

SPECIAL TALK: AN INTERVIEW

An Ongoing Series

The Two Jobs I Love The Most Are the Two That Pay Me the Least

An Interview With Dan Godbee

Interviewed by COL (Ret) Andre Pennardt, MD

What is your background and how did you become involved with Special Operations?

My background is pretty extensive. I joined the Army in August 1976 with the express purpose of being in the Special Forces. I was a mechanical engineering student at Georgia



COL Dan Godbee

Tech and I wanted to be an SF engineer after I graduated, but back then I didn't know what an SF engineer was called when I went to the recruiter in Atlanta, GA. Once I took all the entry tests at what was then called an AFEES (Armed Forces Entrance and Examination) Station, the recruiter asked me what I wanted to do in the Army. He explained that I had done well on all the tests and any MOS

was open to me. I could only reply with a description of what I wanted and said, "I want to be a Green Beret demolitions specialist." Fortunately, the personnel in the recruiting office knew what I meant and (more importantly) how to go about making it happen. I enlisted with the pathway of OSUT for a 12B (combat engineer) MOS at Fort Leonard Wood, followed by Airborne School en route to 5th SFG at Fort Bragg. Upon arrival at Fort Bragg, I went straight to training at what was then known as the USAJFKIMA (US Army John F. Kennedy Institute for Military Assistance). Students in the "Q-course" were assigned to Company A of the IMA.

I graduated from the Q-course as a 12B combat engineer with my "S" identifier and was assigned to B-2-5th on ODA-551. After about 2 years on my A-Team, I reenlisted to be an SF medic and returned to the same A-Team after becoming a 91B with my second "S" identifier. I got off active duty in January 1983 and went directly to B-3-11th SFG in Columbus, GA, back when we still had Army Reserve Special Forces units. I spent 11 years in the 11th Group until it was inactivated in 1994. During that time I went to graduate school and got graduate degrees in mechanical engineering and industrial engineering and worked as a computer engineer in and around Atlanta.

When the 18-series MOS came out in the early 1980s, I was awarded the 18C and 18D MOSs. I attended Operations and Intelligence (O&I) School and was awarded an 18F MOS. Once promoted to MSG, I got the 18Z MOS.

When the 11th SFG was inactivated, I went to A-1-20th SFG in Auburn, AL, with the Alabama National Guard. I only spent 1 year in A-1-20 before I went to medical school. While in medical school, I was in the IRR as an IMA (individual mobilization augmentee) to the JSOMTC. My last month in medical school before graduating was spent as an instructor at the JSOMTC.

During emergency medicine residency, I was in the NAAD (National AMEDD Augmentation Detachment), which is now called the APMC (AMEDD Professionals Management Command). In 2003 I was activated, not because I was a doctor but because the Army went back and found the Arabic Language skill identifier I had from going to Arabic language school when I was in 5th Group. So, in 2003-2004, I deployed to Iraq as an Arabic linguist assigned to an Army Reserve MI company that was attached to

**"Life didn't end once I left an A-Team.
It actually got better."**

— COL Dan Godbee, MD, MC, FS, DMO, AL-ARNG

the 3rd Bde, 2nd ID.

After release from active service from that tour, I transferred from the Army Reserve to 3rd Battalion, 20th SFG in the Florida National Guard, and was the battalion surgeon there for 13 years. I became the group surgeon for 20th SFG in the Alabama National Guard in January 2018. I did two combat deployments with 3-20th, one in Iraq and another in Afghanistan.

In my "regular" life, I work as an emergency physician in two emergency departments in and around Baton Rouge. I'm also the medical director for the City of Baton Rouge and East Baton Rouge Parish Emergency Medical Services (remember in Louisiana we don't have counties, we have "parishes"). Through my EMS job, I also medically direct all 11 fire departments in East Baton Rouge Parish and the City of Baton Rouge Police Department. I serve as an active

member of our Police Department's Special Response Team and our EMS Department's Hazardous Materials Team. With all that for professional activity, I regularly tell my wife that my biggest problem in life is that of the three jobs I have, EMS medical director, Army National Guard, and emergency physician, the two I love the most (and really couldn't stand living without) are the two that pay me the least. You can probably tell which two I'm referring to.

Please share with us a little about yourself and your history with the JSOM.

