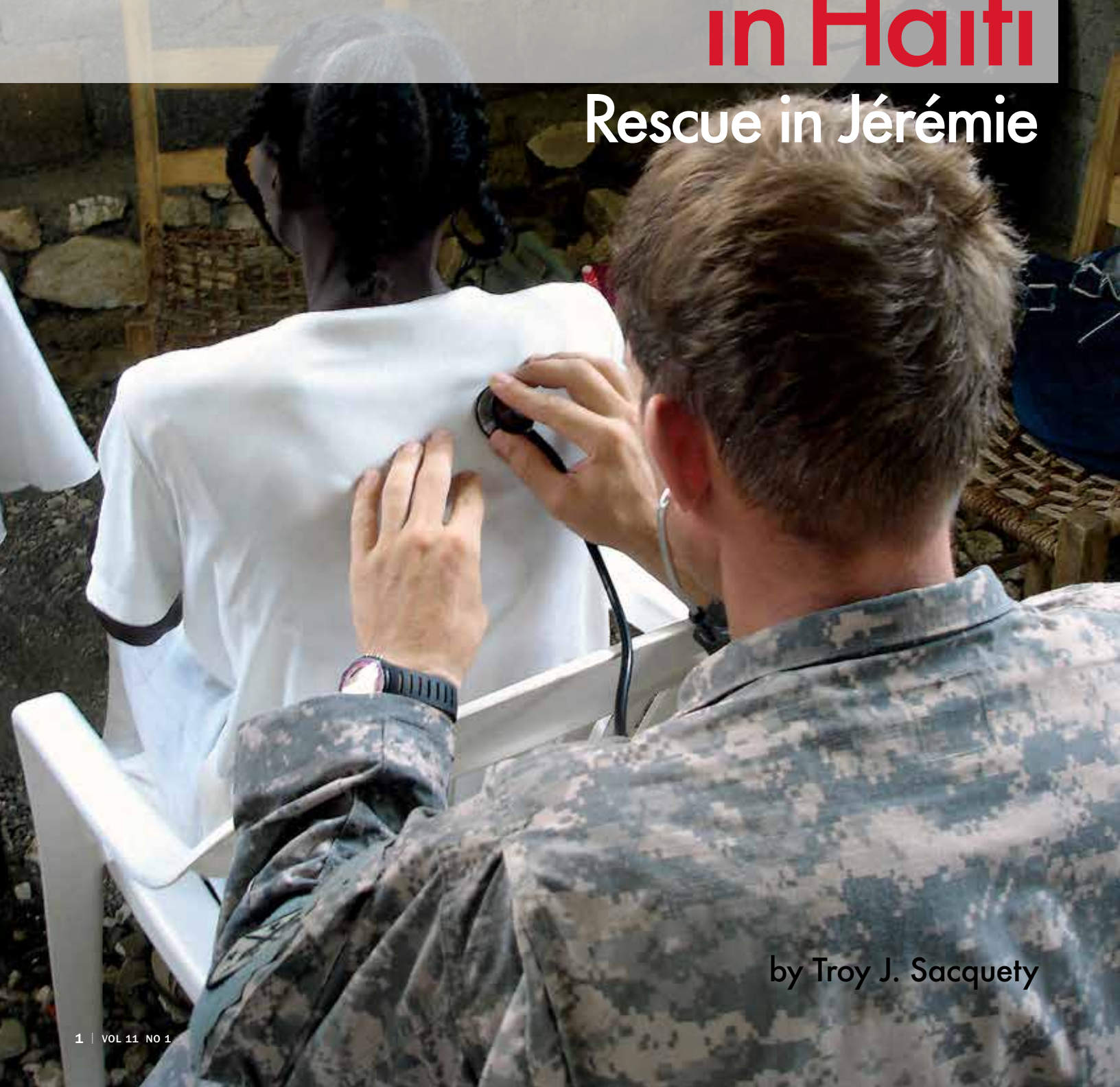




CAT 812

in Haiti

Rescue in Jérémie



by Troy J. Sacquety

**In keeping with USSOCOM Policy, Special Operations Soldiers Major and below and the operational objectives in this article have been given pseudonyms.*

Two months after the catastrophic magnitude 7.0 earthquake on 12 January 2010, members of Civil Affairs Team (CAT) 812 rushed to get a 3-month old girl with a serious infection in her shoulder to the hospital at Jérémie, Haiti. A very frightened mother who could not speak English clutched the child closely. She had nervously climbed into a truck filled with strangers in order to save her child. “She was in life-threatening condition. We had to get her to a hospital as soon as possible—it could not wait,” said Staff Sergeant (SSG) Dave Ost*, the team medic.¹ It took more than an hour of driving over dusty, rutted gravel roads to get to the hospital. The situation highlighted Haiti’s lack of easily accessible medical care and why CA became such a critical Humanitarian Assistance (HA) element in the wake of the 2010 earthquake.

This article details the accomplishments of CAT 812 in Haiti after the devastating earthquake.² Although a small part of the overall ARSOF response to the disaster, CAT 812 demonstrated what CA can bring to the table. In short, because of its focus to act as an intermediary between the U.S. military and civilian populations, CA demonstrated its position as the ARSOF branch most needed for the HA mission in Haiti. It was the element best able to establish goodwill towards the U.S. relief effort in the local Haitian communities.

In the late afternoon of 12 January 2010, a strong earthquake centered about 15 miles to the west of the Haitian capital of Port-au-Prince, caught the country unaware and caused massive destruction.³ Prior to the earthquake, Haiti was already a desperately poor failed state with dire needs. Because it has no construction standards, many structures collapsed in Port-au-Prince and the surrounding areas. While the exact figure is unknown, the death toll estimates ranged from 100,000 to more than 316,000 killed.⁴ The devastation did not stop there.

The earthquake left many survivors homeless. And, due to the numerous aftershocks, many refused to go back inside their houses. These refugees, termed Internally Displaced People (IDP), set up camps on open ground or fled to stay with relatives in outlying areas untouched by the earthquake. The United Nations (UN) and numerous


Non-Governmental Organizations (NGOs) were already on the ground before the earthquake. But they too suffered losses and were unprepared for the totality of the destruction. The United Nations Stabilization Mission in Haiti (MINUSTAH) was already on the ground but nearly a hundred UN peacekeepers were killed in the earthquake, including the civilian head of mission. It could not handle the disaster by itself. Fortunately, the world responded immediately to the ensuing humanitarian crisis.

International aid and money poured in to assist Haiti in its plight, particularly from NGOs and religious groups. Medical and search and rescue teams arrived to pull victims from the rubble. The UN increased its peacekeeper levels in the country, while other countries pledged money and manpower. However, the U.S. provided the largest troop contribution.⁵

Dubbed Operation UNIFIED RESPONSE, Army Lieutenant General (LTG) P. K. ‘Ken’ Keen, deputy commander of U.S. Southern Command (USSOUTHCOM), led the U.S. military humanitarian mission.⁶ In a fortuitous twist, LTG Keen happened to be in Haiti on an official visit during the earthquake. He witnessed the catastrophe firsthand. His personal friendships in Haiti before the disaster made him an ideal candidate for the mission. In addition, he had a long-term bond with Brazilian Major General Floriano Peixoto, who commanded the MINUSTAH forces. This friendship dated to a 1984 exchange program then Captain (CPT) Keen had participated in with the Brazilian Airborne Brigade.⁷ USSOUTHCOM directed LTG Keen to organize Joint Task Force–Haiti (JTF-Haiti) for Operation UNIFIED RESPONSE. JTF-Haiti in turn, worked with the UN MINUSTAH military forces.

Operation UNIFIED RESPONSE involved more than 22,000 U.S. personnel from all services.⁸ After the Government of Haiti requested American assistance through the U.S. Ambassador, Washington agreed to provide peacekeeping forces to assist Haiti with Humanitarian Assistance/Disaster Relief (HA/DR). As the responsible theater command for Haiti, the Commander, USSOUTHCOM, issued the tasking order for forces.⁹ Although facing difficulties in deploying so rapidly, personnel from all the military branches arrived to help Haiti during the crisis.

