concerned by Tunisian consular authorities. Italy suspended its bilateral agreement with Libya after the Hirsi decision and is expected to suspend its agreement with Tunisia as well (Frenzen, 2012). Khlaifia was the fifth time the ECtHR has found a violation of the collective expulsion prohibition (Čonka v. Belgium, 2002; Georgia v. Russia, 2014; Hirsi Jamaa and Others v. Italy, 2012; Sharifi and Others v. Italy and Greece, 2014).

Although the EU has extended the IHL prohibition against non-refoulement extraterritorially, several critical questions remain. International agreements do not describe what constitutes a sufficient process to prevent refoulement or where status hearings should be held. Can the status determination hearings be held on the rescuing State’s vessel? If so, what if every State in the area refuses to accept the refugees once a status determination is made? Would a military vessel be required to care for refugees during the entirety of its operations at sea?

The United States’ Interpretation of Extraterritorial Application of Human Rights Law

The U.S. has taken a contrary interpretation to the extraterritorial application of its obligations to the principle of non-refoulement and refugee status hearings. Most claims alleging that the U.S. has not adhered to its human rights obligations while acting extraterritorially involve situations of armed conflict in which deployed U.S. troops and other personnel have caused harm. In response to such claims before the various human rights bodies, the U.S. originally relied on the argument that these institutions lacked competence over factual scenarios governed by IHL as a function of their subject matter jurisdiction limitations [See Endnote 12].
In 1992, President George H.W. Bush signed Executive Order 12807, which required the U.S. Coast Guard to force the return of all passengers discovered illegally traveling by sea from Haiti to the U.S. before reaching U.S. borders without determining whether they qualify as refugees. The Haitian Centers Council, Inc., a collection of organizations representing illegal Haitian aliens and Haitians detained at Guantanamo, requested that the implementation of the order be delayed because it violated Article 33 of the UN Protocol Relating to the Status of Refugees. The U.S. Supreme Court determined that Acts of Congress do not generally have application outside of U.S. territory, unless explicitly noted, and that Article 33 is silent regarding extraterritorial application. Additionally, the Supreme Court interpreted the Refugee Convention to only apply to individuals who have already arrived on U.S. soil (Sale v. Haitian Centers Council, Inc, 1993).

The U.S.’ reluctance to apply the Torture Conventions, which restricted interrogation techniques, beyond U.S. territory demonstrates its hesitancy to enforce non-refoulement principles and the Refugee Convention extraterritorially. In its Second Periodic Report, the U.S. provided extensive information regarding its overseas operations in Afghanistan and Iraq with little discussion of the extraterritorial application of the Torture Convention (United Nations Committee Against Torture, 2005). Nonetheless, in its responses to questions from the Committee Against Torture (CAT), the U.S. noted that many legal obligations within the treaty, such as the non-refoulement principle, “do not apply to activities undertaken outside of the ‘territory under the jurisdiction’ of the United States.” The U.S. does not accept the concept that de facto control equates to territory under its jurisdiction (Bellinger, 2006). The CAT deemed it “regrettable” that the U.S.’ application of the treaty is not consistent with other Member States since the U.S. believes the treaty only applies to a State’s de jure territory (United Nations Committee Against Torture, 2006). Additionally, in 2005, the U.S. declared the territorial limitations of the ICCPR, including the conjunctive interpretation of Article 2(1), when it concluded that: “The obligations assumed by a State Party to the International Covenant on Civil and Political Rights apply only within the territory of the State Party (United Nations Human Rights Committee, 2005).”

The U.S. has demonstrated a trend of growing isolation in its categorical position that its human right obligations have no extraterritorial application in light of the text of the agreements and the intent of the drafters (Schaak, 2014). Therefore, it is unlikely to assume the U.S. will accept a blanket obligation to uphold the principle of non-refoulement and to guarantee a refugee status determination beyond its territorial waters.

**Conclusion**

In summary, both the EU and the U.S. recognize their duty to rescue refugees in distress at sea regardless of their location; however, their interpretation IHL diverges from there. EU jurisprudence started with a simple presumption that human rights obligations are essentially territorial. Yet, like beads of mercury, these exceptions have coalesced into a generalized doctrine of extraterritorial application. The EU’s current state of the law would thus dictate that human rights obligations exist wherever a State exercises de facto authority or control over territory, individuals, or a transaction and has the power to respect and ensure the enjoyment of rights and freedoms (Schaak, 2014).
The United States, on the other hand, prefers a more case-by-case analysis regarding the extraterritorial application of human rights law and seems to favor options that do not restrict the actions of its sovereign vessels navigating the High Seas. Regardless of these differences, there remains an unresolved void in IHL regarding the relocation of refugees. Returning to the European Migrant Crisis, a policy of holding status determination hearings in Territorial Waters would have greatly reduced the number of Syrian refugee deaths because they would have been seized soon after leaving the Syrian coast. The EU should have established a process that would have allowed legitimate refugees to disembark at pre-determined ports and undergo asylum examination. Further, the U.S.’ consistent maritime presence in the Mediterranean and its ratification of IHL treaties should have created an obligation for the U.S. to assist the EU in this process. Ultimately, the lack of international authority and a ratified procedure regarding rescued refugees creates an unfair burden on seafarers and threatens the veracity of conventions that were created to prevent the loss of life at sea.

Endnotes

1) Alan Kurdi was a three-year old Syrian boy of Kurdish descent who drowned on September 2, 2015 in the Mediterranean Sea. He and his family were Syrian refugees trying to reach Europe on a small inflatable rubber or plastic boat, which capsized about five minutes after leaving Bodrum, Turkey. Sixteen people were in the boat, which was designed for a maximum of eight people. They were trying to reach the Greek Island of Kos, about four kilometers from Bodrum. To reach the original of this picture, copy and paste into the web the following: https://en.wikipedia.org/wiki/Death_of_Alan_Kurdi

2) There is a significant distinction between migrants and refugees. Refugees, as defined under the 1951 Refugee Convention, are entitled to basic rights under international law, including the right not to be sent back to the place of persecution. A migrant is someone who chooses to resettle to another country in search of a better life. However, it is difficult to determine whether someone is a refugee or migrant before rescuing them at sea. For the purpose of this article, we will assume that those fleeing by sea are refugees seeking asylum status.

3) All the Member States of the EU are party to the majority of the core human rights treaties elaborated under the aegis of the UN: the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and the Convention on the Rights of the Child (CRC). The European Union on International Human Rights Law. See http://www.europe.ohchr.org/Documents/Publications/EU_and_International_Law.pdf.

4) Article 3(1) of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: No State Party shall expel, return (“refouler”) or extradite a person to another state where there are substantial grounds for believing that he would be in danger of being subjected to torture. The Protocol Relating the Status of Refugees (1967). The European Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention). The Convention Government the Specific Aspects

5) IMO currently has 171 Member States and three Associate Members.  
http://www.imo.org/en/About/Membership/Pages/Default.aspx

6) The baseline is the line from which the seaward limits of a state’s territorial sea and certain other maritime zones of jurisdiction are measured. Normally, a sea baseline follows the low-water line of a coastal state. When the coastline is deeply indented, has fringing islands or is highly unstable, straight baselines may be used. UNCLOS 1982, Article 5.

7) If the Territorial Sea of one state overlaps with another state’s territorial sea, the border is taken as the median point between the states’ baselines, unless the states in question agree otherwise. UNCLOS 1982, Part II.

8) On January 12, 2016, a navigational error caused two U.S. Navy boats with 10 sailors to enter Iranian territorial waters without notification or permission. They were within three nautical miles from Iran’s Farsi Island when they were confronted and detained by the Iranians. However, the U.S. Navy vessels did not violate international law when they entered Iranian Territorial Waters pursuant to the UNCLOS doctrine of Innocent Passage.  
http://www.cnn.com/2016/01/14/politics/navy-boats-iran-waters/.

9) The continental shelf is the natural prolongation of the land territory to the continental margin’s outer edge. UNCLOS 1982.

10) The United States ratified the ICCPR in 1992. However, there are many reservations and its implementation has been argued to have little domestic effect. Included in the Senate’s ratification was the declaration that “the provisions of Articles 1 through 27 of the Covenant are not self-executing;” and a Senate Executive Report stated that the declaration was meant to clarify that the Covenant will not create a private cause of action in U.S. Courts. Although the articles applicable to extraterritorial jurisdiction are not self-executing, they could be adopted by the U.S. as customary international law similar to the U.S.'s adoption of UNCLOS without ratification.

11) HRC General Comment 31: Nature of the General Legal Obligation Imposed on States Parties to the Covenant, 26 May 2004, CCPR/C/21/Rev.1/Add.13; 11 IHRR 905 (2004) at para. 10, provides: ‘[A] State party must respect and ensure the rights laid down in the Covenant to anyone within the power or effective control of the State Party, even if not situated within the territory of the State Party.’ Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory, Advisory Opinion, ICJ Reports 2004, 136 at para. 111, states: ‘[T]he International Covenant on Civil and Political Rights is applicable in respect of acts done by a State in the exercise of its jurisdiction outside its own territory.’ See also Case Concerning Armed Activities on the Territory of the Congo (Democratic Republic of the Congo v Uganda), Judgment, ICJ Reports 2005, 1 at paras 178-180.
12) Melish, supra note 7, at 240–41. See also Geneva 001769, supra note 10 (cable discussing U.S. presentation before the HRC affirming “the long-standing U.S. legal position that the Covenant does not apply to the conduct of a State Party outside of its territory” but nonetheless noting a willingness to engage in extensive dialogue about overseas military operations and renditions “as a courtesy”).

References


Georgia v. Russia (2014), (I) [GC], no. 13255/07, § 175, ECHR.

Hirsi Jamaa and Others v. Italy (2012). [GC], no. 27765/09, § 185, ECHR.


Khlaifia and Others v. Italy (2015), App. No. no. 16483/12 Eur. Ct. H.R.


Sharifi and Others v. Italy and Greece (2014), no. 16643/09.


Look for Me in the Whirlwind: 
A New Perspective on the Leadership of Joycelyn Elders in Medicine and Healthcare

Michael A. Washington, MA, PhD (cand)
Union Institute and University
Department of Ethical and Creative Leadership
Tel: (713) 213-5456
Email: m.a.washington8385@hotmail.com

Author Note
This article was originally prepared for the author’s doctoral program. The contents of this manuscript do not reflect the policy or opinions of the author’s university or the agencies which the author serves. The author has no financial conflicts of interest.

Abstract
This article explores former Surgeon General Joycelyn Elders’ decision to use nominally colloquial metaphors, imagery, and language to frame the discourse in public health, policy and the political context in which she worked. It also considers the impact of effective stakeholder analysis and engagement in terms of the dichotomy of results she experienced in Arkansas versus at the federal level. The decision to continue to leverage colloquial metaphor and imagery when engaging in public discourse on healthcare policy had manageable consequences up until Elders ignored the value of stakeholder analysis and mitigation planning, at the national level. Neglecting to appreciate the importance of building relationships with Donna Shalala (HHS), Leon Panetta (President Clinton’s Chief of Staff), and others loomed critically over her potential for success on the national stage. It also indicates a diminished appreciation for the opposition’s power to create constant and intense pressure. A useful paradigm from which to view leadership is complexity theory. Complexity theory represents anything but an elementary reduction of environmental, human and other factors impacting leadership outcomes generally and specifically in this case. The article considers the idea that more effective stakeholder engagement impacted the dynamics around Dr. Elders’ tenure as Surgeon General. In some way this dynamic helped to facilitate the cultural pathologies of race and gender to overcome the inertia of her support, which was mitigating resignation from the Clinton Administration. This blip on the radar screen of her contributions and career represents just that, a blip. She remains a powerful illustration of African-American leadership. She is a strong and principled leader in the model of Nzinga of Angola, Harriet Tubman, Sojourner Truth, and Haller Jones (Elders’ mother).

Keywords: medicine, politics, gender, race, public policy, leadership
General Introduction

Joycelyn Elders, the 15th Surgeon General of the United States, the second woman to hold the post, and the first African American, was appointed to the post by President William Jefferson Clinton in January 1993. She was described as “forthright” and “plain spoken” by Senator Dave Durenberger during the confirmation hearing (United States, 1993, p. 53). Elders represents a dynamic example of competence empowered by passion and fueled by lived experience. Her authenticity emanates from her lived experience and gives her moral authority. It fortifies her professional gravitas and leadership vision. Her impermanent tenure of 479 days is a record for any Surgeon General. Her tenure, marked by rancor and controversy, represents the volatility often linked to the interplay of science, politics and religion.

Elders took on a range of controversial, albeit salient and relevant, public health care policy issues. For example, she debated and discussed policy issues related to government dispersal of condoms to mitigate AIDS and teen pregnancy, advocacy for sex education in public schools, gun violence and gun control. The discourse she engaged in, at times decidedly colloquial rather than technical, drew rhetorical fire. This article explores Elders’ decision to use nominally colloquial metaphors, imagery, and language to frame the discourse in public health, policy and the political context in which she worked. It also considers the impact of effective stakeholder engagement in terms of the dichotomy of results experienced in Arkansas as opposed to the federal level. Leadership dynamics are a human endeavor and are multivariant and complex. The Elders’ case can be viewed from a variety of interpretive lenses, here the main consideration examines the potential a more effective stakeholder engagement process might have contributed to her experience as Surgeon General.

According to her autobiography, she first engaged in this kind of discourse at a press conference subsequent to the governors’ association meeting (a conference on at risk youth) in 1987, during her tenure as Arkansas’s Director of Public Health. Elders (1996) describes her initial foray into this kind of discourse.

Then somebody asked me what the health department was going to do for youth, and I said, “We’re going to reduce teen pregnancy.” When they heard that, some of the reporters perked up. “Dr. Elders,” one asked, “how are you going to do that?” “Well,” I said, we’re going to have comprehensive health education and school-based clinics.” Now they were all wide-awake. Somebody said, “School-based clinics? Does that mean you’re going to distribute condoms in schools?” I said, “Yes, it does. We aren’t going to put them on lunch trays. But yes, we intend to distribute condoms.” (p.433)
Elders (1996) continues to describe the punctum that would characterize her engagement style in the public domain going forward:

That was an important press conference for me. In some ways it set the tone for the rest of my public career. Almost right off the people of Arkansas started hearing from conservative religious groups that if I wasn’t stopped, their sons and daughters were going to be served condoms on their school lunch trays right along with their lunches. (p. 434)

Based on her autobiography, from her early high school and college experience one does not get a sense of the genesis of her later posture. She possessed a strong sense of confidence and determination to have a higher socioeconomic outcome than she experienced growing up. Moreover, she aspired to a more empowered gender role than her mother, grandmother, and other women she encountered. She resonated with her paternal grandmother Minnie Jones. Elders (1996) describes her grandmother and Elders’ motivation for the name change - her name in college from Minnie Lee to Minnie Joycelyn.

It wasn’t until college that I changed my name from Minnie Lee to Minnie Joycelyn, then just Joycelyn, which I took from a peppermint candy I was fond of. Mainly I wanted to be my own person. Before that I was Minnie or little Min (my grandmother being Big Min), or Mint which is what my father called me. (p. 63)

As she describes the character of her grandmother, one gets a sense of the alignment with a later characterization, namely “forthright” and “plain spoken”. Additionally, one can see the inclination to migrate from the life she grew up with for what she considered better.

Minnie Jones was a character, a slim beautiful, feisty woman, always upbeat, always positive, which is probably one of the reasons she and Mama got on so well…. Unlike mama, though, grandma Minnie never spent much time working in the field. She didn’t like field work at all and went to great lengths to avoid it. (Elders, 1996, p. 63)

Elders’ tenure as Director of the Arkansas Department of Public Health constitutes the genesis for her pointed engagement style around controversial issues related to public health policy, that style emerged in full force during her tenure as Surgeon General. The success she garnered in terms of medical outcomes and medical research substantially positioned her for the role as the nation’s top doctor.

The hard lesson learned in the Elders case, the disciplined application and value of strategic planning, applies pervasively in the context of complex organizations and networks. Hickman (2010) provides a perspective on this aspect of leadership. Strategic planning and strategic leadership comprise a pivotal element of competence, particularly in complex organizations. Strategic planning improves the efficacy of an organization and while commercial enterprises leverage it for competitive advantage, nonprofit and governmental bodies leverage the skill for, “intentional direction to the organizations and adapt to external changes that affect their services and stakeholders (p. 83).” Hickman (2010) also outlines eight elements to consider in the context of strategic planning. Of the eight, stakeholder analysis is critical in the Elders case. Stakeholder analysis as outlined by Hickman (2010) encompasses the following perspective.
Stakeholder analysis—an assessment of the expectations, wants, and needs of all parties that have an interest or stake in the organization, including leaders, team members, managers, employees, customers/clients, recipients of services, and investors/shareholders, among others. (p. 84)

By her own admission, Elders did not pay attention to this element of strategic leadership and planning in her role as Surgeon General. Perhaps she believed in the putative support of the president. However, the dynamics at the state level were far less complicated than those at the national level. This phenomenon, particularly true in terms of the magnitude and density of stakeholders, had stark consequences for incompetence.

**Grounding**

Elders grew up in a rural community in Shaal, Arkansas. This grounding provides a foundational and empathetic backdrop for her public life. Elders embraced her family and hard work. She was born in 1933 to a rugged but loving and supportive family. She was the eldest of eight siblings. Her childhood days were filled with cotton field work, housework, babysitting, and school. Elders' mother stressed education and from her own account this presented a constant focus in the household.

Horizons broadened after the family spent some time in California, her parents obtaining manufacturing jobs near Oakland, California. During this time Elders was exposed to higher career aspirations beyond “being a store clerk”, which was an early goal when she was in Shaal (Elders, 1996, p.33). This loomed critically because while attending school in California, Elders clearly expressed her interest in science, a perspective she might not have gotten until much later, conditions in her hometown being what they were. As she writes:

> The first thing I noticed about my classes was that I could compete with the white kids. The second was that what made the school in Richmond different wasn’t just that most of the kids were white or that there were lots more of them than I was used to. It was that many of these kids had aspirations. Some of them were sure they were going to college…. For the first time it occurred to me that there might really be something in life other than being a field hand or a maid. I liked chemistry; I liked being in the laboratory. Maybe I could become something like a laboratory technician. (Elders, 1996, p. 84)

Elders exhibited a consistent sense of confidence throughout her younger years. In the example above, her notion of competing with white kids on a level basis imbued Elders with a sense of confidence. However, she also reflected upon the efforts of her teachers in Arkansas to instill confidence rooted in examples from her community. She certainly recognized the power of examples from her own cultural heritage. She articulates this as she reflects on the teachers she had in Arkansas.

> Those teachers of ours may not have had as much math or science as some others, but they instilled in us the value of being a decent human being and the value of education. They also taught us all the way along how to make it in the white world outside Howard County…. Negro history was part of that same lesson. Everybody in school study that.
We talked about George Washington Carver and Booker T. Washington. We read Carter Woodson,... [sic] Who said that if you control a man's mind, you control his actions,... But now is the time to control our own minds for ourselves. (Elders, 1996, p. 101)

Several pillars define the basis for Elders to stand in the whirlwind. The first, that she garnered tremendous security from a supportive family structure and extended family. It provided examples and a context for what to do and emulate and what not to do. Her paternal grandmother was "feisty" and resisted the economic mechanism of the day, fieldwork. Her mother and others constantly pressed for excellence in education and a view beyond sharecropping. The family exhibited mobility, a willingness to move nearly 2000 miles to embrace an opportunity for economic gain. This demonstrated to her that the world possessed dimensions bigger than Schaal, Arkansas. Her father provided strong support of her as a child and while he appeared somewhat agnostic about college, he did not block the progress.

Secondly, her educational experience fortified her confidence. In California, she experienced nominally competitive parity with her white peers. This experience in the 1940s cannot be underemphasized. Further, her view of career possibilities was informed and she absorbed the positive aspirations of her peers in a more personal way. She also got buoyancy from grounding in her own cultural heritage.

Lastly, the experiences fueled her desire to craft a different life than that experienced by the women in her life. This theme appears numerous times throughout the autobiography.

What I did know was that I had no interest in being like any of the women I knew. None of them struck me as someone I wanted to emulate. Looking at my mother and grandmother, I certainly didn't want to be like them. Later on I was able to see their lives as farm women and mothers for the successes they were. There's no question that all the children in our family were secure and all of us felt loved. (Elders, 1996, p. 103)

All these pillars gave solid ground for Elders to withstand the whirlwind. Time and again, Elders refers to these pillars, beyond the love and support of family, she articulates and demonstrates a pervasive spiritual faith. Flowing from the example Haller (her mother) demonstrated, this gave Elders buoyancy in stormy seas. She suffered her share of personal loss. She lost a brother and sister to murder and a traffic accident, respectively. Her son, Kevin, had unfortunate interactions with drugs and prison. Through these personal crises and the public ones, her faith provided a source of comfort and stability.

