

## SPECIAL TALK: AN INTERVIEW

***“We had the benefit of walking in those shoes,  
so let’s make it better for these guys.”***

—The 17th Surgeon General of the United States, Dr Richard Carmona,  
on a Life of National Service, Including Being a Special Forces Medic

*Interviewed by John F. Kragh Jr*



Dr Richard Carmona, 17th Surgeon General of the United States

### **How did you come to SOF medicine?**

I dropped out of high school at 17, I had nothing to do; I had been homeless as a kid on and off. I enlisted and wanted to join the Special Forces, so I got my GED [test of Graduate Educational Development] at Fort Sam [Houston], and I got in and went to Vietnam. At Ba To, Camp A-106, we were, at best, hours from definitive

care, so as a Special Forces medic, you’re it. It would be decades later before I ever did anything [of that magnitude] as independently—taking care of pneumothoraxes, gunshot wounds, infectious and parasitic diseases; combat casualty care; doing parasitology, making your own malaria smears and looking at them under the microscope. It was the position with the most responsibility, that you cared for 11 Americans and a couple of hundred [indigenous personnel]. The CIDG [Civilian Irregular Defense Group] hospital was in Da Nang; I worked there for a while when I was wounded so I wouldn’t have to leave Vietnam. The medic on the team was [the] most valued member; they would try to not send you on combat missions like the other teammates, but I prevailed and did my share of missions. I felt with my Special Forces training that there was not anything that I couldn’t do. I delivered my first baby in a firefight. We were in an ambush, the firefight ends, and we went on a BDA [Battle Damage Assessment]. There’s a lady in a rice paddy. She’s laying there and I’m looking, and she’s about to deliver. It was funny because the area was secure, we had a perimeter set up then with the [indigenous personnel], and she’s laying

there and there’s a lady with her and she’s having this baby. So Team Sergeant says, ‘Carmona, go over there and check her out.’ So I go over and I look; there’s a baby; she’s crowning. I remember reaching down, pulling the baby, the baby crowned, stuff coming out, and I’m looking at the cord, and the placenta’s still inside. And I can remember to this day that I thought, ‘Shit, what did they say to do with the cord?’ Where do I cut it? Then I remembered. I thought for about 30 seconds, was it proximal or was it distal? Then I remembered to milk it and then tie it. And I got it. So it came out. Then, I get up and I’m standing there with the baby, looking like I’m a hero. And the truth of the matter was that the baby was gonna get delivered no matter what. But I’m standing there doing this, looking around, and one of the guys says, ‘Hey, Carmona, hold on a second. Look back down there. There’s another head.’ Twins!

***“One of my favorite books is *Leadership Secrets of Attila the Hun* [by Wess Roberts]. Attila knew that the Huns always ate first.”***

### **How was medical school?**

My Special Forces training prepared me well to flex, adapt, and overcome. . . . [T]he kids in school with me were anally compulsive; they all were stressed; they’re all sharing

information, but they all want to get A’s. And I was like, ‘This is not a stressful situation. You do not know what stress is, OK, until you’re there with incoming.’ So for me, it was a joy to go to medical school and eventually become a doctor. The final exam for parasitology was the same final exam I took at Fort Sam in the 18D course. All the microscopes were set up around the room. [*Plasmodium falciparum*, [*P.*] *vivax*, nematodes, trematodes. . . . You went around the room. I maxed it out. I remember telling the teacher, ‘I learned all of this stuff in Fort Bragg as a Special Forces medic. And besides that, almost every one of these diseases that are here, I treated in a combat situation.’ The professor says to me, ‘I never treated any of them.’ I skipped my last year of medical school and graduated as the honor graduate.

## **Your thoughts on being a Law Enforcement Officer (LEO)?**

Well, first and foremost, as a Law Enforcement Officer, I was a team leader for a SWAT [Special Weapons and Tactics] team, which is civilian special operations, when my partner and I from [Los Angeles] started the first civilian tactical emergency medical course [TEMS]. It was because as an 18D, I'm looking at my SWAT team and saying, 'We're doing essentially the same kind of missions we did in Special Forces, but we have no medical support.' We called 911 if something [went] bad. That [didn't] make a lot of sense. So that's where the TEMS program came from, back in the mid-80s to around [1988], when we wrote this first doctrine for it. It really was me plagiarizing, if you will, all I learned in Special Forces, to say 'OK, we need to have civilian medics who are assigned to the teams or have operators who are trained as medics.' Not just combat casualty care but, as you know, part of the medic's job, sometimes most importantly, is to keep the team healthy. So that's where that came from. The things I did on the Special Operations team in the military versus SWAT, [they were] pretty similar. It's the same tools; you're dealing with high-risk situations. We brought TEMS in so we [would] have medical support that was complementary, just like we do in Special Forces. And those are things I learned as a Special Forces medic. And then I did a lot search and rescue, which was rope work, rappelling, and aeromedical evacuation. Where did I learn that? Everything I have done in life I have to go back to my basic Special Forces training where I got a lot of those skills.