The U.S. Navy deployed a number of ships, ranging from an aircraft carrier to a rescue and salvage ship, several combat vessels, and a hospital ship to provide shore support

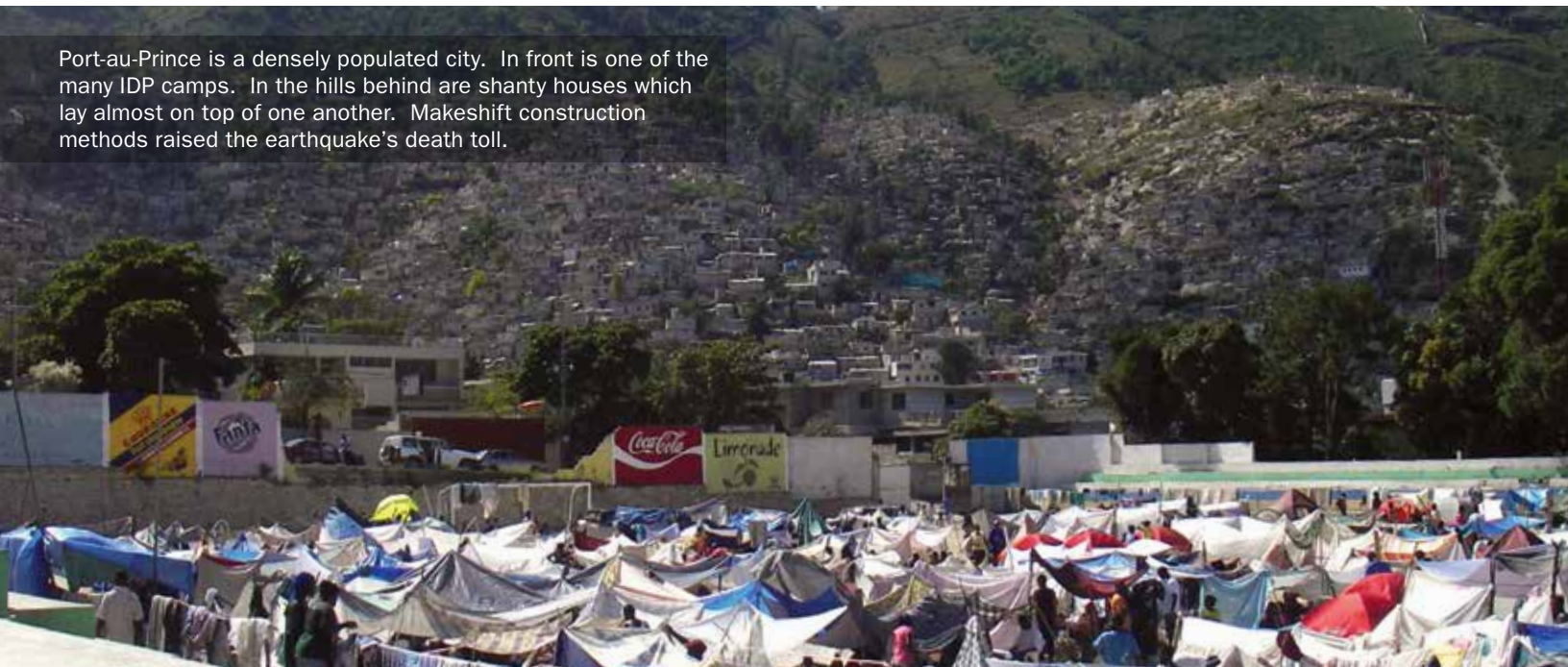


Numerous nations pledged assistance to Haiti in the wake of the earthquake. Japan offered this C-130, sitting on the airfield at Homestead Air Reserve Base, Florida, along with a Disaster Relief Team.

Already a city with dire needs, the 12 January 2010 earthquake devastated Port-au-Prince. As was a common scene throughout the city in the days after, survivors frantically looked for trapped victims in the rubble.



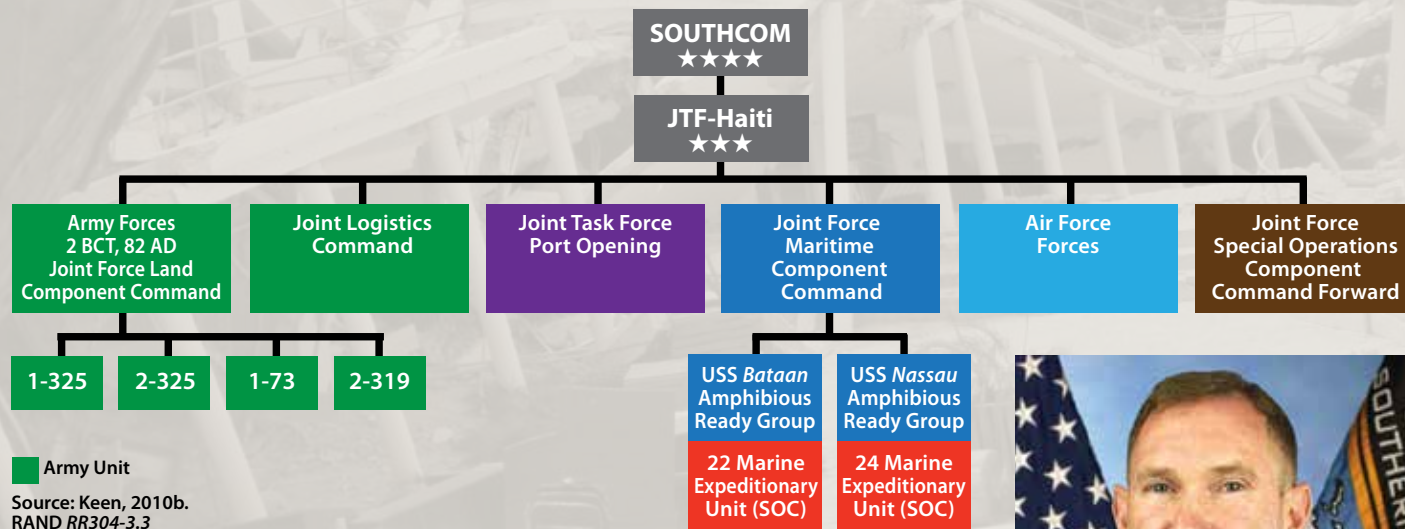
Port-au-Prince is a densely populated city. In front is one of the many IDP camps. In the hills behind are shanty houses which lay almost on top of one another. Makeshift construction methods raised the earthquake's death toll.



For many days after the earthquake, the dead lay on the sidewalks of Port-au-Prince until they could be collected by authorities.



Joint Task Force-Haiti Organizational Structure



LTG P. K. 'Ken' Keen

and medical facilities. The U.S. Coast Guard contributed several vessels including two cutters. The largest ground contingents were the 2,000-man U.S. Marine Corps 22nd Marine Expeditionary Unit (MEU) (Special Operations Capable) (SOC) and 3,000 soldiers from the U.S. Army XVIII Airborne Corps (primarily the 2nd Brigade Combat Team, 82nd Airborne Division). Marines from the 24th MEU (SOC) also participated. These elements provided stability forces, conducted emergency search and rescue, distributed aid, and evacuated U.S. citizens.¹⁰ Special Operations Forces (SOF) also responded to the crisis by providing rapid-reaction elements.

Within days, Special Operations Command-South (SOCSOUTH) sent in a team to control SOF assets in country. It formed the core of Joint Forces Special Operations Component Command-Forward (JFSOCC-FWD). The SOCSOUTH J-3, Army Colonel (COL) Daniel Stoltz, commanded JFSOCC-FWD. Its mission was to conduct “special operations; to include area assessments and civil recon, information operations, air traffic control and aerial port operations; in order to facilitate [Humanitarian Assistance/Direct Relief] efforts and mitigate trends of mass migration and destabilization in support of JTF-Haiti.”¹¹

JFSOCC-FWD established its headquarters in the *Quisqueya* Christian School in Port-au-Prince. Then, USSOCOM sent in JTF-SWORD (Core Element) to augment the newly established JFSOCC-FWD. Its commander, Army COL Barrett F. Lowe, became the JFSOCC-FWD deputy commander.¹² For USASOC, all of its functional branches/elements responded to the crisis to some degree except the 160th Special Operations Aviation Regiment and the 75th Ranger Regiment.

While conventional forces took over the disaster relief mission in Port-au-Prince and the surrounding areas,

JFSOCC-FWD covered the rest of the country. In so doing, it provided ‘economy of force,’ because less than 100 personnel handled this enormous assignment.¹³ Its primary task was to conduct assessments of the available medical facilities and determine critical needs outside of Port-au-Prince and then arrange aid to meet those gaps. Because so many survivors had left the capital earthquake area to stay with relatives in the countryside, their arrival stressed locations already plagued by limited infrastructure and resources.