Context

Dowd (2008), Irving (2000), and Morone (2004) highlight the idea that the combination of science, politics, and religion has been and continues to be a turbulent dynamic in American civic life. These fields touched nearly every aspect of life, environment, healthcare, economics, education and so on. The schism between the wholly scientific community and the holy religious community manifests itself in political engagements rich with tension, passion, hyperbole, and rancor. This is clearly the case for Dr. Joycelyn Elders. Her engagement in the arena of competition among these domains is not novel. Important for this case, the trilateral domain of science, religion and politics and its attendant volatility outlines the context in which
Elders and other public scientist matriculate. No domain exhibits pristine dynamics and each conspired with the other for dubious and nefarious ends.

The moving and shifting balance between science, politics, and religion constitutes a backdrop for both the success and political demise of Elders. Elders reflected on this shifting balance numerous times in her autobiography. She seemed clear about the players, the conservative politicians, the Christian right, and the implications of doing battle. Yet at times she expressed a sense of wonderment at the responses she got. The purveyors and leaders in each domain pull cultural levers to move the argument about this or that, in a range of directions. Specifically, in the case of healthcare policy, the volatile balance between individual liberty and choice is informed or not, by educational and religious doctrinal perspectives. Hyperbole by all, as well as dubious machinations, tends to cloud and obscure valid progress.

Elders experienced a powerful dichotomy between her experience in Arkansas and the federal government. The criticality of a competent, loyal and tenured staffer in the person of Tom Butler, among others, provided three support structures she did not experience as Surgeon General. Mr. Butler was a seasoned professional that knew the landscape in Arkansas politics and ran interference on behalf of his boss. He and others had the benefit of time and engagement over which period trust was engendered. As a result, sage advice and council flowed in both directions between Elders and her staffers. Lastly, Mr. Butler maintained a working relationship with a powerful web of stakeholders, state senators and representatives, which facilitated the realization of more controversial aspects of Elders’ vision for the department. In the ensuing quote, Elders provides a recognition of the talent she had supporting her efforts in Arkansas.

By now I had decided I was going to keep Tom Butler, which I hadn’t been sure of before. I knew Tom has a reputation for competence and absolute loyalty, but I also knew we was used to running the show. .... Louise Dennis, who ran the delta, was a well-bred white woman who came from a wealthy, political family. She had been a public health worker for thirty years plus. Public health was in her bones. (Elders, 1996, p. 402-408)

At the federal level, she did not have the benefit of tenure or relationship with staff. In this sense, she may have under appreciated the criticality of building these supportive stakeholder webs prior to wading in to troubled waters.

Another important stakeholder constituency was the religious community, her brother Chester, a Methodist pastor facilitated a link to the Ministerial Alliance. Chester was instrumental in securing offensive minded support for health care justice in Arkansas to meet and in some ways mitigate her more conservative adversaries. She wrote the following about her brother’s advocacy.

When I recognized how important it was to take my message to the churches, Chester was the key person. Without an audience you are sure not to make a difference [again, here is a clear articulation for an appreciation for stakeholder engagement in the context of building alliances to mitigate opposition] Chester’s superior Bishop Wilke, was very supportive. Methodists had always been on the right side of contraception... Chester also set me up with the black Ministerial Alliance and the white Religious Forum groups of churches. ...I didn’t know exactly what it meant, that they were going to support me... a couple of months later when the legislative session opened up, a lot of those men put their collars on
and came up to the State Capital to shake hands with their legislators and twist arms. Black ministers and white. (Elder, 1996, p. 446-448)

Stakeholder engagement and the importance of webbed networks outlined a fundamental part of her leadership efforts in Arkansas. She demonstrated an appreciation for keeping her direct sponsor apprised of thorny situations ahead of time and experienced full-throated support from then Governor Clinton.

Dowd (2008) puts a fine point on the dilemmas faced by public scientist, when he outlines the power of the theologian and philosopher to frame descriptive analysis and research in terms of good and evil. Further he credits the theologians and philosophers with the ability to command the linguistic mechanisms with a confidence far exceeding that of the nominal, if not stereotypical scientist. This lack of talent on the part of the scientist tends to result in a lower potential to secure “cultural authority.” Dowd presents the following perspective:

As in the case of the first two types of questions [descriptive questions, observations, the scientific realm or normative questions, moral or behavior ideas, the philosophical/theological realms], there are people who have devoted their lives to the study of “normative” questions. These philosophers and theologians are familiar and comfortable with the detailed, scholarly treatments of concepts like right and wrong, moral and immoral, and good and evil. They know the history of those concepts; the various theories regarding them; and, if they are historians of events as well as ideas, they know the real world consequences that have resulted from labeling as good those actions that were evil, and vice versa. (p. 249)

This is the environment Elders found herself in as she entered the public arena in Arkansas. Like an insect in a spider web, she found herself caught in this dynamic - the reduced “cultural authority” a role played by scientists in service to political and moral authority.

Irving (2000) clearly identified the fault lines and dangers laden in the discourse. Irvine positioned Elders in the center of the world when she discussed the dynamics of sex education and discourse in America. She leveraged the resignation of Elders as a case in point for touching the third rail. Irvine (2000) characterized the discourse as follows.

Public debate over sex education (sex talk about how to talk about sex) have become more visible, and far more volatile, than the actual classroom pedagogical practices. Hundreds of American communities have suffered acrimonious battles over what to teach in the schools about sexuality community meetings have erupted in shouting matches and even physical violence…. Like implacable Hollywood screen monitors, these are the conflicts that won’t die. They are the sort of recursive, unyielding civic arguments partly known as culture wars. (p. 59)

Fundamentally, Elders underestimated the power of descriptive analysis (the logos) to prevail in the court of public debate, even delivered with the passion she could command, juxtaposed to the normative ethos wielded by her conservative, theologically rooted opponents. It was no match. Irvine (2000) described the intensity and dexterity of the conservative religious right to marshal the public and their elected representatives against any effort by the likes of Elders. Elders’ colloquial imagery was no match for the normative power arrayed against her.
In Arkansas, Elders’ situation is fortified by key elements of change management articulated by Kotter (2006)-to be reviewed in greater depth in the implication section.

**Dancing With The Bear**

Elders (1996) used the phrase “dancing with the bear,” to describe the political machinations required to navigate healthcare public policy. The term was also used by her brother, Chester Jones, a Methodist minister and confidant of his older sister to illustrate the dilemma she faced. The heart of the question for this article revolves around Dr. Elders’ decision to use sharp colloquial rhetoric to engage in the public discourse vis-à-vis public healthcare policy. The controversies in which she found herself embroiled were anything but new. As noted previously, Elders represented the quintessential case, a familiar way of for a scientist, using descriptive analysis in a political and decidedly normative context.

Elders did not take Falstaff’s advice, “the better part of valor is discretion, in which better part I have saved my life.” Ultimately Elders did not save her political life as Surgeon General. Based on her testimony, in her autobiography, she respected her political opponents yet still appeared naïve to the ultimate pressure that could be brought to bear. She consciously articulated the racial and gender based firestorm surrounding Lani Guinier, Clarence Thomas and Anita Hill. Elders (1996) at least twice, describes deeply racist commentary she experienced during her residency and during her tenure as a medical researcher. Both incidences describe professors making inappropriate comments using the N-word. She handled these incidents with tact and forthrightness. She, in fact, applied Falstaff’s insight with brilliant effect, building a robust medical research career. The following example represents a typical approach she employed in both cases.

It was the rare incident that got through my crust. But it’s true that some did. One of those happen later that year at the med school. A group of us were talking with some doctors about an experiment that had not turned out the way it was supposed to. No one was sure what had gone wrong, but it was clear that something must have. “Well,” one of the doctors said, shaking his head, “you just know there’s got to be a n[^****]r in the woodpile somewhere.” I looked up and stared directly at him. I didn’t say a word, just stared. The room was dead silent. And somehow right in the middle of it I felt that I needed to save this person. “Well,” I said, “I guess we have to keep digging until we find the results.” (p.164)

Further, in her leadership style, one can see strong elements of transformative and transformational leadership constructs. She exhibited the basic traits articulated by Bass as framed by Hickman (2010). Transformational leadership incorporates three elements: a) building enthusiasm for a common set of goals and objectives, b) challenging the team to be creative problem solvers, and c) developing people to enhance innate leadership capabilities (p. 77). Her compassion and empathy for people effused from her background and her competency undergirded her credibility. Lastly, her gravitas came from positional power and competence. Whether in the role of chief resident, professor and medical researcher, or Director of the Arkansas Department of Health, she acted with authority. Moreover, the work of Adrienne Smith proves insightful regarding women in position of municipal authority. While Elders never held the office of mayor, she held public office and some parallels appear. Smith (2014) argued the following point in regard to power generally but specifically speaks to women in power. She framed the point as follows.
It argues that when women obtain leadership positions in municipal government and when the positions they hold have greater power relative to other municipal positions, cities will be more likely to produce policy outputs that are often associated with women’s interest and needs. (p.313)

Elders leveraged her positional power to impact public health care policy in Arkansas with great effect. At the federal level, the relative ability to exercise positional power, diminished dramatically.

Three things fuel Elders’ use of controversial colloquial metaphors and imagery when engaging in public discourse relative to public policy issues. First, Elders possessed a sense of connection and passion that stemmed from her childhood experience and her work in endocrinology. She connected many of her experiences both in her medical research and her leadership of the department of health, with clear experiences in her childhood. An example of this phenomenon occurred during a surgery on a child patient whose injury was similar to one of her siblings. Here she recalls:

The patient was a five-or six-year-old boy with a ruptured appendix. I had seen him up on the pediatric ward when they first brought him in, sick as a dog, with his stomach swollen and hard. The instant I saw him I thought of Bernard, that this was exactly what he had had. I remembered my father’s voice when he brought Bernard back on the mule that night and told us, “the doctor said his appendix burst.” (Elders, 1996, p. 178)

An important link to the posture she took on sex education happened when she conducted endocrinological research. When dealing with the idea that she evolved into the state expert in the field, she recalled her naïveté in regard to human sexuality as a child. She articulates this perspective reflecting on being left as the sole researcher at the facility:

Given my nearly complete ignorance about sex when I was growing up, I still wonder sometimes exactly how it was that I became the Arkansas state expert on child sexual development. (Elders, 1996, p. 261)

Lastly, in terms of empathy for people in poor socioeconomic demographic categories, regardless of race, gender, or other classifications, her direct report at the Department of Health, Tom Butler noted when speaking of Dr. Elders, “At least we don’t have to teach you how to be poor (Elders, 1996, p. 431).” This sensitivity served Elders well in engagements with the Arkansas legislators and other constituents in the state. In fact, Elders (1996) highlighted the following self-reflection.

The only person in the world who can say this or do this [advocate for sex education among poor girls in Arkansas] is an educated black female…. I’ve got all the tools necessary to take this on. This must be God’s mission for me. (p. 431)

The second factor impacting her use of colloquial metaphor revolves around her deep descriptive scientific research both patient focused and health outcome focused, as a function of demographics. Early on, the funding she got from National Institutes of Health grants, fully integrated her research with public health care concerns. She reflected as follows on the implications of her early research as it relates to the connection with public health care.
Though it didn’t particularly occur to me at the time, all those years of working with diabetes and other endocrine diseases were teaching me a set of lessons about health in general. But looking back now, I can see that the work I was doing taught me a paradigm for healthcare that got itself ingrained in my thinking long before Bill Clinton hijacked me out of the University. (Elders, 1996, p.319)

In a range of public dialogues, during the Congressional hearings, in interviews, and in speeches, you see Elder’s rhetorical style flowing from logos to pathos in an effort to connect facts to emotional force. The classic scientific effort to connect facts and figures to wield “cultural authority,” characterizes Elders’ efforts. Her objective was to move the needle in terms of the critical health care crisis in the country and effect this by both descriptive analysis and normative political discourse. This represents the essence of “dancing with the bear.”

In several interviews, Elders demonstrates a routine. Initially or early in the interview (e.g. Marwick (1993), Frankel (1994)) she put questions in the context of a response to a controversial comment. Elders responded - nominally by confirming the statement - by clarifying the discourse, then grounding the basis for her response in data (qualitative or quantitative). This can be seen as a defensive posture that manifested itself during the congressional hearings. The congressional hearings were the crescendo of the prior interviews. From the very beginning, Senator Kennedy, bombarded with a range of technical and procedural maneuvers, skillfully pushed Elders’ confirmation process to a successful conclusion. Excerpts from Senator Kennedy’s opening comments give a flavor for the last-minute machinations orchestrated by her political opponents.

I have been notified by the majority leader just a few moments ago that there is an objection to this committee meeting beyond the hour of 10. That has been filed. Under the Senate rules, for those who are not familiar with them, there is the opportunity for any single member of the Senate to object to a committee meeting that has been in session for two hours, and we will have been in session for two hours by 10 this morning. That objection has been filed, so until the Senate recesses we will not have an opportunity after 10 to permit Dr. Elders to respond to many of the allegations, charges, distortions, misrepresentations and character assassinations that have been directed at her. For the purposes of the members of this committee, I want to indicate that whenever the Senate adjourned Sunday-whenever it is-this committee is going to be back in session, and we are going to stay here all afternoon, we will stay here during the evening, and will come back tomorrow if necessary and stay as long as necessary on Saturday. (United States, 1993, p.1)

This is the kind of staunch political cover and backing she enjoyed in Arkansas when Bill Clinton was governor.

Lastly, Dr. Elders sense of competence and scientific authority, flowed from her determination to have a manifestly different outcome than her parents and others. Further, she represented her high school as valedictorian and early on demonstrated a competitive spirit. Her successes, either by plan or providence, fueled a gravitas exhibited throughout her career. During the congressional hearings, more than a few senators noted her plainspoken manner while acknowledging her many successes and honors. Senator Boren, speaking on behalf of Senator Pryor (from Arkansas) frames the force of Elder’s conviction and determination to shoot straight. He positions quite clearly the need for such forthrightness in the public discourse. He also makes the point that such veracity necessitates political cover.
In many ways, the importance of the post of Surgeon General stems from its ability to serve as a bully pulpit. It is not a doctor’s job to mince words. It is the physician’s job to tell us what is wrong in the plainest possible terms. In her position as director of the health department in Arkansas, Dr. Elders, if she had minimized in that position the problems, if she had acted like a politician in the worst sense of that term, if she had not pointed out what needed to be said, she would most likely sail through the nomination process without controversy. (United States, 1993, p.17)

She tackles issues head on and during her endocrinology research, Elders and her research collaborator made scientific and cultural decisions about the sex of children born with ambiguous genital development at birth. These recommendations to parents took clarity of process and surety of science to propose.

What then are the consequences?

Elders did not build political relationships with the management chain, to put this in corporate terms. She worked in the Department of Health and Human Services under Donna Shalala. It was clear from the beginning that Elders was not a member of the political in-crowd. During the early debates and dialogues on health care reform, Elders’ views were inconsequential, and her sense of bipartisanship was not shared. She saw the work of the previous administration, particularly that of Louis Sullivan, should be integrated into the process. Elders, in describing her frustrations noted the following:

At some point after I understood that none of my suggestions or recommendations was going to get anywhere, I took stock and made up my mind just to buckle down. I think I decided that I wasn’t going to keep upsetting myself, that there are times in life when you just have to be a good soldier and keep your mouth shut. (Elders, 1996, p.525)

After the confirmation hearings, Elders interaction with her boss became obviously distant. Elders speculated that it might have been that they were both in contention for Health and Human Services Secretary. The following excerpts from her autobiography are telling.

But I thought my interactions with Donna Shalala might have been a little bit schizophrenic. My first exposure to that was back in January during the inauguration. Shalala had seemed very friendly and had invited me to meet with her the next morning in her office. But when I got there, a secretary said she was too busy to see me; if I needed something, I should call her later…. Shalala would ask me to be with her for some speech or event, but when I show up at her office, she would seem surprised and annoyed that I was there…. Yet she seemed to go out of her way. “I didn’t pick Dr. Elders,” she’d make a point of telling people. “I hired Oliver Elders, but I didn’t hire Jocelyn Elders.” There wasn’t exactly an open antagonism there, but I think most people felt that something was going on. (Elders, 1996, p. 544)

In hindsight, it appears Elders recognized that she did not create political cover for herself. This was clearly a different ball game and she was several layers removed from President Clinton. While in the role in Arkansas, she had a more direct relationship hierarchically. This represents a political lesson she did not have to reckon with as Director. In the absence of this kind of cover, she was vulnerable to attack. By her own admission, she got encouragement to engage her management chain (both Shalala and Panetta). Again, in her own words:
I guess there were some disadvantages to running around as much as I was, the main one being that I wasn’t spending any time taking care of my political flanks. Often I wasn’t current with everything going on behind the scenes at HHS, and I practically never saw anybody at all from the White House. Shalala, I knew was not a friend, and I never went out of my way to cultivate allies who might help compensate for that. My Chief of Staff, Carol Roddy, suggested a number of times that I go over and meet Leon Panetta, especially after some flap or the other. But I never did. (Elders, 1996, p. 551)

In the end, she made one too many controversial comments and the consequence, in part, led to her resignation. Clearly the position of Surgeon General is fraught with controversy and rancor. During the confirmation hearings, more than a few senators spoke to the historical tradition of controversy vis-à-vis the Surgeon General’s post. It is clear from Elders’ writings that she appreciated public controversy. Elders’ commitment to seeking out cultural authority with which to drive health care policy seems to represent a significant aspect of her short tenure as Surgeon General. Jones (1995), her brother, cites a criticism from Mary Frances Berry that the firing was endemic of systemic racial and gender bias. Jones cites an article where Geraldine R. Segal articulates the inevitable analysis from a social justice perspective.

She is quoted in an article in the December 19, 1994 issue of Black Issues in Higher Education by Mary Kristin Phillips “‘Taken for Granted Again’:

... This is not the first time that a Surgeon General has talked about masturbation. What Elders did not realize was that she could not do what former Surgeon General C. Everett Koop did. She is a black woman and he is a white man. He said a lot of the same things she is saying. He talked about masturbation, he talked about AIDS, and made the same recommendations,’ Berry says. ‘There is a booklet he put out about AIDS and sex education, and masturbation was part of it. But the fact that he was conservative, and although he said controversial things, he is a white man. It is a different ball game for her [Elders] as a black woman...’ (p.217)

Implications for Ethical and Creative Leadership

The saga of Dr. Jocelyn Elders, rife with powerful examples of conviction, cultural and ethnic grounding, spiritual fortitude, eminent scientific and medical competence, and leadership, provides a context for ethical and creative leadership. Elders did not consider herself, according to her autobiography, a civil rights leader in the sense of Ella Baker, Fannie Lou Hamer, and others. She provided effective leadership for social justice in the context of healthcare policy and service. She, quite sensitive to her unique position as an African-American woman with both lived experience and an affinity for her community, provided effective leadership and delivery of health care for the community universally.

T’Shaka (1990) provides a powerful discussion of leadership and leader development from an African centered perspective. He posits that leadership in the African diasporic and continental tradition requires two aspects. The first characteristic, “lead through following,” wherein a leader reflects the aspirations of their constituency (p. 10). The leader in T’Shaka’s view reflects and understands the general conditions and desires of the community and gives voice to them. The leader emerges out of the community and works within the normative cultural constructs. The second characteristic, “to improve on the people’s vision,” wherein a leader inspires people to achieve to the highest capacity (p. 10).
While not overtly articulating African centered orientation, the fact that Elders’ teachers provided a grounding in the luminaries of African-American heritage and declared the lessons from the lives of those luminaries, Elders and her classmates were bound to and quilted into the fabric of African diasporic heritage. T’Shaka (1990) posits that African-American leadership tradition, secular or religious, reflect African tradition, including democracy. He articulates the following linkages of African-American and others in the diaspora.

To understand leadership traditions among African Americans and Africans in the Diaspora, it is essential that we understand traditional African leadership traditions. This understanding is necessary because African-American and African diaspora leadership traditions contain strong African carry overs. (p. 10)

Dr. Elders’ career demonstrates the highest articulation of African-American leadership tradition. She lived and worked among those in her community. She created programmatic efforts that reflected the environment and needs of her community. School-based health clinics, a hallmark of her healthcare agenda, were autonomous vis-à-vis the local school boards and parents. She did not dictate the focus of the healthcare services. Instead, she provided a menu of choices for local authorities, and also parents.

