

Amputee Soccer and Prosthetics:

El Salvador Scores National PSYOP Victory

by Charles H. Briscoe



HELPING the government end the eleven-year war in El Salvador was the major COIN (counterinsurgency) success story for Army special operations forces after Vietnam. Congress imposed severe limitations (“55 Man Rule”) on the training efforts of U.S. Military Group–El Salvador, and the American role was not a popular one. The fast-growing, around-the-clock news agencies focused U.S. national attention on the negative aspects in their eagerness to win audiences and gain commercial advantage. El Salvador, a developing nation, was the smallest country in Central America with the largest population.

Its neighbor Nicaragua had fallen to Sandinistas in 1979, and was being supported by Cuba and the Soviet Union. In the 1980s, COIN was considered a “bad word” because the Army leadership in Washington was trying to bury Vietnam. Thus, lukewarm would be a polite description of how the ARSOF mission in El Salvador was accepted and supported by the Fort Bragg commanders during the war. However, all the negatives became the impetus to challenge special operations majors and below to insure that the American military contribution enabled the government to survive in El Salvador. The following article explains how the results of the war had positive impacts on veterans and civilians that could not be refuted by rebellious FMLN (*Farabundo Marti National Liberation Movement*) because they had perpetrated the damages.

The *Veritas* 2:1 article, “*Los Artefactos Explosivos Improvisados*: Spanish for IEDs (Improvised Explosive Devices),” discussed field expedient explosives and mines that were employed by the FMLN during the eleven-year war in El Salvador. Loss of limb casualties, Salvadoran military and civilian, from mines called *quita patas* (foot poppers) and IEDs numbered nearly 10,000 in 1990. In 2003, Colombia had the third largest number of mine victims in the world (Afghanistan and Cambodia were first and second respectively). While land mine use in other countries has dropped significantly, more IEDs and mines are being used now in Colombia than ever before. In the first

three months of 2005, one of every three soldiers killed in Colombia was a mine or IED victim.¹

The purpose of this article is to explain how U.S. Military Group–El Salvador (MILGP-ES), Army “trainers” (military and civilian), and the Salvadoran military dealt with loss-of-limb casualties at all levels and to show the impact that rehabilitation programs had afterward. The Salvadoran military ranks were filled by one-year national service conscripts from poor rural areas (*campesinos*) who were barely literate. “Home away from home” during national service was the regional military barracks (*cuarteles*). Most ambulatory battlefield casualties were returned to their *cuarteles* after hospital treatment to live until the end of their national service. Only the capital city, San Salvador, had hospitals during the war; space was reserved for initial recuperation from surgery and multiple amputees. Veterans missing a leg came back to their *cuarteles* on homemade crutches to await construction of prostheses.

Tactical commanders faced dilemmas: the armless and legless veterans continued to be carried on the rolls negating replacements; combat requirements never subsided during the war; the limbless veterans’ presence was bad for morale because they represented



El Salvador national seal



Unofficial U.S. Military Group–El Salvador scroll patch

the physical price of war; no medical specialists were in the provincial *cuarteles* to promote physical therapy; and the limbless, unable to contribute much to the mission, suffered serious morale problems while languishing about the *cuarteles*. The primary focus of Salvadoran commanders was fighting the war. Working the issue of the amputees fell by default to the American trainers and the USMILGP staff. The assigned medical service corps staff officer, Army Lieutenant Colonel Fred A. Thill, coordinated orthopedic surgery assistance and follow-on long-term prosthesis help with the Army Surgeon General, Walter Reed Army General Hospital in Washington DC, and Brooke Army Medical Center in San Antonio, Texas.

Specifically, Thill was arranging two-week TDY (temporary duty) rotations of orthopedic and emergency medical personnel to El Salvador. The sheer volume and variety of limb injuries caused by battle provided a ready-made advanced trauma learning center for orthopedic doctors. This opportunity had not been available to U.S. Army physicians since the Vietnam War. During one of these trips, Thill came across a possible solution to fill the four–six months gap between orthopedic surgery and the construction of a prosthetic.

An Associated Press (AP) article in the San Francisco *Examiner* covering an amputee soccer league organized in Seattle, Washington, got the proverbial “ball rolling” for a different *fútbol* in El Salvador. Lieutenant Colonel

Leonard I. Cancio, an occupational therapist on a medical mobile training team (MTT) assigned to work with the amputees at the military hospital, felt that the opportunity to play the national sport of El Salvador could motivate the veterans, restore lost dexterity, strengthen upper bodies, and help these young war victims (mostly fifteen to nineteen year olds) regain confidence in themselves and their future by “doing something meaningful and fun.”² In early 1986, Cancio wrote a letter to Bill Barry, the Seattle league organizer and coach, to obtain the rules.

Barry—an inter-collegiate soccer champion and, captain of the premier state league team for

founded Amputee Soccer International.⁴ The USMILGP in El Salvador had discovered a goldmine in Barry. Now, Thill had an all-encompassing medical program that addressed the physical and mental issues of military IED victims. But the progress in prosthetics and rehabilitation was slow until an Army civilian prostheticist from Walter Reed accompanied a medical MTT to El Salvador.

