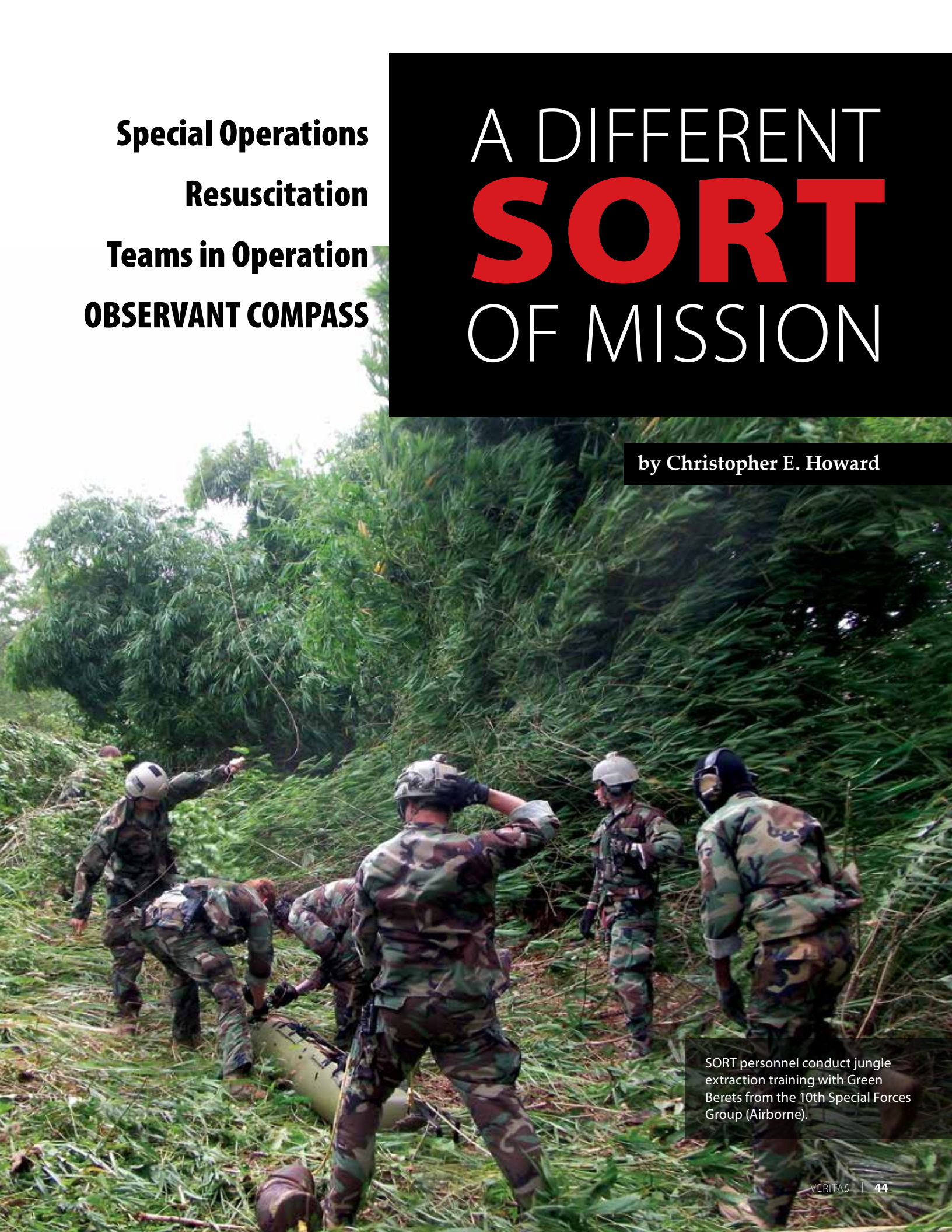


**Special Operations
Resuscitation
Teams in Operation
OBSERVANT COMPASS**

A DIFFERENT **SORT** OF MISSION

by Christopher E. Howard

A photograph showing several soldiers in camouflage uniforms and helmets working in a dense jungle. They appear to be conducting a training exercise, possibly related to extraction or resuscitation, as they are gathered around a person lying on the ground. The background is filled with tall, green grasses and dense foliage.

SORT personnel conduct jungle extraction training with Green Berets from the 10th Special Forces Group (Airborne).

Word came into the Tactical Operations Center (TOC) at Forward Operating Site (FOS) Nzara, Republic of South Sudan, that a combined patrol of U.S. Army Special Forces and Uganda People's Defense Force (UPDF) soldiers had been attacked by elements of Joseph Kony's Lord's Resistance Army (LRA). The complex ambush was initiated by an improvised explosive device, followed by withering small arms fire. Numerous U.S. and UPDF soldiers had been wounded, some of them critically, and were in need of immediate medical attention. This was exactly the type of 'mass casualty' (MASCAL) event that the 528th Sustainment Brigade's Special Operations Resuscitation Teams (SORTs) were especially trained and equipped to handle. The five-man medical team sprang into action.

One of the SORT's three Special Operations Combat Medics (SOCMs) accompanied the casualties during evacuation. The SORT's Flight Surgeon, its remaining two SOCMs, and its Medical Laboratory Specialist awaited the casualties at the dirt airstrip that lay just southeast of the town of Nzara. The casualties arrived by Toyota pickup truck in waves of three, until the total number had reached nine. It had all the makings of a very bad day for both U.S. Army Special Operations Forces (ARSOF) and their Ugandan partners.

The UPDF medics unloaded the casualties and triaged them into four categories: expectant, immediate, delayed, or minimal, in descending order of severity.¹ Fortunately, in this situation, none of the casualties fit the "expectant" category, which meant that all nine casualties could be saved, with the proper medical care. Three of the casualties were assessed as "immediate"; the remaining were either delayed or minimal. The triage was efficient and by-the-book, and yet something was different: the SORT was not helping the UPDF triage the casualties. It was observing and evaluating.

