

Chapter Twenty-three

Operation Uphold Democracy in Haiti

Operation Uphold Democracy, an Operation Other Than War, took place in Haiti. On 15 September 1994, elements of the XVIII Airborne Corps, the 82nd Airborne Division from Fort Bragg, North Carolina, and the 10th Mountain Division (Light) from Fort Drum, New York, deployed to the Caribbean island of Haiti as part of a Multinational Force under the banner of Operation Uphold Democracy. The operational mission was to provide protection for U.S. citizens and interests, certain Haitians, and other third-country nationals while reestablishing civil order, reorganizing the Haitian military, and assisting in the establishment of a democratic government. An immediate goal was to remove the military junta that had toppled the democratically elected president, a former Roman Catholic priest, Jean Bertrand Aristide, and return him to office.¹ A complex series of events and circumstances preceded the deployment.

Haiti, a French Creole-speaking country, was a developing nation whose history involved almost two centuries of instability, poverty, disease, civil wars, partitions, rebellions, coups, revolutions, reunions, power struggles, and uprisings. Periodic U.S. intervention in the struggling country first began in 1914 when a group of U.S. Marines came ashore at Port-au-Prince to secure the Haitian National Bank and preserve the Haitian economy. Several U.S. interventions followed during the first half of the 20th century.² Further involvement with Haitians then transpired in the 1990s.

Several years before Operation Uphold Democracy, a number of Army Nurse Corps officers had contact with Haitians at Guantanamo Bay, Cuba. Approximately 15,000 Haitians had fled their country in the autumn of 1991 after the overthrow of the Aristide democratic government. Most did not qualify for asylum in the United States, so they were sequestered on Guantanamo Bay before being returned to Haiti.³

To care for the Haitians, a group of Army Medical Department personnel attached to the Alpha Collecting and Clearing Company of the U.S. Joint Tactical

Force set up a field hospital in Guantanamo Bay in December 1991. It cared for about 150 to 300 Haitians daily. Its tentage housed a sick call component, a ward, an intensive care unit, operating and recovery rooms, and an isolation unit for patients with communicable diseases such as chicken pox and tuberculosis.

Since there were approximately 340 pregnant Haitians among the detainees, an Army obstetrician and two obstetrics/gynecology nurses also deployed to Guantanamo Bay. With only a few days warning, Lieutenant Edythe Robinson, an obstetrical nurse from Walter Reed Army Medical Center, deployed to Guantanamo Bay, where she worked 12 to 14 hours a day assisting patients in labor and delivery. She provided others with prenatal and postpartum care.⁴

Army nurses served for several years in Guantanamo Bay and also in Panama City, Panama, and Paramaribo, Suriname, and gave assistance to both Cuban and Haitian refugees.⁵ In December 1994, Captain Kathryn Gaylord deployed to the Navy/Marine base at Guantanamo Bay with elements of the 85th Medical Detachment's Combat Stress Control unit and a psychiatric slice of the 21st Combat Support Hospital (CSH) from Fort Hood, Texas, to provide inpatient and outpatient mental health services for the Cuban and Haitian refugees. Gaylord's assignment was as Officer-in-Charge of the inpatient psychiatric unit, whose usual daily census was about 14 psychiatric cases. Many of these refugees had endured harrowing events such as family separations and witnessing family members drown or be killed by sharks, and most suffered from stress as a result of their internment that involved overcrowding, little to no privacy, and limited lifestyle choices. Once stabilized by the psychiatric inpatient unit, the patients returned to their assigned camp, and later, most were repatriated to their home country.

