

Chapter Twenty

Army Nurse Corps Activities in Europe and the Continental United States in Operation Desert Shield/Operation Desert Storm and in the Aftermath

U.S. Army European Command, the communications zone, provided the key link between the Arabian Peninsula and the continental United States (CONUS) during Operation Desert Shield/Operation Desert Storm (ODS).¹ Numerous Army Nurse Corps officers permanently assigned in Europe served there, providing essential care to casualties moving along the evacuation chain as well as to their normal beneficiaries. Others in Europe deployed as Professional Officer Filler System (PROFIS) personnel to Southwest Asia (SWA) with Table of Organization and Equipment (TO&E) units based in Europe. Still others arrived from various worldwide locations and backfilled the facilities in 7th Medical Command (MEDCOM) to replace staff who had deployed into the combat zone.²

During the early days of ODS, the 7th MEDCOM began planning to deal with the expected influx of battle casualties. It selected three major units in 7th MEDCOM to care for the 1,760 expected combat casualties: the 2nd and 97th General Hospitals at Landstuhl and Frankfurt, respectively, and the 98th General Hospital at Nürnberg. To augment the staff of these three casualty centers, all 11 hospitals in 7th MEDCOM shared personnel. The in-house and satellite clinics of the 11 hospitals at first remained open to provide care for the usual population of military personnel and family members assigned to Europe. Over time, however, some clinics and offices relocated away from hospital facilities to allow space for more beds. When ODS' air campaign launched on 16 January 1991, the facilities reduced selected health care services for some of their usual patients. Frankfurt Army Regional Medical Center, for example, referred its obstetrical patients to the German Krankenhauser, local civilian hospitals, for deliveries and either postponed or similarly referred elective surgeries to local host nation institutions.³ Supplementing the three Casualty Care Centers were five other supporting hospitals. Based on two criteria—accessibility to an airport to facilitate reception of incoming casualties and sufficient space to

expand—the five selected were the Community Hospitals at Heidelberg, Würzburg, Bad Cannstatt, Augsburg, and Bremerhaven, Germany. They added 753 operating beds to 7th MEDCOM's capacity.⁴

In November 1990, Forces Command tasked three TO&E hospitals from 7th MEDCOM, the 12th Evacuation Hospital, the 128th Combat Support Hospital, and the 31st Combat Support Hospital, to deploy from Europe to SWA in support of ODS. The 7th MEDCOM ordered 123 Army Nurse Corps officers from their 11 in-country fixed facilities to accompany the deployment. Of the 123 deployed with the three TO&E hospitals, 90 were medical-surgical nurses, 19 operating room nurses, and 14 nurse anesthetists. The original plan was to backfill the 123 vacancies with U.S. Army Reserve (USAR) personnel, but by December 1990 it was clear that the three hospitals would have to deploy before the arrival of reserve units from the United States. To bridge the gap and provide a modicum of relief, 7th MEDCOM requested Health Services Command (HSC) to send 11 Army nurses from CONUS to augment operating room and anesthesia services in Europe. These officers provided professional services for about three weeks. The three TO&E units that deployed to SWA returned to their home stations in Europe four months later in April 1991.

Meantime, 7th MEDCOM dispatched a team with an Army Nurse Corps representative, Lieutenant Colonel Betty Gruner, back to CONUS to consult with the first six reserve hospitals destined for Europe.⁵ The team's mission was to facilitate the integration of the units into the European theater hospitals and clinics and to acquaint the unit personnel with the U.S. Army European Command's requirements. The team also was charged to identify shortfalls or deficiencies in the units' staff.⁶

Another 7th MEDCOM team met the incoming reservists at Rhein-Main Air Base in Germany, made on-the-spot assignments, and immediately transported the individuals to their destinations via car, train, or bus. Since all 11 hospitals in 7th MEDCOM had deployed at least some of its active duty staff to SWA, sending an entire unit to one hospital was not an option. Thus, specially selected members from backfill units went to different locations and the units were separated, a distressing moment for many of the USAR and Army National Guard (ARNG) soldiers.⁷

