

Chapter Eighteen

Army Nurse Corps Leadership in Operation Desert Shield/Operation Desert Storm

In the early days of the Persian Gulf war, a select cohort of Army Nurse Corps leaders advanced into the spearhead and provided direction and inspiration for the large, widespread assemblage of nurses. The Office of the Chief of the Army Nurse Corps, however, claimed the ultimate responsibility for oversight and leadership of Army nurses with Brigadier General Clara L. Adams-Ender prepared to meet the challenges.

With the start of Operation Desert Shield (ODS) in August 1990, the Army Nurse Corps faced the first difficult challenge of maintaining peacetime care without degrading quantity or quality while simultaneously supporting its nursing responsibilities for a mobilizing Army. To respond to these dual missions, the Office of the Chief implemented an operational approach that made efficient, rapid responses to the myriad of demands feasible. Adams-Ender and her assistant, Colonel John Hudock, delegated significant decision-making powers to the chief nurses of Health Services Command, Forces Command, and 7th Medical Command in matters related to the mobilization effort and authorized them to communicate directly with major Office of The Surgeon General directorates such as Personnel and Health Care Operations. All parties coordinated and furnished each other feedback, keeping the chief of the Corps office aware of their communications and providing information updates and policy guidance as needed.

In mid-August 1990, the Office of the Chief also formed a Desert Shield Situation Group composed of key Army Nurse Corps officers in the Military District of Washington to facilitate communication and policy formulation. Colonel Barbara J. Smith had been nominated to become the Army Central (ARCENT) chief nurse, and she was able to participate in the Desert Shield Situation Group's planning processes. The team studied several topics, including clinical issues focusing on field nursing documentation, treatment of casualties, and equipment problems. They also sought information about cultural aspects of nursing in the Arab world and disseminated it to the field. They liaised with civilian professional

nursing organizations, sharing information and addressing professional concerns. Finally, they focused on educational matters, recommending that virtually all officers participating in Long Term Civilian Health Education and Training curricula remain in their academic programs, that all temporary duty courses be cancelled for the duration of the operation, and that the Academy of Health Sciences convene a two-week mobilization course for activated U.S. Army Reserve (USAR) and Army National Guard (ARNG) personnel. The mobilization course objectives ensured that those activated met minimum deployability standards. A total of 902 USAR and ARNG Army Nurse Corps officers attended the courses held at Fort Sam Houston, Texas.¹

In mid-summer 1990, the end strength for the Army Nurse Corps was 4,650 officers.² By August, the Army Nurse Corps anticipated the need for more nurses and called for USAR/ARNG and retiree volunteers. More than 800 responded, but not all immediately reported for active duty. Based on need, specialty, and rank, the Corps activated a majority of these officers early in the operation. More than 8,000 Army Nurse Corps officers were available to serve worldwide on active duty during ODS. This included the mobilization of approximately 3,450 USAR and ARNG Army nurses.³ Only 31 Army nurses were released from active duty for reasons of hardship or community essentiality during the period.⁴ To prepare for a possible need for even more nurses, the Corps reviewed the records of retired Army nurses in August 1990 in anticipation of an involuntary call-up, but this did not prove necessary because a number of retirees did step forward and returned to active duty.⁵

The Army implemented a stop-loss program on 1 September 1990 that halted voluntary separations for all personnel involved in direct support of ODS.⁶ By February 1991, stop-loss had affected 148 Army Nurse Corps officers who were involuntarily extended on active duty. The Army also temporarily discontinued the practice of requiring those officers twice nonselected for promotion to separate from the service, but initially allowed retirements for time in service to proceed as usual.⁷ After 5 December 1990, approved voluntary retirements were suspended indefinitely.⁸ To stabilize and balance personnel strengths, the Army also involuntarily extended officers serving on overseas tours in foreign countries as well as Hawaii and Alaska.⁹

By 16 January 1991, when the air campaign began, 2,265 Army nurses were serving in the Persian Gulf.¹⁰ At the conclusion of the ground war on 28 February 1991, 2,215 Army Nurse Corps officers were on duty in Southwest Asia.¹¹ As of April 1991, required strength of the Army Nurse Corps in Southwest Asia was 2,211 and 2,214 Army nurses were assigned there.¹²

