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An Ongoing Series

A Man Who Put His Freedom to Use

A Story About Freedom and MSG (Ret) John Dominguez, Special Operations Combat Medic, That Took Place in Ethiopia in 2005

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Introduction

We capture events and lessons learned in Special Operations to pass along techniques and approaches to difficult situations. From the medical perspective, this is most often related to interacting with injuries instead of interacting with people. The idea of acting with humanity is one of Special Operations' strongest talents, but it is not inherent in the training we provide. It must be learned. It must be demonstrated. And when it is demonstrated it is powerful to all that see it. We must continue to capture these lessons and pass them along. It is an inherent part of our strength.

The sovereign Individual is transcendent to their circumstance. To be free, to rule yourself, starts with the basics. We take the basics for granted because they were granted to us at birth. If you live in a third world country and your struggles are for food, water, and basic healthcare, how can you see yourself as sovereign, independent and free? If tyrants lord over you and impose their will on yours how will you perceive freedom when you interact with it? When we go into foreign lands, we carry with us not only the reputation of our countrymen but the physical embodiment of that freedom itself. It is strange to many. It is curious, intoxicating, and contagious. The experience of seeing freedom put to use is different with each person. This is a story of one man's exercise of his routine duty as a free man and as a Soldier in the United States Army.

When someone spends thousands of hours performing a job they become an expert at that task and the related tasks of that job. They can perform these actions almost autonomously. They do not have to consider the steps. And when that level of proficiency is reached, they then have the mental capacity to consider other things – the intangibles of the craft. These intangibles include recognizing situations, personalities, and hindrances to a rational situation. They recognize solutions where others only see problems.

The heuristic challenge in Special Operations is training the nuanced approach to problem solving in a nonlinear way. Thinking not "outside the box," but instinctively choosing the less obvious avenue of approaches, as if the box did not exist. If all

we do is create the capability to fire a gun and put a bandage on, we are no further along than the basic soldiering techniques taught to every military force. You may be able to do them faster and more efficiently, which are both important. Equally as important is the situational awareness to notice both the threat and the need. In the need is the opportunity. In doing so we not only communicate genuine care and concern, but enable a deeper appreciation for who we are as Americans. We show others that our country is not a conquering country but a liberating one. And liberty starts and ends with the individual.

The following story demonstrates one example of this. Make no mistake, it is one of thousands. These stories must be told. When we go into a foreign country to aid indigenous people in their fight against tyranny it is important that we provide them basic skills. Of even more importance is the ability to care for them as individuals.

John Dominguez is an example of an experienced Special Operator that not only thinks beyond the skill set he was given but is able to identify the needs around him and opportunities to impact others at the individual level. It must be asked then, how did he develop that skillset? I spoke to John at length about what drove him into Special Operations and what made him want to become a medic. He was impacted by personal examples of leadership and those that thought beyond their sphere of installed capabilities from the schoolhouse. He watched leaders in front of him and he read of those that were able to see beyond circumstance and act.

John recounted reading about a 22nd Special Air Service (SAS) medic and how the region and culture worked and how you change a culture. He took from it that assimilation involves resistance, and it was important to understand what a culture respected what they did not respect and why. It is the humanity in the equation. It is not an easily quantifiable item. Humanity takes understanding and understanding pushes you beyond the reaches of your upbringing and training. We are all brought up with certain tenets of life. Those that serve and those that value good over evil want to see those tendencies in

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others. But culture is a mix of social influences, religious influences, and environments. In most of the cultures we operate in, they have known war. War is a malevolent tragedy for all of those in its path. All of that impacts our view of those that inhabit the lands we enter. Nevertheless, it should not restrain our vision.

When you can interject something that opposes malevolence – some sense of empathy and compassion – you catch the attention of the oppressed. When others believe you to be malevolent but then see that you are not, it is powerful. When we enter foreign lands, we dress ominously with protective equipment and intimidating firearms. Even our countenance is generally one that does not speak compassion. But when that compassion is drawn to bear it is a powerful force, perhaps more powerful than the weaponry we yield.

John played soccer in college. He was pretty good. After a couple of years in a disagreement with the coach he thought he may be stepping away from soccer permanently. Instead, he was recruited by the coach for the All-Armed Forces Soccer Team. Many of our operators are competitive by nature. He was then drawn to medicine and began to pursue a military career in that field. Trained as an army medic and willing to volunteer he quickly found work in multiple roles. He found his home in Special Operations. Perhaps it was the competitiveness, perhaps it was the opportunity. If you were willing and have a heart to work hard, Special Operations will take advantage of that and put it to use.

Ethiopia 2005

It was late February and the brown huts set against the red sand of Ethiopia made for a strikingly barren landscape. The white Toyota land cruiser made for a smoother ride than the Humvee he had traveled so many miles in during his military career but could only mildly soften the blows of the rough terrain. The dust and dirt were like he imagined they were on the moon – almost like talcum powder. They would float in the air and were present in every breath. The vehicles only worsened this. There were uneven roads, shallow wadis, and dilapidated bridges, and broken cement and exposed rebar that required attention when crossing. There were crocodiles. He had already killed one. He was on one of the bridges and watched a crocodile coming up on a little girl. He took aim through the advanced combat optical gunsight (ACOG) on his M4 and killed it with one shot.