James W. Cloud from Pemberton, West Virginia, was what was needed to “kick start” the prosthesis and rehabilitation program among the veterans and medical staff in the armed forces of El Salvador. Cloud had lost both legs, the right leg above and the left leg below the knee, as a fourteen year old trying to “hop a rolling gondola car” to steal coal for his needy family. That 21 October 1953 night radically changed the life of the high school dropout. Relegated to Morris Memorial Hospital for Children in Milton, West Virginia, Cloud learned to walk on prosthetic legs as he pushed child polio victims in wheelchairs. His father’s coal miners union had paid for this first pair of legs.

However, hallways and sidewalks did not build strength and balance, both of which were needed to climb the hills to reach his house back home. And he had to climb high school stairs when he returned. Cloud said, “It takes a year for an amputee, who really works at it, to learn to walk confidently, as he had before and where he had before—on all surfaces, steps, and over all terrain.”⁵

After high school, Cloud began a four-year apprenticeship in prosthesis construction at the West Virginia Vocational Rehabilitation School. The program director, Fred Thompson, thought that he might make a good “leg” man. He then worked for several years at the J.E. Hanger Company, today’s premier prosthetic manufacturer. Within ten years of his accident, the young West Virginian was a “leg man” at Walter Reed Army Hospital, just prior to the peak of the Vietnam War with its plethora of arm and leg injuries.⁶

The Vietnam War “jump-started” Jim Cloud’s career when he became lead prostheticist on the amputee surgical-rehabilitation-recovery team at Walter Reed. He



Seattle Sounders soccer team logo



Vancouver Whitecaps soccer team logo



Medical Mobile Training Team insignia

Amputee Soccer Rules in addition to FIFA Rules

1. No one is allowed to intentionally strike or direct the ball with their crutches, or residual stump, in any way.
2. Throw-ins shall be replaced with kick-ins.
3. Goal keepers shall not be permitted to leave the Penalty Area.
4. The referee’s judgment regarding the facts of the game shall be final.
5. Games will consist of four 12-minute quarters with 2-minute quarter breaks and a 5-minute half-time break.³

eight years, and former director of operations and general manager of the Seattle *Sounders* and Vancouver *Whitecaps*—had organized Seattle’s Amputee Soccer Team and

demonstrated the value of getting the prosthetics specialist involved before, during, and after surgery. That way he knew what he had to work with from the beginning, instead of having to rely on X-rays and descriptions by the orthopedic surgeons afterward.⁷

His reputation for practical prosthetic solutions, based on his personal experiences, was why Cloud was asked to build a prosthetic leg for the president of Peru, Juan Velasco Alvarado. While the United States was deeply involved in Vietnam, Peru had accepted large military arms packages and training teams from the Soviet Union and had been sending pilots to American and Russian flight schools. However, despite the best efforts of Soviet bloc prosthetic specialists, the Peruvian president could not walk properly.

Cloud took a very direct approach. After introductions to President Velasco, the Chief of Orthopedics at Walter Reed, Colonel George I. Baker, was taken aback when Cloud hiked up his trouser legs to reveal his artificial legs. But, Baker was flabbergasted when the feisty West Virginian said, “*Por favor,*” stooped, and quite matter-of-factly pulled down the pants of the Peruvian chief executive and began to examine his stump, prosthesis, and body harness construction. When he was satisfied with his examination,

Cloud pulled up the trousers of the president, nodded, smiled, and said matter-of-factly, “Please tell the President that I can build him a top-notch leg that will allow him to walk properly instead of having to swing his leg around to the side (like “Marshal” Matt Dillon’s deputy Chester Good in the television series *Gunsmoke*).” And, Cloud succeeded . . . much to the chagrin of the East Germans, Russians, and Cubans who had failed.⁸ In 1985,

he took a similar

approach with Salvadoran amputees with the help of one of his earliest Vietnam War patients, a Special Forces sergeant named Carlos Parker.

Master Sergeant Carlos Parker, 3rd Battalion, 7th Special Forces Group, Panama, and Jim Cloud had become close friends over the years. Parker had lost a leg as the



Jim Cloud in the president’s wheelchair with General Velasco Alvarado after he walked without crutches wearing his new Cloud-built leg.

South Carolina reconnaissance team leader in CCN (Command and Control North), MACV-SOG (Military Assistance Command, Vietnam, Special Operations Group) on 7 September 1969.⁹ It was no surprise to either that both had work to do in El Salvador. Speaking no Spanish, Cloud enlisted his friend to accompany him on his first visit to the amputee wards in the *Hospital Militar*. The Peruvian-born Parker readily agreed.¹⁰

However, it would take more than language skills to gain the attention of the Salvadoran amputees in the military hospital. Realizing that his Spanish-speaking friend Parker was being ignored by the amputees, Cloud bent over and began rolling up his trouser legs to clearly reveal his prostheses and told Parker to do the same. Then, the two friends proceeded to walk down the narrow aisles between the beds in the very crowded wards. When the two “*gringos mecánicos*” reached the end of the second amputee ward, the “Pied Pipers” had an eager, interested following of amputees behind them.¹¹ The “*gringos mecánicos*” had gotten the attention of the Salvadoran veterans and Cloud knew that he could help these young men “get on with their lives.” However, medical facilities in the smallest of the Central American countries were quite limited.¹²

While the heaviest fighting occurred during the 1980s, El Salvador was then, and still is today, a developing country. It is the smallest country in Central America and has the largest population in the isthmian region. During the war El Salvador only had two major hospitals, both in the capital, San Salvador. The *Hospital Militar*, the older and smaller of the two, was originally built to house 300 patients. At the height of the war in the fall of 1989, more than 2,000 wounded soldiers were jammed into that facility; the overflow was housed in the likewise-crowded civilian hospital—the only advanced medical care facility available to the entire Salvadoran populace. Beds in the military hospital wards were jammed together with a narrow aisle down the center. It was not uncommon for two amputees to share a bed.