Civil Affairs personnel were among the first ARSOF elements to respond. Eventually two companies of the 98th CA Battalion deployed to Haiti for Operation UNIFIED RESPONSE. CAT 812, from Company A, arrived first. It was the closest ARSOF CA element in the Caribbean, being the Civil Military Support Element (CMSE) deployed to Trinidad and Tobago. Because SOCSOUTH already had the CMSE under their operational control, it was easy for them to redirect it to Haiti.¹⁴

Five soldiers composed CAT 812. CPT Vick Cider*, originally from Montana, commanded the team.¹⁵ Its Noncommissioned-Officer-In-Charge (NCOIC) was Sergeant First Class (SFC) Alejandro Sands* from Ohio.¹⁶ Texan SFC Sherry Michaels*, formerly a supply sergeant, was the CA NCO on CAT 812.¹⁷ SSG Joaquim Gasperich*, originally from Colombia, served as the team CA planner.¹⁸ Finally, SSG Dave Ost was the medic in CAT 812. Originally from Illinois, Ost had served in the

The United States and Haiti



Located in the Caribbean on the western third of the island of Hispaniola, Haiti is equivalent in size to Maryland.¹ Its population of 10 million is near that of its neighbor to the east, the Dominican Republic.² In the colonial era, Haiti was a profitable French possession based on slave labor. The slave population successfully revolted and declared independence in 1804. From there, Haiti's fortunes declined and it is now the most impoverished nation in the Western Hemisphere. According to estimates, 80% of the population lives in poverty, 54% are in abject poverty, and more than 50% are illiterate.³

Haiti's misery is compounded by constant political upheaval and decades of mismanagement that left the country dependent on foreign aid. By the early 20th Century, a series of revolts and poor leadership left the country "sunk in political ineptitude. Between 1911 and 1915 the presidency of Haiti was occupied by a bewildering series of statesmen, several of whom met personal misfortune in office," according to historian Robert H. Ferrell.⁴ This forced the U.S. into a long history of involvement in Haiti.

U.S. Marines occupied Haiti in 1915 in the wake of extreme instability following the mob execution of President Vilbrun Guillaume Sam.⁵ The Marine Corps remained stationed in the country until 1934 and the U.S. retained control of Haiti's economy until 1941.⁶ The subsequent decades were marked by instability and numerous Haitian dictators, eventually leading to more U.S. involvement.

Sixty years later the U.S. launched Operation UPHOLD DEMOCRACY as a result of the 30 September 1991 overthrow of Haiti's first elected President, Jean-Bertrand Aristide by Lieutenant General Raoul Cédras. The crisis spurred a flood of refugees who tried to reach the U.S. in unseaworthy craft.⁷ The U.S. intervened politically to get a reluctant Cédras to agree to a peaceful transfer of power back to Aristide. On 11 October 1993, U.S. and Canadian forces on board the USS Harlan County (LST-1196) tried to enter Haiti. Despite an agreement with Cédras, a mob met them at the dock. Since the Battle of Mogadishu had only occurred a week prior, the ship returned to the U.S. rather than risk another engagement.⁸

The setback prompted the U.S. to ready an invasion force. Forces were already en route when a last minute deal with Cédras brokered by former President James E. 'Jimmy' Carter, Senator Sam A. Nunn, and retired General Colin Powell prevented bloodshed.⁹ The ground operation lasted from 19 Sept 1994 to 31 March 1995 and included elements of the U.S. Army Rangers,



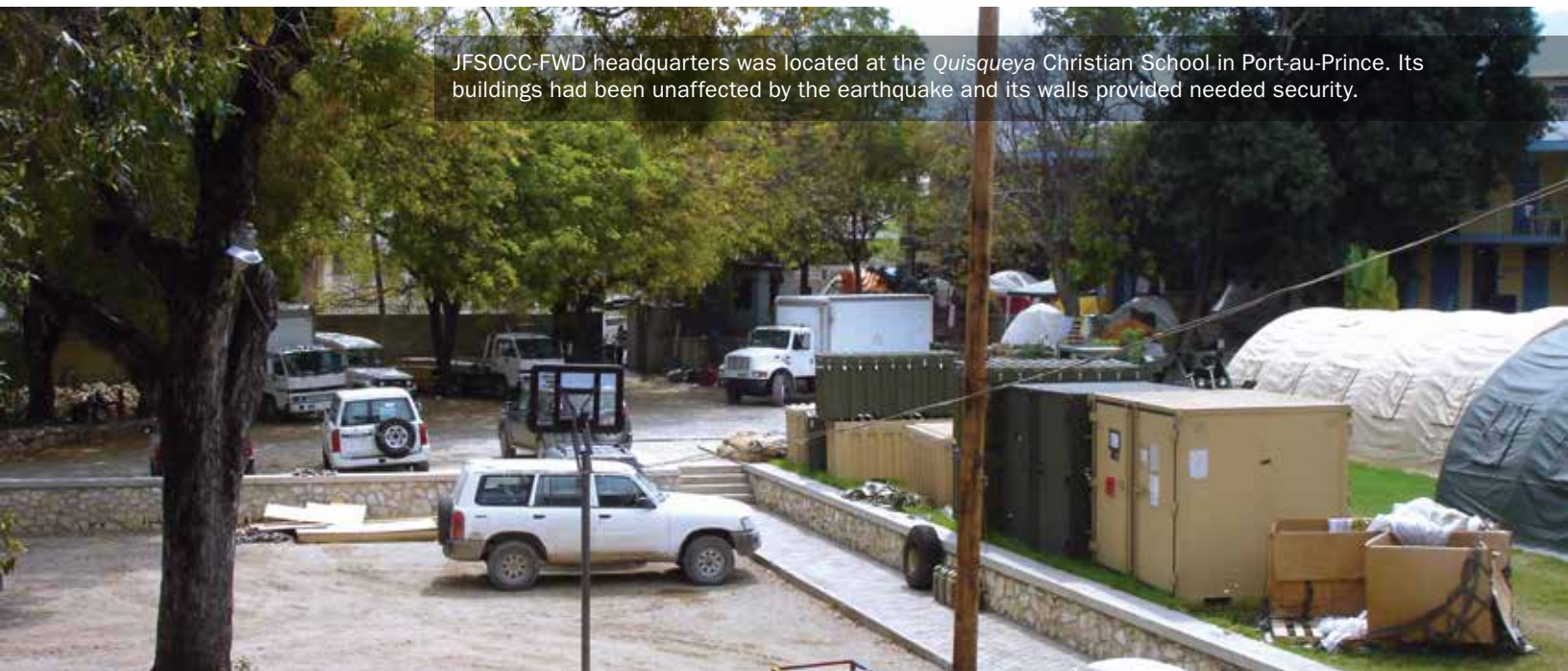
3rd SFG, the 2nd and 4th Psychological Operations Groups, the 96th Civil Affairs Battalion, and the 351st Civil Affairs Command.¹⁰ UPHOLD DEMOCRACY succeeded in finalizing the transfer of power back to Aristide.

Peace lasted until 2004, when the U.S. again had to intervene in Haiti. This time, it was to help Aristide flee the country. After being successfully reelected in 2000 (he was out of office from 1996-2001), Aristide's opponents revolted. Beginning in February 2004, they seized several cities in northern Haiti and threatened Port-au-Prince. Haitian refugees again took to boats to flee to the United States in order to escape the chaos. This forced American involvement.

