

## SPECIAL TALK: AN INTERVIEW

### An Ongoing Series

## An Interview With SOMA President Steven Viola, SOCM, ATP, NREMT-P

Interviewed by COL (Ret) Andre Pennardt, MD

### Please tell us about your military background, including any significant combat casualty care experiences.

I was a Special Operations Combat Medic [SOCM] as a Navy SEAL for over 20 years. I graduated the SOCM



Steven Viola

course in 1993 and returned as the Lead Instructor/NCOIC [noncommissioned officer in charge] of the "short course" 10 years later. With that said, here are some of the medical cases I have treated/diagnosed on three different continents: gunshot wounds, minor surgical repair of lacerations, arterial bleed-

ing, cardiac issues, insulin issues, cholestasis (in a remote Afghanistan village), broken bones, and the delivery of 13 babies. Last, I have over 10,000 hours of ambulance ride-a-longs, and over two decades of trauma and sick-call medicine in austere environments.

**"Always remember there are two ways of doing something: the right way . . . and again!"**

### What do you consider the most significant development in SOF medicine in the past decade?

I would say the speed at which we can effect change, in terms of product development and distribution of information (lessons learned). Our greatest strength is our ability to set our egos aside and do the right thing for the tactical elements that are in harm's way.

### What motivated you to seek a leadership role in the Special Operations Medical Association (SOMA)?

Interestingly enough, I had been on the sidelines (as a member) hearing all of my Medic, PJ [pararescue-men], and HM friends protest that there was no active duty enlisted representation for SOMA on the board. I talked to one of the members at large and he nominated me for VP [vice president]. And there you have it.

### Please describe your major goals for SOMA during your term as president.

The three things I have been working toward, with the help of an amazing and an almost all-volunteer staff, are:

- Educate the line side by way of cultivating a healthy relationship with the medical side, on what the burden and responsibility (man, train, equip, keep healthy, don't kill anyone) the medical side has to shoulder. In doing so, we allow the line side to assume or mitigate the risk for those that will be injured or killed. To be abundantly clear, the line expects that medical is good to go unless otherwise stated.
- Create an operational medical standard of care. The Committee of Tactical Combat Casualty Care does a great job on recommendations on data-based evidence, but it is up to the medical leadership to implement and ensure that those recommendations and other best practices are put into practice. This is done by the education and training of all hands to include self-aid, buddy aid, and first aid.
- Create a transition program from military to civilian for SOF medical types. We have one for the SEAL teams and MARSOC [Marine Corps Forces Special Operations Command] raiders called The Honor Foundation. Their moto is "Charting a path between exemplary candidates and exemplary OPPORTUNITIES." I think SOMA should help their members to establish a workshop /forum where we vet and screen both candidates and potential employers and sync up during SOMSA.

### What do you think are the greatest achievements and challenges for SOMA to date?

Achievements: I would say that the ability to be around for almost three decades in this community is no small

feat. This has allowed us to fill “the gap” in tactical medicine.

Challenges: Believe it or not, getting the word out on membership and increasing our membership numbers across the board has been the most challenging thing.

**What do you view as the major differences between SOF medicine and civilian tactical medicine?**

You have dedicated, motivated, supersonic individuals that put themselves out there and do their best in every situation. In my humble estimation, the major difference is resources (i.e., time, money, equipment, training). They are solid performers and work within the confines of their resource constraints.

**What do you see as SOMA’s role in the relationship between SOF medicine and civilian tactical medicine?**

I think it’s a few things. Sharing and comparing best practices. Networking, and having a good time doing it. The best part is making new relationships and sharing training venues.

**How do you envision the state of SOMA in 10 years?**

I would hope that it would be as big and as impactful as the AHA [American Heart Association] or a similar entity.

**Is there anything else you would like to share with our readers?**

If you are reading this and wonder how you can be a part of something bigger than yourself, I would ask you to check out SOMA and all it has to offer. Last, I would leave you a parting thought. Always remember there are two ways of doing something: the right way . . . and again!

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- › Bioelectric Dressing for Blister Management
- › Rapid Vision Correction by SOF
- › Role 1 Resuscitation Team and REBOA
- › Preparing to Deploy to a Medically Austere Theater
- › Manikin Human-Patient Simulator Training
- › Complication of Attempted Surgical Airway
- › Albumin Fluid Resuscitation in TCCC
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