Hickman (2010) described a range of leadership concepts. Ubuntu, a style of leadership that effuses from African tradition. Hickman shares the following insight with regard to this concept.

The philosophy of Ubuntu leadership comes from traditional African concepts of leadership and life as a collective function. Ubuntu means “a person can only be a person through others” (Mikgoro, 1998). It exists only in the interaction between people in groups and functions to sustain humanity and dignity. Ubuntu to embodies the belief that an individual’s most effective behavior occurs when he or she is working toward the common good of the group. (p. 63)

To add texture to this term, Desmond Tutu (1999) provides an indigenous view of the meaning of ubuntu as follows:

Ubuntu is very difficult to render into a Western language. It speaks of the very essence of being human. When you want to give high praise to someone we say, “Yu, u nobuntu”; “Hey, so and so has Ubuntu.” Then you are generous, you are hospitable, you are friendly and caring and compassionate. You share what you have. It is to say, “My humanity is caught up, is inextricably bound up, in yours.”...A person with ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole...(p.31)

Dr. Elders exhibited this attribute throughout her career. She works from a view of the value of humanity and the right of every person to effective healthcare, preventative healthcare. All her efforts were focused toward the common good. During a speech to the American Public Health Association, Elders (1994) noted the following in relation to the common good.

As Surgeon General, I want to tell you that we in health, and we especially in public health, need to take some lessons from our colleagues in the American Bar Association. I gave
a talk to the American Bar Association some time ago, and I remember standing there, and I was talking. I made a statement that I thought everybody agreed with. I said, "Every American has a right to health care." When I finished my remarks, all of these hands were up in the air to ask me questions. One lawyer stood up, and I took the first question. He said, "Dr. Elders, who gave them that right?" I didn't quite know what to say, especially because I was not expecting that particular question. I thought about it for a minute, and then I replied, "You lawyers feel that in America every criminal has a right to a lawyer; why shouldn't every sick person in America have the right to a doctor?" I feel that we've got to give the American people the same constitutional rights the lawyers have fought hard to make sure that all criminals have. (p.134)

To be sure, the backdrop for Dr. Elders troubled tenure involved a cauldron of social and cultural issues related to race, gender, and the complexities outlined by Dowd (2008) and others regarding science in the public interest. It is the author's contention that the ineffective attention to stakeholder dynamics provided additional and substantial reduction in the coefficient of friction that supported her tenure or proved an additive force in terms of her resignation.

Kotter (2006) frames eight elements for leading change, paraphrasing they are: 1) Create a Sense of Urgency, 2) Pull Together the Guiding Team, 3) Develop the Change Vision and Strategy, 4) Communicate for Understanding and Buy In, 5) Empower Others to Act, 6) Produce Short-Term Wins, 7) Don’t Let Up, 8) Create a New Culture. In her experience in Arkansas, you can see powerful and compelling examples associated with most of these principles. Dr. Elders creates a data-based sense of urgency and integrated her already aligned staff to the mission. She along with her staff and brother created a guiding team of clergy, political support, and community support. She certainly empowered her staff to act in the interest of the aligned vision. She had a clear sense of the division of labor between herself and Tom Butler.

Tom was a great administrator and manager. He did not enjoy the combat and confrontation though. So we were good compliments for each other. ... Having Tom behind the scenes allowed me to do the visionary and missionary part, and having me out front allowed him to do the manipulating and jockeying part. (Elders, 1996, p.458)

Together the sum of the parts produced short term and longer-term wins, maintained a sense of continuity, in the community and legislatively. This in the end moved the needle in terms of a shift in health care outcome and positioning in the state.

At the federal level, there was a different terrain, broader and more complicated networks of opposition. The Clinton administration embarked on a complicated agenda in terms of healthcare policy generally and this impacted her agenda as Surgeon General. Positional power of a competent shepherd in the form of Senator Kennedy facilitated her confirmation hearing success. Past this process she had much less of a clear sense of urgency, diluted by presidential and national politics. She appeared to have difficulty framing a guiding team, particularly with the political hierarchy in which she found herself. She did not have a direct line of communication to Clinton. The atmospheric conditions did not facilitate clear opportunity for driving an analogous change visions and strategy, opportunity to communicate for broad buy-in, nor either empowering other or generating quick wins, akin to the Arkansas context.
Without these key ingredients of stakeholder engagement for change, the decision to continue to leverage colloquial metaphor and imagery when engaging in public discourse on healthcare policy might have had manageable consequences up until Elders ignored the value of stakeholder analysis and mitigation planning at the national level. Neglecting to appreciate the importance of building relationships with Shalala, Panetta, and others loomed critically over her potential for success on the national stage. It also seems to indicate a diminished appreciation for the opposition’s power to create constant and intense pressure. That pressure ultimately allowed the cultural pathologies of race and gender to overcome the inertia of support she had, mitigating resignation from the Clinton Administration. This blip on the radar screen of her contributions and career represents just that, a blip. She remains a powerful illustration of African-American leadership. She is a strong and principled leader in the model of Nzinga of Angola, Harriet Tubman, Sojourner Truth, and Haller Jones (Elders’ mother).

Admiral Elders giving an address to the employees of the Centers for Disease Control and Prevention.
References


LeaderBeing:  
Critical Reflections on Context, Character and Challenge in the Culture of Research and Its Administration

Edward Gabriele, DrM  
Distinguished Professor (adj)  
Graduate School of Nursing,  
Uniformed Services University of the Health Sciences  
President and Executive Director, Semper Vi Foundation  
(301) 792-7823  
Email: egabriele@mac.com

Vaughan V. Caines, MSc, MA in Law  
Defence & Human Rights Barrister  
Forensica Legal, Bermuda  
Legal Advisor & Member, Bermuda Parole Board  
Forensic Scientist  
Hamilton, Bermuda  
Tel: (441) 599-1915  
Email: vcaines@mac.com

Author Note
This article summarizes and integrates the original scholarship of both authors as prepared and developed for innumerable presentations, workshops, educational sessions, and expert working groups at diverse international academic and professional academies and societies over a number of years. It was originally published in 2013 in Research Management Review 20(1). It has been revised since its first publication. The opinions in this article are those of the authors and do not represent the views of the institutions and agencies that they serve. The authors have no financial conflicts of interest.

While this article centers upon the leadership role of research executives and administrators, the substance of the material that is presented and explored is applicable to a wide and diverse expanse of professions in the global community. This expanse includes healthcare, education, social services, law, and the full range of public services.

Abstract
Servant leadership is a critically needed reality in every profession. It is essential especially for those professions that impact human development and advancement in any and all fashions. The use of the term “servant” does not in any manner imply denigration. Rather, the term servant in this concept of leadership is meant to underscore the goal of placing the needs of
others before the self. Servant leadership is essential for understanding the ongoing importance of research administration as a central profession of service within the culture of research itself. The leadership of research administrators is both a unique gift and a challenge to the research culture. To ensure the continued productivity of the research enterprise, while respecting its wider and more powerful mission of service to the public trust, research administrators have a critically important role that can open the research enterprise to new depths, unprecedented possibilities, and unforeseen horizons of opportunity. Providing for these expansive missions necessitates that the research administrator as servant leader understands and courageously enters into the dynamic, never-ending processes of “LeaderBeing.”

Keywords: research, research administration, leadership, servant leadership, LeaderBeing

Introduction

Research administration and management have had a profoundly rich development and history. With a professional presence in the United States and across the globe that has skyrocketed since World War II, the identity, service and mission of research administration has grown and developed in vastly unforeseen ways. It is important to understand that the growth and development of the profession has advanced in response to the unfolding nature, importance, and unprecedented pathways on which research itself has evolved as an academic and professional entity in human history. To understand the importance of research administrators and managers, it is logically and equally important to appreciate the profession’s context, namely the unfolding nature of the exploratory activities that we call research.

This article is comprised of a series of reflections aimed at helping research administrators understand our critical role as servant leaders in the world of research itself. Servant leadership has become a common term in current popular vocabulary for a variety of professions and leadership roles in society, culture and diverse institutions. Obviously, the term itself seeks to orient the practice of leadership as a service as opposed to the practice of hierarchical privilege or workplace domination. Yet what does it mean to be a leader who serves? What constitutes the act of service? How does the service of research administration assist the nature, activities, outcomes, and horizons of research regardless of discipline or institution?

It would be easy to assume that what is needed are answers to these questions. However, that may be too fast a conclusion. In a world of speed and hand-held mobility, perhaps it may be wise to take the time to articulate and grapple with the questions themselves, and then allow the answers to emerge more slowly and with greater maturity in the lives and professional work of the members of our profession.

Therefore, the purpose of this article is to invite our readers to follow the proverbial white rabbit down a pathway of consideration. The hoped result would be one’s entry into a process of seasoned reflection out of which might emerge over time an ever deepening understanding of what it means to lead, assist, and bring to fruition the knowledge, application, and utility of the discoveries whose birth we are privileged to assist. We begin by reflecting on the nature of what research is and seems to be.
The Changing Culture of Research

“Human behavior flows from three main sources: desire, emotion, and knowledge.”

-----Plato

In the regulatory and legal worlds, many of us are aware of and utilize those sources that define research as any systematic investigation that is intended to contribute to the advancement of knowledge of some form. That is a convenient regulatory dictum. However, to be satisfied with the two-dimensionality of that definition is to miss the larger and more important picture, namely the role of research in human society and its origins within the very nature of human experience. Why does the human animal do research at all? More deeply than publications, products, prestige, or the plenty that is appropriation, why does the human engage in research? What does research stoke in the human experience?

As the quote above attributed to Plato indicates, there is something in the human animal that seeks “to know.” We are creatures of desire and emotion. We seek “to know” because, from a certain interesting perspective, we seek to fill up in our very selves something that is lacking. Regardless of the origins of that lacking, from the moment we leave the womb it seems we leave a garden and go in search of something that can fill us. In a certain rarified respect, our search for knowledge is the search for an “other.” And in that search for the “other,” we seek to find that which can fill up the emptiness within. At its root, this quest is the ultimate passion of the human animal. It is, as some philosophers might describe, an experience of existential incompleteness that seeks that unique “other” that will complete the unfilled self. Intrinsically, we know that we will never really find it. But that does not keep us from the search. For our quest “to know” is ultimately our quest “to be” and to discover ultimately who we are, why we exist, and what we can create in the act of self-fulfillment. We are creational beings, after all. It seems that this internal, furnace-like quest would be an appropriate image for the context and subliminal drives for the act of research.

However, we are all very aware that many people might find the above reflections impractical, or perhaps even unimportant. Since the Industrial Revolution, society’s emphasis upon “outcomes” has developed rapidly. In a certain respect, the need to “establish worth via product” has become an almost ultimate paradigm for nearly every aspect of human living. If linguists are correct that “language talks,” then we can understand the pervasiveness of this approach or paradigm.

In our own times, all of us are aware how healthcare has become truly a business. Despite its really being a human service, what seems to be most important are observable, almost tangible patient outcomes that can conveniently be recorded as relative value units or metrics of productivity in electronic medical records systems. How the patient feels is not as important as what is considered to be observable data. This same reality we see in education today, particularly in higher education. Today we find the potential student being attracted to on-line programs that might be easily watched on a laptop or tablet, and then have content-acquisition verified through on-line objective quizzes or examinations. Such ventures lack peer or professor interaction, are predicated on swift completion, do not make use of substantive essay-based knowledge acquisition approaches, and lack the personalization and academic reflection that real education has always demanded since the dawn of human civilization. While business practices are extremely important to maintain prudent use of resources to attain ultimate goals,
in the contexts of human services such as healthcare and education, business is a means to an end and not necessarily an end in itself. Education and healthcare are not businesses at their very roots. They are human services.

The same is true of research.

Research in any discipline or field, is ultimately a human act. It obviously needs the best managerial and business practices to be both practically and practicably successful. Yet it is not a business at its roots. It is a human service. The business aspect of research and its human service definition are inextricably joined, though in a context of what should be healthy tension. The collision of these approaches is natural and should be welcomed. It creates a volatile, creative vortex in the experience of research and its administration.

To be able to span both perspectives and integrate them successfully, there is a need for gifted leaders whose expertise, talents, and corporate wisdom make them useful to the success of research as an enterprise and a human experience. This is, in the final analysis, the challenging identity of research administrators in the culture of research that is itself always in permanent flux. Such an atmosphere of change and collision requires careful reflection and consideration by research administrators on their role and servant leadership. However, before proceeding to core character elements and contemporary shifts in the servant leadership that is research administration, it is important to reflect upon what seems to be the pull of the popular imagination that makes the business enterprise aspects of research what some might believe are the only reality that is important.

The Experience of Power: The Contextual Issue

“Nearly all men can stand adversity, but if you want to test a man’s character, give him power (sic).”

-----Attributed to Abraham Lincoln

As discussed briefly in the previous section, at the root of the human story is the experience of searching. For those of us who are parents or educators, in our children and students we easily look into a mirror and see our own journeys. This “mirror gazing” provides us with an essential core understanding of ourselves as evolving and maturing persons.

When we are in the womb, we are in a state of symbiosis. Barring disease, trauma or other unknown factors, we rest in a certain form of stasis. Our needs are provided for us as we develop and evolve. Then there is the moment of birth. We are thrust into a world where the cord is cut, and things are no longer as seemingly automatic. Our reaction to this entry is all bound up so poetically in our first act: crying out. From this moment onward, we seem to begin a search, a journey. Without knowing it, we human beings take our first grips and crawls and steps looking to find again that “other” that might complete us and bring us back to some measure of the symbiosis in which we once rested and in which our every need seemed to be provided.

We might find this image to be a powerful metaphor for understanding all of our future human endeavors as experiences of “the quest.” We seek to find that which can fill up the emptiness within. Yet from the moment we begin our journey, we start to experience harsh realities that what we seek may not come easily, or at all. We encounter controversy, denial, and
failure. We meet up in our lives with the experience of what we might refer to as ultimate “no’s.” How do we respond?

Over our growth and development, all of us enter into the world of human experience and meet up with individuals who try to exert over us a sense of power and control. Our response is to develop the same. Building upon the primordial human experience of infancy’s neo-narcissism, we begin to engage in the act of power that becomes central later on to our ability to defend ourselves, to control the factors of our lives, to compete with others for necessities and wants, and to establish our individual identity as a protected presence in family, school, community, and daily living. Power becomes our way of life. And part of the experience of power is the experience of control and domination.

As is true of so many other aspects of human living, the realities of power, control and domination come to influence human enterprises and professions including academia and research. The need to be in control leads to all forms of competition, those that are healthy and even those that are unhealthy. Parenthetically, we might surmise that the need for power and domination is ultimately what tempts the researcher to those unethical practices we call today research misconduct: plagiarism, fabrication and falsification. When universities emphasize the number and magnitude of funded research awards for the granting of tenure, the individual academic will begin subconsciously to compete in ways that are “all about the money” and not about the knowledge, application and utility for the human good that is the ultimate purpose of research. Fear becomes the dominant factor and changes the identity, structures, and approaches to research and its administration. Development becomes a financial growth activity alone, and never seems to approach the need for new ideas to meet new human issues, problems, and opportunities.

There is then a deeper calling: a need to balance out the financial and product outcomes of research with a vital commitment to the purpose of research as serving the human experience. It is in this context, then, that we come to understand the need for something new. That “something new” is the service of prudent, wise, and gifted entrepreneurs who are able to lead, administer, and manage the practical and practicable life of the research enterprise while keeping the eyes and intentions of researchers and the institutions’ leaders focused on what we call in ethics the Greater Good.

Confronting the Context:
Paradigm Shifts and Character Formation in Servant Leadership

"We need heroes, people who can inspire us, help shape us morally, spur us on to purposeful action --- and from time to time we are called to be those heroes, leaders for others, either in a small, day-to-day way, or on the world’s largest stage.”

Lives of Moral Leadership, Introduction, p. xvii
-----Robert Coles

The developments in the culture of research described in the preceding sections may appear to be daunting for those in the leadership roles of research administration and management. They may well be. However, it should be underscored that they are a natural response to a wide variety of cultural and psychosocial elements in contemporary society at
large. From this perspective, perhaps these developments and issues should more positively be seen as invitations to creative explorations and the positive evolution of the role of research administration and management.

Assuredly, research administrators have critically important managerial roles to ensure that research activities are conducted successfully, comply with the wide and expansive requirements of research sponsors, are performed in ways that respect the resource requirements of the institution and related entities, and become a leverage for the development of future opportunities in light of the performing institution’s mission. Yet given the reflections in the preceding sections, there is much more to the role and practice of leadership in the research milieu. In essence, research administration is not just a practical and practicable function. It is also a form of service that is meant to assist, aid, and deepen the very purposes for which the research itself was sponsored, funded, awarded, and is being performed, namely the advancement of knowledge and the betterment of the human condition. Such a wider expanse demands more and more in the leadership role of research administrators. In short, as stated previously, research administrators have an important role of service not just to the management of research activities but also to the importance of the mission of the institution for the Greater Good. This is what is called “servant leadership.”

This concept and practice of servant leadership is far from easy. It demands that research administrators are able to integrate successfully their needed role in the daily oversight of research regulatory/legal requirements and support services with the practice of a style of leadership that serves rather than dictates, that promotes pride-in-mission rather than mere job obligation, and that prevents the worst by promoting the best. Such postures require mature self-reflection on one’s professional and personal identity and the development of character traits and goals that become powerful sources of enrichment in the research context. Let us take time then to turn to what are suggested below as three fundamental paradigm shifts and several key character traits central to the development of servant leadership for research administrators.

**Three Paradigm Shifts in the Practice of Servant Leadership**

Thomas Kuhn is very famous in our scientific communities for his development of the concept of paradigm shift. Kuhn detailed how important knowledge discoveries and scientific explorations changed the very way that human beings think, live, and exist. Paradigm shifts are not easy changes. They are deeper challenges that alter the very foundations upon which life is lived and the ways in which we human beings conceive of others, the world, and ourselves. The development of servant leadership constitutes a change in the way leadership is conceived and practiced. In research administration, the practice of servant leadership is an invitation to a deeper identity and richly productive form of authentic and meaningful service. However, it calls for true paradigm shifts in the way that we understand our role and our identity, and how we carry them out in service of the public trust and the common good of our institutions. The following seem to be three important paradigm shifts that servant leadership poses in research administration and management.

**From hierarchy to history**

All institutions, by their nature, have some type of structure and organization. This is as true for individual families as it is for universities and corporations. With structure, there is a
need for what the armed forces call the “chain of command.” To meet a mission effectively and efficiently, any human organization needs a competent and effective structure for daily living as well as important decisional moments. As history demonstrates, the development of such structures creates hierarchies. There is nothing unusual or problematic per se about this. Many times, such as in the family experience, hierarchical roles and responsibilities are laid out and completed almost subconsciously. On the other hand, large organizations develop, maintain, and practice hierarchies with far greater and more visible complexity. In government, hierarchy is met with organized patterns of behavior that express meaning (cf. the definition of ritual). Such patterns express and ensure the continuation of the government itself as well as each part of its mission. When hierarchy is made so complex, it can begin to become an end in itself. The maintenance of the hierarchy can become more important than the mission the hierarchy is meant to serve. Power, as discussed previously, is always a temptation.

For servant leadership in any organization, there is a need for the individual leader to become conscious of the temptation to power and self-contained hierarchy. Servant leaders consciously and deliberately move away from any and all patterns that make their leadership a source of self-aggrandizement and status. Servant leadership requires an individual to become committed to a shift from hierarchy to embracing the “history” of the professional community that makes up the organization. History, in this context, is not the study of past events. History, in the sense of narrative studies, means the identity and lived experience of the women and men who make up the organization, institution, or community. Servant leaders focus not on status or rank. They are not centered upon the needs of those in charge. Rather, they focus on the needs of the women and men who make up the rank and file of the institution and work daily to carry out its mission as a type of lived historical experience.

In research organizations, this is critical. While sponsored research has its goals and its requirements, research administrators practice authentic servant leadership when they immerse themselves into the life of the organization and into the professional contributions of the women and men who are engaged in all aspects of the research being conducted. By becoming more deeply aware of the mission of the organization and the gifts/needs of its members, research administrators are more able to assist the institution’s leaders in the development of the organization’s mission and its ability to be poised for future opportunities.

From obligation to ownership

For many, a job is simply that --- a job. Especially in times of economic challenge, the ability to find employment is predicated upon two overarching and extremely valid concerns for oneself and one’s family: financial benefit and healthcare coverage. Much as in Abraham Maslow’s hierarchy of needs, citizens understandably look to employment for survival. However, beyond that, there is something more.

