

A Leader and Their Scalpel

A homage to invasive leadership

by GySgt Steven M. Krugman

Call me if you need anything. We have all heard it. Most of us have said it at one point or another in our careers. The idea is that if anyone in your tribe is in trouble they will seek you out. A poor swimmer will call out for a life preserver. We want them to let someone know that they require assistance. The reality of this is nuanced at best. Some may ring the alarm, some may not. As leaders of our tribe, including our peers, we are inclined to resolve every issue brought to us and counsel those in need of it. Every leader knows how to answer, respond, and delegate. But what about the vulnerabilities undiscovered or the questions not asked? The advent of invasive leadership fills this gap.

Among many definitions, *Merriam-Webster* describes invasive as “entry into the living body as by incision” and “related to, or characterized by military aggression.”¹ It is derived from Middle English *invasif* meaning “offensive (of weapons).” An image that comes to mind is a surgeon and their scalpel, poised to remove a malignant tumor from their patient on the operating table. We can use this scene fully while describing this leadership approach. Invasive leadership is an underutilized tool that, if wielded properly, can have a profound impact on a unit’s readiness, operations, and force protection. Invasive leadership could also be considered assertive leadership or deliberate leadership. Just like a surgeon and their scalpel, there is a time and place for invasive leadership; a poorly wielded scalpel can cause more harm than good.

Those who have worked but a moment in mission planning have heard

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the adage that *an ounce of prevention is worth a pound of cure*. The idea is rudimentary: identifying small issues before they cascade into big issues saves the unit time, money, and labor. Proactively tackling problems, or better yet, telegraphs of future problems, can prove to be a boon for tangible unit resources saved in any situation. The idea of identifying shortfalls and obstacles before they occur is the hallmark of invasive leadership. Material readiness is often achieved by reactionary steps taken to turn red and yellow Excel boxes to green with extreme prejudice. Lower percentages, idle labor, and even excess funding at the end of a quarter can all be markers that the reactionary leader can use to diagnose and rectify an already present problem. An invasive leader prefaces this whole process by sampling the targeted population independently of the abhorred readiness brief. Taking a fraction of the population, being material or personnel, leadership can proactively estimate the relative readiness of the population. The breadth and depth of the sample size are crucial to not waste resources (too large of a sample) or time (too small of a sample). Overall timing and consistency are situation dependent and left to the style of the leader administering the sample.

Unannounced, random sampling can show the realtime readiness of the target population—for better or for worse. However, predetermined and scheduled sampling can be a forcing function for actual qualitative steps made toward readiness, whether that be parts on order of equipment, physical fitness for personnel, or correspondence inked for orders and directives.

Returning to our medical scene with the surgeon, consider optimized sampling like routine bloodwork; vials (the sample) of blood are taken instead of the entire contents of the body. The former is manageable while conducting daily operations while the latter is not, much like a patient undergoing dialysis is not able to do much else. Conducting Commanding General Inspections could be likened to donating multiple pints of blood in a single sitting, and it would not be advisable for such a unit to conduct any heavy lifting immediately after. Bloodwork may shine light on underlying health problems and just a sample may reveal deficits in a unit’s overall readiness.

Invasive leadership and its tools enable intelligence, education, and posturing for operations in both a training environment and forward-edge operating areas. In a deployed environment (training being a simulated extension of that environment), it is evident that gaps must be identified before they are exploited by an adversary. Security gaps, logistic shortfalls, and network vulnerabilities are just a few examples that can lead to serious damage, operational incompetence, or loss of life on the battlefield if an adversary discovers them before we do. Invasive steps to preemp-

