

Chapter Twenty-one

Operation Restore Hope in Somalia

Operation Restore Hope began as an Operation Other Than War, with humanitarian aspects and nation-building overtones. It rapidly became a straightforward combat mission that took place in Somalia, a nation situated on the Gulf of Aden and the Indian Ocean on the horn of Africa. Conditions had deteriorated in Somalia after the toppling of Siad Barre's government in January 1991. Numerous tribal clans and subclans began fiercely vying for supremacy. Civil unrest, anarchy, and lawlessness ensued, with marauding hoodlums in "technicals," vehicles with mounted heavy automatic weapons, ruling the streets and terrorizing the citizenry. As months of unrest turned into two years of civil war, the nation's infrastructure crumbled. The overwhelming chaos prevented farmers from growing crops, and feuding warlords then used scarce food as one of their weapons to gain power. Widespread starvation followed and ultimately the United Nations and the U.S. government intervened with famine relief efforts. Equitable distribution of food proved next to impossible because bandits who used the provisions to reward their followers forced international aid organizations to pay protection money to the warlords or hire armed guards to protect the food supplies.¹

The United Nations Operation in Somalia launched in April 1992. After frustrating months of looting, extortion, and running street battles, U.S. forces implemented what eventually became a four-phased operation known as Operation Restore Hope. During the operation, Major General Steven Lloyd Arnold, the commander of Army Forces, Somalia, established a "Four No's" policy—no bandits, no checkpoints to extort fees from relief convoys, no technicals, and no visible weapons would be tolerated. Phase I of Operation Restore Hope ran from 9 to 16 December 1992 and involved an unopposed Marine amphibious landing at the capital city of Mogadishu to secure the port and nearby airfields.² Phase II, from 17 to 28 December 1992, expanded security operations out to humanitarian relief distribution sites. Phase III, from 29 December 1992 to 17 February 1993, further expanded security operations and sought to uncover and seize weapon caches. Phase IV, 18 February 1992 to 4 May 1992, entailed a handover of authority to

the United Nations and signaled the conclusion of Operation Restore Hope. A United Nations peacekeeping mission, the United Nations Operation in Somalia II, remained in Somalia with a contingent of U.S. military who provided stability under the mantle of Operation Continue Hope.³ Hostilities persisted. In one outbreak, Somalia warlord and major clan leader General Mohamed Farrah Aidid probably was responsible for the deaths of 24 Pakistani soldiers on 5 June 1993. Aidid's followers also killed four U.S. Army soldiers in a land mine attack on 8 August 1993. Additionally, his militia shot down a UH-60 Black Hawk helicopter on a surveillance mission over southern Mogadishu on 26 September 1993. Three soldiers perished in the crash. A week later, a firefight between Aidid's militants and U.S. Army Rangers left 18 American dead and about 100 wounded. All U.S. troops finally left Somalia by September 1994.⁴

In the early days of Operation Restore Hope, the U.S. Navy provided limited medical support for theater forces. Beginning on 9 December 1992, a Marine Collecting and Clearing Company, which operated 20 beds and an operating room (OR), provided basic Level II care on land. At the same time the Navy provided Echelon III, more specialized care, aboard its Task Force 156 vessels, the USS *Tripoli*, the USS *Juneau*, and the USS *Mount Rushmore*. Also on 9 December 1992, the USS *Tripoli* assumed responsibility for interim medical evacuation activities with a helicopter on standby and dedicated to pick up casualties. When the 10th Mountain Division's organic medical assets arrived in the country on 18 December 1992, it also provided care. On 8 January 1993, the 86th Evacuation Hospital (EVAC) became operational and subsequently provided all Level III health service support in theater. The U.S. Air Force (USAF) set up an Air Transportable Hospital in Egypt at Cairo West Air Base on 12 January 1993. It served as a link in the air evacuation chain, transporting patients back to the 2nd General Hospital in Landstuhl and the 97th General Hospital in Frankfurt, Germany. The U.S. Army's 62nd Medical Group assumed overall responsibility for all theater health service support on 1 February 1993. The Swedish military also set up a hospital and cared for coalition forces.⁵

The U.S. Army originally planned to deploy a Combat Support Hospital (CSH) to provide health service support using Deployable Medical System equipment prepositioned aboard a Navy ship in Diego Garcia. The equipment required 62 containers and could not be loaded off the ship, the USS *Green Valley*, because of the shallow Mogadishu harbor, high waves, and cyclonic winds. Central Command then instructed Forces Command (FORSCOM) to deploy a 100-bed element of the 86th EVAC by air from Fort Campbell, Kentucky, to Somalia. The *Green Valley* never unloaded its cargo in Somalia, returning after a month to Diego Garcia.⁶

During the entire mission, three rotations of Army medical units provided health service support. The first rotation spanned from 9 December 1992 until 1 May 1993. The 62nd Medical Group out of Fort Lewis, Washington, had overall responsibility for theater medical services, while the 86th EVAC from Fort Campbell, Kentucky, served as the primary source of care. The 42nd Field Hospital,



