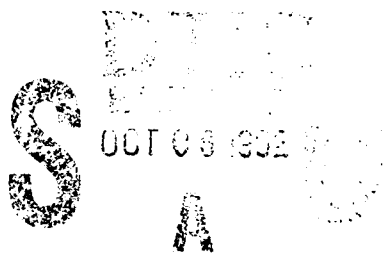


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**STRESS AND COPING WITH WAR:
SUPPORT PROVIDERS AND CASUALTIES OF OPERATIONS
DESERT SHIELD/STORM**



**DEPARTMENT OF PSYCHIATRY
F. EDWARD HEBERT SCHOOL OF MEDICINE
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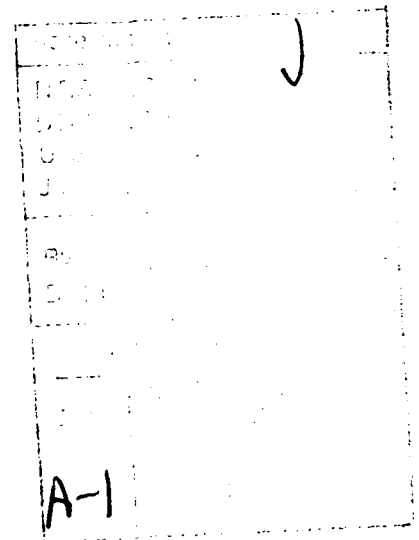
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Trauma, Disaster and Recovery

Disaster Workers: Trauma and Social Support

First Edition

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EXECUTIVE SUMMARY

Iraq invaded Kuwait in August, 1990, initiating a sequence of events which ultimately would lead to the Persian Gulf War. The Persian Gulf War represented a new fast-paced, "high tech" war which differed from past wars in many important ways. Beginning with the initial reports of a radar blip leaving U.S. warships headed for Baghdad, television brought the war "live" into the living rooms of America. Advances in telephone technology also contributed to the immediacy of the war allowing soldiers to "phone home" from the battlefield.

The pace of and the logistical support provided during the Gulf War was amazing. By the beginning of the air war on 17 JAN 91, approximately 500,000 American service personnel and their supplies had been dispatched to the region, many of them reservists. The ground war began on 24 FEB 92. President Bush halted the American offensive on 27 FEB 92. Ultimately, the war proved to be very brief with light casualties. In retrospect, it is difficult to recall the tremendous anxiety which was experienced during the buildup. Iraq was known to have biological and chemical weapons which had been used against civilian populations in Iraq. Iraq also had a large troop strength; the Republican Guard were reputed to be excellent fighters. It was anticipated that Allied forces would sustain tens of thousands dead.

This volume presents preliminary data on the responses of support personnel before the war and of a group of service members who were wounded or became ill during the war. While there is a great deal of literature on the stresses of war on combatants, until very recently less work has focused on the stresses experienced by people taking care of the wounded and dead. In the first two sections, data collected before the initiation of the ground war is presented. These data were collected from personnel assigned to the USNS Comfort, a hospital ship, and the Port Mortuary in Dover, Delaware, the site for receiving all the American dead from the Persian Gulf war. The common stressors involved in being deployed are examined as well as the anticipatory stresses involved in preparing to care for the injured and dead. The final section of the book gives an introduction to the experience of being wounded or becoming ill during the Gulf War. Patients at Walter Reed Army Medical Center with war-related illness were evaluated using interviews and questionnaires.

These data provide important information about ways in which the threat of war and war, itself, affect people directly and indirectly. They can provide guidance for commanders and community leaders. These preliminary findings indicate:

- * The threat of biological and chemical warfare stimulates fear which can be managed through education and leadership.
- * Anticipation of handling injured or dead is very stressful.
- * Training is important to diminish anticipatory stress. Providing training during "the calm before the storm" enhances personnel's psychological readiness to perform their duties, as well as increasing their familiarity with the skills and attitudes necessary for carrying out their missions.
- * Separation from family is one of the most stressful aspects of war.
- * Receiving and reading mail was rated consistently as being a major source of coping with deployment.
- * Families and friends should be encouraged to write letters to loved ones, even if they do not receive replies. Also, in this age of cellular telephones and telephone credit cards, Command should consider widening telephone availability.
- * Perhaps because of the relative youth of service members, access to a gymnasium or exercise equipment plays a prominent role in easing anxiety and coping with stress. Command should set aside space and equipment to allow service members to exercise.
- * While it is helpful to unwind with friends, the ability to be alone is highly valued. Space and time should be set aside to afford service members the opportunity to be by themselves occasionally.
- * High priority must be given to allocating time for rest and respite.
- * Involving spouses/significant others in the mobilization and recovery processes increases the strength of the recovery environment.
- * Community support is important for both war-related casualties and those who care for them.
- * Stress is also for family members and significant others of deployed personnel. Services must be allocated to help families cope with the fear and uncertainty of war.
- * Sensitive leadership is critical to individual and unit recovery from war.

- * Command support is the cornerstone of stress prevention programs. Education should be incorporated into leadership programs for commanders to prepare them for managing natural disasters and wars.
- * The trauma of war can also have positive effects, reordering priorities and underscoring the value of family, friends and country.
- * Psychiatric consultation, using a prevention model, can be of value in preventing acute and delayed morbidity related to the trauma of war.

**STRESS AND COPING WITH DEATH:
DOVER MORTUARY PREPARES TO RECEIVE THE DEAD**

SUMMARY

Preparation for handling the dead from combat is a part of going to war. When the United States responded to the crisis in the Persian Gulf region in the summer of 1990, military and civilian planners realized that there was a potential for a large number of American casualties from combat as well as from other causes of death that typically occur in a large scale movement of troops and equipment. Mortuary affairs activities were set in motion in the overseas theater as well as in the United States to fulfill the missions of body recovery, transport, positive identification, preparation for burial, and escort home for each fatality. Such work requires a mixture of experienced and inexperienced personnel to accomplish such a large mission. In most cases, military and civilian leadership and the public have little knowledge of the extent of personal involvement by mortuary workers or the kinds of effects, both positive and negative, that such duty has upon them. In this report, we have summarized many important comments of the workers themselves. We feel that this effort will serve those readers well who are unfamiliar with mortuary affairs by familiarizing them with the responses of those men and women who did this demanding work. While this work is related to fatalities suffered in a combat deployment, the scenario is little different from other disasters--the same tasks have to be accomplished, only the causes of death are different. As a result, the lessons learned here are generally applicable to civilian and military disasters.

Demographics

The median age of the entire group was between 35 and 36, but the mode was 24 indicating a large amount of the population was quite young. The age range was from 19 to 67. The group was 86% male, 14% female. Seventy-two percent (72%) were white and 20% were black. Twenty-two percent (22%) of the population was single, 42% were married only once. Sixty-six percent (66%) of the population had children. The educational level was high: 23% were high school graduates, 55% had some college, and 20% had either a bachelor's, master's or doctorate degree. (These figures did not count the medical and dental personnel who were working in the mortuary.)

Questionnaire

Twenty-one percent (21%) had been in a prior mass casualty/disaster and 57% had seen someone who had died a violent death. Thirty-eight percent (38%) had previously worked with dead bodies. Twenty-eight percent (28%) reported that they had received some kind of training for mortuary duty.

Sixty-nine percent (69%) reported that they had volunteered for the mortuary duty. Twenty-two percent (22%) said that their spouse or significant other had expressed concern about their working in the mortuary.

We asked respondents to rate the degree of stress experienced by him/herself, family members, and others during the week prior to reporting to the mortuary. We tabulated the responses at a moderate level or above. For the

Stress and Coping With War

respondents, the degree of stress was only 17%, but for the SSO it was 69% and 31% for children. Coworkers and supervisors reported the same degree of stress, 38%.

Respondents were also asked to rate the activities we thought would be most stressful to them during their assignment. These were handling dead bodies, being away from home and duty station, and being away from family and friends. Handling dead bodies and being away from family and friends were rated almost the same, with 62% and 61%, respectively, responding that these would bother them at least moderately. Being away from their home duty station was reported to be moderately stressful by only 34%.

Twenty-nine percent (29%) of the population had experienced a major life event during the six months. Major life events were defined as: birth of a child, a personal illness, a significant accident, marriage, death or illness of a family member, divorce, or separation. The stress of this major life event was reported by 76% of the population as being moderate or above.

The stress management strategies most highly endorsed as being helpful were socializing with friends, exercise, mail, reading, phone calls, movies and time alone. Less helpful activities included eating, drinking alcohol and going to the library.

INTRODUCTION

The U. S. Air Force Port Mortuary at Dover Air Force Base, Delaware, is the east coast mortuary for receiving deceased U. S. personnel. Human remains have been received at Dover from the time of Vietnam to the present. In addition to Vietnam, remains have been received from the Gander air crash, the bombing of the U. S. Marine barracks in Beirut, and numerous incidents and accidents including the explosions aboard the USS Iowa and USS Iwo Jima, the drownings of the sailors from the USS Saratoga, and the explosion of the Challenger spacecraft. Because of the projection of high U. S. casualties from Operation Desert Storm, the mortuary was increased in size and was augmented by men and women from all four services. These men and women were from active duty forces as well as the reserves and national guard.

The persons called upon to support the mortuary activities consisted of several groups. The bulk of the people, over 500, were located physically at Dover AFB. A second group consisted of Army escorts. This group of approximately 200 was located at Ft. Meade, Maryland, and only reported to Dover when it was necessary to escort the remains of an Army soldier to his/her home. The third group was located at Ft. Dix, New Jersey, and was a personal effects depot (PED). This group of approximately 70 people was responsible for shipping the personal effects of each deceased service member to the next of kin. All of these groups were required to confront death in one form or another, if not the actual remains, then significant reminders of the loss of life suffered.

The personnel at Dover AFB were divided into several different working groups. The main groups were command and control, computer operations, a small personal effects section, body handlers, medical and dental identification, uniform preparation, and preparation of the remains. All four services were represented at Dover and at the PED. The escort detachment was made up of retired senior NCOs and officers.

A mental health consultation team was requested to assist with the human resource issues involved in the mortuary operations. Part of the consultation team effort included a survey that was given before and after the mortuary duties. We attempted to capture some part of the effect of the mortuary duties on those who performed them. In addition to background and demographic data, these surveys asked respondents many questions about their own stress and that of their families or, if not married, about the stresses experienced by their significant others.

This report contains data gathered in the first survey which was given before the workers had had any contact with bodies or after only a limited amount. Data collected after the workers' mortuary experience will be presented in a future volume. A total of 631 persons answered the first questionnaire, giving a response rate of approximately 87%.

DOVER MORTUARY WORKERS

Summary of Response Frequencies

People were asked about their prior experience with dead bodies and disasters:

- * Twenty-one percent (21%) had been in a prior mass casualty/disaster.
- * Fifty-eight percent (58%) had seen someone who had died a violent death.
- * Twenty-one percent (21%) had been in a prior mass casualty/disaster
- * Thirty-eight percent (38%) had previously worked with dead bodies.
- * Twenty-eight percent (28%) reported that they had received some kind of training for mortuary duty.
- * Sixty-nine percent (69%) reported that they had volunteered for the mortuary duty.
- * Twenty-two percent (22%) said that their spouse or significant other had expressed concern about their working in the mortuary.