## **Those who can translate between communities—LEO and military—are they integral to the success of both?**

I never really even thought about it. It was another mission and what skill set do I need to do this? How do I get there? What's the time? What's the cost? What is the risk? And again, it's just that military mindset that here's my mission; this is what I gotta do. And a lot of it was translational, taking my Special Forces skills to any environment to complete any mission.

## **Any thoughts on the LEO community's view of operational medicine?**

They have been more accepting than the military has been, to be honest with you. I think it's easier. It's easier because when we brought it to the attention of the National Tactical Officers Association, which is now a member of SOMA [Special Operations Medical Association], they right away said, 'Well, gee, we should have this. Why don't we?' . . . It took a number of years to push out, but eventually I was there as a plank holder with Cliff Cloonan, John Haggmann, Kevin Veskey, Josh Vayer, and Craig Llewellyn on the CONTOMS [Counter Narcotics and Terrorism Operational Medical Support] program at [Uniformed Services

University of the Health Sciences]. We started a year before them and we took all of our stuff and combined it in CONTOMS. I would say that it was easier probably for the span of control you're dealing with—a squad commander and a police chief or a sheriff versus the Joint Chiefs of Staff. The goal is the same thing: to get the command to say you must do these TEMS- or TCCC [Tactical Combat Casualty Care]-related things. It's a little easier in the civilian world, where top leaders are more accessible and can approve new doctrine quickly. But equally important, especially now with active shooters [and] IEDs [improvised explosive devices], you're running into the same kind of threats as a combat situation.

I'm thrilled that at this stage of my life I'm still able to be relevant, to draw on those experiences and work with guys like you and Frank [Butler] and Bob [Mabry] and everybody to make it better for the guys behind us. To me, that's really our responsibility. We had the benefit of walking in those shoes, so let's make it better for these guys. It is part of leadership, mentorship, stewardship, all of that. I really enjoy it. As you look at a life cycle, in the young years, my relevance was really being an operator, going through the door, doing all those things. And at some point, because of your injuries, because of your age, and the young guys pushing you out, you can't do that anymore. So you exit, or you try and still be relevant in another way and provide guidance, mentorship, stewardship, leadership, and help to solve some of the complex problems that the youngsters who are operators don't really know well and don't have the historical perspective we all have [to help solve them]. I really enjoy doing that. I'll be the first to tell you I miss doing the operational stuff, both medical and tactical, but you have to grow up at some point. I got a lot of injuries. Every day I am reminded. I got a plate in my back and a titanium knee. I got a plate in my neck. All those hard landings, they catch up to you. Obstacle courses. You get beat up pretty good over the years both in the military and civilian special operations. . . . Pain is just weakness leaving the body, as they used to tell us. They didn't lie to me, did they?

## **Any other current work aims?**

I sit on a number of corporate boards. I work with some small companies and larger companies, such as in identifying emerging science and technology that we can take to the market, especially technology that can benefit our military and our combat troops. I have a distinguished professorship at the University of Arizona, Ohio State University, and at the Uniformed Services University. Like all of us, I try to stay relevant and try to contribute. Now I am not an operator anymore, but having walked in the shoes, I do the best I can to try to make it better for the kids behind us that are still down range and get them the best information and care. And then when they transition from Warrior to veteran status, I'm trying to make sure, working

with the VA, that they get timely, quality care. I really enjoyed my time on the TCCC and as [vice president] of the Defense Health Board. Both groups provide extraordinary value to the health and care of our Warriors.

### **Any guidance for the community on life–work balance?**

Being an operator in Special Forces or whatever your [Military Occupational Specialty] is, is really truly selfless service and sacrifice because it's very difficult. It's almost like being a surgical resident. You have no time for family life, you really have no quality time for relationships, and the divorce rate is high. The lack of meaningful relationships is high. Because if they ain't operating, as in tactical operating, then they are in training. You know the op tempo is always high. So trying to find a significant other is hard. Try to find a significant relationship, and keep it. Hopefully, one . . . willing to let you go for months at a time. And over years, it's really tough. So I recognize the difficulties, and we are extraordinarily fortunate to have young Warriors who are willing to take on the toughest of jobs in the military and subordinate their own self-interest. You know it's truly selfless service. And let's not forget the significant others who are selfless in their dedication to us, the operators, and who live our battles vicariously every day.

### **Future plans?**

Life is what's happening when you're planning. I never planned to be a Special Forces medic; I never planned to

be a police officer, a surgeon, Surgeon General. Opportunities arose, and because of the Special Forces training I had, I always felt I was positioned to be able to appreciate opportunities that crossed my path. And I was *prepared* to accept the opportunity to transition into another area because of my Special Forces training, discipline, and mission focus. But I really feel that the Army and Special Forces especially trained me to have a certain focus on mission and how to accomplish a mission. So going to school, becoming a surgeon, becoming the Surgeon General—they're all missions. How do you get there? I didn't plan those things, but as opportunities approached me, I was able to navigate them and come out the other end successfully.

### **Closing thoughts for the community?**

To this day, I am most proud of having been able to become part of the Special Operations community, to be a Special Forces medic. It allowed me to appreciate many more opportunities throughout my life, including ultimately becoming a trauma surgeon and the Surgeon General of the United States. I would also say that I thank our young Warriors in Special Ops for the sacrifices they make every day to carry out the missions they are given.

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