Upon closer examination, the casualties that the UPDF medics were sorting and treating were not victims of an LRA ambush, after all. The SORT was not treating the wounds because it had 'inflicted' them, through the expert use of moulage.² The mass casualty event was simulated. It was the culminating exercise for UPDF medical personnel, who had trained with the SORT every Saturday for nearly three months. During the exercise, the SORT personnel were 'observer-controllers.' When it was all over, the SORT team leader, Army Captain (CPT) Lucas T. Haynes,* was pleased with the outcome. The UPDF medical personnel had performed well.³

Such training was typical of the SORT contribution to Operation OBSERVANT COMPASS (OOC), the U.S.

Counter-LRA mission in central Africa, from January 2012 through December 2016. Having proved themselves during MASCAL situations in Afghanistan from 2008 through 2011, OBSERVANT COMPASS presented the SORT with a different mission. Focusing on a 'typical' SORT deployment, from May through November 2013, this article explains how they contributed to OOC. With few U.S. casualties to treat or evacuate (its primary



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1 Special Operations Combat Medic (SOCM), SSG Peter R. Vaughn* (RIGHT), observes Uganda People's Defense Force (UPDF) medics during a 'mass casualty' (MASCAL) exercise with the Special Operations Resuscitation Team (SORT) in October 2013. The event was the culminating exercise of three months of medical training.

2 UPDF medics triage 'casualties' outside their field hospital near Nzara, South Sudan. During triage, casualties are sorted into four categories: immediate, delayed, minimal, and expectant.

ROLES OF MEDICAL CARE

(Joint Publication 4-02: Joint Health Services)



Role 1: First Responder Care

Provides medical treatment, initial trauma care, and forward resuscitation, not including surgical care. Also known as unit-level medical care.

Role 2: Forward Resuscitative Care

Provides medical treatment, advanced trauma management, emergency surgery, and resuscitative care.

Role 3: Theater Hospitalization

Provides emergency and specialty surgery, intensive care, medical specialty care, and extended holding capacity and capability augmented by robust ancillary support.

Role 4: Definitive Care

Provides the full range of preventive, acute, restorative, curative, rehabilitative, and convalescent care found in United States base hospitals and robust overseas facilities.



LTC Lorykay W. Wheeler envisioned the SORT:

“Operating in an austere environment like Afghanistan, where the coverage was difficult to provide due to the **great distances and lack of Role 2 facilities.**”

mission), the SORT embraced its secondary mission of advising and assisting partner nation (PN) medical personnel. In doing so, the SORT built rapport with the partner force and local civilians, provided access for other ARSOF elements in the area of operational responsibility (AOR), increased partner force medical capabilities, and prevented unnecessary ‘out of theater’ medical evacuations. All the while, the SORT presence reassured the small contingent of ARSOF working in the heart of Africa.

In order to understand why the SORT was in Africa, an explanation of the SORT concept, mission, composition, and operational history will be provided. The SORT concept emerged following the July 2003 U.S. Special Operations Command Medical Lessons Learned Conference. “Special Operations Forces (SOF) medical leaders and medical operators identified the need for expeditionary, short-term, SOF-specific Role 2 medical support for initial entry operations into immature theaters or remote locations of mature theaters” (see sidebar “Roles of Medical Care”).⁴ Within the U.S. Army Special Operations Command (USASOC), it was Army Lieutenant Colonel (LTC) Lorykay W. Wheeler, the Special Operations Support Command Surgeon from 2004 to 2008, who was the driving force behind the SORT concept.⁵ She envisioned the SORT “operating in an austere environment like Afghanistan, where the coverage was difficult to provide due to the great distances and lack of Role 2 facilities.”⁶ Since its inception, the SORT mission has been “to provide expeditionary, limited, short term resuscitative treatment, and patient hold to enable the rapid integration of forward surgical assets ISO ARSOF operations.”⁷

By 2011, there were three SORTs assigned to the Special Operations Medical Detachment (SOMEDD), Special Troops Battalion, 528th Sustainment Brigade (Special Operations) (Airborne). These teams were designated as SORT-A, SORT-B, and SORT-C. Each SORT had a Flight Surgeon (Military Occupational Specialty



528th Sustainment Brigade (Special Operations) (Airborne) Distinctive Unit Insignia. Beside it is the Special Operations Medical Detachment (SOMEDD), Special Troops Battalion, 528th Sustainment Brigade, which created a unique unit emblem by combining medical and special operations symbols.

Special Operations Resuscitation Team



- 1 x **Critical Care Nurse** (MOS 66S, Team Leader)
- 1 x **Flight Surgeon** (MOS 61N) *or* **Emergency Medicine Physician** (MOS 62A)
- 3 x **Special Operations Combat Medic** (MOS 68WW1, Senior SOCM = Team Sergeant)¹
- 1 x **Medical Laboratory Specialist** (MOS 68K)
- 1 x **Radiology Specialist** (MOS 68P)
- 1 x **Patient Administration Specialist** (MOS 68G)

Due to a force cap, the SORT was limited to five personnel for the duration of the Operation OBSERVANT COMPASS mission. They compensated with rigorous cross-training during pre-mission training.²