The ARCENT surgeon, Colonel Demetrios G. Tsoulous, specifically requested that Colonel Barbara Jean Smith, an Army nurse with extensive field experience, serve as the ARCENT chief nurse during ODS.¹³ Although Smith learned of her assignment to this position in late August 1990, she did not depart from the continental United States until 12 November 1990 but was in the country when U.S. Army Forces Central Command Medical Group (Echelons Above Corps) (Provi-

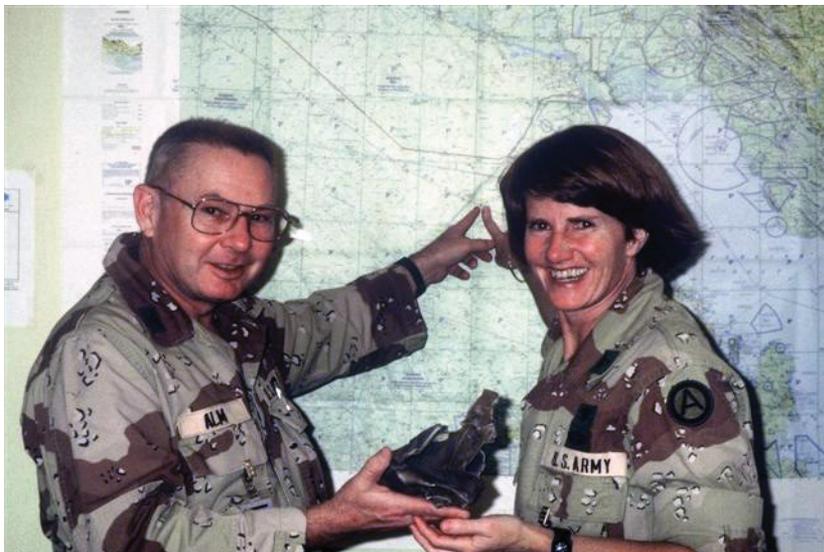


Front row from left to right, Lieutenant Colonel Maureen Combs, chief nurse of the 86th Evacuation Hospital and Colonel Barbara J. Smith, ARCENT chief nurse, pose with a few key officers from the 86th, second row, from left to right, Major Mary Glenn, Major Kathleen Simpson, Lieutenant Colonel Jean Purdom, and Lieutenant Colonel Deborah Castellan during a staff visit in the desert. Photo courtesy of Colonel Barbara J. Smith, West Columbia, SC.

sional) commenced operation on 6 December 1990. She recalled that the delay was exceedingly difficult, but she studied the annual reports of the chief nurses in Vietnam, read geographical updates of conditions in the Gulf, and collected pertinent nursing care references, hospital/nursing regulations, and other published planning guidance such as relevant field manuals. Smith also asked Adams-Ender for autographed copies of her portrait, which she eventually presented to each hospital chief nurse as she visited their units. Smith carried three duffel bags of predominantly professional/leadership materials with a minimum of personal belongings on her trip overseas.¹⁴

A crowded office building in Riyadh housed the ARCENT headquarters. There, Tsoulous gave Smith “a lot of latitude” and autonomy to do what—in her judgment—needed to be done.¹⁵ She described her position as predominantly a staff role that stressed support activities and fostered developmental programs. She envisioned another of her responsibilities as promoting collaboration and team building among the nurses as they erected hospitals and cared for casualties.¹⁶

Smith made it a priority to visit personally the extensive network of U.S. Army hospitals to mitigate the sense of isolation among nurses serving in remote areas. She firmly believed “that her presence and her caring attitude had to be felt by the chief nurses and the nursing staff” who were living and working in extremely



Colonel Barbara J. Smith, ARCENT chief nurse, plots out a route for a journey across the desert accompanied by Colonel Philip Alm, the ARCENT chief of veterinary medicine during Operation Desert Storm. In accordance with Saudi customs, Smith could not drive and did not travel alone. Photo courtesy of Colonel Barbara J. Smith, West Columbia, SC.

harsh conditions. Thus, about half of Smith's time was spent on the road, often traveling at a snail's pace over lengthy distances on hazardous thoroughfares. The scarcity of military vehicles and the Saudi prohibition banning women from driving or traveling alone complicated her efforts. These circumstances compelled Smith to coordinate her travel plans with other male staffers to make team visits to far-flung hospitals situated across the Saudi Arabia desert. She often spent long hours or even days confined in vehicles with the same individuals, and conditions sometimes called for a generous measure of restraint and a determinedly positive attitude.¹⁷