People were asked about preferred stress reducing activities. We counted the responses with an answer of "Moderately helpful" to "Extremely helpful" in determining the following listing:

- * Socializing with friends. (89%)
- * Gym/exercise. (81%)
- * Reading mail. (78%)
- * Movies. (75%)
- * Phone calls. (73%)
- * Time alone. (73%)
- * Reading. (70%)
- * Writing mail. (65%)

Activities that were rated in the direction of less helpful were eating, drinking alcohol, and going to the library.

Stress and Coping With War

Respondents were asked to think back to the week before their arrival at the mortuary. Below are the percentages of respondents who indicated "sometimes" or "often" having the following reactions:

- * Avoided letting themselves get upset when they thought about the casualties. (45%)
- * Thought about the casualties when they did not mean to. (40%)
- * Tried to remove the thoughts of the casualties from their mind. (40%)
- * Had waves of strong feelings about the casualties. (28%)
- * Talked with their spouse or significant other about the casualties. (35%)
- * Spouses/significant others talked to them about the mortuary. (21%)
- * Tried not to talk about death and dead bodies. (24%)
- * Tried not to think about the casualties. (27%)
- * Feelings about the casualties were kind of numb. (27%)
- * No matter how much they knew they had done, they felt they had not done enough. (27%)
- * Spent a great deal of time at work. (35%)
- * Spent time with peers and friends. (65%)
- * Felt very energetic. (63%)
- * Felt tense or keyed up. (25%)
- * Felt very tired. (25%)

We asked respondents to report their recent feelings of disturbance during the past week. We report here only those who said these symptoms disturbed them at the level of "moderately," "quite a bit," or "extremely." The level of 15% or more was selected as the cutoff for reporting the symptom.

- * Nervousness, shakiness. (19%)
- * Feeling easily annoyed, irritated. (17%)
- * Worrying too much about things. (20%)
- * Feeling tense or keyed up. (16%)
- * Feeling that people will take advantage of you if you let them. (15%)

Summary of Written Comments

HAVE YOU EVER PARTICIPATED IN A MASS CASUALTY/DISASTER BEFORE?

This group had extensive experiences as policemen, emergency medical technicians, and funeral directors. Many had Vietnam and other war experience such as serving on AF search and rescue teams and performing mortuary duties. Some had experiences with helicopter accidents, traffic accidents, train wrecks, and other encounters with death. Some in this group had been exposed to such things as suicides and military mass disasters such as Gander, Stark, Iowa, and Beirut.

"I saw a soldier crushed by an APC (armored personnel carrier) at Ft. Irwin, National Training Center."

"At Con Thien, DMZ, Vietnam, I helped load 50 KIA Marines. My mortar platoon received a direct hit from NV artillery and 6 of my men received vicious wounds and several later died."

"I was a combat photographer in Vietnam, 1967. In 1980 I witnessed a helicopter crash in Dallas."

"I was involved with aircraft crash search and recovery: November-December 1989, Alabama; 1978, Williams AFB, Arizona."

"In May of 1988 I saw a helicopter crash just west of Dallas. I did recovery and autopsies, 27 died."

"I was a survivor assistance NCO at Arlington Cemetery. I escorted the families of deceased during Vietnam."

"I processed remains from Jonestown, Guyana at Dover AFB in November 1978. I was also a body handler in the Frankfurt, Germany, mortuary after the Stark incident."

"I served as mortuary officer at Kelly AFB, Thule AFB, and Carswell AFB."

"I worked in the U. S. Army mortuary in Frankfurt, Germany during the Lebanon bombing. I assisted in fingerprinting and anatomicals."

"I inspected remains after embalming as part of my mortuary officer duties."

"I was part of the dental identifying team after the Iwo Jima boiler accident."

"I was a litter carrier during Operation Just Cause."

HAVE YOU EVER SEEN ANYONE WHO DIED BY VIOLENT MEANS?

"I have seen many shootings and stabbings in the neighborhood where I grew up. I have also seen many car accidents."

Stress and Coping With War

"In the emergency room I saw numerous people who died in motor vehicle accidents or of gunshot wounds. I also saw people die in a plane crash at March AFB."

"My son was murdered and my 2nd husband committed suicide."

"I took the search and rescue team up to bring the pilot back after an F-15 crash on Kodiak Island."

"I was in Vietnam for 2 1/2 years and saw many people die by violent means."

"I was in Con Thien when an Army tank was hit during incoming and I helped remove the remains. My friend and I received incoming. I didn't receive a scratch, but my friend did not make it."

"When I was in the Navy in Vietnam, I was on board a destroyer on plane guard duty while the carrier was conducting flight operations. I saw a man cut in half by a snapped nylon wire used as an arresting gear."

"In 1968, members of my USMC infantry squad were severely wounded by artillery fire. I alone escaped serious injury. We were lucky!"

"About 5 years ago I saw a 19 year old girl lying dead face up in the snow after being shot in the back by her boyfriend."

"I've seen parts of bodies, but I never collected any myself."

"While I was working for a utility company, my boss received a full dose of electricity. He fell to the ground and turned black and he had no pulse. I gave him CPR, but he did not make it."

"I have worked in the funeral service for 26 years, so I've seen many people who have died by violent means."

"I have seen people die from shotguns, handguns, car crashes, suicides, and falls from more than 10 story high buildings."

"I'm a police officer for the city of Dallas."

HAVE YOU EVER WORKED WITH DEAD BODIES BEFORE?

"When the people died on the gurney they would sometimes have us do a chest film to send with the body to the morgue if they were a civilian emergency."

"I photographed dead babies."

"I work in a cemetery, so I work with dead bodies all of the time."

"At the mortuary in Frankfurt, Germany, I worked with bodies of all types."

"My younger brother committed suicide. I pull mortuary duty at Elmendorf and have had to review remains. I had the same job at McConnell AFB."

"I repair refrigerators in a morgue."

"I am a mortuary officer, USAF."

"I have done field recovery of combat casualties for evacuation. I carried the dead by hand or in ponchos."

DID YOU HAVE ANY TRAINING FOR THIS DUTY?

"I've had mortuary affairs training and was on a search & recovery team when on active duty."

"I've had graves registration training."

"I went to 57F school at Ft. Lee to train for mortuary duty."

"I have mortuary training background."

"I attended the Air Force mortuary course as well as teaching portions of the course."

"I received one day of training here at Dover mortuary in December."

"I attended a lecture presentation as part of dental (USAF) General Practice Residency."

"I received Base Recovery After Attack Training (BRAAT). Training took one week at Dobbins AFB."

HOW DID YOU FIRST LEARN OF THIS MORTUARY ASSIGNMENT? WHAT WAS YOUR REACTION?

"I learned about this mortuary assignment from a phone call."

"When I learned about this mortuary assignment I was surprised, but I was willing to serve."

"I was disappointed when I learned I would be assigned to the mortuary."

"I was happy!"

"I was sad."

"I felt it was morbid."

"I was pissed off when I learned I would be assigned to the mortuary."

"I had no reaction."

Stress and Coping With War

- "When I learned I would be assigned to the mortuary, I declined escort duty, but accepted within a short time."
- "I learned I would be assigned to the mortuary approximately 3 weeks ago. My first reaction was negative. Following that time I thought about it. Then I was asked again a week before arriving to work in the mortuary. I decided to do it."
- "When I learned of my assignment I didn't think I would be working with the dead bodies."
- "My first reaction to learning of my assignment to the mortuary was that I didn't want to work with pieces and parts of people."
- "When I first learned about being assigned to the mortuary, I was concerned about what type of duty I would have, especially if I needed to serve as escort officer with bereaved families."
- "I did not know about mortuary arrangements until reporting for processing."
- "When I was told that I'd been tasked to this mortuary operation, I had mixed emotions of 'what is expected of me?' and 'can I do the job?'"
- "When I learned of my mortuary assignment I had some shock as to the duty. However, I am going to do the best I can."
- "When I learned of my mortuary assignment I was willing to do what I can do to help."
- "When I learned of my mortuary assignment I thought, 'somebody has to do it.'"
- "I found out about my mortuary assignment from a briefing. There was no need to put undue stress on myself when I have a job to do."
- "I found out through other people about my mortuary assignment. It will be a new experience for me. I hope to learn from it and how to control myself in this assignment. I also hope to gain some concern in this experience."
- "When I called Kansas City for an admin update, they told me they were presently filling quotas for Dover AFB. I said to myself, 'this is another challenge for being a Marine.'"
- "My career counselor called me up, asked me if I would like to go through the 57F [Army graves registration - mortuary affairs] course, so I said, 'ok.'"
- "When I learned of my mortuary assignment I was disappointed the Army did not assign me in my career field -- also pleased I would be activated."
- "When I learned of my mortuary assignment, I was reassigned from Saudi Arabia, I had no reaction."
- "I was informed during an outprocessing briefing prior to leaving my mortuary assignment ."

"I learned of my mortuary assignment from a message which was sent to Keesler AFB for volunteers. I was anxious to volunteer to be of any help possible to support Desert Storm."

"I was informed of my mortuary assignment when I arrived at Dover, and I was concerned about how I would act."

"When I arrived here at Dover, I was told of my duties in the mortuary. I was petrified."

"When I learned of my assignment to the mortuary I was curious and willing to work."

"I requested special duty assignment for Operation Desert Shield. I was contacted by phone by the coordinator in Washington and told of my assignment to the mortuary in Dover. I was disappointed that I could not be more involved. At that time I did not realize the necessity of such work."

"I was informed by my supervisor of my assignment to the mortuary. I readily volunteered."

"It is traditional for dental supply NCO to set up and order supplies for casualties at this base. I was scared and unsure at first about working in a mortuary."

"Marine Corps Reserve Support Center, Overland Park, Kansas, said we'd be helping injured Marines off C-5s and that I'd see an occasional body bag."

"I work in a funeral home and joined the Army for this job in the mortuary."

"I was told by Ft. McClellan about my mortuary assignment. I prayed I would not have to process or see any of my fellow co-workers who had deployed due to MOS. I also prayed I would not lose my feelings and concern for lives of others."

"They told me about my mortuary assignment when I got here! I don't know if I could take seeing a friend or cousin come here."

"I found out about my mortuary assignment through my orders to active duty. I was upset about dealing with something I've never prepared for."

"When I learned of my mortuary assignment I was thrilled that I could serve my country doing something useful."

"When I learned of my mortuary assignment I was upset."

"Unfortunately, death is a part of war. I feel we can make a difference for the families."

"Mortuary work is my job and I'm good at it."

"I found out about my mortuary assignment from MCRSC. I was given no details. I was only told it would be gruesome duty."

Stress and Coping With War

"My CO called and informed me of my mortuary assignment. I was a bit hesitant at first, but I knew that someone had to do the job. The guys that come back as casualties give their lives for the country so after thinking about that, I felt honored to do my part for them."

"When I learned of my mortuary assignment I didn't like it. It disrupted my civilian life."

"When I learned of my mortuary assignment I was thrilled to go TDY for a change."

"When I learned of my mortuary assignment I hoped that I would be able to repair the equipment in an area that was separated from the bodies."

DID YOU VOLUNTEER FOR THIS ASSIGNMENT?

"I volunteered to support Desert Storm."

"I volunteered for this assignment because I wanted to help."

"I volunteered because I knew I could help in a major way."

"I volunteered under false pretenses."

"If I didn't volunteer, my wife would have had to take the assignment."

"If I didn't volunteer, I would have been picked as most suitable because I have no family and I am not on the Desert Storm volunteer list."

"I volunteered only after someone described my assignment and that it was the only billet open for my pay grade."

