Meet Larry Riddles: A Doctor for Disasters

By Dave Scheiber

In this article...

Take a look at the life of a military physician who coordinates care at natural disasters and war zones all around the world.

Gate D-5 at the Louis Armstrong New Orleans International Airport is forever etched in the mind of Colonel Lawrence M. Riddles, MD, MBA, CPE, FACS, FACPE—and not because of any frequent flying to Louisiana’s Gulf Coast over the years.

The Command Surgeon for the United States Transportation Command—a man who oversees the movement of injured soldiers and civilians in the midst of combat and catastrophes around the world, a man who’d just as soon you call him Larry—got to know the gate’s granite floors all too well for the first 2 1/2 weeks of September 2005.

“Gate D-5 was my bedroom. I slept right by the door,” he says, looking at a photo of the airport at his Scott Air Force Base office, surrounded by plaques, diplomas and tributes from a career in patient crisis care on a global scale.

Of course, Riddles didn’t do all that much sleeping during his stay at New Orleans International. He and his team were too busy turning the airport into a makeshift hospital for humans—and pets; too busy supervising the gargantuan evacuation of sick, injured, hungry and homeless when Hurricane Katrina slammed into New Orleans, breaching the levees and leaving the city a flood of death and destruction.

Within 12 hours of Katrina churning ashore, Riddles and members of his TRANSCOM unit had finalized emergency care and evacuation plans and were busy loading a C-9 military transport plane at Scott AFB, in Belleville, Ill., to take them directly to the battered airport. “We took off as soon as it was declared operational, but as we were flying in, the pilot comes back and says, ‘Well, when we land, where do we go?’” Riddles recalls.

Nobody had an answer because the terminal was a wreck. Riddles and his senior staff eventually wound up crawling through a ghostly, unlighted jetway to get inside, where a horrific sight awaited.

“When we reached the top where the terminal was, there was a full series of patients on stretchers, two of whom I declared dead right away,” says Riddles, 55, his voice tinged with the accent of his native upstate New York. “Then I found the guy I knew who was kind of running things. He pretty much hands me this hat, and says, ‘Okay, you got it.’”

Does he ever.

If there’s a calamity brewing somewhere on the planet, and the situation requires Department of Defense involvement, Riddles and a cadre of TRANSCOM members race into high gear. His ultimate responsibility: provide detailed recommendations for courses of action—as fast as possible—in his role as principal medical advisor to four-star General Duncan McNabb, Commander of U.S. TRANSCOM.

“We’re the Wal-Mart that comes to visit. We have that ability not only to get what you require, but we’ll bring the whole store to you if you need it, and have the ability to keep it there until you can stand back up on your own feet,” he says in his characteristic plain-spoken style, not necessarily what you’d expect from a Mayo Clinic-trained military surgeon who owns one master’s degree in electrical engineering from Columbia University and another in business administration from George Washington University.

So when the magnitude 7 earthquake ravaged Port Au Prince and brought chaos to Haiti this past January, Riddles and his crew directed virtually non-stop the massive patient movement phase of the DOD’s humanitarian aid efforts from a conference room at Scott AFB. In that spot, he coordinated the delicate, often life-and-death clinical efforts of safely transporting seriously injured Haitian civilians to hospitals in Florida, Georgia and North Carolina, with a number of other states offering to assist if needed.
Cover photo: Litter-bound patients are carefully secured onto the aircraft before flight at Joint Base Balad, Iraq.

1. Aeromedical evacuation mission to Bagram Airfield, Afghanistan.


3. Larry Riddles, MD, (center) meets with troops at the New Orleans airport after Katrina hit.

(Photos courtesy U.S. Air Force)
When an 8.8-magnitude earthquake shook Chile in February, killing 300 and displacing 1.5-million, Riddles and his department heads—as well as medical officers from other branches of the military—rushed into action once again. His No. 1 priority: assist and work closely with the U.S. Southern Command, making sure that patient movement was available and transporting the seriously injured to hospitals that could provide appropriate care.

And back when Katrina left the airport runway in a shambles, he and his group came up with a novel method of transporting shell-shocked patients to awaiting planes—moving them gingerly on a caravan of motorized luggage carts.

“I’ve always thought I had the perfect title if I ever wrote a book,” he says. “My Career’s Been A Disaster.”

Riddles wouldn’t want it any other way.