I started my collaboration with the JSOM in 2001 when I submitted an article from the "old" 1968 version of the *Special Forces Aidman's Handbook*. It's the one with the red paper cover—I bet most guys today don't even know it existed. The article was a reprint of an interview with Air Force MAJ Gene Lam, who had been a POW in Korea, and who was one of very few doctors who was a POW in that war. In 2004, an email I had sent to guys who were members of the old 11th SFG was forwarded to the JSOM and published. The email was a tribute to a medic (James H. "Harry" Smith) I had known in the 11th SFG who had a profound influence in my life and particularly in my medical progression. Not long after that, Michelle [JSOM publisher] asked me if I would become one of the editorial board. Once Michelle took the JSOM into commercial publication, she asked me to become the medical editor. In 2015, we had a conversation about my role as medical editor and how to help Michelle concentrate more on the business aspects of the JSOM and not so much on the details of article reviews and decisions about publication. That's when I assumed the duty of making decisions on article publication and on feedback to authors for revisions.

What do you see as the role of the journal between the military and civilian tactical medicine communities?

I see the JSOM as the primary/premier publication for Special Operations medicine and medicine in austere places. Put in the context of military and civilian (law enforcement) differences, there are large areas of overlap but also significant areas of uniqueness. We want to be sure that we are addressing aspects of prolonged field care for SOF medics who may have to hold a patient in an unconventional warfare setting (i.e., guerrilla hospital) for as long as 3 days; we also need to cover medical aspects of short-term, direct-action missions that may last only a few hours (or even a few minutes) but can have unique injury patterns, mechanisms, and treatments that conventional medical providers aren't familiar with. The JSOM is the journal that can keep that very large spectrum of providers updated on medicine that is unique to them, their missions, and their environments.

What would you consider the most rewarding part about your relationship with the JSOM?

The most rewarding part of my relationship with the JSOM is the relationships; that is, the people I have the pleasure to work with. They are truly subject matter experts in their fields,

some of whom are the single most authoritative expert in what they do. I also like being able to keep abreast of what our colleagues are doing in the field and having some input into what is published.

Where do you see the journal in 10 years?

I'd like to see the JSOM incorporate more guerrilla warfare-related information and receive more articles focused on field care and prolonged care in a UW/GW setting. Within our law enforcement focus and role, I'd like to see a great deal more input from our tactical law enforcement colleagues. Within the topic of direct action, there is a lot of similarity between military and law enforcement operations. Our military readership has a tremendous resource for education in civil-military operations in our law enforcement readership and authors.

Do you have anything else you would like to share with your readers?

I'd like to encourage our medics to submit articles. We're willing to work with them to get published and spread their knowledge and experience throughout the force. Many of us editors and reviewers are former medics and want to encourage our current generation of medics to consider further medical education. When I was a team and company medic, I sincerely believed that there wasn't any real existence in Special Forces above the team (and maybe the company) level. Little did I know that being a battalion surgeon and now a group surgeon would be some of the most enjoyable and rewarding times in my life. I'd really like to tell the medics that if they have any desire to further their medical training and education, they should do so. I've found that not only is being a unit doctor as challenging and interesting as being on an A-Team, but it can also be as much (and often even more) fun. Never would I have thought that after these 42 years of military service (with 24 of them being an NCO) that I would ever say that the best jobs I had in the Army were being a battalion and a group surgeon. Life didn't end once I left an A-Team. It actually got better. Who'd have thought? Certainly not me.

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- › CASE REPORTS: Case Report of *Acinetobacter junii* Wound Infection
- › Unstable Pelvic Fracture Reduction Under Ultrasonographic Control
- › Successful Resuscitative Thoracotomy in an HH-60 Black Hawk
- › Testicular Cancer: Case Report in SOF
- › SPECIAL ARTICLES: NATO Military Medical Exercise Vigorous Warrior 2017
- › Quality of Life Plus Program (QL+)
- › FEATURE ARTICLES: Tourniquet Configuration › Tourniquet Effectiveness Monitoring
- › Improvised Ground Casualty Evacuation Platforms
- › PHTR Experience With Intraosseous Access
- › Comparison of Postexercise Cooling Methods in Working Dogs
- › Psychological Strategies in Navy Explosive Ordnance Disposal Training
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