One of Smith's first actions was to visit Lieutenant Colonel Ruth Cheney, the chief nurse of the 44th Medical Brigade, in Dhahran. Soon after her arrival, Smith and Cheney conferred with all the 44th Medical Brigade chief nurses, ironing out various nursing issues such as facility problems, standard operating procedure development, the improvement of forms, and other patient care concerns.¹⁸

While on her rounds, Smith usually prefaced her visits with an informative briefing, updating the nurses about happenings in the continental United States, sharing how citizens in the United States supported their efforts, and bringing greetings from Adams-Ender. During these sessions, Smith was continually impressed with "the enthusiasm and can-do attitude" of the Army Medical Department soldiers. She acknowledged, however, that there usually were one or two



Colonel Barbara J. Smith (left) and Lieutenant Colonel Ruth Cheney, chief nurse of the 44th Medical Brigade in Dhahran (right) meet for an update and discussion of issues. Photo courtesy of Colonel Barbara J. Smith, West Columbia, SC.

“unhappy campers” in a unit. Nevertheless, most “were wonderful—flexible and ready to help in whatever situation.”¹⁹

Smith attempted to anticipate problems and solve issues before they surfaced. Specifically, she conferred with the nurse consultant, then-colonel Nancy R. Adams, and subsequently adapted peacetime methods of documentation to more appropriate forms suitable for use in combat. She stressed the need for additional in-theater education focusing on handling chemically contaminated casualties and Advanced Trauma Life Support and supported the progress of training teams moving from hospital unit to hospital unit to share information on these topics. Smith noted that participation in the classes and attention to the instruction was extremely high due to the life-or-death nature of the subject matter.²⁰

Language and cultural barriers, particularly in host nation hospitals, were problems. Cultural proscriptions banned Saudi women from working as nurses, meaning that virtually all nurses in that nation’s hospitals were foreigners. Most spoke English, but communication was still problematic. Some of the foreign nurses were unaccustomed to dealing with advanced technology, which complicated matters. U.S. Army nurses’ willingness to share their knowledge—teaching the use of gas masks, the basics of cardiopulmonary resuscitation, and the care of trauma victims, and assisting with the development of Mass Casualty disaster plans—facilitated their integration into these host nation hospitals.

The care of Enemy Prisoners of War and displaced civilians was another chal-

lenge met proactively. It required anticipatory guidance and serious attention, and produced ethical dilemmas and diversion of sometimes scarce resources needed for the care of allied forces. Smith fostered a spirit of cohesion and cooperation to overcome these inevitable obstacles.²¹ Overall, she functioned as “a supporter, communicator, facilitator, and a consultant.”²²

The echelons of nursing administration below the chief nurse, ARCENT, within Southwest Asia included Lieutenant Colonel Ruth Cheney, the chief nurse of the 44th Medical Brigade of the XVIII Airborne Corps; Lieutenant Colonel Alice Davidson, chief nurse of the 332nd Medical Brigade out of the VII Corps; and the chief nurses in the Echelons Above Corps that fell under the ARCENT chief nurse, Colonel Smith.²³ Serving beneath Cheney were the 1st and 62nd Medical Group chief nurses, Lieutenant Colonel Elizabeth Heil and Colonel Rita Hutcheson.²⁴ Under Davidson in the 332nd Medical Brigade, Lieutenant Colonel Susan Malloy was chief nurse of the 341st Medical Group, Lieutenant Colonel Jackie Tyler served as chief nurse of the 127th Medical Group, and Major (P) Wendy Bottomley filled the position of chief nurse of the Evacuation Hospital Task Force. In the Echelons Above Corps hospitals, the chief nurses of the 803rd, 202nd, 244th, and 173rd Medical Groups were Colonel Maureen Holland, Lieutenant Colonel Marianne Mathewson-Chapman, Major John Shank, and Lieutenant Colonel Joyce Mezzano, respectively. Each medical group consisted of three to seven hospital units.²⁵ The medical group chief nurses advised the group commander on nursing matters, established and monitored standards of nursing practice and supervised its performance, established guidelines for the utilization of nursing staff, created and operated educational programs for nurses, coordinated nursing activities among the chief nurses of their subordinate hospitals, and liaised with the medical brigade chief nurse.²⁶