"I was asked to volunteer. First they asked me if I get queasy and I said 'no' because I never have before. Then I was told they needed someone and none of the permanent party wanted to leave their families and I said I would because I have already left my son."

"I volunteered for this assignment because I felt it would help me if I had to do it somewhere else."

"I volunteered 1 1/2 days before leaving for Ft. Meade. I was apprehensive, but relieved I wasn't going to Saudi -- I had been scheduled to go, four days after I was notified there was a change to my orders."

"When I volunteered for this assignment I was slightly lied to, but I'll give this duty a shot to see if I can handle it physically and mentally."

"I volunteered for this assignment because I have the most experience dealing with postmortem dental identification. I have done more in this field than any other enlisted person in the military."

"I was talked to by my supervisor and he said that I would be going."

"I volunteered for this assignment because I did not know I had a choice."

"I volunteered for this assignment because I wanted to go back into the Army."

WHAT HAVE YOU BEEN TOLD YOUR DUTIES WILL BE?

"My duties will be handling and prep shipment of deceased personnel."

"I will work in operations."

"I don't know yet what my duties will be."

"My duties will be in removing hazardous munitions and explosive items from HR's (human remains)."

"I was told that I would be working in a mortuary."

"My duties will be to assemble a field kitchen and maintain food service support."

"I was not told till I reported in what my duties will be."

"I will be x-raying the bodies and body parts."

"I was told I would do whatever it took."

"I was simply told that I would be working with casualties."

"I will photograph remains of service personnel."

"I will be a personal effects handler, which entails opening holdings containers with the deceased's personal effects contained inside."

"I will work in personal effects removal."

"I will be cleaning body parts."

"I will be a remains handler. As soon as the transfer case arrives, I open it and take the body bag out and unzip it for the x-rays."

"I will process dental remains, take and develop dental x-rays."

"I will be working long hours with heavy workloads."

"I will be working in administrative support. I must be ready to do anything that needs to be done."

"I will be keeping track of bodies on paper. Since I've been here, I have heard all kinds of horror stories."

"I was told that I would be working in the morgue charting teeth or remains."

Stress and Coping With War

"My duties are described as casualty assistance. I was given no details, but the job was described as unappetizing and a thankless job."

"I will be shipping personal effects to the next of kin."

DID YOUR SPOUSE/SSO EXPRESS ANY CONCERNS ABOUT YOUR WORKING IN THE MORTUARY?

YES:

"My wife thinks my working at the mortuary sucks."

"My wife just wondered if I could handle the emotions of working with dead people."

"My wife is concerned about emotional hang-ups mortuary work might bring about."

"My wife did not really like the idea of my working in the mortuary."

"At first my wife did not understand my desire to help out in any way I can. After I explained it to her I think she was proud of me."

"My wife did not want me to work in a mortuary, but also didn't want me to go overseas to Saudi Arabia."

"My wife was only somewhat concerned after learning that I might be dealing with dead bodies."

"My significant other broke up with me. I had to decide to either leave the service or lose him. He would not even discuss my mortuary duty and we split up before I left. I did not spend the holidays with him either."

"My spouse does not agree that effects should be gone through and checked for suitability prior to being sent on."

"My parents felt I was too tenderhearted. I knew my son is up for orders to Saudi Arabia."

"My wife did not think I could work in a mortuary."

"My wife would prefer that I not be away from home."

"We are newly married and my wife is worried for me. She wishes we had more time together."

"My wife did not envy the duty, but was more concerned over how I felt."

"My husband doesn't want me to work in the mortuary."

"My husband is uncomfortable with my mortuary assignment. My husband had been a sole crew survivor of the C-141 crash in 1976 and he is currently assigned as navigator for special operations crews."

NO:

"My wife does not know my present duty, nor will she be told."

"My wife was not informed of the nature of my responsibilities."

"I have not told anyone what I do here."

"My wife expressed pride in me for the duty I was assigned."

"My whole family knows how I feel and are behind me 100%."

"My boy friend is an active duty Air Force doctor and he knows that it has to be done. He is worried it may upset me, but he has seen me work with GSW (gun shot wounds) before and feels I can handle it."

"Both my wife and my daughter were happy to hear that I wasn't going to the war."

"I do what I have got to do."

"Mortuary duty is better than going to Saudi Arabia, but hopefully I won't have to work with dead bodies."

"My wife, an ICU/CCU nurse, thought I could do mortuary duty better than many others because of temperament, religious outlook, and personal experience with fallen comrades."

WHAT DO YOU ANTICIPATE WILL CAUSE YOU THE MOST STRESS ON THIS ASSIGNMENT?

"I anticipate the most stress from this assignment will be from the odor and sights of body remains. I honestly do not know how I will react."

". . . seeing the bodies and parts."

". . . looking at the person's face."

". . . mutilated bodies."

". . . seeing dead bodies of dead American service personnel."

". . . the personal effects of the dead."

". . . the possibility of finding personal effects from someone I know."

". . . seeing my old buddies coming through."

Stress and Coping With War

"... handling the corpses. My fiance, a Marine pilot, was selected to deploy to Saudi Arabia."

"... thinking about the families of these men who died."

"... looking at dead bodies."

"... my first reactions to the deceased personnel."

"... deciding what goes home and what doesn't."

"... seeing the pictures of children of the deceased."

"... telling family members their son is deceased."

"... possible hostile contact with the family when returning the body of their loved one."

"I am not sure yet what will be the most stressful aspect of this assignment. Possibly looking at our young fighting men going home dead to their loved ones."

"... reading letters to the deceased."

"... seeing blood, lots of blood."

"... reliving past trauma."

"... dealing with younger people."

"... the morbid nature of the work and the surroundings."

"... sorrowful feelings."

"... taking the job personally."

"... relating on a personal basis to the remains and the associated pain with the losses of life."

"... knowing that they died for their country and that it could've been me over there. Also, looking at really badly mutilated and burnt bodies will be stressful."

"... having to deal with human remains for several hours and then return to a dreadful barracks where there is no respect for others (privacy) that is supposed to be our home for the next 6 months."

"I anticipate the most stress from this assignment will be from the disorganization of being tasked with identifying parts."

"... others assigned here and their reactions to mass casualty."

"... my men and women and how they handle the odor of death."

- "... being separated from my wife."
- "... the time away from my wife, children and parents."
- "... concern for my daughter living alone at home."
- "... dealing with my son's fears and feelings about me being gone."
- "... being away from friends."
- "... lack of support from home."
- "... if I don't find a girl friend because of working in the mortuary."
- "... financial problems."
- "... the attitudes of fellow Marines toward each other."
- "... making sure I perform my job efficiently in order to provide a smooth flow of work to complete our assignment. Also, viewing bodies and personal property will be stressful."
- "... confusion and lack of cooperation."
- "... working with the top brass."
- "... any person that doesn't know how to communicate or give orders."
- "... the unpredictable schedule."
- "... the long hours."
- "... constantly being in the mortuary."
- "... getting no sleep."
- "... terrorist attacks."
- "... fear of what I experienced during the time I spent in the Navy."
- "This job doesn't really bother me."
- "I anticipate the most stress from this assignment will be from the fact that I cannot answer the unknown."
- "I don't anticipate much stress."
- "I anticipate the most stress from this assignment will be from the power fluxes."
[subject is a computer operator]

Stress and Coping With War

HAVE YOU EXPERIENCED ANY MAJOR LIFE EVENTS OTHER THAN THE WAR EVENTS IN THE LAST SIX MONTHS?

"My father died and my two sons were born in the last 6 months."

"My father-in-law is in the last stages of cancer."

"My mother went into a nursing home and my eldest sister was diagnosed with cancer in the last six months."

"Family members and friends have passed away in the last six months."

"I have experienced marriage, divorce, remarriage and the death of a family member in the last six months."

"I have experienced child birth and divorce in the last six months."

"I have experienced divorce and the loss of child in the last six months."

"I have experienced separation and reconciliation with my wife in the last six months."

"I got married Feb 10, 1991."

"I retired from active duty and have been looking for a civilian job for the last six months."

ANY ADDITIONAL THOUGHTS OR COMMENTS ABOUT YOUR REACTIONS TO WORKING IN THE MORTUARY?

"I would prefer to be working at the beginning of my MOS (collection point) in Saudi Arabia rather than working in Dover AFB."

"I don't want anything to do with working in the mortuary."

"My feelings are very strong on the point that this group should not have been brought to Dover until they were needed. The rumors and the not knowing combined with the fact that this group has had to move into a literal dump and bring someone else's standards up to just barely liveable, along with guard duty has made the group already start out under more pressure than they or I needed to be subjected to."

"I wish mortuary duty was something that I did not have to do. I certainly would not have volunteered for it. I believe that I will have many sleepless nights in the future. I've never been able to deal with death."

"Sometimes I feel depressed with the thoughts that the gear that we are processing once belonged to someone that won't be using it ever again."

"Working in the mortuary is going to be a unique experience. I plan to learn a lot from the experience. One concern that I personally have is time available away from work for relieving stress. Living quarters are very important to

me, such as having a place that I may go to for solitude. I would rather not share a room with someone else."

"I hope I don't have to see the dead bodies. I think we could have been taken care of a lot better when we first arrived. Everything is very unorganized. The key word is, 'I don't know,' everyone around here says it. No one seems to be in charge."

"I'm not sure how I will actually react to mortuary duty, but I'm sure I can handle the tasks I'm assigned with the help of the support crew and those involved."

"I don't think I would enjoy working in the mortuary. My main concern is with the living quarters, which are inadequate. I might have a problem working in the mortuary."

"I have enjoyed serving families in the capacity of funeral director for 14 years. There is a satisfaction in helping people through difficult periods in their life, and being a funeral director is a challenge that offers many positive rewards."

"I want to help, but I don't know how I'd handle mortuary duty. It will be hard at first."

"It's a horrible job, but someone has to do it! For the great men and women who gave their lives in combat service for our country, it will be my honor."

"I am a people person and I do think that working with the dead will be a detriment to me."

"I hope the chain of command has implemented certain activities and outlets to help relieve the stress of their troops. Also, the chain of command is honestly supportive of their troops, no bullshit!"

"I think a number of emotions are involved in mortuary duty. Because I haven't physically handled body remains yet, I sense the need to 'brace' myself for this job and I feel a bit unsure as to how I'll hold up. However, I do feel confident that I will do as best I can. As long as I feel that I can do my best, then I can handle whatever happens. Let's get it done! It would be interesting to have a psychological evaluation after this is over."

"I am working more in admin area. As a licensed funeral director it would seem better to put myself and other people in direct contact with actual mortuary work and place those (with less or no exposure) in the admin positions. It is also a bit confusing as to why a civilian contractor is used when there are currently 4 or 5 licensed funeral directors that I know of in military uniform here on the compound. Thank you for this opportunity to voice my opinion."

"Other than a personal aversion to death, the main stress factors attacking all of us working here are: long hours, overcrowded working conditions, inadequate mess facilities, no transportation, and no time off. All of the problems are being addressed and should soon be solved. There is hope."

Stress and Coping With War

"I am ready to do whatever is asked of me."

"I will be OK if I do not have to work in the mortuary with dead bodies. I feel living off-post will help me a lot on this assignment because I will not be around others who would talk about work all of the time."

"I expect to be tense when first confronting remains, especially in the cases of dismemberment or disembowelment. However, I also expect to become desensitized rather quickly."

"People should be told in advance what their job is going to be and not leave them out in the dark."

"I consider my escort duty as being the most honorable contribution that I could bestow on a fallen fellow soldier and am proud to fulfill this mission with honor and dignity. "

"This questionnaire is a good tool to use to get information on people's feelings about dealing with the remains of their loved ones. I feel that this questionnaire is a vital asset to get the workers' feelings about what is about to happen. By this questionnaire you can get a better outlook on a person's weak and strong points before it happens. Moreover, this will give you a better picture of a person's disagreeableness or agreeableness on this traumatic event. This would be my comments -- in my opinion, the bottom line would be a 'WELL DONE' questionnaire."

"Regarding Escort Duty at Ft. Meade: I'm the only officer residing in the Escort billet. I am often lonely."

"I believe one must be able to detach one's self from the task at hand or situation. This is not necessarily a "cold" person but rather a scientific person. There is much to be learned from an autopsy. The body will tell you a great deal after death if you know what to look for."

"I can handle and deliver closed caskets, but I don't feel I could handle a body. I don't want to view bodies in the mortuary. Just give me the closed casket."

"I believe one must be able to detach him- or herself from the situation and do the job at hand scientifically."

**STRESS AND COPING ON A HOSPITAL SHIP:
USNS COMFORT**

SUMMARY

Only recently have researchers examined the impact on care providers. Here we present initial findings on how the medical personnel on the USNS Comfort, a hospital ship, experienced the stresses of deployment to the Persian Gulf. This group confronted unique stressors: not only was there the usual anticipatory anxiety about being ready to treat large numbers of casualties, there was also stresses prompted by this unique patient-care environment.

The crew faced many challenges including rapid deployment, separation from family and friends, lack of privacy on board the ship, and facing the unknown. The crew had access to support groups and help from the Psychiatry staff aboard the ship to help them cope with the stress of deployment. In an effort to expand understanding of these stresses, the Department of Psychiatry of the National Naval Medical Center and the trauma research team of the Uniformed Services University of the Health Sciences (USUHS), initiated a survey study of the personnel assigned to the ship. Approximately 250 surveys were received from Comfort crew members, mostly nurses and corpsmen.

The surveys were completed in November and early December, 1990, before the beginning of Operation Desert Storm. In reviewing these data it is important to recall the climate of anticipatory anxiety experienced by the nation. Casualties were expected to be in the tens of thousands. The threat of terrorist attacks was omnipresent. It was expected that the Iraqis would use biological and chemical warfare. It is against this backdrop, then, that the crew filled out the questionnaire.

Demographics

Fifty-five percent (55%) of the respondents were male and 45% were female. The median age was 26. Seventy-nine percent (79%) of the crew were white, 11% were black, 3% Oriental and 7% Hispanic. Forty percent (40%) of the respondents were either married or living with a significant other; 32% had children. Occupations were varied with a broad spectrum of medical specialties represented. The education level was high: 97% graduated from high school; 25% had some college and roughly half of the respondents held baccalaureate and advanced degrees.

Questionnaire

Roughly one-fifth of the crew reported prior sea duty and 13% stated that they had served on isolated duty assignments prior to this assignment. For most crew members this was their first exposure to the culture of the Middle East, only 6% of the crew having been in the Middle East. The challenges the crew faced in anticipating caring for the injured and dying was not new, since most of the medical personnel had been assigned to hospital duty. Roughly three-quarters of the respondents had experienced the death of a patient under their care.

The most stressful aspect of this deployment for most respondents was being separated from family, 63% of the respondents noting this to be very or extremely stressful. Half of the crew described fear of the unknown as very stressful. One-quarter of the respondents experienced stress when thinking about their ability to successfully care for casualties. While present, fears for their personal safety did not preoccupy the vast majority of respondents.

INTRODUCTION

On August 13, 1990, the hospital ship USNS Comfort was activated to Full Operating Status (FOS) in support of Operations Desert Shield/Storm. For approximately 7 months the 1,000 bed ship was deployed in the Persian Gulf for the purpose of treating U.S. service men and women injured during the war in the Middle East.

The USNS Comfort, based in Baltimore, and its sister ship, the USNS Mercy from Long Beach, California, were commissioned in the mid-1980's, but had never been deployed in support of a combat mission before Operation Desert Storm. Each hospital ship can treat up to 1,000 patients, carry 3,000 units of frozen blood, and each has a decontamination unit for those exposed to biological or chemical weapons. Together, the Comfort and the Mercy are one of the largest hospitals in the United States and the 9th largest hospital in the world.

The USNS Comfort has a skeleton crew of 12 civilians and approximately 40 Navy medical technicians while it is inactive. During the deployment, this crew was augmented with 1,600 medical and support personnel, the majority of which came from the National Naval Medical Center in Bethesda, MD. Over the course of the deployment, some personnel were rotated off of the Comfort and new service men and women were assigned from Bethesda to take their places. This survey was completed by 250 personnel aboard the Comfort in November and early December 1990.

USNS COMFORT

Summary of Response Frequencies

Prior Experience

- * Eighteen percent (18%) of those who responded to the survey had been on sea duty prior to the USNS Comfort deployment
- * Thirteen percent (13%) stated that they had served on isolated duty assignments prior to this deployment
- * Six percent (6%) described prior experience in the Middle East
- * Thirty-two percent (32%) had participated in disasters or a mass casualty event.
- * Seventy-Two percent (72%) reported having had a patient under their care die.
- * Seventy-three percent (73%) had worked with dead bodies.

The stresses experienced by this group at a level of "very stressful" or "extremely stressful" were:

- * Separation from family (63%)
- * Fear of the unknown (50%)
- * Heat (45%)
- * Fear of the death of others (29%)
- * Fear of caring for combat casualties (27%)
- * Fears of your own death (13%)
- * Fear of terrorist attacks (9%)
- * Fear of fire (7%)
- * Fear of ship sinking (7%)

Stress and Coping With War

The distress caused by these concerns was significant.

- * Eight-six percent (86%) reported experiencing moderate to a great deal of stress.
- * For those respondents who were married or had significant others, ninety-eight (98%) reported that their loved ones were experiencing moderate to a great deal of stress due to their deployment.
- * Of this 98% with significant distress, fifty-five (55%) were described as coping with the highest level of stress ("a great deal").

A wide variety of coping strategies were used to cope with the stresses noted above. Those that were found to be most helpful (endorsed as "very helpful" or "extremely helpful") included:

- * Reading mail. (84%)
- * Spending time alone. (64%)
- * Socializing with friends. (59%)
- * Writing mail. (57%)
- * Use of the weather decks. (43%)
- * Reading books and magazines. (41%)
- * Working out in the gym. (40%)

The following activities were described as "very helpful" or "extremely helpful" by less than one-quarter of the respondents:

- * Watching movies. (22%)
- * Using lounges. (15%)
- * Eating. (12%)
- * Going to the library. (10%)

USNS COMFORT PERSONNEL

Summary of Written Comments

DESCRIBE DUTIES PRIOR TO DEPLOYMENT.

"I was a staff nurse on the neurosurgery ward."

"I was a staff nurse on the orthopedic ward."

"I worked as the head nurse in psychiatry."

"I was a nurse on a 36-bed chronic internal medicine unit."

"I worked on a 36-bed internal medicine ward. I worked as a staff RN and as a charge nurse responsible for the QA program and corpsmen anectotals (sic)."

"I was an orthopedic and ophthalmology corpsman."

"I was a critical Care Corpsman on the Cardiac Care Wards."

"I was a cardiopulmonary technician working in the Cath lab, the ICU, or the Blood Gas Lab. I was part of the Cardiac Arrest Team and an Instructor for CP Students."

"Prior to deployment, I worked as a physical therapy technician."

"I was a health care planner doing workload, staffing, and cost analysis."

"I was an education coordinator for the ambulatory nursing department. I coordinated both staff and patient education."

"I was the assistant department head and resident training director."

"I worked setting up the food service division for activation."

DESCRIBE PRIOR SEA DUTY.

"I served on board a LPD for MMART deployment where I acted as Medical Regulator and Corpsman."

"I was assigned to 13 months with the 3rd Force Service Support Group, Okinawa."

"I was previously involved with two Surgical Support team deployments."

"For three years I was with 3dBN 3dMAR. I also did a six month deployment in Okinawa, August 1987."

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"I was a hospital corpsman onboard USS Conyngham (DDG-17)."

"I served with 3dFSSG Okinawa."

"I was a hospital corpsman on USS Forrestal (CU-5A)."

"I was assigned to the USS Philadelphia fast attack submarine in Groton, Conn.
1983-1985"

DESCRIBE PRIOR ISOLATED DUTY.

"I was stationed in Iceland -- NAS, Keflavik."

"I was in Antarctica for 4-5 months per year for 3 years (1983-1986)."

"I was stationed at ADAK, Alaska."

"I was at Subic Bay, Philippine."

"I was stationed at Guantanamo Bay Cuba Naval Hospital. The base is surrounded by the world's largest active mine field."

"My ship was permanently stationed in Holy Loch, Scotland."

DESCRIBE PRIOR MIDDLE EAST EXPERIENCE.

"I was a civilian RN selected as a Bechtel Exchange Scholar. I was assigned to American University Hospital, Beirut, Lebanon, where I worked as a staff nurse from January to July 1975. I left due to outbreak of civil war."

"I had civilian nursing experience full time in Riyadh, Saudi Arabia. I worked at the military hospital and lived off hospital grounds. I travel to UAE, Bahrain, Egypt."

"I was on board the USS Conyngham March 1987- July 1987. The ship was involved in escort duties of tankers and was the rescue ship for the USS Stark. I personally saw more than 40 patients as HN and worked over 36 hours without independent duty corpsman onboard. I received the Navy achievement medal for my actions."

"During the 1980 Iranian hostage crisis, I spent a great deal of time on a ship, just sitting in the Persian Gulf. I was a field corpsman assigned to the Marines."

"Visited Egypt and Israel as part of a Mediterranean cruise."

"I was in Cairo, Egypt, doing research."

"I was deployed to Beirut with a helicopter squadron."

HAVE YOU EVER PARTICIPATED IN A DISASTER OR MASS CASUALTY EVENT?

"I was a medical officer (acting first secretary/medical) for the Australian Embassy in Beijing, PRC during the Tienanmen Square incident."

"During the San Francisco earthquake I acted as organizer of military social workers."

"During the 1975 evacuation of Saigon, I was a nurse aboard USS Hancock."

"When I worked in the Pensacola Florida Navy Hospital and when I worked in a clinic, I dealt with mass casualties."

"I was there when one of the typhoons hit P.I.. I was working as a nurse and health provider."

"I worked in a Naval Hospital in Guam where there were multiple motor vehicle accidents victims."

"In 1979, Subic Bay, a P-3 crashed in the water. I was charge nurse of a multiservice surgical ward. I prepared the ward in anticipation of patients. I also treated survivors (10-15) who had relatively minor wounds. Three to five people died in the crash or were drowned."

"While in Keflavik, Iceland, and Camp Lejeune, North Carolina, I responded to an airline commuter crash and an overturned bus."

"In 1977, the USS Belknap and Kennedy collided. There were burn casualties received in Naples. I performed triage and care."

"A tornado came through the base in Meridian Mississippi in 1987. I helped treat victims and searched for injured people."

"I responded as part of an emergency crew to multiple motor vehicle accidents and to a tornado."

"Before I joined the military I helped with a 5 car accident involving 10 injured people. I did CPR and held traction for the paramedics."

HAVE YOU EVER WORKED WITH DEAD BODIES?

"I routinely work with dead bodies as an RN, it's part of my job."

"During my 13 years of civilian nursing I have dealt with dead bodies. This includes bodies from stillborns to geriatrics."

"On 7W, patients died routinely."

"I worked with dead bodies for 2 1/2 years on an ambulance."

Stress and Coping With War

"I worked with patients who had died on the ward -- usually in a DNR status."

"I have dealt with many dead bodies including: abortuses, stillbirths, children, infants, teens, and adults. This was in hospital and home settings."

"I worked with dead bodies for autopsy and postmortem purposes."

"I have worked with bodies because I frequently had to assist with organ procurement."

"I prepared dead bodies for the morgue."

"I body-bagged 2 dead patients at NNMC Bethesda."

"I X-ray'd remains of the USS Iowa disaster victims."

"In college anatomy & physiology courses, I did cadaver bagging and tagging of body parts on an internal medicine ward."

"I have handled postmortem cases on a Medical/Surgical floor."

"I've dealt with a great deal of death while at Bethesda Naval Hospital."

"I have worked with dead people at nursing homes."

"I dealt with the dead bodies of friends killed in a car crash that occurred during my senior year in high school."

HAVE YOU EVER HAD A PATIENT DIE WHILE IN YOUR CARE? IF YES, DESCRIBE THE EVENT(S) AND YOUR REACTION.

"My experiences of having patients die while in my care are too numerous to describe. I always experience a sense of loss, regardless of age or terminal state."

"A patient died in my care while CPR was in progress."

"A patient in my care suffered cardiac arrest. I was sad, but I recovered at once because I know that it's God's will."

"A number of children in a motor vehicle accident died in the emergency room while I was shooting X-rays of them. I was angered at the carelessness of parents for not protecting the kids. I felt hurt for they never had a chance to live a full life."

"A friend died while receiving CPR after falling from the roof. I was upset but I got over it quickly."

"At first, when I was a 19 year old LPN, it was very difficult to deal with death. I still have a problem with young (40 and younger) people dying on me."

"The first patient who died while in my care upset me greatly. I felt as if I could have done something else to help. Following the other deaths that

occurred, I found myself ignoring the family so I wouldn't be so depressed."

"As a pediatric nurse I experienced 4 unexpected deaths of children which continue to haunt me."

"The patient was a DNR (no code or resuscitation done) and I comforted the patient in his last moments. I've had others die while in my care also."

"One patient who died while in my care died slowly and his eyes remained open. I remained calm."

"I am a patient advocate so it hurts when patients die while in my care, but it doesn't affect my life."

"Patients who have died while in my care were DNR I have provided emotional support for patients and families at the end. I felt sad but comfortable with how things went."

"I have worked with cancer patients who have died. Although I cared for these patient, their deaths seemed to be a blessing, in my opinion."

"Sometimes when patients die they are better off because they experience no more pain."

"When patients have died while in my care I have experienced varying reactions from anger to peace."

"As staff nurse in a neurotrauma unit I experienced frequent patient deaths due to injuries. At first my reactions were mixed but I came to appreciate life more and paid more attention to my own safety and welfare. Each death is hard but there is meaning behind it. I hope that I've learned from each and am able to comfort those in my care."

"Any time one of my patients dies, I feel a little guilty like maybe there was something more I could have or should have done."

"I'm a surgeon. I remember the names of all the patients I have lost, though they are a small proportion of my practice. A patient's death is a personal loss and a reminder of personal fallibility every time!"

WHICH KIND OF EXPERIENCE OR TRAINING DID YOU FIND MOST USEFUL? WHY?

"Working with real patients was most helpful. Hands-on training is important."

"ACLS and ATLS allow me to feel competent and know that I'll be able to perform as needed. I'll have the skills and knowledge necessary to do this job."

"ATLS is probably the most useful since that is what we'll see the most."

Stress and Coping With War

"The MMART team was the most helpful. It covered a wide variety of medical topics for both shipboard and with the Marines."

"RDMF helped me get an idea what it would 'really' be like to live without modern conveniences."

"RDMF and C-4 allow integration of training from other programs which were more didactic in nature."

"C-4 was well organized and gave me an idea about the total experience."

"I learned a little about emergency care from mass casualty drills."

"Shipboard orientation was helpful because I got to learn on my own without being tested."

"Trauma fellowship was helpful because it was closely related to military trauma experience."

"Fire-fighting training helps in knowing what to do in emergency situations."

"Damage control helps you become aware of dangerous situations, such as fire, flooding, to save the ship and crew."

"Occupational health and safety training is important because unsafe work practices will kill people."

"All the training I had was helpful. I've never been on a ship before so I needed all the training I could get."

"Prior deployment was helpful. I gained respect for being at sea and living aboard ship."

"I think the knowledge gained within the confines of the Nursing Service benefited me. I'm more well-rounded now."

"It was useful to have seen the ship before I was deployed, but it did not prepare me for deployment."

"None of my training was very effective in preparing me for deployment in the Comfort."

"Liberty was helpful, it got me off this ship!"

"Ask me later, I have not been tested yet."

HOW DID YOU FIRST HEAR OF THE POSSIBLE DEPLOYMENT OF THE USNS COMFORT?

"My Leading Petty Officer told me."

"Our new Commanding Officer told me."

- "Through our command we learned of the possibility of our deployment."
- "I first heard about the possibility of deployment through the department head of Parent Command."
- "I first heard about the possibility of deployment when the Bethesda Naval Hospital announced the deployment."
- "I was on duty the night prior to the command announcement. That is when I heard about it."
- "I first heard about the possibility of deployment through my charge nurse."
- "I learned about the possibility of deployment from the senior nursing officer at HMAS Penguin."
- "I deduced the possibility of deployment after Iraq invaded Kuwait."
- "I first heard about possible deployment through rumors at NNMC."
- "I heard of the possibility of deployment from rumor and on CNN."
- "I first heard about the possibility of my deployment while watching a news conference on my day off on 8 August. Colin Powell made the statement that the Navy's hospital ships were being readied for deployment. About 1/2 hour later I started receiving phone calls from my charge nurse and friends."
- "I was on leave in Germany and heard on the news of the deployment of grey hulls. I felt that if grey hulls were being deployed to a potential war or conflict that they would need medical back-up. I called my ward and was informed to return ASAP."
- "My roommate called from work to inform me of the rumors. The following day at work I found out that the rumors were true and my name was on the list of those being deployed."
- "I walked into my office August 9 and was met by my reservist who said, 'Close the door, we've got to talk!'"
- "My name was on a list to be deployed with the 1st wave. Then I was taken off the list. My name was back on the 2nd wave list and then taken off again. I was supposed to get out of the service in February. I was put into stop-loss, then found out I was part of the 3rd wave."
- "While I was getting my teeth cleaned two weeks before my actual deployment I heard of the possibility of my deployment."
- "I was informed of my deployment 3 days before I was deployed on August 13th."
- "I found out about my deployment when I was given 24 hours to pack for it!"

Stress and Coping With War

DESCRIBE YOUR INITIAL RESPONSE TO LEARNING OF YOUR DEPLOYMENT.

"I was hoping that it was a joke."

"This must be real because it's the first time *anything* relating to the USNS Comfort deploying has had *anything* written down -- a skeletal plan."

"My reaction was total disbelief -- considering the fact that Comfort was going to be mothballed. Also, they were not sure if and when we would ever be going."

"At first I responded with disbelief. Then, after learning that I would be going, I became apprehensive."

"My initial response was crying. Then I called my mother in North Carolina to try to calm down."

"I was anxious, there was so much to do before I would be ready to go. I was excited to be a part of the deployment, but I was scared because I didn't know what was going to happen to me and to the troops. I was also extremely sad to leave my family and friends, especially since I knew how much stress this would cause them."

"I felt absolute numbness and fear initially. I felt sadness and a sense of loss. I also felt a certain (albeit small) sense of excitement."

"I was a little surprised. I didn't expect to be deployed, since I just got out of corpsman school. I wanted to be deployed but wouldn't have cared too much if I didn't go. Now I'm glad I was deployed and proud to have served on this ship."

"I didn't actually think they'd send me. My baby was only 4 months old, making me not physically ready."

"I was curious."

"My reaction was kind of mixed. I was excited to do my real job, but then upset to leave my wife and daughter."

"My reaction was, if I had to go I was ready, *but* I would rather go on a destroyer."

"I was elated. I came in the Navy because I wanted to be assigned to a hospital ship in Vietnam. By the time my education was complete, Vietnam was over."

"I was elated. The work load at Bethesda was too much. I needed a change. I didn't agree with the deployment, however. The adventure caught my attention."

"My reaction was, 'Great!' "

"I was *very* excited to deploy."

"I felt excitement, but also doubted that it would really happen."

"I was excited. Finally I would experience the *real* Navy!"

"I was happy to have been chosen for the deployment."

"I fought to be put on list."

"I felt anger."

"I was angry and relieved."

"I was mad. I was just beginning 3 weeks of leave with my family and fiancee."

"I was scared about going to war, and angry that my base neglected to tell us.
We had to find out from the news."

"My reaction was just a feeling of, 'here we go again.' "

"I was happy to see the ship being used."

"I prepared all of my belongings when I learned of my deployment."

DESCRIBE YOUR FIRST 3 DAYS ON THE USNS COMFORT.

"My first three days were no different than any other day."

"My first three days were anticipatory and professional. I knew that long hours of planning for activation of the vessel for duty were now going to be maximally tested."

"I felt a sense of impending doom. I had a sinking feeling that this was in fact happening."

"I felt good because I was a team member of the finest Naval deployable medical ship. I started to attend Bible studies on board. I had attended NNMC's Bible study for a long time."

"I had a *great* time in Rota, Spain. I thought it was a pleasure cruise."

"I was proud, yet curious. I had a great deal of orientation and *unanswered* questions."

"The first three days were spent working long days, moving supplies and standing gate guard all day."

"For the first few days I had no particular feeling. I did a great deal of intense work in putting the Operating Room together."

"I was somewhat overwhelmed with the project of starting an anesthesia department from scratch."

Stress and Coping With War

"The first three days were spent loading out the ship for deployment and setting up the food service division."

"During the first three days I worried because of separations, and was sad because I don't have enough time to experience my job with NNMC Bethesda. I also spent time watching TV and playing cards."

"During my first three days I was tired, homesick, sad, excited, scared, disorganized, and disjointed."

"I was homesick, lonely, and very depressed the first few days."

"Initially I was frustrated with too many meetings among the nurses. They were meeting just to have meetings, while HMs were busting their butts cleaning."

"During the first few days I was feeling a great deal of stress! I was not able to leave the ship to prepare for deployment. I was upset! I had to train new crew members which gave me no time to take care of my needs!"

"I was disoriented for the first few days. I was reminded of my first time away from home (college). I wanted to quickly find friends and peer group."

"I tried to establish a routine and get to know the ship. I also continued my exercise regimen."

"Being an Australian, I felt like an outsider even though people made us welcome. Other teams had been here 5 months, and suddenly our team shows up at a very critical time."

"I felt like a fish out of water. On the 3rd day, I was counseled by my LPO for making sexist remarks. It was totally uncalled for. I know that I am far from being a sexist. It was ludicrous."

"I felt we got a very poor reception by the people who had been on the ship for the 1st and 2nd wave. They acted like they did not want us on the ship. I felt very angry toward the people."

"I met the ship in Rota. I was sleep deprived and had feelings of helplessness and hopelessness. I was disoriented to time and place and euphoric at times during liberty. I came to the realization that I'm not immortal."