Lieutenant Colonel Kathy Rockwell was one such reservist who mobilized with her USAR unit, the 94th General Hospital (GH), at Mesquite, Texas, in early January 1991. After processing for overseas rotation at Camp Bullis, Texas, the unit departed on a commercial flight to Frankfurt, Germany. It was a poignant experience both for Rockwell and some of the flight attendants because they had flown similar flights into Vietnam three decades earlier. On arrival, Rockwell learned that the unit's expectation that they would remain together "was a dream," because there was no need for a whole unit to set up in its entirety. Most found the reality of being divided into groups of 15 to 20 "very disappointing and very scary." Soon, however, the contingent was rolling down the autobahn toward Augsburg and the 34th GH in a bus with a German bus driver who spoke no Eng-

lish. In the dark of night, the bus abruptly stopped and the only understandable communication between driver and soldiers was the word “kaput!” An hour later, another bus picked up the weary soldiers, but now the driver went astray, arriving at the wrong location in Augsburg. The nurses finally arrived at the hospital “and were warmly welcomed” to their new home.

The newcomers immediately enhanced the Augsburg hospital’s medical readiness and initiated preparations to expand the hospital from 125 to 1,000 beds. Members of the 328th GH from Fort Douglas, Utah, who had arrived before Christmas, were also assigned to the 34th GH. Rockwell recalled that a sense of camaraderie developed between the two USAR units was mutually beneficial because the Utah cohort went through emotional peaks and valleys similar to those experienced by the Texas unit. One lieutenant colonel from the 328th GH had left five children younger than the age of three (two sets of twins and a baby). One 94th GH physician was away from his wife and four children. Rockwell likewise had said goodbye to her husband and four children. An informal support system developed among those who shared the hardships of mobilization.

The ground war began and ended so quickly that the 34th GH received only a few orthopedic casualties and most of their patients were not battle casualties. Although in retrospect all the preparations seemed unnecessary, the medical build-up was an essential component of prudent planning. In May 1991, the 94th GH redeployed to Texas. Rockwell reflected that her “homecoming was wonderful. What a difference from Viet Nam! There were balloons, flowers and a cheering group” hailing their return.⁸

Across Europe, reservists filled vacancies in all 11 depleted facilities. While in their assigned locations, the local military communities provided moral support for the reservists, taking them on tours of the surrounding sights, offering language classes, and housing them in living quarters that in some instances were reputedly superior to the billets inhabited by the permanent party. In Germany, the local nationals also hosted the reservists at concerts, volksmarches, dinners, shooting contests, and china factory visits.

Almost 541 USAR and ARNG Army nurses, whose number included 85 operating room nurses and 47 nurse anesthetists, reinforced the hospitals in Europe. The greatest area of need was for staff-level nurses capable of providing hands-on clinical care. The supply of backfill USAR and ARNG staff nurses did not precisely fit the demand. Many nurse administrators belonged to reserve units but the Table of Distribution and Allowances hospital chief nurses were able to make good use of all these officers who likewise were willing and able to fulfill virtually any role.

Although the entire assimilation was predominantly trouble free, a few difficulties arose. Commanders who attempted to retain control of their personnel complicated the integration of the USAR/ARNG personnel into units. Confusion ensued when the integrated Army nurses and enlisted nursing personnel were compelled to respond to two chains of command. Many of the reservists also felt underutilized, probably as a consequence of the short, rapid war that resulted in

few U.S. casualties.⁹ Pay problems, billeting difficulties, and the loss of USAR and ARNG units' integrity that occurred when 7th MEDCOM dispatched various unit members to separate hospitals were all distractions.¹⁰ Most, however, regarded the mobilization as a meaningful experience. Captain Linda Fortmeier, a reservist hailing from San Antonio, Texas, who served as an operating room nurse at the 97th General Hospital in Frankfurt, remarked:

I knew what to expect. Our role is to take care of military members, and that's important to me. . . . I'm patriotic, so it's my way of committing myself to that feeling. When I signed up with the military, I was single. But now I'm married and have a small son, so there are other things pulling at me. . . . I'm still committed to the reserves—it's just more difficult now.¹¹

Fortmeier's comments reflected the reality of many Army Nurse Corps officers, other female soldiers, and male parents—irrespective of component—who had to leave their young children. With many more women making up the total force, ODS was the first major operation where this became a significant issue. Nonetheless, female parents competently carried out their combat responsibilities during the Persian Gulf War, albeit with high levels of anxiety for their children and loved ones left behind.¹²