Originally, the psychiatric facilities conducted business in double hardback tents. When these proved woefully inadequate, Gaylord acquired a condemned Navy brig that offered running water, toilets, office space, and an enclosed ward. This energetic Army nurse went one step further. She organized a work detail of Cuban refugees and directed them to construct partitions, safety doors, and ramps from plywood. She had them screen windows to exclude mosquitoes, other vectors, and vermin and build a nurse observation desk to maintain patient surveillance. She obtained wooden cabinets from condemned housing and had them installed and requisitioned paint from salvage and had the Cubans do interior painting. They remodeled a guard observation room into a locked medication room. The patients and the occupational therapy and nursing staffs planted flowers and changed the neglected yard into a picturesque garden. Gaylord was thrilled with the transformation of the barbwire-enclosed compound, seeing it as "an opportunity to provide a better standard of care" for the refugees.⁶

Lieutenant Colonel Gemryl Samuels was one of three Army Community Health Nurses who served with JTF 160 (Operation Sea Signal) in Guantanamo Bay in the mid-1990s. Her tour of duty lasted four and a half months. Samuels' initial charge was to interface with villagers and migrants, identify their health needs, and conduct health education classes. She soon assumed additional responsibili-

ties such as communicable disease surveillance, discharge planning, public health education, maternal and child health, and family safety. Samuels also had an opportunity to advance the cause of community health nursing with Navy nursing personnel. The Army was the only Department of Defense branch to utilize the specialty services of community health nurses. During this period, however, the Navy nurses assigned to Guantanamo Bay also became interested in providing community outreach. The incumbent senior Navy Nurse Corps officer assigned three Navy nurses and a Navy corpsman with Spanish language skills to work in clinical preceptorships under Samuels' supervision. Their joint efforts expanded and improved the existing services to the migrant population and added a new dimension to Navy nursing.

Samuels reflected on the lessons she learned and subsequently formulated recommendations for future humanitarian missions. She noted that highly skilled Cuban migrant health professionals often were poorly utilized, treated with a lack of respect, and assigned menial tasks. She recommended that, in the future, an effort be made to promote their "acceptance, expand their use, and better integrate them into the health care delivery system." Samuels also observed that a climate of mistrust existed between the military and the migrants. She attributed this unease to the migrants' past exposure to a rigid, uniformed military that often was tyrannical. Samuels advised that, in future humanitarian mobilizations, the military attempt to be more low key, flexible, and cognizant of the internees' history and background. Samuels acknowledged the importance of being aware of cultural beliefs and emphasized how a lack of such knowledge could impact professional practice. In one instance, her team planned a day on the beach to focus on women's issues with a group of Haitian women. Not one woman participated in the program. Samuels later learned that the Haitian culture frowned on independent activities for women without the approval and cooperation of their male partners. The men simply had vetoed the women's attendance.

Samuels concluded that Army Community Health Nurses:

. . . played key roles in Operation Sea Signal. Thousands of immigrants benefited from their creativity, energies, and enterprising activities. What remained constant [was] the extreme importance of dealing with the human factor: to appropriately assess people's needs, identify resources to cope with them, support the strengths, and find appropriate ways of meeting the deficits.⁷

While Gaylord and Samuels were carrying out their missions in Guantanamo Bay, Operation Uphold Democracy was underway in nearby Haiti.

Elements from several Table of Organization and Equipment hospital units served sequentially in Haiti and provided medical support and humanitarian assistance during Operation Uphold Democracy. The first unit to deploy was the 274th Surgical Detachment from Fort Bragg, North Carolina. It arrived in Haiti on D+1 in the early morning and within hours a surgical capability was operational. The 28th CSH, also a unit of the 44th Medical Brigade at Fort Bragg, sent a 52-bed package that entered the country on D+2 while its personnel arrived on D+6. The 47th Field Hospital from Fort Sill, Oklahoma, followed. The 86th CSH out

of Fort Campbell, Kentucky, and the 131st Field Hospital from Fort Bliss, Texas, each manned one of the final two rotations of the operation.⁸

The Medical Rules of Engagement for this mission stipulated that no host nation health facilities would be used by U.N. forces because the few local hospitals that did exist were in a lamentable state. Major Patty Horoho, a Nurse Methods Analyst, belonged to one of two Health Facility Assessment Teams deployed in Haiti at the direction of Brigadier General James Peake, the JTF 180 surgeon and commander of the 44th Medical Brigade.⁹ Horoho immediately recognized the impossibility of using the host nation facilities during her first inspection visit to the Hotel Simbie, a makeshift hospital in Port-au-Prince:

When we arrived we found 200 families living in the abandoned hotel. The hotel was dilapidated and filthy. There were waste products all over and dripping off some of the balconies. A few dirty needles were lying on the ground in some areas, and a few elderly males were lying curled up in a corner dying of starvation. There was no electricity or running water. Children ran around without any clothes and urinated wherever. Initially the occupants were guarded because they felt that we were going to take away their home. Sargeant Jacques [the linguist] and I were cornered on the second floor by approximately 25 hostile occupants. We both remained calm and Sargeant Jacques did an excellent job of talking to them in Creole and was able to calm them down . . . The initial assessment was that the hotel could be renovated but this would require a lot of work.

Most of the facilities' equipment and supplies were nonfunctional, 40 to 50 years old, and quite obsolete. Few medications were available. Nonetheless, Horoho was amazed by the "irrepressible good humor of most of the population."¹⁰

Another Medical Rule of Engagement directed U.S. medical forces not to treat Haitians. Exceptions to the rule involved detainees and those Haitians who required emergency care for injuries incurred as a result of U.S./U.N. activities. Emergency care, however, would be limited to measures implemented to prevent loss of life or limb.¹¹

The implementation of the Medical Rules of Engagement involved some strange situations. When Lieutenant Diane Diehl deployed to Haiti with the 47th Field Hospital in January 1995, the hospital admitted a Haitian male for treatment. The man had doused his wife with gasoline and was preparing to set her aflame. A multinational force trooper intervened and shot the man, who then received care for his wounds at the 47th Field Hospital.¹² In another case, a 13-year-old boy flung himself under the wheels of a multinational force water buffalo truck, mistakenly believing that his injuries represented a ticket to the United States. The 47th Field Hospital treated the youth for a fractured pelvis. Diehl explained that the locals failed to comprehend that even if they were evacuated to the United States for treatment, they would be returned to Haiti.¹³ The 47th Field Hospital also provided care for Brown and Root employees, contract workers who maintained the showers and toilets and provided laundry services.¹⁴

Captain Susan M. Raymond, who deployed with the 86th CSH, the unit that replaced the 47th Field Hospital in Haiti, confirmed Diehl's observations. Raymond cared for many local nationals, some of whom stepped in front of buses or Humvees to obtain health care from the 86th CSH. During her tour in Haiti, the opera-



Major Patricia Horoho (right) and two fellow soldiers pause for a spontaneous meal in the midst of their duty day with a Health Facility Assessment Team in Haiti during Operation Uphold Democracy in the autumn of 1994.

Photo courtesy of Major General Patricia Horoho, Tacoma, WA.

tion changed from a multinational force to the United Nations Mission in Haiti. Thereafter, many of the patients who received care were U.N. peacekeepers.¹⁵

The 47th Field Hospital ran an average census of 30 hospital patients daily, several with dengue fever and others with more common maladies such as heart attacks.¹⁶ Other typical diagnoses were fevers of unknown origin and diarrhea, and most patients treated were nonbattle casualties.¹⁷

On 11 September 1994, Major Ellen Forster received mobilization orders instructing her to report to Fort Bragg, North Carolina. Her educated guess that she would be deploying to Haiti proved correct. The notification directed her to mobilize with the 28th CSH in support of Operation Uphold Democracy. During the 10 days before her actual deployment, Forster attended briefings on the cultural, historical, and political context and the French Creole dialect of her destination, on threats to health and safety, and on universal precautions. Universal infection control precautions were especially important in Haiti, where the incidence of HIV/AIDS was exceptionally high. One source noted that “at least 70 percent of prostitutes and 8 percent of young adults in Haiti are HIV-positive.”¹⁸ Forster was issued a Kevlar helmet and flak jacket. Those deploying nurses who chose to bear arms also were issued a 9-mm. pistol.¹⁹ Forster preferred not to carry the issued weapon.²⁰



Lieutenant Colonel Nancy Allmon, chief nurse of the 86th Combat Support Hospital during that unit's Operation Uphold Democracy deployment in Haiti in August 1995, cuddles a smiling Haitian child. Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