"The first night was frustrating. We finally came aboard about 0100 after 2 days with little sleep and no shower. I hit the rack at 0300 after going up and down stairs through the check-in process and out on a pitch-dark flight deck to find my sea bag among them all. Then I had to drag it back down the stairs to my room where I cleaned my lockers so I could unpack to get to my needed supplies. After a shower and a 3-4 hour nap, I had to muster my ward. After several announcements lasting 1-2 hours, I hit the rack again. The remainder of the week was different. We received liberty while in port in Rota which was fun, but the threat of war was always on my mind."

"Initially I was very sick (upper respiratory infection). So, many of my feelings were clouded by being ill. I was exhausted and felt as though I was going to die (very anxious feeling). I was totally at a loss as to my environment. I was very passive."

"I was depressed and angry during the first three days. I didn't care about my job or anyone on the ship. Physically, I was bleeding (like a period, but not) for a week and a half -- heavily."

"The food service is disgusting and unappetizing. It was difficult to adjust to eating off plastic plates with plastic cutlery."

"Three hours after being on board the Comfort, I was volunteered for 30 days in the Galley (that says it all)."

"The first three days were unbelievably awful -- a time that I would not want to relive. We worked 14-16 hours a day without air-conditioning. The temperature was at least 100. I set up critical care areas."

"The first few days were hell!"

"During the first three days I hated it even though I had a job to do."

"I hated everything about the first three days and I tried to stay away from all group activities."

"I spent the first few days alone. I wandered around the ship."

"I was like a rat in a maze, doing nothing the first few days."

"The one memory I'll always have was the feeling of being herded like cattle the first few days."

DESCRIBE THE MOST DIFFICULT (STRESSFUL) ASPECTS OF YOUR DEPLOYMENT.

"Leaving at the drop of a hat was very difficult."

"Finding people to care for my personal belongings, i.e. bills, house, and dog was very stressful."

"Not knowing what was going to happen on this last deadline was very stressful."

"I found it difficult to have no goals -- as far as when we were going home. There was nothing to aim for and I felt a loss of control."

"The 5 months of waiting for something to happen were stressful."

"The monotony on board this ship is stressful enough."

"I was stressed by having no idea of when I would return home! Receiving little or no news about events was also stressful."

Stress and Coping With War

"With war imminent, stress is fear of the unknown. The vast majority of us have never been to war and do not know what to expect. I find the unknown aspect the most stressful. Also, the thought of returning home is stressful -- not knowing what to expect."

"Adjusting to living quarters and crazy work schedules were very stressful. We had 6 weeks without a day off or a day to sleep in. Noise is a big factor, and announcements on the PA 24 hours a day are all stressful."

"Crowded conditions and heat were very stressful."

"Inconsistencies in command instructions and policies were difficult to deal with."

"Stringent yet illogical rules are imposed on us continually."

"Continuously having to make 180 degree changes without the opportunity to establish normal routines was stressful."

"Not getting any mail and being refused NAPS (nerve agent pre-treatment), when we were told we would get them before joining, was stressful."

"Working with bad equipment that breaks down all the time was the most difficult aspect of my deployment."

"Dealing with naval nurses who, in drills of mass casualty, seem to not know what to do for a casualty."

"The people higher in rank using that in a wrong way toward others is highly stressful."

"Having nurses as friends, but yet having to be careful of the amount of time spent together because of the fear of the fraternization policy. It is very frustrating because they are my superiors, but yet they are human and companions."

"Feeling marginalized and lonely is difficult."

"I miss my family and being able to talk to them. I sometimes feel guilty when we have liberty and I have a good time. It is very difficult for me to keep everyone else's morale up (my roommates, corpsmen and JO's) when I want to cry sometimes. I want a hug so bad. I feel like I've lost my sexual identity."

"Being away from my family and dealing with the change in my financial status since my deployment is highly stressful."

"Leaving my fiance and family and the sudden death of my dad this year have been very stressful."

"I have been waiting for a child to be placed with me through adoption which I have been working on for 1 1/2 years prior to deployment. This is stressful."

"Family separation is the most difficult aspect of my deployment."

"Being away from my wife and daughter is very difficult for me."

"Not being with my fiancée is stressful."

"Being deployed is hurting my marriage which makes deployment difficult."

"Not spending the holidays with my family, not being able to go home, and no freedom to find time alone are difficult. Also, there is not enough room to work out and not enough space to store personal gear. Not knowing what's going to happen next is especially stressful."

"Not being able to communicate effectively with family was difficult. The fear of my dying without my children understanding is particularly difficult."

"Seeing my little girl grow up on pictures and videos is difficult for me."

"I fear for my brother who is out in the field."

"The most stressful aspect is the unknown. The entire situation is full of uncertainties -- will we go to war, when will we go home, what is going to happen?"

"Learning that I won't be able to get out of USN on time is highly stressful because I may have to change wedding plans and plans for college."

"Seeing young men die *again* for a cause that doesn't need to be a US conflict is very stressful."

"Death and the fear of dying and leaving everyone forever is the most difficult part of deployment for me."

"The most stressful aspect for me really had nothing to do with the crisis. After kissing a fellow cohort on liberty, the following day she refused to speak to me. This extended for two weeks. I felt hurt and alone."

"Growing attached to a guy, and then it not working out was difficult. Also, having to see him every day, all the time was difficult."

"The flight on the plane was stressful."

"My loss of professional growth, aborted research projects, and lack of association with other specialists in my field was difficult for me."

"Working with women was stressful."

DESCRIBE POSITIVE ASPECTS OF YOUR DEPLOYMENT.

"Actually, being deployed was positive. It was a new learning experience."

"Learning things that I have forgotten and teaching people about the ship were positive aspects of my deployment."

Stress and Coping With War

"Being deployed helped me re-set my professional priorities and future plans with respect to the Navy Medical Department."

"Political infighting has been instructional. Sequelae have been character-building. Building a tertiary hospital from scratch was *fascinating!*"

"The chance to see other countries, experience shipboard life and to put my FMSS training to some use was a positive aspect of being deployed."

"I feel that I've learned a great deal about the 'real' Navy. I've also had the time to think about what is most important in my life. I have decided on goals due to being deployed."

"Posting to sea, which is not an available opportunity in the RAN for female nursing officers, was positive for me."

"Realizing how unique this experience is and realizing my potential has been positive."

"I learned that I can 'make it' away from my boyfriend and family without being very depressed."

"I think the social ineptness I felt at Bethesda deteriorated out here. I think I finally regained my personality."

"I have made *very* close friendships and better professional bonds."

"I have made new friends, acquired new skills, and gained independence and confidence."

"It was a once-in-a-lifetime experience. I was involved in a national crisis, where I could help out alongside my comrades. I've grown up a lot since the 1st day of my deployment. I've got a broader picture about life. I've learned a lot."

"Meeting new people and being a part of something that is important has been positive."

"I have made many very close friends. These people have become very close and will no doubt be friends for life."

"I have become closer to the people that I work and live with. Those that I knew before deployment, I know well now and we have formed a special friendship. I have also met a special person who I have complete faith and trust in and he may affect my future in a significant manner."

"I made new friends and got interested in activities on the ship such as MWK. I had time to do extra studies in the medical field. I lost weight working out and I got to see places I thought were unique."

"I have become more mature and am looking forward to starting a college education."

"My marriage has gotten strong in bonding and I am doing things that not all people can say they have done."

"I'm away from home. I did not get along well with my parents and I do not like NNMC Bethesda, so deployment was very positive for me."

"During deployment I had time alone to read and stitch."

"Liberty ports were a positive aspects of deployment."

"I have come to know the Lord through daily praying."

"I had a lot of time to study for advancement."

"Saving money was a positive aspect of deployment."

"I don't have to commute."

"Deployment meant an all expenses paid trip to the Middle East."

"It gave me the chance to explore Arabian culture."

"One positive aspect of our deployment is, in the future, a peaceful world."

"I appreciate my life at home (green grass and rain) more now."

"The positive aspect for me is the weather. I hate winter and it's about 70 degrees here."

"No comment."

"I really don't think that there are any positive aspects of my deployment."

WHAT HAS HELPED YOU COPE WITH YOUR ASSIGNMENT TO THE USNS COMFORT?

"I enjoy both sea duty and trauma."

"Meeting new friends helped me cope."

"Talking to friends and crying on their shoulders helped me cope with deployment."

"I've coped by talking to my roommate. I also know that there is an end to all of this. It can't last forever."

"Positive feedback from all hands helped me."

"I honestly think that good proper leadership begins at the top. On my particular ward, the two CDMs are great! They deal with me on a human level rather than a rank conscious level. I admire both of them."

"With my own self confidence and with the help of my co-workers I was able to handle being deployed."

Stress and Coping With War

"A significant other that I met on the ship made deployment bearable."

"Knowing that this will end and that I can't change it by fretting helped me cope with my assignment."

"Realizing that deployment is a temporary thing helped me."

"I tried to focus on the future and on my *real* life back at home. I do a great deal of recalling of fun things I do at home."

"Support from my family, friends and boyfriend helped me cope with my assignment."

"Friends, family support, a great marriage, this mission, and faith in God have all helped me cope with my assignment."

"I try to stay busy and hold back a lot of feelings and fears to cope with deployment."

"Mail from home makes deployment a little easier."

"Mail, phone calls home, news, and exercise help me."

"All of the letters and cards from unknown Americans who say they are proud of us and support us help a lot."

"The faith, assurance, and peace that Jesus Christ has offered me helps me deal with my assignment."

"Understanding human behavior and expecting the worst from people that I live with helps me cope. Also, enjoying other positive people's attitude and staying in as good a mood as possible helps."

"I cope with deployment with a *loud* walkman to shut out the world."

"Not a damn thing has helped me cope with this assignment."

HAVE YOU WORKED WITH ANY DESERT SHIELD CASUALTIES?

"I have worked with too many casualties to list in this space!"

"I have not worked with actual war casualties, yet. I have only worked with injuries caused by exercise or accidents."

"I have worked with people who were injured in a car wreck, a shooting victim, and people who were injured on another ship."

"I have worked with more than 100 ortho patients."

"I have worked with patients who have neurological problems due to accidents while in Desert Shield."

"I have worked with a severe head injury. I felt the patient was clinically brain dead at the time of arrival."

"I have worked with road accident victims and some other kinds of illnesses."

"I worked with patients from a motor vehicle accident and the USS Iwo Jima burn patients."

"I worked with USS Iwo Jima burn patients and neuro patients that have died."

"I worked with burn patients from the USS Iwo Jima and wood alcohol patients from the desert."

"I was involved with the USS Iwo Jima patients. I received their blood and spun it in the centrifuge."

"I worked with Iwo Jima patients. My patient was the last to die."

"I worked with psychiatric patients who suffered from depression and attempted suicide."

"I worked mainly with psychiatric patients. I find myself very frustrated at times because they want the same things we want, to go home. The difference is, they're getting their way."

"I worked with nurses having cosmetic surgery."

HOW DO YOU MAINTAIN YOUR OWN MORALE?

"I take life day-by-day."

"I maintain my morale by just thinking that each day that goes by is one less I have to be here."

"I maintain my morale by thinking positively and work with the SOP of the USNS Comfort guidelines."

"I maintain my morale by reminding myself periodically that this is what I've been trained for and that with my help, we can save some lives."

"I maintain my morale by knowing that some soldier might need my help, knowing I'm part of a big team, and my friends help out a lot."

"It is my *job* to maintain my own morale!"

"I maintain my morale by knowing that I signed the papers, and I am a part of the Navy, and this assignment is my duty."

"Optimism helps me maintain my morale. I know it could be worse. I look at this experience as a positive life event. I also know that it's my job and part of my commitment to the Navy."

Stress and Coping With War

"I maintain my morale by trying to stay away from those who are negative. I also try to find humor in the day-to-day things that can become boring."

"I maintain my morale by joking and kidding around and trying to keep spirits up."

"I try to maintain two types of personalities to maintain my morale. I build a protective shell regarding my children by looking at their pictures at night, but don't dwell on them so much. I also am maintaining my morale by keeping busy at work and looking for new things to do."

"Self-discipline helps me maintain my morale."

"By being alone and thinking out problems I am able to maintain my morale."

"Even though I share my day-to-day life onboard with so many people I try to maintain my individuality and my own characteristics."

"I maintain my morale by making this experience a game and trying to escape in friendship, books, and movies."

"I work out in the gym, watch TV movies, visit the lounges, smoke, and talk with friends to maintain my morale."

"I praise the Lord and sing in the chorus to maintain my morale."

"Through daily attendance of Bible studies and fellowshiping with my Brothers and Sisters in Christ, I maintain my morale."

"I maintain my morale by spending time with my significant other and friends, corresponding with family and friends and especially calling home. Enjoying days off and liberty days help."

"I maintain my morale by treating myself to a new hairstyle, new clothes, and dinner out with friends."

"I maintain my morale by talking with my roommates and writing home to fiancée. Friends help."

"I enjoy my job, love my wife and kids, have faith, a sense of humor, am active in ships work and participate in activities, workouts, and music to maintain my morale."

"I have a basic fundamental morale boost; I love 'Winnie the Pooh' so when things look grim I simply think to myself, 'I'm a little black rain cloud of course'. I laugh out loud and enjoy life for what it's worth."

"In order to maintain my morale, I write in two journals every day, then dissect what I wrote. It keeps me happy. I view the world when the sun goes down. It's a beautiful world out here - too bad a few bad apples ruin the bunch."

"I think about my wife to maintain my morale."

"Chocolate maintains my morale!"

"I play Dungeons and Dragons to maintain my morale."

"By planning for life after the Comfort, I maintain my moral."

"I don't know, exactly how I maintain my morale. It fluctuates frequently at times, but I guess I talk with my friends to maintain my morale."

"I've always been glad that I got to come out here on the Comfort. I have no problem maintainin^g my morale."

"I maintain my morale with difficulty by drinking on Liberty."

"I don't maintain my morale."

ANY ADDITIONAL COMMENTS ABOUT YOUR REACTIONS TO DEPLOYMENT.

"As a crew member it was hell because some of these people have never been to sea and they were treating this as a land hospital instead of a ship first. Some people are still treating it as a pleasure cruise not as a ship. Also, I think that all officers should at least spend 3 months on a ship just to see what seagoing life is about."

"The hardest part of this deployment is having set routines on the ship. When everyone came on the ship they pushed our stuff aside. We are only wanted when the FOS crew needs something. When they don't need anything, we are invisible to them."

"I feel that deployment would have been made much easier by having a detailed list of items needed, or a list of items that might be desired, given to service members before deployment. We received a very detailed list but not until we arrived aboard the USNS Comfort."

"Fatigue hit the second and third weeks after working 3 weeks with *NO* days off!"

"I feel disappointment and bitterness towards NNMC department members and NNMC staff for the lack of support/care for us out here."

"While on this deployment, I have become in debt with bills. My life is being ruined while on this deployment. My life is being shot to pieces here on this cruise. I feel greatly depressed and lonely on this deployment. In all, I hate being on this deployment."

"Unlike previous deployments, ones that were *planned*, I had time to prepare my family. This deployment was much more stressful on my wife and kids. Previous deployments were on 'gray hulls', real Navy ships with real Navy traditions and real Naval leadership. A *MAJOR* problem with the deployment was the lack of experience and poor leadership techniques of the CO and staff. Previous deployments had an 'end part', this one has no return date!"

Stress and Coping With War

"Many activities are set for a select few on the USNS Comfort. I feel left in the cold because I am not from a certain duty station, married or have children, because of my race or rank. I do believe in the Navy's equal opportunity Regulations, but I'm not sure that my supervisors do! It is my belief that as a corpsman I have entered into a broad community of the medical corps and I am at one of the lowest levels that it can be entered. It would be wise if the doctors and *nurses* were to expand our knowledge so that we may be of more use to our patients and our staff to lessen their workload."

"I think this deployment has been a total joke. The staff is terrible, the leaders on the USNS Comfort are gravely disillusioned, as far as the morale and overall attitude on this ship is concerned. The Junior Nurse Corps officers, for the most part are, in a word, terrible, administering wrong medication and not following proper procedures. Some of the senior officers are unable to control their emotions when placed in a stressful environment. For example, when the USS Iwo Jima patients were brought to burn ICU, a senior officer cried and was unable to administer the care the patients needed. Most nurses think this is a pleasure cruise and are far more interested in taking pictures or sleeping with a pilot than in saving lives. We are here to save lives."

"The *deployment* hasn't caused me stress or coping difficulties. The major stress stems from the continual unknown in our future. Communication is almost non-existent. It seems as though senior officers don't care what or how fast information is passed along."

"On Australian warships the crew are far more well informed of world events, including where the ship is. I've been asking around on this for 3 days since the last port, no one has any idea where we are. You would think with today's satellite technology the newscast could be beamed into the ship daily. It is ridiculous to think my wife is 12,000 miles away and she is better informed than I am. I'm only a short distance from where it is all happening and I don't know what is going on."

"My family is much more apprehensive than I am about this. We are a long way from Australia and communications are not as easy as it is for the USN. Communication with my family is very important in allaying *their* fears."

"*They* said deployment could be as long as 3 months!! Ha, Ha!"

"The major stress effecting me is sex, not the lack of it, but the decreased opportunity to obtain it. The taboo, of course, is fraternization. It's difficult to stay within those boundaries. I joined the military late in life, not knowing that I would eventually discover that it's not my life-style. Sometimes I feel like a Charlie-in-the-box on misfit island but, it is best to make the best of all situations whether good or bad. I could place my head between my tail and moan about my inner conflicts, or attack life, like I do today. I signed a contract and legally I have to abide by it. I want that life that used to entail walking past a total stranger not caring if the tie and coat clashed on any heartless city street in the middle of civilian avenue."

"I have never before been uprooted from my family and career and placed in an unknown and fearful situation. I focus only on myself, for pure survival, and am among others who are equally stressed. The answer is adapting though, regressing because it's safe. I exercise and get proper rest. That really means learning about myself and not thinking of myself as only a MOTHER and WIFE. I try out new ways to cope or repeat the old. The personal growth is the experience I will see as the positive aspect of this difficult experience!"

"I feel this deployment was more difficult for me than it would have been due to the fact I had just transferred from San Diego. I *may* have dealt better if I had had a stable lifestyle before I left."

"This deployment broke up my marriage. That could be good or bad. It has been difficult being tired and stressed out like a roller coaster. The positive side is seeing new places and having experiences I never would have witnessed if I didn't come here. It certainly has changed the rest of my life in *drastic* dimensions. Thanks Uncle Sam!"

"My spouse portion of this survey probably looks bizarre. My husband is concerned more with religion than anything else although he doesn't think so. I am fairly a-religious currently and he figures I can't be a family member unless I'm religious. Before retiring from the Navy he spent a good deal of time TAD. I don't imagine he will in his new job. He hasn't bothered to write enough to qualify as a long lost acquaintance so I really have very little support from him. If that's what he wants I can certainly make my own life separately. As far as I'm concerned he can go ahead and become a monk if he wants to. I certainly don't plan on making myself miserable."

"I returned from my honeymoon in Aug '90 to find that all my co-workers were being deployed. While I was glad I was not going with them being left behind was also very stressful. The changes, brought about when the reservists came to NNMC were *major*. Every day I wondered if that was the day I would be deployed. I often feel that adjusting to ship life was easier for me than adjusting to life at NNMC without all the old familiar faces and procedures."

"This is an excellent research topic! Good luck with it. I would be very interested in reading this research summary and statistics when published. Please forward when and where the research will be published to the Comfort researchers. Then again, I'll look it up, when I hopefully come home safely and peacefully."

"Many questions were invalid and the scoring area was not wide enough. There are few black and white areas in life there should be some method for scoring in those areas. Also for some of us this is not the first deployment or conflict. Is this survey really going to help us or even be used to help the first time deployers? I am concerned about why names were requested and addresses were needed. Most surveys do not ask for this information."

"This survey is very manipulative and degrading, however, I did answer it truthfully. I will state that 99% of the crew has psychological disorders."

Stress and Coping With War

"1) You asked to darn many stupid questions 2) the heating out here sucks 3) get us the heck out of here. Morale is low. We want to be rotated."

"This deployment and Operation Desert Shield is a waste of time and money. The U.S. has no *business* here!!"

"I believe this is the right thing to do or I wouldn't be here. We worry too much what the rest of the world thinks. We should do what we believe regardless of the rest of the world. We should use the biggest weapons available. I'm afraid we won't do that because the rest of the world considers it uncivilized. We shouldn't attack and destroy Kuwait, which I'm afraid we will, we should destroy Iraq, that's where the problem is."

**STRESS AND COPING: MEDICAL CASUALTIES OF
OPERATIONS DESERT SHIELD/STORM**

SUMMARY

This final section presents preliminary data gleaned from 135 service members who suffered injuries or illness during the course of Operations Desert Shield/Storm. The Persian Gulf War presented many stresses: the threat of biochemical warfare, a hostile climate, advanced technological warfare, etc. In addition to experiencing these stressors, this group suffered a unique and major stress -- injury or life-threatening illness.

For this group, arrival on the medical and surgical wards of Walter Reed Army Medical Center was the culmination of many hours, days or months in the aeromedical evacuation system. Since war-injured have been at higher risk for the development of post-traumatic stress disorder, this study is an important contribution to further understanding of the factors which predispose and protect individuals from developing long-term psychological sequelae from war and its stressors.

Demographics

Ninety-three percent (93%) of these patients were in the Army, 5% were Marines and the remainder served in the Navy and Air Force. The median age for this group was 27. The subjects were predominantly male, only 11% being women. A high percentage (37%) of the injured were in the reserves or had been on active duty less than a year, 17% had been on active duty from 1-3 years and 46% had served on active duty for 3 or more years. Junior enlisted personnel accounted for 41% of the sample, Non-Commissioned Officers (NCO) at the rank of E-5 or E-6 represented 33%, senior NCO's, warrant officers, and officers comprised 26% of the sample. Roughly half of the sample (52%) was married, 41% of the individuals were single, and the remainder were separated or divorced. Forty-nine percent (49%) had children.

Questionnaire

The questionnaire explored these patients' past experiences with trauma. Seventeen percent (17%) of WRAMC's Desert Storm wounded and sick reported having sustained physical injuries in combat prior to Operation Desert Storm. One individual endorsed psychological problems related to combat prior to Operation Desert Storm. Three individuals endorsed having sustained both war-related physical and psychological injuries prior to Desert Storm.

Almost half (49%) of these patients had witnessed someone die by violent means at sometime prior to Operation Desert Storm. Twenty-two percent (22%) had participated in a mass casualty or a disaster event prior to Desert Storm.

