

SPECIAL TALK: AN INTERVIEW

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An Ongoing Series

"My name, F., just that one letter."

SGM F. Bowling on Being a Special Operations Medic and Leader Today

Interviewed by John F. Kragh Jr.

How did you choose SOF?

I wanted a job where I could cross-train in other specialties like weapons and demolitions, but I knew you couldn't fully cross-train to be a medic, so I became a medic and cross-trained in other fun things.

As a Special Forces Medical Sergeant and then Operations Sergeant (18D, 18Z), what has been your experience with the executive aspects of medical special operations?

I did the jobs others didn't want to do. They weren't glamorous. Circumstances led to opportunities, and I volunteered for things like committee work and legislative liaison to get things done for SOF.

You're now the Senior Enlisted Medical Advisor in USASOC after you were the Medical Sergeant Major in the Combat Applications Group; what was your favorite job?

Being a ground combat medic in war. It is the foundation of what you are trained to do and the ultimate contribution you can make.

What advice do you have for the young medics?

When amped up, coming to the rescue, take a deep breath. The first pulse you take should be your own. Just worry about what you should do next.

What advice do you have for the senior medics?

Things you say and do are powerful. Be right, and be honest, even if you have to say "I don't know".

What's your preference for the future of the Journal of Special Operations Medicine (JSOM)?

Continue to publish the most cutting-edge stuff, especially in combat casualty care. Show the how and why. Don't

forget sick call and nontrauma topics as this helps you make clinical decisions. The performance triad (activity, nutrition, sleep) and resilience are important to maintaining your own health.

What's your preference for the future of SOMA?

Inclusion helps define a professional organization; we need to include medics, docs, nurses, PAs, non-SOF support, AMEDD, BUMED, etc., in all of SOF medicine. I'd like to see Mini-SOMAs at more and varied places.

What do you hope for the next 3 to 5 years of SOF medicine?

I'd like to see folks more often go train in civilian trauma centers with unit liaisons taking ownership of the unit-trauma center relationship. In a solid relationship, the

medic can do more things sooner and learn faster.

How do others see you?

Approachable. Most people know me by my first name, F., just that one letter. I'm easy to talk to. The only person on the team who may listen to you is the medic. It was 10 years before I saw my first badly injured casualty. I use that memory to put myself in the shoes of that other medic who didn't have 10-plus years to prepare. So that they may do better, we should work on teaching and learning coping mechanisms.

What do you want to say to the community?

Don't backslide. Master the basics.

Will you name your next kid J, for JSOM?

That won't be necessary. I recently learned what causes re-production and plan to stop. Knowledge is power.

"Whole lotta training going on at my home: 2 teens learning to drive and a little one potty training!"