Upon their arrival in Port-au-Prince, the local Haitians either cheered or jeered as the 28th CSH nurses loaded onto a military truck for the three-mile trip to their final destination. Because of the surging crowds, it took over an hour for the nurses to reach two enormous vacant warehouses in an industrial area of Port-au-Prince.²¹ Obviously used as dumps in the past, both were littered with detritus and excreta.²² The nurses first policed the two buildings, one of which was designated as billets and the other as a shelter for the Deployable Medical System. Then everyone—physicians, nurses, and medics—collectively helped to erect the facility, a formidable effort in the 100° F temperatures. Their successful accomplishment of this chore affirmed the wisdom of the Army’s insistence on high levels of physical fitness. The 52-bed package that housed the 28th CSH included 20 minimal care and 20 intermediate care beds and a 12-bed intensive care unit.²³

Within a few days the hospital’s first test occurred. A Mass Casualty was called when a grenade detonated in a crowd of Haitians at a demonstration. Most of the 63 patients triaged and treated within two hours at the 28th CSH presented with minor injuries.²⁴ As head nurse of Emergency Medical Treatment, Forster and the Emergency Medical Treatment area chief organized four trauma teams consisting of a physician, a nurse, and two medics and furnished them with supplies and equipment required to treat blast wounds, such as chest tubes, nasogastric tubes, Foley catheters, and large-bore intravenous equipment. Before this incident, Forster was concerned about supporting an adequate level of care with the available staff and facilities. Afterward, she was reassured about the 28th CSH’s “ability to provide quality trauma care.” Nonetheless, no one was complacent and Forster instructed her staff to fine-tune their trauma sets, intensively train on their field equipment, and develop treatment protocols.

Another of Forster’s responsibilities was to conduct sick call. Since the 28th CSH was the most sophisticated health care facility on the island, the diverse patient base included not only multinational force personnel but also VIPs, the media, and foreign service personnel. Presenting medical complaints involved acute minor illnesses, gastrointestinal maladies, and orthopedic conditions.

All were conscious of the threat of malaria and most took chloroquine weekly, used insect repellent religiously, and slept under nets as prophylaxis. Still, insect bites were common.²⁵ The unit only treated two malaria cases, both of whom were previously afflicted missionaries.

An immediate concern was the lack of hygiene facilities. There were no toilets available initially, and the 28th CSH staff improvised with empty milk cartons. Soon lumber arrived and outhouses were built. Then portable toilets finally materialized. The nurses became proficient in using “Australian showers.” This basic apparatus comprised several suspended water blivets whose “challenge lay in filling the bags with water from 5-gallon tanks and hoisting them up with a rope and pulley. This required a good friend, brute strength, and great skill in water conservation.” To use the shower, the bather released a flow of water from above, hastily wet themselves, lathered, and rinsed.

The nurses mused about where their “responsibilities began and ended”:

We cared for many indigents, many of whom had never had even the rudiments of medical care. How much could we do for them in the time we would be in Haiti? How could we help a severely malnourished baby? So many people needed so much help, and our resources were limited. The Haitian-on-Haitian violence was frequently out of control. It was not uncommon for us to treat several patients with gunshot wounds, machete injuries, and stab wounds per day. When supplies ran short, as they sometimes did, we wondered how we would react if we had to make a choice between treating an injured American soldier or a Haitian soldier. We . . . tried to provide the best nursing care we could.²⁶

Four American holidays—Halloween, Thanksgiving, Christmas, and New Year’s Day—passed. When the nurses were separated from loved ones, these occasions had the potential to be very depressing times. To counteract melancholy, the nurses held parties, staged talent shows, listened to concerts, and derived solace from their patriotic service and the knowledge that in the next year, the holiday season would be even more special.