Recall the Civil War movie scenes of the Confederate hospitals in Richmond and Atlanta (*Cold Mountain* and



General Juan Velasco Alvarado, President of Peru, standing with Canadian arm crutches next to Jim Cloud before receiving his new prosthesis.

Gone with the Wind). Then, to compound those visions, remember the early Federal Army field surgery scene in *Dances with Wolves* where amputated arms and legs, thrown out the open operating room window, formed a large, gruesome pile. Unbelievable as that might seem, that was reality at the *Hospital Militar* in San Salvador during the 1980s. “You detected the smell of blood, carnage, and death almost two blocks away,” remembered Major Cecil Bailey, former USMILGP operations officer.¹³ The hospital for the civilian public, the Rosales Hospital, was not much better. It had been described as “a deteriorated facility that owes more to the 19th century than to the 20th” by a Baltimore *Sun* reporter.¹⁴ (See sidebar for a comparison with the state-of-the-art U.S. Army amputee treatment facilities). Fellow soldiers administered emergency field medical treatment and evacuation to San Salvador was primarily by truck.

The Salvadoran infantry brigades and battalions did not have assigned doctors. Better-educated soldiers were trained by Special Forces soldiers to be emergency field medics. These men would do initial medical treatment and evacuate the wounded back to the *cuarteles*. There, the senior “medic” would triage them and telephone the nearest civilian doctor on government contract to come to the *cuarteles* as soon as possible. The vast majority of the evacuations to the *Hospital Militar* in the capital—from infantry brigades and by separate battalions—was done by ground transport.

While the El Salvador Armed Forces had a small fleet of UH-1 Huey lift and attack helicopters (about twenty) that could be used for air medical evacuations, medical evacuation was not a high priority. And, the helicopter operational ready rate rarely surpassed 70 percent. After combining all these elements, a serious shrapnel [improvised explosive device (IED)] or gunshot wound to an arm or leg incurred outside of the capital usually led to an amputation—gangrene, infection, etc. While accepted as normal by Special Forces soldiers experienced in the developing world, the situation in El Salvador was far worse than Vietnam where air medical evacuations were routine. MASH (mobile army surgical hospital) units were located in every province, Army field hospitals were centrally located, and Navy hospital ships rotated in-and-out of Cam Ranh Bay. Such was not the case in El Salvador because the American military was limited to the “fifty-five man rule” by Congress. Under that mandate, U.S. trainers had to accomplish their mission within the capabilities of the El

Salvador government. This constraint forced the Army Prosthetic Mobile Training Team to work in the crowded confines of the *Hospital Militar*.

Available space to house a prosthetic construction shop and a rehabilitation clinic was limited. Thus, the two elements were colocated in the mortuary. Because city funeral homes (*funerarias*) daily removed the war dead from the hospital, this area was available. During his initial assessment, Jim Cloud found the morgue in a dingy green building “filled with metal lathes and sledge hammers out the ‘kazoo.’ Sanitation was really bad and the pungent smell of urine dominated. Many amputees wore diapers. Bandages were sorely needed. There were a lot of gangrene cases; Band-Aid-type wounds often killed. Sanitation was not a priority. It was pitiful and put a lump in my throat the size of a softball because they had no help.”¹⁵

Still, he believed that he could do something for these men. First, the Salvadoran victims needed smaller than U.S.-standard feet for their prosthetics and simple rather than sophisticated solutions were needed. Second, surgical, prosthetic, and therapy staffs had to work together. Not all amputations had to be radical—above the elbow or knee; American orthopedic surgeons like Colonel Hudson Berry at Walter Reed could train Salvadorans to do the Symes (leaving the heel bone) and other procedures that kept joints intact. Cloud’s “down-to-earth” assessment of needs and solutions that would work in

Brooke Army Medical Center shares the mission of optimizing care for patients with limb loss with Walter Reed Army Medical Center. Lieutenant Colonel James R. Ficke at Brooke was a member of the fifteen-person Amputee Center team that operated a gait laboratory and other rehabilitation equipment. “The center, typically, has about ten outpatient clients at any one time with another ten to fifteen outpatients who are continuing their treatment. The primary mission of the Amputee Center is to get soldiers back on their feet and, in some cases, back to duty. This has been facilitated by the use of both state-of-the-art prosthetics and rehabilitation.”¹ U.S. Army amputees leave the hospital wearing at least one state-of-the-art prosthetic (\$30,000) and two spare prosthetics per limb.² Contrast this with the photo of a Salvadoran military amputee with his “state-of-the-art” prosthesis.



Salvadoran military amputee with a Tinker Toy-like prosthesis in the late 1980s.

Photo courtesy of J. Cloud

- 1 Chris Wolski, “Operation Iraqi Freedom: Over Here: The war in Iraq is providing challenging cases for military orthopedists, both in the field and at home,” *Orthopedic Technology Review*, Vol. 6 No. 5, July/August 2004, www.orthopedictechreview.com/issues/julaug04/pg16.htm.
- 2 James W. Cloud, interview by Dr. Charles H. Briscoe, 29 December 2005, Lanham, MD, digital recording, USASOC History Office Classified Files, Fort Bragg, NC.

El Salvador helped LTC Thill begin networking military and civilian medical systems and recruit orthopedic specialists for humanitarian work as well as solicit prosthetic support from private companies in the United States.¹⁶

Accelerated prosthetic specialist training programs complemented the renovation of the rehabilitation center and accumulation of prosthetic tools and equipment. In lieu of a six-year apprenticeship program typical in the United States, the first six Salvadoran trainees completed an accelerated course in eighteen months. Another twelve students started training in September 1986. Among this



Photo courtesy of J. Cloud

Jim Cloud with the first graduates of the accelerated prosthetic technician course.

group were amputees. “Before, all they had to construct prosthetics was heavy plastic, pieces of pipe, or wood. The men were carving their own legs. These expedient prostheses would last maybe two or three months before they started failing. The small lab could not keep pace with the casualties making only sixty devices a month,” said Thill.¹⁷ A thousand soldiers and more than six hundred civilians were still waiting for a prosthesis.

For the average Salvadoran civilian, the cost of artificial limbs (\$120–\$300) was too great and the wait too long. Daily life with its many responsibilities continued, and these people made do with crutches and homemade plaster and hand-carved wooden legs.¹⁸

In 1986, the military prosthesis workshop had only built eighteen artificial limbs. The two private factories in San Salvador were several months behind on orders for patients who could afford them according to a U.S. Agency for International Development (USAID) report. USAID, working with various Salvadoran civic groups, planned to dramatically increase the funding, distribution, and fitting of “Third World Limbs”—prefabricated, adjustable, prosthetic devices developed in the United States.¹⁹ Designed by Americans, these pre-fab, artificial limbs required significant modification to fit the much smaller Salvadorans—from arm and leg lengths to hand and foot sizes. Joints not protected against water quickly eroded in the humidity and rainy seasons common to Central America.²⁰ In the midst of resolving these difficulties, LTC

Thill’s second front against the amputee problem, rehabilitation and improving morale, moved from the informal recreational pastime of a few veterans into the established rehabilitation program.

With a translated version of amputee soccer rules from LTC Thill, the recreation director of the *Hospital Militar* officially “got the ball rolling.” He solicited funds from the officers wives club for uniforms and soccer balls. Thill special-ordered Canadian “forearm” crutches. Fourteen soldiers with lower extremity amputations and one with an upper extremity amputation (goalie) were selected. Initially, the veterans hesitated, but once they saw that they could handle the ball, they took turns passing and dribbling. Smiles appeared and laughing began as everyone struggled to become a “player” again.²¹ And the initial volunteers quickly acquired a growing audience of other amputees. Before the Canadian crutches arrived, the young men used their own handmade wooden crutches and team practice sessions quickly escalated from an hour to as many as six hours . . . to the extent of severely bruising underarms and injuring good limbs.²² As the team’s proficiency improved the spirit of competition grew. It was the Army medical MTT that challenged the

Special Forces on the Operational Planning Assistance Training Team (OPATT) assigned to the ESAF 1st Brigade (*La Primera Brigada*) to field an amputee team to play against the hospital.²³ It quickly became a media event for the ESAF and hundreds of soldiers cheered their friends. The personal endorsement of the Salvadoran Minister of Defense Colonel René Emilio Ponce insured ESAF support. And, as a good friend of Lieutenant Colonel Dr. Gilberto Rivera, *Hospital Militar*, Ponce and the American ambassador, David B. Dlouhy, attended to award medals to the game winners.

The soccer match proved to be very intense. Most players were young men, seventeen to twenty years old, and the teams had developed considerable pride in their abilities. A last minute supply run provided the hospital team with forearm crutches. This gave them more mobility, but the 1st Brigade players were determined. As bodies collided and crutches were lost, one forward hopped on one leg, forcing the ball towards the goal.²⁴ Major Cecil Bailey described the competition as “a thing of awe.”

Those guys could probably have held their own against non-handicapped players. The veterans were aggressive, fast, agile, and frankly—with the crutches—quite dangerous. If you could do it with a leg, they did it with crutch-



Lieutenant Colonel Fred Thill, USMILGP-EI Salvador Medical Service Corps MTT Coordinator.



ESAF 1st Brigade crest



A Salvadoran amputee soccer team captain leads the charge down-field in 1984.



José Vladimir "Rambo" Melgar Maravilla was wounded on 11 April 1986 on the Guazapa volcano during Operation FENIX.



CENPROFA Hospital Militar player smiling proudly after receiving the first victory medals awarded amputee soccer players in El Salvador.

Photos courtesy of W. Barry

es—which might break, but did not bleed or require healing. They showed each other no mercy on the field. The crutches were both transportation and weapons—the rules were loose. Conjure up your own image of a man with one leg and two crutches moving at a full sprint coming towards you. It was that intense.²⁵

In the end, the hospital team's star player, nicknamed "Rambo," José Vladimir Melgar Maravilla, scored the winning goal. A landmine cost Rambo his leg on Guazapa volcano on 11 April 1986 during Operation Fenix. That was two months before his twentieth birthday. Coach Bill Barry, the standard bearer for the program, described Rambo as "lightning fast, a blistering shot, who always played 'balls out,' and who probably soldiered the same way."²⁶ Though only the Hospital Militar players received medals, both teams celebrated afterwards—everyone had won. An Amputee Soccer League had been born in the midst of war-torn El Salvador.²⁷

A Betamax videotape of that first amputee soccer game in El Salvador was made. LTC Thill sent a copy to Bill Barry to thank him for the idea. The tape revealed "two things: first, it showed the U.S. Army's concern for El Salvador, and second, the Salvadoran soldiers' attempts to overcome physical handicaps." Thill's last sentence in his 21 July 1986 thank

you note to Barry said, "I hope we can someday play a match between our two countries," further energized an already enthusiastic soccer coach and teacher.²⁸

With the support of the U.S. Embassy, the ESAF Commander, and the USMILGP interest throughout the armed services, Bill Barry, as a volunteer, conducted amputee soccer clinics in *cuarteles* all over El Salvador, carrying fifteen sets of donated, used Canadian crutches in duffle bags along with a bag of soccer balls from brigade to brigade, accompanied by the CENPROFA (*El Centro de Rehabilitación de la Fuerza Armada*) personnel. Barry quickly became known as *Doctor Fútbol*. As the program escalated, morale in the brigades—soldiers and amputees—improved and the publicity spread nationwide. The Amputee Soccer program proved to be a PSYOP success story that the FMLN could not refute . . . because



Dolores "Dee" Malchow controls the ball against a Caldwell Banker player on 13 August 1983. Games against able-bodied soccer teams reminded players and observers how exciting and physically demanding the game was. Media coverage brought the sport into a more mainstream environment.

they were responsible for it. The rehabilitation effort transcended sports and politics that could not be argued against.²⁹ Still, the FMLN persisted with land mine warfare.

By April 1987, the landmine [called the "popular armament" (*armamento popular*)] campaign started by the FMLN rebels had made amputees of 2,000 Salvadorans, 25 percent civilians. "Radio Venceremos openly acknowledged responsibility for indiscriminate land mine warfare, declaring it to be an integral part of their revolutionary strategy. It works. The only problem is that a mine cannot tell the difference between a six-year-old child and an armed combatant."³⁰ Small as they were, the prosthetic and orthopedic surgery MTTs were making progress and garnering considerable outside support. But, amputee soccer had become an even greater success.

Since Bill Barry had organized Amputee Soccer International, an annual international tournament had evolved. As the Salvadoran players competed for positions on a national team with hopes of playing in the 1987 World Cup, it was Barry who organized the competition and arranged the financial support and logistics that would bring the Salvadorans to his home city, Seattle, Washington. This was the venue for the first three international



Bill Barry, "Doctor Fútbol," observes amputee soccer practice.

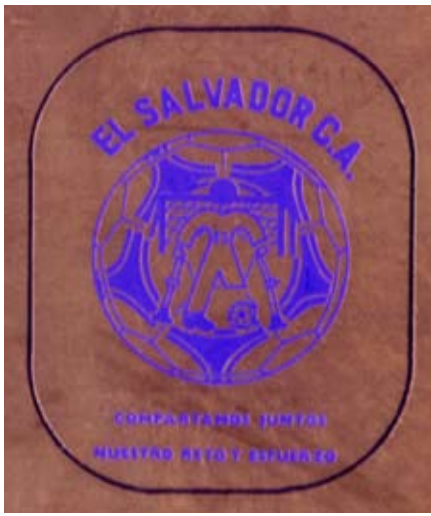


Salvadoran veteran amputees practice fútbol dribbling.



Salvadoran veteran amputees "shooting."

Photos courtesy of W. Barry



CENPROFA logo

the military prosthesis clinic, and the amputee soccer program for several years.³² Thus, in August 1987, the Salvadoran All-Star team was able to compete in the World Cup Challenge Tournament in Seattle.

The 1987 World Challenge Cup U.S.A. tournament for Amputee Soccer International took place 5–7 September 1987, Labor Day weekend. The Championship game was played at Shoreline High School Stadium on the last day. Four American teams (Seattle, Portland “Team Oregon,” “C.W. Hoggs” from Idaho, and the Los Angeles “Orthomedics”) joined two Canadian (Calgary and the Vancouver “Unipeds”) groups to compete with the Salvadorans. According to Dolores “Dee” Marchow, a member of the Seattle team, “the Salvadorans were young, fast, and very smooth, determined athletes. Soccer was their national sport and all played from an early age. They were half our age, but were real gentlemen in the game.”³³ Nightly, the Salvadoran contingent was hosted by the local Salvadoran community, the Seattle Amputee Soccer Club, and

Bill Barry.³⁴

The Salvadoran All-Stars won the 1987 World Challenge Cup tournament. The players were ecstatic. The game of soccer had restored esteem, sense of dignity, pride, self-confidence, and given purpose to their lives after being maimed by the war as young men. These Salvadoran amputee veterans had demonstrated on the playing field how much was possible.³⁵

The team’s triumph at the World Cup in Seattle spread like wildfire in El Salvador. When the Salvadoran team returned home they were met at Ilopango Airport by nearly twenty thousand people who had braved the precarious twenty-mile

drive (the FMLN dominated the countryside) from the capital to cheer the victors. The spontaneity of this gesture demonstrated that the people of El Salvador had regained hope—there was life after war.

While the Salvadoran amputee veterans would win the World Challenge Cup twice more (1988 and 1989), it was the 1987 victory that restored real hope to the casualties of the war. The publicity surrounding the Salvadoran military team victory prompted an expansion of the soccer program to include civilians, increased international interest in helping amputees in the war-torn country, and prompted a commemorative postal stamp.³⁶ Popular sports writer Carlos Guillermo “Chiqui” Fernández of *El Diario de Hoy* in San Salvador, who publicized the program’s progress from a competitive, sporting viewpoint, rather than a humanitarian activity, garnered very strong support from the public. By 1990, national teams from seven nations were fielded for the World Cup: the United States, Canada, Guatemala, Brazil, England, the Soviet Union, and El Salvador.

When the Soviet Union hosted the 1991 challenge, official American funding for Salvadoran participation could not be provided. However, President Alberto Cristiani had become a staunch supporter by then and the Salvadorans competed and placed second.³⁷ In April 1991, the ESAF capitalized on the negative PSYOP aspect of an FMLN bombing attack against 1st Brigade while it hosted the national team preparations for the World Cup in Russia.³⁸ Though soccer dominated the limelight, progress continued to be made in the local manufacture of prosthetics.

From 1986 through 1992, Jim Cloud spent two to three months a year TDY working in El Salvador. The original “tree of death” in the rehabilitation clinic courtyard on which the amputee veterans had hung their broken, worn out, and first-generation prosthetic limbs had been replaced by a massive heap of discarded hand-carved wooden crutches and makeshift canes. With classes of twelve prosthetic specialists graduating semi-annually the waiting period for artificial limbs in the *Hospital Militar* had been reduced to two months . . . the normal amputation healing time . . . and sanitary conditions had greatly improved. By then, LTC Fred Thill had rotated; his replacement, Lieutenant Colonel Teofilo Ortíz, carried on the great effort.

Fortunately for Salvadoran veterans, Jim Cloud came to believe in 1953, that his purpose in life was to help “his amputee brothers” deal with their circumstances.

A prosthesis is an acceptable necessity. Regardless of how good the technology gets, it will never be comfortable . . . it will be simply more bearable. You want to ‘kick your shoes off’ and relax, but you cannot. The time for full recovery—about ten years—is not unreasonable because it is mental and physical,” reflected Cloud. “*What must be remembered is that amputee health care is continuous.*”



Photo courtesy of W. Barry

El Salvador wins the world championship again!!



Photo courtesy of W. Barry

The El Salvador National Team after winning the 1987 Amputee Soccer World Challenge Cup in Seattle, Washington.



World Challenge Cup logo



Photo courtesy of J. Cloud

Jim Cloud and chief Salvadoran prosthesis technician in the patio of the shop with the "tree of death" behind them to the left.

Prosthetics break down from wear, weather, and living conditions and aging affects leg and arm stumps as well as strength and balance. Even here in America, our Veterans Administration medical system lacks the capability to sustain artificial limbs. So, for countries like El Salvador, prosthetics and stump socks have to be inexpensive, readily available, and tough enough to withstand rural life in the countryside . . . much like living in the hills of West Virginia . . . not our large cities with paved streets, sidewalks, and handicap ramps everywhere.³⁹

The lasting effects were substantial in El Salvador. Disabled veteran treatment after the Salvadoran eleven-year war with the FMLN rebels was radically different than that provided to veterans after the war with Honduras in 1969. Then, disabled veterans were given a one-time severance payment like the stipend given to widows who had proof that their husbands had died in action. Prosthetic access and medical care for veterans were the same as that given all bonafide citizens. But, eleven years of war instead of the three months in 1969 had created an enormous veterans population.

The publicity accorded the amputee soccer program raised awareness at all levels. The ESAF medical department developed a scaled veterans pension plan based on disability levels, arranged occupational and vocational training for disabled veterans (much like the US Army "Project Transition"), and continued medical care.⁴⁰ These ESAF and government initiatives prompted the FMLN to add a vocational training proviso in the peace negotiations as well as a severance and disarmament stipend and the typical parcel of land.⁴¹

The humanitarian initiatives to treat IED/land mine victims in El Salvador are viable for Afghanistan, Iraq, and Colombia today. Soccer is the most popular sport in Colombia. Sports, since the end of the Cold War, are regarded as apolitical. Since the FARC in Colombia, like the FMLN in El Salvador, is responsible for employing field expedient explosives or IEDs against the Colombian armed forces and police, the collateral damage to civil-