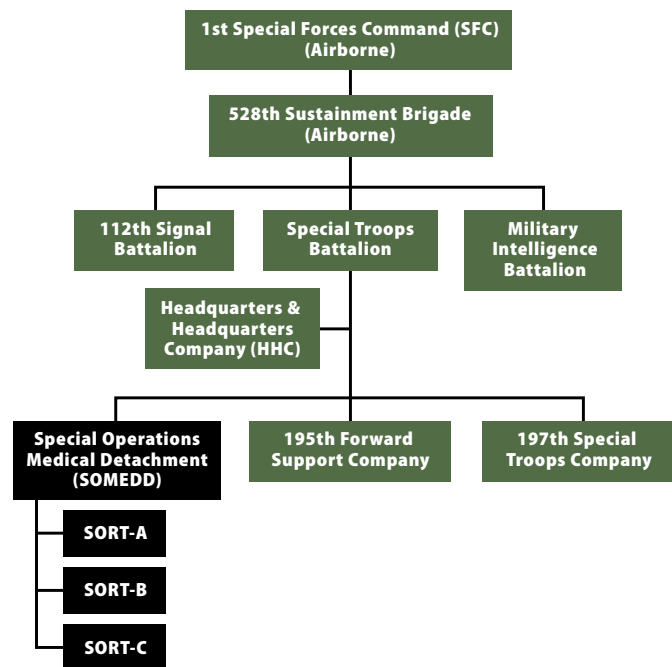
[MOS] 61N) or Emergency Medicine Physician (MOS 62A), a Critical Care Nurse (MOS 66S), three SOCMs (MOS 68W), a Medical Laboratory Specialist (MOS 68K), a Radiology Specialist (MOS 68P), and a Patient Administration Specialist (MOS 68G).⁸ The Critical Care Nurse typically was the team leader, and the senior SOCM was the team sergeant.⁹

The SORT's first operational mission was in Afghanistan in 2008, in support of Operation ENDURING FREEDOM (OEF). The mission was trauma-heavy, with combat wounds to U.S. and partner nation personnel being the most common. During that first SORT deployment, the team resuscitated over eighty trauma patients and performed over thirty evacuation missions.¹⁰ In doing so, they validated the SORT concept. Rotating every six months, SORT teams supported OEF until late-2011.¹¹

As the SORT mission in Afghanistan drew to a close, the 528th Sustainment Brigade and Special Troops Battalion leadership began searching for another operational mission.¹² At that time, the Special Operations Command, Africa (SOCAFRICA, or 'SOCAF') was planning an operation against Joseph Kony and his LRA; a problem of which few Americans were aware.

Joseph Kony formed the LRA in 1988 to seize control of Uganda and rule according to his interpretation of the Ten Commandments. The LRA quickly gained a reputation for brutality and child abduction for soldiers and 'brides.'¹³ Fighting between the LRA and Ugandan

SORT Task Organization



military started in 1988 and continued intermittently for twenty years.¹⁴

The crisis in central Africa gradually attracted world attention. In 2005, the International Criminal Court issued warrants for the arrest of Kony and two of his subordinates based on war crimes and crimes against humanity.¹⁵ Fact-finding and lobbying prompted the U.S. Congress to pass Public Law 111-172, "Lord's Resistance Army Disarmament and Northern Uganda Recovery Act of 2009."¹⁶ President Barack H. Obama reinforced this effort with a:

"Strategy to Support the Disarmament of the Lord's Resistance Army":

1. **Protect civilians**
2. **Kill/capture Joseph Kony and senior LRA commanders**
3. **Promote defection, disarmament, demobilization, and reintegration of remaining LRA fighters**
4. **Increase humanitarian access and provide continued relief to affected areas¹⁷**

Despite the actions of President Obama and Congress, few Americans knew of Joseph R. Kony, the LRA, or its practices until the non-governmental organization (NGO) Invisible Children video *Kony 2012* went 'viral' in the spring of 2012. By the time the video appeared, Operation OBSERVANT COMPASS was underway. A small contingent of U.S. military was in central Africa, as part of the AFRICOM Counter-LRA Control Element (ACCE). Based out of Entebbe, Uganda, the ACCE was to "advise and assist Uganda and advise the Democratic Republic of the Congo (DRC), the Central African Republic (CAR), and South Sudan in their efforts to remove Joseph Kony and other senior LRA leaders from the battlefield."¹⁸

The decision to place a SORT among the one hundred U.S. 'boots-on-the-ground' conducting the OOC mission grew out of a medical risk assessment. During the initial OOC planning, the SOCAF Surgeon, Army LTC Melissa L. Givens, performed this. Based on the huge AOR, the lack of U.S. military medical evacuation assets and Western-standard medical facilities in theater, and the high risk of infectious disease, she warned the SOCAF Commander, RDML Brian L. Losey, that the medical risk was "immense."¹⁹

Evacuation of casualties was an obvious problem. In emergency medicine, the term 'golden hour' implies getting a trauma patient to a fully-equipped surgical facility within sixty minutes of injury.²⁰ This was impossible given the OOC mission and the vast distances

between medical treatment facilities (MTF) in central and east Africa. The OOC AOR encompassed parts of four countries: Uganda, Central African Republic, Democratic Republic of Congo, and South Sudan. The last of these, by itself, was nearly the size of Texas. From Nzara, at the northeastern corner of the AOR, the closest U.S. MTF was at Camp Lemonnier, Djibouti, a four hour (977 nautical mile [NM]) flight by fixed-wing aircraft. The closest Western-standard medical care was in Nairobi, Kenya, a two and a half hour (625 NM) fixed-wing flight from Nzara.

While it was impossible to 'shrink' the AOR, it was possible to use a Role 2 medical capability, such as a SORT, to bridge the gap between the point of injury and definitive care facility. Doing this would improve the likelihood of success with a life-threatening injury or illness. Locating the Role 2 capability in Nzara, South Sudan placed it inside the 'golden hour' for the main ARSOF outstations. Additionally, the Nzara airstrip could handle C-130s at night.

In addition to the vast size of the proposed AOR, LTC Givens was acutely aware of the risk of infectious disease, which she assessed to be greater than the trauma risk.²¹ Combat operations in Iraq and Afghanistan prompted medical planners to make trauma the primary concern of all military medical units. Dr. Givens understood that "all is not trauma."²² This assessment determined her proposed solution.

Viewing the OOC problem set "through an ER [emergency room] lens," LTC Givens felt that an 'ER' physician would be better than a surgeon; they were better equipped to deal with the full range of medical issues that U.S. personnel in central Africa were likely to encounter.²³ Knowing that a SORT included an ER physician, she considered it to be a good fit for the OOC mission. Dr. Givens' professional opinion was that a SORT would "put the medical risk at a tolerable level," allowing the mission to move forward.²⁴ Due to the congressionally-approved force cap, the SORT would be limited to five instead of its full complement of eight personnel.

