

SPECIAL TALK: AN INTERVIEW

SPECIAL TALK: AN INTERVIEW

An Ongoing Series

"I always wanted to be part of something bigger than myself. Even more so if I could make a small contribution to the bigger effort."

—MSG Harold "Monty" Montgomery on a Career as a Special Operations Forces Medic

Interviewed by John F. Kragh Jr, MD, 20 August 2014

How did you come to SOF medicine?

I always wanted to do it. When I got a chance, I jumped on it. Then I stayed. I was a leg at Hunter Army Airfield in Savannah, Georgia; I walked across the street to the Rangers



MSG Harold "Monty" Montgomery

and talked to Doc (Bill) Donovan, the long-serving physician assistant, and to battalion senior medic, then-SSG Greg Bromund. They encouraged me, and I had to prove myself. I went through the 1/75 Ranger EFMB [expert field medic badge] test and was the honor grad[uate]. Bill then promptly got me on orders for Ranger Assessment and Selection to give me the

opportunity to join the unit. That was 1990, followed by 6 years in 1st Ranger battalion and then 16 years at regiment and now at SOCOM.

How was Regiment?

For me and others from that time, such as Rob Miller, Ric Flores, and Perry Black, our first effort was establishing medic standards. Our second effort was resourcing them and refining things to push performance to the next level—taking the ideas of the guys and finding ways to make them work and last. Our third effort was in the latter half of my time in regiment, the last 6 to 8 years; we worked on a pathway to the future in order to set the conditions for the future—codifying, institutionalizing the gains so they aren't temporary or only personality-driven systems. Modifying training requirements over time to meet current needs was critical. Listening and talking among the joint SOF senior enlisted about what went well or what did not work so well. We often concluded our discussions with, "No, that's *your* problem, not ours" or "You're right; we all should do it that way." It's about persons, not people: we have to focus on individuals so they function well in groups.

"The quickest way to get me to leave the room is to turn on Real Housewives of Anywhere."

I believe this rings true at all levels, from service-policy level to international, academic, and R&D efforts.

What did you like most?

Wow . . . hard to say. I tried to make all of it fun. Deep down we all want to go back to be that platoon or team medic. Knowing what I know now, I could be a much better junior medic. We are all guilty of that—leaving when we are finally qualified to do a job. But in order to learn and make change, we have to step up. I stayed in a handful of positions for a very long time. I believe the normal 2- to 3-year assignment system breeds a "I gotta make an impact now" drive, which leads to blemishes, scars, or legacies on organizations. Blemishes have little impact and are fixed by the next guy; scars often take policy correction and years to overcome. Legacies are changes with the right requirement and resources that are built on the foundation that the unit maintains. Legacy building takes time to see it through. I sat for a long time in the regiment; I'm very guilty of that, but we were constantly building. Undoing the scars you cause yourself also takes time—I've caused a few I had to fix. It goes both ways. You can't become the lil' ol' lady in tennis shoes just maintaining how things are done; that's not innovating, not building. I always wanted to be part of something bigger than myself. Even more so if I could make a small contribution to

the bigger effort.

What are your thoughts on SOF training?

To me, absolute mastery of the basics is the fundamental essence of being Special Operations. I think that is a classic theme across all of SOF units and specialties; we have to be masters of the basics before we take the leap to the higher-level task or high-speed gizmo. This is applicable in everything we do from marksmanship to physical fitness to medical training to battle drills. SOF must master the fundamentals and then take it to the next level. That said, we

must always go back and refresh the mastery of the basics. As I see it, we have to constantly ensure that the foundation of a task or skill is reinforced. TCCC has become a prime example of this for the SOF medic. It is a skill set we must always maintain even as we shift to an operational spectrum that is less direct action combat. I personally believe in teaching and maintaining the most basic of field craft skills such navigation with a compass, simple water disinfection, and iron sights marksmanship. We have a generation that has mostly known GPS watches, bottled water, and high-tech lasers and scopes on our weapons. In my experience, the batteries always fail and you run out of stuff at the most inopportune moments. Always having the backup basic skills can save lives. You can't teach or learn most of those skills by PowerPoint; you have to do them hands-on.

Advice for the medics?

First, you are part of a global SOF medical network, regardless of whether your role is a team medic, an instructor, in R&D, a surgeon, or at policy level. Make your role as part of the network. Take the role and run with it, make it your own as an individual, and be part of the network. When you step out of your role or your job, leave no vacuum. Don't leave a gap for others to fill. Build the system better so it handles turnover and transition and remains connected to the network. One of the principles guiding SOCOM is that to defeat a terrorist network, we have to build a better network. Make your individual network part of the global SOF network.

Second, never rest on your laurels; be better today than you were yesterday. Our community's magic is that it's self-critical. Learn from the past for a better future. Evaluate all the time; identify and fix failures; validate requirements; and find the right resources. In 1993, Somalia showed us we can do better—some things worked and some things went wrong. Things that were wrong led to the emergence of TCCC. Reinvigorate; challenge yourself and your team to always be better. SOF units and individuals have incredible histories and valorous actions. But we must be better than we were yesterday. CSM Greg Birch often said that you're only as good as last night's mission. But that was last night. You're really only as good as the mission you're prepared to do tonight!

Advice for the docs?

Young docs new to SOF must understand medics better, and vice versa. There is so much that can be learned from one another. You're in our environment now, but learn how to bring your clinical skills to the environment and empower the medics. Medical officers MUST TRUST AND EMPOWER THE MEDICS! The overwhelming vast majority of SOF medicine is SOF medics at the team level. SOF medics are the ones actually out there practicing medicine, and the docs have to find ways to assist them. That is the

key difference from the conventional force. Normally, medics are adjuncts to the provider in the clinical environment or even in the evacuation chain. In SOF, it is the other way around; the providers must be adjuncts to the medics, who are operating independently and widely dispersed. New docs need to find ways to be enablers and assets to the medics and not the other way around. I mentioned trust and empowerment of the medics. The only way to trust and empower the medics is to train with them and interact with them. Being a SOF unit medical director is mostly about providing oversight, guidance, and top cover. Sometimes it is about going out on a limb from the clinical everyday normal and thinking how best to manage something in austere scenarios with limited resources. You must be a doc who can think outside of the box and then allow your medics to practice outside of that box as well. That said, the medics must understand their limits and what can and cannot be attempted in the SOF environment. For both to navigate this quagmire, the medics must embrace and train the doc to understand their environment.

What's helped you along the way?

Always living the Ranger Creed as a standard to measure every day and action. Aside from the creed, I've kind of lived by a basic principle. When you are right and you know you are right, then you have a moral obligation to force your will on others. I see this as a basic test of any agenda, project, endeavor, or cause I have ever pushed along. If it's the right thing to do, then do it regardless of the obstacles. Policies can be changed; equipment can be changed; techniques can be changed; whatever can be changed. What matters is whether people will ram through the resistance and push the change to make things right. I'd like to think that this principle applies to everything I've been talking about today.

MSG Montgomery served in the 75th Ranger Regiment for 22 years, most significantly as the Regimental Senior Medic. Throughout his career, he worked with all SOF elements through multiple combat deployments and exercises. His final assignment was as the Senior Enlisted Medical Advisor (SEMA) for United States Special Operations Command (US-SOCOM). MSG Montgomery retired from active duty on 1 June 2015.

E-mail exchanges, including documents, have been condensed and edited.

The opinions or assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense.