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## **SPECIAL EDITION:**

**148th Evacuation Hospital**

**Desert Storm Story**

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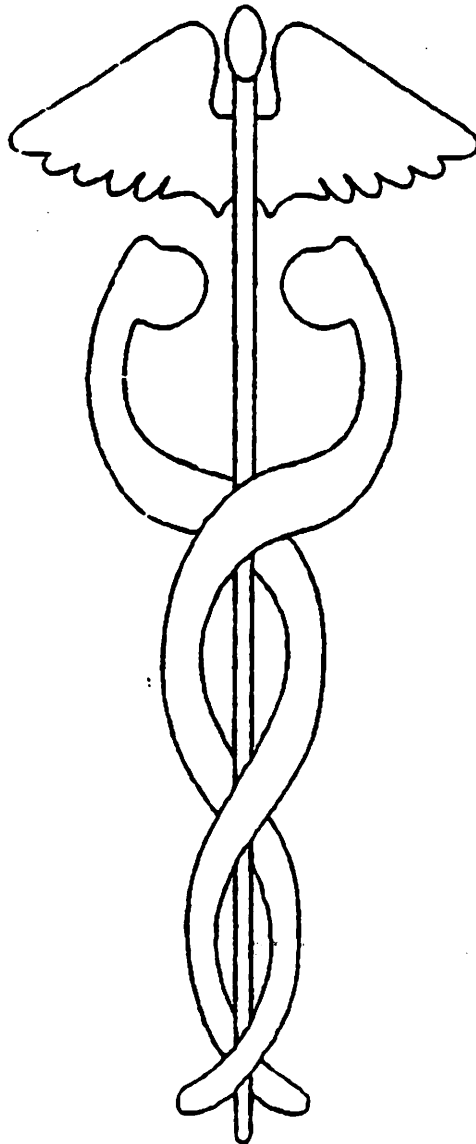
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The Arkansas Military Journal is an unofficial publication of the Arkansas Militia Foundation. The purpose of the journal is to aid in the preservation of Arkansas' military history. Comments and materials for publication are invited. Correspondence should be addressed to: The Adjutant General, CS-HS, P.O. Box 2301, Camp Joseph T. Robinson, North Little Rock, Arkansas 72118-2200.

**Editors Note:** We have deviated from the publication of the Wilson Manuscripts to bring the readers this special edition. This volume contains memoirs of soldiers of the 148th Evacuation Hospital who were activated during Desert Shield/Desert Storm. Members of the unit also served in the Southwest Asian War. Now that the 148th Evacuation Hospital is being deactivated, the staff of the ARKANSAS MILITARY JOURNAL thought this was an excellent time to pay tribute to the members of the 148th who have contributed so successfully to the welfare of the Arkansas National Guard and to the Nation.

CPT Earnest Tate  
Historian  
Arkansas Army National Guard

# **148th EVACUATION HOSPITAL**



**DESERT STORM STORY**

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HEADQUARTERS, 148TH EVACUATION HOSPITAL  
APO NEW YORK 09689**

**26 March 1991**

**SUBJECT: History of the 148th during Operation Desert Shield:  
From North Little Rock, Arkansas, to Al Qaysumah, Saudi  
Arabia, and Back.**

**Better known as "RETURN FROM HERE TO ETERNITY"**

**THE ALERT  
by  
MAJ John R. Woodall**

**On 0715 hours on 15 November 1990, I received a "Roaring Bull" message. The alert message was delivered via the telephone from LTC Larry Haltom, the Troop Command Administrative Officer. The verbal message was that the 148th Evacuation Hospital would be activated on 21 November 1990.**

**At 0730 hours on the same day the full time staff was briefed by me and the Alert Notification procedures were reviewed. Mandays were quickly allocated to support command and staff, administrative, and logistical activities necessary to initiate the alert process. I called COL David R. Nichols, the Hospital Commander, and LTC Alvin L. Lievsay, the Hospital XO and informed them of the upcoming alert message. Shortly after receiving the verbal warning order and communicating it to the command, I received the written alert message.**

**After I briefed the full time staff, Troop Command was contacted and assistance was requested. They in turn requested support from the Arkansas Judge Advocate Generals Office, 119th Personnel Services Company, 204th Dental Detachment, and USP&FO for finance assistance. Additional personnel from the 1/114th Aviation Battalion also volunteered to help.**

**The unit Alert Notification plan was set into motion at 0800 hours. Key personnel were placed on active duty for training immediately. Many of these key personnel reported in on the afternoon of 15 November 1990. All had reported in by 0700 on 16 November 1990. As these personnel arrived they began executing their duties in preparation for mobilization.**

## **THE PROCESSING**

by

**CPT Max D. Easter**

Seventeen and eighteen November 1990 were the unit's regularly scheduled drill dates. The unit arrived and began POM processing. All support personnel arrived as scheduled. The unit personnel conducted the medical records review and immunizations. A 100% showdown inspection, MPRJ review, health and dental records check, shot record update, wills and powers of attorney completion, and a PFR review and update were accomplished for all assigned personnel during the next two days.

Once into the mobilization process it became apparent that many of the personnel had not adequately prepared for this day. The JAG office was quiet busy making wills and powers-of-attorney and many of the Family Care Plans were not well thought out and had to be reexecuted. As a result, two Family Care Plans failed and the soldiers were discharged.

The mobilization process at Camp Robinson was extremely time consuming and labor intensive; lasting all week. This was due to the fact that all who were providing support were insuring that the job was completely correctly the first time.

The Unit Manning Roster (UMR) became a major problem prior to leaving home station. Many of our soldiers had been slotted in positions in which they were not qualified. These soldiers had to be reslotted or shown as excess. Directions from FORSCOM, 5th Army, and HCS did not provide guidance as to how to deal with these excess personnel. Some of the medical residents (physicians in training), all our 91C students, and our R.O.T.C. SMPs were mobilized as per the guidance received. One medical resident and all the 91C students were later released from active duty while at Ft. Polk, LA.

Key personnel remained on active duty on 19 and 20 November 1990, and the unit was ordered to active duty on 21 November 1990 in accordance with Permanent Orders 147-43, dated 16 November 1990. As unit personnel reported to duty on 21 November 1990, packing and loading became the order of the day. Personnel were motivated and as tasks were completed it became apparent that the command would be able to let people go home for Thanksgiving before departing for Ft. Polk on 26 November 1990.

## **THE MOVEMENT TO FT. POLK**

by

**CPT Charles P. McDaniel**

The advanced party, consisting of four military vehicles, one commercial bus, and 21 personnel; departed Camp Joseph T. Robinson in North Little Rock, Arkansas at 0500 on 23 November 1990 and arrived at North Fort Polk at 1500 hours the same day. The group arrived safely but found the post basically closed for the holiday. The advanced party received assistance from the Devil Troop Brigade staff under the direction of COL Craiger Parker.

The main body departed Camp Joseph T. Robinson, North Little Rock, Arkansas at 0530 hours on 26 November 1990. There were two march serials. The first serial was composed of seven commercial buses and the second serial, which departed at 0600, consisted of military vehicles only. The first serial arrived at North Fort Polk and 1530 hours and the second arrived at 1800 hours. All vehicles and personnel arrived safely.

## **PROCESSING AT FT. POLK**

by

**CPT Max D. Easter**

After arriving at Ft. Polk, I immediately began working on the UMR again. The changing guidance from Devil Troop Brigade and Bayne-Jones Hospital created new problems. The final decision was that the 91C students nor any excess personnel would not deploy with the unit. Further guidance allowed the unit to place 91Bs in 91A slots, and 91As in 91C slots.

Because of the shortages of qualified medical personnel the unit was brought to the attention of many different offices. Each agency wanted the same reports. Although our immediate headquarters, Devil Troop Brigade, instructed the personnel section to route all reports through them, multiple reports were still required. The S1 section ended up sending reports to DTB, Ft. Polk Mobilization Office, the Division G1, Bayne-Jones MEDDAC, and Fifth Army.

After the 91C students and the excess personnel were removed from the UMR, the unit was left with a shortage of some 47 91Cs. An additional 40 personnel in the medical professional areas and various other MOSs were required to completely staff the hospital. Only 77 personnel were finally obtained. Unfortunately these people did not arrive to Ft. Polk until two days before the main body was to depart.

**In order to adequately care for and insure the proper delivery of the filler personnel, I was left at Ft. Polk as the Rear Detachment Commander. My problems were complicated by the fact that my support staff was nonexistent but the paperwork wasn't. All the new soldiers had to receive complete CIF issue and I did not have any supply personnel on the rear detachment. When the main body left it was believed that the rear detachment was only about two days behind the hospital in preparation for movement. That proved to be an erroneous assumption.**

**Besides all the supply and personnel action needed to process the filler personnel, training had to be accomplished as well. With assistance from DTB, I scheduled the personnel in with the training programs of other units. Finally all personnel were readied and a 20 foot MILVAN was packed for shipment to Saudi Arabia. The 148th eagerly awaited their arrival.**

**TRAINING REQUIREMENTS AT MOB STATION**  
**by**  
**SFC John O. Bondhus**

**Training for the 148th Evacuation Hospital started after arriving at Ft Polk, LA. The training was broken down into three phases under the direction of Devil Troop Brigade and Banes-Jones Army Hospital; both active component units stationed at Ft Polk, LA.**

**Phase 1 consisted of common task or soldier skills. Marksmanship training was required for the unit. 100% of our personnel qualified with the M-16 rifle or the M1191A1 45 cal pistol. All personnel were validated in NBC skills after passing a comprehensive test consisting of decontamination of skin and equipment, donning and wearing of the M17 protective mask, and the proper use of the M256 test kit. Rules of engagement, custom and culture and threat vehicle identification were also briefed, studied, and tested.**

**Phase 2 was under the control of Banes-Jones Army Hospital who was responsible for the training and evaluation of all medical personnel. This was accomplished through the use of board certification for medical professionals and visual observation of classes taught to enlisted personnel. Enlisted personnel were assessed by the OICs assigned to each hospital ward and the education and experience level of the personnel being assessed.**

**Phase 3 consisted of a collective Field Training Exercise. The exercise was conducted by Devil Troop Command and Banes-Jones Army Hospital. The exercise was written and conducted to exercise the hospital proper with the use of the 148th's MEET equipment (60 bed set-up). Support sections minus the supply section were exercised very little during the FTX. After a final analysis of our performance the unit was validated for deployment to the middle east.**

## **THE FIRST SHIP LEAVES**

by

**SSG Bill Brown**

We convoyed to Beaumont Texas from Ft. Polk. Then we sat around until the ship was loaded. I left with the first ship, Bud Wilkinson stayed another four to five days then he came on another ship. The name of my ship was Gulf Banker. We had a super crew. All were real nice. Had super cargo, we had no duties just a boat and fire drill once a week. We had to check the cables and the turnbuckles down in the holes once while we were stopped at Gibraltar. They were all pretty loose. We had been in ruff waters in the Atlantic. There was swells 35 to 50 ft. We had rolls of 45 to 50 this was trying times. Everything was thrown around the ship. Dashes broke. We had a man to get thrown across the Gully hitting his back into the table leg (which was a steel pipe). He was hurt pretty bad. The Coast Guard flew him off ship. We took on a New Elite while on the move. Our sewer broke while in the rough waters. So we stayed at Gilbraters for two days while they fixed the pipes. I walked all over the rock of Gilbrater. It was real nice. After we left there we went to the Red Sea which was pretty, had a lot of gun points along it. The rest of the trip was pretty sun set and real pretty sun rises. The stars were just a clear as lights just sight by. The water would glow in the night it was real pretty. We were on ship for like twenty eight days. During which for the most of the time, we just ate and watched television. We did some small jobs just to help out. For me the ship ride has been the highlight of this trip. It was a chance in a lifetime for me. I'd still love to go back the same way. It was such fun.

## **SUPERCARGO EXPERIENCE**

by

**SSG Robert Wilkinson**

I convoyed into Beaumont, Texas from Fort Polk, La. I spent a week in the reserve center waiting for my ship to arrive. SSG Bill Brown and I were going together but our equipment was loaded on two different ships so we were split up.

Finally my ship, "John Lykes", sailed: I was both anxious and apprehensive. I had never been on board a ship before and I didn't know if I would enjoy the ride or hang over the rail the whole way. soon my fears were put to rest. The ride was pretty smooth except about the last third of the way across the Atlantic where we had 35-40 foot swells. As soon as we went through the Straits of Gibraltar and hit the Mediterranean Sea, it was smooth sailing again. We convoyed through the Suez Canal then into the Red Sea. from there we sailed to the Arabian Ocean and rounded the bottom of Saudi Arabia and entered the Persian Gulf.

**There were eleven supercargo's on my ship. We got to be very good friends. We had only one duty on board; once a week we had a fire drill. We would have to put on our life jackets, man a fire hose and spray water into the ocean.**

**We stayed in the passenger section of the ship which were two man rooms. They were very nice and had a shower and private latrine. We had three very good meals each day, plus a well stocked refrigerator that we raided nightly. I gained about 15 pounds. We spent about a month on board the ship and I enjoyed about all of the voyage. There was two times when I would have liked to have been somewhere else. Once when a ship ahead of us in the Persian gulf hit a mine and went down. The other time was Christmas Day in the middle of the Atlantic away from my family for the first time on Christmas.**

**Overall, I really enjoyed my trip over here. But when I leave here I want on the fastest jet headed home.**

### **THE MOVEMENT TO SAUDI ARABIA**

**by**

**LTC Alvin L. Lievsay**

**After all actions were completed at Ft. Polk, the unit departed in six different increments. The advanced party, consisting of 5 personnel, left Ft. Polk on 27 December 1990 at 0600 hours for Charleston, South Carolina. They finally arrived at King Fahd International Airport at 1730 hours on 29 December 1990. The next group of 39 personnel departed England Air Force Base, Louisiana on 0900 hours, 30 December 1990; and arrived in Dahrn, Saudi Arabia at 1205 hours on 31 December 1990. A third group of 100 and a fourth group of 234 departed on 30 December 1990 at 1100 hours and 1300 hours, respectively. The third and fourth groups landed at King Fahd International Airport at 1630 hours on 31 December 1990. A rear detachment of filler personnel were left at Ft. Polk under the direction of CPT Max D. Easter, the hospital S1. This group was 77 strong and finally joined the unit in two groups; arriving on 10 January 1991, and 27 January 1991.**

### **THE FLIGHT OF THE ADVANCED PARTY**

**by**

**MAJ John R. Woodall**

**The advanced party, consisting of COL Richard Lovell, LTC William Rudder, MAJ John Woodall, MAJ Larry McGee, and SFC Charles Ketzsch; departed Ft. Polk, LA on 270600 December 1990. Twenty members of the 15th Evacuation Hospital were traveling with them. COL Parker of Devil Troop Brigade was there to see them off and wish them well and God's speed.**

On departure it was raining. Fog, as well as a few thunderstorms were in the area. Just outside Jackson, Mississippi the bus broke down. The vehicle limped into a truck stop where the driver called Alexandria, LA for a new bus. The group waited 2 hours for the new crew to arrive. After moving our "A" and "B" duffel bags, LBE with our chemical protective suits, alic pack, and kevlar to the new bus, we were off again.

The advanced party arrived in Charleston, S.C. at 0500 28 December 1990. There we were treated to an Air Force breakfast then taken to a large hanger where we were told to make ourselves comfortable. Then they informed us that the plane would be nine hours late due to the inclement weather. We were also told that the severe weather may even cancel our flight. Needless to say, after spending 24 hours on a bus, we found it difficult to remain flexible. Like angels of mercy, the Red Cross saved the moment by providing coffee, cokes, snacks, and reading material. They even had AT&T phone service which allowed us to call home free and talk for 3 minutes.

The plane finally left Charleston at 1730 hrs on 28 December 1990 for Brussels, Belgium. The craft arrived there at 0700 on 29 December 1990. We even got to fly first-class. We departed Brussels at 0800 on 29 December 1990 and arrived at King Fahd International Airport at 1730 the same day. We waited 4 hours in a very cold wind for transportation to the Expo Center in Dharain and finally arrived at 2330. We were treated to a foam mattress and were shown to an area of the floor of a large building and told that was our "space." We were awakened at 0500 for breakfast and told to report to the 42nd RRD at 0800, 30 December 1990. After much negotiation, COL Lovell and LTC Rudder were taken to ARCENT and were introduced to LTC Roder who helped us secure better accommodations at Khobar Towers, better known as MGM. After another trip to Dharain and the Expo Center, we were taken to Khobar Towers at 1330 and given room assignments which were with LTC Roder in building 330, Apartment 5B.

On 31 December 1990, MAJ Woodall called the unit at Ft. Polk to talk with the commander and was told that COL Nichols was not the commander of the 148th. This was quite a surprise. On 1 January 1991, we went to breakfast and found our friends and unit. What a great sight and relief!

The advanced party had been equipped with the following operations check list created by LTC Lievsay and SFC Bondhus:

#### **OPERATIONS CHECKLIST**

1. Current intelligence reports
2. Current maps of the area, if available
3. Chemical expectations of opfor
4. Delivery systems for chemical wpns if known
5. Commo requirements vs commo ability of unit
6. Contact unit at AV 863-5508/5744/5767

7. May contact Devil Troop Brigade S-3 at AV 863-7405/4542
8. Talk to opns section about proposed sites if known
9. Be aware of size and space requirements for Hosp
10. Make contact with 341st Med Group
  - a. Cdr -- COL Robert Smith, MSC
  - b. XO -- LTC Fred Vernon, MSC
  - c. S-1 -- MAJ W. S. Bane, MSC
  - d. S-2/3 -- MAJ Norman Lentenbrenk, MSC
  - e. S-4 -- MAJ Phillip Townsend, MSC
  - f. OPNS SGT SGM Johnson (Could be helpful)
11. Review any OPNS ORDERS available
  - a. Provide task organization if possible
  - b. Make contact with units we support, if possible
  - c. Make contact with units supporting us, if possible
    - (1) Eng Units (Water as well as site prep)
    - (2) Graves Registration Units
    - (3) Personnel and Admin Units (P&A BN)
    - (4) Transportation Units
    - (5) Military Police Units
    - (6) Other units in support of 148th
  - d. Method of communicating with supporting/supported units
    - e. FAX any info back to Ft Polk, if possible
      - (1) Secure FAX to EOC -- AV 863-7209 (EOC FAX# 18)
      - (2) Unsecure FAX to EOC -- AV 863-6112/2682/7504
      - (3) Secure Voice (STU III) EOC -- Same as any FAX number
      - (4) Secure Voice to DTB -- AV 863-7405/4542
    - f. Obtain overlays if possible
      - (1) Main Supply Routes
      - (2) Area of support
    - g. Check on Base Cluster Support Operations
      - (1) Type of Base Cluster
      - (2) 148th's role in Base Cluster
      - (3) Base Cluster CDR and Unit
12. Coordinating Instructions
  - a. Develop POCs with each unit you contact
  - b. Determine if other units are in country, if so where; if not, when will they arrive
  - c. Have each person keep a log of their daily activities and consolidate them on a daily basis.

## **THE FLIGHT OF THE 39**

by

**LTC Alvin L. Lievsay**

Thirty-nine soldiers were to depart Ft. Polk at 0900 on 29 December 1990. In preparation for that departure, a "manifest" process had to be undertaken. This process was a requirement that each group had to endure prior to departing. At 2400 hours on 28 December 1991 the "Mighty 39" met at hospital headquarters to be "manifested."

Soldiers lined up alphabetically and proceeded through the check points. Each person had to verify their social security number, their blood type, and their name. All three items had to match with their dog tags, their ID card and the manifest. Some soldiers had to go immediately to have new ID cards and/or dog tags made because of errors among the documents.

All this was finally accomplished and the "Mighty 39" were ready for flight; only the flight was not ready for them. The word came down that the flight had been delayed and rescheduled to depart at 1300. So the "Mighty 39" returned to bed and waited happily on the delayed flight. Nobody was terribly disturbed about the delay because each person could use the extra few hours sleep.

As the "Mighty 39" arose and prepared to depart a second call came at 1310 saying that the flight had been cancelled completely. The "Mighty 39" had struck out. Arrangements were made to try again; same time, same plane, only 24 hours later. Much to the dismay of the "Mighty 39", the entire manifest process had to again be completed.

The group finally boarded a bus for England Air Force Base at 0615. We only missed the bus boarding time by 30 minutes. It seemed that one of the drivers arrived to Ft Polk without enough fuel to make the trip and went to the gas station prior to coming to the pick-up sight. Finally one of the officers in charge decided to "highjack" one of the buses that was for a later flight that had arrived early so that the "Mighty 39" could depart as scheduled.

The group arrived at EAFB in time to make the flight. After receiving all the proper instructions, the group formed up and proceeded in military fashion to board the L1011. LTC Lievsay was responsible for the "Mighty 39" and elected to allow the 344th HEMMET Co to board first. This allowed the group to sit in the front and many had three seats to themselves and were very comfortable for the long trip to Saudi Arabia.

The flight was very smooth and the food was much better than the expected MREs we had packed. The first stop was at Granger, New Foundland. All personnel were allowed to deplane and go to the terminal. Many soldiers bought ice-cream, sodas, or a beer

because they thought it would be the last they would see for six months. Only one of those items proved to be correct.

Back on the plane and on to Saragosa Spain. At this stop the soldiers had to get off the plane because of the refueling process. The 1SG of the 344th and LTC Lievsay volunteered to stay on the plane and guard the weapons. That proved to be a wise decision because the troops were sent to a hanger and froze while the 344th's 1SG and LTC Lievsay drank a coke and visited with the crew of the plane.

The flight began on its final leg of its journey. The crew of the plane could not have been nicer. They fed us everything they had on the plane and showed us all the movies they had in stock. It was a very pleasant flight. As the sun rose the troops could see the barrenness of the land to which they would soon be assigned. It was a rude awakening for a group of Arkies from the Qzark mountains.

As the plane landed in Dharain, Saudi Arabia, at 1205 hours on 31 December 1990; we prepared to go to war. We had no idea of what to expect. As we deplaned with our gear, a bus was waiting to take us to another location on the tarmac. The captain in charge of the 344th and LTC Lievsay were whisked away to complete paperwork. The hold baggage of both units was placed on a flatbed truck and brought to the troops as they waited for the two officers to return.

Once the two officers returned, the troops from both units were loaded on buses and transported to Khobar Towers in the port city of Dammam. LTC Lievsay checked in with the proper authorities in building 310. The officer in charge had no record of the advanced party and told LTC Lievsay that they were not in Khobar Towers.

The "Mighty 39" got their equipment and were assigned to their rooms. On New Years Eve the group settled down for a welcomed nights rest on a marbled floor. COL Nichols and the main body arrived around midnight and wanted to know if the 39 wanted to move to another building, but we could not be moved. The next morning, 0600 on 1 January 1991, while having breakfast, the "Mighty 39" and the advanced party were united.

## **FLIGHT OF THE 100**

**by**

**LTC Jim Power**

The flight 100 was the name given to the middle group of troops to leave Ft. Polk for Saudi Arabia. This included a mixture of officers and enlisted people. The advanced party had already left and a group left behind to gather up the fillers and loose ends.

We had to have everything packed in bag A and bag A according to instructions put out. There were also instructions left for packing the alic pack. These were all packed on trucks and carried to the plane to be loaded in cargo area. We were allowed to carry a laundry bag on the plane to include MRE's, personal hygiene items, needed for flight, etc. There was no definite time for departure of the busses from Ft. Polk to the airport established so everyone had to just sit around and wait. We also had to load with all our load bearing equipment, weapon if assigned, helmet, etc.

The busses arrived and we left on about a 2 hour trip to airport at Alexandria. There as no definite OIC communicated in charge but was no problem till later time. The departure date was 30 DEC 90. Once arriving at airport, we unloaded and formed up in a large hangar. We had to stand around for several hours. Seems like weather as warm and muggy at the time. Several ate their meals and snacks because hungry or bored. The wind was blowing rather hard.

We met up with the 216th Ambulance Co. There was some confusion over who would have the front of the plane and who would have the back. Since 148th had larger group, it was decided that the 148th would have the front. All this was being decided while the crew of the L1011 had gone to Alexandria to purchase food for the trip. They claimed that they did not know that there were no facilities for re-supplying the plane with food. So they went to town and bought enough junk food to include peanuts, rolls, etc., to call feeding us breakfast. There seemed to be this type of communication problems on most of the flight.

We finally were allowed to board the plane. LTC Power arranged for the officers of the 148th Evac to set across the front with a seat in between each to keep their laundry bag. The enlisted set immediately behind. Then the 216th was in the back of the plane. Once every one was seated, it came up about smoking at which time the appointed OIC that was never communicated came to surface and advised there would be no smoking on the flight. This made a difference to some and not to others. Since the flight was so long, it was finally resolved that the smokers could go to the back and smoke. We took off for Granger, Newfoundland and landed in the night after a rather long flight, but the flight was comfortable with music on headsets, movies to watch, food and drink offered on regular basis. We landed in Granger and were allowed to get off the plane and walk into the

terminal. The time seemed to be in the evening. I remember the wind being real brisk and cold as we walked to the terminal. They had closed the airport just for us for security and safety reasons. The Canadian and airport security guards were all around to insure our safety. We were allowed about an hour to go to the bathroom, shop, have drinks, coffee, etc. They had stores to shop in. We were allowed to make phone calls to home. I remember a particular brand of ice cream that was great and the cokes had a good taste. I remember the bath room paper was real small and unusual. All the airport staff people were extremely nice.

We were notified to board the plane which we did and took off again for Saragosa, Spain. This again was a long flight with many trying to sleep as much as possible. This time the food offered to us was much better and came on a regular basis. Movies, music, and reading material seemed to flow.

We arrived in Saragosa and were not allowed to get off the plane. This was in the early hours of the morning. Everyone was tired of being on the plane but no decision could be made to get off the plane or not. During the time of sitting on the plane and waiting was several hours. Apparently there was some mechanical difficulties. Also, they took on a new crew which seemed to be more friendly than the crew we had been flying with. They also discovered one of the laboratories was not working so that had to be fixed before we left. So after several hours, we were off again for another long flight. We did get to watch several good movies during all these flights. Again we were offered food and drink. That seemed to be a item they kept coming to us on a regular basis.

This seemed to be even longer flight. We finally landed in Saudi. We landed at wrong airport. This airport was the Dahrhan International Airport and after taxiing around for a little while, we took off again to land at King Fahd Airport. At this airport, we deplaned and got in formation, this was late afternoon with it being warm at first but as the sun went down, it began to get real cool. We also discovered that our baggage had been mixed in with the 216th and it took hours for it to get separated. We had to march to a area where there were several Saudi busses. Again, we waited to get everyone there with all the baggage. We also met up with another flight of our troops to wait to move out as a unit. We met up with the commander and all the normal command structure was back in tact.

The hours grew in to darkness and cold as we waited. Finally, everything was together and we moved out with the Saudi drivers moving at random and break neck speeds to a area called Khobar Towers (MGM Towers) were we would again have trouble getting there and also getting the proper baggage together. This was accomplished during the hours of night and at midnight, New Years Eve, we were sorting baggage and moving into area to sleep for the night and to be in holding for a few days. So ended the flight of the 100.

## **THE FLIGHT OF THE MAIN BODY**

by

**COL David R. Nichols**

Decisions which were to have a major impact upon the mission were made that night prior to departure at North Fort Polk. It was about midnight and the main body had reported to the HQ, building 8235, where we were prepared to begin the process of manifesting for the flights to Saudi Arabia. There were to be three separate flights. One of 39, 100, and 234 all leaving on the same day but at different times. The task suddenly looked like it was going to take on a new level of difficulty, as the unit was either just completing or had taken a break from their farewell party which had been going on as a last minute celebration. About two days earlier, 27 December 1990, we had been augmented with approximately 85 people. There were MC, ANC, and an array of 91 series MOS which had been identified as a shortage over the preceding month. These people had been experiencing a personal whirlwind in getting the necessary processing done in order to come with us the next day. The weather had not been cooperative, and range fire had been hard to accomplish. The small group of people who arrived that night looked so lost, and fatigued that I could not see the value of taking them at that time. They had unsettled personal

business as well as major equipment deficiencies which needed to be resolved prior to going. So the fateful decision was made; we would have a rear detachment made up of the S1 and the newly added people to the unit as well as any of the original flock who had been administratively held up. This decision was to result in many headaches down the road as time unfolded. We all in a beginners belief, felt this would only be a few days to a week or so before the team was sent on, after all everyone was in a big hurry to get the hospitals in place by the 15th of January.

After the manifesting was completed I found myself with the main body; a group of about 240 people. We were to leave at 0900 the morning of the 30 December by bus from the HQ on North Fort Polk and travel the first leg to England Air Force Base in Alexandria, LA. I recall how everyone stood around that morning in the usual sense of disarray that the medical units have a flare for showing. I sat in the commander's office in building 8235 trying to recall everything I needed to let Col Cecere know to help those people we were to leave behind. Col Parker arrived and was kind enough to wish the unit well. He brought for me a nice personal honor, the 5th Division Coin. Soon after he left Col Cecere arrived and wished us well. We had been fortunate to have their help during the mobilization phase. With all the farewells said in the office I went to the street. The NCO control had improved and now a roster was being used to help load the buses. The unit got into the waiting buses and prepared to leave. The 159th MASH marched by and gave the unit a salute, a very courteous gesture. Some of the family members were there, and it was hard to watch the children say good-bye to their parents, and see the difficulty of parting spouses. As we departed the post the Odyssey was under way. The bus ride was

fairly quick to England Air Force base, where we gathered in a hanger and watched as the flight of 100 along with the 216th Amb Co loaded and departed. We were to leave about 1300 and things were on schedule. As the time drew near we formed a single lane and boarded the DC10 which was to carry us to Saudi Arabia, and a most unusual adventure.

As we boarded it was clear that the trip over at least, was going to be good. The unit occupied the entire plane and there was room enough for all. The flight crew was exceptionally pleasant and could hardly do enough to keep everyone happy. There was food, soft drinks, and entertainment for everyone. The first leg of the journey was to Boston, where we landed and changed flight crews, and were allowed to get off the plane and enter the terminal which was cordoned off for us. The airport management was kind enough to provide beverages and nuts for us. The people in the terminal were also outstanding in their support and many of our people would strike up a conversation with them during the wait. As we reboarded the plane the crowd broke out in an applause which brought moisture to the eyes of many, as we appreciated that show of support. I suspect at that particular time, many in the unit, like myself had a feeling of intense uncertainty of what lay ahead on our journey. Certainly things could get tough, and we could be in for the mission of a lifetime. The flight soon resumed and so did the attentive nature of the flight crew. This leg of the journey was for Rome. The travel would last all night and we would arrive in the early morning hours of 31 December 1990 at an airport outside Rome. We had only a brief stop there and after picking up a new flight crew, we went on the last leg of the journey to arrive at King Faud International Airport just about dusk, 1700 hrs. The airport was loaded with aircraft of all types. Clearly we were prepared to go to war. As we stepped off the plane we all realized that we had just left the lap of luxury and were stepping into the reality of the austere and different world of Operation Desert Shield.

## **THE FLIGHT OF THE REAR DETACHMENT**

by

**CPT Max D. Easter**

When the main body left, the rear detachment was expecting to only be at Ft. Polk 3 or 4 days while training was completed. Once training was completed, the first flight that was scheduled out was with the 14th Evacuation Hospital on Sunday, 6 January 1991. We had to go to the Post Field House at 0500 hours for speeches and a send off (actually we were just stuck in with the 15th Evac). After the ceremony we loaded back into the buses and rode to England Air Force Base. After we arrived at England AFB, we were told that 41 seats were taken by another unit and we could only get 36 soldiers on this flight. I decided to send the physicians, nurse, maintenance warrant, and enough 91Cs to fill the remaining 36 seats. The 41 soldiers, including me, left on the tarmac were returned to Ft. Polk.

After returning to Ft. Polk, we were able to get 2 of the barracks we had signed for

and we were still signed for the Hospital HQ building. We arranged to get sheets and blankets from our surprised hosts.

We were told we would have another flight later in the week but they called and cancelled it after only a couple of days. We then had one scheduled for Monday, 14 January 1991, but at 1400 hours on 13 January it was cancelled.

We came down on the schedule to leave on 27 January 1991. We were then told of a "possible" flight leaving on 18 January 1991. To our surprise this flight did materialize. We flew from England AFB through McGuire AFB, Saragosa, Spain; and finally arriving at Dharain, Saudi Arabia. We flew on an Air Force C-141 with our 20 foot MILVAN, one pallet of equipment, and our pallet of duffle bags. This left us with a total of one (1) empty seat. But none the less, we got there.

Twenty minutes after arriving in Saudi Arabia we were under a SCUD attack. We were fired on by SCUDs five times that night. We spent the next 4 days at Khobar Towers with 41 soldiers (27 male and 14 female) in one apartment with no running water and no drinking water. While we were trying to arrange transportation to the main body, SSG Charles Taylor found us make the arrangements. While at Khobar Towers we found the other 5 physicians who went to Ft. Sam Houston, TX. We picked up these 5 personnel and brought them to the field with us. After a 9 hour bus ride we arrived at "Home" at last.

## **LIVING IN THE PORT OF DAMMAM**

by

**COL David R. Nichols**

The 148th personnel arrived in several increments from CONUS. The advance party had arrived 29 DEC 90. Thirty-nine personnel under the direction of LTC Lievsay arrived 31 DEC 90 approximately 1205 hrs at Dahrhan Airport. The remaining 334 persons arrived in two flights of 100, and 234. The former flight a L1011 had landed at Dahrhan airport in error and then redirected to King Faud where it arrived just behind the American airlines DC10 landing approximately 1630 hrs. All personnel were unloaded and gathered on the tarmack awaiting further orders. The luggage was unloaded from the two planes and the Air Force personnel skillfully mixed the bags from the two planes. This resulted in the need to sort our bags from those of the 216th AMB unit from Lake Village, AR prior to departing the airport. This task was complicated by the falling darkness and the fact neither unit had marked the bags with large easy to read names and unit designators. This resulted in bag mix-up for several days to come, complicated by the fact the units were housed in different areas while in the port area. It was after 2100 hrs by the time that the bags were sorted. The troops were then loaded into approximately nine local buses that were driven by Saudi people (speaking no English) and lead by an American soldier (PVT) who chose to speak no English but seemed to lead the band of drivers based upon the common task of having done this mission multiple times in the past. We finally departed

the airfield in total darkness with no idea of where we were headed. The situation was complicated by the powerful feelings of jet lag. As we left the airfield we began our first experience of Saudi driving. Each bus driver made his bid for the lead position. On the 6 lane roadway to Kobar this allowed for multiple changes in the positions achieved by each driver. I'm uncertain of the speeds achieved but it all seemed rather fast at the time. The night was so dark that one could not see the landscape (something good in retrospect). We turned off the main highway on a route into Kobar and as we circled the ramp the PVT appeared to be counting buses, and announced in a low tone that we had seven of the nine buses and directed the driver to pull over to the side of the road. He then jumped out and disappeared to the rear. We waited for what seemed like a long time, and it became difficult to keep the people in the buses. I still recall my thoughts at the time. I've only had them here for a matter of hours and already I've lost 80 people. After deciding that the bus drivers had taken a short cut the main caravan decided to march onward and continued. We arrived to the "MGM", a multi-building housing development built some 7 years earlier for the Bedowin population but never found satisfactory by them to live in. It had only days before been acquired on a temporary basis by the US Army to house the incoming troops. The command elements received a hurried brief as to the rules of the village and were assigned a building in the new sector 2. We at the time knew that some of the others had come here but were not sure where they all were located. As the troops were notified as to the location of their sleeping areas, arrangements were made to open the new sector. As we walked the compound we found the buildings and the rooms were marked with Arabic numerals, something a group of tired jet lagged soldiers from AR had no patients to deal with as it approached 2400 hrs on NEW YEARS EVE. I still recall the confusion which took place as we unloaded the bags and everyone attempted to locate their 4 pieces of gear (A BAG, B Bag, Ruck Sack and laundry bag). After that was or was not accomplished as the case happened to be, everyone was directed to a room for the night. This a rather simple sounding task was complicated by the fact there were 108 females the rest males and by the fact that there were two individuals assigning rooms (CSM, and asst. S4) simultaneously. These assignments in approximately 20 different apartments over 4 floors of a building marked in numerals no one could read. Needless to say all were pleased when they finally laid down for the night, and could care less over the fact that they lay on the floor of solid marble tiles. So ended the first night in Kobar, SA.

## **DISCOVERY OF DAMMAN PORT**

by

**COL David R. Nichols**

Unquestionably the most difficult task for the unit to address was the lack of the transportation assets to accomplish the job. We found the advance party and the group of the 39 the following morning, but none had been successful in acquisition of transport assets. We used the shuttle bus to get from Kobar, which turned out to be approximately 20 miles from the Port of Damman where equipment was arriving into the country. Our

first morning into the port we got the picture of what was going to happen. The 2nd COSCOM rear was headquartered in the pier warehouse buildings 18 and 20. These buildings as well as a few others were also used as large dormitories for the troops arriving into port that were less fortunate than we had been in the housing assignment. These people were sleeping on cots in a state of mass confusion and a total lack of privacy. The nerve center was in the 2nd floor room of building 18. Here twice a day the port commander LTC Thomas, and COSCOM deputy commander COL ALLEN would along with their staff address the units in the port. It became clear after only a short time exactly what the mission was to be accomplished. We were to gather equipment arriving by boat or air and arrange transport of it and our personnel to the as of yet undisclosed operation site in Northwestern Saudi Arabia. If the timing of the equipment arrivals was very delayed, we found that the COSCOM policy was for the unit to get tents, food, water and transport (to the site) where the bulk of the personnel were expected to await the equipment. The unit was to leave a rear detachment to receive and transport the equipment to the field site when it arrived. In about two milliseconds it occurred to me how well that plan would be received by the "pioneer" spirited members of the 148th. We left the first meeting with a heavy heart only to find things had a chance of working out better for us.

The early days in Damman could best be described as a time when a few worked like hell, and a lot of others did not have a hell of a lot to do. This was in all seriousness a time that heavily burdened the supply and service areas as well as the command staff. We found out fairly soon after arrival in the port that our equipment was to arrive in three separate ships; Ruhland (DEPMEDS) on 5 January, GulfBanker (Organizational equip) on 6 January, and the John Lykes (Organizational equip) on 9 January. It appeared that we had lucked out enough that it could be possible for us to get all of the equipment together prior to the move to the field. A plan quickly fell into place from our point of view. We still however needed some transportation to allow us to make all the necessary arrangements with the army elements around the port and airport areas.

It was LTC Lievsay who returned after his first days visit to the port with the good news he had talked the transport people at the 2nd COSCOM out of a 40 passenger bus. It seemed a bit large for a staff car but who looks a gift horse in the mouth. We were told we could get it that very afternoon. SFC Nelson, SSG Barker, SSG Ables, SSG Goodwin, and SSG Wilkins as bus drivers returned with the staff to the port that very evening. They were very attentive to the directions of the shuttle bus driver as we returned as the staff held a meeting in the rear of the bus. The drivers assured me as we neared the port that they had every part of the directions memorized and it would be no problem returning to Kobar. The staff attended the evening commanders conference after we signed the necessary papers to acquire the bus. The drivers went to obtain the bus. All seemed to be working well as we met after the conclusion of the meeting, had a good hot meal in the port and started for Kobar. I believe it was the first turn that we missed that proved to be at the root of the 2 hour trip home. It all seemed so simple over the next few days, but looked fairly complex that first night. I still recall the picture of LTC Lievsay and the 3 drivers in a local gas station waving their arms about in an effort clearly designed to explain themselves to

the attendant. It almost worked too, except for the second stop required a short time later, when a Saudi policeman was again asked to assist us. It was with a sense of relief and pride that we finally arrived at Kobar Towers. It proved to be short lived. We had decided while returning that we really needed to get the bus back to King Faud and pick up several of our soldiers who had come in with cargo flights. They left that night about 2200 hrs on the mission. They left despite the fact they had no idea where they were headed. This lack of direction was rewarded with an all night bus ride. The next morning I learned they had not yet returned. In less than 48hrs the same feeling struck me again, I've lost another bunch and we're not even going yet! LTC Lievsay and I went to report our missing troops. As we left the office of MGM still puzzled by their lack of concern, we were greeted with the news that the bus had just rolled in, and all was well.

Over the next several days as we waited for the first of the ships to arrive. We took advantage of the time to get more familiar with the "lay of the land." We met a representative of the 332 Med BDE, LTC Roder, and the XO of the 341 Med Grp, LTC Fred Vernon. The latter turned out to be a useless contact as we were about to change our group alignment just prior leaving the port area, and become a direct reporting unit to brigade. These two men were however helpful in learning a bit about the system and meeting people in the ARCENT and CORP rear areas. We learned about the special purchase power that was being granted to units if they established a Field Ordering Officer, and a class A agent. This took a class, two bodies preferably non-critical, and a vehicle for travel. After selecting SFC Nelson, and SSG Barker for the job, getting them trained and outfitted we were in business. We now received allotments of \$20,000 cash to purchase those items which were not in the system that were felt needed for the operation. This allowed the purchase of things like wood, kerosene heaters, loudspeaker systems, hand tools, metal tent stakes, and many other items. This was to prove to be a valuable tool for the months to come but was going to cost us the use of two enlisted for the duration of the war. The ships finally began to roll in and things slowly looked up. Each night however we continued to feel the pressure of the COSCOM command to get on out of the port. By the time we left the port area there were 30,000 US troops crowded into the facilities. Clearly a need was apparent to keep things moving as more arrived each day than left the port area.

The first of the ships to arrive was the Ruland, a container ship from Europe. It was with the arrival of this ship that we began to learn about the DEPMEDS fielding team. This was a group of "experts" who had been assigned via ARCENT to expedite the fielding of the equipment, but unfortunately had little interest in the expeditious movement of the hospital personnel or their organizational equipment. Their plan was basically a good one and involved the unloading of the container ship in a commercial pier away from the other flow of things on the military port area. They were going to take all the containers and give us all the rolling stock. They would move the items to Riyadh by rail and then with their own hired assets would bring the containers to the field site, and supply the MHE to spot the ISO and MILVANs. This plan appealed to us and we quickly worked out a time schedule which would bring our personnel and the equipment to the same site in the proper

sequence. However then things began to fall apart. The rolling stock which was to be our first pieces of transport turned out to be very difficult to free up from the DEPMEDS people. We ended up using 25 people to help get vehicles from the Ruland about 24 hrs later than we had hoped. This caused a problem with plans that had been made to obtain several MILVANS from the King Faud airport and bring them to the port to ship North. We received some relief from the fact that the Gulf Banker arrived in port and had some of the organizational vehicles we shipped from CONUS. With the arrival of the vehicles, we became more able to coordinate in parallel rather than in the serial fashion demanded by the use of the bus. Over the next several days things began to fall into place. Although plans were made and changed daily we finally had most of the equipment in hand by 9 January. The last boat was in the port and the equipment was being unloaded. We had an arrangement with the DEPMEDS people to deliver the equipment to the field site on the 11 January. An advance team was put together for the purpose of occupying the site and doing the hospital layout. They would have sufficient people in place to put up sleeping tents and to assist in the spotting of the ISO and MILVANS on the site. The team was scheduled to depart on 9 January.

The arrival of the organizational equipment had its rough spots as well. The first boat, the Gulfbanker had several of the vehicles. As they were taken off the boat it became obvious that several of the vehicles were in fact damaged. The windows of a blazer were broken, a pickup truck had broken window as well as multiple dents in the side. We were so pleased to have any form of transport that we accepted them with open arms. The last of the boats, the John Lykes, came in on the evening of 9 January. The unloading seemed painfully slow. As the MILVANS were unloaded and only a few vehicles were left it was decided to attempt to set a convoy time for us to move the main body. We still had some additional 5 ton trucks to free from the hands of DEPMEDS and some air systems to repair in other 5 tons that had been damaged in shipping. SFC Hastings assured me we could meet the schedule and we set out to acquire the transport assets we would need to move the equipment to the North West.

I should not pass over so lightly one of the less pleasant areas we had to deal with during our preparation to move. This was the DEPMEDS fielding team. My first exposure was actually fairly positive. With the help of LTC Roder, I first, and for that matter last, met Major Harris in the office at ARCENT rear HQ at Dahrhan air base. He was pleasant, seemed fairly competent and offered the usually historical review of how things had developed with the DEPMEDS fielding to date. We had actually been the recipient of some the story along the way through a list of several TWIX messages. Major Harris explained the plan on movement of the containers and the rolling stock. From this information the first glimmer of a real plan began to fall into place and it looked like we had a chance to make the hospital operational by the deadline which we all felt was most likely, 15 January. It seemed tight but still workable, if all elements cooperated and we had even a bit of luck. From their our experiences with the team went steadily down hill. The Ruland unloading was left in the control of a CPT Signiago, a most self centered and ambitious fellow. He had a good plan for his part, but it became obvious that he had no concern in

our being able to complete our part of the mission with any deadline. Our first conflict developed with the attempt on our part to get some of the trucks and vehicles we needed to get around the port, and out to the airfield where much of our equipment was still stored. Time after time we met with obstacles placed such that we never got any use of the vehicles prior to the 8 January, 3 full days after the boat started to unload. We were still getting some of the trucks on the very day the main body convoy was to leave the port area.

On 9 January it looked as though we in fact could get the act together and pull out of Damman by the 10th. We had some trouble in getting all the trucks from the John Lykes, and I recall having to help get our water truck, and stretched 5 ton from Staging area F. The truck would not start, and we had to request some help from a tanker group who had some jumper cables. I still remember the puzzled look on the face of the SSG when this 06 stood there asking for the cables. Oh, well it all worked out and attention focused upon getting S&P trucks and buses adequate to move the equipment and the personnel. We started this process at the COSCOM rear. It all sounded simple like so many other tasks. Place the request for assets and then check back to see if they were filled. Oh, yah, sure. Not quite that simple. Requests placed, check. Requests filled? Another story all together. To get the request filled we needed to visit the transportation BN HQ and get them to tell us who was to pull the mission, and then go talk with them direct. Then the buses were arranged in another place at another time. Convoy clearance had to be cleared in yet another location. All was settled about 2300 hrs that night and the XO and I felt we were set for sure to depart at 1300 hrs the following day. Little did we know the rest of the story. When we reached port the following morning things were falling apart. All of the transport assets had been pulled based upon "higher priority" from the top. Words I was soon to learn to despise during the whole war. What it really meant was that we would have to sort over with a much shorter time table to get it together. We started first with the trucks, and were successful in convincing the truck platoon commander that we should be hauled that afternoon. The buses became a bigger problem as we found the buses but no drivers were available. After we checked to see if we had enough drivers they then informed us there were no buses. After throwing up my hands in disgust, I went back to the COSCOM. Yes, the very people who had been asking us daily to leave the port. I asked if they still wanted me to take my 400 people away or not! They affirmed their desires and helped. In a short while I had the keys to two buses parked outside and the promise of three more buses. It soon became obvious why I had the keys, neither of the buses would start. We could not push them because the air brakes had locked. SSG Horton finally started one of the buses. We then borrowed some cables again and got the 2nd one started. Three buses were picked up but one had only a 2nd and 3rd gear, and was judged unservicable. One stroke of luck came when we got this bus exchanged. It looked about 1330 that we could make a 1700 convoy, and the word was sent out to move. Now at this time we had 300 + troops in Kobar, their bags, and service personnel all around the port getting the last of the organizational vehicles from the boat and from the staging areas. We also had a transport company with 6 trucks that were to meet us at the staging area. A risk had been taken to meet the 1700 time.

I still recall the frustration as we stood lined up with over 30 tactical vehicles, awaiting the buses from Kobar. Many different stories reached us as to where they were but none really mattered. We were faced with the dilemma of not leaving and having everyone in the convoy have to spend the night in the vehicle in a parking lot or leave with all we had and have the remainder catchup. As the 1700 time came and went it looked like we could have a reprieve. But then 1800 came with the same problems except 3 of the 5 buses were here. The word was others had gone to the PX, and some were lost in transit. Well the situation was 10 minutes to depart, all but the 2 buses were there. The two buses had the chief nurse, 1st SGT, and an individual who knew the way to the area. We also knew that the 2 buses could travel without the need of another convoy, whereas if we stayed we would have to make re-application for the transport assets and the convoy clearance. I made the decision, we left. Thus began the trek of the Fighting 148th to the front. Little did we know then all that lie ahead for us.

**LIFE AT KOBAR**  
by  
LTC Thomas Jefferson

The question is, "Was there any life in Kobar?" The main body spent eleven days there; it served as our introduction to Saudi Arabia and even to international travel for many of us. It was less than glamorous.

We arrived at King Fahd International Airport the evening of 31 Dec 90. One aircraft had mistakenly landed at Dhahran Air Base first, but quickly caught up with us. On landing, all duffel bags were thrown randomly onto the tarmac in huge piles beside each aircraft. Bags of each unit were then sorted, more or less accurately. We quickly climbed aboard then and commenced to sit for 2 1/2 hours, cold, tired, hungry, and anxious. Finally, we were driven to our billets at the Al Kobar Housing Authority site, as "MGM Grand." We arrived minutes before midnight and celebrated New Year 1991 shouting people's names over and over, trying to sort out 750 duffel bags and zillions of rucksacks, sleeping bags, and laundry bags. By 0230, we had been assigned to 5-room, 3 bath apartments, 25 people in each. Furnishings were limited to thin blue carpet, obviously directly glued to the marble floors and just as hard. Sleeping 5 to a room, we spent the next 11 days developing rug rash on backs, knees, elbows, heels, and butts as we sat, slept, crawled, and flopped around on the firm floors.

Plumbing was available, such as it was. Arky ingenuity was needed to provide power to the water heaters. Unlike many Saudi buildings, ours had real sit-down toilets instead of a hole in the bathroom floor. Toilet paper appeared optional, as it had to be discarded in the trash rather than flushed. Contract service provided breakfast and supper each day; lunch was MREs. We received our first supplies of bottled Saudi water, which actually tasted pretty good.

Transportation was not available. Our unit was issued one 40 passenger bus which was used all day to shuttle the critical staff to port and various other official places. Military bureaucracy had its finest hour as our people heard time after time that all the equipment we expected to receive in-country (as we had been assured at Ft. Polk) was not available. Concertina wire, ammunition, and many other items of importance to us simply could not be had. Units were blatantly stealing items from each other. Guards had to be posted to protect unit assets. The whole mission was renamed "Operation Desert Steal."

Our housing area was a large complex of apartment buildings constructed a decade earlier to house some Bediwon tribes. They apparently stayed only briefly. Then, declaring distaste for apartment dwelling, they returned to the desert. The buildings sat empty until our deployment. There were well over 10,000 American troops there, and more arriving daily. Our security was lax at first, but quickly improved to include concertina, blocked roads, lookouts on the roofs, and roving HUMMVs with mounted M-60 machine guns. Nonetheless, we felt vulnerable; there were constant rumors about terrorist attacks, both there and at the port. The Great Saudi Bomb Scare on night, that emptied three apartment buildings, did nothing to ease people's minds (CSM Hattabaugh has documented this episode).

Rumors were constant, concrete information was nonexistent. Anxieties rose daily. Finally, we received orders to move to our TAA. The main body, most of it, departed on 11 Jan 91.

### **BOMB SCARE** by CSM Jerry Hattabaugh

When you are using the stairs, it is a long way to the ground from the 5th floor of Khobar Towers. Approximately 75 soldiers from the 148th Evac Hospital exited by those stairs swiftly and orderly to join the 4th, 3rd, 2nd, and 1st floors in a field just outside the building. It was 2230 hours on 4 January 1991. An unidentified person had entered the building with a rucksack and several minutes later the soldier left empty handed. Security, after having been alerted by the guard, decided that evacuating the building would be the safest approach.

It was cold that night and not only were there soldiers without shoes and pants, but I found that I had left without a shirt or jacket also. COL Nichols offered me his jacket as he walked out of the building. I readily accepted his kind offer. I realized that he may have been the last person to exit. He then moved the unit to an underground parking garage which was lighted and provided some wind break and security. We were quite amazed to see each others wearing apparel or lack thereof. Due to the late hour and many being ready for bed, several of the female soldiers were in gowns.

Because of the rank on the Colonel's jacket, a young lieutenant approached me thinking I was a colonel instead of a CSM. He said, "Sir, I just want to reassure you that we are doing everything possible to clear up the matter." I replied, "Just be quick about it Lieutenant, my troops are getting cold in their BVDs and bare feet." He said, "Yes sir.", saluted and left.

SSG Tom Stewart remembered that he and several others had left a large sum of money in his room and wanted to go back after it. We asked him which was more valuable, his money or his life. He was thinking very hard on that when the Lieutenant returned and gave the "all clear." At that point we all returned to our rooms. We later found out that the person who entered the building with the ruck sack was returning the item to a member of our unit who had lost it during the movement. That is why he left the building empty handed.

## **A SHOT IN THE DARK**

by

**CSM Jerry Hattabaugh**

On the evening of 9 January 1991 between 1930 and 2000 hours at Khobar Towers, everyone in the unit was relaxing, doing laundry, writing letters or preparing for the following day. Two members of the 1st AD were visiting with some of our troops as well. Suddenly, we heard a shot. Our two friends were part of the unit providing security for the compound. They responded immediately by ordering all lights out and telling us all to stay away from the windows. The word was passed from apartment to apartment and CPT Smith and CSM Hattabaugh were notified.

The two soldiers reported to their supervisors and then returned to our apartment on the third floor. They set up a "sniper-point" from our window and stayed in touch with their headquarters by radio. After about forty-five minutes an all clear was given. We all started to breath a bit easier; but were anxious to find out where the shot had come from and why it was fired.

Our two friends returned to their headquarters and then came back to us with the information they had obtained. It seems the shot had been fired as a warning to two Arabs that were carrying brown paper bags and entering the compound over the concertina wire. They had been ordered to halt and had not heeded to the order. The shot was called an "accidental discharge" to prevent an international incident.

Everyone was a bit shaken, but no one was injured. Thanks to the 1st AD and the 1st CAV for providing excellent security during our stay at Khobar Towers.

**We didn't know if the Arabs were friend or foe, but it is believed that they were workers from the compound who had been grocery shopping. I believe it is better to be safe than sorry.**

## **ADVANCED PARTY MOVES TO THE FIELD**

**by**

**MAJ John R. Woodall**

**At 1300 hours on 9 January 1991, the advanced party departed as part of the 343rd Ambulance Company Convoy. Our portion of the convoy was composed of 6 vehicles (1 HUMMV, 3 five tons, and 2 buses) and 80 people. Since we did not have enough organic radios, we had to be part of some other units convoy. The start point was the sea port at Daharan and our destination was Log Base Alpha, approximately 286 miles from the SP.**

**The convoy moved out very quickly. It was difficult to keep pace and our unit vehicles were not able to safely stay up with the rest of the convoy. Since our vehicle was the rear vehicle and had the radio, we eventually rejoined the rest of the convoy approximately 50 miles from our destination.**

**Approximately 2200 hours the convoy arrived in the vicinity of Log Base Alpha (LBA). The convoy turned into the desert and drove the remainder of the night. The convoy commander was trying to find the reception support area, much to no avail. Finally at 0300 hours the convoy stopped to wait for first light. We were awakened by a representative from the 332nd Medical Brigade and escorted to the brigade compound.**

**The brigade first wanted us to set up in the brigade area, but I insisted that we be allowed to continue our mission; which was to quarter the hospital. We were expecting the DEPMEDS equipment the next day (11 January 1991) and the main body was to arrive on the following morning. I couldn't just sit and wait for things to happen.**

**We finally got the "go ahead" and continued to march. The area where we were to locate was northwest of the Al Qaysumah airport. I asked if the area had been deconflicted and was told that it had. MAJ Cintron, from the DEPMEDS fielding team, also questioned whether the area had been deconflicted, so he asked again. After being assured that the area was safe to move in to, the advanced party began its mission.**

**When we arrived to our Tactical Assembly Area (TAA) we immediately established perimeter security while the staking team began laying out the hospital. Other members of the advanced party began setting up sleep tents for the night and also some for the main body. While we were working MAJ Craig from the 332nd Medical Brigade G3 shop visited our area. He gave the troops a briefing which scared everybody. After listening to him, we**

believed that the Iraqi troops and terrorists were at our front door. He told us to forget tents and begin to dig foxholes. Unfortunately we were the new kids on the block and did not know MAJ Craigo and his "sense of adventure." As a result of the briefing we doubled the guard and increased security awareness. MAJ Craigo had the unit so "uptight" that when a vehicle approached our new sight (that wasn't there the day before) one of our guards shouted "halt" and when the vehicle didn't stop he fired a warning shot over the vehicle. Needless to say the vehicle stopped and many people came to visit us the next day to make sure we knew where they were located. It is unconfirmed, but we believe we were the first unit to fire a shot in self defense in the VII Corps. This earned us the name of the "Fighting 148th."

On the morning of 11 January we continued to quarter the hospital and establish tentage for the main body. The DEPMEDS fielding team arrived with the equipment on 26 flat bed trucks and a crane required to unload the boxes. The advanced party was ready for them and were prepared to offload the equipment. Each box had a location in which to be placed and members of the quartering party guiding the spotting efforts. The offloading process went exceptionally well and the DEPMEDS Fielding Team and equipment were gone by the end of the day on 12 January 1991.

#### **MAIN BODY MOVES TO TAA**

by

**LTC Alvin L. Lievsay**

After all the preparations had been made the unit assembled in Area G at Dammam Port. The unit had 33 military vehicles assigned to the 148th, 6 S&P trucks, and 3 Saudi Arabian buses. Two buses failed to make the last start time. The unit had delayed its departure from 1300 to 1800 hrs due to the unavailability of transportation assets. The final delay, from 1700 to 1800, was caused by the late arrival of both the S&P trucks and the buses.

Finally, at 1800 all but two buses had arrived and the unit had to depart or risk staying all night in the vehicles and beginning the convoy request process all over again the next day. When it was realized that the two buses had the 1SG, Chief Nurse, and a guide who had been to the sight; it was decided to leave as scheduled.

When the lead vehicle departed the front gate, it was like the start of the Indianapolis 500. The Saudi police were leading the convoy and the military vehicles had to keep up at all costs. Each vehicle had a strip map and each person had some MREs and bottled water. It looked like all would come in handy.

As the Saudi police lead this sand and green colored centipede through the vapor lighted highways of Dammam, the realization of just what we had gotten in to was becoming

more and more apparent. Our advanced party had already arrived at the Tactical Assembly Area (TAA) and the rest of the hospital, minus two buses, was now on the way to the area we would soon refer to as "home."

Since the 148th Evac only had one radio, the unit was part of a larger convoy. We had heard that once out of Dammam the convoys disintegrated and ours was no exception. Our trail vehicle, with the radio, had to become the lead vehicle and the guide, SSG Charles Taylor, had to become the eyes of the "centipede."

We followed our strip maps and refueled and refreshed at the "convoy support centers." At one of the centers we had our first taste of MOREs (meals operational ready to eat), but we did not know that at the time. It was simply Campbells Soup and Hormel chilimac in individual servings. We had to drive all night and had only our strip maps, the traffic flow, and our guide on which to rely. As the sun peered over the horizon, we were able to see a most desolate area. The terrain was basically flat and the tallest structure in sight was the whip antenna on the HUMMV that was the lead vehicle of the convoy. Drivers and assistant drivers were becoming very tired and some required replacement for safety reasons. The unit continued to push on to our final destination.

The convoy had stayed intact during the entire night movement, which was something that other units had not been able to accomplish. As we arrived to the outskirts of Al Qaysumah we pulled off at a small gas station in order to regroup before crossing the release point at our TAA. As the vehicles pulled in we realized that the convoy was much smaller than when we left our last check point. Somehow, during the hours of daylight, some of the convoy had gotten separated. One vehicle was sent ahead to the TAA to get MAJ John Woodall, advanced party commander, to lead the convoy and another vehicle went back to look for the remainder of the convoy. All were found relatively quickly and arrived to the TAA safe and somewhat sound.

The convoy arrived to the TAA at 0730 and the personnel immediately unloaded and began to erect tents for sleeping. The temperature was in the 40s and the wind was blowing gently, as we would soon find out both could change rather quickly.

## **BUGOUT AT AL QAYSUMAH, SAUDI ARABIA**

by

**COL David R. Nichols**

The 148th EVAC Hospital under the direction of the 332 Med BDE occupied a field site at Quaysumah airfield, Saudi Arabia during its initial deployment. The advance party occupied the site on 10 January, and established an initial perimeter, sleeping tents and hospital layout. On the morning of the 12th January, the main body arrived on site. During the day the hospital was being established with additional sleep tents, and the spotting of

ISO and MILVANS of the DEPMEDS equipment. Several officers from the 101 airborne Task Force in the immediate area came to us to inquire who we were, why we were here and who was our higher command. They further explained that they were assigned to the airfield by the 18th Corps out of KKMC in order to protect it as a possible site of Iraqi aggression. The 1st AD was also south of our position across Tapline road. Their mission was to support the 101st as armor reserve, and they had plans to approach through our immediate vicinity. Because of the apparent conflict in the AOC, I sought some guidance from the BDE G3 as to the appropriateness of our being at the site. The area had been deconflicted by our advance party commander, MAJ Woodall, but things seemed to be changing by the minute. On the evening of the 12th the weather became the typical welcome of the 148th. It began to rain, and by morning many of the tents were filling with water, and the uncovered floors were turning to mud. When we looked outside at daylight it was clear the day was going to be exciting. The ground was full of puddles, and where vehicles or foot traffic was heavy, the previous firm ground became a mud soup, up to 6 inches or more in areas. It was cold in the 30's perhaps warming into the 50's. The rain continued with only brief respites. We continued to receive inquiry from the combat elements in the area. Late in the afternoon another trip was made to brigade to discuss our situation, and have as the very least a plan in mind for a retrograde escape if the situation appeared to warrant it. While at the BDE, VII Corps OPS called with an inquiry as to what was at the airfield from the BDE, and how long would it take to remove it? While the decision was being made regarding leaving the area with or without equipment the command element returned to the area. The BDE G3 then sent an FM message to our site which we heard on the vehicle FM: "Pack A, Pack B, be prepared to move out ASAP." end of message. With this message reaching the site and the already heightened concern of the hospital personnel, a wave of mild panic struck. When we had reached the area, soldiers were hurriedly packing and leaving much of their personnel gear behind. It was the evening of the 13th January 1991, the sky was overcast and the entire area was in a state of blackout. One had a hard time seeing your hand in front of your face. The decision had been made to evacuate and had imprudently been sent over the FM radio without the benefit of a calm explanation. This I suppose had been decided by the G-3. A poor decision at the very least. The unit then was evacuated using all available organic vehicles and trucks from the 12th EVAC, and the 818th Med BN. Our people gathered personal equipment and belongings from their sleep tents and carried it with them to the waiting vehicles. Later we found people had left many items and lost others in the dark of night during the transfer. We were denied permission to leave a guard force in the area. I personally, with the CSM, went to the TASK Force commander, COL Perdon, and requested they try to keep an eye on the area for us, as we were denied the option of guards. This group was located at the neighboring airfield, a short trip across a muddy, dark desert. He explained the situation of an anticipated attack that very evening. Intelligence had come to the conclusion that the WADI AL BATIN would be the location of an Iraqi armor and infantry attack. He and LTG Franks had decided to move the units for safety. He also had obtained permission for large number of combat engineers to come into the area to build his defenses. After we left the area to join the unit at the 12th EVAC we wandered our way down Tapline road. It was so dark that everything looked strange and we could not see any of the units that were set

back off the road. We passed the 12th site and soon realized it. We then turned around and awaited the arrival of the unit at the 12th Evac entrance.

The unit because of the extreme darkness had taken a long time to get all of the troops loaded and out of the area. LTC Lievsay and SFC Bondhus had remained to ensure all had left the site. As CSM Hattabaugh and I sat in our HMMV at the entrance of the 12th EVAC we watched the long caravan of vehicles wind its way up the desert from Tapline to the hospital berm. All traveled with their blackout lights. It seemed to take hours for this apparent simple task to be completed. When all reached the safety of the berm that night it had taken over 4 hours for the 400 people of the unit to move about 12 miles Southeast along Tapline road. That night all were grateful to find a dry bed and rest.

Upon return to the site the next day, we discovered that the area had been looted and ransacked. The sleep tents were all trashed and had any personal items remaining scattered around the tents. As an accounting was made it was clear that many had lost personal items and that the organizational equipment had also suffered. Lost items are listed in the report of survey and the personal items are noted by the individual claims which are being filed. It is uncertain exactly who took the items as there were elements in the area from several units of the 101st airborne, and an engineer group and the special forces.

After the events mentioned above the unit left a guard force in place for the next six days, as it was instructed to remain with the 12th Evac and have day time details to establish the hospital.

**LIFE AT THE 12TH EVAC**  
by  
Chaplain (MAJ) Jerry Wilcox

Arriving at 2230 hrs in the rain and clinging mud the 148th Evac found the 12th Evac Minimal Care Wards to be inviting. By 2400 hrs most soldiers were bedded down. However, not all were sleeping. Several troops were without dry uniforms, sleeping bag and blankets. A miserable night was the common experience.

In the next six days some of the clan had to move sleeping quarters three times. A bad situation was made tolerable by the helpful but strained hospital hospitality. The 12th Chaplain opened the chapel tent for additional sleeping space causing an altering of the normal schedule for religious services.

All survived the three hour, 13 mile ride. The "casualties" came from the half mile walk through the thick darkness and slick mirky mud. Some witnesses tell of seeing soldiers, who otherwise were strike troops, dragging bags "A" and "B" in an unceremoniously manner while speaking in an unknown tongue.

**The 148th were very quickly assigned to the work details. All in all the situation was difficult at best. The work details added to the frustration.**

**The retreat was brought about by a threat from the Iraqi forces to plunge south toward our position. The troops were frightened and concerned for their safety. Some troops were afraid to make formation due to the tactical situation.**

**We had 148th people scattered throughout the 12th compound. Difficulty in accountability was increased by some troops not being able to "find their place".**

**On the night of the Presidential ultimatum to President Saddam. We were ordered into our MOPP gear at 0330 hrs.**

**The following are comments recorded at random from some of our troops about the stay at the 12th:**

**"Living out of a ruck sack for 6 days was trying."**

**"Horrendous"**

**"I remember saying to myself, 'I can go not one more step in this mud,' and some reached down and picked up my bag for me and then I was able to make it."**

**"My most vivid mental picture from being at the 12 Evac was watching Frank Ma use his home made broom to tidy up the tent."**

**"The announcement that movies would be shown for the 12th Personnel only."**

**"The 0430 Stand To was totally out of place."**

**"Why did we have to turn off the pot-bellied stoves before going to sleep?"**

**"My pain came when I learned that my make-up was in my bag at the bottom of a 5 ton."**

**"I knew that I was totally without control of my own life."**

**"Scarred that a SCUD attack would get us."**

**We survived, but the memory lingers on. Memory is a great place to visit, but not a very good place to live.**

## **ESTABLISHING THE HOSPITAL AREA**

**by**

**LTC Rae Lynn Tuck**

### **LAYOUT PREPARATION**

The hospital layout was decided upon at MOB station, after conferring with all sections of the hospital and looking at layouts of Evac Hospitals already in Saudi. This plan was based upon amount of TEMPER reported in the DEPMEDS fielding exercise at Camp Bullis and was changed based on the amount of TEMPER reported by the team returning from the POMCUS site.

Especially helpful in preparing the layout was a magnetic board (prepared by MAJ Ma) with magnet pieces cut to scale representing TEMPER, ISOs, MILVANS, generators, vestibules, etc.

After completion of the original plan on the magnetic board, it was drawn to scale. During the Christmas "break", the plan was entered into a computer by one of the unit members to produce a large copy of the layout (to scale). This was to be used with over prints to allow the placement of generators, commo lines and water/waste lines.

After visiting established Evacs in Saudi, it was decided to consolidate wards to provide more staffing than the skeleton amount allowed by MTOE and to allocate 2 TEMPERS to the EMT area.

The layout provided for administrative areas (HOC, Nurs. Service Control, Prof. Services) to be under TEMPER. This was a deviation from DEPMEDS doctrine, but decided upon because of convenience and climate in the theater.

The layout provided for resupply to be conducted internally if needed based on the possibility of sand storms as reported by established hospitals in Theater. This was also a deviation from DEPMEDS doctrine which call for external resupply.

### **PHYSICAL ESTABLISHMENT**

January 12, 1991. DEPMEDS fielding team dropped ISOs. POMCUS equipment left for us does not give us ability to move ISOs if there is an error. (No crane or dolly sets.)

January 13, 1991. The 148th has arrived-proven by the fact that it is raining without

letup. We have a deadline and have proven ourselves capable in the past of meeting deadlines. This time we have even greater challenges--Rain, mud, no engineer support, a hospital not packed functionally like the newer ones are, and no ISO:ISO or ISO:TEMPER connectors.

We realize as we progress that we must have MILVANS packed by the IRAQI's themselves. Is it part of Saddam's plan that the labels on the canvas are not consistent and there is no legend for the labeling? Did he plan for the keys to the MILVANS to be locked inside 1 of the 37 MILVANS with no clue as to which one?

The establishment of the hospital is interrupted by the movement of the unit to the 12th for approximately a week. During this time the canvas intended to make connectors is "borrowed".

January 18, 1991. Work resumes after returning from the "bugout". The ruts left from the vehicles participating in the "bugout" make establishment more of a challenge. Where are the engineers promised in DEPMEDS doctrine?

Also a challenge is the mud (i.e.-paste created by the rain and "sand"). A HUMMV with a ski team trailing behind it becomes a familiar and coveted detail as we try to level the ruts and dry the paste.

January 24, 1991. EMT functional. 12 beds. Our shingle is out!

January 27, 1991. ICU 1 and 2 functional. 36 total beds.

January 28, 1991. 96 beds. We've met our goal!

Changes are incorporated into the original layout based on the input from the utilities OIC. Since he was a "filler" we did not have his input earlier. Other changes incorporated based on "requirements" of specific areas. Why weren't these noted earlier when copies of the layout were distributed?

January 29, 1991. Water/waste distribution system started. We are the recipients because we are declared functional before our bum berm neighbors.

February 2, 1991. 408 beds were now available for the 7th CORPS, Southern hospitality included.

## **ENGINEERING REQUIREMENTS**

**by CSM Hattabaugh**

The first engineer support came into play when I first approached a soldier on a grader and asked him to do some work for the 148th. He asked if I had any cokes and I replied, "Sure, how about a case?" So the trade was on its way. He did some ditch and drainage work on the west end of the sleeping area to keep water out of the tents. He promised to return the next day; but the soldier never showed again.

In the early days of establishing the hospital, with no engineer support, a group of doctors constructed one bunker by hand and started on another one, but all efforts ceased when the engineer support finally arrived. The bunkers were well constructed to meet safety standards with 12 inches of sand on top and sandbags all around including the entrance. The bunkers were established throughout the hospital and sleeping area. A total of 13 bunkers in all were built to service the needs of both patients and personnel of the 148th Evac Hospital. These bunkers would house approximately 30 soldiers and maybe 40 if we were to have a SCUD attack. There were thousands of sandbags filled by the hard working enlisted soldiers to support all tents and to hold them down when the wind storms came. There was also a voluntary effort of the entire hospital, including officers, to fill five sandbags a day. This was done to insure that everyone had a part in making our hospital safe and secure.

The engineer support crew then started building the berm around the hospital. The size was 8 ft. in height and 16 to 18 ft. wide at the base and approximately 1.1 miles around on the inside. We then began to include a helipad in front of the hospital outside the berm. The helipad was about 40 yards square and after the engineers leveled the ground, we sprayed it down with our water trucks and packed it with a roller borrowed from the 410th Evac Hospital, who were located in the berm with us. Diesel was then sprayed onto it to help control dust as the helicopters landed with patients. A sign made with sandbags was constructed in front of the helipad and painted with white paint for air visibility. The last phase of completing the helipad was the lighting. The lights were wired to our Commo section so they could control them when they received work of an incoming helicopter.

At the same time pits were being dug for fuel and water bladders. Holes were dug to put grounding plates in for the generators and shower trenches were also dug. The showers everyone had been waiting for were established and enjoyed by all. Showers were also established for patients near the back of the Minimal Care Ward. There was a large sump dug for all hospital waste water located near the back of the hospital. Waste water was pumped into a six inch drainage pipe that carried it about 59 yards to the sump. Sumps and drainage ditches were also dug in the mess area.

**We experimented with one generator by digging a hole about five feet deep and placing the generator into the hole to control noise. It worked very well. With other generators near the sleeping area, we boxed them in with MILVANS and /or flooring.**

## **CONDUCTING HOSPITAL OPERATIONS**

### **S1 ACTIVITIES by CPT Max D. Easter**

**During the hospital operations, the Administration Section discovered there was a lot of difference between the way the National Guard conducted business and the way the Regular Army conducted business. The main problem was that the Regular Army didn't know what the Regular Army was doing.**

**Reports changed on a weekly basis, sometimes on a daily basis. Task Force Evac would change the way we did a report and then the 332nd Med Bde would call and tell us that we had done it wrong. They would say it was right the first time. The Bde G-1 would call to request information, we would ask if they had sent it through Task Force Evac and they would tell us that they were going to skip TF because they couldn't get it right.**

**While at Ft. Polk we were told that we would be able to get SSSC items while in Saudi Arabia but upon arrival we discovered that there was no way to get more typewriter ribbons, correction tape, or printer ribbons for our typewriters and computers. This became a real problem once we began to process 400 Awards and 300 OER/NCOERs. The typewriters themselves became a problem because of the blowing sand and dust. The ones that continued to work were not the expensive Panasonic Word Processors but the much simpler IBM and Swintec typewriters. These typewriters were not effected as much by the continual bombardment of dirt.**

**The Hospital, the short it was in operation, work smoothly. The problem for the Administrative section was that it was not in operation very long. The problems this caused were just as the ADMIN Section was getting accustomed to the Regular Army way of changing things, the Hospital closed then there were all the Awards, OERs, and NCOERs that had to be done. There never was a break in the immense pile of paper work. Though the ADMIN Section was use to the work, it was hard to keep moral up when they worked long hours and their counterparts in the hospital were off for several days at a time. This was finally corrected when we went to the 1/2 day workday.**

## **FOOD SERVICE ACTIVITIES**

**by 1LT AMA Wallace**

**The following equipment in country with the food service section:**

- a. 36 immersion heaters**
- b. 4 ice storage chests**
- c. 2 kitchen tents**
- d. 2 accessory kits**
- e. 8 burner units, gasoline field range outfit with components.**

**All the equipment listed above, with the exception of 31 immersion heaters and 4 ice storage chests, were used during Operation Desert Shield/Storm. The immersion heaters were not needed due to the use of disposables for staff and patient feeding. However, 3 immersion heaters were set up in the K.P. tent to wash, rinse, and sanitize the cooking utensils. The other two were set up for heating the Meals Ordered Ready to Eat (MOREs) before serving. The field ice boxes were not needed due to the use of a 40 foot refrigerated unit provided by Task Force Evac.**

**Eight days after setting up the food service area (29 Jan 91) the malfunctioning of an M2 burner caused the K.P. tent to burn. This story is best told by one of the cooks involved, SGT Connel Mayo:**

**"PFC Fowler and I were in the K.P. tent. I had instructed PFC Fowler to go outside and gas up some other M2 burners while I would light the pre-heater and prepare the M2 burner on hand to heat the generator. After PFC Fowler had gassed up several M2 burners, he brought one in the tent so that we could air it up with the 5CFM air compression we have on hand. After feeling the generator several times to determine if it was heated enough to ignite the stove (which I determined it was), I struck a match and laid it on one of the stove eyes and turned the gas on and it just exploded. The initial flames caused me to jerk my head backward and up. When I looked down the flames were all over the floor of the tent and I yelled 'Steve (PFC Fowler), FIRE!' We finally reached a fire extinguisher, but the tent was nearly engulfed. While escaping in the initial burst of flames, I caught and apparently ripped my protective mask off and it was burned up in the fire. Both PFC Fowler and I are school trained and qualified on the lighting of the M2 Burners and we used the proper procedures."**

**The investigation of the fire uncovered a small pin hole in the M2 burner which let a small amount of gasoline leak on the table. When SGT Mayo struck the match, the gasoline on the table caught fire and caused the M2 burner to explode.**

After the tent fire, life in the food service section went on. We had a meal to finish and troops to feed. With a few adjustments the operation went back to normal.

Planning the menu for patients, staff and guests was a major task at times due to the following factors:

- a. Deployment without a basic load of medical Bs, Class B rations, and Class A rations.
- b. All necessary items to prepare both medical B and regular meals were not available.
- c. Every 3 or 4 days the unit had to pick up rations which required driving several miles.

Regardless of these circumstances our mission was to prepare and serve meals to patients, staff, and guests. A total of 43,875 meals were served to patients, staff and guests for the month of January and February 1991. In the month of January, 3,740 Class A rations, 4,778 B rations and 3,740 MREs were served to the staff and guests.

The ration feeding pattern for staff and guest was Class A rations at breakfast, MREs for lunch, and a Class A or B ration for dinner. During the month of January there was only one patient who received a regular diet. The ration feeding pattern for patients consisted of Class A rations for breakfast and Class B rations for lunch and dinner.

The month of February, 16,857 Class A rations, 3,030 Class B rations, 8,860 MREs and 1,486 MORE meals were served to staff and guests. A total of 461 A rations, 356 B rations and 566 MORE meals were served to patients. The MORE meals were served to patients at noon due to restrictions on serving patients MREs.

There was a total of 36 clear liquids, 28 full liquids, 1 dental liquid, 2 soft/bland and 1 tube feeding during the month of February.

### **PROFESSIONAL SERVICES ACTIVITIES**

**by LTC Thomas Jefferson**

Once we re-occupied our primary site on 19 January 91, Professional services moved rapidly to establish "tail gate" medical care. Sleep tent 7, with only 5 MC occupants was the site for the daily sick call. The Pharmacy proved to be the first part of the hospital that was truly operational. They had been dispensing medicine since our departure from CONUS, and had their ISO and supplies functional by the time we reoccupied the site.

Laboratory was severely hampered by shortages of lab equipment, reagents, and blood storage. Based on the estimated casualty flow, we anticipated a need for storing 500-800

units of blood. A 600 cu ft reefer was selected for storage, but never ran well. Motor pool set up a gravity feed fuel system, like an old T-model, they said, but cooling proved erratic.

The medicine service was immediately busy doing sick call, and covering the ER. The surgeons were quite willing to help, though, and referral of the ER cases to appropriate specialties was the rule, rather than completion of evaluation and care by primary care physicians.

Xray was hampered by lack of processors, lack of film, and lack of chemicals. Drs Haagenson and Ghormley "snarfed" a blazer and went on a requisition run to Dharan, returning a few days later with several badly needed items, including a film processor. It's a good thing their departure was somewhat unofficial, and they could have been in "deep sneakers" had they not been successful.

Subsequently, it was discovered that a low ranking Air Force person, who apparently could read but not think, had removed the B bottles from all the developer packs in theater because that chemical was caustic. This apparently posed greater risk, in his own mind, than carrying ammunition, including nuclear warheads, on Air Force aircraft. No one is sure how the problem was solved, but B-bottles finally showed up. However, unavailability of chemicals was a severely limiting factor in establishing X-ray.

Our plan was to establish, first, a MASH, then to enlarge by adding intermediate care and finally, minimal care beds. This plan worked well, in that we were able to provide the most services at the earliest time. We also were able to "phase in" our services with the ability to basically test fly the hospital with a small census.

Blood-typing serum were in extremely short supply initially. After heavy, bordering on fiery, debate, it was decided that we would give blood based on the dog tag blood types with a direct spin down cross match. Fortunately, sera became available just in time. Other lab equipment showed up barely in time, and appeared to have been well chosen for field use. Unfortunately, reagents were severely lacking and their non-availability continued to be the limiting factor.

A poorly executed practice run on patient evacuation on 15-16 Feb 91, meant to evaluate MRO and the evacuation system, proved conclusively that the medical regulating system was totally unprepared. The exercise folded within 24 hrs, due to the evacuation system being clogged.

The wreck of an Egyptian 2 1/2 ton truck a couple of days later sent us 8 casualties and allowed a more realistic evaluation. Patient care was excellent, but absence of x-ray capability hampered evaluation.

Our first battle casualties arrived the afternoon of 20 Feb 91, a Bradley on a probing mission was hit by anti-tank fire, possibly friendly. One soldier was killed outright. Eight

more came to our EMT, in two batches. Again, care was excellent. We learned many valuable lessons and immediately changed patient flow patterns through EMT. Unfortunately, one soldier died from multiple wounds, exsanguination, and irreversible acidosis, despite prolonged surgery and administration of 18 units of Packed red blood cells.

Unfortunately, two soldiers got somewhat creative care that day. One, with a sprained ankle from a volleyball game, came to EMT with the last of the casualties. Before he could describe his problem, he was thrown on a cot, his clothing was cut off, and his underwear was ripped off. A large bore IV was started. Fortunately, people realized he was shouting, "Volleyball ! Volleyball!" before they catheterized him. Another head injury was being evaluated by the urologist. He directed the internist helping him to "wash the head". Realizing the urologist was in charge, the internist immediately began scrubbing the head of the man's penis. Finally, the urologist quizzical look caused him to realize that he really meant the head.

By the time the ground phase started, our medical supply situation had improved remarkably. This was clearly due to the dogged determination of the specific section leaders, the medical supply crew, and Col Nichols' daily SITREPs identifying the most critical shortages. Bullets and bombs had definitely taken precedence over beans and bandages in the LOG chain.

The ground combat phase was anticlimactic. We received fewer than 40 wounded Americans, almost all from other medical facilities, and about the same number of EPW, also with battle wounds. One GI required intensive care for a severe head wound, and was hospitalized over a week before his condition was sufficiently stable to permit evacuation. The care he received was superb by any standards. Physician care was excellent. The nursing staff interacted constantly with the patient, even reading to him, despite his severe injury.

EPW had often been injured a week or more prior to arrival here. Because of our lack of knowledge regarding their immunization status, we treated all penetrating wounds with tetanus Immune globulin, then tetanus toxoid. Most of the Iraqi soldiers were weak, hungry, and exhausted, especially the first ones captured. They seemed genuinely grateful for the care they received. Later EPW were better dressed and fed, and were much more sullen emotionally. One refused care and was returned to the "cage." Another habitually spat his pills at the nurses. A third was brought to us in leather restraints. His violent reaction was apparently due to fear that the nurses (female) might see him naked. (A number of our male staff nurses volunteered to take his bed baths for him.) Sadly, the early EPW had a scoop of rice and a little meat once daily for weeks as their only food. More recently, they had gone days without eating. One man, afraid we wouldn't give him more food, even ate the cardboard box around his MRE.

**It was quite obvious that our staff gave the highest quality of care and compassion to each of our patients. Everyone involved in patient care has every right to be proud of the humanitarian care we gave.**

## **PHARMACY SERVICES**

**by LTC Jimmy E. Power**

**148th Evac Hospital Pharmacy for Saudi began at Camp Robinson, North Little Rock, Arkansas. As the unit was mobilized, the pharmacy section came together and began to formulate plans for action. This involved packing all the things at the armory that we thought we would need in Saudi. This included field desks, forms, SOP, formulary, etc.**

**Ft. Polk, LA was next area where several things took place that directly affected the success of pharmacy. We realized that there might be a breakdown in the supply of 6505s, forms, etc so we began to again formulate plans to make us functional to support the troops. This involved updating our SOP to more realistic application to the Saudi conflict. We took the Desert Shield formulary made available to us and began to match with the DEPMEDS Formulary adding the 6505s we thought we would need and taking off the 6505s we thought we would not need.**

**We then began to gather up 6505s, forms, labels, etc that we knew we might need that might not be readily available to us. This involved getting established with proper levels of approval as the Devil Troop S4, pharmacy at hospital, medical supply, forms section, comptroller, etc. I had to rent a car to make the logistics work as transportation was apparent after a few days of trying to catch a ride was not practical and if we wanted to accomplish these goals, we would have to do it on our own. This took several days of going numerous places getting the requests, other places to get approvals, other places to place order, other places to get the items.**

**We first decided to get the 6505s. There was a great amount of support given to us by the Bayne-Jones Army Medical Center Pharmacy section. We decided what we might need in route to Saudi and once we hit Saudi as to basic sick call type of 6505s. They gave us some of this from their stock or helped make arrangements with medical supply to obtain. We got enough Motrin, Ampicillin, Dimetapps, Tylenols, etc to hold basic sick call. They also obtained for us Trans-dermal Scopolamine and Antivert for those that would have trouble with the flights. During the medical screening of the unit, pharmacy sat in with the doctors advising them of what was available at the hospital pharmacy and prescriptions were written for a 3 month supply of the maintenance medications that the troops would need. A 6 month supply could be written for the oral contraceptives. Pharmacy then carried these prescriptions to the pharmacy and left them with them to fill and came back in a few days and picked them up. We sacked up the prescriptions with the name of the soldier on the sack and handed out to them at their request. The troops that did not want**

to carry their supply on their person, we packed away and brought to Saudi for them. The pharmacy also filled prescriptions written by our MD's for 6505s as Halcion, Xanax, Lomotil, etc that were controlled substances and would be needed in-flight for jet-lag, diarrhea, etc. These were issued to 3 doctors to carry on their person and be responsible for. The pharmacy then gave us a location where labels might be purchased as we knew that the medications we issued would need to be properly labeled. Again we had to go to several places to get all the proper ordering, approvals, etc to get the labels. Once we obtained the proper paperwork, we went to a town about 20 miles from Ft. Polk and placed the order. They advised us would take several weeks to get the type of labels we needed so we opted to a different type that they could get ready in a week. We designed a label with red-ink and to say 148th EVAC HOSPITAL, ARKANSAS ARMY NATIONAL GUARD. Deridder, LA was the name of the town. Decision was made to have a rubber stamp made to stamp the labels to make the instructions more legible. Another trip to Deridder and about 10 miles out in the country. Again, had to come back in a few days even with a rush order. The stamp would read "TAKE \_\_\_\_\_ BY MOUTH \_\_\_\_\_ TIMES A DAY."

During the time of waiting on these to be prepared we began to pack properly the 6505s that we knew we would need in-flight. We packed the rest that we would need at Saudi in separate boxes to be shipped with the medical supply section. Many trips were made to "forms" area trying to obtain the forms that we did not have, ex: Bulk Drug Order Forms.

The trip to Saudi was uneventful except for the issuing of the 6505s on instruction by the MDs. These were properly dispensed, labeled in plastic zip lock bags with necessary precautions.

On arrival in Saudi, we were placed in Khobar, MGM towers and continued to hold this "sick call" with the dispensing out of the B-4 flight bag as we had been doing. It was discovered that there were not adequate sick call facilities to treat our soldiers without a great deal of difficulty and even having to go to the 85th EVAC which took a whole day so our sick call method seemed to be the most effective. However, some sick call did have to take place at the 85th due to the seriousness of the problem. During all this, we discovered with all the confusion that there was a strong possibility that the medical supply flow of 6505s might be a problem. So again we set out to get some more 6505s to augment what we already had to discover that the MEDSOM to support had already moved to the area of conflict and had only left a small rear detachment with limited supply of 6505s. We got all that we could and packed it away in the boxes that we were carrying with us for sick call. By this time the bag had turned into the bag and several boxes which later proved to be a critical issue in the functionality of pharmacy.

So, it was finally time to pack up and move to our tactical assembly area. Our pharmacy ISO had not been opened up at this point so decision was made to do so and move the 6505s to that area for safe-keeping. It was to be several days before the hospital would be functional but since we had medications, labels, etc and a borrowed type-writer, we

continued to dispense medications but now on a more official manner with proper prescriptions being written and filled according to AR 40-2 requirements. Thus, the pharmacy was the first section functional in the hospital according to standards. Since the hospital was non-functional and not on 24 hours we had to go over many times a night in the dark and fill prescriptions for everything from Motrin to Band-aids. This was a real problem at first and we did not mind doing but it was brought to the MDs attention that they might consider the situation and encourage the people to get the medicine the next day. This also evolved in the process of deciding to start doing an official sick-call with regular hours which gave us more freedom to do our other necessary chores in setting up the pharmacy. During all this time it was discovered that there were no medications except what we brought with us and the process of getting established with the MEDSOM to obtain 6505s would take a while. We were also unsure of the status of the so-called Push Packs that we had been promised we would have when we got here or would get soon after on location. This contained the Potency and Dated items which were basically 6505s. All these unknown variables made it necessary according to some to order a mass-order from the MEDSOM of all the things that was thought needed. There was a great deal of importance put on getting set up. So, while all this was in process, pharmacy continued to function and began to prepare a functional pharmacy according to standards and by DEPMEDS doctrine. This had to be accomplished with lack of equipment as to shelves, no type-writer, no sinks, no refrigerator, etc. There was also no space to even begin to think functional. The pharmacy ISO was too small to include space for outpatient, inpatient, storage, etc. During the set-up of the hospital, it was also discovered that pharmacy did not get placed where they were supposed to be in relation to the medical supply which caused a great deal of logistics problems. Adjustments had to be made on the spot with no provision made for adjustments except to go to the Commander. It was decided that we could have the two MILVANS. It was then discovered that the MILVAN needed the most attached to pharmacy could not be done without getting in the way of the wards being set up. It was decided that one of the ship-short MILVANS that had come in with a side-door could be placed next to the pharmacy ISO and not interfere with the going up of the hospital. This was what we needed because we had to have the space to store IV injections that could be under a controlled temperature. During all this, medical supply got in the 6505s from the order placed at MEDSOM, the MILVANS full of 6505s (12 I think) and other related supplies for the wards, the DEPMEDS 6505s, and 6505s found in the POMPCUS that was not even supposed to be there. In order to speed the operational process, wards were allowed to come to Med Supply and get what they needed. During this time, people were allowed to go to the MEDSOM "Drug Store" and shop their free issue area. During this whole process pharmacy was requesting 6505s that were needed to be functional. It was approximately 30 days before we received medications that were ordered and in many cases never received. We often had to go to the wards to borrow medications to be functional. We would have been non-functional according to the process in place for at least 30 days if we had not had the medications brought from Ft. Polk and Khobar. Pharmacy prepared a inventory sheet at one point and handed out to the wards with the instructions to first turn in anything they did not need according to their doctrine of needs and then turn in to pharmacy a inventory of what they kept. Pharmacy then went around

to all the wards and inspected. A document was also prepared for the wards to turn back into medical supply what they thought they had taken during the free issue. All of this was under the pressure of a impending war and pressure was constant on all areas to "get ready". When the war started the confusion level continued to mount. Some wards were wanting things that we had on order for weeks and had not received. The Formulary was prepared and updated on a daily basis to include the Standard Operating Procedures, alphabetical listing of all medications, and Therapeutic Category Index. The alphabetical listing part included the generic name of the medication, the common trade name, the Federal Stock Number, and the Unit of Issue. This had to be updated on a daily basis because some of the 6505s on the list were not available from the MEDSOM. This was indicated by a \* with the name of the 6505. The SOP followed the basic AR 40-2 with changes made as the need. Ex: Pharmacy and Therapeutics Board. The MD's wanted the Formulary early before adequate time to prepare with what was actually available in the theater but it was supplied to them even though it was not up to date. Many requests came to us for medications not on the formulary list at all. A lot of the newer 6505s, Ex: 3rd generation cephalosporin antibiotics, were not available. The MD's were cooperative in most cases and made the appropriate changes to something that was available. The same situation occurred with the sick call and clinics. Often they would write for 6505s not available and needed to refer to the Formulary. In many cases, the MD's came by or we talked on the phone and discussed what was available for their use which worked out very good. During the operation of the Pharmacy, Mass-Cal and Evacuation 6505 policies had to be done and added to the SOP. The Mass Casualty policy consisted of requesting from all the wards what they thought they might need in a Mass-Cal situation. IV additive and Narcotics seemed to be the item that most would have great need of. It was not practical for each ward to stock the Controlled substances 6505s they would need in a Mass-Cal. We took each ward's request, evaluated, and prepared the necessary paperwork, made sure we had adequate supplies, and advised the ward in a mass-cal that we would bring the items to the ward and all they would have to do is sign the proper documentation and add to their stock, Ex: Morphine. This seemed to agreeable to all the wards. The issue of the IV additives was addressed by looking at each ward's request and seeing what 6505 was requested the most and that would be needed in great quantity. Pharmacy then prepared the IV piggy-back and froze it so could be handed out in mass as the need arose. The wards were advised of this and what would be available in piggy-backs. This was agreeable by all the wards. The best method on regular IV's was for the wards to do their own as the need arose. Most of the nurses liked this and made for a efficient method of getting the IV 6505 going. The main problem that occurred was the basic IV fluid. Some of the standard IV fluids were not available from the MEDSOM. Some of the standard piggy-back sizes of the fluids were not available necessitating adjustments to be made. Also, the MEDSOM sent the hospital IV fluids that had been stored outside in the rain and dirt often rendering them unusable by normal standards. In some cases, they sent IV fluids out of date. It took 2 weeks to get it all back to medical supply. Sometimes dates were extended on medications so they could be used but in the case of some Normal Saline, it expired in 1987 and had already been extended 1 year so all the wards were advised not to use it. This information was put out in memo to all 6505 users and during the war, it still came up if it was all right

to use it. There was in date Normal Saline for them to use. The theater policy for EVAC during the war was 72 hours but determination was made to do 18 hours. This involved IV's and by mouth medications. A policy was made on how to handle the EVAC medications. The ward would bring to the pharmacy the form that went with the patient and the medications ordered on it by the MD was filled as if the patient was out-patient and delivered back to the ward. This presented no problems except in narcotics where the Air Force that was doing the EVACs never did furnish us an accurate list of what they already carried on the plane. Ex: Demerol. The 18 hour policy was continued and presented no problems to my knowledge. It was noted that during the period of heightened activity that there was not adequate supply of basic IV fluids. In the end, the IV fluids were stacked at random in the area but this was after the war was over and basically the wards just wanted to get them out of their way. Pharmacy had daily requests for items not in stock. People seemed to come from everywhere to ask for 6505s. Sometimes we were able to help them and sometimes not. Once the troops saw a hospital open, they brought new prescriptions and refills from all over the area. We had requests for Podophyllum and Benzoin from at least a dozen areas. Refills were brought in from civilian and military areas. These were mostly handled on a one on one basis. Such requests as Zantac filled in Germany from August 90 were denied and advised to get a new prescription. All controlled substance prescriptions where the MD, Dentist, or PA were not on signature card were asked to get counter-signed by our Physicians. COL Nichols and LTC Power decided this policy be best. Also, unreasonable quantities were changed due to limited supplies. Many soldiers were deployed that came to us with needs for maintenance 6505s were their mobilization station had not given to them. This involved fillers and attached units mostly as the 148th had already done this at Ft. Polk for the soldiers with the unit.

Pharmacy filled 2000 plus outpatient prescriptions during their time of operation. 400 plus bulk drug order requests were accomplished. This was done with 14 staff to include 2 pharmacy officers and 12 pharmacy techs. We were short 1 pharmacy officer and 1 pharmacy tech. We operated on a 24 hour basis as soon as the need was apparent. The first week, operated during the day and on-call at night. As soon as the hospital went operational, we went 24 hour with most of the staff working during the day. Since 3 to 4 of the staff were pulled on a daily basis for various details, etc, this seemed to work out the best. Two techs were on duty at night since activity did not require much from Pharmacy. The 2 pharmacy officers over-lapped with 1 coming early and rotating with the other for staying late. We were then on-call to assist the techs at night if they had any problems. Since most of the wards were well stocked from the "free-issue", pharmacy requests were minimal at night. We finally convinced the wards to ward-stock basic medicines to include some controlled substances that helped them with their needs and spread out the pharmacy work-load. As the war was over and the hospital began to be non-functional, pharmacy continued to function doing basic sick-call requests, etc. Pharmacy had by this point convinced everyone that a better control for handing in the 6505s needed to be done. A form was developed for the turn-in that basically was a alphabetical listing of all the 6505s. It also included the common trade name, the Federal Stock number, the Unit of Issue, a space for the quantity, the stock number assigned by medical supply, and instructions on

how to use. A separate document was prepared for the controlled substances. Each 6505 user was given a schedule to turn these in to coordinate with their closing of the ward and their turn in to medical supply of their supplies. This turn-in is where it was really noted the waste of 6505s. It was noted that medical supply would destroy any partials (anything less than unit of issue) and also anything that was less than the intermediate packing. Items to be destroyed were also anything that had been damaged in any way. Examples of items to be destroyed was where the unit of issue was 1 bottle but the intermediate packaging was 12 bottles. Ex: Keflex 250mg. In many cases, the intermediate package had only maybe one item used out of it by the ward and therefore went into the destruction pile. This in many cases involved controlled substances that are already a sensitive item. As the wards turned in their 6505s, we incorporated into our stock in alphabetical order and on completion of the turn-in, we used the same form to turn in to medical supply to exclude the controlled substances. We prepared a document on computer that was approved by the MEDSOM for the destruction and helped med supply by filling out the paperwork as we pulled the 6505 and boxed it for destruction. We also sent pharmacy techs to medical supply during this period to assist them in preparing their 6505s for turn in and for destruction to the MEDSOM. All controlled substances as turned in by the wards were numbered with Rx number and double counted by pharmacy staff and the ward. We then entered into our records the item so a audit trail would be complete from the ward to pharmacy. The pharmacy officers handled all control substances at this point. We then coordinated with medical supply and turned in all control substances to them so we could close out our records and they could prepare for turn in to MEDSOM. This turn-in was done with a minimum of confusion. Medical supply seemed to appreciate our help. Pharmacy kept some of the partials out to handle sick call and emergencies. Most sick call Rxs were diverted to the 410th EVAC at this point but we still maintained some stock for emergencies.

We then began to prepare the Pharmacy ISO for closing up. During this time we were told to have the MILVAN emptied by noon the next day and to have the pharmacy interchange that we had set up the outpatient pharmacy in cleared and cleaned. This task was accomplished on Sunday morning. The wood shelves that had been built were placed out back of the ISO in case some one else might need them or they be allowed to be packed for home station for use. As it was, the interchange and the MILVAN were not touched by anyone for 5 to 6 days. Pharmacy then began to take down the temper interchange cleaning it but were advised we could not do until the adjoining temper was taken down. So again we waited but saw that we were not going to get told when to so we basically cleaned and took down on our own. The interchange and the PLX area were cleaned and taken down in proper order and stored. The ISO was cleaned and prepared to be closed. Later we discovered was not cleaned good enough so opened back up and cleaning process began again being more careful in the process getting it ready for inspection.

Several areas and individuals need to be commended for their help and support. We could not have made it without medical supply. There was much confusion and disagreement in the beginning but in the end was fine. The greatest change was when CPT

McDaniels was placed as OIC. He seemed to get it organized and consistent to good management practices. It was at this point that we began to be able to get supplies requested in a reasonable amount of time but by then the war was almost over. He was extremely cooperative in all phases of dealing with medical supply and between the two of us came up with ideals that expedited the flow between Pharmacy and Medical Supply. Another person was CW3 Thomas and his staff. We were first to be functional and they got temporary electricity to us. When we needed electricity in the interchange where we set up out-patient pharmacy, they got it to us. When we needed light there, they got it to us. When the ISO had heating and air problems, they fixed it and came back to follow up on it. At one point, the unit went out and they had one to us within a hour and we had no more problem with it. We had no sink and never received one so we went to SGT Vaughn with the problem. The next day, he came to us with a sink that leaked but he fixed it well enough that we were able to use. The ISO was not wired for the sink nor plumbed and he was instrumental in accomplishing both. There were several enlisted people in medical supply that were very helpful in the confusion periods and were very cooperative in working out the problems.

### **NURSING SERVICES ACTIVITIES** **by LTC William Rudder**

Up to and including the magical date of 15 January 1991 the duties of the Army Nurse Officers assigned to the 148th Evacuation Hospital were at best yet to be defined.

We survived Ft. Polk, we survived the MGM Grand Experience. We survived the eighteen hour convoy to our final destination. We survived the Bug Out. When the air attack began we were guests of the 12th Evacuation Hospital. During the early days of Operation Desert Storm the performance of nursing duties remained beyond the horizon as nurses and enlisted alike worked shoulder to shoulder at the demanding task of preparing the hospital site.

IV's, needles, bandages and cardiac monitors were replaced with shovels, picks, sandbags and sledge hammers. As the Temper framed the hospital proper, vain attempts to identify proposed areas overwhelmed the less dedicated and less directional soldier. In other words, the most common question was "where am I now? Is this a ward or is it ICU?"

Slowly, but surely (to use an overworked cliché) the vast emptiness of the desert gave way to the 148th Razorback Regional Medical Center.

Tours and talks with nursing personnel from the 12th Evac Hospital and the 85th Evac Hospital influenced what was to become our physical layout. The eight MTO&E Intermediate Care Wards became Ward 1,2,3,4, and 5. Ward 1 was identified as a forty bed

medical ward and Ward 3 received all the orthopedic casualties. After much dialog it was decided that Ward 4 would be a Surgical Ward and overflow ICU. Ward 5 provided 20 patient beds with outpatient and support group services for personnel of the 148th. ICU 1 was our ten-bed recovery room. ICU 2 & 3 became twenty-bed ICU's. ICU 4 became a combination of medical and surgical intensive care beds.

On 28 January the 148th Razorback Medical Center opened with forty seven ANC officers and 121 enlisted medical personnel (excluding OR and CMS) who were prepared to care for 408 potential casualties. We held training sessions to prepare for what was ahead. Nurses met by section (OR, ICU's, ICW'S, EMT) to receive, revise, develop SOPs, as well as to review DEPMEDS policies and procedures. Each section also met with their enlisted personnel to identify training needs and begin training.

## **EMT**

The EMT or the Emergency Room was ready to treat patients the day we opened the Milvan. The inventory was separated and equipment to treat the ABC's were readily accessible. The first few patients were routine sick call type patients, ie: cuts, sprains, headaches. Then it happened. Our first real combat casualty. A young soldier with an embarrassing story of fragments: feces and latrines that go boom and splash in the night. His shrapnel wounds were minor, but the story will long be remembered.

The reality of war came to EMT on 20 January with the arrival of two severely injured soldiers who were ambushed after being lured by Iraqi Soldiers pretending to surrender. By day's end we had received eight patients and recorded the hospital's first death, a young Olympic hopeful who died after surgery from complications relating to massive blood loss. I don't think there was a dry eye in ICU when the 1st Cavalry Chaplain thanked us for our efforts. The day the ground war began, a matured EMT staff waited with expectation at the ambulance. The three ANC's and five enlisted personnel now knew we had developed the skills and relationships with each other necessary to handle our assigned tasks.

For thirty eight days, the EMT section assessed patients seven days a week, twenty-four hours a day, with an average daily census of twenty-five. We treated American soldiers, DOD civilians, coalition soldiers, and Iraqi EPW's. They had a multitude of injuries and illnesses. Some funny, a few fatal, but all were treated with genuine care and compassion. It was with mixed emotions we hung the "Closed: Gone Fishing" sign at the entrance on 10 March 1991.

The following are excerpts from the accounts of several wards and ICU's regarding their mission during Operation Desert Shield and Desert Storm:

## **WARD 1**

The first patient was cared for in Ward 1 on February 1, 1991. During Desert Storm, the subsequent ground war, and until March 10, when the last patients were evacuated out,

a total of 50 real life and 14 "Evac X" patients were admitted, cared for, and either discharged back to their units, evacuated out, or transferred to minimal care. We became short handed around March 7 when one of our nurses broke her ankle and had to be evacuated. The unit continued to function without additional support. Ward 1 was the last ward to have patient when the hospital closed it's doors.

## **WARD 2**

On Feb 27, Ward 2 was designated as the ward to receive all EPW's. This decision was made to provide security for the personnel which was supported by an MP unit. The staff, had mixed feelings about caring for EPW's but this feeling changed as the staff got to know and care for the Iraqi's. The first five were wearing very few articles of clothing. Some admitted were naked except for the U.S. Army blankets covering them. All were filthy from the long months of living in austere conditions in the desert. They were also very hungry and eager to consume all food and drinks. Some even ate the porkchops.

These first EPW's had only minor and superficial wounds which required basic first aid treatment. After rehydrating them and providing all the MRE's they could eat we gave them MOPP training suits to wear and they were taken by the MP's to the EPW camp west of the 148th field site. During the next week and a half we received 49 EPW's and had a census of 19 during one period of the war.

The MP's who were assigned to guard the EPW's stayed on the unit at all times. There were not enough MP's to allow us to take selected ambulatory EPW's to the showers. We would like to have escorted them to the showers because it was difficult to get them clean with a pan of water. We had one sink with running cold water and we heated water outside the ward and carried it in buckets for the prisoners to use. Some washed their hair. They frequently expressed their gratitude with smiles and much nodding. Many learned to say "OK" when they understood that this meant things were well with them. Abdul Khareem, our Kuwaiti interpreter, was very instrumental in assisting with our communication problems. Caring for EPW's was not one of the things we expected to do during this tour of duty. It was however, interesting, challenging and rewarding to all of us.

## **WARD 3**

Several challenges emerged while Ward 3 was operational: How do you care for a cast that occupies two beds? How do you provide privacy for female patient on an all male ward? How do you make an Egyptian understand his hair isn't falling out? How do you prevent withdrawal from nicotine in a non-smoking temper tent? How do you provide diversionary therapy for bored young energetic temporarily handicapped males? On an open ward, how do you afford patient privacy for patients who cannot walk to the latrine?

We will always remember our Egyptian patients. To keep all our patients in our memory, each one signed a pillow case that will be made into a quilt when we return home. With the exception of one day, our ward was never without a patient. Thanks to the

support from the orthopedic physicians, we all plan to continue our study on care of the orthopedic patient.

#### **WARD 4**

One of the most memorable events was the day our first surgery patient returned from the recovery room. The flies were terrible on the ward that day. They landed on his face and arms. It took two medics with flyswatters to allow him to have some rest. When this patient, a medic himself, was discharged, he was given convalescent leave and worked with the 148th Evac. in EMT proudly wearing the Razorback patch on his shoulder.

#### **WARD 5**

Never before in the history of the 148th had a real, functioning psychiatric unit existed. With the addition of a psychiatrist to the unit's medical staff, the beginnings of a treatment team emerged. Soon after activation, a head nurse and assistant head nurse were selected. There were no members who possessed the required MOS's of a psych unit (although later the Army generously donated two psychiatric MOS fillers at no additional cost). So, through a process of volunteering and blind selection, a staff was hurriedly put together and training begun at Fort Polk. The task was monumental and the efforts produced heroic results. The outcome was more than satisfactory as these ANC's, NCO's, Specialists, and Privates gave their best efforts to be ready to provide the exemplary care to soldiers suffering from emotional stress.

A total of twelve inpatient and nineteen outpatients were cared for during Operation Desert Storm. While it was anticipated that perhaps hundreds of combat stress patients would be admitted, no combat stress patients actually needed care at our care level. Combat support personnel were found to be the most stressed out of all! The short duration of the war, low numbers of overall casualties, and care given at the front accounts for the overall low census. The most touching moments on the ward occurred when four of our patients received Purple Hearts at one time. As everyone stood at attention, both staff and patients alike, the dignified ceremony inspired patriotism and pride in everyone present. As Lee Greenwood sang, we all felt "proud to be an American" that day. One soldier received an autographed bedpan inscribed with the names of the staff. He received the "Latrine Award" for going above and beyond the call of nature. He had been wounded by a sniper when using the latrine. This was presented to him in a humorous ceremony.

We will never forget the names, faces, and stories of the soldiers on our unit and all were proud to have had the chance to care for them.

#### **ICU 1**

During Operation Desert Storm, ICU 1 functioned as a recovery room. With only two ANC's this provided a real challenge for staffing! The unit had twelve beds, six PACU beds and six beds for overflow intensive care patients. During the first week of operation the first patient in the 148th Evac Hospital was admitted to ICU 1.

With the help of LTC McGinness, admission and discharge criteria and standing orders were established for PACU. Intensive education of personnel comprised the initial weeks of establishment. We are proud to say the first of many inservices were given in the PACU. Thanks to all personnel our mission was accomplished during Operation Desert Shield.

## **ICU 2**

During Operation Desert Storm the 148th Evacuation Hospital treated numerous patients, several of which were wounded in action. One young man, who's home was at Fort Hood, Texas paid the supreme price for his convictions. As he entered the 148th EMT section, it was obvious that his wounds would soon take him from this life unless gallant efforts were put forth by the professionals of their unit. Everyone worked together around the stretcher. IV's were hung, wounds examined, blood loss estimated, airway maintained, X-Rays taken and numerous other tasks performed as this young man's life hung in the balance. After EMT, he went to the OR. Surgeons worked hours to repair what an exploding shell had taken a split second to destroy.

After hours in the OR, he rolled into ICU 2 with nurses and doctors as escorts, his life held by the thinnest of lines. CPT Clark (MC) ordered specific medication to be given, they were mixed and hung, airway was suctioned, heart rate and rhythm were continuously monitored. Forty-five minutes after leaving the OR, one of the most valiant efforts ever put forth in a concentrated attempt to save a life failed. The young, strong, otherwise healthy heart stopped. He was the first battle casualty to die in the 148th history.

## **ICU 3**

ICU 3 received ten patients during the time the hospital was operational. Of these 10 patients, 5 were American soldiers, and five were Iraqi EPW's. Our staff provided excellent comprehensive care and truly spoiled our patients. Two of our patients received the Purple Heart; one male and one female. The male soldier was the XO of a tank platoon fired on by supposedly surrendering Iraqi troops. The female soldier was the radio operator in a vehicle involved in a mine explosion. Both soldiers lost friends as a result of these incidents and both had some emotional scars as well as physical problems due to what they had witnessed.

Our efforts were concentrated on incorporating our patients' physical as well as emotional needs.

We also received 5 Iraqi POW's in our unit. these patients all were extremely grateful for the care they received. The language barrier was a major problem and we relied heavily on the use of our Kuwaiti interpreters. As a result of this communication problem, a sheet of frequently used words was developed. We had our interpreter write the words in Arabic below the English words. This worked so well that copies were made and distributed throughout the hospital.

#### **ICU 4**

**Our most critical patient remained in the unit twelve days. He had to undergo two (2) Craniotomies, a tracheostomy, abdominal exploratory laporotomy, and closure of wounds. He was awarded a Purple Heart.**

**This young patient was a challenge or the nursing staff. One of our greatest concerns was the prevention of skin breakdown. The staff used its collective creativity to devise a bed made from two hospital beds taped together and heavily padded (to prevent the skin breakdown). This arrangement allowed our patient to thrash about safely and provided a soft surface. A feeding tube was devised using an IV bag with a dial-a-flow adapter.**

**The staff responded to this young man with love, concern, and the finest nursing care. Special pride was taken in the fact that despite the severe muscle wasting this patient sustained, he had no skin breakdown at the time of Evacuation.**

**A special feature of ICU 4 was the love, care and concern given to each patient and to one another. The entire staff was proud of their care and of each other. Not only was ICU 4 the last ICU to become operational, but it had the distinction of being the nursing unit with the last patient in the hospital. This patient was evacuated at 1130 March 10, 1991.**

#### **ANESTHESIA**

**When the hospital was being established, our staff of nurses assisted the operating room staff with the search for instruments to compile their operating sets.**

**As we unpacked metal chest after metal chest, finding one stethoscope or laryngoscope per chest, we finally began to put together enough equipment to open a room (two beds) on 24 January, 1991. Locating medications and supplies was a big challenge. After making several trips to the MEDSOM, we received the extra's and "nice to have" equipment.**

**Our monitoring equipment was much better than we had anticipated. Two of our monitors actually had in-line monitoring capabilities which provided us with data needed for the two craniotomies performed in February. When the first General Anesthetic was done on 3 February, everyone was pleased to know all equipment functioned and we were ready for the patient we anticipated.**

**As the patient care phase of ODS/S ended, each member of the team had a feeling of a job well done, knowing our patients had received quality anesthesia care in the austere environment of a combat zone hospital.**

#### **OR/CMS**

**The OR/CMS staff expected pre-assembled, ready to autoclave instrument sets. Surprise! We received nearly one thousand separate instruments, each wrapped separately**

in brown envelopes. Some interesting instruments included super large retractors, TA 55 staples but no TA 55 instrument, and of all things Lec Lee forceps. Maybe someone was expecting a birth, not casualties! The doctors and many nurses helped to assemble sets and make them ready to autoclave. Soon afterwards, we received the biological incubator or steam indicators to check the autoclave. On 25 January, 1991, we opened for business.

The OR performed 58 cases during ODS. This included two craniotomies of over eight hours duration each, and a major multiple trauma surgery of over five hours duration.

All the nursing staff were members of the 148th unit, but the 91D scrub tech personnel were augmented by the Reserve and Active Duty Components. Our patients included American soldiers and EPW's.

The OR Team closed the Desert Shield/Storm Operation with a feeling of accomplishment and pride in the perioperative care given to our patients.

#### **MINIMAL CARE**

Minimal Care was housed in ten separate GP Large Tents. In late January the unit was ready to admit 200 casualties if the need had arisen. The greatest challenge for the staff assigned to the MCW was one of education and training. Many hours of instruction on the part of selected enlisted personnel helped make Minimal Care into maximum care givers. The hard working, multi-talented MCW staff composed only of enlisted medical personnel will be remembered as a force that was ready to care for half of the potential casualties admitted to the 148th Evac. Luckily, only one Minimal Care tent received casualties/transfers during ODS.

#### **NURSING ADMINISTRATION**

Last, but not least, was the Nursing Administration Team. The team was composed of three (3) supervisors and one CON. Our decorum was early US Army and seldom did one find it neat and tidy. In fact, papers, memos, and documents seemed to disappear before our very eyes only to be found on or under one of the piles on a high ranking official's desk. We learned early on in the war that a three section temper tent strategically placed between two eight section tempers receives no benefits from the ECU's located in neighboring tempers. That is why the night supervisors wore cold weather gear while on duty! We altered the MTO&E so many times and developed so many configurations with staffing versus units that some of us are still convinced that one 91A, one 91B, and one 91C does equal a 66H.

Total nursing personnel used to operate the 148th Evac was 226: Forty seven ANC's and 179 Enlisted Medical Personnel. Our two PROFIS fillers were an asset as well as our strength augmentees from the 325th General Hospital, 21 General Hospital and other support and medical units. We received about 79 strength augmentees and were mighty glad to have them.

Communication along with decision-making skills remained our top two challenges. Meshing a potpourri of people, past experiences and ready for war skill was not an easy task. All in all, leaders were mad during this experience and we were proud to assist as our nurses demanded standards of excellence for their patients and staff. It was fun and our wish is that everyone had fun too. Patton's Law: "A good plan today is better than a perfect plan tomorrow." By the way, did anyone see the phone/KKMC sign-up list?

With the last patient evacuated out of the hospital 10 March, 1991, we somewhat madly began the big task of inventorying and packing up all our supplies, equipment and tentage. This time the progress was not hampered by cold and mud, but by extreme heat - reaching as high as 102. The process was accomplished in an orderly fashion and the unit then began the tedious process of waiting for a plane out of the country!

Everyone will probably agree that we were happy to have had so few casualties. One general from the 1st Cavalry said he was so impressed with the 148th, that he wanted all his wounded soldiers to come to us. Other positive comments from patients only reinforced the fact that the 148th did function in an outstanding manner during Operation Desert Storm.

All told, we admitted 289 casualties, treated over 1000 outpatients, had one death, and performed 58 OR cases.

## **PATIENT ADMISSIONS AND DISPOSITIONS (PAD)**

by MAJ Paul Carter

The first patient was admitted on 28 January 1991. On 5 February 1991 the VII Corps liaison team arrived. This three person team performed all casualty reporting and operated on a 24 hour a day schedule along with the PAD office. The 1st Cavalry Division also provided a liaison NCO to assist in tracking 1st CAV soldiers.

Overall, the section functioned in a satisfactory manner, although the section workspace was quite cramped. At the time the hospital was set up we were unaware of the space requirements of the VII Corps liaison and the 1st CAV liaison. Additional space constraints were caused by hospital visitors using PAD as an entrance. Until a patient waiting tent/triage tent was established, PAD was used as a waiting area for return-to-duty inpatients and outpatients.

Initial plans to assign specific duties to each enlisted person were scrapped due to the duty roster limitations. All personnel assisted in every PAD function, to include use of the TAMMIS system.

The initial influx of wounded on 20 February 1991 did cause all individuals in the section, including those off duty, to be mobilized. The section responded well and the

confidence level was increased.

Beginning 1 March 1991, the influx of EPWs cause a strain to the system, but the section was able to cope; however, if the patient census had gone over 100, there would have been strains on the space and communication resources of the section.

The last patient was evacuated on 10 March 1991. The following is a recap of patient care activities.

<b>Country</b>	<b>Admissions</b>	<b>Return To Duty</b>	<b>Evacuated</b>	<b>Death</b>	<b>Discharged</b>	
U. S.	223		115	107	1	0
U. K.	2		1	0	1	0
Egypt	5		5	0	0	0
Kuwait	1		0	1	0	0
EPW	50		0	13	0	37
<b>TOTAL</b>	<b>281</b>		<b>121</b>	<b>121</b>	<b>2</b>	<b>37</b>

#### Outpatient Visits

Sick Call	452
Speciality Clinics	54
EMT	926
Dental Clinic	<u>1,056</u>

**Total Outpatient Visits: 2,488**

#### OR CASES

Orthopedic	26	
General	18	
Neuro	4	
Urology	4	
GYN		2
ENT	1	
Oral Surg	1	

**TOTAL OR CASES: 56**

Twenty-six (26) WIAs and one (1) KIA were reported to VII Corps Casualty Reporting.

## **THE COMBAT PATCH**

by

**LTC Alvin L. Lievsay**

The personnel assigned to the 148th Evacuation Hospital during Operation Desert Shield/Storm won the right to wear a combat patch on their right arm. The authorized patch is that of the 332nd Medical Brigade from Tennessee. The following is the description and symbolism of the patch:

### **DESCRIPTION**

On a blue field edged white within a 1/8 inch maroon border, 2 inches in width and 3 inches in overall height, semicircular with five-pointed stars above a white-edged scarlet cross issuant from with lateral arms throughout.

### **SYMBOLISM**

The white stars on a blue field to the state flag of Tennessee, the unit's home area. The scarlet cross is symbolic of medical care and the colors white and maroon are traditionally associated with the Army Medical Department. The outer shape is symbolic of medicine and surgery; the rounded top suggesting a capsule of medicine and the pointed bottom the edge of a scalpel.

The above description and symbolism was provided by the 332nd Medical Brigade.

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