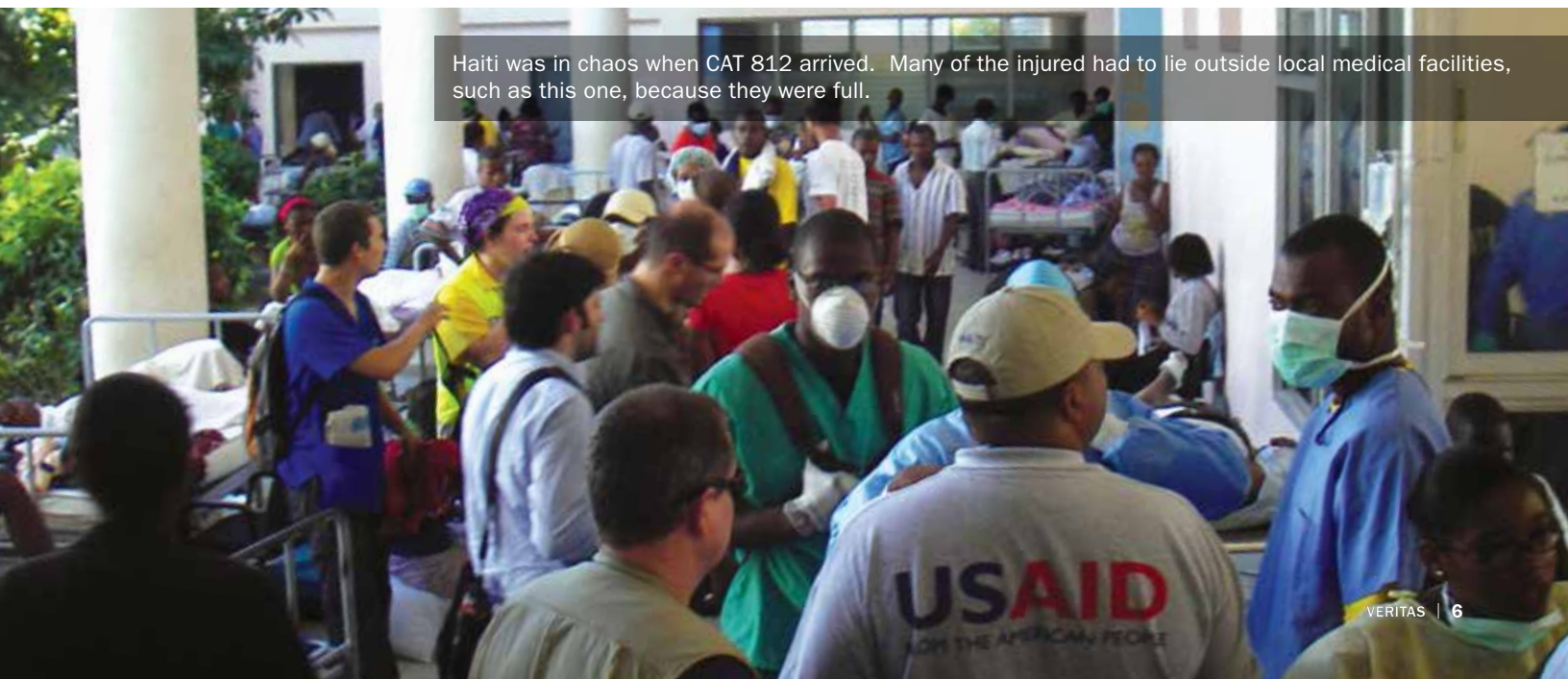
The U.S. flew Aristide to exile on 29 February 2004 to the Central African Republic.¹¹ Then, soldiers from the 3rd Battalion, 8th Marine Regiment arrived in Haiti to help lead a multinational interim force. The Marines left several months later following the restoration of stability. The remaining international forces constituted the United Nations Stabilization Mission in Haiti (MINUSTAH), established on 1 June 2004 by Security Council Resolution 1542.¹² It was this force that was already on the ground when the 12 January 2010 earthquake struck. In addition, more than 10,000 non-government organizations (NGOs), such as The Red Cross and Doctors Without Borders, were working in the aid sector.¹³ Haiti was already a country greatly in need prior to that devastating natural disaster.¹⁴



Air traffic controllers at the Toussaint L'Ouverture International Airport were overwhelmed by the sheer volume of aid flights until U.S. Air Force Special Tactics Squadron Air Traffic Controllers rapidly restored order and functionality. From a card-table and using hand-held radios, they handled 250 aircraft a day up from the 30 that might use that airport on a normal day.



JFSOCC-FWD headquarters was located at the *Quisqueya* Christian School in Port-au-Prince. Its buildings had been unaffected by the earthquake and its walls provided needed security.



Haiti was in chaos when CAT 812 arrived. Many of the injured had to lie outside local medical facilities, such as this one, because they were full.

Joint Task Force

USASOC established Joint Task Force Sword (Core Element) [JTF SWORD (CE)] at Fort Bragg, North Carolina, to provide a deployable, capable and robust special operations command and control (C2) element.¹ Despite being a USSOCOM asset, the unit remained stationed at Fort Bragg and was jointly administered by USASOC and USSOCOM.² Commanded by a Colonel, JTF SWORD (CE) had thirty-one personnel billets. USASOC assigned twenty-four Army special operations personnel. The rest of the unmanned billets were for one civilian administrative assistant, two Air Force, two U.S. Marine Corps, and two U.S. Navy special operations personnel.

Its mission statement was, “when directed, Joint Task Force Sword deploys and establishes a SOF C2 element, or integrates with a forming or formed SOF HQ to rapidly establish a special operations JTF/JSOTF HQ, providing command and control for the conduct of full spectrum special operations worldwide.”³ As such, JTF SWORD (CE) could deploy in four packages depending on the skills and the level of effort required.

JTF SWORD (CE) conducted several deployments in its brief existence. From 2008 through 2011, JTF SWORD (CE) deployed a number of planning teams (Level II) in support of Special Operations Command Africa (SOCAFRICA) and Combined Forces Special Operations Component Command-Afghanistan (CFSOCC-A). It executed a Level IIIA deployment to Firebase Torkham in Afghanistan in support of Operation ENDURING FREEDOM from December 2008 to August 2009.

JTF SWORD (CE) executed a Level IIIB deployment in support of Special Operations Command South (SOCSOUTH) to Haiti for Operation UNIFIED RESPONSE from January to March 2010. There, personnel from SOCSOUTH and JTF SWORD (CE) formed the Joint Forces Special Operations Component Command-Forward (JFSOCC-FWD). The Director of JTF SWORD served as the Deputy Commander for the JFSOCC-FWD and the SOCSOUTH J-3 served as the Commander. JTF SWORD (CE) was disbanded in 2013 to provide personnel to support the stand-up of Special Operations Joint Task Force-Bragg (SOJTF-B).⁴

SKILL/LEVEL DEPLOYMENT PACKAGES

- **Level I:** individuals from JTF SWORD (CE) supported a Theater Special Operations Command (TSOC) or other organization with specific skill sets.
- **Level II:** a planning team comprised of 4-8 personnel.
- **Level IIIA:** was the employment of JTF SWORD (CE) as a stand-alone Command and Control element. That could include a small augmentation from across SOCOM.
- **Level IIIB:** was the employment of JTF SWORD (CE) in total to augment a TSOC (or other organization) to establish a more robust C2 headquarters.

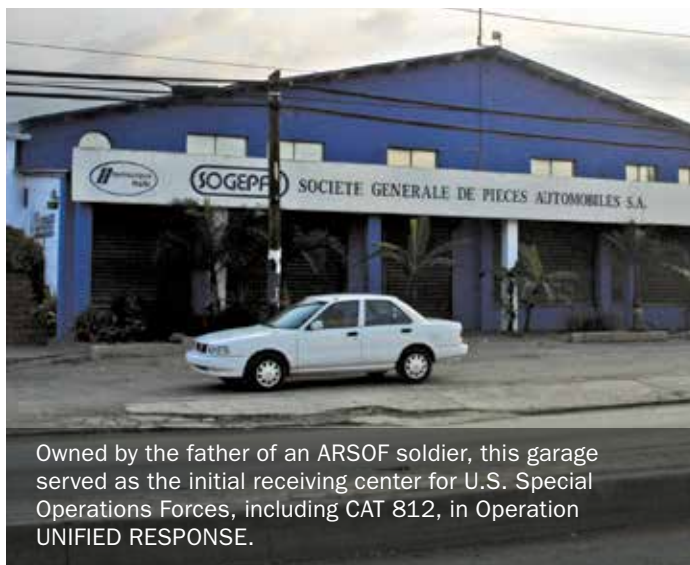
1st Ranger Battalion during the first Gulf War. He had spent several years as a civilian Emergency Medical Technician (EMT), only to rejoin the Army after 11 September 2001.¹⁹

CAT 812 arrived in Haiti within twelve hours of the earthquake. The CA team deployed along with a Military

Information Support Team (MIST) from Trinidad and Tobago. Because it had been deployed to another mission, CAT 812 needed additional equipment and supplies to fulfill the new assignment. SSG Gasperich explained that due to the nature of the Trinidad and Tobago duties, the team routinely wore civilian clothes, “I had a suitcase of civilian clothes, but only one set of ACUs!”²⁰ SSG Ost added, “I had one uniform and one set of socks and a T-shirt in Trinidad.”²¹ The situation was no less chaotic on the ground.