Lieutenant Colonel Ruth Cheney’s experiences as chief nurse of the 44th Medical Brigade in ODS were illustrative of nursing administration at the corps level. Cheney, a Vietnam veteran like Smith, also had extensive field nursing experience.²⁷ She signed into the 44th Medical Brigade at Fort Bragg on 19 June 1990 and had only a few weeks to settle into her new role when preparations for ODS began. In the predeployment phase, she immediately confronted several issues. They included concerns about staffing, supplies, nuclear, biological, and chemical protection, quality of patient care, medical regulating, staff health and morale, locations of hospital units, and education, among others.²⁸

Cheney arrived at Dhahran Air Base in Saudi Arabia with an advance party on 30 August 1990. Buses transported the group to Dragon Base, XVIII Airborne Corps headquarters. Although forewarned about the differences in the status of women in Saudi Arabia, this bus trip was Cheney’s first face-to-face encounter with Saudi cultural beliefs. The bus had a back door labeled “ladies entrance” that allowed women to enter a segregated area in the rear of the bus. Both male and female soldiers loaded into the bus ignoring these signs, but Cheney was surprised by such a flagrant exhibition of gender segregation in spite of the prebriefings she attended focusing on Middle East culture. On the other hand, the Saudis gener-



From left to right, Lieutenant Colonel Marianne Mathewson-Chapman, deputy chief nurse of ARCENT, Lieutenant Colonel Joyce Mezzano, 173rd Medical Group chief nurse, and Colonel Barbara J. Smith, ARCENT chief nurse, departing from a visit to the 300th Field Hospital during Operation Desert Storm.

Photo courtesy of Colonel Barbara J. Smith, West Columbia, SC.

ally treated her with kindness and respect and on one occasion a Saudi military policeman spontaneously presented her with a bouquet of roses. She also was impressed with the various forms of subtle encouragement offered by the Saudi women, many of whom discreetly flashed the American servicewomen a “V for victory” sign, waved, or passed notes expressing support for the servicewomen and their efforts.²⁹

Cheney routinely greeted incoming Army nurses and briefed them on the military medical system in Saudi Arabia and Bahrain, warned them about expected Iraqi use of chemical weapons, instructed them on local alcohol prohibitions and uniform policies, and responded to queries. The most frequently posed question by new arrivals was how long they would be in Saudi Arabia. Cheney always replied, “Plan on a year and be pleasantly surprised if it’s less.” The 44th Medical Brigade also provided arriving Army nurses with a classified tactical briefing.³⁰ The sessions triggered reality shock and became a moment of truth for the majority of the arrivals once they grasped the seriousness of the combat situation.³¹

This then was the leadership matrix that provided guidance and support to the thousands of Army nurses who deployed to the desert. Its foundations resided in the meticulous pre-combat planning that anticipated the actual event. As a result of this planning, the mission by and large progressed according to plan, apart from the random, irksome, yet inevitable, glitches.

Notes

1. John Hudock, "Army Nurse Corps Executive Summary of Desert Shield/Storm," Typewritten Document, n.d., Army Nurse Corps Collection (ANCC), Office of Medical History (OMH).

2. Lieutenant Colonel Smith, "AMEDD Officer Personnel Strength Management," Information Paper, 1, 11 March 1991, ANCC, OMH.

3. One source calculated the number of COMPO II and III Army nurses called up at 3,698. "AMEDD Volunteers: Desert Shield," Briefing Slide, n.d., ANCC, OMH.

4. "ANC Desert Shield/Storm," Briefing Slide, n.d.; and John Hudock, "Army Nurse Corps Executive Summary of Desert Shield/Storm," Typewritten Document, n.d. (both in ANCC, OMH). Several sources noted that the Army Nurse Corps ordered 494 volunteers to active duty. Of these, 328 were medical-surgical nurses, 49 were operating room nurses, 27 were nurse anesthetists, 25 were psychiatric nurses, and a few represented the other nurse AOCs (Areas of Concentration). "AMEDD Volunteers: Desert Shield," Briefing Slide, n.d.; and John Hudock, "Operation Desert Shield/Storm," Information Paper, 14 February 1991 (both in ANCC, OMH).