Lieutenant Colonel John Pawley, chief nurse of the 62nd Medical Group, works in his improvised office in Somalia during Operation Restore Hope.
Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

garrisoned at Fort Knox, Kentucky, assumed health service support responsibilities during the second rotation, from 1 May 1993 to 15 August 1993. The 46th CSH from Fort Devens, Massachusetts, deployed for the third and final rotation from 15 August 1993 until 31 March 1994. Its seven-month tour was the longest of the three rotations.⁷

Health Services Command placed the 86th EVAC, garrisoned at Fort Campbell, Kentucky, on alert for deployment to Somalia early in December 1992. The timing of the operation's launch, which coincided with the December holiday period, had a depressing effect on all involved. Nonetheless, the men and women of Fort Campbell's Blanchfield Army Community Hospital (BACH) faced the challenge with determination and confidence in their ability to accept and complete the mission in spite of personal cost.⁸

Over half of the Army nurses serving at BACH, 31 of 52, were either FORSCOM or Professional Officer Filler System (PROFIS) assigned to the 86th EVAC, and Colonel JoEllen Vanatta, BACH's chief nurse, immediately began planning for their imminent deployment. She evaluated the impact their departure would make on the hospital and made sure that all were ready to deploy. Vanatta understood



Pictured is Colonel JoEllen Vanatta, chief nurse of Blanchfield Army Community Hospital from 1992 to 1993.

Photo courtesy of Colonel JoEllen Vanatta, Lakewood, WA.

the mobilization would deplete her operation room and anesthesia staff and the number of nurses in the emergency room, intensive care units, and medical/surgical wards. It also would reduce the numbers of nurse practitioners in the clinics. In a spirited show of support following the alert, the assigned civilian nurses stepped forward without hesitation to maintain the hospital and “immediately came on line and said they would work extra shifts.” The BACH civilian staff had always been known for its caring, cooperative, team approach, and their actions in the early days of Operation Restore Hope were typical of their attitude. The civilians intoned that “we have patients to take care of and we will stay.”

Health Services Command also responded expeditiously. Groups of cross-leveled active duty personnel and Individual Mobilization Augmentees, purposely requested by Vanatta to report after the holidays, arrived at BACH. On 3 January 1993, 28 active Army Nurse Corps officers arrived and two days later the Department of Nursing at the hospital received a list of 12 more reservist Army nurses who would serve as Individual Mobilization Augmentees and whose presence would allow for the return of the active duty backfill to their home hospitals. Almost all the reservists were “absolutely superb,” sound from a clinical standpoint, and had a positive frame of mind. Vanatta also initiated an emergency purchase request for contract nurses from a staffing agency in Nashville, Tennessee, although a need for their services never materialized.⁹

Vanatta made certain that all departing nurses underwent Preparation for Overseas Movement and made sure that no one—for any reason—would have to be dropped from the final PROFIS list. There were a few substitutions for extenuating circumstances, but other Army nurses at BACH volunteered to replace those unable to deploy.¹⁰ Vanatta released the mobilizing nurses from duty, and so they had some limited time to tend to family and personal concerns, process into the mobilizing unit, and attend predeployment briefings. These sessions focused on staying healthy in a developing country rife with unfamiliar endemic diseases, highlighting the care of patients suffering with these ailments, and briefed the deploying nurses on family support issues. The deploying nurses were issued flak vests, desert boots, large rucksacks, and goggles. Many of the nurses began taking Mefloquine malarial prophylaxis during this preparatory period.¹¹

When the operational alert occurred, the unit’s chief nurse, Major Carolyn Adams, was participating in C4 (Combat Casualty Care Course) at Fort Sam Houston, Texas, but she soon completed the program and returned to Fort Campbell, Kentucky. In the meantime, some confusion and frustration surfaced regarding whether Adams, the garrison chief nurse, or Colonel Elise Gates Roy, the PROFIS chief nurse, would deploy with the 86th EVAC.¹² FORSCOM ruled that Adams would serve in this role, and she then was frocked to lieutenant colonel.¹³ The rationale for her frocking was that she was on the promotion list, all the Table of Organization and Equipment chief nurse positions were being upgraded to lieutenant colonel, and several PROFIS lieutenant colonels would join the unit and be staffed in positions subordinate to Adams.¹⁴

Adams deployed with a handful of nurses on 30 December 1992 and arrived in



A smiling Major Carolyn Adams has silver oak leaves pinned on her uniform during her promotion ceremony. From left to right are Lieutenant Colonel Frank Blakely, Medical Service Corps, 86th EVAC commander, the newly frocked Lieutenant Colonel Carolyn Adams, and her husband, Colonel Bert Adams, DC.

Photo courtesy of Lieutenant Colonel Carolyn Adams, Steilacoom, WA.