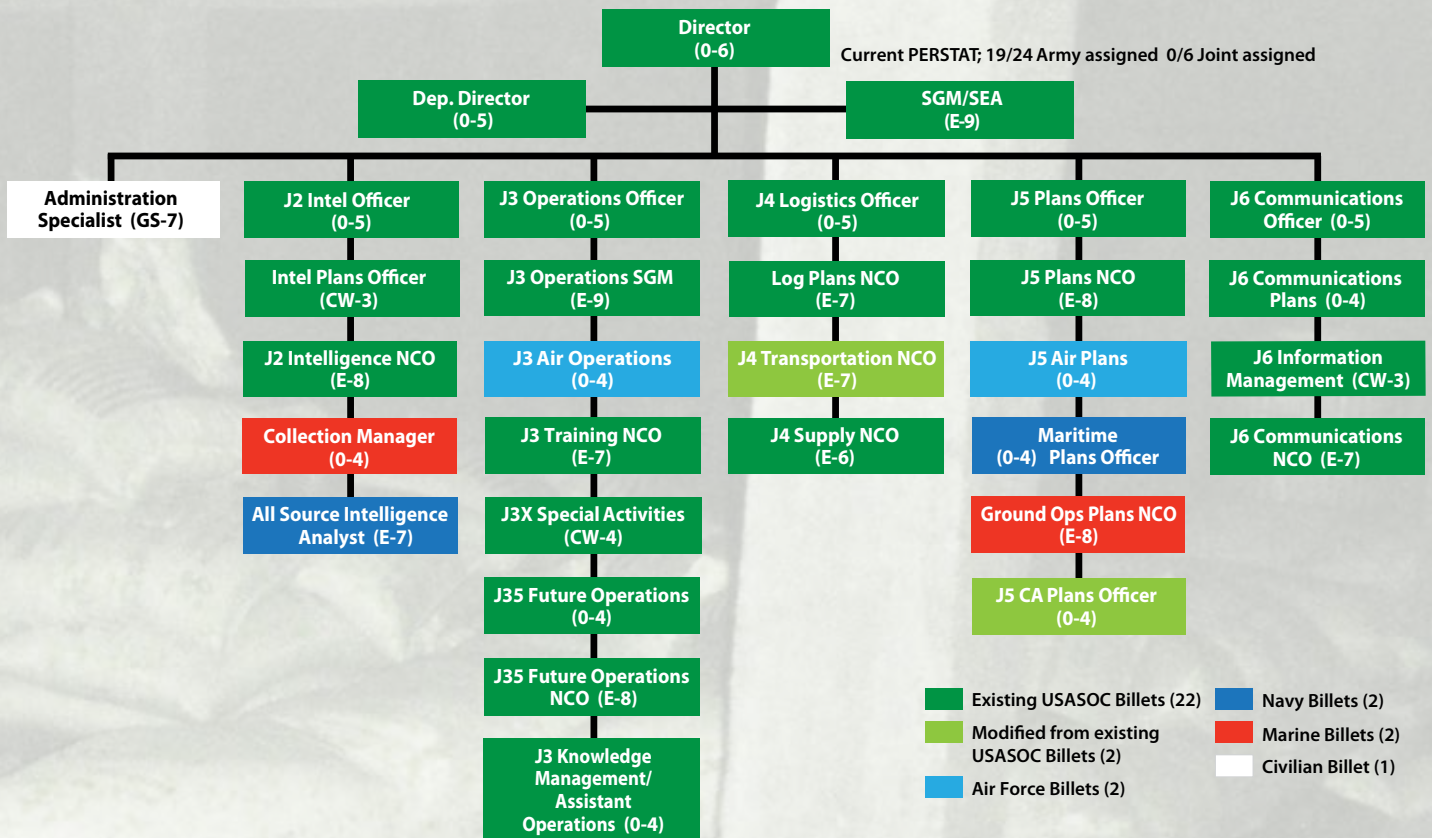
“When the plane door opened it was crazy. Planes were all over the place and people everywhere. Lots of supplies were still in planes or stacked outside,” stated SSG Gasperich.²² SFC Sands added, “It was total chaos!”²³ The first priority involved finding a place to serve as a base of operations.

CAT 812 initially set up in an auto garage owned by the Haitian father of an ARSOF soldier who had arrived earlier with a small advanced team from SOCSOUTH. That first night, the CA team realized how unstable the situation was when aftershocks continued to rock the area. “We thought the building might come down. It was crazy! We tried to move outside, but the mosquitos were eating us alive, so we moved back inside,” said SFC



Owned by the father of an ARSOF soldier, this garage served as the initial receiving center for U.S. Special Operations Forces, including CAT 812, in Operation UNIFIED RESPONSE.

SWORB Core Element

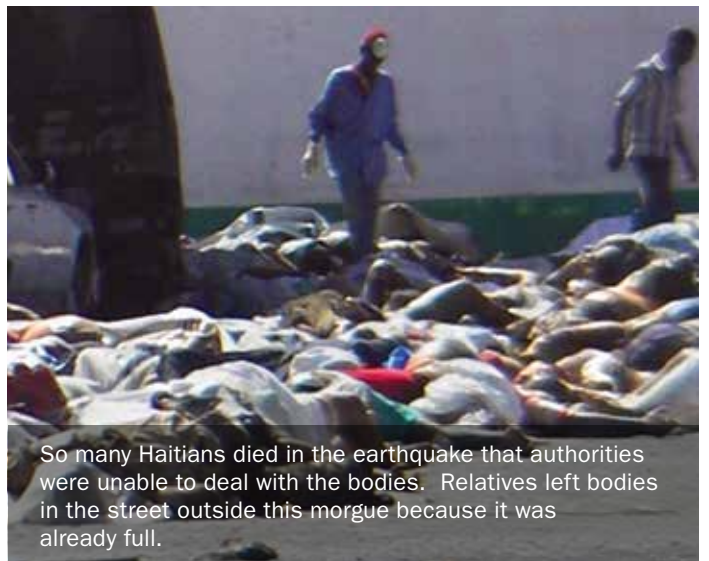


Michaels.²⁴ Weeks later, SSG Gasperich recalled that night, “We were all thinking about aftershocks.”²⁵

The next day, the members of CAT 812 had a chance to evaluate the situation. SSG Gasperich described the scene, “We were shocked at the destruction . . . Bodies were on top of each other in the streets. The smell was horrible.”²⁶ SSG Ost had the unenviable task of surveying medical facilities. “The local hospital was a small slice of hell. There was large scale structural damage and the morgue was overflowing . . . there were so many distraught relatives that it was chaos.”²⁷

CAT 812 soon realized that there were many individual groups trying to offer aid but that no single entity provided overall coordination and direction. To fulfill that requirement, the CA team formed a Humanitarian Assistance Coordination Center (HACC) in the U.S. Embassy.²⁸ The HACC managed and directed all the incoming aid, including deconflicting with the UN. SOCSOUTH commander, Brigadier General Hector E. Pagan, later commented that “the HACC became one of those elements that everybody concluded . . . that it is a must for any other [Humanitarian Assistance] operation in the future.”²⁹ The HACC first took a simple but highly effective step.

“We set up an email account that we passed out to all we talked to,” explained SSG Michaels.³⁰ SSG Gasperich said that they gave the email “to people to coordinate food requests . . . news of the email got out fast. We got 300-400 emails a day.”³¹ In addition, CPT Cider met several times daily with





As more U.S. government and NGO aid teams arrived in Haiti, they based themselves at the U.S. Embassy. Newcomers had to sleep in tents on the grounds of the greatly overcrowded Embassy.



One unexpected duty for the Civil Affairs medics at the U.S. Embassy was helping to deliver a baby.



PFC Anastasia Anse, on the right, interprets as SSG Dave Ost, left, attends to a Haitian man with a severe arm wound.

UN elements and NGOs. Although better than the garage, living in the U.S. Embassy compound had its drawbacks.

Overcrowding was the most difficult aspect. It seemed that every non-governmental U.S.-based aid group sought sanctuary on the Embassy grounds because of the security and comforts that it offered. More tried to get in daily. This overtaxed the facilities, forcing long lines to use the bathroom or to take a shower. However, the secondary impact as SFC Sands recalled, manifested itself in the “500 people sleeping in tents on the Embassy grounds.”³² CAT 812 had to sleep inside their Embassy work space.