5. John Hudock, "Army Nurse Corps Executive Summary of Desert Shield/Storm," Typewritten Document, n.d.; and HQDA, "Desert Shield Personnel Policy No 7—Recall of Retirees," August 1990 (both in ANCC, OMH).

6. By November 1990, all active Army members became subject to the stop-loss program. Thomas F. Sikora, "Stop Loss Policy Applicability Changes," MILPER Message Nr 91-45, November 1990, ANCC, OMH. "'Stop Loss' Extends Duty for Soldiers," *HSC Mercury* 18 (October 1990): 6.

7. John Hudock, "Operation Desert Shield/Storm," Information Paper, 14 February 1991; Lieutenant Colonel Smith, "AMEDD Officer Personnel Strength Management," Information Paper, 2, 11 March 1991; William H. Reno, "Suspension of Active Component Voluntary Separation of Officers and Enlisted Personnel (Stop Loss) Policy No. 12," 27 August 1990; and "PERSCOM 'Stop Loss Rules'," Printed Document, 4 December 1990 (all in ANCC, OMH).

8. William H. Reno, "Suspension of Active Component Voluntary Separations of Officers and Enlisted Personnel (Stop Loss)," MILPER Message, November 1990, ANCC, OMH.

9. G.L. Brown, "Temporary Worldwide Involuntary Foreign Service Tour Extensions," MILPER Message, November 1990, ANCC, OMH.

10. Lieutenant Colonel Fox, "US Army Medical Department, Operation Desert Shield," Briefing Slides, 16 January 1991, ANCC, OMH.

11. Barbara J. Smith, "Current Status of Army Nurse Corps Activities in the AOR," Memorandum, 1, 10 March 1991, Smith Collection, U.S. Army Medical Department Museum.

12. Marianne Mathewson-Chapman, "Theater Nursing Services," Memorandum, 14 March 1991; and Barbara J. Smith, "Operation Desert Storm Historical Report (17 January–1 April)," Memorandum, 4 April 1991 (both in ANCC, OMH).

13. Smith was a veteran of the Vietnam War, serving in Da Nang in 1970. From 1980 to 1982, she was chief nurse of the 15th CSH at Fort Belvoir, Virginia. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 4–8, 11–12, 17–18, 2 March 1995, Army Nurse Corps Oral History Collection (ANCOHC), OMH. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 18, 19, 2 March 1995, ANCOHC, OMH.

14. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 21, 22, 2 March 1995; and D.G. Tsoulos, "Command Report, U.S. ARCENT Medical Command, 1 August 1990 to 16 January 1991," Typewritten Report, 3, 1 March 1991 (both in ANCOHC, OMH). Frank N. Schubert and Theresa L. Kraus, eds., *The Whirlwind War, The United States Army in Operations Desert Shield and Desert Storm* (Washington, DC: Center of Military History, United States Army, 1993), 89.

15. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 18, 19, 2 March 1995, ANCOHC, OMH.

16. Barbara Jean Smith, "The Nurse Executive in Operation Desert Shield/Desert Storm," *Nursing Management* 24 (January 1993): 68–70. Barbara J. Smith, "Job Description Chief Nurse, U.S. Army Forces Central Command," Printed Document, 4 December 1990, Smith Collection, U.S. Army Medical Department Museum. Barbara J. Smith, "Operation Desert Storm Historical Report (17 January–1 April)," Memorandum, 4 April 1991, ANCC, OMH.

17. Barbara Jean Smith, "The Nurse Executive in Operation Desert Shield/Desert Storm," *Nursing Management* 24 (January 1993): 68–70. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 18, 2 March 1995, ANCOHC, OMH.

18. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 24–25, 2 March 1995, ANCOHC, OMH. Smith helped to develop documentation forms and worked to set up a system for form resupply. The documentation packet designed for the theater included a simplified doctor's order sheet that facilitated transcription of orders, an Emergency Medical Treatment assessment form, and an Intensive Care Unit (ICU) flow sheet. Smith also created a Nursing Monthly Activities Report that tracked nursing workload statistics. Ruth Cheney, "History of the 44th Medical Brigade Chief Nurse, Operations Desert Shield/Desert Storm," Printed Manuscript, 14, 7 June 1991, Cheney Collection, U.S. Army Medical Department Museum. Barbara J. Smith, "Nursing Documentation in the Theater of Operations," Information Paper, 6 December 1990, Smith Collection, U.S. Army Medical Department Museum.

19. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 24–25, 2 March 1995, ANCOHC, OMH.

20. Barbara Jean Smith, "The Nurse Executive in Operation Desert Shield/Desert Storm," *Nursing Management* 24 (January 1993): 68–70. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 30, 2 March 1995, ANCOHC, OMH. Barbara J. Smith, "Nursing Documentation in the Theater of Operations," Information Paper, 6 December

1990, Smith Collection, U.S. Army Medical Department Museum.

21. Barbara Jean Smith, "The Nurse Executive in Operation Desert Shield/Desert Storm," *Nursing Management* 24 (January 1993): 68–70. Barbara J. Smith, "Operation Desert Storm Historical Report (17 January–1 April)," Memorandum, 4 April 1991, ANCC, OMH.

22. Barbara J. Smith, Interview by Constance J. Moore, Transcript, 48, 2 March 1995, ANCOHC, OMH. Barbara J. Smith, "Operation Desert Storm Historical Report (17 January–1 April)," Memorandum, 4 April 1991, ANCC, OMH.

23. Ruth Cheney, "History of the 44th Medical Brigade Chief Nurse, Operations Desert Shield/Desert Storm," Printed Manuscript, 2–3, 7 June 1991, Cheney Collection, U.S. Army Medical Department Museum. Barbara J. Smith, "Guidance for the ARCENT EAC MED GRP Chief Nurses," Memorandum, 27 December 1990, Smith Collection, U.S. Army Medical Department Museum.

24. Ruth Cheney, "History of the 44th Medical Brigade Chief Nurse, Operations Desert Shield/Desert Storm," Printed Manuscript, 14, 7 June 1991, Cheney Collection, U.S. Army Medical Department Museum.

25. Mathewson-Chapman also served as the deputy ARCENT chief nurse under Colonel Barbara J. Smith. Marianne Mathewson-Chapman, "Theater Nursing Services," Memorandum, 14 March 1991, ANCC, OMH. Mathewson-Chapman later was promoted to brigadier general and in 2000 received her second star. She was the first woman in the ARNG to achieve the rank of major general and at that time served in an IMA position as deputy Army surgeon general/National Guard. "First Female," *The Mercury* 27 (July 2000): 3. "EAC Hospitals Nursing Status," 22 February 1991; "VII Corps Nursing Status," 1 April 1991; and "XVIII Corps Nursing Status," 1 April 1991 (Printed Documents, all in Smith Collection, U.S. Army Medical Department Museum).

26. Marianne Mathewson-Chapman, "Job Description, Chief Nurse, Medical Group," Printed Document, 1 June 1991, Smith Collection, U.S. Army Medical Department Museum.

27. Cheney was a Vietnam veteran and had more recently served as chief nurse of the 28th CSH. Ruth Cheney, "History of the 44th Medical Brigade Chief Nurse, Operations Desert Shield/Desert Storm," Printed Manuscript, 2, 7 June 1991, Cheney Collection, U.S. Army Medical Department Museum.

28. Ruth Cheney, "History of the 44th Medical Brigade Chief Nurse, Operations Desert Shield/Desert Storm," Printed Manuscript, 2–3, 7 June 1991, Cheney Collection, U.S. Army Medical Department Museum.

29. *Ibid.*, 4.

30. Tactical briefings, or the "Battle Update Brief," varied from unit to unit depending on the data the commander wanted to be presented. They could provide information about enemy activities/threats, weather conditions, operational orders, and/or readiness status for each section/department of the unit. Red readiness status meant the unit was not mission capable. Amber status denoted the unit was partially mission capable, and Green indicated that the unit was fully mission capable.

31. Ruth Cheney, "History of the 44th Medical Brigade Chief Nurse, Operations Desert Shield/Desert Storm," Printed Manuscript, 7, 7 June 1991, Cheney Collection, U.S. Army Medical Department Museum.