The redeployment of USAR and ARNG personnel to CONUS started in mid-March 1991. The command timed individual departures to coincide with the return of VII Corps forces to Europe. Almost all COMPO II and III soldiers assigned to Europe had returned home to CONUS and were inactivated by June 1991.¹³

ODS likewise affected daily operations in Army hospitals within the United States. While responding to the collective mandate to continue providing care for their usual patients, virtually all military treatment facilities had to deploy a significant number of their staff as PROFIS or Forces Command personnel for mobilizing TO&E units. Moreover, they transferred or cross-leveled certain staff to other CONUS Table of Distribution and Allowances hospitals.¹⁴ HSC facilities also billeted and validated the credentials and skills of backfill USAR and ARNG personnel. HSC tasked six installations as Army Primary Casualty Receiving Centers for the SWA theater, requiring these hospitals to expand their operating beds and bring their staff and supply levels up to required numbers to accommodate the expected increased casualty workload.¹⁵ The following narratives offer a brief glimpse into the wartime activities in the Primary Casualty Receiving Centers.

During ODS, Fitzsimons Army Medical Center in Aurora, Colorado, expanded its capacity to 750 operational beds, but fortunately it received only 127 Desert Storm casualties. Fitzsimons Army Medical Center deployed 195 of its staff to Saudi Arabia and furnished 56 additional service members as backfill at other CONUS facilities. To compensate, it relied on the services of 444 additional personnel, among them the 5502nd U.S. Army Hospital (USAH), Individual Mobilization Augmentees, those from Troop Program Units, Individual Ready Reserve reservists, and voluntarily recalled retirees. Fitzsimons Army Medical Center provided personal affairs assistance and moral support to 215 family members of deployed staff and the casualties hospitalized at the installation. It made every

effort to fill all requests for Class VIII (medical) supplies for deploying units. Similar activities occurred at Brooke Army Medical Center (BAMC) at Fort Sam Houston, Texas.

Before ODS, BAMC counted 346 operational beds. To prepare for expected casualties, HSC directed BAMC to implement a phased expansion that would make 1,406 beds available. BAMC located the additional beds in the Main Hospital, Beach Pavilion, and eight nearby buildings in an outlying area that would accommodate wards, with a total of 480 minimal care beds. Planners considered using beds in Chambers Pavilion, a closed facility formerly used for psychiatric patients, but rejected that option. Extensive building repairs, alterations, and improvements were required to transform the existing structures into acceptable facilities. From August 1990 to March 1991, BAMC cared for 214 military casualties from SWA. Of those, 26 involved combat-related injuries.

BAMC sent 69 PROFIS officers to Saudi Arabia and cross-leveled 153 to other CONUS health care facilities. To offset these losses, BAMC received 850 officers and enlisted soldiers from its augmentation unit, the 5501st USAH, and approximately 600 reservists from Troop Program Units, predominantly nurses, 91Cs (practical nurses), and physicians.¹⁶

Walter Reed Army Medical Center (WRAMC) also transformed itself in preparation for ODS. Like other major Army hospitals, WRAMC's assigned mission was to deploy its PROFIS personnel; support backfill taskings to other CONUS and European facilities; continue to provide health care for all categories of patients and SWA casualties; and to receive, integrate, and support incoming USAR and ARNG personnel and recalled military retirees. It initially planned to expand from 851 to 1,000 operational beds, with a capacity to add another 300 beds if so ordered.¹⁷

WRAMC began early in January 1991 to dismantle and recapture patient rooms being used as offices, sleep rooms, clinics, and other areas not being designated for actual patient occupation on active wards in the new hospital, the Heaton Pavilion, Building Two. Working floor by floor, a commercial moving company packed the contents of each room and stored them off post. Maintenance crews then reconnected medical gas, electrical, plumbing, ventilation, and communication systems. Housekeeping cleaned the rooms, and then the director of logistics moved in hospital beds and patient equipment.¹⁸ A similar sequence occurred as the Department of Nursing orchestrated the opening of Ward 9 and Ward 21/22 in the old hospital, Building One, that were designated as minimal care wards.¹⁹ The Property Management Division furnished these wards with beds, overbed tables, and bedside cabinets purchased in 1951 and 1952 during the Korean War (1950–1953) for that war's casualties and stored for half a century in Edgewood, Maryland, near Aberdeen Proving Ground.²⁰