As we mature and develop as persons, we come to discover our talents and gifts. As we do, we are encouraged by family and mentors to conceive of ways in which our talents and gifts can engage us in future careers that are highly fulfilling as well as productive. Certainly, not all of our dreams can be fulfilled. In some cases, because of a wide variety of factors, what we thought were dreams can turn into nightmares. Yet the process here is what is important. At our best, we hope that the careers upon which we embark will bring to each of us a sense of personal fulfillment. Yet often, we are confronted in the workplace with a more rudimentary sense of “just getting the
“job done” --- in other words, a callow sense of being obliged to complete assigned tasks without any appreciation of perhaps their greater purpose.

Despite this inevitability, there always remains inside the human animal the desire for “something more.” There is a hunger and a thirst for meaningfulness. This is as true for human organizations as it is for human individuals. It is very true for research organizations.

It is possible that research administrators can perform their service as a type of elementary obligation alone. Research administration, after all, is a “job.” When overseeing and/or assisting the conduct of research, one is immediately confronted by regulatory requirements from sponsors and the institution that can be overwhelming. There is an understandable sense of obligation to fulfill requirements. Such requirements lead to a concentration on compliance.

Yet the nature of research itself, as already discussed, is something far greater. While faithfully leading and assisting requirements and obligations, the service of research leaders today is met with an invitation to develop and mature a sense of “ownership” of mission. It is not enough simply to fulfill one’s role out of a sense of obligation or compliance. It is not enough simply to meet the minimum standard. There is a need to practice and engender in others a sense of ownership of who the institution is, what the organization does, and how the mission of the research institution is of benefit to others both within the institution itself as well as without. Research administrators become servant leaders when they move from performing their works away from rudimentary obligation toward an ownership of mission that is imbued with pride and possibilities.

From prevention to promotion

In the areas of research ethics, regulatory affairs, and research law, research leaders and related experts are extremely aware of the profound proliferation of regulatory requirements for the ethical conduct of research. Sometimes even the most cursory review of these requirements is startling. However, they are clearly understandable. To understand why so many regulations have come to exist, one need only remember the horrors of the Holocaust, eugenics, the tragic USPHS syphilis study perpetrated on the men of Tuskegee, the abuse of animals in various experiments, the misuse of appropriations, or the falsification/fabrication of data for personal prestige or power that come with the notoriety of publication. There is no question as to why sponsored research comes with so many complex regulatory requirements. However, there is a danger.

The human being, understandably, can approach requirements from an isolated sense of prevention. Rightly so, it is important to prevent harm and protect against all misdeeds or dangers. Such is the critically important and central reason that our cities and societies have robust law enforcement agencies and experts. Yet we realize that the good order of society is not met only by enforcement and protection against or prevention of crime. To concentrate on the one prevents the worst assuredly. But there is something more.

In research administration, the proliferation of complex regulations to prevent unethical or inappropriate conduct can lead to, and is often evidenced in, a type of inquisitional form of enforcement. One need only ask investigators or staff how they feel after having encountered: “this committee” or “that regulatory affairs specialist.” Sometimes the reaction can be quite
surprising or alarming. Sometimes investigators do not feel helped but hindered. They come to resent requirements and look for ways around the system’s directions.

Besides the dynamics of individual cases of the professional interactions between research staff and research administrators in regulatory affairs, there is a deeper and more positive opportunity here. There is an invitation to a third paradigm shift, namely to prevent the worst by promoting the best. Without question, research administrators must ensure that the goals and requirements of regulatory compliance are achieved in all aspects. Concomitantly, though, research administrators practice servant leadership when they interact with investigators and develop in their institutions programs of educational enrichment that look to make others aware of the high goals and ends of regulations themselves. The success of such initiatives, however, is not just about styles of communication or the invention of workshops. Most deeply, research administrators as servant leaders must learn to embody within themselves new and more positive attitudes of promotion. While definitively ensuring that all staff members understand requirements and regulatory directives, such are communicated and engendered best in others when the research administrator understands and embodies their positive aspects and endpoints or goals. Servant leadership in research administration truly succeeds when one integrates the goals of preventing the worst with those of promoting the best.

Character Formation for Servant Leaders

Change is never easy. Paradigm shifts are even more demanding. The change in one’s fundamental horizons and behaviors demands deep and abiding changes within one’s psychology and one’s outlook. Engaging in such changes requires the development of deliberate postures that themselves also require the hard work of personal and professional development and maturation. To put into action the paradigm shifts discussed above, it seems worthwhile to suggest a series of traits that are important for becoming servant leaders. Such traits are not aimed only at elemental changes in the way one communicates or behaviorally is observed. Such traits must be rooted deeply within the personhood of the individual servant leader. They are therefore part of one’s ethos per its original definition, namely the fundamental character of individuals or institutions. The following are five traits that are indicative of and essential to the development of authentic servant leadership. They have special importance and impact in the professional identity and contributions of research administrators and managers.

Conscious

Research administrators as servant leaders must be conscious. This may seem like an obvious statement. It is not. In the context of these reflections, by “conscious” is meant total awareness. The first step in becoming a servant leader is to become most deeply self-aware and aware of those around one. While this may seem or sound easy, it is not. Self-awareness requires a sense of personal honesty that is, at times, even brutal.

To be self-aware and therefore self-conscious, one must be open to who one really is. Gaining such knowledge requires intense personal reflection and also the humility to ask for, listen, hear, and weigh carefully how one is perceived, experienced and known by others. As any of us realizes, such self-honesty is never easy. In fact, it can be difficult and even painful even if it is about accepting one’s gifts and positive attributes. Its pain comes not in what we discover about ourselves. Rather, the pain comes in learning to accept precisely who we are with our
positive attributes as well as our limitations and our defects of character. Learning to accept ourselves as the gifted yet fragile and limited human beings that we are is the most fundamental step in becoming a leader.

The second step is similar, namely to be conscious and aware of those around us. As we learn not to judge ourselves, we learn also not to judge those who are around us. That also takes an extraordinary sense of honesty. Who is it with whom we share our lives and daily work? How do we perceive them? How do they perceive us? What are our feelings about them? How perhaps do we judge them? Why do we have the judgments about them that we do? Are those judgments and feelings on target or appropriate? Why or why not? In short, servant leaders are truly conscious, aware, accepting, and humble about one’s own self and about all the other “selves” with whom we share the pathways of our profession.

Connected

Servant leaders in research administration, as well as in other professions, must be connected. Again, this character trait may seem obvious or easy to understand and to effect. Like being conscious, it is not. We humans are contingent beings. We are always “in relation to” others and to the self. Conscious as we are of self and others, there is a need for us to understand that we are fundamentally relational. Yet our society, especially in the West, has for decades and centuries long been influenced by the powerful impact of utilitarian individualism. We are individuals clearly. Yet we are also clearly always in relationship to self and others. Hence, this means that the human person is ever in a state of ontic tension. Our very ontology, i.e. our being, is caught up in a type of creative tension between being the internally unique individuated selves that we are, while concomitantly being externally connected with all the other unique selves with whom we share life and work.

Yet there is always the temptation to avoid the connectedness that is essentially ours as human beings and is required for being servant leaders. Fear and power, as previously discussed, can enter into the workplace or into the family such that we distance ourselves from those with whom we share our daily pathways. Whether for purposes of self-preservation or other felt needs, there is the temptation to distance the self and disconnect from others. For those in the highest levels of authority such as in research institutions, this is clearly dangerous.

Each research institution’s mission is tied to social, cultural and human needs as well as needs arising from the goals of enterprise success. Each institution also has a unique history and present conditions regarding values, goals, resources, and opportunities as well as limitations and restrictions. Servant leaders in research institutions must be well connected to all of the facets of the organization’s history, origins, mission, goals, and external collaborators as well as sponsors. Without a healthy sense of clear connectivity and the tending of those connections, including among staff and investigators, the success of the organization and the life of the workplace are endangered. Therefore, servant leaders must be committed in an ongoing fashion to remaining connected and developing healthy and productive relationships both within and without the organization such that the mission of the group grows and develops to success. This trait of connection is especially important for research administrators if, as servant leaders, they are to assist investigators, staff, and executives to advance and develop the potential for positive impact on the public trust to which all are committed.
Competent

All of us in research administration realize that in our profession we must always strive to be competent. Competence is a never-ending task that requires continuing education in all of its forms. In research administration being competent has particular meaning. In the history of the profession, research administration began as a necessity to ensure that research grants and contracts were fulfilled in accordance with the terms and conditions of each sponsor. There was, therefore, a particularly strong emphasis on the necessity of research administration as a practical reality with practical and practicable methods and outcomes. Yet as the years unfolded, research administration has become more and more intrinsic to the research enterprise such that it is more than just a practice. It is a processive profession in and of itself.

Remaining competent is itself also a process. The process of competence involves three distinct areas. First, the research administrator must be about the continual acquisition of knowledge concerning research, the specific disciplines so engaged, the laws and regulations that govern research and its administration, and the importance of the particular institution’s specific research mission and its unfolding history. Second, research administrators must deepen their skills and abilities to engage, lead, and serve the members of the institution in pre-award processes, post-award requirements, and transformation or transition of present engagements for future opportunities and challenges. Finally, research administrators must ensure the depth of their competence through the processes of ethical formation both on the personal and professional levels such as have already been described in the preceding paragraphs and sections.

Yet the competence of research administrators as servant leaders has yet another dimension. The acquisition of knowledge, the continuing improvement of skills, and ethical formation only come to fruition when such competence is disposed not at the service of the self but at the service of the community and the public trust. The term “competence” has its origins in words such as “power.” Yet we have already discussed how alluringly dangerous power is. The truly competent servant leader and research administrator is one who acquires all one needs to be excellent not because one wishes to be powerful, but rather to be empowered within the self and to empower those that we serve in the research community. Real competence leads to selfless service of others.

Committed

Professional leadership requires commitment. Yet commitment is not a static reality. It has levels and degrees. In our human development, we make a wide variety of commitments over time. These commitments themselves change and evolve. Sometimes they dissipate. Other times, they grow slowly or minimally. And at still other times, the commitments we make in life deepen in vast and unforeseen ways.

In general, whether it is in the relationships we make or in the professions we embrace, there seem to be what could be termed three levels of types of commitment: commitments of the head, commitments of the hands, and commitments of the spirit or heart.

In professional life, there is obviously a first commitment of the head. We need to be employed. We look for those positions that we believe tap into our talents and are consistent
with our personal goals. We seek for and accept a position. We realize our occupational needs and capacities. We become a member of “the team.” Immediately, however, our professional commitments engage more deeply in the second level, a commitment of “the hands” that work and labor. We perform our tasks with varying degrees of investment for a wide variety of reasons. Most successful professionals faithfully and firmly engage their occupations and institutions with clear commitments of head and hands. However, in the course of one’s professional career, very often there is an invitation, albeit undetectable in many ways, wherein we become committed to our profession and/or our institution and colleagues more personally, more deeply, and with ultimate value. We enter into this third level of commitment when we align our values and even our dreams with those of the mission and institution we serve. This is when we move from having a job to having a career or even a vocation.

For research administrators, the development of one’s servant leadership requires an eventual entry into all three of the above levels of commitment, especially the last. We become engaged in the management of research and realize that our talents and gifts make an impact. As we become more invested in the various facets of research administration, we find ourselves invited into greater responsibilities. We become committed to put our hands to the plough to take on more duties even at the expense of our personal schedules and wishes. However, research administration becomes servant leadership when the individual begins to become truly dedicated to the mission of the organization as a system of valued, selfless giving. One begins to align one’s professional goals with the service of the organization so as to serve those the organization benefits. Such a sense of commitment calls upon the individual to seek the common good of the organization, the benefit of one’s colleagues, and the continual growth and development of the mission and horizons of opportunity that beckon the research organization into the future. In short, this involves a deep and expansive sense of being committed. To enter into the processes of this level of commitment is characteristic of the servant leader in any profession.

Catapulted

In the final analysis, all of the formational characteristics of servant leaders are not static realities. They are processes. In research administration, given the vast and dizzying complexities that arise from the management of discovery and innovation, there is always within one’s professional service an overwhelming sense of movement. In some ways, these movements and activities seem entirely unique and different. We might, however, wish to consider that the complexities of the daily life of research administrators as servant leaders can actually be understood as three forms of being “catapulted.”

In the first instance, the research administrator as servant leader is catapulted into the self. The daily blur of complex and innumerable responsibilities ultimately makes one ask why one has even decided to remain in research administration. The labors expended, the struggles one meets, the challenges from peers, and the seemingly never ending revisions of requirements demand the development of a sense of internal self-reflection to discover talents and strengths to endure the pressures of the moment and bring about success. This sense of catapulting is a discovery of self that, if authentically engaged, results in the development of new and unforeseen potentials for one’s personal growth, positive professional contributions, and the enrichment of one’s colleagues.
In a second instance, the research administrator as servant leader is catapulted into controversy and challenge. Servant leaders are able to confront potential problems and also to battle those realities that could undermine the mission of the moment. Research itself is a challenging process of discovery, innovation, invention, and application. Experiments are predicated upon the potential for the problematic and even for failure. To confront these requires a level of courage that does not shrink in the face of the problematic. Research administrators, consistent with the nature of research itself, become servant leaders when they allow themselves to be catapulted to meet the possible problems of the moment and can draw upon their ingenuity to discover new means, as discussed previously, to prevent the worst and promote the best.

However, there is a third form of catapulting that is intrinsic to servant leadership for research administrators. No institution can survive unless it stands ready to be catapulted into unforeseen horizons of opportunity that will change, deepen, or even open the institution to the potential of a quantum leap in its mission. Servant leaders develop the courage to stand ready to face unforeseen potentials and possibilities for mission and opportunity. In research administration, this may call the individual to consider alternative methodologies for a wide variety of support services. It may call the members of the research administration department to be prepared to explore new means by which to serve the needs of individual investigators or the institution as a whole to meet requirements or the professional development of one’s colleagues. It may mean that research administrators become partnered with investigators and leadership to seek out new and unprecedented opportunities for new research investigations and endeavors.

In short, the ultimate form of catapulting occurs when the individual research administrator becomes a servant enough to lead and set forth an example of courage to face the unforeseen future and to be ready to realign and deepen one’s professional commitments to meet the challenges and invitations of professional life that may be breaking open. Research administrators truly become servant leaders when they throw themselves into the experience of being multi-dimensionally catapulted.

The character traits and paradigm shifts explored above seem to bring us to yet something perhaps even more profoundly enduring to consider. When we amass all of the shifts and traits together, perhaps we become faced with the birth of a new and encompassing identity for the research administrator as servant leader.

Indeed, while we have reflected above on the performative actions of the research administrator (in other words our “doing”), the real question comes as to the ultimate identity that we are being moved to embrace as servant leaders.

In other words: “Who is it that we be?”
The Challenge of LeaderBeing: The Consummatte Experience

“Welcome, O life! I go to encounter for the millionth time the reality of experience and to forge in the smithy of my soul the uncreated conscience of my race.”

Portrait of the Artist as a Young Man, Chapter 5
-----James Joyce

Ultimately, we must come to understand that servant leadership is a “being” not just a doing. This is applicable for leadership in any and all of the professions including research administration. As mentioned briefly at the end of the previous section, we can become caught up in the performative. This is one of the psychosocial aspects of Western culture that has developed for centuries. We are creatures who look to measure quality oftentimes, perhaps too often, by quantity. We look to someone’s “doing” to measure the value of her or his “being” within the professional community. Without question, substantive work demands substantive performance and outcomes. Yet there is a balance that has to be respected in this. Servant leadership in any profession is not ordered only to the performance of various activities. It has its ultimate foundations and its “end-point,” or as the Greeks would term it - “telos,” in the actual being and meaning that is bound up in the flesh and blood and spirit of servant leaders. Hence, servant leadership involves most powerfully the never-ending process of “becoming a leader as person.” We term this here: “LeaderBeing.”

In discussions we have had on this topic, there is a curious observation. Individuals who have reflected on the concept of LeaderBeing keep asking questions as if there is a final end-point to a person’s becoming such. This is a curious tendency on the part of a social enterprise context that, as stated previously, persistently tries to define value as a quantitative experience rather than a qualitative one. LeaderBeing is a qualitative metaphor, if you will, that seeks to open up an experience that is itself never ending. One enters into the process of LeaderBeing as an act of Becoming for one’s lifetime. It never ends. Indeed, process philosophy has much to teach us all. Like the stages of human development, LeaderBeing is a never ending, lifetime process. It never rests. Those who begin the pathway to LeaderBeing enter into a process of deepening, of change, of maturity, and of development. It is an ongoing reality exactly the same as the process of human maturation. Yet would there be a marker of some type that can affirm the presence, the processes, and the emerging potency of LeaderBeing among professionals?

In language, the terms “consummate” or “consummation” are, like many other linguistic morphemes, many-meaninged. They are, as scholars tell us, polyvalent terms. They are not defined. Rather, the terms are a kind of doorway to an ongoing experience. One does not learn the terms. One “enters into” them to discover their unfathomable nature. Consummate moments seem to be those that capture the brilliance or essence of some human experience. The consummation of a human activity seems to be the end-result of some arduous labor. Yet both terms also do not always indicate an end point. They also can point toward beginnings. At the end her life on the way to her tragic execution, Mary, Queen of Scots, is quoted as having said, “In my end is my beginning.” In a certain respect this one quotation at a tragic moment of death points toward the deep and abiding understanding of all consummate experiences both the tragic and the exhilarating. Consummations do not necessarily bring something to an end. Rather, consummations are existential moments when an atom is split, energies explode, births occur, and new forms of life and reality can be freed up into history.
LeaderBeing is therefore understood best as a consummation. First, it is not a thing. It is a process within the person of the servant leader. By entering into the maturing growth that is LeaderBeing, the servant leader gives flesh to the processes of real human leadership that makes a difference. And as others observe the servant leader so involved, they also are moved to change and grow and develop. Indeed, the consummation of real LeaderBeing in those who would dare truly to be servant leaders gives birth to something new and unforeseen among one’s peers, within one’s organization, and outwardly toward those the organization is called to serve.

LeaderBeing as a consummation experience is a serious but needed challenge in today’s professions. It is a brilliant flame that should attract the moth within each of us. Indeed, when we come close we will be marked by the flame. When we are so caught up in assisting our institutions’ missions by LeaderBeing, we might seem to be in danger of losing something within the self. Perhaps, though, we will not really lose at all. Perhaps we will gain new forms of potential service, however small or tall, that can crack open something, somewhere in our institutions to see and embrace horizons of renewal and recommitment. Perhaps the energy and enthusiasm that comes with our sense of servant leadership can move, even in the smallest of ways, all those around us to a sense of re-dedication to innovation, invention, discovery, and experimentation that will result in an increase of knowledge, new therapies that will improve health, new processes to save lives, or new opportunities where battling forces might be moved to put down weapons and search for justice and peace.

One never knows what magic can happen when you enter into the consummative experience of LeaderBeing. Perhaps Forrest Gump was right all along. “Life is like a box of chocolates. You never know what you’re gonna get!”

But the first step is opening the box and entering into the experience of it all in the first place!

Conclusion

In 2001, Peter Jackson thrilled the world’s imagination with the start of his now famous film adaptation of J.R.R. Tolkien’s trilogy, “Lord of the Rings.” Born of the pages of Tolkien’s work, Jackson shaped characters with powerful personalities. The characters in the film trilogy captured so well the images we citizens have of the central characterizations of human living itself. Indeed, each of them lives in each of us to some degree. Inside we are all a heroic Frodo, a dedicated Sam, a wise Gandalf, and others. But also inside us is the potential for being a Gollum.

Gollum is a fascinating character. If we think for a moment who or what he represents we might be truly startled. To summarize his importance briefly, we know that in our world we have today many therapies for all forms of addiction that inflict so many of our friends and colleagues. It seems, in a certain sense, we have developed in today’s world 12 Step Programs for each. Perhaps, however, there is one that is missing --- the one that is the groundswell of all the rest --- the addiction to power and domination.

Addiction is an interesting word. One might understand its meaning in a Latin phrase, “ad dicere.” We might translate that as “to speak unto.” Alternatively, we might rephrase it as “that to which I give my word, my oath.” Gollum, having experienced the allure of the One Ring To Rule Them All, gives himself over to its power. He becomes addicted to it. He is changed from being
himself a Hobbit into a horribly hateful creature with a dual personality, who vacillates from fear to rage, and who in the end has one and only one end, namely his tragic death and complete termination in the fires of Mount Doom. He perishes into nothingness with his “precious.”

This image of the One Ring To Rule Them All is most powerful. In a certain respect, Tolkien perhaps captured in his time some of the subliminal cultural misgivings of the Industrial Revolution and the advancing of the modern business world at the start of the 20th century. He clearly captured the character of the disease of addiction itself. Perhaps today he also gives to us one half of a mirror-image in which we are asked to consider who we are as servant leaders in the culture of research that is engaged in each of our institutions or agencies. Is our role really only about power and prestige, product and purse strings? Is it really only “all about the money?”