February is the last dry month and gives way to the rainy season. By late February the chances of rain improve but no rain was present on this day. The temperatures generally start off in the low 50s and rise to the mid 70s by mid-day. There was no shade. It was intensely dry. The water was warm.

He was five months into a 6-month long deployment. The enemy threat was present and real, and he and his team were appropriately ready. John was kitted up with a plate carrier, ammunition, a 9 mm side arm in a drop leg holster on one leg and an individual first aid kit on the other leg. The very presence of the Americans was foreboding. They presented an ominous force to be reckoned with.

The team was split into two groups that day. One met with the key leaders of the village, while the other was working on site

assessments. A radio call came through requesting John's help with a young female. A female patient in a Muslim country is fraught with potential pit falls. If she is of childbearing age, it can create an uproar if the issue requires a thorough physical exam. Not enjoying showing up to a scene blind, John inquired as to the issue. The response surprised him. The interpreter told them that the people in the village believed the girl to be possessed by a demon. They were only about a mile away. After a bumpy drive through the village, they parked behind the other team vehicle. In front of a small strip bark hut, there was a small 1-foot-deep trench dug-out in a semicircle. Behind this was a young girl tied around the waist to a stake in the ground.

As he approached, his impression was that she was malnourished. Red clay covered her bare feet and matted her hair. She could not be older than 9 years. She wore oversized clothes for her size. She was hunched down like a primate animal. Through the interpreter, he learned that when she was at a very young age her parents believed that she had been bit by a demon and became possessed. John asked if they had taken her to see a doctor. They had asked doctors that came to their area to see her when she was very young. No one could help or explain what was wrong with her. No one had attempted to have her seen in years. They were convinced of the demonic possession and had given up trying to find other solutions. They had even performed a procedure called the five points of fire to try to burn the evil out of her. She had the scars to prove it. It did not work and her anger and rage worsened, and ultimately they staked her outside of the home.

As John began to approach and move around her it became clear that she could track him but was not making eye contact. Perhaps she was blind and could only make out light and shadows. As he came close, she came closer. When he neared the dug-out semicircle, she reached out and tried to scratch him. Now he knew why the trench was there.

John stepped back and asked his teammate to go back to the vehicle and retrieve three things: a pack of skittles, a can of Axe body spray, and a bottle of water. The deodorant was a necessity when you do not shower regularly but need not to offend local leaders. When he returned he asked John what he was going to do. John said, "either something stupid or something that might let me talk to her." A crowd started to form.

John sprayed himself down with the Axe body spray. He moved closer and when she reached out to strike, John grabbed her wrist and took her hand and placed the skittles in it. He rolled her hand up and then released her. She backed up quickly and then smelled the skittles in her hand and ate them. John approached again and repeated the process. He continued to repeat this and eventually moved inside of the circle. Each time she was less aggressive. Her teeth were chipped and cracked. Her mouth was colored with the red clay. After a few more iterations she approached close enough to touch him. He was kneeling on one knee, and she leaned on the other knee. This time he did not have to grab her hand. She inched even closer to him. Finally on the next iteration her shoulder rested on his chest. After another handful of skittles, she placed her forearm on his chest and began exploring his face with her hands and then without warning she embraced him and began crying.

The cry of someone with a hearing deficit is unique. It develops from not hearing others cry, or talk. Not being able to

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hear vocalized language does not prevent one from crying. She cried. She cried heavily. No one had held her for years. After sitting with her for a while he asked the mother and father to approach. John asked them to spray themselves down with the Axe body spray. He had the mother come in first. He demonstrated to the mother to hold her first two fingers together and place it in the palm of the girl. And then she started to give her child skittles. And then she held her, for the first time in years. John brought the father in as well and taught him to use his first three fingers so the child could tell the difference.

She was unkept. She smelled of urine. Perhaps there was feces too but the smell was ubiquitous in the village. They had only approached her like one would to care for a rabid animal. They would tackle her and take off the shorts or shirt and then place clean ones on. John was able to bring the parents to a point of being able to care for their child. He taught them the importance of routine. The skittles and Axe body spray would run out. She needed routine.

What is special about Special Operations? It is in part that all details are valued and studied. Our Communications Sergeant can discuss medical care as well as most medics. The Weapons Sergent can discuss engineering topics. Cross-training is one way this is achieved but thinking outside the table of organization and the equipment we are issued has always been part of what made Special Operations special. Winning hearts and minds is a trope that is rarely understood or experienced by those that state it. But it is the special sauce that enables our interactions to turn into alliances.

You do not draw this child in and reintroduce her to her parents for the long term outcome. You do it because it is the right thing to do right then. John could have ignored her. There were plenty of reasons: Not to offend the parents or the village, what if it does not work? Is it worth my time? That day they were going to assess three sites but due to this event it was only one. But what was gained? Trust and genuine appreciation . . . and perhaps a new view of what Americans are really like.

We are not an empire. America never has been. We do not fight abroad to win territory or even control it. We believe that life is better when lived freely, protected from tyranny. As Condoleezza Rice once stated, "Democracies and free people do not enlist child soldiers or start wars with their international neighbors." The way we have moved people toward freedom is through liberation, and that starts with individuals.

This narrative serves the existential challenge we all face. How do we grow into the fullness of our humanity? To understand that doing so makes us better humans and enables our mission. John Dominguez put his freedom to use.

KEYWORDS: freedom; medics; Special Operations; Ethiopia; culture: American



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