In September 2011, SOCAF directed 10th Special Forces Group (SFG), which had been identified for the OOC mission, to request a SORT.²⁵ They did so and the request was approved. The ACCE 'Commander's Intent' was for the SORT "to provide Role 2 medical support for U.S. forces in the OOC AOR; including routine sick-call, resuscitation, patient hold, CASEVAC [casualty evacuation], and en route critical care," and to "advise and assist partner nation forces on all aspects of medical care, as needed."²⁶

SORT-A was initially identified for the first OOC deployment, in January 2012. However, an individual accident before departure prompted a switch to SORT-B.²⁷ With a compressed timeline, the pre-mission training (PMT) was limited to 'in house' medical refresher



Map of central Africa, depicting location of SORT in Nzara, 'golden hour coverage,' casualty evacuation routes, and location of rotary-wing (OBO) and fixed-wing (ENTEBBE) CASEVAC aircraft.

training, a tactical driving course, weapons qualification, and a validation exercise.²⁸

The team's Flight Surgeon, CPT Lucas T. Haynes*, recalled a sleepless night before deploying to Africa. Having just completed his residency at Fort Sam Houston, Texas, it dawned on him that he would be the only U.S. military physician in a theater that spanned four countries.²⁹ The thought, he said, "scared the crap out of me."³⁰ Doubt persisted as the SORT-B arrived in Nzara: "I'm landing on an airstrip in the middle of the night with no camp; I have no medical facility whatsoever."³¹

Much of SORT-B's 15 January through 8 July 2012 deployment was spent getting to Nzara; helping the Special Forces Operational Detachment Alpha (ODA) construct the camp and improve the airstrip; setting up their medical tent; and establishing relationships with the partner military force and local medical providers. The next two teams to deploy, SORT-C (July 2012 through December 2012) and SORT-A (December 2012 through May 2013), improved the foundation established by SORT-B during the first six months of 2012.

In the early phase of OOC, patrols were infrequent and U.S. casualties were rare. The SORT worked at finding ways to keep busy. Most often, this entailed making rounds at nearby medical facilities and training UPDF medical personnel. This actually built rapport with the

partner force and the locals, which supported the overall mission. It was not what a SORT was designed to do, but they did it quite well.³²

After ten months at Fort Bragg, SORT-B was ready to make a second trip to Africa in May 2013, this time having a full PMT cycle.³³ Based on their initial experiences, the team had swapped out its Critical Care Nurse (CCN) for an additional SOCM. Without a CCN, CPT Haynes* became team leader.³⁴ Three of the five team members had done the first OOC rotation in 2012 (Haynes*, Staff Sergeant (SSG) Kevin L. Stevens*, Medical Laboratory Specialist, and Sergeant (SGT) Zane P. Anderson*, SOCM). The two newcomers, SSG Peter R. Vaughn* and SSG Jason D. Coverdale*, were both SOCMs. CPT Haynes* stated that his second descent into Nzara was not quite as terrifying because he knew what to expect.³⁵

Unlike that first deployment a year and a half earlier, the SORT 'hit the ground running' in 2013. Facilities were available and relationships were well-established, with the 10th SFG and partner forces (UPDF and Sudan People's Liberation Army [SPLA]). The SORT was again co-located in Nzara with a 10th SFG ODA in a small compound of 'Alaska tents' on the west side of the Nzara airstrip.³⁶ The large UPDF compound was across the airstrip. Nzara was northwest of the U.S. compound.



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Additional ODAs from 10th SFG were located to the west (in Obo, CAR) and south of Nzara (in Dungu, DRC). The contract CASEVAC, a Bell 412 helicopter, was based in Obo, closer to the main area of counter-LRA operations in CAR. Obo was an hour by helicopter from Nzara. The ACCE headquarters and the Joint Special Operations Aviation Detachment (JSOAV) were based in Entebbe, Uganda, with the fixed-wing CASEVAC, a single-engine PC-12 airplane capable of transporting two litter cases.

After SORT-B completed its relief-in-place (RIP)/transfer of authority (TOA) with SORT-A, it went to work, seeing patients at the SORT facility in the U.S. compound, the UPDF field hospital, and the Nzara County Hospital. Between those three, the SORT seldom lacked medical work. The primary SORT medical facility, an Alaska tent, was at FOS Nzara, alongside their living quarters. The medical tent had two trauma beds, shelving for supplies, additional litter stands, laboratory and X-ray equipment, a sink, refrigerator, and small waiting area.³⁷ The SORT