Forster thought the deployment was a good and meaningful experience. The 28th CSH “provided a high level of quality care in a third world country” and “we made a difference, and I am proud to have been part of this team.”²⁷

Small support groups remained in Haiti from 1996 until 2000 as a part of the U.N. Mission in Haiti. Medical personnel from the sister services as well as the Army successively aligned with those groups and provided care to indigent Haitians at a base camp field hospital near the international airport.²⁸ In February 1998, Medical Treatment Facility (MTF) 555—the 555th Forward Surgical Team and the 61st Area Support Medical Battalion from Fort Hood, Texas—relieved the Air Force 28th Air Transportable Hospital. MTF 555’s mission was to care for U.S. military forces and contract employees and provide humanitarian assistance to Haitians. The latter consumed most of MTF 555’s attention and energy. By the time Haitians appeared for treatment, their ailments were well advanced. Untreated infections and unset fractures that resulted in misaligned bones were common presentations. One man whose foot was run over by a “tap-tap” (a taxi) languished in the local hospital and received no treatment. When he arrived at MTF 555, his foot was gone and maggots crept out of the wound.

Beyond the unit’s walls, various staff members conducted Medical Civilian Assistant Programs. One Army nurse, Lieutenant Colonel Toni Massenburg, visited St. Theresa’s Orphanage in Port-au-Prince and cared for malnourished babies. Despite the hardships, most considered the deployment an invaluable experience. Most had never seen such extreme cases of long-neglected yet common maladies, while others cited the opportunities afforded to assist those so desperately in need. Some expressed the idea that the deployment had enhanced their appreciation for all they enjoyed as U.S. citizens.²⁹ All U.S. troops left Haiti by January 2000.³⁰

The Army Nurse Corps began the decade with a deployment in the Arabian desert and the expectation of heavy battle casualties. Fortunately, the war was short-lived, with more deaths due to injuries than combat. Nonetheless, the Army Medical Department and the Army Nurse Corps were prepared, functioned well, and were ready to provide care for the expected numbers of casualties. The differences with the Muslim culture and its views on the place and lifestyles of women were dealt with gracefully.

A series of humanitarian postings in Bosnia, Kosovo, and Macedonia presented a new generation of Army nurses with the traditional challenges and satisfactions of field nursing and medical civic action. Even when carrying heavy operational workloads, they found the time and energy to rehabilitate local hospitals and schools. In the Balkans, nurses commanded Table of Organization and Equipment hospitals for the first time.

In Somalia, the work of Army nurses fluctuated between routine everyday care and the unexpected mass casualty care of battle-wounded soldiers. The lessons of past wars had not been forgotten and the Army Nurse Corps moved into triage and surge responses quickly and smoothly.

A geopolitically awkward assistance mission to the government of Haiti exposed Army nurses to the degrading and hopeless poverty of the people living on this Caribbean island. Operating under restrictive Rules of Engagement for a providentially brief operation prevented the nurses from doing large-scale humanitarian work.

In all these various deployed assignments, in medical units from Forward Surgical Teams to Mobile Army Surgical Hospitals and CSHs, Army nurses efficiently and automatically applied the principles and practices of “nursing the Army way.”

The successful operations of the 1990s allowed the executive branch to concentrate on domestic policy and focus attention on decreasing the size and changing the structure of the armed forces. The resultant reorientation and reductions had inevitable effects on the Army Nurse Corps.

Notes

1. Paulette V. Walker, "Who's There? 47 Units Deploy to Haiti," *Army Times* 55 (3 October 1994): 14. Donna Miles, "One Army, Two Fronts," <http://www.army.mil/soldiers/dec94/pr.html> (accessed 9 May 2005). Donna Miles, "Upholding Democracy in Haiti," *Soldiers* 49 (November 1994): 4–5. L. Martin Kaplan, *Department of the Army Historical Summary, Fiscal Year 1994* (Washington, DC: Center of Military History, United States Army, 2000), 63. Stephen L.Y. Gammons and William M. Donnelly, *Department of the Army Historical Summary, Fiscal Year 1995* (Washington, DC: Center of Military History, United States Army, 2004), 46. Connie L. Reeves, *Department of the Army Historical Summary, Fiscal Year 1996* (Washington, DC: United States Army Center of Military History, 2002), 74–75. "Medical Units Support U.S. Troops in Haiti," *The Mercury* 22 (November 1994): 1. Thomas K. Adams, "Intervention in Haiti: Lessons Relearned," *Military Review* 76 (September–October 1996): 45–56. John T. Fishel, "Operation Uphold Democracy: Old Principles, New Realities," *Military Review* 77 (July–August 1997): 22–30. Bob Shachis, *The Immaculate Invasion* (New York: Penguin Books, 1999).