tively correct possible gaps might look like penetrating testing (pen-testing) done for network security. Opposing forces in a training environment is a deliberate form of pen-testing for strategy validation and wargaming. Validating the supply chain through the actual depot to the end user could fall into this category of testing. The preciseness of testing is again up to the leaders administering it. They might optimize their testing in the form of rehearsed and unrehearsed drills or perhaps convoy operations with conditions. The idea behind preemptive testing is not only to gain muscle memory through repeated action but foremost to expose the unit or population to a currently unknown variable and make it become known. Penetration testing left of bang is crucial because any testing after an incident or attack has already occurred provides no value. Pen-testing can be related to a vaccine and the body's immune response to it: a pathogen is introduced to the body in a weakened form (i.e. opposing forces staging an attack on a vehicle checkpoint) the body defeats the pathogen, remembers its signature, and subsequently is better prepared for a follow-on, albeit larger, attack (development of standard operating procedures, rules of engagement, after-action reports, etc.). Being exposed to a controlled threat in a training environment can help a unit gain resiliency to that same threat when operating on the forward edge. Units that are not extensively tested in the training environment may not perform as intended when tested for the first time in theater. This mantra is familiar to us: train like you fight.

Training toward force preservation already has invasive leadership baked into it. Many a seasoned leader can attest that those in desperate need often are far removed from asking for mentorship. The application is self-explanatory; those who need help may not ask for it. You discover they may or may not need assistance through engaging with them. Although this concept goes beyond asking a Marine how their weekend was, it very well may start with it. The simple task of probing goes a long way. Would-be victims could be clueless to the danger they face, unaware of

potential harm to mind and body until light is shed on it, ranging from alcoholism to domestic violence. Reaching out to their leadership may be too much for any individual feeling embarrassed or ashamed of their situation. To leave Marines silently suffering with *call me if you need anything* at the end of a holiday safety brief is simply not enough. This should not be confused with infringing on the personal liberties or space of the individual. The intention of invasive leadership as it relates to force preservation is the identification of struggles and the spreading of awareness of the resources available. It is only in near-miss incidents where an individual is a danger to themselves and those around them that a leader would escort them to their applicable program. This might look like substance abuse counseling or mental health treatment. We must also understand that invasive leadership may not always be so dire. Marines probed about their spending habits might benefit from financial counseling. Those asked about their hobbies might enjoy spending time with fellow enthusiasts during liberty. The list goes on. Liken conversational probing to our patient's physical health assessment in a more casual setting. Like a physical health assessment questionnaire, any one conversation can reveal things hidden beneath the surface if one would just ask the right questions. Of course, an individual could lie about or downplay their ailments on a physical health assessment, just like they would with a leader they did not trust. With general respect to privacy for the individual, conversation, and rapport is all that is needed to take a deliberate approach to force preservation.

This all seems painfully obvious. Various versions of this leadership style have been taught in almost every professional military education curriculum and every town hall venue. However, the concept of invasive leadership must be applied, and it takes work. The hands-off approach of *call me if you need anything* is anchored to the idea that if a problem is dire enough for help, then the help will be sought out. This idea is flawed from the outset because our minds are not as uniform as our ap-

pearance. The beauty of individuality is what fosters innovation and creative solutions. This is tethered to each person's unique decision-making abilities. One may ask for help in one instance, another may not. Great assertive leaders recognize potential through probing and sampling. These same leaders find shortfalls and vulnerabilities by the very same means—whether it be technical or human. Some may balk at the idea of a leader asking every single one of their subordinates what their plans are for the holiday weekend. Evidently, some of us have experienced this; held hostage on the parade deck while the commander queries each junior enlisted about their plan.

The intent of invasive leadership is not to have only one with the scalpel, but many trained surgeons with their own scalpels, deliberately leading at every echelon. Consequently, every Marine should learn how to ask the right questions and when to ask them. Administering invasive leadership from all angles and degrees could work brilliantly in an inconspicuous fashion. Recall our patient first described on the operating table. Proper blood work, immunizations, and training might alleviate them from a major procedure. Techniques like sampling, penetration testing, and conversational probing done correctly could also forgo incidents like flight mishaps or command investigations. This is not to say that every incident in every scenario is preventable. The concept of invasive leadership is to mitigate shortfalls and obstacles in their infancy or otherwise unseen. When a tumor does present itself, however, the leader will be ready with their scalpel.

Notes

1. Merriam-Webster, s.v., "Invasive," <https://www.merriam-webster.com/dictionary/invasive>.