Somalia one day later. Three chinks of nursing personnel, each aboard a USAF C-5 aircraft, followed a few days later, with a total of 31 Army Nurse Corps officers deployed.¹⁵ Vanatta attended every departure—whether during the day or at night—dispensing cookies and hugs to the departees to make it “a very good send off, under the circumstances.” Several USAF KC-10 planes transported the hospital’s supplies and equipment to Somalia.¹⁶

Because of their relatively late arrival, the 86th EVAC had to set up in a less-



Lieutenant Colonel Carolyn Adams, decked out in her TA-50, is pictured here as she deployed with soldiers from the 86th EVAC who were gathering in the background. Adams recalled that almost all in her chalk were in high spirits. She added that deploying on a mission to care for troops and to help other unfortunate people was an awesome responsibility and the ultimate experience for an Army nurse.

Photo courtesy of Lieutenant Colonel Carolyn Adams, Steilacoom, WA.



During a rare moment of calm in 1992, 86th EVAC Army nurse Captain Richard M. Prior visited with Somali children at a refugee center and distributed small tokens of friendship during Operation Restore Hope.

Photo courtesy of Lieutenant Colonel Richard M. Prior, Alexandria, VA.

than-ideal spot because other coalition units had secured the prime real estate. The 86th EVAC had to locate at the end of the somewhat secure airport's departure runway, with high noise levels, blowing dust and sand as aircraft arrived and departed, and significant hazards from the advanced state of disrepair on the runway.¹⁷

Immediately after their arrival, the staff constructed their Deployable Medical System equipment, and the hospital was thereafter affectionately referred to as Somalia Army Medical Center.¹⁸ One nurse observed, "Everybody from colonel down to private was out there slinging tents, putting up Temper, and doing manual labor."¹⁹ The nurses helped to erect the facility and also filled sandbags. "Most . . . decided that it was sort of fun to take time for mindless jobs."²⁰

On 8 January 1992, the hospital began seeing patients on a limited basis. Its first patient was a three-year-old Somali with a foreign body lodged in his trachea. Many other pediatric cases, victims of vehicular accidents or random gunfire, later followed this child as patients of the 86th EVAC. From the outset, the hospital had no pediatric nurses and no pediatric supplies or equipment. At first they improvised, but eventually the hospital received pediatric items after requisitioning them through normal supply channels or acquiring them on loan from

hospitals in Europe.²¹

Within a matter of weeks, the 86th EVAC had erected two operating rooms (ORs) and had expanded its bed capacity from 24 to 104 beds, with two 12-bed Intensive Care Units and four 20-bed Intermediate Care Wards in full operation.²² The EVAC was caring for 40 to 50 patients in its emergency room daily and supported an inpatient census of about 50 patients every day. Patients included soldiers and marines with malaria, dengue fever, diarrheal diseases, chicken pox, asthma, acute febrile illnesses, gunshot wounds, motor vehicle accidents, amputations, and sports injuries. To care for these patients, the nurses worked six 12-hour shifts a week, and such long hours were tiring. Adams wrote, "Between working, eating, laundry and showers there is little time for anything else except sleeping." She added that the nurses "learned to sleep through gunfire and very loud airplanes."²³

In March of 1993, fighting tapered off significantly in Somalia, and a deceptive atmosphere of relative calm settled over the area. The 86th EVAC received the welcome news that it would be relinquishing its responsibilities to another Army Table of Organization and Equipment hospital unit and would be returning home in the near future. Before its departure, however, plans to move the hospital to a better site had to be implemented. The monsoon season was approaching, and prevailing winds and weather conditions forced arriving planes to alter their previously fixed flight patterns. Because of the winds, arriving flights would be passing directly over the hospital during landings, an unacceptable state of affairs. Furthermore, the existing site was too small to accommodate the hospital. The 86th EVAC staff began their move to the golf course on the U.S. Embassy compound on 26 March 1993. During the 15-day odyssey, the USS *Wasp*, the 423rd Clearing Company, and a Swedish military hospital provided health care; and those members of the 86th EVAC not involved in the actual move augmented the Swedish hospital staff. The new location had security drawbacks, communication problems, and patient transport and aeromedical evacuation difficulties, but overall it was an improvement. It gave the unit additional physical space and a more level site and allowed for floors and connecting ramps in and among the various structures of the facility.²⁴

The main body of the 86th EVAC left Somalia on 6 May 1993, and most of the first rotation health service support staff departed by the end of May 1993. Their replacements, the officers and enlisted of the 42nd Field Hospital, arrived in the country on 24 April 1993 and took charge of patient care by the end of April.²⁵

Hurried preparations marked the 42nd Field Hospital's deployment from Fort Knox, Kentucky, in late April 1993. Captain Sharon Pryor, for instance, closed her on-post house, packed her household goods in a truck, and drove her four sons home to Chicago, all within a two-week period. She participated in threat briefs and health briefs. With packing lists furnished, she organized her belongings and filled the two duffle bags allowed her with three issued desert camouflage uniforms, head gear, TA-50, chemical equipment, and an air mattress. Pryor packed batches of personal supplies and gave them to her mother so she could incremen-