SFC Michaels recalled that “we pulled out sleeping bags and slept right there.”³³ “We had a group of six trying to sleep in a cubicle that was designed for one guy,” added SFC Sands.³⁴ Fortunately, the situation was temporary for the entire team. Because they were a valuable asset with a lot of territory to cover, JFSOCC-FWD directed the CA team to split up.

While the rest of the team handled the HACC, CPT Cider and SSG Ost were sent to northern Haiti to assess the situation. They were followed several days later by the rest of CAT 812 as newly-arrived CA personnel from the 98th Civil Affairs Battalion took over their duties at the HACC. For several weeks, CAT 812 estimated the number of IDPs, supplies required, and assessed the capabilities of the medical infrastructure to accommodate the new arrivals.³⁵ After reporting that information back to the JFSOCC-FWD, they then coordinated aid for those areas and provided for the medical facilities most in need. With northern Haiti assessed and SOF responding, JFSOCC-FWD ordered CAT 812 to the city of Jérémie in western Haiti to continue the process.

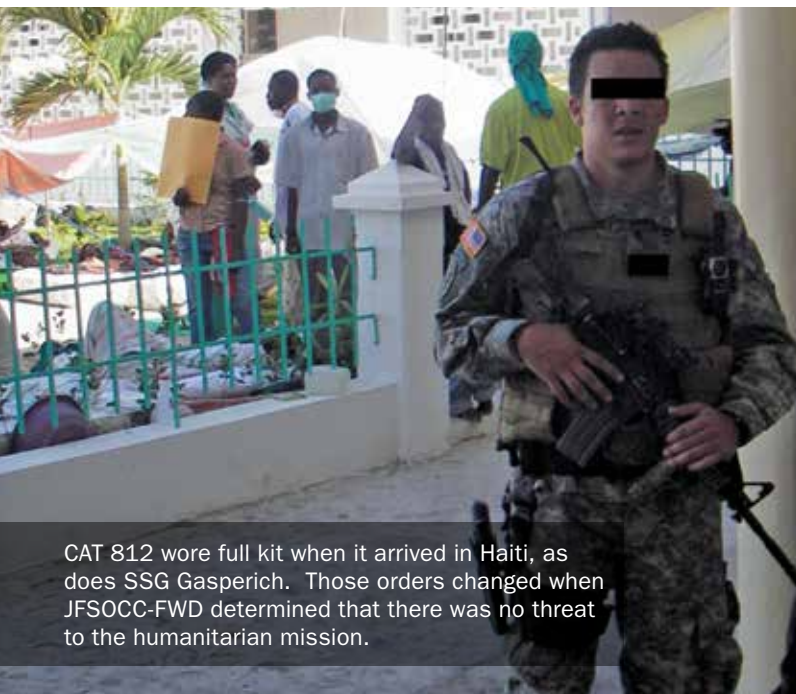
To facilitate its mission, CAT 812 gained an interpreter. Private First Class (PFC) Anastasia Anse*, a soldier in the 528th Sustainment Brigade, Special Troops Battalion, at Fort Bragg, NC, explained that USASOC had placed a call for Haitian Creole speakers to all its units. Because of her Haitian mother, Anse spoke Haitian Creole (as well as French and Spanish) and had lived there as a child. She volunteered.³⁶

Working with CAT 812 was not PFC Anse’s first job in Haiti during this operation. She had previously served as a translator to 7th Special Forces Group soldiers assessing conditions in northern Haiti. During that assignment, PFC Anse learned that she could be a far more effective interpreter if she wore civilian clothes. Not only did it help communication, but “it does not draw as much attention.”³⁷ She continued that practice with CAT 812. With the team complete, CAT 812 packed into two rented four-wheel-drive vehicles to make the 180-mile trek to Jérémie.

The lack of a serviceable road network from Port-au-Prince to Jérémie made the trip arduous. What would have been a three-hour journey in the United States became a twelve hour expedition in Haiti. CPT Cider recalled, “The mountain passes were . . . unimproved roads of rock and mud. A heavy rainfall two days before did not help.”³⁸ SSG Gasperich added, “It was definitely an adventure!”³⁹ During the trip, CAT 812 had to ford several rivers. SSG Ost recalled that “CPT Cider and I had to walk to the middle of [one] river



A scene from the trip to Jérémie from Port-au-Prince demonstrates the rugged terrain. Typical for Haiti, the hills have been logged bare to make charcoal, denuding the countryside.



CAT 812 wore full kit when it arrived in Haiti, as does SSG Gasperich. Those orders changed when JFSOCC-FWD determined that there was no threat to the humanitarian mission.



CPT Cider evaluates a river crossing site. He and SSG Dave Ost ended up wading into the water to determine its suitability for fording vehicles.



One of the numerous orphanages CAT 812 visited in and around Jérémie. CPT Cider (left) stands with SFC Michaels (right).



An Army Landing Craft Utility (LCU), similar to the one employed by the 97th Transportation Company (Heavy Boat) to bring supplies to Jérémie. CAT 812 determined that the city was in great need of basic supplies and arranged for the delivery.

to test if the vehicles could get across.⁴⁰ CAT 812 arrived in Jérémie tired and dusty. Only late that first night did they finally find a local hotel to serve as a base of operations.

Jérémie, a city of about 31,000, is the largest in the area. It is the birthplace of the father of the famous French author, Alexandre Dumas, who wrote *The Three Musketeers* and *The Count of Monte Cristo*. Like many urban cities in Haiti, Jérémie had a large UN presence. When CAT 812 arrived, a Uruguayan armored unit serving as the UN contingent, greeted them. SSG Gasperich's Colombian background proved very valuable in building rapport with the Uruguayan soldiers.⁴¹ The team began to assess the HA needs in Jérémie.

CPT Cider recalled, "Our mission was to facilitate Humanitarian Assistance and find out what were the critical needs."⁴² In order to do this, CAT 812 had to accomplish several tasks. First, the team had to assess the number of IDPs. They estimated that there were some 100,000 in Jérémie and the surrounding areas. This meant the locality did not have enough food—already in short supply long before the earthquake—to go around. In addition, Jérémie's very limited health care system could not meet the needs of its residents, much less the influx of tens of thousands of new arrivals.⁴³ Second, CAT 812 assessed the large number of outlying orphanages. They discovered that villagers in the outlying areas had little health care and less food than those in Jérémie. Assessing the orphanages enabled CAT 812 to accomplish its third task: meet the local NGOs. One in particular, the Haitian Health Fund (HHF), became one of their key partners in Jérémie.

CAT 812 then arranged to restore the regular delivery of staples. CPT Cider explained, "A boat [normally brought] in ninety percent of [their] food and fuel . . . after the earthquake the boat [only carried] people." With a couple of phone calls, CPT Cider arranged for an Army Landing Craft, Utility (LCU) to deliver 29,000 pounds of food and fuel to Jérémie. "It was a giant boat with a large U.S. flag flying. It drew a lot of attention," remarked CPT Cider. The Uruguayan



Kwashiorkor, a disease caused by protein deficiency, is prevalent in western Haiti. This child in the Jérémie HHF clinic in Jérémie had a slim chance of survival.



CPT Vick Cider holds a child at the Haitian Health Fund 'Center of Hope' facility in Jérémie. HHF is one of the largest NGOs in western Haiti.

