COVID Corner VII

Leading through COVID-19: Viewed Through a Military Lens

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In a previous issue of COVID Corner, we made the case for COVID being both a sprint and a marathon, but with no definitive finish line. We are now well into the third wave, with new variants accounting for a growing number of new cases and deaths. Some provinces such as Ontario are once again looking to the military to help us through the latest spike. This follows the Canadian Armed Forces (CAF) stepping in before to quell the outbreaks in Ontario and Quebec's long term care homes in the first wave, and to provide support to Northern Indigenous communities in the second wave. Notable was turning to one of their generals (Maj Gen D Fortin) to lead the development and execution of the logistical plan to ensure provincial/territorial preparedness for receipt of COVID-19 vaccines and their subsequent delivery.

While comparing COVID to a war has some limitations,[1] it would be folly not to recognize the response to its demands as fundamentally beyond that of "daily operations". it is more akin to that of a named operation in a military context, in this instance to support civilian healthcare systems on the verge of exhaustion.

To expand our perspective on why the military was called upon, we reached out to a colleague who has had a bird's eye view of how the Canadian Forces Health Services (CFHS) has led though the first year of the pandemic.[2]

In a previous COVID Corner piece, we pointed to the Stockdale Paradox to help guide us through this seemingly endless pandemic. The Stockdale Paradox holds that leaders need the discipline to confront the most brutal facts of your current reality, whatever they might be; but to do so with the confidence that no matter how long the ordeal, you will survive.[3] So, what does the Stockdale

[1] Ackerman and Detsky *Why Comparing the Fight Against COVID-19 to War Is Ethically Dangerous* https://time.com/5833421/coronavirus-war-comparison./

[2] Colonel Scott Malcom was Director of Health Services Operations within the Canadian Forces Health Services during wave 1 and was the lead medical planner for the repatriation fights to bring Canadians home from Wuhan, Japan and San Francisco as well as the deployment of Health Services personnel into the long-term care facilities in both Ontario and Quebec. Presently the Deputy Surgeon General, he recently completed a 4 month secondment to the Public Health Agency of Canada where he was supporting the national rollout of COVID-19 vaccines as the Medical Advisor to the Vice President of Logistics and Operations, Major-General Dany Fortin.

[3] Admiral James Stockdale was the most senior ranking officer in the Hanoi Hotel and was a POW for 7 ½ years. When asked how he not only survived but thrived coming out of the Vietnam War, he said: "You must never confuse faith that you will prevail in the end—which you can never afford to lose—with the discipline to confront the most brutal facts of your current reality, whatever they might be." He went on to say it was the optimists that did fare well or, in some case, survive the ordeal.

Paradox tell us about crisis leadership—and in particular, lessons we can learn from the military-- in the context of the pandemic?

First, that core values need to guide all decision making. Values-based decision making[4], based on best available intelligence, is engrained in military leaders from the first day they arrive for their basic recruit training where everyone is first indoctrinated into believing one is a leader. Neil Pasricha, the Canadian author of the *Book of Awesome* suggests one must "Act oneself into a new way of thinking". [5] In many ways basic training forces every recruit into thinking, acting and ultimately believing they are a leader. This foundational principle is then reinforced under stressful conditions to prepare all recruits for what they may face on operations. Basic recruits learn to make timely and informed leadership decisions when tired, hungry, and physically drained; while appreciating the valuable input from those they are leading, and/or being required to adjust course in the face of changing information.

Second, that timely and accurate information drives decision making. It is also said that the first casualty of any war, is truth or accurate information. Samuel Johnson (1758) stated: "Among the calamities of war may be jointly numbered the diminution of the love of truth, by the falsehoods which interest dictates, and credulity encourages." Looking again to the military, in this case we draw on the experience of Victoria-born Canadian Major-General Arthur Currie, who famously led the Canadian army to victory at the Battle of Vimy Ridge.[6] Gen Currie broke protocol on numerous occasions en route to the victory. One of the most critical decisions was his insistence on keeping the four divisions of the fledgling Canadian army together, under one leader. This proved to be a defining moment for not just the Canadian army but a coming of age of Canada as a country unto itself!

Third, there is an emphasis on mission command: i.e., "the clear expression of intent by commanders and the freedom of subordinates to act to achieve that intent".[7] A historical example is General Currie's insistence to share the battle plan with every Canadian soldier, including privates. British and French generals argued that ordinary privates could not be trusted and would "spill the beans". They didn't. And, when the sergeant of the platoon was killed or injured, the corporal stepped in. And, when the corporal fell, the private was able to step in, because each knew the battle plan.

