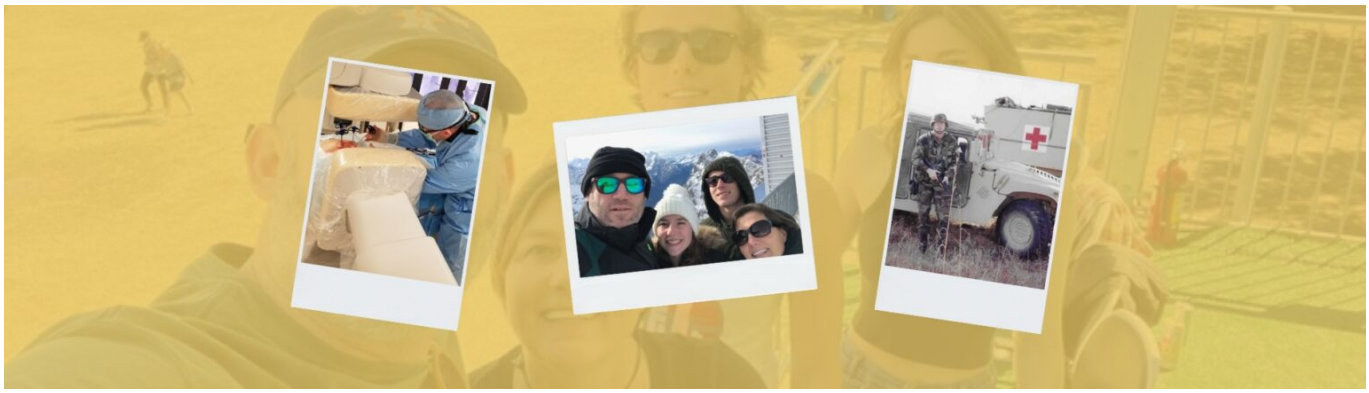

Why RP? Q&A with Dr. Steven Craig, Interventional Radiologist

Dr. Craig shares his journey to interventional radiology and how his military career helped prepare him for his leadership role with RP's SEAL Team.

Dr. Steven Craig is an interventional radiologist and retired U.S. Army Colonel based in San Antonio, Texas. He is president of the RP SEAL Team, which provides on-site support to new practices that join RP, to ensure smooth integration and stabilization of services. Outside of work, he enjoys running, mountain biking and being on the water with his family. As the parents of two college athletes, he and his wife spend a lot of time traveling to watch their children compete. He joined RP in 2022, after a 24-year career in the U.S. Army.

We talked to Dr. Craig about his journey to interventional radiology (IR) and how his military career helped prepare him for his leadership role with RP's SEAL Team.

Why did you choose radiology?

I had an amazing high school science teacher whom I credit with pushing me into medicine. I was in advanced placement anatomy or science in high school, and we had an anatomy lab. That's what started my love for this type of work. Radiologists are basically anatomists. We're doing the same thing, but instead of using a knife, we're using a CT scanner or an X-ray machine. Fast forward to

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when I was in medical school, I had an excellent radiology professor. He made things interactive and exciting, and he instilled in us that radiologists are the doctor's doctor. So, if a doctor means teacher, we're the doctor's teacher. When the other doctors have questions, they need answers – and they come to us. We can provide those answers. That was really cool to me.

What led you to choose the Army? How did it shape your perspective on what you're doing now?

I did not come from a military family, and it wasn't really on my radar. I got married young and did not come from a family with a lot of money, and I was introduced to a gentleman who said he could help me pay for college. I joined ROTC, intending to do my four years and get out, since I needed help paying for college. I quickly realized this is absolutely something I enjoyed and was good at, and I liked being part of something bigger. The military is a large organization, and being part of something bigger than you is kind of satisfying. Fast forward, I took them up on the offer to pay for medical school, and I became a doctor while I was in the military. Every time the military offers to pay for school, they ask for more time, and I was glad to give it. By the time I was done with paying off the time I owed for my school, I was a colonel, and I was ready to retire. During the path along the way, I had so many leadership jobs and opportunities to go to different parts of the world.