2. Paulette V. Walker, "Who's There? 47 Units Deploy to Haiti," *Army Times* 55 (3 October 1994): 14. Donna Miles, "One Army, Two Fronts," <http://www.army.mil/soldiers/dec94/pr.html> (accessed 9 May 2005). Donna Miles, "Upholding Democracy in Haiti," *Soldiers* 49 (November 1994): 4–5. L. Martin Kaplan, *Department of the Army Historical Summary, Fiscal Year 1994* (Washington, DC: Center of Military History, United States Army, 2000), 63. Stephen L.Y. Gammons and William M. Donnelly, *Department of the Army Historical Summary, Fiscal Year 1995* (Washington, DC: Center of Military History, United States Army, 2004), 46. Connie L. Reeves, *Department of the Army Historical Summary, Fiscal Year 1996* (Washington, DC: United States Army Center of Military History, 2002), 74–75. "Medical Units Support U.S. Troops in Haiti," *The Mercury* 22 (November 1994): 1. Thomas K. Adams, "Intervention in Haiti: Lessons Relearned," *Military Review* 76 (September–October 1996): 45–56. John T. Fishel, "Operation Uphold Democracy: Old Principles, New Realities," *Military Review* 77 (July–August 1997): 22–30. Bob Shachis, *The Immaculate Invasion* (New York: Penguin Books, 1999).

3. Henry H. Shelton, "Contingency Operations in an Uncertain World: The Case of Haiti," *Strategic Review* 26 (Fall 1998): 37–41. Bernard S. Little, "Nurse Helps Haitians in Cuba," *HSC Mercury* 19 (July 1992): 6.

4. Bernard S. Little, "Nurse Helps Haitians in Cuba," *HSC Mercury* 19 (July 1992): 6.

5. Carolyn M. Feller and Debora R. Cox, *Highlights in the History of the Army Nurse Corps, 100th Anniversary Edition* (Washington, DC: U.S. Army Center of Military History, 2000), 68.

6. Kathryn M. Gaylord, "Psychiatric Nursing: A Critical Role in Deployment," *Army Medical Department Journal*, PB8-98-34, (March/April 1998): 28–31.

7. Gemryl Louisa Samuels, "Army Community Health Nurses' Role in Humanitarian Relief Effort, Operation Sea Signal, Guantanamo Bay, Cuba," *Military Medicine* 162 (March 1997): 190–93. Gemryl L. Samuels and Mathew D. Sommer, "The Role of the Community Health Nurse in Military Humanitarian Operations: Lessons from Operation Sea Signal—Guantanamo Bay, Cuba," *Journal of Community Health Nursing* 14 (February 1997): 73–79.

8. James B. Peake, Interview by Christopher Clark, Transcript, 338–39, 343, 16 October 1994, in "JTF—180 Uphold Democracy Oral History Interviews," n.d., Excerpt in Office of Medical History (OMH). Gerald A. Palmer, Interview by Christopher Clark, Transcript, 270–71, 10 October 1994; and Virgil T. Deal, Interview by Christopher Clark, Transcript, 279, 11 October 1994 (both in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH). "Operation Uphold Democracy, U.S. Army Order of Battle," 19 September 1994, http://www.globalsecurity.org/military/ops/uphold_democracy-orbat.htm (accessed 9 May 2005). Carolyn M. Feller and Debora R. Cox, *Highlights in the History of the Army Nurse Corps, 100th Anniversary Edition* (Washington, DC: U.S. Army Center of Military History, 2000), 67.