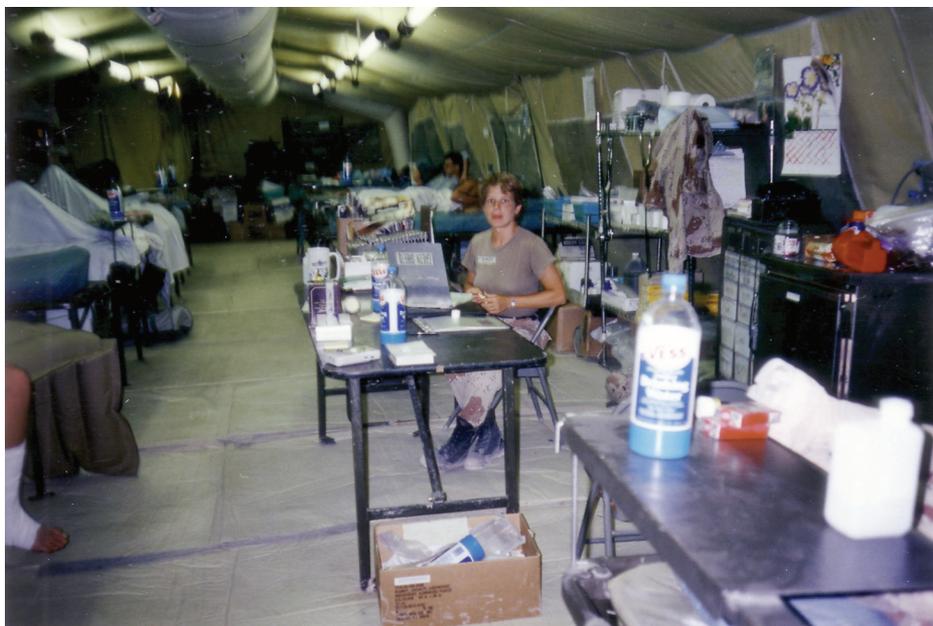


First Lieutenant Lyle Keplinger, a staff nurse in the intensive care unit at the 86th EVAC in Somalia, tends to a patient with multiple chest tubes early in 1993.
Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

tally mail them to her in Somalia.²⁶

The 42nd Field Hospital deployed as a unit on a commercial flight, leaving Fort Knox in the early morning on 23 April 1993 and arriving in Mogadishu on 24 April. Stepping off the plane, the staff encountered a blast of intense heat and mixed greetings from the Somalis, some of whom “yelled ‘Americans’ joyfully and others [who] waved foul hand gestures.” The 42nd Field staff had expected to be viewed as heroes, “but obviously not to all.”²⁷

The 86th EVAC’s welcome for the 42nd Field was “warm, friendly, and helpful.” The incoming unit fell into the 86th EVAC’s Deployable Medical System equipment and tent billets and assumed responsibility for nursing care on the third day after their arrival. Nine days later, the 86th departed, but in the interim



The 62nd Medical Group's Lieutenant Suzanne Richardson was on duty on the Medical Ward at the 86th EVAC in Somalia in spring 1993. Note the calendar on the upper right with the days crossed off, counting down to redeployment day. This was a time-honored tradition in the combat theater and was one method used to cope with the stress of being away from home.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

relations between the two units became progressively strained. The 42nd Field nurses believed that their 86th EVAC counterparts were reluctant to “hand over the reins” and “felt lost in losing control.” However, the 86th EVAC nurses were anxious to redeploy. Adding to the frustration over the 86th EVAC’s ambivalence was the resentment that the 42nd Field nurses were “walking into better living and working conditions” than those originally experienced by the 86th EVAC nurses. Crowded conditions resulting from two units occupying a small space added to the dissonance. In retrospect, the 42nd Field nurses believed that 12 days of overlap was excessive and recommended facilitating a rapid departure for the outgoing unit in future changeovers.²⁸

The 42nd Field Hospital began its service in a period of relative calm, but things soon changed. Peace talks that had begun in March stalled and tensions rose. As coalition military personnel and equipment redeployed out of the country and the United Nations took over, patrols decreased. Aidid took advantage of this laxity and once again infiltrated his militia into Mogadishu. The sounds of gunfire returned. American battle casualties correspondingly rose from one case in May 1993 to 11 in June, 12 in July, 19 in August, 21 in September, and 165 in October

with the Black Hawk Down incident.²⁹

The unit's first of many mass casualties (MASCALs)—this one involving injuries to two American and an additional number of Pakistani soldiers—occurred in the first week of June. The nurses' emotions ran high because most had never before encountered such traumatic battlefield injuries. Furthermore, the nurses heard the sounds of nightly gunfire, and the commander restricted all staff to the compound and ordered additional coils of concertina wire to be strung around the unit's perimeter. Twelve days later another MASCAL occurred, with numerous Pakistani and Moroccan casualties. A third MASCAL during the last week of June involved wounded Italian soldiers, and in mid-July all were saddened by the beating death of a young Cable News Network reporter, who was well known to the hospital staff. By this time, the mood on the compound mirrored the dismal, rainy weather, although spirits occasionally received a boost from periodic A rations, participation in morale-raising activities such as a Fourth of July party, rest and recreation trips to Mombassa and Nairobi, watergun fights, pinochle, music, books, and thoughts of the future redeployment home scheduled for mid-August.³⁰