From 23 January to 15 February 1991, more than 1,200 USAR and ARNG personnel in-processed at WRAMC's Delano Hall. "They came by convoys from New England, by train from Ohio, by POV [privately owned vehicle] from New York and New Jersey. They came and they came." By mid-January the assemblage

included members of nine reserve groups, with the largest being a contingent from Rockville, Maryland: the 2290th USAH.²¹ Forces Command initially disapproved HSC's request to activate the entire 2290th USAH, WRAMC's primary augmentation reserve unit.²² Instead, certain elements of the 2290th USAH were activated with a nursing component of 10 operating room nurses, three nurse anesthetists, and 31 practical nurses.²³ Plans called for the rest of the unit to be mobilized once hostilities commenced.²⁴ As a consequence, 200 reservists of the total officer and enlisted complement of the 2290th USAH arrived in January 1991, and an additional 500 signed in during February 1991. To prepare the influx of USAR and ARNG staff for their assignments at WRAMC, the Department of Nursing implemented several programs. It presented an orientation program, developed several educational offerings that focused on the care of combat casualties, created a Skills Lab where instructors assessed basic nursing proficiencies and provided remedial training in a controlled environment, and offered an intravenous proficiency class for all incoming nursing staff.²⁵ All told, 206 Army Nurse Corps USAR and ARNG officers served at WRAMC during ODS.²⁶

In January 1991, Dr. Phyllis Collins, an associate professor of nursing at the City of New York College of Staten Island, transitioned into her citizen-soldier role as Captain Collins of the 1208th USAH. The first alert for the 1208th came at a propitious time in late December 1990, fitting into the college's semester break and allowing another faculty member to assume Collins' academic duties. Collins mobilized at Fort Monmouth, New Jersey; reported in to WRAMC; and began work as a staff nurse on the hospital's head and neck surgical reconstruction unit. She credited the unit's head nurse, Major Elaine Walizer, as "having an excellent orientation for the reservists assigned to her unit" as well as outstanding leadership skills. Collins marveled at the ward's system of tracking discharged patients, its use of the Workload Management System for Nurses (the military's patient classification system), and the Army-wide universal system of documentation that facilitated the care of patients who transferred from one Army facility to another.²⁷

Collins noted that there were obvious divisions between reservists and active duty staff at WRAMC, but many of the permanent party were hospitable and friendly.²⁸ She recalled a chance meeting with Lieutenant Colonel Jean Reeder that opened up doors to collegial relationships that spanned both professional and social worlds. After introducing herself to Collins in the WRAMC dining facility, Reeder invited her to visit the Nursing Research Service offices and meet the unit's staff.²⁹ A cohesive group of nurses holding doctorates subsequently came together, and scholarly discussions and social gatherings ensued. Many took advantage of the Washington area's cultural and historical resources. After the conclusion of the ground war, Collins and other reservists with research or academic backgrounds were assigned to the Nursing Research Service to implement a major research project focusing on the activated reservists.³⁰

Collins' experiences taught her that "active duty Army is a family of one," where all participants look out for one another. Nurses celebrated festive holidays



Reservist and Army Nurse Corps officer, Captain Phyllis B. Collins, served at Walter Reed Army Medical Center during Operation Desert Storm from January to September 1991. Photo courtesy of Lieutenant Colonel Phyllis Collins, Staten Island, NY.



Four Army Nurse Corps officers serving at Walter Reed's Nursing Research Service during ODS gather around boxes of surveys sent to 6,000 Army Medical Department officer and enlisted personnel. The instruments provided the data to study the determinants of adaptation of medical department personnel during combat. The project investigator was Lieutenant Colonel Cindy Gurney. From left to right are Lieutenant Colonel Jean M. Reeder, Gurney, Lieutenant Colonel Mary T. Sarnecky, and Colonel Valerie E. Biskey, chief of the unit.