SFC Carlos Parker

SERGEANT Major (Retired) Carlos Parker has been a Department of the Army civilian in USASOC G-8 Force Development since 1989. As the 3rd battalion, 7th SFG S-3 Operations Sergeant from 1980–1984, Parker planned the deployment of the initial Special Forces ODAs to El Salvador. While the 7th SFG S-3 Operations sergeant major, he had a major part in planning and organizing the training of the Belloso battalion at Fort Bragg, creating the Regional Military Training Center in Honduras, and the basic training center in El Salvador. After an Army National Guard artillery beginning in 1956, Parker was a border scout in the 14th Armored Cavalry Regiment in Germany, a reconnaissance platoon scout with the 3rd Battalion, 508th Infantry (Airborne) in Panama during the 1964 riots, and a communications chief in the 77th Field Artillery Battalion with the 11th Air Assault airmobile tests at Fort Benning, Georgia, before going to Vietnam with the 1st Cavalry Division. After being a drill sergeant at "Fort Lost in Woods" (Fort Leonard Wood), Parker volunteered for Special Forces in 1967.



Sergeant First Class Carlos Parker with reconnaissance team "South Carolina," CCN, MACV-SOG, in Kontum, Vietnam, before he lost his leg. To the right is Master Sergeant Carlos Parker, 7th SFG, in El Salvador.



Photos courtesy of C. Parker

ians is quite high. All government-sponsored rehabilitative programs—from orthopedic surgery to prosthetics to amputee sports to occupational transitions—that are in response to insurgent-caused casualties are non-refutable PSYOP victories for the regime in power. The sheer numbers of Colombian IED casualties support more specialized medical MTTs like those deployed to El Salvador for more than six years.

The Colombian military has begun supporting rehabilitative efforts for its amputees. On 30 September 2004, three amputee professional soldiers—Diego Mazorra, Federmán Trejos, and Edgar Cardona—summitted the peak of Nevado del Tolima (5,280 meters) in northern Colombia. Cardona had completed the New York and

Miami marathons before the mountain climb. Their accomplishment was publicized in the October/November 2004 issue of *Ejército*.⁴² Imagine how low-cost amputee soccer could benefit the Colombian veterans and people. It did for the victims of *armamento popular* during the Salvador war. Only the setting has changed. The necessity for positive national PSYOP cannot be overemphasized. ♣

This article would not have been possible without the contributions of Ms. Hilda Guerra, former Medical MTT coordinator, USMILGP–El Salvador during the war, and now a Public Affairs Officer, U.S. Embassy, San Salvador, Mr. Bill Barry, El Salvador’s “Doctor Fútbol,” the organizer and founder of Amputee Soccer International, and Jim Cloud, certified prostheticist.