High-adrenaline challenges

He could have had a nice, comparatively quiet career as a corporate engineer, perhaps made a mark as a thoracic surgeon at some big clinic, or simply gone into private medical practice and earned better money along the way.

But a combination of happenstance—and the need for high-adrenaline challenges seemingly embedded in his DNA—shaped the road Riddles would follow. Those factors ultimately thrust him into the heart of a complex, pressure-packed medical vortex, whether focusing on optimal care for a single battlefield casualty in Iraq or Afghanistan or the next life-threatening upheaval at home or abroad.

The pace and direction of his work day are tied more to the flow of breaking cable television news than a set time schedule or clock to punch; the rewards of his job are drawn from an innate ability to multi-task and juggle complicated logistical and political issues on the fly.

“My guess is I doubt I would have been satisfied had I gone into private practice,” Riddles says. “You never know. All I can say is that I think I’m where I need to be.”

He is in the epicenter of the sprawling base once known as Scott Field, where pilots honed their flying skills for combat in World War I and II, and today is the home of the 375th Air Mobility Wing that controls the entire U.S. military transportation effort in peace and wartime.

And he is always in the midst of the action, tasked with helping TRANSCOM build all of the systems needed to move patients, no matter how difficult the circumstances.

“You have to like taking situations that are really a problem and making them better,” Riddles says. “You have to like to solve problems. You have to like working with people. And you have to like being able to make an impact. If you don’t like those things, you have no business being here. You need to be motivated to take an answer and say, ‘Okay, what can we do better?’ or ‘We got away with that, but it wasn’t the cleanest thing—how do we improve?’ ”

Riddles instinctively eschews putting himself in the spotlight. He prefers to talk in terms of the team effort, and indeed the collaborative operations between different military branches and departments demands constant cooperation at multiple levels. He is the overseer and implementer of the clinical and medical mission, providing advice to four-star general McNabb, but places great faith in the abilities of those who work for him.

“Remember, if you’re a CNN showboat, you’re not going very far,” he says. “Because it’s always about you, and you’re not using your people to the fullest capacity. You really have to be able to develop a good team, and then trust the team—and always work with them to find better ways to do things.”

That said, there is one thing Riddles and his team would have a hard time improving on: the rapid and correspondingly safe movement of injured soldiers in the war zone to hospitals in Germany or back home in the United States.

“The premise of this whole thing is what we call escalating levels of care. Everywhere we touch you, we’re bringing the level of care up,” Riddle says. “I don’t give you ICU level of care and then just say ‘Good luck, hope you survive.’ No. It’s like a ratchet; the care is never allowed to go backwards. And patient safety is optimum. If I can move you fast, but you die because I move too fast, that makes no sense.”

Still, the speed at which injured troops are transported to other theaters around the world is remarkable: typically in less than 72 hours.

“If it was necessary, I could fly you from point of injury in Afghanistan back to the United States, with air re-fueling, in 18 hours,” he says. “It’s not unusual for a soldier to be injured in Afghanistan and the first thing they realize is that they’re back in the U.S. with family at their bedside.
“We don’t do it a lot, but there have been cases with spectacular knife wounds or gunshot wounds that they needed one certain doctor, and if that doc was at Walter Reed or Bethesda Naval Hospital, we fly ’em there.”

The mission involves not only patient movement but also moving vital supplies, delivering directly whatever those on the front line need to fight the war. “We are factory to the foxhole,” he says.

All the while, Riddles is guided by an overriding commitment to do whatever the mission requires—what he labels a “yes, if” attitude over a “no, because” mindset.

“If you call me up and say ‘I need the following,’ and the first words out of my mouth are, ‘No, we can’t do that because…’ you’re already in a bad position. Instead, it’s ‘Yes, we can do that if we can do the following.’

“And my job is to provide to General McNabb the medical science behind the ‘yes, if’ — to advise him what we need to do to do this safely.”

Major General Douglas J. Robb, Command Surgeon/Headquarters Air Mobility Command at Scott AFB, works hand in hand with Riddles, helping supply the necessary pieces, parts and components for the system with which Riddles’ team moves patients. Robb, who is board-certified in aerospace medicine with degrees from Chicago College of Osteopathic Medicine and Harvard University, thinks the world of Riddles.