Perhaps there is another mirror image that helps us balance out what the culture of research really is and therefore points to how we can provide the substance of LeaderBeing as research executives, administrators, and managers. Perhaps there is another image of “The Ring” that is the other side of the mirror in which we can ask ourselves: “Whom do we choose to be?”

In the 19th century, a group of women in Dublin, Ireland took a chance. In the spirit of their leader at that time, they came together to meet dire social needs in their country. In the alleyways, women and men and children were dying of cholera. No one would take them in. They suffered alone until dead, and then their bodies rotted in the shadows. At the same time, young women in factories suffered horrific abuse at the hands of owners and those in power. Other similarly inhuman situations were in evidence in their times. These women decided for various reasons to take a chance and do something about it. Their common dedication ultimately changed them as people and opened up unforeseen futures.

Interestingly enough, they suffered at the hands of those in their time who were upset that “these women” were doing things that men alone should have been doing! Indeed, for whatever reasons, they upset the expected hierarchies of their times with a day-to-day carrying out of social justice services for the poor and the underserved. In time, these women decided to cut their expenses by dressing in common. They cared for each other deeply like members of a family. Eventually, they even came to wear a sign of their commitment to the poor --- a simple, silver unadorned ring. Some of them came to America. They landed in Pittsburgh unrecognizable, yet wearing their rings of service, and founded hospitals and schools and soup kitchens all over the country.

Forced by the powers of their time to settle down into something “acceptable,” the world eventually came to know them as the Sisters of Mercy. They continue today to carry out the meaning of their ring of service that ties them to the poor and the dispossessed. Their ring became not an object to be worn, but a series of never ending bands of relationships with themselves and with those they serve.

This symbol of the ring of service is very powerful. Not necessarily tied to the Sisters of Mercy, there is a story about a group of sisters who had a curious ritual practice when one of their members would approach her golden jubilee of membership. When a younger sister would make her final vows to serve others, she would choose a motto of some type that was engraved on the inside of her profession ring. Over the years, the engraving would understandably dim.
When that young sister grew older and became a golden jubilarian, she would meet with her superior. Her superior would ask her in ritual fashion if she would like to have her motto re-engraved into her ring. It was the practice of that community that the sister would respond likewise in ritual fashion: “Reverend Mother, that is most kind and generous; but, no thank you. I appreciate the offer. But there is no reason to engrave again my motto into my ring. My motto is engraved by now into my heart.”

Research administrators have a dynamic and pulsing call as servant leaders within our respective institutions. Within our particular universities and agencies as well as within the culture of research itself, we are called to enter into the never-ending experience of LeaderBeing. Such an entrance will demand paradigm shifts within the self and the deepening of our personal and professional character. But as we gaze into the mirror, we must ask: Who shall we become? Gollum or the jubilarian? Do we wear the ring whose self-centered endpoint can only lead to Mount Doom? Or will we don the One Ring To Serve Them All?

What ring will we choose to wear?
References


PROFILES IN COURAGE: THE NEXT CHAPTER
Tilling the Soil…

I met Shirley Godwin almost 10 years ago. She was then a youthful 81, and her reputation as a counselor and therapist had already preceded her. The sparkling eyes, warm handshake, and ready laugh immediately cemented our friendship. I am not the only one to have become an instant fan and admirer. Shirley’s expansive personality draws in all she meets, a positive attribute for someone in her profession.

How best to describe this remarkable individual, raised on a rural farm in Washington State during the Depression, and now an ageless woman of 91. Self-reliant, resourceful, and ever optimistic, Shirley had already worked and raised a family before beginning a distinguished career as a counselor and therapist in her 60s.

Shirley Godwin (born Shirley Wilson) was born in 1927 in Everett, Washington, but spent her early years on Vashon Island, the largest island in Washington’s Puget Sound. It was a very countrified upbringing. During the school year, an estimated 2,500 people lived on the island, but that population swelled to almost 6,000 during the summer. Shirley attended a one-room schoolhouse until sixth grade.
As a young girl, Shirley was not interested in academic learning. She grew up on a farm consisting of 13 acres of apple, peach, cherry, and plum trees. The Wilson family also raised berries. They were self-sufficient, eating the crops from their land, a frugality dictated by the Great Depression.

Even though it was a happy childhood, Shirley also recalls great poverty in the 1930s, the family depending on welfare part of the time. “We were given cheese, flour, sugar, and yeast. The rest we got from our land or our animals. We raised chickens, rabbits, and pigs, and I picked berries to sell. We were self-sustaining and that’s the way it was. The flour sacks we got our flour in had printing on the material. My sister and I were raised wearing flour sack dresses. We never liked that. I was the youngest, so I was worse off. I had to wear secondhand flour sack dresses.”

When her stepfather was not laboring on the farm, he took on various jobs for the Works Progress Administration (WPA) for a few hours a month during those lean years. Shirley remembers, “He worked on the roads and anything else they had for him to do.”

One of her mid-teenage memories of Vashon Island and its citizens occurred during the earliest days of America’s entry into World War II. It is a bittersweet remembrance that tells much of how she and other Vashon residents dealt with injustice. She remembers joining her neighbors as they lined the hillsides sadly watching the ferry take their Japanese-American neighbors to captivity in one of the notorious internment camps. Shirley can still see the handmade signs the locals all held up: “We Love You.” “Hurry Back.” “Please Take Care of Yourselves.”

Shirley did not blossom in academics until she was much older. “Back in those years--the ’30s and ’40s--girls were supposed to grow up, get married, and have a family,” she recounts. Following that dictate, Shirley herself married at age 17 after she graduated from high school. She had then attended business school in San Diego where she met a Marine. The marriage lasted only a few years but not before she and her young husband had two children. “He went off to work one day and that’s the last I heard of him for the next three years.”

At the time, Shirley worked three days a week at a San Diego ship chandlery while putting her children in a nursery school. She needed a full-time job and finally found work at a marine insurance company, a job she held for the next 26 years, rising from an office girl to the company’s chief insurance policy negotiator. “My boss depended more and more on me and so did the company. I became very good friends with the folks at Lloyds of London and negotiated insurance with them.” As she reminisces, it was the heyday of the tuna fishing industry, and her company insured the bulk of San Diego’s fishing fleet. “During that time, a couple of our fishing boats just totally disappeared at sea --- crew, boat, and all.”

Abandoned by her husband, Shirley, the self-reliant farm girl from Vashon Island, made ends meet supporting herself and two children. She then married again, a Navy pilot. Their marriage lasted 26 years. In 1980, when her last child left home, she again divorced, all the time continuing to work for the insurance company that had treated her so well.
Seeding…

It was her third marriage to David Godwin that truly changed her life. Dr. Godwin, a family practice physician in La Jolla, California, had been a military doctor during the Vietnam War. He was not only a prominent and respected member of the community but very well educated with several other degrees and many interests. Most importantly, David Godwin, a highly supportive husband, encouraged his wife to obtain the education she never had. And now that Shirley was economically secure, that higher form of instruction was obtainable, even though she was now in her early 50s.

Her more serious education began at age 51 at Mesa Junior College in San Diego where she obtained all her prerequisites for climbing the scholastic rungs toward something --- whatever that something was. But she still did not have any pointed academic direction. Nevertheless, she leaned toward psychology and the behavioral sciences.

After graduating from Mesa, Shirley took classes at National University in San Diego for a year and then United States International University (USIU), now called Alliant University. The San Diego-based USIU, was an American Psychological Association-rated school. That official accreditation is what she needed to get her master’s degree in behavioral science. The APA accredits doctoral programs in clinical, counseling, and school psychology, as well as predoctoral internship and postdoctoral residency training programs.

However, Shirley could not get a PhD without doing an internship and acquiring some experience. She got that practical experience at Naval Station, San Diego in the Family Service Center as a supervised intern. She began working at the center in 1987 and accumulated the requisite hours and experience in supervised counseling. “The more responsibility that was given to me, the more I liked it and thrived.” While at the Family Service Center, she also accumulated training in suicide prevention and family violence. As an intern, Shirley worked 40 hours a week for no pay.

She saw patients and sometimes filmed sessions with them. The Family Service Center dealt mainly with infidelity and marital issues of all kinds. “The average age at that time was 22,” Shirley points out. “Most of the sailors and Marines were away from home and got married so they’d have someone in their life. They had no marital skills. Many had no good role models and didn’t have any idea what marriage was all about. Having such a time getting my own life on the right track, I used to say that these kids couldn’t show me anything I hadn’t already experienced.”

Shirley Godwin was now working exclusively in a military environment. To be sure, she loved being immersed in the military culture. Much of that affection and her growing commitment to serving sailors, Marines, and their families had to do with her brother, Benjamin Wilson, a career soldier and the older brother she adored.

Perhaps “career soldier” was an understatement. Ben was a warrior through and through. As a very young man, he had witnessed firsthand the Japanese attack on Pearl Harbor in 1941. In brutal hand-to-hand combat during the Korean War, he had displayed such valor that he received the Medal of Honor, Distinguished Service Cross, and Purple Heart. But those decorations came at a tremendous cost. Shirley recalls the frightening change in Ben when he returned home. “He really had post-traumatic stress and it came out in a very scary way.”
Profiles in Courage

What Ben Wilson witnessed in combat destroyed his life, cost him his marriage and his children, and everything else a severe case of PTSD could inflict. “I began to realize why my brother was so dramatically different when he came back from the Korean War. As a result of his experience, I became a deployment specialist because I wanted to know what happens to people who go to war. Helping them recover became my focus.”

During Operation Desert Storm, the combat phase of the first Persian Gulf War of 1990-1991, Shirley was presented with a new opportunity: becoming director of the Return and Reunion Program. She was almost 60 at the time and still working at Naval Station San Diego’s Family Service Center.

Shirley, who had now become the program director and team leader, found that to be more effective as a counselor, she and her teammates would have to see their clients where they worked --- aboard ship. That realization changed her circumstances. She could no longer work as an unpaid “intern.” She became an official civilian employee of the U.S. Navy.

Shirley and her four-person team (three females and one male) went out to sea and designed programs for whatever situation they encountered. She and the team would be flown to where the military personnel --- sailors and Marines who had seen combat in the Gulf War --- boarded ship for their voyage home. On that return trip, the team would provide counseling to what was a “captive audience.” She and the team made four voyages, each beginning in Hong Kong and ending in San Diego. They counseled both sailors and Marines attending shipboard workshops and offered individual counseling. “We provided workshops and lectures for war fighters on how to return to family after long-term deployment: sex and intimacy, returning to children, new dads. We had a lot of young men who had become dads while they were deployed. We went to sea and made programs for whatever we encountered.”

One of those programs was handling infidelity. “How do you go home after you’ve been unfaithful? We created a program to deal with that,” Shirley recollects with pride. She set up hour-long workshops and the team saw clients in the evening. She and her colleagues found that many of the counselors were not much older than the clients, and those clients were not interested in taking advice from counselors they saw as their peers. They wanted to see someone older. And that mature, older person was Shirley, an amalgam of counselor, therapist, mother, and grandmother. “When we were through for the day, I would have three hours of people standing in line to see me for individual counseling.”

When she first started the program, no females were aboard ship. “The men felt very vulnerable. This was before instant messaging, etc. They had been out of touch with their families. Were their wives mad at them for being gone so long? Did their spouses still love them? I never thought men felt this way. I realized it wasn’t just women who were going through a bad time but also the men.”

Moreover, it was not just the family dynamics endangering their well-being. Shirley and her team also found that the sailors were under stress. “They had seen scud missiles being fired at their comrades ashore, and although they weren’t under direct attack, they spent all their time being scared.”
Shirley remembers “walking the deck all night with some of the sailors. They were awaiting their first sight of San Diego. These guys were so excited to be going home. Over the loudspeaker would come the call, ‘Land Ho!’ And then it was like rats scurrying around trying to see the lights of the city. As the lights got brighter, I noted their vulnerabilities getting worse. So I’d walk the deck at night talking with them, sometimes in groups, sometimes individually. It was a very interesting, rewarding time for me. It seems as though I was seeing a piece of my brother in all of the returnees. They loved their war buddies, and the thing that affected them the very most was the fact that they couldn’t help their wounded brothers.”

It was also a busy time as Shirley was still a part-time student working toward a PhD. Tragically, her husband David died at the end of her first year in the program at United States International University, triggering a crisis on many levels. Overwhelmed with grief, she was not sure she could continue in the program. Her professors recognized her superior intellect and natural affinity for learning, and they encouraged their “senior” student to continue. The faculty were very willing to be flexible with deadlines, and knew Shirley was dedicated to studying and excelling in her academic regimen. As always, she rose to the challenge.

Women on deployment became the subject of her dissertation. And no wonder. Since working with the Return and Reunion Program, she had expanded her base of experience many times over, becoming very familiar working with men. But times were changing. More women were serving aboard ship, and Shirley noticed they avoided her workshops and lectures. She had tried to convince them to participate but found them suspicious and very aloof.

“I just had to know why women wouldn’t talk to us and so that became the subject of my dissertation. I would interview women within 60 days of having returned from a long-term deployment. I would talk to them to try to determine why our program didn’t serve their needs and why they refused to come.”

She found that servicewomen who had children and left them and their husbands behind felt rebuked by other women not in their situation. Friends or family members might snidely state, “Oh, I could never do that. How could you leave your children?”

Some of her client-subjects were women who joined the armed forces for a variety of reasons, including: seeking a career in the military and eventually becoming eligible for retirement; trying to please their fathers who didn’t have a son. These female client-patients thought they would be harshly judged. That kind of preconceived judgment turned out to be the main reason the women avoided Shirley and her mostly female therapy team.

Needless to say, Shirley’s dissertation subject became much more than a mere academic exercise. It directly affected the work Shirley was becoming accustomed to, and she admits she enjoyed writing up her observations and conclusions. “I took a lot of literary license with it. At the time, we didn’t have a well-educated military. Today we do. I decided I wouldn’t use all these fancy words in my dissertation. I would write it in plain readable language that anyone could read and understand. One of my readers had been Dr. Jonas Salk’s biographer. She had a PhD in English and I figured she would never approve my dissertation. She wrote me a letter telling me it was such a pleasure to read. Because many of the women I interviewed during my study had given the most poignant responses to my questions, my dissertation committee said they all cried when they read it.”
Profiles in Courage

Shirley was 63 when she began her doctorate program in 1990. When she graduated three years later, she proudly recalls “walking across the stage twice, once to receive my degree and the next to accept the outstanding dissertation award from the Marriage and Family Department.”

But the newly minted Dr. Shirley Godwin confronted yet another crisis. “It was such a letdown. Suddenly I didn’t have anything to do. I wasn’t working at the time. I had graduated and suddenly I was 66 years old. My family had come for my graduation. I was living in La Jolla at the time and had a large plate glass window that overlooked the sea. After my family left that night, I stood at that window and I sobbed and sobbed. ‘What am I going to do? I’m finished with school and I don’t have a job. What am I going to do?’ I had never applied for a job in my life. I had had interviews to be an intern, but I never had to interview for a job. I stood in that window and prayed. ‘God, I don’t know what to do. I’m leaving this in your hands.’”

Unexpected Harvests…

It seemed that her prayer was answered overnight. “At 9:00 the next morning my phone rang. It was the Family Service Center director at Naval Air Station Miramar. The director said, ‘Shirley, I need someone for four months to come and set up a sexual assault awareness program in accordance with an OPNAV [order issued by the Chief of Naval Operations] instruction. Before we can close down and turn this base over to the Marines, we have to have a fully operational program and undergo an accreditation.’”

The very next day, Shirley reported for duty at Miramar as a volunteer until she could officially be brought on board in two weeks as a paid employee. Four months later, the sexual assault awareness program was up and running and her temporary position ended.

Shirley was not idle very long before another opportunity presented itself. While attending a meeting in Washington, DC, she met a counselor from Naval Air Station Sigonella on the island of Sicily. After a brief discussion, she was offered a job to set up a sexual assault program at that base. Her reputation had indeed preceded her. The position was to last for 18 months. She stayed five years.

At Sigonella, Shirley followed the prototype she had created at Miramar, but she crafted it to suit the needs of that facility. This meant working closely with nurses and physicians at the hospital. Sexual assault cases required evidentiary examinations, and Shirley, as a professional, had to be cognizant of the chain of custody in the handling of evidence. She spent much of her time at the hospital, sometimes assisting while medical personnel conducted the required exams. She had no paid staff but trained volunteers to act as advocates for sexual assault victims. Her chosen trained advocates would help walk the victims through the entire process.

Shirley had duty at the Family Service Center but also worked hand-in-hand with a psychologist. “He trusted me and I trusted him. We’d send the victims back to the states where they could get adequate care and support, and, as a result, we saved a lot of women that way. Women would be sexually assaulted by someone they had to work with. They had to go away and come back strong so they could function.”
After that five-year stint at Sigonella, Shirley began yet another chapter in her career: counseling wounded warriors, not as a government employee, but as a contractor working for Health Net, a private company that provided counselors and other services to the military. Within weeks, she was on her way to Fort Hood, Texas, following the tragic shooting at that post in November 2009. She stayed two months counseling both service members and their families. She was given other assignments, most notably Fort Riley, Kansas, and Fort Drum, New York. She found the effort satisfying but really wanted to work with wounded warriors. After all, her warrior brother had been wounded in both body and spirit, and Ben was always in her thoughts.

Her new assignment was at Camp Pendleton, California, which had an active wounded warrior unit. Shirley was a unit therapist, working for Health Net, which contracted with the Marine Corps to run the program on the base. “We talked to their psychiatrists and psychologists and had a pretty good handle as to what was going on. Most were brain-injured and had PTSD. The amputees were treated at Medical Center San Diego.”

Shirley and the other counselors listened intently to the wounded warriors “If someone was off the track, we were encouraged to talk with their psychologists assigned to them. I found the atmosphere relaxed and informal. They seemed ready to talk to us readily because we weren’t writing everything down and not outwardly assessing them. I developed a very special relationship with them as a group. They were used to seeing me around in an informal way. I ate with them. I went to Bible study with them. I did all the things that they did, and I earned their trust.”

Shirley’s client-patients were mostly Marines. Besides scheduled activities, such as bike riding, swimming, and music therapy, counseling was obviously a major portion of their therapy. “I talked to so many of them in depth. If someone was alone and looked disturbed, I’d begin talking with them. Eventually we’d get to what was bothering them. They’d start out telling me how much they hated all the medications they were on. They begged the doctors to take them off them because they couldn’t function. That was because they were so stoned out on the medication. In addition to the drugs, many were also drinking a lot of alcohol.”

Shirley adds another chilling account about some of the patients who were free to go home at night. And for those Marines, the terror at times became overwhelming. “Occasionally, a Marine would tell me they would be afraid to go into the bedroom where the door could be shut. Instead they would sleep on the sofa with a gun within easy reach, afraid someone would break in in the middle of the night. Of course, these stories reminded me of my brother, who many times told me that he couldn’t sleep. He said that when he closed his eyes he always saw the eyes of the people he had killed.”

She continues, “I also heard some very sad stories. They’d talk about losing their marriages and their children and knowing they would never be normal again. It all reminded me of my brother.”

Shirley and her colleagues quickly learned that many of the brain-injured knew their prognosis was not good, thus becoming good candidates for early onset dementia. Moreover, their longevity was in question.
Despite the sad outlook for many of her client-patients, Shirley remained at Camp Pendleton for three years and relished every moment. “In my mid-80s, I drove 35 miles to work each day because I loved being with those people.”

And so it continues…

Shirley Godwin at age 91, although “retired” since 2013, is still in the game, informally advising other counselors she once worked with or a new generation of therapists. They call her frequently with problems and she provides guidance based on years of hard-earned experience.

Having broken her hip in a pool-side accident a few years ago, she is now fully recovered and has not noticeably curtailed her activity. She has traveled to Europe in the past two years with friends and several former counseling colleagues.

Looking back on a career that began when most careers usually end, Shirley expresses her gratefulness whenever she can. “I got to develop all kinds of programs, travel, and meet the most amazing people. I was so fortunate. Imagine all the experience I had. I always thought the military did more for me than I ever did for them. I know I’ve gotten back much more than I ever gave.”

Like a fine wine, the irrepressible Dr. Shirley Godwin just gets better with age.
THE CRITIC’S CHOICE
Film Review

_Military Medicine: Beyond the Battlefield_  
A film hosted and reported by Bob Woodruff  
(2016)

Moni McIntyre, PhD  
Assistant Professor  
Sociology Department  
Duquesne University  
600 Forbes Ave.  
Pittsburgh, PA 15282  
Tel: (412) 396-1740  
Fax: (412) 396-4258  
Email: mcintyrem@duq.edu

Author Note

The insights or views expressed in this review are those of the author. They do not reflect official policy of Duquesne University or any of the institutions the author serves. The author has no conflicts of interest.