Endnotes

- 1 Jeremy McDermott, “Colombian Insurgency Escalates as Guerrillas Go Back on Offensive,” *James Intelligence Review*, July 2005, 31, and “El Salvador,” Landmine Monitor Report 2005, http://www.icbl.org/lm/2005/el_Salvador.html.
- 2 Leonard I. Cancio, “Rambo,” in Deborah R. Labovitz, ed. *Ordinary Miracles: True Stories About Overcoming Obstacles and Surviving Catastrophes* (NY: Slack Incorporated, 2003), 307.
- 3 Amputee Soccer International 1987 World Challenge Cup U.S.A. program courtesy of Bill Barry, USASOC History Office Classified Files, Fort Bragg, NC.
- 4 Bill Barry, Amputee Soccer International, telephone interview by Dr. Charles H. Briscoe, 30 June 2004, Shoreline, WA, digital recording, USASOC History Office Classified Files, Fort Bragg, NC; Mrs. Dolores Marchow, telephone interview by Dr. Briscoe, 21 June 2004, Shoreline, WA, USASOC History Office Classified Files, Fort Bragg, NC. Mrs. Marchow had become an amputee skier and with some like-minded amputees was looking for an off-season sport. Bill Barry, who was conducting soccer trials at Mercer Island, agreed to develop rules that would insure the safety of the players without being too restrictive. That led to the formation of the Seattle Amputee Soccer Club. It was more about exercise, fun, and camaraderie than serious competition for the older Americans that formed the club. Marchow interview.
- 5 James W. Cloud, interview by Dr. Charles H. Briscoe, 29 December 2005, Lanham, MD, digital recording, USASOC History Office Classified Files, Fort Bragg, NC.
- 6 Cloud interview.
- 7 Cloud interview.
- 8 Cloud interview.
- 9 Sergeant Major (Retired) Carlos Parker, interview by Dr. Charles H. Briscoe, 21 March 2006, Fort Bragg, NC, digital recording, USASOC History Office Classified Files, Fort Bragg, NC.
- 10 Cloud interview.
- 11 Cloud interview.
- 12 Cloud interview; Sergeant Major (Retired) Carlos Parker, interview by Dr. Charles H. Briscoe, 19 January 2006, Fort Bragg, NC, USASOC History Office Classified Files, Fort Bragg, NC.
- 13 Cloud interview; Colonel (Retired) Cecil Bailey, telephone interview by Dr. Charles H. Briscoe, 5 January 2006, Key West, FL, digital recording, USASOC History Office Classified Files, Fort Bragg, NC.
- 14 James Bock, “Quake victim sets courageous example,” *Baltimore Sun*, 14 April 1987.
- 15 Bock, “Quake victim sets courageous example.”
- 16 Cloud interview; Bailey interview.
- 17 Don Harrison, “Crude Land Mines Take Toll in El Salvador,” *Seattle Times*, October 1986.
- 18 Harrison, “Crude Land Mines.”
- 19 Bock, “Quake victim sets courageous example;” Harrison, “Crude Land Mines.”
- 20 Cloud interview.
- 21 Cancio, “Rambo,” *Ordinary Miracles*, 307.
- 22 Lieutenant Colonel (then Lieutenant) Aminta Calixto Romero, *El Centro de Rehabilitación de la Fuerza Armada*, El Salvador Armed Forces, interview by Dr. Charles H. Briscoe and Cecil Bailey, 12 May 2004, San Salvador, ES, tape recording, USASOC History Office Classified Files, Fort Bragg, NC.
- 23 Cancio, “Rambo,” *Ordinary Miracles*, 307.
- 24 Barry interview.
- 25 Cecil Bailey, e-mail to Dr. Charles H. Briscoe, 29 January 2006, subject: ES Prosthesis & Amputee Soccer article, copy in USASOC History Office Classified Files, Fort Bragg, NC.
- 26 Barry interview.
- 27 Cancio, “Rambo,” *Ordinary Miracles*, 307.
- 28 Lieutenant Colonel Fred A. Thill, Humanitarian Mobile Training Team, U.S. Military Group–El Salvador, letter to Mr. Bill Barry, Seattle, WA, 21 July 1986, copy in USASOC History Office Classified Files, Fort Bragg, NC.
- 29 Barry interview; Parker interview 19 January 2006; Bill Barry, Amputee Soccer International, letter to Ambassador David B. Dlouhy, U.S. Embassy, El Salvador, 2 June 1987, copy in USASOC History Office Classified Files, Fort Bragg, NC; Barry letter to Tte. Cnel. Gilberto Rivera, *Hospital Militar*, El Salvador, 3 June 1987, copy in USASOC History Office Classified Files, Fort Bragg, NC.
- 30 Don Harrison, “Crude Land Mines Take Toll in El Salvador,” *Seattle Times*, October 1986.
- 31 Barry interview.
- 32 Honorable John O. Marsh, interview by Dr. Charles H. Briscoe, 25 July 2004, Winchester, VA, tape recording, USASOC History Office Classified Files, Fort Bragg, NC.
- 33 Marchow interview. Mrs. Marchow later made two visits to El Salvador in conjunction with the amputee soccer program.
- 34 Barry interview.
- 35 Steve Christilaw, “World Soccer Cup Offers Players a Real Challenge,” *Seattle Times*, 4 September 1987, Sec. B, 3.
- 36 Major Paul Mouritsen, U.S. Military Group–El Salvador, accompanied the 1987 team to Seattle. There were fourteen military amputee soccer teams in El Salvador in 1987. Unfortunately, the eligibility list kept expanding; he believed that there could be twenty-two teams by the end of the next year. Though started for the military, Mouritsen said that there could be a league just as large for civilian victims, who also walked blindly into mines with tragic frequency. Bob Sherwin, “Soldiers of Misfortune: Amputee league is special help to Salvadorans,” *Seattle Times*, 7 September 1987, Sec. B, 1.
- 37 Barry interview.
- 38 “Muestra artefacto lanzado por el FMLN,” *La Prensa* (San Salvador), 6 May 1991. Members of the FMLN had stopped Bill Barry and TACA Airlines president, Dr. Ernesto Borgo, while en route to an amputee soccer clinic in the countryside, to assure them that the rebels were supportive of his program. Barry listened politely, but admitted afterward that he was just happy that they only wanted to talk. Barry interview.
- 39 Cloud interview. The Salvadoran national healthcare system did not have the infrastructure or resources to adequately address the needs of persons with disabilities. In rural areas access to rehabilitation programs is almost non-existent, and there is a lack of psychological support services. Landmine survivors from rural areas often traveled long distances to reach rehabilitation centers only to be turned away because they lacked basic materials to repair prostheses. “El Salvador,” Landmine Monitor Report 2005, http://www.icbl.org/lm/2005/el_salvador.html.
- 40 Calixto Romero interview; Ex-Minister of Defense, El Salvador, General de la Brigada (Retired) René Emilio Ponce, interview by Dr. Charles H. Briscoe and Cecil Bailey, 13 May 2004, San Salvador, ES, tape recordings, USASOC History Office Classified Files, Fort Bragg, NC.
- 41 Colonel (Retired) Frank Pedrozo, interview by Dr. Charles H. Briscoe, June 2005, Miami, FL, digital recording, USASOC History Office Classified Files, Fort Bragg, NC. The Association of War Wounded of El Salvador (*Asociación de Lisiados de Guerra de El Salvador, ALGES*) criticized the government for suspending the pensions of more than 400 disabled war survivors in December 2004 and January 2005. So all is not going well for the Salvadoran amputee veterans. “El Salvador,” Landmine Monitor Report 2005, http://www.icbl.org/lm/2005/el_salvador.html.
- 42 “Hazaña de tres heroes: Con los pies firmes, sobre las montañas de Colombia,” *Ejército*, October/November 2004, 22–25.