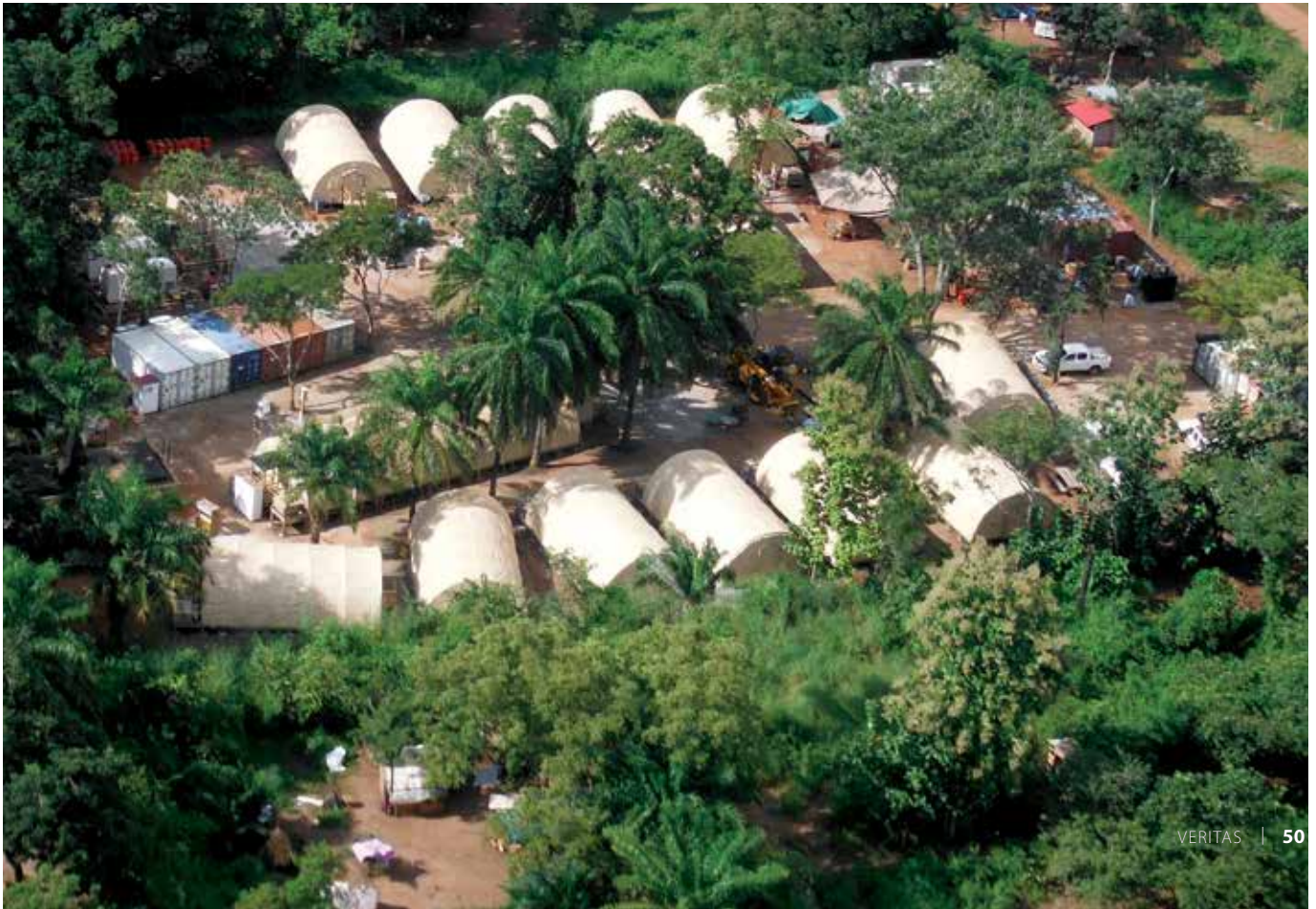
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1 The SORT had two 'Alaska tents' on FOS Nzara. One served as their living quarters (LEFT) and the other as their medical facility (RIGHT).

2 Inside the SORT medical tent, SSG Vaughn*, SORT team sergeant, built two trauma beds and shelving.

3 Aerial view of Forward Operating Site (FOS) Nzara, home to the SORT for the duration of Operation OBSERVANT COMPASS (OOC), from January 2012 to December 2016. One 10th Special Forces Group Operational Detachment Alpha (ODA) was co-located with SORT-B during its 2013 rotation.

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1 CPT Lucas T. Haynes* inspects the injured toe of a 10th SFG soldier at the SORT medical tent on FOS Nzara. The Special Forces soldier had cut his foot with a chainsaw while helping the Sudan People's Liberation Army clear brush for their encampment.

2 'All sown up': the injured toe, ten days later. Thanks to the SORT, the injured Green Beret did not have to be evacuated out of theater and was able to return to his team.

facility was intended primarily for U.S. personnel, but it also saw referrals from the UPDF hospital, mostly for X-Rays. The SORT had the only X-Ray in South Sudan's Western Equatoria State.³⁸ CPT Haynes* estimated that the SORT saw one or two U.S. personnel weekly and handled one severe case a month.³⁹

One severe case was on a Special Forces Engineer Sergeant (18C) who gashed his foot with a chainsaw helping the SPLA clear brush for their encampment. Thanks to the SORT, the wound was treated on-site, precluding evacuation. He returned to his ODA with a couple of months of light duty. The SORT also treated multiple malaria cases, which recovered in theater.⁴⁰ LTC Givens, SOCAF Surgeon, relied on the SORT to provide her with 'ground truth' on U.S. patients and respected their evacuation decisions.⁴¹

Among the 'outsiders' serviced at the SORT facility were LRA prisoners, defectors, and liberated captives.



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3 CPT Haynes* examines Caesar Acellam, a senior officer in the Lord's Resistance Army (LRA) who was captured in May 2012.

4 SGT Zane P. Anderson*, one of the team's SOCMs, examines an African woman at the SORT facility on FOS Nzara. The woman had previously been held captive by the LRA. In the background, SSG Vaughn* examines a boy who had also been rescued from the LRA.

Medical examinations were offered as an incentive to surrender or defect.⁴² While CPT Haynes* had examined Caesar Acellam, a captured senior LRA officer during his first rotation, SORT-B did not examine any defectors during its rotation. Multiple liberated LRA captives, including a young boy and an expecting mother were examined and treated.⁴³

The lack of combat casualties caused the SORT to embrace its secondary, 'advise and assist' mission. This equated to doing rounds at the field hospital in the UPDF compound, which ran along the eastern side of the Nzara airstrip. It served UPDF and SPLA soldiers, contractors, and local civilians. There was a surgical facility and laboratory, but no imaging capability. The medical providers at the hospital were not technically doctors by Western standards, but simply better-trained medics.⁴⁴ The SORT presence and willingness to help in the UPDF hospital built rapport and trust with the partner force.



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1 SSG Jason D. Coverdale* escorts the litter bearing a UPDF soldier whose hands were injured when a rocket propelled grenade (RPG) accidentally discharged. The wounded soldier was taken to the UPDF field hospital near the Nzara airstrip.