Introduction

No matter who does the calculating, it is indisputable that only a small percent of Americans ever don the uniform of their country. Fewer than one percent of the American population will see combat, and only a tiny percent of them will lose limbs, eyes, or suffer a traumatic brain injury. But when they do, it is most often their brothers and sisters in arms who will come to their aid. While physical wounds can generally be seen and treated, psychological scars may never fully be addressed. _Military Medicine: Beyond the Battlefield_ examines what happens from the point of injury until the wounded are well into their rehabilitation experience. With an all-volunteer military force, our national security relies in no small measure upon the reputation of military medicine to care for the troops.

Hosted and reported by ABC News Correspondent Bob Woodruff, _Military Medicine_ highlights military medical advances and technology as well as civilian and veteran contributions from the battlefield to the long road of rehabilitation. The personal stories of physicians and other medical personnel, scientists, active duty troops, veterans, and military families wind through this fifty-six-minute documentary to show how these advances are both saving and changing the lives of United States service members and many of those who love them. This carefully researched and informative film invites the 99% of Americans without current active duty military connections to take pride in the positive contributions made by some of their federal tax dollars, even as these same viewers rue the losses of life and limb brought about by catastrophic wars. The 1% who know and live this reality will view this film with deep gratitude and hope.
During the Iraq and Afghanistan conflicts, the death toll for service members between 2001 and 2014 topped 5,300. However, unlike other wars and international conflicts, 96% of the severely wounded made it home and continue to come home alive. Many of those who survived recently would have been left for dead on the battlefield in former times. *Military Medicine* describes how that has been made possible.

Correspondent Woodruff has firsthand knowledge of the capabilities of military medicine. While covering the war in Afghanistan in 2006, Woodruff and his cameraman were severely injured and subsequently saved by some of the remarkably complex advances in military medicine that he features in this documentary. Woodruff and his team traveled around the world and visited many US military sites to capture the stories of those who are on the cutting age of medical and technological advances both in civilian and military settings.

**Film Summary**

The dual goals of military medicine are to save lives and to make lives better, i.e., “to return service members to the lives they want to live,” according to Woodruff. The film opens with many examples of each goal before featuring several vignettes designed to reveal many of the advances in and hopes for military medicine. While no one would opt for war to make medical advances, in the words of Dr. Jonathan Woodson, former Assistant Secretary of Defense for Health Affairs, “Throughout history, through periods of war, there have always been advances in medical care. So, if war is the dark side of human experience, where humanity fails, medicine has always provided hope and light.” Woodson’s words illustrate the major theme of the film.

One vignette features retired Army Sergeant 1st Class Ramon Padilla, who had lost his arm during an Afghanistan deployment. Padilla’s treatment at both the Walter Reed National Military Medical Center and the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland led him to participate in a clinical study during which he was fitted with an artificial arm and a hand that he can control through sensors implanted in his muscles. The audience listens to words of gratitude expressed by Padilla as he flexes first one hand and then the other. That he can pick up objects and hold his son’s hand as they walk invites awe and admiration from viewers. Principal investigator and retired Army Colonel Dr. Paul Pasquina, Chief of the Department of Rehabilitation at Walter Reed and USUHS, knows much about the challenges faced by returning soldiers who have lost limbs and works unceasingly to make their lives better.

Severe burns are another hazard of wartime activity featured in the film. Woodward introduces us to Lieutenant Colonel Bryan Forney, USMC, who spent the better part of a year in a wheelchair because of severe burns and muscle damage to his legs and feet that he sustained on the battlefield. Intrepid Dynamic Exoskeletal Orthosis (IDEO) braces, invented at the Intrepid Center of Brooks Army Medical Center in San Antonio, Texas, have enabled Forney to walk. While he cannot compensate entirely for Forney’s lost mobility, John Fergason, Chief Prosthetist at the Intrepid Center, demonstrates the degree of independence granted to the Marine because of amazing advances in medical technology that allow Forney to use his own momentum as he walks without assistance.

Before injured service members ever get to medical treatment facilities in the United States, they are often transported to the Ramstein Air Base in Germany by Critical Care Air Transport
(CCAT) teams in flying intensive care units aboard such aircraft as specially outfitted C-17s. Getting severely injured personnel from the battlefield to their US destinations often requires a trip to Ramstein, where they can be prepared to make the trip home. Rapid work often finds members injured on one day, in Germany the next, and in a sophisticated military medical center on the third day. What once took weeks or months is now accomplished in record time. This accounts for the 96% survival rate of the severely injured, a statistic unrivaled heretofore. Whereas the speed with which a member can be evacuated has increased substantially over the decades, the severity of wounds remains catastrophic. Many live today who would have died in yesterday’s wars, because they never would have made it home to first-rate medical treatment centers. Major General Michael Tiger, a CCAT physician, describes this in some detail.

More than 340,000 military service members have sustained traumatic brain injuries (TBI) since 2000. One of those injuries was sustained by retired Sergeant First Class Elana Duffy following the explosion of an improvised explosive device (IED) while she was a member of a convoy. Advances are being made to help survivors with their physical as well as psychological wounds. Duffy and many other service members so affected are now able to walk in a straight line, where they could not after their injury, and they have recovered many of the memories that they once feared were lost forever.

At the Human Engineering Research Laboratory at the University of Pittsburgh, engineers and designers are working to enhance the mobility and independence of anyone with a disability. Wheelchairs are the focus of the Laboratory, although they also improve prosthetics and cognitive aids as well. Director and disabled veteran Rory Cooper, PhD, explains that their current challenge is making wheelchairs with robotic arms. Viewers watch as the Mobility Enhancement Robotic (MEBot) enables users to climb curbs and stairs as well as traverse irregular terrain and ice. This segment of the film illustrates how the civilian community, working with and in support of military rehabilitation experts, enhances the potential of those with war injuries.

Veterans helping veterans is depicted in the presentation of retired Staff Sergeant Dale Beatty, a former member of the National Guard, who was severely injured in Iraq. He returned home from his year in the hospital to a new house built largely by fellow veterans. In gratitude, he began Purple Heart Homes, a volunteer group who assist veterans with home adaptations, e.g., ramps. Another instance of veterans helping veterans is Wednesdays at Richard’s Coffee Shop and Military Museum in Mooresville, South Carolina. Beyond the battlefield, intergenerational groups of those who served in uniform meet to encourage and appreciate one another. “Don’t let them disappear” is the motto of this corps of veterans helping veterans.

**Reflection**

In this post-conscription age, it is not surprising that young persons without the means to attend post-secondary school would choose the military as their best option. The quality of their service and commitment is at least as high as the risks in which they place themselves by enlisting in one of the armed forces. They endanger life and limb as they accept involuntary deployments to war zones and dangerous training missions around the world. Rarely, those assignments lead to their death. Not uncommonly, service members everywhere contract diseases and suffer injuries that threaten their health and well-being. In the face of these choiceless events, troops must rely on the healthcare available to them.
Military Medicine: Beyond the Battlefield exposes the viewer to creative and complex solutions to severe battle injuries and other wounds made possible by the men and women in uniform who work to save their lives and make them better. Civilian research institutions working in conjunction with military medical treatment facilities are at least as important because it is here that most physicians and other military health care providers earn their basic qualifications. One of the first conclusions that one may arrive at following a screening of this important documentary is that appropriate funding for military medicine must always be a national priority. Our tax dollars need to go to enhance the lives of those who provide care and those for whom such care is provided.

Another conclusion that may occur to a viewer is that, with the advent of powerful and insidious modern weaponry, the devastating effects on the human body are beyond comparison to any previous conflicts. New simple as well as complex ways to cripple or kill in combat continue to be discovered. This film brings us to the realization that medicine, as well as understanding of the healing processes, must advance at least as rapidly as weapon development. In short, research and development on weapons ought not outstrip our ability to care for those who will be injured by them.

The power of veterans helping veterans cannot be overestimated. The bond that exists among those who served is seemingly unbreakable and, as the film demonstrates, it promotes healing in ways that no medicine could. Those uniformed men and women, who stood in formation while the National Anthem was played as they prepared to meet challenges unknown to most of them and us, have a pride in themselves and those who stood with them that battle injuries cannot destroy. The deep reverence for those who placed themselves in harm’s way—and suffered harm— needs to be shared by a grateful nation who values the condition of the battle wounded. Duty, honor, and country are deeply ingrained values, and they stay with service members throughout the healing process. No wonder civilian researchers find such satisfaction in helping veterans.

In various segments of the film, we are informed about advances to date concerning the rapidity with which care can be administered at the point of injury. This speed far surpasses anything that we could have witnessed in previous wars and conflicts. We are reminded of Dr. Woodson’s comment that war is a failure of humanity while medicine has always provided hope and light. Advances in robotics, regenerative medicine, wheelchairs, IDEO braces, and traumatic brain injuries represent the glory of military medicine; focusing on them can even disguise some of the horror of war. Lost lives as well as wounds and injuries that cannot be healed or fixed illuminate the absolute horrors of war from which no one will recover.

This film is a most powerful introduction to the wonders of military medicine. Seeing wounded warriors and their families offers many reasons for hope and gratitude. Walter Reed National Military Medical Center, the Uniformed Services University, and the other medical treatment centers take their mission seriously. They stand as beacons of hope for those they serve and live to serve. Cutting edge research and treatment is the least we owe to those who serve in harm’s way for the security of this nation.
Addendum

Complementing the information on the PBS documentary reviewed above, a new YouTube series on military medicine and healthcare is being produced and directed by the Henry M. Jackson Foundation for the Advancement of Military Medicine. Information for the first two short episodes that have been completed thus far is found below.

These episodes are immensely powerful. They demonstrate how military medicine/healthcare enriches healthcare for all people across the globe.

For more information or for submitting suggestions regarding future topics, please contact the Creative Design Department at HJF c/o (240) 694 2000.

2018 Heroes of Military Medicine Ambassador Award
The Air Force’s 99th Medical Group was awarded the Hero of Military Medicine Ambassador Award for its heroic response to the October 2017 Las Vegas mass casualty shooting. Web Address: https://www.youtube.com/watch?v=9O7sL5WPPV0

The Veterans Metrics Initiatives
TVMI—The Veterans Metrics Initiatives is a novel public-private collaboration that unites multi-disciplinary research experts from the Departments of Defense and Veterans Affairs, academic medicine and social science, and industry to develop an evidence-based approach. Web Address: https://www.youtube.com/watch?v=U2PP1QqFFSM
Reviews

Book Review

*The Restless Wave: Good Times, Just Causes, Great Fights, and Other Appreciations*

By John McCain with Mark Salter

New York: Simon and Shuster 2018

David Mineo, BSBA, CSC

Executive Coach and Managing Director

DLMineo Consulting, LLC

184 Solheim Lane

Raleigh, NC 27603

Tel: (301) 221-7397

Email: david.mineo@dlmineo.com

Author Note

The insights or views expressed in this creative reflection are those of the author. They do not reflect official policy or the position of any of the institutions the author serves. The author has no financial conflicts of interest.

Introduction

Senator John S. McCain (R-AZ) --- author of this book, an American hero, Vietnam veteran, prisoner of war, patriot, senator and family man --- recently lost his year-long battle with glioblastoma, an aggressive type of brain tumor that is very serious. He was the very definition of a leader: honest, open, and willing to acknowledge his mistakes. Many of us watched the ceremonies in celebration of his life. Those who reflected on his accomplishments educated us. He loved America, loved life and enjoyed laughter --- while at the same time fighting for the values of this great nation.

In his book, *The Restless Wave: Good Times, Just Causes, Great Fights, and Other Appreciations*, Senator McCain provides us with an in-depth look into his struggles over the last twenty plus years. It provides readers with a look into the things he valued highly: “Duty, Honor, Country.” In many ways the book provides, from his perspective, the experiences and events that formed his ideas. He was recognized by those around him as the “maverick” of the Senate. During his fight with cancer, Senator McCain talked with colleagues, undertook therapy and prepared for his fate since he was diagnosed. John McCain completed the first round of chemotherapy and radiation therapy in mid-August and passed on only days later. Shortly before his passing, Senator McCain was honored by his colleagues in Congress by passing legislation he championed, namely The John S. McCain National Defense Authorization Act for Fiscal Year 2019. It signed into law by President Trump on August 13, 2018.
By all accounts, John S. McCain was a controversial figure in American politics. He made decisions and cast votes on things that have frustrated both the left and the right. In the process, he has been revered and vilified. Nonetheless, one thing is clear. His decisions have been based on placing country above party; and this should be admired by Americans no matter their political and ideological beliefs.

Since his passing we have had the opportunity to read many stories about Senator McCain; and hopefully in his passing America will realize a new spirit of coming together and restoring the “regular order” through bi-partisan legislative approaches. This would be the greatest compliment that Congress could bestow upon their colleague, and the greatest gift they could provide this nation in his memory.

Summary

The title of this book, *The Restless Wave*, is taken from a line in the Navy Hymn. It speaks to the perils faced by our mariners on the oceans who work to keep America free. This title does in many ways capture the spirit and life experiences faced by Senator John S. McCain. He was a decorated naval aviator who retired as a captain from the U.S. Navy. He was awarded the silver star, three bronze stars, and numerous other medals during his service to our country. He was a prisoner of war for over five years and suffered numerous injuries at the hands of his tormentors after his plane was shot down over Hanoi, Vietnam in October 1967.

His political career included service in both the House of Representatives and the Senate. Prior to his passing, Senator McCain was Chairman of the powerful Senate Armed Services Committee. Even with such accomplishments, some of his prouder accomplishments include being a loving husband, the father of seven children and grandfather to multiple grandchildren. And, most important of all, John S. McCain was a great American patriot that placed “His Country” over political affiliation. He lived his life in service to his country because his forebears lived that way. These things explain why on numerous occasions he was described and routinely recognized as a “maverick” in the Senate.

This book is a well-written journey through John McCain’s more recent experiences during a period in American politics when we have seen many of our most cherished attributes erode. John, with his collaborator Mark Salter, takes the reader through the periods when he ran for the highest office in this nation, President of the United States of America, during the 2000 and 2008 campaigns. He was at the forefront of America’s response to the terror attacks that brought down the twin towers in New York by entering a conflict that has continued for over 17 years. These ongoing experiences were the national context as Senator McCain fought the most challenging life experience one can face, a battle with glioblastoma that claimed his life but not his legacy.
The book begins with a chapter entitled “No Surrender.” It describes the experiences that were part of the 2008 presidential campaign when Senator McCain faced Senator Barack Obama for the presidency. He explains that many events conspired to make the election extremely difficult for him. First, he faced an extremely charismatic young candidate at a time when the country was tired of 7 years of war and our country was heading toward a financial crisis that demanded change. John details the events that led to “the surge” in Iraq which was designed to end a stalemate in the war. He conveys many stories about the experiences of the campaign including one where he stopped a woman who was disparaging candidate McCain’s opponent and complaining about him being “an Arab.” John responded with “No, Ma’am, he’s a decent family man and citizen whom I have disagreements with on fundamental issues. That’s what elections are for.” Later, President Obama said that John McCain was standing up for America’s character and values as much as for Obama’s. Senator McCain also talks about the decision in selecting Sarah Palin as his running mate, as well as how the sub-prime lending market impacted the elections. For those who lived through those times this is a great glimpse into things that are beyond our control but impact our life course.

In the chapter entitled “About Us,” John speaks in great detail about the use of “Enhanced Interrogation Techniques” (EIT) that were strongly supported by the Bush White House after the 9/11 attack. He explains in detail some of the techniques and methods used by our own nation on our enemies. He points out that it is also important to recognize how such activities impact on our standing as a nation of civility and moral character. How can we claim the moral high ground if we denigrate our foes? As a prisoner of war, one can only think that this might have brought back painful thoughts to the Naval Aviator and his own experience with EIT by his captors.

John invites the reader into many experiences in his voyage through some of his friendships in the political arena. In one chapter he explains that he is “a sucker for a fight” and discusses how some of these “led to friendships.” He laments how many of the senior senators were in another time 25 years removed from today. As a reviewer, it appears to me that Senator McCain puts forth the thesis that there is plenty of blame to go around on why we have devolved into “ideological ghettos” instead of arenas of informed discourse. One can only think that he would be pleased if we could return to a more respectful time when civil communication and informed logic were the order of the day. John mentions his disagreements with Ted Kennedy, “the liberal lion of the Senate;” and how he came to respect this political opponent. It is coincidental that Ted Kennedy succumbed to brain cancer and that John McCain has been taken from the nation by that same foe.

John McCain discusses in other sections of this book his feelings about communism as well as American exceptionalism in support of human rights. This book is a journey through
Reviews

one man’s first-hand seat at the table of many events in recent history. Certainly, it has some areas that are hard to follow and require an understanding of current events to do it justice. Nonetheless, the book is a valuable journey and may help to inform the reader about where we are today, and some of the values we should work to bring back to our public discourse.

Reflections

In reading this book and having seen the celebrations of the life of John McCain, I was provided with an opportunity to reflect on my own experiences in life and the places we might have intersected in this life’s journey. As with Senator McCain and many others I am a Vietnam Veteran having served in the US Air Force as an enlisted man from 1967 through 1971. I entered the military the month that Senator McCain became a prisoner of the North Vietnamese. One year later to the day that I entered military service, I landed in Vietnam to fight in a war which I really did not fully understand as an eighteen-year-old recruit. I went because, at a young age, I was not ready for college. Service duty for my country seemed like the best option during a time when a draft existed in our nation. After completing my service, I went to work for the National Institutes of Health in Bethesda, Maryland. NIH is right across the street from what was then known as the Bethesda Naval Hospital where many wounded servicemen were patients when they returned from Vietnam with serious injuries. NIH conducts research to end debilitating diseases and disorders that impact on human life. Like Senator McCain, although at a much less public level, my career was one of public service with the intent of helping others lead better lives no matter what their ethnicity, gender, or political affiliation. This is really what should be the life’s goal of any public servant, namely working for the benefit of others and doing so without complaint about salary or hours worked. I was lucky to work with some of the most wonderful and smartest people in the world, working to make the lives of others better.

As I reflect on my experiences and what we as a nation are going through during this time of great change, I think first about the norms that are being assailed. I think about what we recognize as leadership and how the values we look for in leaders are being questioned. Personally, I think a leader is not one that can “keep trains moving on time.” A leader is not someone who simply eliminates legislatively passed programs by decree. A leader is an individual who provides people with a positive vision of a future that is inclusive of all. A leader is one who recognizes values such as respect for all and upholds the principles that underpin one’s leadership position. People generally want an opportunity to succeed. By dividing people against one another that opportunity is lessened, not enhanced; and, we use others as a foil for our own failings.

Consider how things might be different; I think that what John McCain saw in his America was an ideal --- not a piece of land made of “blood and soil” but a collective of ideas, individuals, and beliefs in fairness. He wanted us to always strive for a more perfect nation that reflects basic human rights for all. I believe these are what has made and continues to make America the greatest nation in the world.

In thinking about how we have changed as a nation, I reflect on the fact that on many occasions when we are in dialogue or disagreement, we do not attack the message or position. Rather, we attack the deliverer of the message. By denigrating the person, we undermine the
position, or so we think. I have always believed that really to change minds we must be willing to listen to others. Hopefully, John McCain through his passing and celebration has taught us such a lesson.

In my own life, I am proud to have a wonderful wife, two children and three grandchildren. I want them to have great success in their own life's quest. For them and for myself, I believe that it is our job to leave a better world for those who come after us.

Over the years I have become an executive coach and an advocate of leadership development. Most leadership theory stresses qualities of leaders and not a monetary scorecard as a measure of success. Many are now more interested in financial wealth as if that will make us happy. Do we become closer to our Maker (no matter how we worship) with more money --- or by being respectful of each other?

None of us is guaranteed an amount of time on this earth. In John McCain, we see an individual who lived a good life and appreciated “his journey.” He said so specifically in this book. There is reason for each of us to think about our own life journey and conduct ourselves in a respectful manner toward both those that agree with us and those who may not. This book has led me to reflect on my own life very significantly. We are all blessed in one way or another. We should all work to contribute positively to a better nation that is respectful to all. Similarly, we must each acknowledge and accept that we are all responsible for both the positive and negative things that happen to enter our life. John McCain did so. He acknowledged his regrets as well as his successes. At his passing and in the celebration of his life, speakers eulogized that he fought for the “little guy” and that he supported dissidents wherever freedoms were under attack. Knowing how he could challenge others who did not share all these values, perhaps it is no wonder that, while many acknowledged the things he has done for our nation, a most unfortunate response from one foreign politician was, “The enemy is dead.” Indeed, it is no wonder then that we celebrate Senator McCain for his service to our nation and its greatness, while some others find fault because he demonstrates how they are weak. Vietnam was a terrible war; and a place where John McCain suffered greatly. Yet he worked to normalize relations with his former adversaries. That is the kind of America I would like to see us become. And Senator McCain through his passing gives us all something to think about regarding who we are as individuals and who we are as a nation.