Photo courtesy of Colonel Cindy Gurney, Clifton Park, NY.

together, worked as a unified team, and were committed to their country. The deployment was the highlight of Collins' military career. After the deactivation of most of her fellow unit members, Collins remained on active duty until September 1991 to compile and analyze the data gathered in the course of the reservists' special study.³¹

The Department of Nursing at WRAMC created a number of contingency plans, including one to deal with a local terrorist attack. Anticipating large numbers of seriously ill patients in such an event, personnel in the Nursing Education and Staff Development Service proposed a short-term, three-week intensive care unit course to upgrade the skills of existing and incoming staff.³² Colonel Sharon Bystran, a Vietnam veteran with two previous assignments at WRAMC, was chief, Clinical Nursing Service. She competently updated the department's Mass Casualty Plan.³³

Colonel Diane Butke, WRAMC's assistant chief nurse, took on the task of assigning incoming nurses to clinical units. She contacted chief nurses at mobilization sites and requested that they interview the nurses, summarize the deploy-



Pictured here is Colonel Sharon Bystran, who served as Chief, Clinical Nursing Service at Walter Reed Army Medical Center in 1991.
Photo courtesy of Colonel Sharon Bystran, Aptos, CA.

ing nurses' clinical experience and background, and forward that information to WRAMC. Cooperation at every level made for efficiency. Butke then matched the incoming nurses' proficiencies to areas of need, methodically placed them on specific nursing units, and coordinated these assignments with the chiefs of the clinical nursing sections. She became renowned as the "keeper of the lists." WRAMC's chief nurse, Colonel Mary Messerschmidt, remarked that the "credit for the successful intergration [sic] of the reservists in the DON [Department of Nursing] belongs largely to her [Butke]. . . . She set the tone."³⁴

To prepare for staffing the minimal care wards in Building One, the units' head nurse, Major Maudie Jones, and the project director, Colonel Brooke Serpe-Ingold, drafted staffing requirements. Both revised plans, coordinated with work crews, and wrote protocols for the wards. The units never had to be opened because the average daily hospital census never exceeded 700 patients. The Department of Nursing dismantled the wards in April 1991 and the beds and equipment were again retired to storage.³⁵

In retrospect, Messerschmidt wrote that the WRAMC nurses who served during this period of war wanted their successors to capitalize on "the momentum and dedication of [WRAMC's] Department of Nursing during Operation Desert Shield/Storm." Overall conditions reflected a "high degree of cooperation and sense of pride that everyone shared. It was one of the finest hours in the history of WRAMC's Department of Nursing." Finally, Messerschmidt formally thanked and recognized "all of the nursing staff at WRAMC: . . . to those who stayed, and to those who went, and to those who came to take their place."³⁶

These vignettes exemplify the story of Army nurses' experiences, issues, and contributions during ODS. They document aspects of Army Nurse Corps participation, including some unprecedented, some familiar, and many that were minor variations on historical themes. They underscore the fact that representatives of all elements (active, USAR, ARNG, or retiree and the civil service nurses)—the vast, diverse, official and unofficial aggregate of the Army Nurse Corps serving worldwide—once again made many significant sacrifices and huge contributions to the war effort.

During ODS, the U.S. Army Nurse Corps demonstrated a high standard of readiness and fitness far superior to that of early days in previous operations. Their high levels of physical fitness provided them with the wherewithal to work harder and longer in situations where staffing levels were less than ideal. The realization of the "one Army" doctrine was a prominent feature of Army Nurse Corps involvement. The USAR and ARNG nurses successfully activated and integrated into the force. While stresses and strains were inevitable, by and large the concept worked.

In ODS, female Army nurses faced gender discrimination. They experienced intolerance not so much from their male counterparts in the U.S. military, but rather from the Muslim culture that the women were serving to protect. Cultural norms dictated that U.S. servicewomen wear uncomfortably hot clothing, prohibited them from driving, and relegated women to a separate, subservient class.

Additional hassles and tensions resulted from such treatment.

Army Nurse Corps officers traditionally have endured family separations in wartime, but during ODS the nature of the relationships and the identity of those involved in the separation changed radically. Approximately half the female Army nurses deployed to SWA were parents with one or more children. The resultant separation between parent and child provoked worries and concerns and was generally difficult for all involved. Doubtless, male nurses in similarly difficult circumstances suffered equally.