A fourth military leadership tenet is recognition of the need to create 'swap capacity'; i.e., in particular circumstances, the ability to empower subordinates to assume control of a situation and take on a leadership role. While the military hierarchy formally defines leadership responsibilities, the changing nature of conflicts has led to a more informal expectation of leadership through the concept of the "Strategic Corporal"[8]. Here's how it works. The second lowest rank in the Canadian

[4] See O'Toole, J. (1996). *Leading change: The argument for values-based leadership*. Jossey-Bass: San Francisco; and Hodgkinson, C. (1983). *The philosophy of leadership*. Oxford: Basil Blackwell; and Dickson G, Tholl B. (2020). *Bringing Leadership to Life in Health: LEADS in a Caring Environment (2nd edition)*. April. London: Springer.
[5] Pasricha, N. (2010). *The book of awesome*. Penguin.
[6] The Battle of Vimy Ridge occurred from April 9 -12, 1917 and was the single bloodiest and deadliest battle in Canadian history with the final death toll totalling 3600.
[7] Pearce, A. P., Naumann, D. N., & O'Reilly, D. (2021). Mission command: applying principles of military leadership to the SARS-CoV-2 (COVID-19) crisis.
[8] Krulak, Gen Charles C. (1999). *The Strategic Corporal: Leadership in the Three Block War*.

Armed Forces, the corporal does yeoman's work for the military. Yet, in recognizing the critical role they play, should the circumstances dictate, they are empowered to seize control of a situation and lead the way. This behaviour is made possible based on the culture within the Canadian Armed Forces that everyone is a leader, a belief that began during basic training. As it pertains more broadly to swap capacity, the CAF comfortably names "Actings" from the most senior leaders on down to ensure a degree of respite for all and cycles people through positions so as to share the burden of work, doing so in a very deliberate fashion.

It is to be noted that 'mission command' and 'swap capacity' are both consistent with the notion of distributed leadership, which is recognized as fundamental to high functioning health systems.[9] A recent Canadian Health Leadership Network action research study emphasized its value during COVID but recognized that it is not always operationalized.[10] Is an impediment to use of distributed leadership in the civilian healthcare system in part due to a failure either to prepare and/or to empower other leaders within the system? Or may it be due to a failure to recognize or characterize the current pandemic response as an "operation"—with its associated 'mission command' approach? If so, this would not allow healthcare leaders to make organizational and stylistic changes to their approach to sustain the effort required to date and beyond?

Finally, the military's approach to leadership reminds us that we must take care of ourselves and our health care workers and leaders who are fighting the crisis on a day-to-day basis. We are learning that COVID-19 is taking its toll on leaders at all levels, both physically and mentally. The military has a deliberate strategy to deal with this situation. It has programs to deal with Operational Stress Injuries (OSIs) for soldiers returning from theatres of war with vivid memories of carnage on the battlefield. Similarly, in the context of the pandemic, we know that, after some 15 months since the first case of coronavirus landed in Vancouver, the pandemic is taking a toll on healthcare heroes throughout the system. Are we ready to support them once the battle has been won? Do we, for example, need to step up efforts to ensure that all health workplaces are psychologically safe ones that can provide the assistance required.[11]

In conclusion, the federal government and provincial governments have turned to former or current military leaders to lead the charge on vaccine distribution federally (Major Gen Dany Fortin) and provincially (in Ontario: former Chief of Defence Staff, Gen. Rick Hillier) for the reasons outlined above. Drawing on basic bootcamp lessons from military leadership, health care leaders can also beat COVID—no matter what variant form it takes. It requires both the skill and the will to do so: and if we pay attention to the efforts of our military leaders, maybe we can find the inspiration for both.

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[9] Dickson G, Tholl B. (2020). *Bringing Leadership to Life in Health: LEADS in a Caring Environment (2nd edition).* April. London: Springer.

[10] Hartney, E., Melis, E., Taylor, D., Dickson, G., Tholl, B., Chan, M-K., Van Aerde, J. (2021). *Leading through the first wave of COVID: An action research study.* A draft article to be submitted to the Leadership in Health Services Journal. Spring: 2021.

[11] Mental Health Commission of Canada. (2013). National Standard of Canada for Psychological Health and Safety in the Workplace.