The 42nd Field Hospital staff departed the United States Embassy compound on 16 August 1993. M-17 and UH-60 helicopters shuttled them to the Mogadishu airport for their flight home. Their replacements, the 46th CSH, based in Fort Devens, Massachusetts, had arrived only a few days earlier.³¹

Like its predecessors, the incoming unit, the 46th CSH, enjoyed its first few days in country in relative calm before Aidid ordered an upsurge in the attacks on Americans. With the crescendo of hostilities, a siege mentality quickly developed on the embassy compound, and the Medical Task Force 46 commander directed that MILVANS (containers for overseas or ground movement of military cargo) be placed around the compound's perimeter to augment existing defenses and serve as an enhanced shield from small arms fire.³²

During the last two weeks of August and throughout September 1993, the 46th CSH received sporadic casualties. A land mine explosion injured four soldiers on 19 August. Another detonated land mine likewise wounded six more soldiers three days later. A helicopter door-gunner sustained fragment wounds on 2 September 1993, and a helicopter pilot suffered a similar fate on 6 September 1993. As days passed, a number of U.S. soldiers fell victim to gunshot wounds and shrapnel injuries, fractures, eye trauma, and stress-related illnesses. On 25 September, hostile fire downed a UH-60 helicopter. Three U.S. soldiers perished and three others were seriously wounded. One required a below-the-knee and a below-the-elbow amputation and had burns to the eyes. The second soldier had a bullet wound to the neck with involvement of the cervical spine and a fractured hand, and a third soldier sustained a gunshot wound to the thigh. All of these incidents plus a fatal shark attack failed to prepare the 46th CSH for what was soon to come.³³

Attacks and casualties peaked on 3 October with a 15-hour-long battle, later chronicled by Mark Bowden's book *Black Hawk Down*. Task Force Ranger, a Special Operations task force, attempted to capture Aidid. During the firefight, the

warlord's militia succeeded in bringing down two Task Force Ranger helicopters with Rocket Propelled Grenades. Heavy street fighting left 18 Rangers dead and approximately 100 wounded in action.³⁴

The 46th CSH had four OR tables and 52 beds, of which 12 were intensive care and 40 intermediate care beds. The facility was only staffed to support 32 beds. Nonetheless, the staff efficiently responded to the MASCAL. It helped that the casualties arrived in well-spaced increments, with a few trickling in between pushes. The first wave of 24 casualties arrived at 1730 hours on 3 October, two hours after the operation began. The second wave of 36 wounded arrived on a helicopter a little more than 12 hours later. The Swedish hospital cared for a number of those with orthopedic injuries, and a contingent of German physicians augmented hospital personnel of the 46th CSH. Over the MASCAL's two days, 56 operative procedures took place on the four OR tables. Two USAF C-141 aircraft evacuated 55 casualties to Landstuhl Army Medical Center in Germany in the immediate aftermath of the MASCAL.³⁵

Army nurses were ready to care for the battle casualties from the outset of the operation. Their actual participation began when one of the Army Nurse Corps officers assigned to the 46th CSH spotted a landing Black Hawk helicopter rather than the usual Medical Evacuation Huey and knew it was an ominous sign. Then the first wounded descended on the hospital. The Emergency Medical Treatment area soon had all its tables occupied with incoming casualties, and the "wounds were just incredible." The hospital staff rose to the occasion.

We utilized every person on the compound. Everyone pitched in and contributed in one way or another. We were familiar with how the system worked and were able to make it all come together. People were scared, but everyone did a wonderful job. Staff felt very proud of themselves to know that when the rubber met the road they could do it.³⁶

No one could remain unaffected by those days' events and all experienced some degree of emotional reaction. To ameliorate the effects of the MASCAL and the stressful environment in general, the Army Medical Department had a combat stress team. This group conducted interviews and debriefings that served as a catharsis and helped the 46th CSH staff cope with the event.³⁷

Original plans were to relieve the 46th CSH with the 115th Field Hospital from Fort Polk, Louisiana, in late December 1993 or early January 1994. With shifting political winds, however, plans changed. The commander in chief, Central Command, and the FORSCOM commander directed the 46th CSH to stay and gradually phase down in accordance with the overall reduction of U.S. presence in Somalia. In January 1994, 115 Army Medical Department personnel redeployed to their home stations. Other soldiers followed them, returning home individually through mid-February 1994. From 64 beds and 350 personnel in November 1993, the 46th CSH was down to 14 beds and 175 staff in February 1994. The Army transferred responsibility for health service support to the Navy in March 1994. This concluded Army Medical Department involvement in Somalia. Thereafter, a Marine Corps Collecting and Clearing Company situated at the Mogadishu air-



A number of celebrities joined forces with the USO to visit the troops, the hospital, and its patients during Operation Restore Hope in Somalia. Here, in 1993, Charlton Heston (left) paused for a moment with First Lieutenant Patricia Hall (right) of the 86th EVAC. Hall was caring for a child (center) pushed in front of a truck by his mother who erroneously assumed her son's injuries would ensure his speedy passage to America.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.