“Larry’s a great American,” Robb says. “The thing I admire most about Larry is No. 1, he’s very professional, and No. 2, he’s a very skillful physician. In the breadth of what we have oversight for in the continuum of care, Larry has the ability to take an issue and problem and distill it down to the nuts and bolts. At the core of everything he does is, ‘What’s best for the patient?’ Sometimes in this business, a bureaucracy, organization or process can lose sight of that.

“Larry never loses sight of the patient.”

Covering the world

It is 8 a.m. and every chair around a long conference-room table is filled with doctors and staff ready for the weekly Thursday teleconference—a session that patches in doctors from field hospitals in Iraq and Afghanistan or other trouble spots such as Haiti with doctors at U.S. centers like Walter Reed, Bethesda Naval Hospital and, as always, Scott Air Force Base.

Riddles—wearing wire-rimmed glasses, tan and brown military garb and his gray hair cropped short—takes his customary seat at the end of the table. A large cup of coffee from the base cafeteria is always within easy reach.

Mostly, he listens intently to the distant voices providing detailed and graphic updates on patient injuries over an intercom. Occasionally, he’ll ask a question for clarification purposes, always making certain that the utmost care is being taken during transport, and preparing for the possibility that some of the injured will be flown to Scott AFB as an intermediate stop.

The questions fly, and everyone focuses on each detail.

Wondering what plans are in place for that femoral nerve transection? Bethesda out….We don’t have any information on that just yet from Canada, but we’ll try to get you another update next week. Out… Question about the superficial femoral—was there an ultrasound, because if there was a small pseudoaneurism or some type of in-hole flap, that could present problems later. Over….

Riddles has already been awake for four hours, getting out of bed when the alarm rousts him at 4 a.m., while wife Patti and three of their
The son of a corporate attorney and a homemaker mom with an aptitude for engineering and a desire to be a commercial pilot. He decided to attend Tulane University because it was one of the few schools that offered an engineering and ROTC program, and at that time, having a military background was virtually a necessity for becoming an airline pilot.

But there was a backlog of pilots, so Riddles opted to drop his flying dream and stick with engineering, earning his master’s in electrical engineering from Columbia. A summer job with IBM produced a full-time offer, yet he declined. “The idea of a 9-5 job didn’t get it for me,” he said.

Instead, Riddles decided to pursue another long-held passion: medicine. He joined the Air Force and was part of the third graduating class from the Armed Forces Medical School in Bethesda in 1982. He knew immediately that he wanted to become a surgeon “I’m a hands-on, doing stuff, seeing effects person, combined with academics,” he says.

His first stop was the Air Force’s training facility in San Antonio, Texas, for two years at Wilford Hall. That’s where he met and became engaged to Patti, a surgical ward nurse.

Then came a move to Keesler Air Force Base in Biloxi, Miss., for his final three years of training, but the Air Force wouldn’t assign them both so Patti gave up her position. They were married at the end of his third year, in 1985, with Riddles by now sure he wanted to become a chest and heart surgeon.

That prompted him to compete for and get accepted at the Mayo Clinic’s heart and surgery program, paid for by the Air Force. But a strange thing happened by his third and final year in the program. Though he loved the work, he felt burned out, and tired. So he informed his Air Force superiors he was finished. That didn’t go over well, but they agreed to transfer him to a base in Phoenix to become a flight doctor.

Upon arriving in Phoenix, Riddles failed his physical miserably and learned what had been undermining his energy at the Mayo Clinic. His thyroid had failed. He was placed on medication and recovered in six months. “But by now we’d had our first child and the Gulf War had begun,” he says.

Riddles, a major, wound up in the Persian Gulf as the youngest Air Force air transport hospital commander in the war at 35. He was stationed in an active combat zone, setting up a field hospital and working there for the duration of the fighting.

His director at the Mayo clinic extended an invitation to return to the program. But Riddles was already on a new path in life. It would one day lead to his job in 2004 as commander of the 375th Medical Group at Scott AFB, where he would one year later coordinate the medical care and evacuation in New Orleans. That paved the way to his promotion in 2007 to deputy command surgeon for Air Mobility Command, and then to his present job in 2009.

“It’s funny,” he says, “If I hadn’t developed a thyroid condition, I’d probably be a civilian and doing hearts today.”

Instead, he’s in the heart of the action, moving patients out of harm’s way—wherever and whenever the next call comes.

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