9. Other team members were a health facility planning officer, a biomedical equipment technician, an environmental engineer, and a Haitian linguist. Walter E. Kretchik, Robert F. Bauman, and John T. Fishel, *A Concise History of the U.S. Army in Operation Uphold Democracy* (Fort Leavenworth, KS: U.S. Army Command and General Staff College Press, 1998), Transcript, 341, 16 October 1994, in "JTF—180 Uphold Democracy Oral History Interviews," n.d., Excerpt in OMH.

10. Walter E. Kretchik, Robert F. Bauman, and John T. Fishel, *A Concise History of the U.S. Army in Operation Uphold Democracy* (Fort Leavenworth, KS: U.S. Army Command and General Staff College Press, 1998), <http://www.globalsecurity.org/military/library/report/1998/kretchik-chapter3.htm> (accessed 10 May 2005).

11. Gerald A. Palmer, Interview by Christopher Clark, Transcript, 269, 10 October 1994, in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH. Walter E. Kretchik, Robert F. Bauman, and John T. Fishel, *A Concise History of the U.S. Army in Operation Uphold Democracy* (Fort Leavenworth, KS: U.S. Army Command and General Staff College Press, 1998), <http://www.globalsecurity.org/military/library/report/1998/kretchik-chapter3.htm> (accessed 10 May 2005).

12. Reportedly, after taking all the man's money, the wife was getting a divorce. The enraged husband was seeking revenge. Diane Diehl, Interview by Mary T. Sarnecky, Transcript, 17–18, 9 January 2001, Army Nurse Corps Oral History Collection, OMH.

13. Diane Diehl, Interview by Mary T. Sarnecky, Transcript, 38, 9 January 2001, Army Nurse Corps Oral History Collection, OMH.

14. *Ibid.*, 35, 39–40.

15. Susan M. Raymond, Interview by Debora Cox, Transcript, 7, 8, 23, 15 February 2001, Army Nurse Corps Oral History Collection, OMH.

16. Gerald A. Palmer, Interview by Christopher Clark, Transcript, 271, 10 October 1994; and Virgil T. Deal, Interview by Christopher Clark, Transcript, 284, 11 October 1994 (both in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH).

17. James B. Peake, Interview by Christopher Clark, Transcript, 342, 16 October 1994, in "JTF—180 Uphold Democracy Oral History Interviews," n.d., Excerpt in OMH. Virgil T. Deal, Interview by Christopher Clark, Transcript, 283, 11 October 1994, in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH.

18. "Haiti Facts and Figures," *The Mercury* 22 (November 1994): 1.

19. Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

20. Ellen Forster, Telephone Interview with Mary T. Sarnecky, 25 August 2005.

21. Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

22. Gerald A. Palmer, Interview by Christopher Clark, Transcript, 276, 10 October 1994; and Virgil T. Deal, Interview by Christopher Clark, Transcript, 281–92, 11 October 1994 (both in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH). Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

23. Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

24. Gerald A. Palmer, Interview by Christopher Clark, Transcript, 273, 10 October 1994, in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH. Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

25. Gerald A. Palmer, Interview by Christopher Clark, Transcript, 275, 10 October 1994, in Cynthia L. Hayden, ed., "Oral History Interviews, Operation Uphold Democracy," n.d., Excerpt in OMH. Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

26. Ellen Forster, "Deployment to Haiti: An Emergency Nurse's Story," *Journal of Emergency Nursing* 22 (April 1996): 160–62.

27. *Ibid.*, 160–62.

28. Seth M. McMullen, "New Task Force Assumes Duties in Haiti," *The Mercury* 25 (April 1998): 1. Michael Norton, "Haitian Mission Quietly Draws to a Close," *Army Times* 60 (7 February 2000): 12. Henry H. Shelton, "Contingency Operations in an Uncertain World: The Case of Haiti," *Strategic Review* 26 (Fall 1998): 37–41.

29. Seth M. McMullen, "New Task Force Assumes Duties in Haiti," *The Mercury* 25 (April 1998): 1.

30. Michael Norton, "Haitian Mission Quietly Draws to a Close," *Army Times* 60 (7 February 2000): 12.