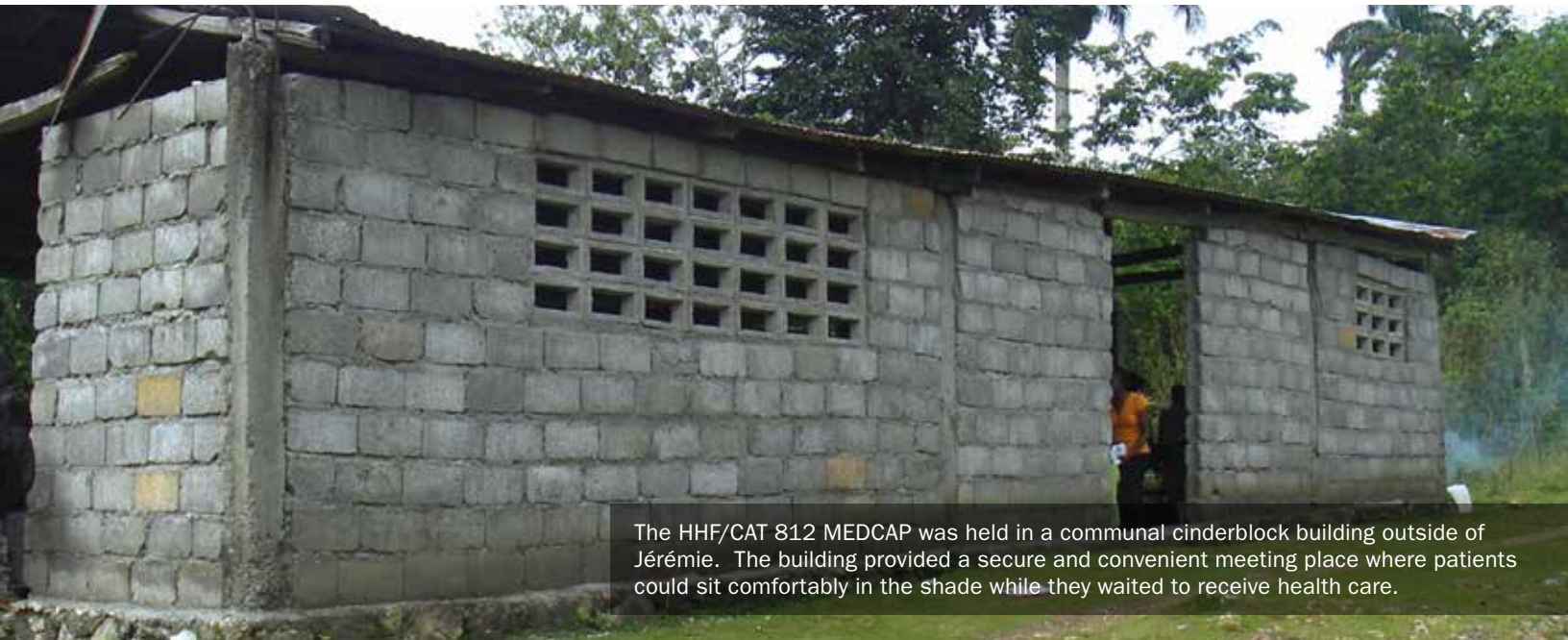


The HHF administered immunizations and maintained detailed health records on local infants and children.

UN contingent handled security and arranged trucks to transport the food to a warehouse for distribution.⁴⁴

The delivery had quite an impact from the start. With the arrival of the LCU, Dr. Bette Gebrian-Magloire from the HHF led the singing of *The Star Spangled Banner*. The next day, the team met with the local NGOs to come up with a plan to distribute the food equitably. CPT Cider explained, “The HHF was ecstatic because they were able to feed 4,300 people. It definitely enhanced our reputation with them.” But there were other changes for the better as well. “It was the first time in a month and a half that the town had streetlights,” said CPT Cider, because the town’s generator had no fuel.⁴⁵

With Jérémie’s immediate needs met, CAT 812 expanded assistance to the surrounding areas. The HHF requested that CAT 812 help at a basic medical clinic in a remote village several hours outside of Jérémie. The CA team decided that conducting a Medical Civic Action Program



The HHF/CAT 812 MEDCAP was held in a communal cinderblock building outside of Jérémie. The building provided a secure and convenient meeting place where patients could sit comfortably in the shade while they waited to receive health care.



The HHF staff introduced CAT 812 before the MEDCAP to make the villagers comfortable.



This patient being examined by SSG Dave Ost had tuberculosis. Diseases that are rare in the rest of the Western World are still prevalent in Haiti.



A mother (left) holding a very sick child is comforted by PFC Anastasia Anse (right).

(MEDCAP) mission with the HHF would allow them to assess the needs in the outlying villages. Because the HHF provided medical personnel and the guide, only a portion of CAT 812 (the commander, medic, and interpreter) supported the mission.⁴⁶ The group set out early in the morning to travel because of the unimproved dirt roads.

The two vehicle ‘convoy’ arrived at the village with everyone covered in dust. The villagers had been alerted of the team’s arrival. As CAT 812 and the HHF hiked the final mile to the MEDCAP site, village loudspeakers blared, “The white people are here. They are white doctors who come to help.”⁴⁷ A rough communal cinderblock building served as the MEDCAP location.

A large congregation assembled inside the building. The group prayed before holding the MEDCAP. Then, HHF representatives introduced the CA team to the villagers, calling SSG Ost a doctor. He explained, “I am basically the equivalent to an ER trauma [physician’s assistant]. If I’m working with people who understand that, I will not go as a doctor. In foreign countries where there is not an understanding of those skills, I will.”⁴⁸ The MEDCAP started with pregnant women stepping on a scale to be sure that they weighed enough for the health of their unborn babies. (Kwashiorkor, or severe protein-energy malnutrition, is particularly prevalent in western Haiti.) At this point, the MEDCAP split in half with separate tables inside the building.⁴⁹

The HHF manned the first table. At that station, the medical personnel screened the patients and handled basic medical procedures like immunizations and distributing vitamins. SSG Ost commented, “The Haitian nurses provided good local knowledge.” They triaged the harder cases.⁵⁰ Those cases went to the second table, manned by SSG Ost and PFC Anse.

PFC Anse wore civilian clothes so the patients would be more comfortable in describing their maladies. She remarked, “I focus on being as accurate in my translation



CAT 812 medic SSG Dave Ost listens to a patient describe her symptoms. He diagnosed a bad case of pneumonia.

as possible, especially when it comes to the patient.”⁵¹ SSG Ost complimented her, saying that PVT Anse “was indispensable. She was one of the best interpreters I have ever had.”⁵²

SSG Ost assessed the cases, many of whom were elderly. “I knew I was going to get the elderly. [It] was mostly aches and pains.”⁵³ However, there were a few difficult cases, including maladies not often seen in the U.S. One woman had a necrotic finger that needed antibiotics to avoid possible amputation. Another elderly woman had tuberculosis. SSG Ost diagnosed one other patient as having a bad case of pneumonia. But, the patient in the worst shape was a three-month old girl.

A young mother brought in a child visibly suffering from a high fever. SSG Ost knew that the child had something very wrong and so he investigated further. He discovered a swollen, hot-to-the-touch shoulder joint. “I knew what it was immediately. Anytime you have infection in a joint



The mother and her baby wait with SSG Dave Ost while the HHF hospital staff at the *Klinik Pep Bondye-a* in Jérémie prepares the x-ray machine.



PFC Anastasia Anse (left) interprets as SSG Dave Ost (right) consults with Dr. Bordeau (middle), who made sure that the child was promptly admitted to the HHF *Klinik Pep Bondye-a* facility in Jérémie.



Dr. Bordeau found CAT 812 in the streets of Jérémie to show them the x-ray photographs of the child's shoulder. SSG Dave Ost, holding the x-ray, proved correct in his diagnosis, and the girl received antibiotics to help fight the infection. CPT Vick Cider is on the left and PFC Anastasia Anse is in the middle.



This three-month old girl was burning up with fever from an infection in her shoulder. The life-threatening condition required immediate treatment.

you run the risk of the joint capsule [tissue surrounding the joint] also getting infected.”⁵⁴ Infection had set in the child's shoulder to the extent that the blood vessels were noticeably enlarged. The child had a life-threatening condition requiring immediate hospitalization.

SSG Ost relied upon PFC Anse to convey the seriousness to the mother. She told the young mother that the child needed to go to the hospital. She needed to go home to make arrangements and then hurry back prepared to go. The mother appeared to understand the gravity of the situation, but seemed so scared that the team did not think she would come back.

However, in a half an hour, the woman reappeared, ready to go. “The mother was a young lady in extreme dire straits. She lacked an education but she knew that there was something wrong,” recalled SSG Ost.⁵⁵ Given the urgency of the situation, the three soldiers hiked back to the car and began the long trip to Jérémie.

On the way back the mother nervously held her baby tightly. She could not speak English so PFC Anse tried to calm her down. SSG Ost said, “We tried to make her as comfortable as possible. She had gotten into a vehicle with no one that she knew. Anastasia gave her as much info as possible.”⁵⁶ PFC Anse “did a good job of keeping her informed,” added CPT Cider.⁵⁷ A non-air-conditioned vehicle in the tropical heat and constant bouncing up and down and road dust did not help.