2 CPT Haynes* (LEFT) and SSG Coverdale* (CENTER) examine the severely injured right hand of a UDPF soldier. Sam, a Ugandan medical provider (RIGHT), stands by, ready to assist.

3 SSG Anthony J. Watson*, an 18D (LEFT), and CPT Haynes* (RIGHT) examine the leg of a local man who accidentally shot himself with a shotgun. The homemade shotgun shells were filled with a combination of irregular lead pellets and salt granules.

The medical visits provided, in CPT Haynes’* estimation, “our ‘in’ with the UPDF initially...but also for the ODA. They [the ODA] encouraged us [the SORT] to make those connections for them.”⁴⁵

The SORT’s assistance to the UPDF was not limited to consultations. As a good partner, they took the lead role in handling the most severe UPDF trauma cases, to provide the best outcome. One of the more dramatic cases during the 2013 deployment came after a UPDF soldier was severely injured when a rocket-propelled grenade (RPG) he was carrying accidentally discharged on patrol outside Obo. The 18D (Special Forces Medic) on the scene bandaged the soldier’s hands, started an intravenous saline solution (IV), and provided pain relief with a fentanyl ‘lollipop.’ He accompanied the casualty on the CASEVAC helicopter to Nzara.

"I was actually out for a run when we first got the call," said CPT Haynes*. "Somebody came and got me and told me that there was a casualty. We ran to the TOC [tactical operations center] to get the ETA [estimated time of arrival], grabbed our gear, and then went out to the airstrip to receive the casualty."⁴⁶ SORT and UPDF medics litter carried the injured soldier to the UPDF hospital, where CPT Haynes* administered local anesthesia and examined the soldier.

"It was a pretty gnarly injury. He had lost part of his little finger and next two fingers on his left hand were 'degloved' [missing all the tissue, down to the bone]. He had some burns over his other fingers and a large laceration across the palm." Assisted by SSG Jason D. Coverdale* and a Ugandan provider named Sam, "We did a washout and cleaned it all up. I debrided some of the loose, nonviable tissue, got him some antibiotics, sutured the large laceration across his hand and dressed it. I knew he'd need to see an orthopedic surgeon."⁴⁷ The injured UPDF soldier was ultimately flown to Entebbe for follow-on treatment.

In addition to its regular visits to the UPDF field hospital, the SORT also worked at the Nzara County Hospital (aka: the "Sister's Hospital"), in nearby town Nzara. The hospital was primarily a tuberculosis, leprosy, and HIV referral center, operated by Roman Catholic nuns and funded by donors. It had an extensive pharmacy, but no imaging or surgical capability. Like the UPDF hospital, most 'providers' were not true physicians.⁴⁸ The SORT was provided a room to serve as a makeshift surgical/trauma ward. Trauma became its primary function.

On its very first visit to the hospital, the SORT was asked to examine a local girl, possibly ten years old, who had been severely burned from her belly button down to knees by boiling water. Without proper medical care, infected burns could be life threatening. Recognizing the seriousness, CPT Haynes* provided pain relief, cleaned her burned areas, and changed the dressings. SORT personnel continued to care for her until she was released two months later.⁴⁹

Later in their second deployment, the SORT treated a local man in his early twenties who had accidentally shot himself with a shotgun. The homemade shotgun shells contained irregular lead pellets and salt granules. The blast went through his hand into his thigh and peppered his abdomen and groin. CPT Haynes* treated wounds and, once it was possible, performed a skin graft on the man's hand. The SORT cared for him for over a month. Haynes* noted that, despite the successful outcome, the young African hated coming for treatment, because of the pain.⁵⁰ At the Nzara County Hospital, the SORT dealt with a South Sudanese soldier who had been stabbed in the chest, a local man whose wife had hacked his leg with a machete, several car accidents, and more gunshot wounds. Dislocations from falling off the back of Mopeds were common.⁵¹



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1 SSG Watson* (LEFT) assists CPT Haynes* (RIGHT) as he tends to a young boy with a dislocated elbow. "Reduction" is the medical term for correcting a dislocation.

2 SGT Anderson* (RIGHT) instructs SPLA medics on first aid. The SPLA had no organic medical capability when the SORT first arrived in Nzara, so they started with the basics.

The SORT's 'advise and assist' mission included training partner force medical personnel. The UPDF rotated soldiers through Nzara every three months, which was just long enough to train their medics.⁵² The SORT provided classes to the UPDF medics every Saturday morning: Tactical Combat Casualty Care (TCCC), taking and recording vital signs, traumatic brain injury symptoms, opening airways, improvised litters, and use of defibrillators. All UPDF medical training culminated in a MASCAL exercise, like that described at the beginning of this article.⁵³

While the UPDF was the main beneficiary of SORT medical training in 2012 and 2013, the other partner force located in Nzara, the SPLA, was not neglected. In 2013, the SORT began training SPLA Commandos, starting with basic first aid (pressure dressings, slings, and carries) and progressing to TCCC, which emphasized combat medical care 'under fire.'⁵⁴ The SORT training focus shifted to the SPLA medics when their Commandos assumed greater responsibility for the counter-LRA



1 SSG Coverdale* (RIGHT) teaches obstetrics to local nursing students in Nzara. The SORT gave seminars to local medical providers every Saturday afternoon.

2 Jungle training with the ODA: the SORT learned to use jungle penetrators and practiced vertically hoisting casualties with a Bell 412 helicopter. CPT Haynes* and SGT Anderson* were the SORT's subject-matter experts on hoisting.

3 SSG Coverdale* on a presence patrol with a combined ODA/partner force element. Such patrols were more common during SORT-B's second rotation than they were during the first.

patrols.⁵⁵ In late 2014, the SORT implemented a six-month medical training program for the SPLA, based on the U.S. Army's Combat Medic (68W) training manual.⁵⁶ By its end, CPT Craig T. Burns*, the current SORT physician, said that SPLA medical personnel were quite willing to handle routine medical cases and were more inclined to consult with UPDF medical personnel.⁵⁷ This showed that the SORT training in Nzara over three years was having a positive impact.

