

Bob

Behn's Performance Leadership Report

An occasional (and maybe even insightful) examination of the issues, dilemmas, challenges, and opportunities for improving performance and producing real results in public agencies.



On why all public officials need to remember that for every outcome

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There Is Never A Single Cause

Do you know why only three people died from the Boston Marathon bombing? A visitor in my office noted that, although the two bombs instantly killed three people, of the hundreds who were wounded by the blasts, not a single one died. Why?

My visitor from Washington also knew the answer: tourniquets. Those who rushed to save the wounded quickly recognized the need to stop their bleeding, took off their belts or shirts, and used them as tourniquets.

Of course, this explanation introduces another one. While some people immediately recognized the danger and ran from the site of the bombs, others ran towards them. These, obviously, were the people who applied the tourniquets to the victims' legs.

Of course, this introduces yet another explanation. The reason that so many victims had severe leg wounds—for which tourniquets could stop the bleedings—was because the bombs were designed to project their shrapnel towards people's legs, not their heads, or chests, or stomachs.

Of course, because the bombs, which went off at 2:50 p.m., were detonated near the Marathon's finish line, the wounded were near the medical tent, which was staffed by M.D.s. They, however, were not trauma specialists; they were prepared for blisters, dehydration, hyperthermia, and hyponatremia—not for people who lost their legs.

Still, in the tent, John Anderson, a medical coordinator but not an M.D., channeled the famous Battle of Britain poster, telling everyone: **"Stay calm and stay with your patients."** Despite their own anxieties, they did.

Of course, the victims' lives were still in danger. And the medical staff at the scene had to make hundreds of triage decisions: Whose lives were in danger? Who needed emergency surgery? Who needed primarily to be comforted?

Of course, the emergency trauma care that the wounded really needed

was not available in the medical tent. Those whose lives were in danger needed a hospital. To that task rallied Boston's EMS staff, which—with the assistance of many other first responders—got the first 90 patients to Boston hospitals *within 30 minutes*.

Of course, they could not take them all to the same hospital. Fortunately, Boston has a lot of hospitals. Fortunately, the EMS dispatchers knew which of the 121 patients could be best treated by which hospitals.

So 31 of the injured were delivered to Massachusetts General Hospital, 23 to Boston Medical Center, 21 to Beth Israel Deaconess Medical Center, 18 to Tufts Medical Center, and another 18 to St. Elizabeth's Medical Center. Ten Children were sent to Boston Children's Hospital.

Why did only three people die from the Boston Marathon bombing? Why did all of the victims who were wounded survive? Don't go looking for that single, magical answer. It doesn't exist. For every outcome—good or bad—there is never a single cause.

Of course, television immediately told all of Boston—including the hospitals' trauma staff—about the bombings. They knew what was coming to their emergency room before they were dispatched. And because nursing shifts change at 3:00 p.m., hospitals could quickly double their nursing staff.

Thirty-five minutes after the bombs went off, the first patient was in surgery. In less than an hour, the ambulances were back to regular service.

Of course, none of this happened serendipitously. Boston had planned for a large disaster. It had trained for a large disaster. The city's—indeed, the region's—leadership understood that a large public event—a sporting event, a holiday celebration—was an

obvious candidate for an attack. (Reportedly, the two alleged bombers had originally planned to attack the Boston Pops Orchestra's Fourth of July concert, which packs well over 200,000 people even more closely on the Charles River Esplanade.)

Boston has sought to learn from such disasters as the 2004 bombing of the Madrid train, the 2005 bombing of the London subway, and the 2008 attacks in Mumbai. Indeed, in May 2011 and again in November 2012, emergency personnel from the nine municipalities in the Metro Boston Homeland Security Region plus those from hospitals and the U.S. Coast Guard engaged in two 24-hour disaster simulations.

So, when the bombs went off at the finish line, how did Boston coordinate its response? **"Everyone jumped into gear and did their part,"** was the answer from the medical tent. **"I mostly let people do their jobs,"** reported one hospital's incident commander.

"At FEMA we often stress that there is no one agency or entity responsible for emergency response," noted Rich Serino after the Marathon bombing. Concluded Serino, the deputy administrator of the U.S. Federal Emergency Management Agency and the former head of the Boston EMS: **"It takes a 'whole community' of emergency responders to prepare for disasters and save lives."**

When something big goes right or when something big goes wrong, there is never one single cause. When big things go wrong, it is because a lot of things went wrong. When big things go right, lots of things went right.

There is never a single cause. **B**

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