Army nurses used social support, spirituality, humor, physical activity, and correspondence with friends and family to adapt to the rigors and deprivations of serving in a field army. The use of alcohol to mitigate stress—not uncommon in previous wars—was prohibited in SWA because of the Muslim ban of such substances. This prohibition undoubtedly generated many positive consequences such as less violence, fewer accidents, and healthier lifestyles.

The need to function in a hostile milieu while hamstrung with logistical constraints was nothing new for Army nurses. Only the details changed. Army nurses improvised and used creativity and ingenuity to make the most of their circumstances. The desert environment with its climatic extremes; the ubiquitous threat of nuclear, biological, and chemical warfare; and shortages of supplies and equipment, such as high-tech items perceived as necessities, constantly demanded endurance, adaptability, and innovation.

Like their predecessors, Army nurses who served during ODS were much more than nurses. They were soldiers as well. They unpacked MILVANs (containers for overseas or ground movement of military cargo) and inflated air mattresses, served on company details, dug seepage pits, and removed rocks from proposed hospital sites. They performed guard duty, filled sandbags, participated in water details, pitched in with mess duties, and assisted with field sanitation chores. Their flexibility in the exceptionally austere conditions of ODS epitomized the strengths of Army nurses. Colonel B.J. Smith noted that countless commanders acknowledged that the mission could not have been accomplished without the dedication of Army nurses who contributed to the war effort with a team spirit, a sense of humor, and an attitude of infectious enthusiasm.³⁷

As many as 100,000 of the 697,000 military members, who served in SWA during ODS, reported significant health problems after leaving the Persian Gulf. They exhibited various combinations of symptoms such as bronchitis, emphysema, asthma, exhaustion, loss of memory, difficulty in concentrating, excruciating headaches, disturbed sleep, stomach disorders, lingering skin rashes, muscular/joint pain, and hearing ailments. Exhaustive studies and research have failed to reveal a single, definite cause for the so-called Gulf War Syndrome. It has been variously attributed to combat stress, contamination with poison gas, side effects of prescribed prophylaxis, leishmaniasis, exposure to sand and dust, depleted uranium, pesticides, chemical agent-resistant coatings, and/or exposure to petroleum products.³⁸

No statistics exist documenting the numbers of Army Nurse Corps officers—

if any—affected by this illness.³⁹ However, the Department of Veterans Affairs examination of the case records of 5,483 women who served in the Gulf War demonstrated that women in their sample experienced fatigue and headaches slightly more often than male veterans but reported having less muscle and joint pain than their male counterparts. The small differences were not statistically significant.⁴⁰

No Army Nurse Corps officers lost their lives in ODS. However, several enlisted medics were killed in action or died from nonbattle injuries.⁴¹ The U.S. Army suffered 354 wounded in action and 98 killed in action, with 128 other soldiers dying from noncombat causes.⁴²

Notes

1. "Operation Desert Shield/Storm, Concept of Operations," Typewritten Document, n.d., Army Nurse Corps Collection (ANCC), Office of Medical History (OMH).

2. Michael J. Scotti, "Team Concept Contributed to Success," *MEDCOM Examiner* 20 (April 1991): 2. Nancy N. Nooney, "Hq, 7th MEDCOM Nursing Support to SWA," Memorandum, n.d.; and Robert S. Driscoll, "Reconstitution of Seventh Medical Command during Operation Desert Shield/Storm," Typewritten Manuscript (TM), 2, 24 February 1993 (both in ANCC, OMH). William J. Vogt, "USAR Medical Professionals Earn Their 'Spurs' During Desert Storm," *Army Reserve Magazine* (Fourth Issue of 1991): 17, 25.

3. Nancy N. Nooney, "Hq, 7th MEDCOM Nursing Support to SWA," Memorandum, n.d., ANCC, OMH. Paul R. McGinn, "Army Hospital in Germany Poised to Receive Casualties," *American Medical News* (4 February 1991): 2. Susan Okie, "Plan for Stateside Care of Casualties Criticized," *Washington Post* (7 February 1991): A26. Joyce Price, "Hospitals Ready for Casualties of Ground War," *Washington Times* (25 February 1991): A10. "Reservists Key to Successful Expansion," *MEDCOM Examiner* 20 (April 1991): 4, 7.

4. Robert S. Driscoll, "Reconstitution of Seventh Medical Command During Operation Desert Shield/Storm," TM, 5–6, 24 February 1993, ANCC, OMH.