As part of their community outreach, the SORT conducted weekly seminars for local medical providers on Saturday afternoons.⁵⁸ Many of them were learning to become midwives, as reflected in the program of instruction: obstetrics, cardiopulmonary, genital-urinary, and pharmacology. Attendance was spotty – as few as three to a “packed house” of more than twenty.⁵⁹

Still, the SORT improved its tactical and technical proficiency. Jungle training with the ODAs included instruction in vertical casualty extraction with jungle





SORT-B in Africa (from LEFT to RIGHT): SSG Kevin L. Stevens*, CPT Lucas T. Haynes*, SSG Peter P. Vaughn*, and SSG Jason D. Coverdale.* Not pictured: SGT Zane P. Anderson*.

penetrators.⁶⁰ The SORT took advantage of ODA weapons training in Nzara. By 2013, the SORT SOCMs were accompanying combined ODA/partner force presence patrols.

SORT-B returned to Fort Bragg, NC, in early November 2013, after their RIP/TOA with SORT-C. The team saw 298 patients at its Nzara facility during its six-month deployment in support of OOC without that “critical American patient.”⁶¹ No U.S. personnel were critically wounded during the entire OOC mission, which ended in early 2017, when the LRA was removed from the battlefield. Nevertheless, the SORT contributed to mission success.

The SORT treatments precluded overseas evacuation of numerous U.S. patients, saving considerable money and reducing mission impact.⁶² Their medical outreach to the partner force and to the local medical providers garnered good will and gained access and placement for other ARSOF personnel.⁶³ And, its presence provided comfort to the U.S. personnel conducting the OOC mission and reassured those responsible for sending them into this austere and forbidding environment.⁶⁴

SORT-B made two more rotations to Africa in support of OOC, but the 2013 deployment was CPT Haynes* last as a SORT physician. Reflecting on his assignment to the SORT, Major (MAJ) Haynes* considered it “the best experience of my life.”⁶⁵ Recalling his initial anxiety before his first deployment, he said, “I don’t get nervous anymore.”⁶⁶

POSTSCRIPT

CPT Lucas Haynes* was replaced by SORT-B physician CPT Craig T. Burns*. After his rotation in early 2015, CPT Burns* became the 3rd Battalion, 7th SFG Surgeon. He led the medical planning effort for Special Operations Joint Task Force – Operation INHERENT RESOLVE (SOJTF-OIR), tasked with supporting international efforts to destroy the Islamic State of Iraq and Syria (ISIS).⁶⁷ Not

coincidentally, the SOJTF-OIR medical package included a SORT. After five years in central Africa on the OOC medical mission, the SORT returned to its basis – advanced trauma care. It was going back to war. 📌

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Endnotes

- 1 Per Army Field Manual 4-02: “Triage is the medical sorting of patients. The categories are: MINIMAL (OR AMBULATORY)— those who require limited treatment and can be returned to duty; IMMEDIATE—patients requiring immediate care to save life or limb; DELAYED—patients who, after emergency treatment, incur little additional risk by delay or further treatment; and EXPECTANT—patients so critically injured that only complicated and prolonged treatment will improve life expectancy” (Headquarters, Department of the Army Field Manual 4-02: *Army Health System*, (Washington, DC: GPO, 2013), Glossary 6).
- 2 “Moulage is the art of depicting lifelike injuries.” See: Bobbie Merica, “How Moulage Brings Realism to Training,” *EMS World*, 25 January 2013, <https://www.emsworld.com/article/10858762/how-moulage-brings-realism-training>, accessed November 8, 2018.
- 3 Lucas T. Haynes*, interview with Christopher E. Howard, 2 November 2018, USASOC History Office Classified Files, Fort Bragg, NC, hereafter Haynes* interview, date.
- 4 Jamie C. Riesberg, “The Special Operations Resuscitation Team: Robust Role II Medical Support for Today’s SOF Environment,” *Journal of Special Operations Medicine* 9:1 (Winter 09): 27, <https://www.jsomonline.org/Publications/200912Riesberg.pdf>, accessed 20 November 2018, hereafter “SORT.”
- 5 Stephen R. Cain, interview with Christopher E. Howard, 17 August 2018, USASOC History Office Classified Files, Fort Bragg, NC.
- 6 Lorykay W. Wheeler in Kenneth Finlayson, “SORT(ing) Out the Casualties: The Special Operations Resuscitation Team in Afghanistan,” *Veritas: Journal of Army Special Operations History*, 5:1 (2009): 49; the Special Operations Support Command (SOSCOM) was deactivated in 2005 and replaced by the 528th Sustainment Brigade (Special Operations) (Airborne).
- 7 “528th Sustainment Brigade (Special Operations) (Airborne) Command Brief,” 8 April 2011, USASOC History Office Classified Files, Fort Bragg, NC, hereafter 528th SB Command Brief.
- 8 SOCMs are highly-trained combat medics who have successfully completed the Special Operations Combat Medic Course at the United States Army John F. Kennedy Special Warfare and School, Fort Bragg, NC.
- 9 528th SB Command Brief.
- 10 Riesberg, 29, “SORT.”
- 11 Jacob G. Brown*, interview with Christopher E. Howard, 28 September 2018, USASOC History Office Classified Files, Fort Bragg, NC, hereafter Brown interview. For more information on the SORTs role in OEF, see Kenneth Finlayson, “SORT(ing) Out the Casualties: The Special Operations Resuscitation Team in Afghanistan,” *Veritas: Journal of Army Special Operations History*, 5:1 (2009): 47-57.
- 12 Brown interview.
- 13 Paul D. Ronan, Power Point Presentation, “U.S. Deployment in Counter-LRA Operations: Challenges and Opportunities,” no date, copy in USASOC History Office Classified Files, Fort Bragg, NC, hereafter “U.S. Deployment in Counter-LRA Operations.”
- 14 “U.S. Deployment in Counter-LRA Operations.”
- 15 The White House, “Fact Sheet: Mitigating and Eliminating the Threat to Civilians Posed by the Lord’s Resistance Army,” 23 April 2012.
- 16 Public Law 111-172, “Lord’s Resistance Army Disarmament and Northern Uganda Recovery Act of 2009,” <https://www.congress.gov/111/plaws/publ172/PLAW-111publ172.pdf>, accessed 15 November 2018.
- 17 The White House, “Letter from the President on the Strategy to Support the Disarmament of the Lord’s Resistance Army,” 24 November 2010.
- 18 SOCAFRICA, “MOD 001 to CDRSOCAFRICA OPERATION OBSERVANT COMPASS OPORD,” 27 January 2012, copy in USASOC History Office Classified Files, Fort Bragg, NC.
- 19 Melissa L. Givens, interview with Christopher E. Howard, 31 October 2018, USASOC History Office Classified Files, Fort Bragg, NC, hereafter Givens interview.
- 20 Charlie Eisele, “The Golden Hour,” *Journal of Emergency Medical Services*, 31 August 2008, <https://www.jems.com/articles/2008/08/golden-hour.html>, accessed 13 November 2018. The author of the article uses the term “definitive care” to refer to a trauma treatment (i.e. surgical) facility.
- 21 Givens interview.
- 22 Givens interview.