What drew you to IR?

I can pinpoint the exact moment when that happened. I completed a couple of surgical rotations and was starting to question whether I should be a surgeon or if I was going in the right direction. Then I had an interventional radiology rotation, and on the first day, we did a groin access. We accessed somebody's leg, put a catheter through their body and embolized an aneurysm in their face. That was my first day, and I was immediately like, "This is so cool. This is what I'm going to do for the rest of my life."

How long have you been an interventional radiologist at this point and how do you find it now?

I had a career in the military before going into medicine, so I got a late start in medicine. I did my training in the military and became an interventional radiologist in 2015. I spent several years at Brooke Army Medical Center, which is a large level one trauma center, treating trauma, a lot of interventional oncology (I really love the interventional oncology side), teaching residents and occasionally teaching fellows and medical students. I think that set me up well for when I left the military, then I jumped right into the RP SEAL team and immediately into a leadership role. Now leadership is about half of what I do, and IR is the other half. I do miss the high-end IR work I was doing five years ago – I'm not doing nearly as much now, but I think it's a good balance. I'm enjoying

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the leadership side and get to do a little bit of both.

The military had some influence on the RP SEAL Team when it was developed. Tell as more about that, as someone who has served in the military.

At RP, SEAL stands for “secure, engage, align and lead,” and we focus primarily on operations and integration. I initially didn’t like that we were calling ourselves the SEAL team, but we did get buy–in from some high-ranking Marines who said, “Don’t just steal our name; it needs to mean something.” And it does mean something. We call ourselves the integrations team and special ops, which also has a military connotation. That’s how we see ourselves. When we partner with a local practice new to RP, it’s our SEAL Team radiologists who are there to offer the practice stability and continue providing high-quality patient care. We set the stage to make it easier for those who come behind us. That’s the same thing the U.S. Navy SEALs do. They’re the first ones in to do the hard work, and they set the stage for those who are going to come behind them.

Talk about your journey to joining RP and ultimately becoming president of RP SEAL.

In the last couple years of my military career, I was using my vacation time to practice through a locums agency. In 2019, I was reading on a diagnostic locums shift for an RP practice in El Paso, Texas, and Dr. Byron Christie, who founded the RP SEAL team, walked in and introduced himself. He told me about the SEAL team, and I thought, “that sounds like exactly what I’m looking for.” After 24 years in the Army, I wasn’t necessarily looking to sign a contract where I had to go to the same place to work every day. Immediately I said yes, but I still had two years left in the Army, so I took his phone number. A year later, I called him, and he said, “Yes, we still have a position for you.” I joined RP in 2021 as a SEAL member six. Six people wasn’t enough, so six became 10, 10 became 20 and so on. Now we’ve got more than 60 members. A few months ago, I stepped into the president role. My leadership training in the military has helped me in this role, and it’s been a good fit. I’m enjoying it.

What are some of the unique features RP offers that are hard to find elsewhere?

All RP-affiliated practices are unique. For somebody from the outside looking for a job, we have something for you. No matter what it is you’re looking for, RP has it. You want to be in a tiny practice in a rural area? We have that. You want to be in a large city and work in an academic institution? We have that. You want to work remotely? You want to work on–site? Whatever it is you want to do, RP does all those things.

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What excites you about the future of radiology at RP?

At RP, we can invest in things affecting the entire industry. Right now, there are not enough radiologists in general, and there are not enough doctors to do the work. RP has invested in ways to enhance our workflows so we can better serve our patients and referring providers. A lot of that revolves around IT and AI. There are some amazing AI tools we've invested in, and they make our jobs easier. I don't think the technology is going to replace us; it's just going to make us better.

Dr. Steven Craig earned his medical degree from Uniformed Services University; completed his residency in diagnostic radiology at Brooke Army Medical Center; and completed his fellowship in vascular and interventional radiology at UT Health San Antonio.

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