5. The first six units deployed to Europe were the 300th MASH (an ARNG unit) from Smyrna, TN, the 45th Station Hospital from Vancouver, WA, the 56th Station Hospital from Richmond, VA, the 44th General Hospital from Madison WI, the 94th General Hospital from Mesquite, TX, and the 328th General Hospital from Fort Douglas, UT. The latter five were USAR units. "Operation Desert Shield/Storm, A FORSCOM Perspective," Briefing Slides, n.d., ANCC, OMH. Ultimately, 18 USAR or ARNG hospital units had soldiers in five countries in 7th MEDCOM—Germany, Italy, Belgium, Turkey, and England. "Reserve Members Contributions Are Recognized," *MEDCOM Examiner* 20 (April 1991):

1. "Medical Reservists Served in Five Countries," *MEDCOM Examiner* 20 (April 1991):

3. Robert S. Driscoll, "Reconstitution of Seventh Medical Command During Operation Desert Shield/Storm," TM, 8, 24 February 1993, ANCC, OMH.

6. Robert S. Driscoll, "Reconstitution of Seventh Medical Command During Operation Desert Shield/Storm," TM, 8, 24 February 1993, ANCC, OMH.

7. Nancy N. Nooney, "Hq, 7th MEDCOM Nursing Support to SWA," Memorandum, n.d., ANCC, OMH. Paul R. McGinn, "Army Hospital in Germany Poised to Receive Casualties," *American Medical News* (4 February 1991): 2. "Local Hospitality a Hit," *MEDCOM*

Examiner 20 (April 1991): 7. Robert S. Driscoll, "Reconstitution of Seventh Medical Command During Operation Desert Shield/Storm," TM, 8–9, 24 February 1993, ANCC, OMH.

8. Kathy Rockwell, "Documentation of Events During Support of Operation Desert Shield/Storm, Some References to My Other War, Viet Nam," Printed Document, 5 May 2005, ANCC, OMH.

9. Nancy N. Nooney, "Hq, 7th MEDCOM Nursing Support to SWA," Memorandum, n.d., ANCC, OMH. Paul R. McGinn, "Army Hospital in Germany Poised to Receive Casualties," *American Medical News* (4 February 1991): 2. "Local Hospitality a Hit," MEDCOM *Examiner* 20 (April 1991): 7. Robert S. Driscoll, "Reconstitution of Seventh Medical Command During Operation Desert Shield/Storm," TM, 8–9, 24 February 1993, ANCC, OMH.

10. "Has Your Activation to Duty for Operation Desert Storm Affected Your Commitment to the Army Reserves?" *MEDCOM Examiner* 20 (April 1991): 2. William J. Vogt, "USAR Medical Professionals Earn Their 'Spurs' During Desert Storm," *Army Reserve Magazine* (Fourth Issue of 1991): 17, 25.

11. "Has Your Activation to Duty for Operation Desert Storm Affected Your Commitment to the Army Reserves?" *MEDCOM Examiner* 20 (April 1991): 2.

12. Rosemarie Skaine, *Women at War, Gender Issues of Americans in Combat* (Jefferson, NC: McFarland & Company, 1999), 139.

13. Nancy N. Nooney, "Hq, 7th MEDCOM Nursing Support to SWA," Memorandum, n.d., ANCC, OMH. Paul R. McGinn, "Army Hospital in Germany Poised to Receive Casualties," *American Medical News* (4 February 1991): 2. Robert S. Driscoll, "Reconstitution of Seventh Medical Command During Operation Desert Shield/Storm," TM, 10, 24 February 1993, ANCC, OMH. William J. Vogt, "USAR Medical Professionals Earn Their 'Spurs' During Desert Storm," *Army Reserve Magazine* (Fourth Issue of 1991): 17, 25.

14. Cross-leveling involved sharing personnel between one facility and another on a temporary basis or for the duration of a war.

