## SPECIAL TALK: AN INTERVIEW

# "It's exciting and important to have a journal so focal and unique."

- COL (Ret.) Craig Llewellyn on Five Decades of Special Operations Forces Medicine

Interviewed by John F. Kragh, Jr.

"Craig plays baritone

saxophone in a jazz group

that loves bop to fusion.

Catch them at Rick's Tavern

in Newfane, Vermont."

### How did you come to SOF medicine?

My father-in-law had a glossy magazine in 1961 with a Special Forces Soldier on the cover; this was before I graduated medical school. I was going to train as an Army neurosurgeon, but I had to go off-cycle so I became a general medical officer. During my medical training, the SF recruiters for doctors talked to me.

#### Why did you seek SF duty?

I wanted to be with the Army's best, get in shape. I was going to pay back my obligation and get out. I stayed. I went to the 6th SF Group as a flight surgeon. I did a bunch

of SF schools. UWO, HALO, UW, and CI courses. Fun. Sent to RVN as 5th SFG surgeon.

# What was the most meaningful thing you learned from your Vietnam service?

Persevering under severe stress. During my 16 months in RVN,

much we did we were not trained for. We were always trying to learn from that. Casualty care was ridiculously difficult in that setting. The experiences were very personal, your physicians, your medics; we all were marginally removed from the fight. We took care of our guys.

## How did you come to the executive roles in SOF medicine?

I was out of phase on residency training so I gained operational and tropical medicine experience. When I went to get a residency, I had met the person who later became the Army Surgeon General, whose secretary grabbed me in the hallway and brought me to him. He got me into residency. I kept serving, and the opportunities kept coming. I took them.

# As founder of the Center for Disaster and Humanitarian Medicine, how should the readers prepare now for future humanitarian medicine?

Google "humanitarian medical care." Most topics are well covered. Disasters and humanitarian missions are chaos. Nobody's in charge, there's a lot going on, and there is civilian mistrust of the military.

### For the readers interested in developing their executive skills, what do you recommend?

Don't skip professional education courses. Look for ways to volunteer for things, run things, and seek leadership

positions and organizational management roles. Don't try to avoid administrative duties. Don't make administration-clinical an either-or decision; do both.

## What advice do you have for JSOM's future?

Have a strategic plan, solid fi-

nances, partner fully with SOMA. You want heavy hitters citing JSOM. Be the vehicle for discussion: SOF topics, civil-military topics. Medics are to become obliged to read.

#### What would you like in SOMA's future?

I endorse Bob Mabry's vision. A true medical society with training, research, and education. Mess Night!

### Which of your publications is your favorite?

Oh, god, . . . .

#### Which of your jobs was your favorite?

USUHS [Uniformed Services University of the Health Sciences, Commandant]. Loved it. Seeing the graduates do what they have done—that's the greatest satisfaction.