When CAT 812 stopped at a roadside store for fuel, they bought the worried mother a cold soda. This relaxed her and she volunteered more information. A month earlier the daughter's arm began to swell. She had been given a shot and sent home, but got worse. When the mother heard about the clinic, she took her daughter to be seen.⁵⁸

While on the road, CPT Cider called the HHF and made arrangements at the hospital. Antibiotics and an IV would be waiting. Once in Jérémie, the team went straight to the local hospital. The CA team got the child admitted promptly because of the prior coordination.⁵⁹

Dr. Bordeau, the Haitian physician in charge of the HHF *Klinik Pep Bondye-a* clinic, examined the girl. According to SSG Ost, “he said she was really in bad shape and asked me what I thought.”⁶⁰ Hospital staff immediately rushed the baby girl to get an x-ray and put her in intensive care. Then, the CA soldiers started back to their hotel to prepare a detailed report to JFSOCC-FWD on conditions in and around Jérémie.

However, before they got too far, Dr. Bordeau flagged their vehicle down. He had the x-rays that revealed that an infection in the child's shoulder joint had spread to the surrounding bones. Dr. Bordeau and SSG Ost agreed that the child needed an IV and antibiotics. The child would have died had the CA team not intervened.⁶¹

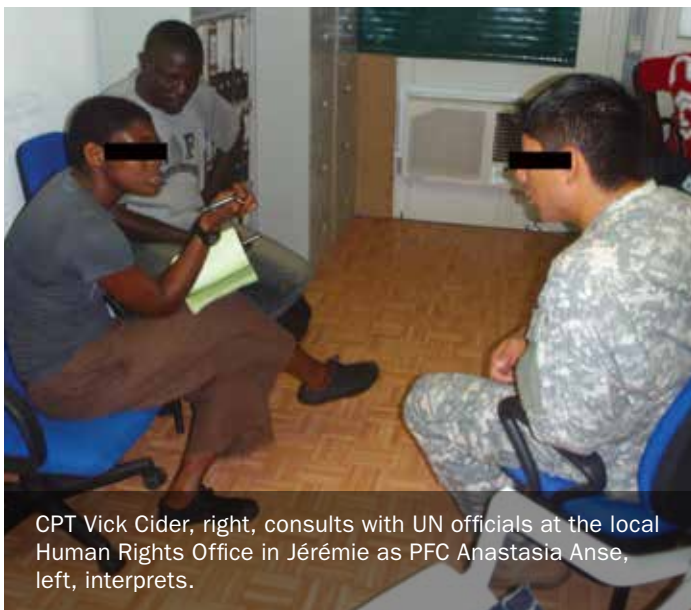
CAT 812 worked in Jérémie for the next several days. They continued to work with the local NGOs and identify needs in health clinics and orphanages. However, the



The HHF's *Klinik Pep Bondye-a* clinic.

rescue of the little girl made the CA effort worthwhile. CPT Cider reflected, "Little instances like these are a small drop. We can't affect the whole ocean but here is one more child who will have a normal life."⁶² PFC Anse added, "It honors me to participate in these kinds of missions."⁶³ CA had clearly made a difference.

In Haiti, Civil Affairs demonstrated its flexibility and the value added it brings to ARSOF. The CA soldiers quickly assessed the situation and the needs of the population and then acted upon their evaluations to coordinate supplies and provide medical expertise. In a humanitarian assistance situation like post-earthquake Haiti, CA proved to be the proper element to demonstrate U.S. goodwill, and build rapport. "The fact that I had an American flag on my shoulder was all the villagers knew," commented SSG Ost. "Natural disaster is a CA goldmine."⁶⁴ ▲



CPT Vick Cider, right, consults with UN officials at the local Human Rights Office in Jérémie as PFC Anastasia Anse, left, interprets.

TROY J. SACQUETY, PhD

Troy J. Sacquety earned an MA from the University of Nebraska–Lincoln and his PhD in Military History from Texas A&M University. Prior to joining the USASOC History Office staff he worked several years for the Central Intelligence Agency. Current research interests include Army and Office of Strategic Services (OSS) special operations during World War II, and U.S. Army Civil Affairs.

Endnotes

- 1 SSG Dave Ost, interview by Dr. Troy J. Sacquety, 23 March 2010, USASOC History Office Classified Files, Fort Bragg, NC.
- 2 For more information on the earthquake see United States Geological Survey, "Magnitude 7.0-Haiti Region," found on internet at <http://earthquake.usgs.gov/earthquakes/eqinthenews/2010/us2010rja6/>, accessed 13 August 2014.
- 3 Although Haiti has a history of strong earthquakes, it had not experienced one of this magnitude since 1842 when a quake leveled the city of Cap-Haitian. In 1946, a strong earthquake in Samaná, Dominican Republic affected Haiti.
- 4 United States Geological Survey, "Magnitude 7.0-Haiti Region," found on internet at <http://earthquake.usgs.gov/earthquakes/eqinthenews/2010/us2010rja6/#summary>, accessed 13 August 2014. The Haitian Government estimate of the number killed is believed by many to be inflated.

In addition to aid, the international media arrived in Haiti to cover the earthquake.



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- 6 LTG Keen is now retired, but his last assignment was as the Chief, Office of the Defense Representative-Pakistan, U.S. Central Command. He had held commands in the 7th Special Forces Group and commanded the 75th Ranger Regiment and U.S. Army South (USARSO). See U.S. Southern Command Biography: Lieutenant General P.K. (Ken) Keen Military Deputy Commander USSOUTHCOM, found on internet at http://usacac.army.mil/cac2/AOKM/aokm2009/bio/Keen_PK_LTG_Bio.pdf, accessed 15 July 2014.
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- 13 Joint Forces Special Operations Component Command slide, "Joint Forces Special Operations Component Command Extended HA/DR Assessment Operations," COL (Ret) Barrett F. Lowe unclassified email to Dr. Troy J. Sacquety, 1 May 2014, USASOC History Office Classified Files, Fort Bragg, NC.
- 14 "Haiti Briefing: JFSOCC-Operation UNIFIED RESPONSE," 6 February 2010, PowerPoint slide presentation provided by Tim Schultz, SOUTHCOM Historian, Miami, Florida.
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- 16 SFC Alejandro Sands, interview by Dr. Troy J. Sacquety, 24 March 2010, USASOC History Office Classified Files, Fort Bragg, NC.
- 17 SFC Sherry Michaels, interview by Dr. Troy J. Sacquety, 22 March 2010, USASOC History Office Classified Files, Fort Bragg, NC.
- 18 SSG Joaquim Gasperich, interview by Dr. Troy J. Sacquety, 24 March 2010, USASOC History Office Classified Files, Fort Bragg, NC.
- 19 Ost interview.
- 20 Gasperich interview.
- 21 Ost interview.
- 22 Gasperich interview.
- 23 Sands interview.
- 24 Michaels interview.
- 25 Gasperich interview.
- 26 Gasperich interview.
- 27 Ost interview.
- 28 For more information also see the excellent article by Major Patrick Blankensip, "Into Haiti," *Special Warfare* 23 (September-October 2010): 24-28.
- 29 BG Hector E. Pagan, interview by Timothy A. Schultz, September 2010, p. 41, transcript provided by Tim Schultz, SOUTHCOM Historian, Miami, Florida.
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- 4 Robert H. Ferrell, *American Diplomacy: A History* (New York, NY: W.W. Norton & Company, 1975), 414.
- 5 **This was presumably as a way to keep the Germans from setting up a naval base.**
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- 7 **Many of these refugees were held at Guantanamo Bay, Cuba, prior to being repatriated back to Haiti.**
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Joint Task Force SWORD Sidebar Endnotes

- 1 **The DoD dictionary of Military Terms lists several definitions for CE in addition to Core Element: including Casualty Estimation; Circular Error; Command Element; Communications-Electronics, Counterespionage; and Critical Element. Found on internet at http://www.dtic.mil/doctrine/dod_dictionary/, accessed 31 March 2015.**
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- 3 JTF SWORD (CE) Information Briefing, 19 April 2010, Powerpoint slides provided by Colonel (R) Barrett F. Lowe, email to Dr. Troy J. Sacquety, 1 May 2014, USASOC History Office Classified Files, Fort Bragg, NC.
- 4 The text above is an abbreviated version of COL (R) Barrett F. Lowe, email to Dr. Troy J. Sacquety, 1 May 2014, USASOC History Office Classified Files, Fort Bragg, NC.