15. Ronald R. Blanck and William H. Bell, "Special Reports: Medical Aspects of the Persian Gulf War, Medical Support for American Troops in the Persian Gulf," *New England Journal of Medicine* 324 (21 March 1991): 857–59. William A. Matheson, "After Action Reports—Operation DESERT SHIELD/DESERT STORM," 24 May 1991, ANCC, OMH. The six Army PCRCs were Walter Reed, Eisenhower, Brooke, Fitzsimons, William Beaumont, and Madigan Army Medical Centers. Handwritten note and map, n.d., in Mary L. Messerschmidt, *Desert Shield/Storm Records, Volume 1, Department of Nursing*, ANCC, OMH.

16. Donald A. Donahue, "After Action Report, Operation DESERT SHIELD/DESERT STORM," 24 May 1991, ANCC, OMH.

17. "Walter Reed Army Medical Center DESERT SHIELD Support Plan," Printed Document, 2, A-1, 4 January 1991, ANCC, OMH.

18. Peter Dougherty, "Desert Shield Update #6," 1, 3 January 1991; and Llewellyn E. Piper, "Mobilization Bed Expansion, Memorandum, n.d. (both in ANCC, OMH).

19. Note attached to June Sekiguchi, "Phase I Mobilization Expansion Maintenance Date (3 January 1991)—Progress Report," Memorandum, 3 January 1991; and Richard W. Salgueiro, "Minimal Care Conversion Milestones," Memorandum, 15 January 1991 (both in Mary L. Messerschmidt, *Desert Shield/Storm Records, Volume 1, Department of Nursing*, ANCC, OMH).

20. Bonnie S. Heater, "Post Gears Up for Desert Storm," Newspaper Clipping from the *Stripe*, in Mary L. Messerschmidt, *Desert Shield/Storm Records, Volume 1, Department of Nursing*, ANCC, OMH.

21. Larry Lane, "Active Duty, Reservists Unite," *Stripe* (11 January 1991): 1, 4, with note attached, in Mary L. Messerschmidt, *Desert Shield/Storm Records, Volume 1, Department of Nursing, ANCC, OMH*.

22. The activation of reserve component units in support of HSC actually took place in three phases. The initial call-up occurred during August 1990 and was in support of installations with large troop deployments. The second phase consisted of selected personnel of units who reported from 11 to 15 January 1991. The final phase involved those who activated as whole units, and they reported for duty on 4 February 1991. "RC Unit Activations in Support of HSC," n.d., ANCC, OMH

23. Peter Dougherty, "Desert Shield Update #6," 2, 3 January 1991; and Mary L. Messerschmidt, Handwritten Note attached to "Desert Shield Update #6," 7 January 1991 (both in Mary L. Messerschmidt, *Desert Shield/Storm Records, Volume 1, Department of Nursing, ANCC, OMH*).

24. "Walter Reed Army Medical Center DESERT SHIELD Support Plan," Printed Document, 2, 4 January 1991, ANCC, OMH.

25. Sandra L. Venegoni and others, "Operation Desert Shield/Storm, 'Lessons Learned,' Walter Reed Army Medical Department, Department of Nursing," 3-4, July 1991, ANCC, OMH.

26. Mary E. Keaveny, "Nurse Reservists Answer the Call," Unidentified Article, n.d., in Mary L. Messerschmidt, *Desert Shield/Storm Records, Volume 1, Department of Nursing, ANCC, OMH*.

27. Phyllis Collins to Author, E-mail Correspondence, 10 March 2005, ANCC, OMH.

28. Collins noted that at the point when the reservist felt respect and approval finally developing in the relationship between the two individuals (USAR and active duty), "there would be a glance down at your ID which was a different color (blue?) versus the AD (green?)" and the whole tone of the interaction reverted into nuances of distrust and distance. Phyllis Collins to Author, E-mail Correspondence, 10 March 2005, ANCC, OMH.

29. At that time, Colonel Valerie Biskey was chief of NRS, with a staff of nurse researchers that included lieutenant colonels Mary T. Sarnecky, Jean Reeder, and Cynthia A. Gurney and Captain Elizabeth Cook Greenwell.

30. Other researchers who collaborated on the study, "Together We Serve," were Colonel Mamie Montague and Captain Esther Brill. In civilian life, Montague was on faculty at Howard University and Brill at Long Island University. Phyllis Collins to Author, E-mail Correspondence, 10 April 2005, ANCC, OMH.

31. Phyllis Collins to Author, E-mail Correspondence, 10 March 2005, ANCC, OMH.

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