- 23 Givens interview.
- 24 Givens interview.
- 25 Operation OBSERVANT COMPASS, AOB 0330 to ACCE Transition / RIP-TOA, September 21, 2011, Slide 66.
- 26 "SORT-B After-Action Review: Operation OBSERVANT COMPASS, 12 May – 3 November 2013," hereafter SORT-B AAR.
- 27 Lucas T. Haynes*, interview with Christopher E. Howard, 12 October 2018, USASOC History Office Classified Files, Fort Bragg, NC, hereafter Haynes* interview, date.
- 28 Haynes* interview, 12 October 2018.
- 29 Haynes* interview, 2 November 2018.
- 30 Haynes* interview, 2 November 2018.
- 31 Haynes* interview, 2 November 2018.
- 32 Haynes* interview, 12 October 2018.
- 33 Pre-mission training had improved considerably from the first OOC rotation to the fourth. For their first rotation, most of the medical training was done 'in-house.' For its second rotation, SORT-B's PMT included the Tropical Medicine Course, Live Tissue Training (LTT) for all members of the team, including 'ancillary' personnel (laboratory specialist, radiology specialist, and patient administration specialist), SERE-C, Joint Enroute Care Course, Flight Paramedic training, and a Validation Exercise (Haynes* interview, 12 October 2018).
- 34 Other OOC rotations used different configurations of personnel, but all included at least one physician (Flight Surgeon or Emergency Medicine Physician) and two SOCMs.
- 35 Haynes* interview, 2 November 2018.
- 36 'Alaska tent' is another way of referring to the Alaska Small Shelter System, produced by Alaska Structures and widely used by the U.S. Army. Designed to meet the specifications of the U.S. Special Operations Joint Base Program, these tents are sometimes referred to as "Bare Base Housing Systems."
- 37 Haynes* interview, 2 November 2018.
- 38 SORT-B AAR.
- 39 Haynes* interview, 12 October 2018.
- 40 Haynes* interview, 2 November 2018.
- 41 Givens interview.
- 42 SORT-B AAR.
- 43 Email from Lucas Haynes* to Christopher E. Howard, "SUBJECT: Follow Up," 3 November 2018, USASOC History Office Classified Files, Fort Bragg, NC.
- 44 SORT-B AAR.
- 45 Haynes* interview, 2 November 2018.
- 46 Haynes* interview, 2 November 2018.
- 47 Haynes* interview, 2 November 2018.
- 48 Haynes* interview, 2 November 2018.
- 49 Haynes* interview, 2 November 2018.
- 50 Haynes* interview, 2 November 2018.
- 51 Haynes* interview, 2 November 2018.
- 52 Haynes* interview, 2 November 2018.
- 53 Haynes* interviews, 12 October 2018 and 2 November 2018.
- 54 Haynes* interview, 12 October 2018.
- 55 Craig T. Burns*, interview with Christopher E. Howard, 31 October 2018, USASOC History Office Classified Files, Fort Bragg, NC, hereafter Burns interview.
- 56 Burns* interview.
- 57 Burns* interview.
- 58 SORT-B AAR.
- 59 Haynes* interview, 2 November 2018. **CPT Haynes* noted that the seminars increased access to the local community and to influential senior clergy, in particular, who hosted the medical training at their facility in Nzara.**
- 60 Haynes* interview, 12 October 2018.
- 61 Givens interview.
- 62 Givens interview.
- 63 Givens interview; Haynes* interview, 2 November 2018.
- 64 Givens interview.
- 65 Haynes* interview, 12 October 2018.
- 66 Haynes* interview, 2 November 2018.
- 67 Burns* interview.

Special Operations Resuscitation Team Sidebar Endnotes

- 1 Additional Skill Identifier (ASI) "W1" awarded upon graduation from the Special Operations Combat Medic Course at the U.S. Army John F. Kennedy Special Warfare Center and School.
- 2 Lucas T. Haynes*, interview with Christopher E. Howard, 12 October 2018, USASOC History Office Classified Files, Fort Bragg, NC.

Roles of Medical Care Sidebar Endnote

Joint Publication 4.02: *Joint Health Services* (Washington, DC: GPO, 2017), GL-13. It can be found on the internet at the Joint Doctrine Library, http://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp4_02ch1.pdf?ver=2018-10-10-113551-603, accessed 01 November 2018. See also: Headquarters, Department of the Army Field Manual 4-02: *Army Health System*, (Washington, DC: GPO, 2013), 1-8 to 1-10.

SORT medic observing UPDF medics.