Colonel Iris J. West (right) did extensive historical research focusing on Operation Restore Hope. Here she accepts a meritorious service medal for her many contributions while Army Nurse Corps historian, assigned to the U.S. Center of Military History. Presenting the award in October 1994 was Colonel John W. Mountcastle, Chief of Military History (left).
Photo courtesy of Colonel Iris West, Dexter, NY.

field held sick call and offered limited holding and emergency care.³⁸

Stress was an unavoidable feature of service in Somalia. Numerous mass casualty situations, horrific wounds, frequent sudden deaths among a population of young adults, insufficient or inappropriate supplies, and caring for the enemy plagued the nurses. Cycles of inactivity and boredom followed by periods of frenetic action, few rest and recreation opportunities, rare to nonexistent mail deliveries, and a dearth of telephones added to the sense of isolation. Those who had served in Operation Desert Storm said that they saw far more trauma in Somalia than they had encountered in the previous war. When a young Irish nurse riddled with bullet wounds died on the operating table, the OR nurse confided, "It was that day that it really sunk into everyone's mind that we were in a very unsafe environment. It opened a lot of eyes." Church services, discussions, physical activities, and sleep boosted morale, as did the country and western band formed by a group of 86th medics and the USO tours featuring Charlton Heston, Clint Black, Gerald McRainey, and Lisa Hartman.³⁹

The art of field expediency—one of Army nurses' unsung talents—manifested itself as well in Operation Restore Hope. Hampered by too few urinals and measuring devices, Army Nurse Corps officers fashioned empty water bottles into vessels to accurately gauge intake and output. They filled empty saline bottles with sand to serve as traction weights. They improvised a Stryker frame with anchoring wood blocks to mimic a modern-day rocking bed and thus prevented pulmonary congestion by regularly changing the patient's position. Lieutenant Colonel Larry Grant, the 86th EVAC's OR head nurse, rearranged the Operating Room/Central Materiel Supply suite into a one-way loop for supplies to flow and thus fostered asepsis and prevented cross-contamination. This became known as "Grant's Loop."⁴⁰

Colonel Iris West studied the Army Nurse Corps participation in Operation Restore Hope and her observations provide a fitting conclusion to this chapter:

What were the lessons learned. . . ? What do we need to draw from this at times painful period. . . ? The first lesson is that despite of all the difficulties, the lack of supplies, discomfort, and danger, the Army Nurse Corps was always there providing quality patient care. Operation Restore Hope was different than anything else the corps had done in recent history. However, with the end of the Cold War, this type of operation may well be a template for the future. Can an Army designed for a Cold War environment perform in "operations other than war"? The answer is yes, but the solution as well as the second lesson is that the old methods of operation do not always work. Army nurses must continue to be flexible and innovative. . . . Do not expect that everything one has in a peacetime hospital will be there in an austere theater of operation. Do be prepared to find field expedients to make things work. The third lesson is one that the corps has always had to grapple with. Army nurses are more than nurses; we are also soldiers. To be the greatest asset, an Army nurse who deploys to the field must know basic soldier skills such as use of weapons, personal defense, and fieldcraft. Finally, providing medical/nursing care to people of a different culture with different values presents unique and challenging ethical quandaries [sic].

All in all, the deployment to Somalia furnished Army nurses with unique opportunities to grow, a greater knowledge of diverse cultures, and for most an enhanced sense of personal strength. There was also a renewed sense of gratitude, pride, and appreciation for what our country means to us. And for most a reaffirmation of why we chose to wear the uniform.⁴¹

Notes

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2. A swarm of media cameras with bright lights documented this invasion, sparking questions about OPSEC (Operational Security) and a debate about the role of the media in military operations. "Plunging Ashore into Blazing—TV Lights?" *Time* (21 December 1992): 16–17. Jill Smolowe, "Great Expectations," *Time* (21 December 1992): 32–35.

3. Center for Army Lessons Learned (CALL), U.S. Army Combined Arms Command (CAC), Fort Leavenworth, Kansas, "Operation Restore Hope," Draft Report, 2–3, 1993, ANCC, OMH. "Jerry Harben, "Restore Hope Troops Must Deal with Heat, Diseases in Somalia," *HSC Mercury* 20 (January 1993): 1. Stephen E. Everett and L. Martin Kaplan, *Department of the Army Historical Summary, Fiscal Year 1993* (Washington, DC: Center of Military History, United States Army, 2002), 57–58. L. Martin Kaplan, *Department of the Army Historical Summary, Fiscal Year 1994* (Washington, DC: Center of Military History, United States Army, 2000), 63.