Like the title of this Journal itself, John McCain is the epitome of “health and human experiences.”
Conclusion

This book puts together the story of the political career of John McCain in the US Senate through his eyes. At the same time, it gives us a glimpse of his life. We generally see public figures in sound bites, and this book provides us with a deeper look at how one becomes the person they are. This book, along with recognition of the earlier parts of Senator McCain’s illustrious career, provides us that deeper look. It also provides us with the thoughts of a man who accepted his own mortality and prepared for his own death. This book is especially valuable for those that have an interest in the events that have impacted our nation over the last 25 years from the perspective of a man sitting in the front row of many of these events.

Senator McCain was and will remain a great man --- perhaps the last of a dying breed? Perhaps there is another option. Perhaps in his passing and our celebration of his life, America will begin to implement the kind of change he desired all of this life – regular order through bi-partisanship.

Senator McCain’s Funeral at the United States Naval Academy

September 2, 2018
Film & Book Review

Five Came Back
Book by Mark Harris (2014)
Series directed by Laurent Bouzereau (2017)

Hugh A. Taylor, MFA
Alumnus, Maryland Institute College of Art
Ellicott City, Maryland
Tel: (410) 245-2296
Email: htaylor01@mica.edu

Author Note
The insights or views expressed in this review are those of the author. They do not reflect official policy of any of the institutions the author serves. The author has no conflicts of interest.

Introduction
As is the case with many who have experienced the singularly surreal drama of war, none of the titular five who came back – John Ford, John Huston, Frank Capra, William Wyler, or George Stevens – would have described themselves as heroes. For each of them, service to their country during World War II was not so much a choice but a conviction. It was a duty they were called to perform and which each performed admirably in his own way. However, the stories which Five Came Back (2014) tells, both on the page and on film, are nothing less than heroic. Five Came Back details the painstaking efforts each of these five men took in using their talents to assist the American war effort, the crippling price they paid to do so, and the personal, internal battles they fought against the consequences of the war.

The book compiles painstaking details about the lives these five lived, pulling one into gripping stories about what they had, what they willingly sacrificed, and what they lost throughout the course of the war. The documentary series on Netflix, boasting an all-star collection of directors such as Steven Spielberg, Paul Greengrass, Francis Ford Coppola, and Guillermo del Toro, and narrated by Meryl Streep, brings the words to life. It shows some of the footage described in the book, boiling down the detail and providing valuable third-party insight from the five themselves as well as from their colleagues and friends.

Expertly pieced together by Mark Harris, the book explores the tragic history and consequences of World War II through the lives of these five directors and illuminates an often-understated role in military history of that world-shaking conflict. The documentary series serves as an excellent complement to the book, providing valuable insight from peers and admirers of the five and illustrating the importance of what they brought back to the world of filmmaking.
Film & Book Summary

Broken into three parts, the book covers the lives of the five men before, during and at the conclusion of the Second World War. Part I gives a detailed and valuable history of Hollywood at the time and of the role of the political studio system in the lives of these five directors. It also provides a detailed exploration of the atmosphere of America in the run-up to the bombing of Pearl Harbor on December 7, 1941. It presents the way that Hollywood had begun to express anti-fascist sentiment through filmmaking despite the vehement isolationist rhetoric employed by many prominent politicians of the time. It explores the mindset of men like the Warner brothers, founders of the studio that to this day bears their name, and many other studio heads who came from European Jewish heritage. It introduces us to the titular five men – directors John Ford, George Stevens, John Huston, William Wyler and Frank Capra – and the state of their standing in the film industry prior to Pearl Harbor.

Each of the five was, at the time, extremely prominent in Hollywood. John Ford had already won a collection of Oscar trophies, as had Frank Capra. Both were, at the time, considered the best in the game. Ford's list of triumphs included films such as *The Informer* (1935) and *Stagecoach* (1939), the latter of which served to launch John Wayne into the American lexicon. Ford was a glutton for adventure and bravado, with a powerful sense of duty to his nation. He was the first to volunteer, and at age 47 requested a transfer from the Naval Reserve to active duty. Capra had won three Best Director statues already for *It Happened One Night* (1934), *Mr. Deeds Goes to Town* (1936) and *You Can't Take It with You* (1938); yet his personal political philosophy was quite confused, even as the isolationists began to lose public favor. He volunteered for the Signal Corps at 44 years old. William Wyler, often nominated but never awarded, whose family had immigrated to the United States from a Franco-German border town many years before, likewise appeared to be at the height of his career when he volunteered for military service at age 39. His good friend, screenwriter and director John Huston, fresh off the success of *The Maltese Falcon* (1941), was the youngest who volunteered to serve at 35, giving up what many people believed was the most promising budding career in movies. And George Stevens, a man known for his mastery of light comedy films and who suffered from asthma, pulled strings aplenty until, at 37, he was admitted into the Signal Corps and sent to Africa to film a record of the Allied advance.

Part II begins to chronicle the struggles each of these five directors would face in the performance of their duties. Their task was not simple – they were to document the American war effort, capture footage of battles, bombing runs, and entire campaigns, and transform what footage they managed to shoot into films which would inspire and motivate the movie-going public into unerring support for the war. Almost immediately, each of them ran into obstacles. John Ford was sent to Midway, unaware that he was being deployed for the purpose of filming a Japanese attack. Frank Capra began heading up the Signal Corps, attempting to create documentaries that would give young GIs and the American public a crash-course in the world politics that had led up to World War II. However, military red tape and harsh script opposition from top brass would prevent the series from being completed until the end of the war. William Wyler was sent to the Aleutian Islands in Alaska. He was tasked with recording dry bombing runs over captured bases where
Reviews

he witnessed a friend experience a mental breakdown. George Stevens arrived in Africa weeks behind the Allied advance, but was still expected to produce enough action on film to craft a compelling narrative for home-front moviegoers. He would end up staging it almost entirely.

Part III details the end of each man’s service, and of the war itself. John Ford would be deployed to film the assault on Omaha beach on D-Day. The memory of the events destroyed him to the point where he was effectively discharged due to multiple instances of excessive public drunkenness. He would continue to offer his services but was not called to the front again. Frank Capra’s series of documentaries stalled out, leaving him with nearly nothing to show for his years of service and estranging him in a Hollywood that had moved on from him. William Wyler, deployed to Europe to film a follow-up to Memphis Belle, went AWOL attempting to visit the village his family had left so many years before. When he arrived, he discovered that nearly all of the villagers had been bombed and killed by American planes, having ignored the pamphlets dropped warning them to evacuate. When he returned, ready to film the documentary, he lost his hearing on one flight. He was sent home fearing that he would never be able to direct a film again. John Huston was sent to Italy shortly after its liberation to take footage of the locals welcoming American troops. Instead, he ended up filming truckloads of deceased soldiers, ancient towns and villas decimated by bombs, and his own unit under heavy fire. He returned home a changed man, unable to come to terms with the horrors he had seen until many years later. He would go on to direct a film about the recovery of returned soldiers suffering from Post Traumatic Stress Disorder (PTSD) that was blocked from release for 50 years by military authorities. George Stevens would perhaps change most from his pre-war self. He was assigned to cover and film the Allied liberation of the concentration camp at Dachau. The atrocities he saw permanently altered his worldview. In fact, he refused to make another comedy film upon his return --- and for several years afterwards.

Upon Reflection...

November 11th of this year marks the 100th anniversary of the end of World War I. As such, it seems particularly important to honor the memory of those who have served valiantly in all lines of duty. Mark Harris’s book, and the documentary it inspired, reminds us that the fallout of war is far-reaching and potent, and that no one makes it through such experiences unchanged.

John Ford was a man who lusted after the perceived glory and dignity that some believe come with a life of military service. One of the potential reasons given for Ford’s absolute willingness to give up his life of luxury and fame to join and contribute to the war effort was a rejected application to the Naval Academy early in his life. Yet much akin to the young men who fought in the trenches of Verdun many years before his time in the army, Ford would find that the realities of modern warfare did not necessarily fall in line with the mystic atmosphere surrounding them. His experiences on D-Day left him traumatized, turning more often than not to alcohol as a form of consolation in the immediate wake. What he brought back with him was a new understanding of the reality of military conflict, and a reawakened respect for those who so boldly would volunteer for it. He did not speak of D-Day in detail for months after the events.
Frank Capra returned to Hollywood and faced a struggle familiar to many who have left home for the purpose of war. Upon his return, he found the world he once called home had continued on without him. He felt that he had changed far too much during his time away to simply pick up where he left off. His first film after returning, *It’s a Wonderful Life* (1947), beautifully exemplifies his struggle to regain his posture. In it, a man is shown an image of the world the way it would look had he never existed. Capra poured his soul into the film undoubtedly working through his own inner conflict throughout the process.

At the same time, William Wyler had returned to directing after several years of depression, induced by his loss of hearing. After his own experiences throughout the war, he wanted to bring the movie-going public a small taste of realism, rather than the glitz and glam with which he had usually tended to work in his films. His one film, *The Best Years of Our Lives* (1947), was the story of three veterans of the war fighting now to regain their footing in a homeland that seemed unable to understand them and the disabilities they returned with --- be they overt or psychological. Wyler thought back to his own experiences on the Memphis Belle, attempting to craft a film that would make the young men he had served with proud, and perhaps would help them work through their own post-war lives. *The Best Years of Our Lives* went on to win universal praise and the Academy Award for Best Picture.

John Huston, eager to leave the army, almost immediately had to fight for the release of his documentary *Let There Be Light*, about the trials and tribulations of veterans dealing with post-traumatic stress. He had been assigned to make the film so as to ease the assimilation of veterans to civilian life. Yet once it was completed, Huston was obstructed at every attempt to show the film. After months of fighting, he finally gave up --- a result which left him completely disillusioned with the military and kept the documentary from being shown for over 50 years.

George Stevens was completely upended after witnessing the horrors of Dachau. Once Hollywood’s top comedy man, Stevens was unable to find a project he desired to work on for years after he returned to Los Angeles. Friends, family, and colleagues, including Capra, were unable to snap him out of his completely shell-shocked state. Eventually, he began directing again, finding some comfort in the resumption of his creative work. But for the rest of his career, he would never make another comedy.

As we commemorate the 100th year since the end of what was once considered the war to end all wars, it becomes important to understand that the process of healing is an imperfect one. Each of these five men experienced the reality of war in a different way and each was unalterably changed from that experience. All five worked in the same creative industry. Each of them worked through the memories and traumas in their own individual ways. They all brought something back - a powerful new understanding of the world and of mortality. And each of them, through necessity for their selves and for their comrades, sought to use their healing process didactically, helping themselves and others like them to understand and to rise from the ashes.

While they may have disputed it, each of the five directors explored in Five Came Back make this story one of undoubted nobility and heroism.
UNDER CITY LIGHTS
Summertime is often the highlight of most childhood memories, at least for a kid growing up in southern Illinois. Summer in the Midwest during my childhood was a time for kids to be outside experiencing life, in tune with Mother Nature, on a day-to-day basis. Even so, there needed to be something special for a child to look forward to, and for me, one of the best was visiting my maternal grandparents at their rural home. My grandparents lived in a small house in the timber country along the Illinois river bluffs in southwestern Illinois. I loved visiting with my grandmother and always enjoyed the wonderful meals she cooked. She nearly always made homemade pies while we were visiting, and they were superb. What I really looked forward to, however, was being out and about in the outdoors. I especially anticipated shadowing my grandfather as he went about his daily farm chores. I never fully understood him when I was a child. Even so, he was the instrument of many great and cherished childhood memories.

Getting to my grandparents’ home was somewhat of an adventure all in its own. As my family made our way there in our car we would leave the world of paved roads and travel miles into underdeveloped rural areas sometimes called, in our day, “boondocks” or “boonies.” There were cornfields and beanfields strewn about like patchwork, but the overbearing features to me
were the trees and thick brush that bordered the country roads that we had to traverse. It was as if we were deep in a jungle, all alone. My father would gingerly guide our car down the deeply rutted one-lane dirt road that led to Grandma’s. The sounds emanating from the seemingly impenetrable vegetation abutting the road captured my imagination. Behind the chirping of birds, and the chorus of countless unseen insects, I could almost hear the trumpeting of an angry elephant, or the cackle of an indifferent hyena. I hardly noticed the thick dust cloud rising up behind our car and chasing us down the road like a giant brown tornado. Even the thick layer of fine powder that invaded our open car windows and coated the car’s interior and us went unnoticed. I was focused on watching for the first sign that indicated we were almost there. Precisely, as our car defeated the last bluff nearing Grandma’s, I saw the early morning sun reflected by the huge white barn that heralded the entrance into Grandma’s driveway. That barn was like the beacon of a lighthouse that brought us into harbor safely.

My grandparents lived frugally and kept no unnecessary items in their home, including toys. They had a small black and white television set that sat unused in a corner of their small living room. It rarely worked anyway. When I was growing up in the ’50s and ’60s there were no such things as video games, DVD movies, smartphones, or computers. In the summer children were expected to stay out of the house during the daytime and use their imaginations to stay occupied. That was fine with me. As soon as the family car had rolled to a stop in Grandma’s driveway I would bolt out the door and head for the woods bordering the east side of the driveway.

My parents and my grandmother allowed me free reign to explore the fields, meadows, and woods embracing the boundaries of Grandma’s yard. No one lived very close and the area was so out of the way that my parents weren’t worried about the dangers of strangers. Since I was the only male in my family, I wasn’t interested in hanging out with my four sisters. Rather, I spent much of my time roaming through the landscape around Grandma’s home. It was so easy to be engulfed by nature’s surroundings, and I loved it. I spent hours in the meadows, listening, mesmerized by the melodies of birds and chatter of insects. As I sat quietly in the warm summer sun a gentle breeze whispered around me and caressed my face in a seemingly loving embrace. A groundhog foraged in the tall grass a few feet away. The animal kept a wary eye on me, but otherwise did not seem overly concerned by my presence. Occasionally a fox would pop its head through the nearby bushes and peer at me, ever so briefly. This was far better than playing video games. As the afternoon began to wane it was time for me to head back to the house and get ready for supper. Grandfather would be home for supper, and Grandma wanted everything ready when he arrived.

I vividly remember my maternal grandfather. He was a tall, stocky man who looked very strong to me. Grandfather worked on a neighbor’s farm as well as taking care of his own small plot of land. He toiled in the fields for long hours on most days. I remember him approaching the back door to the kitchen when he arrived home. He would whip up a great tan cloud as he pounded his overalls to clear some of the dust clinging to him, and then walk in through the kitchen door. Grandfather was always dressed in faded blue bib overalls. His skin was darkly tanned from his countless hours working in the sun. He often looked tired, and he always had a stern look on his face. I don’t remember ever seeing him smile. Grandfather would walk over to the hand pump on the kitchen sink, pump some water into a basin, rinse his face and his hands, and then turn and pull up a chair at the nearby kitchen table. Everyone else was called to the table and we took our places around and opposite Grandfather. We ate, and talked, as kids and
families do, except for Grandfather. He always ate his meal in silence staring straight ahead out the window opposite his chair or looking down at his plate. He seldom looked at anyone, and he never said a word to any of us. I must admit that this made me a little frightened of Grandfather, but that was more than outweighed by my awe of him. I thought he must have been very tired from his work. I was curious, as any child would be, why my Grandfather never talked to anyone. I once asked my mother about it. She quickly shushed me, as if I had said something wrong, and then whispered, “Nobody talks to Grandfather.”

Every evening after supper Grandfather headed outside to take care of the chickens, his hounds, and his huge garden. I loved following Grandfather and watching him do his chores. He didn’t seem to mind, at least he never indicated that I shouldn’t.

I stood near to him while he was feeding the chickens. I never saw him look directly at me, nor did he speak, and since “no one talks to your Grandfather,” I didn’t speak either, even as I intently watched his every move. Grandfather would reach out, and gently pull me back a little, if I got too close to the chickens as they clucked furiously and jockeyed for positions closer to the feed showering down from his hand. He wouldn’t say anything, just softly nudge me a little farther away from the chaotic chickens.

The next job was nurturing the garden. Grandfather meticulously groomed his garden each day. I think he could have grown virtually anything he wanted to. The cucumbers and zucchini were the biggest I had ever seen, certainly much larger than anything that I ever saw in the supermarket. Grandfather never seemed to notice me standing nearby, scrutinizing his every action even though he obviously knew exactly where I was. He occasionally motioned to me and pointed out a large green tomato worm “gross,” or hand me a small ripe tomato to munch on. Once again, he wouldn’t say a word, and in my mind, I could clearly hear my mother whispering into my ear, “Nobody talks to your Grandfather.”

Grandfather had his hounds tied up near the chicken coop. I think he used the hounds for hunting. He didn’t want me or my sisters around the dogs. I suspect he didn’t trust them not to hurt us. His coon hounds were quite rambunctious, and probably outweighed me and my sisters. Of course, being the animal loving boy I was, I often managed to stealthily approach the hounds. I quickly glanced in every direction to see if anyone was watching, and then walked right up to the dogs and gave them big hugs. They were tied to stakes in front of their dog houses and I figured that I could easily get out of their reach if needed. Those dogs never acted aggressively towards me. Nevertheless, if my mother or father saw me petting the dogs, they would holler from the house “Get away from those dogs.” If Grandfather saw me, he wouldn’t say a word. Instead, he would motion me towards the house, or slowly approach me and coax me away from the dogs. He didn’t show any obvious signs of anger, just his typical stern look. He would simply walk me back towards the house and then continue what he had been doing before he noticed me playing with the hounds.

After finishing his daily chores, Grandfather would spend the late evening hours sitting in a corner of the small living room, back behind an imposing potbelly stove. He smoked his pipe and stared off into the distance, lost in his thoughts. I stood a short distance from him as he sat straight backed in his huge old leather armchair. He took long slow draws from the stem of his pipe, and then slowly vented the dancing rings of smoke from his pursed lips. I always wondered
what he could possibly be thinking of but I didn’t ask. I stood silently absorbing the serenity of the situation. I think I saw Grandfather glancing in my direction when he thought I was looking away, but when I looked back towards him he would be looking off into the distance as if his gaze had been unbroken.

Often, on a warm summer’s eve, my Grandfather sat in a lawn chair in the huge front yard, peering out over the fields and woods. My father typically sat outside with him on these evenings, whittling on a stick with his pocket knife. I followed the two of them outside and sat in the cool grass near my father, who talked about various things. He didn’t seem to be talking directly to Grandfather because nobody talked to Grandfather. But he didn’t seem to be talking to me either. Grandfather didn’t respond as far as I could tell. I listened to the chorus of crickets, the serenading tree frogs, the soulful wailing of coyotes, and the occasional screech owl’s unnerving cry, emanating from everywhere in the darkness around us. I was never scared. My father was there; and besides, I couldn’t imagine that my Grandfather was afraid of anything on this earth.

As I grew older and pondered those summers of long ago I always wondered why Grandfather wouldn’t talk to me? Why wouldn’t he look directly at me? WHY did nobody talk to Grandfather? These things I could never understand at the time. On one occasion when my questioning mind got the best of me, I again asked my mother why Grandfather never spoke, and why he would sit alone for hours at a time. My mother said “Your grandfather was a Marine in WW1. Don’t bother him.” I didn’t understand what being a Marine had to do with his behavior. My father used to watch WWII movies on TV. I saw the Marines in those movies. I knew what a Marine was. The Marines in those movies were fearless, heroic men, men to be proud of.

One November day in 1962 Grandfather died. My mother was very upset, not only because of his death, but the day he died was her birthday. After hearing the bad news, my family piled into the family car and headed to Grandma’s house, a little over a two-hour drive from where we lived at the time. Strangely, this was the first time it was only “Grandma’s house,” even though we had always called it that. During the drive, I didn’t feel the same excitement I had always felt previously when we were going for a visit. Instead I felt strange inside. I knew what death was, but Grandfather’s death was the first one in my young life that I had to deal with in a personal way. I knew this visit would be quite different. What would Grandma’s be like without Grandfather there doing the things that I loved watching him do? How could it ever be the same? How could I be the same?