4. Stephen E. Everett and L. Martin Kaplan, *Department of the Army Historical Summary, Fiscal Year 1993* (Washington, DC: Center of Military History, United States Army, 2002), 57–58. L. Martin Kaplan, *Department of the Army Historical Summary, Fiscal Year 1994* (Washington, DC: Center of Military History, United States Army, 2000), 63. Katherine McIntire, "Deaths Heighten Debate about Mission," *Army Times* (11 October 1993): 12. Paul Quinn-Judge, "Film of Somalia Gunfight Shows It Was Not a Rout, US Says," *Boston Globe* (3 November 1993): 2. Keith B. Richburg, "U.S. Envoy to Somalia Urged Policy Shift before 18 GIs Died," *Washington Post* (11 November 1993): 39. Keith B. Richburg, "Some Detained Somalis Said to Have Killed American Soldiers," *Washington*

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6. Center for Army Lessons Learned (CALL), U.S. Army Combined Arms Command (CAC), Fort Leavenworth, Kansas, “Operation Restore Hope,” Draft Report, 7, X-3, XI-11, 1993; Richard D. Cameron, “Impact of Operation Restore Hope Notification, Preparation, and Deployment,” 1st Endorsement, Printed Letter, 5–6, 29 April 1993; and Carolyn A. Adams, “Operation Restore Hope,” Printed Chronology, 21 August 1993 (all in ANCC, OMH). Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 179–83. Robert L. Mabry and others, “United States Army Rangers in Somalia: An Analysis of Combat Casualties on an Urban Battlefield,” *Journal of Trauma, Injury, Infection, and Critical Care* 49 (September 2000): 515–28. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 17–19, 27.

7. Lois M. Davis and others, “Army Medical Support for Peace Operations and Humanitarian Assistance,” 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004). Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 179–83.

8. George J. Brown, “Impact of Operation Restore Hope Notification, Preparation, and Deployment,” Memorandum, 22 March 1993, ANCC, OMH. JoEllen Vanatta, Interview by Iris J. West and Chris Clark, Transcript, 2–3, 15 July 1994, Army Nurse Corps Oral History Collection (ANCOHC), OMH. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 29–30.

9. JoEllen Vanatta, Interview by Iris J. West and Chris Clark, Transcript, 3–6, 9–11, 13, 18, 15 July 1994, ANCOHC, OMH. JoEllen N. Vanatta, “Operation Restore Hope,” Printed Chronology, 4, 9 February 1993, ANCC, OMH. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 31.

10. Four Army nurses at BACH were found nondeployable. One had an impending ETS (expiration of term of service), another was pregnant, and two others had extenuating family situations. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 37.

11. JoEllen Vanatta, Interview by Iris J. West and Chris Clark, Transcript, 7, 15 July 1994, ANCOHC, OMH. George J. Brown, “Impact of Operation Restore Hope Notification, Preparation, and Deployment,” Memorandum, 2, 22 March 1993; JoEllen N. Vanatta, “Operation Restore Hope,” Printed Chronology, 5, 9 February 1993; Department of Nursing, 86th Evacuation Hospital, Mogadishu, Somalia, Africa, “Historical Notes: December 1992–January 1993,” Printed Document, n.d.; Major Gunn, “Medical Evaluation—Potential Somalia Deployment,” Information Paper, 2 December 1992; “Historical Data,” Handwritten Chronology, n.d. (all in ANCC, OMH).

12. During Operation Restore Hope, the policy on TO&E chief nurses was in transition. FORSCOM was in the process of deleting the PROFIS chief nurse position that usually was vested in the nearby TDA hospital assistant chief nurse position. With this change, the garrison chief nurse would remain in that role upon mobilization. By 1994, this change was

completely realized. JoEllen Vanatta, Interview by Iris J. West and Chris Clark, Transcript, 15–16, 23, 15 July 1994, ANCOHC, OMH.

13. Frocking involved an early, out-of-sequence promotion from the list of those selected for promotion.

14. JoEllen Vanatta, Interview by Iris J. West and Chris Clark, Transcript, 7, 15–16, 15 July 1994, ANCOHC, OMH. Carolyn A. Adams, “Operation Restore Hope,” Printed Chronology, 1, 21 August 1993; JoEllen N. Vanatta, “Operation Restore Hope,” Printed Chronology, 5, 9 February 1993; and Department of Nursing, 86th Evacuation Hospital, Mogadishu, Somalia, Africa, “Historical Notes: December 1992–January 1993,” Printed Document, n.d. (all in ANCC, OMH).

15. A chalk is an increment or group of personnel manifested for transport on an Air Force plane.

16. Department of Nursing, 86th Evacuation Hospital, Mogadishu, Somalia, Africa, “Historical Notes: December 1992–January 1993,” Printed Document, n.d.; and “Historical Data,” Handwritten Chronology, n.d. (both in ANCC, OMH). JoEllen Vanatta, Interview by Iris J. West and Chris Clark, Transcript, 7, 8, 15 July 1994, ANCOHC, OMH.

17. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 19–20. Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 180. Carolyn A. Adams, “Greetings from Somalia,” Handwritten Letter, 23 January 1993, ANCC, OMH.

18. “Historical Data,” Handwritten Chronology, notations under dates of 2 and 4 January 1994, ANCC, OMH.

19. Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 180.

20. “Historical Data,” Handwritten Chronology, notation under date of 2 January 1994, ANCC, OMH.

21. Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 180. “Historical Data,” Handwritten Chronology, notation under date of 8 January 1994, ANCC, OMH.

22. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 26. Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 180.

23. Carolyn A. Adams, “Greetings from Somalia,” Handwritten Letter, 23 January 1993; Unidentified Handwritten Chronology, 15 January 1993 to 22 January 1993; “EMT Historical,” Handwritten Chronology, 5 January 1993 to 20 January 1993 (all in ANCC, OMH). Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 181.

24. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 65–67. Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 180. Sharon Pryor, Interview by Mary T. Sarnecky, Transcript, 11, 10 January 2001, ANCOHC, OMH.

25. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 67. Iris J. West and Christopher Clark, “The Army Nurse Corps and Operation Restore Hope,” *Military Medicine* 160 (April 1995): 180. “New Hospital Begins Support in Somalia,” *HSC Mercury* 20 (June 1993): 1.

26. Sharon Pryor, Interview by Mary T. Sarnecky, Transcript, 5–10, 10 January 2001, ANCOHC, OMH. Sharon Pryor, Jill Mierau, and Ellen Rogers, “Operation ‘Continue Hope’ Department of Nursing, Nursing Log,” 1, 18 April 1993 to 17 August 1993, ANCC, OMH.

27. Sharon Pryor, Jill Mierau, and Ellen Rogers, "Operation 'Continue Hope' Department of Nursing, Nursing Log," 1, 18 April 1993 to 17 August 1993, ANCC, OMH.

28. Sharon Pryor, Jill Mierau, and Ellen Rogers, "Operation 'Continue Hope' Department of Nursing, Nursing Log," 2–5, 18 April 1993 to 17 August 1993, ANCC, OMH.

29. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 99–111.

30. Sharon Pryor, Jill Mierau, and Ellen Rogers, "Operation 'Continue Hope' Department of Nursing, Nursing Log," 8–15, 18 April 1993 to 17 August 1993, ANCC, OMH. Sharon Pryor, Interview by Mary T. Sarnecky, Transcript, 14–17, 10 January 2001, ANCOHC, OMH. Lois M. Davis and others, "Army Medical Support for Peace Operations and Humanitarian Assistance," 1996, <http://www.rand.org/publications/MR/MR773/> (accessed 6 July 2004).

31. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 102. Sharon Pryor, Interview by Mary T. Sarnecky, Transcript, 22, 10 January 2001, ANCOHC, OMH. Lieutenant Colonel Lemon, "Situational Update—Somalia," Executive Summary, 16 August 1993, ANCC, OMH.

32. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 102–03.

33. *Ibid.*, 102–05. Iris J. West and Christopher Clark, "The Army Nurse Corps and Operation Restore Hope," *Military Medicine* 160 (April 1995): 181.

34. Robert L. Mabry and others, "United States Army Rangers in Somalia: An Analysis of Combat Casualties on an Urban Battlefield," *Journal of Trauma, Injury, Infection, and Critical Care* 49 (September 2000): 516. Mark Bowden, *Black Hawk Down, A Story of Modern War* (New York: Penguin Books, 1999). Kevin Fedarko, "Somalia: Amid Disaster, Amazing Valor," *Time* 143 (18 February 1994): 46–48.

35. Robert L. Mabry and others, "United States Army Rangers in Somalia: An Analysis of Combat Casualties on an Urban Battlefield," *Journal of Trauma, Injury, Infection, and Critical Care* 49 (September 2000): 516–17. John Lancaster, "Combat in Mogadishu Posed a Challenge for Small U.S. Army Hospital," *Washington Post* (20 October 1993), A36.

36. Iris J. West and Christopher Clark, "The Army Nurse Corps and Operation Restore Hope," *Military Medicine* 160 (April 1995): 181.

37. *Ibid.* Major Gunn, "Deployment of Mental Health Assessment Team to Somalia," Executive Summary, 5 August 1993, ANCC, OMH.

38. Sarah A. Ingram, *Somalia Medical Operations* (Arlington, VA: Camber Corporation, n.d.), 130–31.

39. Iris J. West and Christopher Clark, "The Army Nurse Corps and Operation Restore Hope," *Military Medicine* 160 (April 1995): 181. Chris Hober, "Medical Commanders Reflect on Somalia," *Northwest Guardian* (8 July 1993): 8. "Historical Data," Handwritten Chronology, notations under dates of 12, 13, 15, 17, and 18 January 1994; and Nancy R. Adams, "Trip Report to USAREC Fort Knox, Kentucky and to 86th Evacuation Hospital Fort Campbell, Kentucky, 23 and 24 August 1993" (both in ANCC, OMH). "Medics Overcome Danger, Boredom in Somalia," *HSC Mercury* 20 (August 1993): 8.

40. Iris J. West and Christopher Clark, "The Army Nurse Corps and Operation Restore Hope," *Military Medicine* 160 (April 1995): 181. Chris Hober, "Medical Commanders Reflect on Somalia," *Northwest Guardian* (8 July 1993): 8. "Medics Overcome Danger, Boredom in Somalia," *HSC Mercury* 20 (August 1993): 8.

41. Iris J. West and Christopher Clark, "The Army Nurse Corps and Operation Restore Hope," *Military Medicine* 160 (April 1995): 183.