My mother had 15 brothers and sisters, so when we arrived, the house was full of people I barely knew, most of them crying or whispering to each other. I almost never saw any of them visiting Grandma and Grandfather before he died. It seemed odd that so many people were there, crying and carrying on. Why hadn’t they visited Grandfather more often while he was alive? I loved visiting him, even without the talking. Why didn’t they? Surely Grandfather would have loved to see them. It crossed my mind that maybe that is why he never talked and always looked stern. Maybe he was unhappy that most of his children seldom visited him. There was something else very strange about that visit. To my utter amazement, on that day I spotted something in Grandma’s home I had never seen before. Sitting on the dining room table stood a faded picture of my Grandfather when he was young. He was wearing a WW1 Marine Corps uniform.
A few long days after the family had gathered, we attended Grandfather’s funeral. If I had known that that my last visit was to have been the last time I would ever spend with him I would have been more attentive. Even though he never paid me much attention he always knew I was there. He knew he wasn’t alone.

Grandfather looked peaceful lying in his coffin, more peaceful than he had ever looked when he was alive. He was wearing a suit and tie. I had never seen my Grandfather in a suit. To me, he would have looked more natural if he had been wearing dirty overalls. Even now when I think of Grandfather I usually picture him in those dirty bib overalls. It was rainy and cold the day of the funeral, downright dreary as everyone proceeded to the graveyard in a long line of cars with their headlights on. It looked like a parade, a parade for my Grandfather. My mother had ensured that I was dressed to keep out the cold brisk November wind that day, yet I still felt a distinctive chill running up my spine as I looked at Grandfather’s casket resting above the large hole that would soon engulf him forever. Immediately before his casket was lowered into the ground, a group of men in uniform raised rifles and fired shots in unison. Then one of the uniformed men on a bugle played what I later learned was Taps. To this day when I hear Taps played I am transported right back to my Grandfather’s funeral. I nearly always tear up.

After the funeral, I asked my mother why the men shot guns and played the bugle. She said, “Your Grandfather was a Marine in WW1. He earned it.” Curious, my mother had mentioned, once again, what we were not supposed to talk about. This was only the second time I could remember that she mentioned Grandfather having been a Marine. Men in uniforms were shooting guns to honor his service as a Marine. I was proud of Grandfather that day, but still I wondered why I was not allowed to be proud of him when he was alive? Why did I have to wait until he was dead?

In those days I didn’t know much about WW1. In time I became a history buff and I knew much more about that war. Long after Grandfather had died I learned he had been in Europe during WW1. A few years ago one of my aunts gave me a photo of Grandfather wearing his WW1 Marine uniform. On the back it had Grandfather’s name, and written beside that, age 18. By this time in my life I knew the date that Grandfather had been born. He was 18 years old in 1918.

I have read and researched WW1 in Europe. I know that it was a brutal, bloody, godforsaken conflict that snuffed out the lives of many servicemen and civilians alike. Mass gas attacks killed hundreds. Soldiers were forced to live in rat infested trenches, mere feet from the rotting corpses of their friends, their comrades, and the enemy. Troops had little to eat, and warmth was hard to come by. Worst of all, those soldiers and Marines, including my grandfather, were forced to launch human wave attacks across the no man’s land separating the warring armies. They were under heavy machine gun and artillery fire as they surged forward. Their comrades, dropped like flies all around them, as far as the eye could see. They never knew when they would be hit, dead or mutilated before they hit the ground, never to fight again, never to see home again. Most didn’t expect to leave Europe alive.

It is impossible to imagine the horrors my grandfather experienced. I cannot fathom what he witnessed, lived through, and participated in; and he was only a teenager. Grandfather never spoke to anyone about his wartime service. I understand now that WW1 never ended for him.
and that explains the grandfather I knew. I could never know the demons infecting his mind when he returned from Europe as an 18-year-old youth. I have no doubt those terrors were quite real to him. They must have tormented him relentlessly. I think that Grandfather did his best to protect his loved ones from the demons by locking them up inside himself, away from us.

After WW1 no one truly understood “Shell Shock,” as it was called back then, and Post Traumatic Stress Disorder (PTSD), as it is called now. No one suspected how many “wounded” Grandfathers like mine came home in that condition. No one knew that they could possibly be treated. “Nobody talks to your Grandfather.” My grandfather, and all the other grandfathers, fathers, uncles, and brothers of WW1, were left to deal with their terrors as best they could, and mostly on their own. Grandfather kept his demons at bay by retreating into himself. He constructed a prison within his soul where he kept the demons confined, and none were allowed to enter. I believe Grandfather feared his demons would still consume him, right up to the day he died. And in a manner they did. What we don’t understand even today is that my grandfather’s PTSD affected his entire family. I was denied the grandfather I might have had. I loved the man I knew; but how much did I miss of the grandfather I should have had if he had developed into the man he could have been?

World War I stole Grandfather’s adulthood. It eventually dawned on me that all the experiences I enjoyed so much at Grandma’s house were inaccessible to him, even as he was surrounded by them, and lived them. He couldn’t, or wouldn’t, reach out. His life experience and wisdom were not all dictated by his service in WW1, even as that conflict is what ultimately overwhelmed and consumed him. I hope that death finally rid Grandfather of his demons. He had finally earned some peace.

What his country required him to do wasn’t Grandfather’s fault. The nation sent a child to fight a horrific war. He faithfully performed his duty, but came back broken with no one to try and put the pieces back together. Some may say he didn’t ask for help. I strongly disagree. He asked for help every single time I saw him, but we didn’t understand. We, as a people, owe an apology and a helping hand to my grandfather, and everyone else who has suffered the aftermath of war.

As we approach another November 11th, we must remember that Veteran’s Day does not mean another day off from work or merely a parade down main street. The parades may reflect our gratitude to our veterans, but there must be more. The United States has now been at war for 17 straight years, the longest stretch of conflict in our nation’s history. Hundreds of thousands of young men and women have been sent into harm’s way. War is sometimes necessary; we all know that. As our current generation of soldiers, sailors, marines, and airmen do their nation’s bidding, we must in turn do our duty. We must embrace our warriors when they return home and do everything we can to heal not only their broken bodies but their broken souls as well. As a nation, we CANNOT leave them to my grandfather’s fate. We are in this together. We must be.

Grandfather, you done good! I am proud of you! Thank you for your service! Please forgive us all for not helping you in your time of need. I promise we will do better this time!
Under City Lights


National Archives public domain World War I photograph from 1918. Website: https://catalog.archives.gov/id/530760
From Strangers to Soulmates

A Poem and Reflection

De Fischler Herman, RP, SD, SM
Chaplain, Capital Caring Hospice
50 F Street, NW Suite 3300
Washington, DC 20001
Tel: (202) 244-8300
Email: dherman@capitalcaring.org

Reflection and Dedication

For 10 years I have been blessed to have been involved with the saga of the USS Kirk DE 1087, the ship charged with rescuing the remnants of the South Vietnamese Navy the day after the fall of Saigon, April 30, 1975.

At the war’s end I was about to graduate from university, on the heels of anti-war activism during the tumultuous years from 1968 through college. My anger and bitterness, rooted in the Vietnam War, lingered. In my 30’s I married Jan Herman, the US Navy’s medical historian, who was born the day we dropped the bomb on Hiroshima. I am a Baby Boomer, he is not. In the late ’60’s he served in the Air Force. I became a tree hugging hippie.

Now, fast forward to 2010 when Jan’s documentary, The Lucky Few, screened at the USS Kirk Association reunion, where former refugees and their rescuers came together and engaged in an emotional healing process. After the screening, a Vietnamese-American woman stood and said, “I know the American people are bitter about the war. But for me and my family, we are so grateful to the USS Kirk and to the United States for rescuing us and bringing us to this country where we could live in freedom.” Until that moment, I had not known a different perspective. I felt a seismic shift take place inside me. I wanted to engage with my fellow Boomers and share my new found understanding.

Master Chief Hospital Corpsman Stephen R. Burwinkel was responsible for caring for the thousands of refugees as they sailed across the South China Sea to safety in the Philippines. Unable to attend the 2010 reunion due to poor health, Jan arranged a screening of the film in Pensacola where he lived. I wrote the poem that follows during the flight from Washington, DC to Pensacola. I dedicate the poem to the memory of “Doc” Burwinkel, who died in 2014. “Doc’s” selfless care of others is an inspiration to us all.

Under City Lights

“Doc” Burwinkel
1941-2014
From Strangers to Soulmates

It was a needy time
A fearful time
Young men, many still in their teens
Answered this nation's call
To battle the communist threat
In a land far across the sea

It was a fiery time
An angry time
Our soil steamed with rage of youth
Protesting, shouting, marching, demanding
Some even sacrificing their lives
All against a senseless war

It was a frenzied time
A chaotic time
The North Vietnamese Army was closing in on Saigon
U.S. personnel had to evacuate the embassy
American helo pilots touched down on the roof
And picked up our men, women, and Vietnamese friends

It was a scary time
A heady time
As we flew evacuees to Navy ships offshore
Vietnamese chopper pilots, with no time to lose
Packed their small craft with family and neighbors
And followed the Americans to... who knew where

It was a confusing time
A deadly time
Some Hueys, running out of fuel
Ditched and lost their human cargo beneath the waves
Others, landing on ships, unloaded
Countless frightened and bewildered refugees

It was a dangerous time
A rescue time
The USS Kirk's sailors, welcoming aboard strangers from a strange land
Opened their arms and hearts to hundreds of refugees
Comforted women and men, old and young
And made them a safe place to rest their weary souls
Under City Lights

It was a daring time
A heroic time
A Vietnamese Chinook pilot twice failed to land his copter on the deck
He maneuvered his craft above the fantail, steadied it
to allow his 11 passengers to jump
And navigated over the ocean where he jumped out, floated up
And survived to join his family in the embracing arms of freedom

It was a mystery time
A calm sea time
The Kirk, sailing in harm's way back to 'Nam
Charged to meet the remnants of the Vietnamese Navy
Horrified to discover 30,000 refugees on 32 ships
Thirsty, starving, ailing, desperate for human kindness
and a place to live free

It was a dramatic time
A miraculous time
The Kirk's two corpsmen went from ship to ship
Treated the sick, provided food, and offered their hearts and hands
In compassionate care
One human being to another

It was a hopeful time
Yet a tragic time
One tiny boy, Bao Le, took frighteningly sick
Chief Burwinkel was summoned to attend to him
Penicillin revived little Bao for several days
But the child's lungs breathed their last
And all eyes tearfully witnessed the somber burial at sea

It is now a connecting time
A healing time
As the rescued reunite with their rescuers
Once strangers, they now embrace one another
With gratitude, with love, with friendship, with tears
Mending the wounds left over from the fury of the past
Ushering in a future of blessing, of light, and of hope.
Author Note

The insights or views expressed in this creative reflection are those of the author. They do not reflect official policy or the position of any of the institutions the author serves. The author has no financial conflicts of interest.
In the musical, *The King and I*, Deborah Kerr sings, “If you become a teacher, by your students you’ll be taught.” The same can be said of physicians, for our patients have much to teach us. Our patients can teach us courage, resilience, compassion, and if we take time to listen, even wisdom.

Several years ago, I worked in medical cannabis clinics scattered throughout California. These were not dispensaries, and I could neither prescribe nor dispense marijuana. My job was to examine patients and determine whether they met the qualifications for treatment with medical cannabis under the state law. I saw patients from all walks of life: tattoo artists, law enforcement officers, students, mental health professionals, construction workers, housewives and lawyers. Most of my patients suffered from chronic pain syndromes, but there were some who had other conditions such as Parkinson's Disease and PTSD.

One morning, an Afro-American man in a wheelchair came to the clinic to renew his cannabis card. He was in his early fifties, soft-spoken and neatly dressed. After I entered his personal data into the computer I asked him why he used cannabis and whether it had helped him.

“I have muscle and bladder spasms,” he replied. “This is the only thing that helps.”

I jotted this in the medical record and then inquired, “How did you become paralyzed?”

“I was in a fight,” he said. “The guy got a gun and came back and shot me.”

Although he had replied in a matter-of-fact way with little emotion, the horror of the situation struck me, and I burst out, “Oh, my God! That is so tragic!”

He looked at me very calmly and replied, “No, not necessarily. I was on a bad path, and if I had continued on that path, I would be dead now.” He paused for a moment and then continued. “But now I have beautiful children; I have beautiful grandchildren.” He paused again, motioned to the wheelchair and said emphatically, “This is nothing!”
His reply stunned me, and I reflected on it long after he left the clinic. I had just met a man who had been permanently disabled and had discovered within his circumstances a hidden blessing. He had chosen to savor every breath and had refused to allow the man who took his legs to determine how he would navigate the rest of his life. He had faced hate and aggression and found love. He had demonstrated to his children and others that there are forces in the world more powerful than violence. Would that we all had such wisdom.

Author Note

This vignette is a creative reflection on an actual physician-patient meeting and dialogue. The author is solely responsible for the contents of this vignette. The contents do not necessarily reflect the position of the organizations and communities that he serves. The author has no financial conflicts of interest.
As a life coach the most common question I am asked by clients involves how to navigate life’s journey as if a detailed map is necessary to travel to the correct destination. However, a predetermined path assures a set destination no more than an impromptu, obscure route. Why? Unknown scenarios unfold continually in an ever-changing universe, and for us to anticipate every outcome and attempt to predict the future precludes the element of surprise and divine inspiration that evolves with each decision, each interaction. Learning requires unlearning.

If Christopher Columbus continued to believe, like most people in the 15th century, that the world was flat, he would never have ventured out and discovered that the world was indeed spherical. Had Galileo held the popular belief of his time that the sun and planets revolved around the Earth, he would never have stated that the sun was the center of the solar system. Had Homer Hickam believed he was only a simple country boy from the West Virginia mining town of Coalwood, he wouldn’t have launched the first missile from American soil.

Growth in any area requires not just increasing one’s knowledge, but an open-mindedness to experience the flourishing, creative energy of the newness that life presents in each breath of child-like wonder. Growth is limited by old beliefs, so I encourage my clients to explore the path, alert for positive interactions and opportunities they may find they had never considered. This approach to life has allowed me to embark on a career path involving my passion of writing and life-coaching and includes me recording podcasts and public speaking that I would never have experienced had I failed to follow my heart.

This was surprising to me, given that I previously had panic attacks when speaking informally to a few of my teacher peers. I expanded my perception by releasing the old beliefs of not being a charismatic orator and envisioned and practiced speaking with eloquence and passion. This opened the creative sluices and broke the chains of the paradigm I’d created about myself and my abilities.

New insights require releasing beliefs and knowledge of everything we think we know about ourselves and others. Embracing the unknown requires space—space in our minds to fertilize fresh experience — experience that leads to knowledge.

The wisest people I know readily admit they know nothing. They’ve learned that to process new information on life’s journey requires an expanded perception. Wisdom is knowing what type of shoes to wear for the terrain we are walking, not simply owning an impressive array of stilettos when a hiking boot is needed.
Wisdom is gained one step at a time, and we can only explore the trails of insight when we allow the path to unfold before us rather than forge straight ahead with a single destination in mind. For example, the new job we have our sight on often glitters in the distance; but as we approach, the office fantasy crumbles, and we may feel we need to divert to another opportunity that inspires us. If we continue a job just for monetary gain or a power title, we reject the insights and joy the passion-filled career move would provide.

In other words, knowledge is gained when perception is limitless — when the known is accepted as a possibility rather than a fixed constant. What we believe we know one moment can become unknown the next when we gain a wider perception.

Absolutes are antagonists in this drama of life. Take for example, the famous dress color controversy that hit the internet recently in which millions of people described a white and gold blue dress as being black and blue. The same dress, different pairs of eyes, different perceptions — colors of truth to the individual observer.

What seems an impossible high jump to one athlete may be a surmountable goal for another, even though both athletes are equally capable. In other words, our beliefs are the first step in manifesting reality. By limiting ourselves to what we "Know," we constrict our experience to that of past events and ingrained patterns of belief. We continue to confirm what we already believe to be true to the exclusion of all other possibilities.

Emptying our heads of preexisting ideas of what we believe to be facts is necessary to permit our brains to breathe — to allow new information to flow into our awareness and infuse our cells with inspiration for an interesting, scenic journey. The man who lifts a car off his child who is pinned beneath it, doesn’t stop and talk himself out of lifting the massive vehicle off his loved one. In an instant he forgets how much weight he should be able to lift and accomplishes the seemingly impossible.

May you, too, forget what you know and thrive by doing so. May you always have upon your feet the best shoes in which to enjoy the journey. And may your view be a panoramic one as your ever-expanding perception culminates with the knowledge inside you — whether innate or learned — through experience, our greatest teacher of wisdom.

Enjoy learning to unlearn everything you’ve learned about yourself and your environment so you can experience the freshness of life around you and the essence of who you are — no titles or labels --- just a curious being experiencing and assimilating the unknown into the known every day.

Author Note

This vignette gives the reader an opportunity for creative reflection of the pathways to learning and becoming as an individual. The author is solely responsible for the contents of this vignette. The contents do not necessarily reflect the position of the organizations and communities that she serves. The author has no financial conflicts of interest.
Under City Lights

A Poem

**Soupline**

Dr. Edward Gabriele  
Editor-in-Chief and Executive Director,  
Journal of Health and Human Experience  
President and Chief Executive Officer,  
The Semper Vi Foundation  
Tel: (301) 792-7823  
Email: egabriele@mac.com

Opening Reflection

Ultimately, the human animal is not a solitary being. From the moment of conception, we are ever in a sense of connection with others. We cannot escape our being relational. In fact, from the moment we enter into this world we leave the womb always hungering others with whom to feel complete. As we journey through our lifetime, we many times experience the never-ending call to serve those who are in need. While we may try to escape or even deny that driving call, the voices of need never stop. And when we in fact might answer and give service to others, our experience always leads to a wide variety of deeply probing questions about the world, about life itself, and especially about our own individual selves. In recognition of such, the following may serve as a probing mirror experience.

Two hollowed pools framed within the vapors of the kitchen air gazed back at me intensely from the front of the counter.  
My hair seemed to stand on end  
as she followed every emotion that was beating in my chest.  
A young boy and girl clutched at her scraggy skirt,  
a younger child in her arms.  
That look,  
like God throwing a glance at chariots and warriors,  
made me stop dead in my tracks  
with the soup ladle suddenly frozen midair in my hand.  
For a brief moment time stood still,  
my breath stolen by this fearful appearing  
of the world at my doorstep.  
Such despair.  
Not even a hand to knock at the door of my heart.  
She just stood there.  
Motionless.  
Seeming not to move except for the tugging
that hungry children coupled with their whimpering.
She stared at me the kind of stare
that raises guilt from every corner,
the guilt that makes every memory of every meal
seem suddenly distasteful
wanting to be hidden from view.
Caught between acting and not acting,
the earth seemed suspended in its rotation:
the holiday season arrested in its tracks.
This giving suddenly seemed empty of any dignity
like an out of place suit in an out of place gathering.
Which was worse:
not to feed her
or to make this meal into another act of pity?
I wondered what had made me come here this day.
What could have possessed me?
Anger dried my throat.
I thought I was giving something of my holiday.
I thought that I was acting out of love.
And all what struck me now was something dirty and less worthy.
I felt sullied for the money in my pocket,
the clothes upon my own back,
the thought of car and home and friends,
the work world which was mine to enter each working day.
Here was no sloucher,
no parasite feeding off my proud taxes.
Here was despair all wrapped in human telling
with children born to pass this sadness down the generations.
Her eyelids momentarily closed
without her emptiness ever blinking.
How I wished this could be like the end of a happy story
where the poor before me would smile in recognition
and my guilt might vanish into forgetfulness.
Her empty poverty never blinked, never faltered.
Poverty is like that after all.
It never blinks.
It never steps away
but only leaves a deep indelible impression
like the empty hollow eyes before me.
I have no idea how long my hand was frozen in midair.
But a bit of life came back into my fingers.
Quickly, I filled her bowl and those of her children.
I wanted to push some extra crackers into her pockets.
But she turned away and drone-like found a place at the tables.
Under City Lights

And all I could do was turn away and weep.
But weep for what?
For her?
For her children?
For an unthankful and uncaring world?
For me?
In the end there was only one thing I knew:
I was there
and was crying.

Author Note

The author published this poem for a volume of poetry in the later 1990s. The insights and views expressed in this poem are those of the author and do not represent the views of any of the agencies or communities the author has served in the past or continues to serve currently. The author has no financial conflicts of interest.
Under City Lights
As we celebrate the centennial of the first Veterans Day:
November 11, 1918

Remembering Our Healer Heroes
Who Have Passed On!

In Memoriam

Captain Moise Willis
Nurse Corps
United States Navy
1959-2016