A high percentage of these patients had family connections with the military. Seventeen percent (17%) were reared in military families. Forty-one percent (41%) had fathers who had served in combat areas. Sixteen percent (16%) reported that their fathers had received physical injuries from combat; two percent (2%) reported that their fathers had sustained war-related emotional problems.

INTRODUCTION

Three hundred seventy-six (376) military personnel lost their lives during the Persian Gulf War, and many more were injured. Many of the injured returned to Walter Reed Army Medical Center (WRAMC) in Washington, D.C. A four-part survey study was initiated at WRAMC by members of the WRAMC Psychiatry Consultation/Liaison Service and the Uniformed Services University of the Health Sciences/Walter Reed Army Institute of Research (USUHS/WRAIR) trauma research teams. Approximately 135 service members who had been wounded or become seriously ill during Operations Desert Shield/Storm participated in this study.

The consultation/liaison psychiatry service had made preparations well in advance for psychiatric support for patients on the medical/surgical services who were veterans of the Persian Gulf War. Because of the higher risk for development of PTSD in this patient population, with rare exceptions, each soldier was interviewed and evaluated by a member of the C/L team. This volume reports some of the preliminary findings from surveys given to these patients.

DESERT STORM WOUNDED

Summary of Response Frequencies

Surveys were completed by military members who had been injured during the course of Operation Desert Storm/Shield. The total number of respondents on each survey varied from 92 to 135.

Experiences Prior to Operation Desert Storm

- * Seventeen percent (17%) reported prior physical injuries in combat
- * One person endorsed having suffered emotional injury from combat.
- * Four people reported sustaining both physical and emotional injury from combat.
- * Twenty-two percent (22%) had participated in a mass casualty or disaster event.
- * Forty-nine percent (49%) had seen someone die by violent means.
- * Seventeen (17%) had grown up in military families.
- * Forty-one (41%) had fathers who had served in combat areas.
- * Sixteen (16%) endorsed that their fathers had received physical injuries from combat.
- * Two people reported that their fathers had sustained emotional problems secondary to combat.

Respondents were asked to indicate how frequently the following comments were true for them for during the past week. Below are the percentages of respondents who indicated "sometimes" or "often" having the following reactions:

- * Pictures of Operation Desert Storm popped into my mind. (49%)
- * Other things kept making me think about Operation Desert Storm. (49%)
- * Thought about Operation Desert Storm when I didn't mean to. (45%)
- * Had trouble falling asleep or staying asleep. (45%)
- * Had waves of strong feelings about Operation Desert Storm. (43%)
- * Any reminder brought back feelings about Operation Desert Storm. (41%)

Stress and Coping With War

- **Avoided getting upset when I thought about Operation Desert Storm or was reminded of it. (34%)**
- **Tried not to talk about Operation Desert Storm. (30%)**
- **Had dreams about Operation Desert Storm. (27%)**
- **Tried not to think about Operation Desert Storm. (24%)**
- **Tried to remove Operation Desert Storm from my memory. (24%)**
- **Felt as if Operation Desert Storm hadn't happened or wasn't real. (20%)**
- **Was aware of having a lot of feelings about Operation Desert Storm, but didn't deal with them. (19%)**
- **Feelings about Operation Desert Storm were kind of numb. (19%)**
- **I stayed away from reminders of Operation Desert Storm. (17%)**

We asked respondents to report their recent feelings of disturbance during the past week. We report here only those who said these symptoms disturbed them at the level of "moderately," "quite a bit," or "extremely." The level of 20% or more was selected as the cutoff for reporting the symptom.

- **Trouble falling asleep. (41%)**
- **Sleep that is restless or disturbed. (39%)**
- **Feeling easily annoyed or irritated. (39%)**
- **Numbness or tingling in parts of your body. (38%)**
- **Feeling weak in parts of your body. (32%)**
- **Feeling low in energy or slowed down. (31%)**
- **Worrying too much about things. (30%)**
- **Feeling lonely. (28%)**
- **Repeated unpleasant thoughts. (28%)**
- **Feeling easily tired. (25%)**
- **Feeling tense or keyed up. (25%)**
- **Feeling blocked in getting things done. (23%)**
- **Feeling critical of others. (23%)**

- * Nervousness or shakiness inside. (22%)
- * Feeling lonely even when around people. (22%)
- * Repeated, unpleasant dreams or nightmares. (20%)

Summary of Written Comments

WHAT IS THE NATURE OF YOUR INJURY?

Physical injury

"I have lost my left arm below the elbow and left leg below the knee. My right leg is severely injured. I am sad, but I know I will be able to walk again. I hope to do the things I did before. Therefore, I am also happy."

"I have had above-the-knee amputation. It sucks! I just want to get my prosthesis and go home."

"I stepped on a land mine. I have minor injuries. My injury doesn't really bother me."

"I stepped on a land mine in Iraq. Being injured was a drag."

"I have a broken neck which is healing quickly. I will be just fine."

"My injury is from a gun shot wound. I felt scared when I was first injured."

"I have multiple shrapnel wounds."

"I was injured by shrapnel wounds in my right buttock, right thigh, and lower right calf. I have lots of pain, but my injuries are not real serious."

"I have a shrapnel wound on my left side, a fractured 5th rib, a punctured lung, two deep lacerations on my left arm, deep cuts across three toes, and scratches on my right shoulder."

"I have extensive right leg injury. My calf muscle was ripped off."

"I was cut above my lip and my left eye was burned. I couldn't see out of my eye for about 2 weeks. I thought I would lose my eye when the accident occurred."

"I have bleeding in my right eye."

"I suffered stomach, neck and hearing injury."

"I was injured on my right knee and left foot."

"I have a compressed disc."

"My injury is a lower back herniated disc. I am angry that I couldn't complete the mission with the unit."

Stress and Coping With War

"I bruised my spinal cord and have a compression fracture. I would just like to walk again without help."

"I think my injury is the result of someone putting a dangerous substance in my drink."

"I have asthma and bruised ribs."

"I have left kidney blockage and no right kidney."

"My injury is foot drop."

"I have a wrist injury."

"I have stomach/gastric cancer."

"I have kidney stones."

Physical and emotional injury

"I stepped on a land mine and was hit in both arms and legs. Had surgery on legs. Have also had frequent nightmares, loss of energy, uneasiness, nausea, etc"

"I have four amputated toes and a fractured thumb. I am very upset and feel that I am not a whole man anymore."

"I have shrapnel wounds, but the deaths of two friends is the hardest part for me to deal with at this time."

"My eardrums were perforated and they are being operated on Friday the 15th. I am upset about my hearing loss and will be happy if the operation retrieves it."

"My injury was to both of my eardrums which are perforated, and shrapnel wound to my thigh, neck, head and back. My emotional injury is being caused by my treatment upon returning from convalescent leave."

HOW DID YOUR INJURY OCCUR?

"My injury occurred in the warehouse (barracks) in Dhahran during a Scud attack."

"My injury occurred while on duty in the Gulf. My company fell victim to a Scud attack. One minute I was walking toward the center of the building and the next thing I knew, a fire ball came through the roof. I was knocked down."

"I was injured by an expended LAW rocket. It had a second detonator which I didn't know about. I dumped the rocket out of my A-bag and it detonated."

"I stepped on a mine in Kuwait. It happened on March 2nd. Was taken to a nearby hospital and was MedEvac'd three times."

"My injuries occurred during the second day of the ground war. I was approximately 100 miles inside Iraq. I was walking, in what was assumed a safe area, when I stepped on a land mine."

"My injury occurred on the 27th of February, 1991, in Iraq. While we were attacking the Republican Guard, I stopped to check the map. I got out of the vehicle to check the area. While I was out of the vehicle, one of my soldiers detonated some kind of device which I believe was a land mine."

"On the fifth of March, 1991 in Western Iraq, I ran over an anti-personnel mine and was injured."

"I was injured on the 5th of March - somewhere in Saudi Arabia. I had returned from Kuwait and we were moving into our tents. A sand storm kicked up, and the generators went out. Three feet away from my bunk an explosion went off. I still don't know what happened."

"My injury occurred in Iraq in a firefight on the 26th of February."

"I was injured at about 1100 hours, on the 22nd of January 1991 near the border of Kuwait. While riding in a Toyota land cruiser, a series of explosions occurred near the vehicle. One of the explosions shattered the windshield, and the driver lost control and rolled the vehicle."

"I was standing by a trash hole while trash was being burnt. There was an AK-47 round in the fire. It exploded and some fragmentation struck me above my lip and burnt my eye."

"I was injured in a helicopter crash on September 29, 1990 in Saudi Arabia."

"There were some guys in my platoon who asked me to drink something they had made. I asked what it was. They said they had made some alcohol. I never had any reason not to believe these guys. As it turns out, *some how* they had gotten methanol instead and it just about killed some of us."

"I was running for ammo and I fell, hitting my knee and further injuring my foot."

"On February 23rd, I was injured while clearing a building. I fell from the second story."

"I was injured while exiting a helicopter."

"The passenger cabin of the ambulance collapsed and fell in on my head."

"I was injured, while an assistant driver, by being bounced around in the cab."

"I was injured when a heater blew up on the 13th of March, 1991 in Saudi."

"While inflating a tire, the metal part of the wheel disintegrated and exploded in my face, resulting in a fractured jaw and damage to my right eye. This took place while on duty in Bahrain on the 6th of April, 1991."

"I was injured in a head-on collision with a Mercedes truck that was attempting to pass us and go into the desert."

"On the 2nd of April, 1991, in Saudi Arabia, I cut my fingers with a machete."

Stress and Coping With War

"I was injured while doing push-ups."

"I was hit in a P.T. football game on 7 January, 1991."

"I am unsure how my injury occurred. I noticed it 4 weeks ago in Saudi Arabia."

"I had my problem prior to Desert Storm."

"Mine was an old injury. I re-injured it on a road march outside of Dhahran, Saudi Arabia on the 13th of January, 1991."

DESCRIBE THE EVENTS THAT OCCURRED IMMEDIATELY FOLLOWING YOUR INJURY AND DURING THE STAGING PROCESS UP TO YOUR ARRIVAL HERE.

"I noticed my arm was gone. Then the medics came and worked on me. They airmobiled me to the 85th Evac Hospital in Saudi Arabia. Seven days later I was flown to Germany, and two days later I was flown to WRAMC."

"I felt a ripping sensation and warmth and saw my hands dangling 12 inches from the ground. I asked for a tourniquet, got into shock position, and lost consciousness."

"I was left for dead by a command decision. I was angry that evidence was not gathered. Then I was a POW - picked up by Iraqis after the crash."

"I was treated by medics in the area, then MedEvac'd to a hospital in the rear for treatment. I feel like I received good care."

"Fifteen minutes after I was injured, the medic arrived. Without the help of the combat lifesavers in our section, I would not be alive today. I was taken to the 125th support, and then to the MASH unit, which was not set up to take casualties. Then I was taken to the 312th Evac Hosp and the 251st. Next I was flown to Nuremburg, Germany, and finally to Walter Reed."

"I went to two hospitals in one day following my injury. I underwent surgery to remove shrapnel. Two days later I was sent to Germany. I spent a week there and this Tuesday I'll be here [Walter Reed Army Medical Center] for a week."

"I was sent to a Saudi Hospital for 4 days, and rushed to Germany for 2 days, and then to the States. It seemed to me, we were not treated with the proper medical care in Germany. Once I got back to the States, I felt like I was being thrown around like a duffel bag."

"About an hour after I was injured, I was Evac'd from the site to a Navy field hospital. Then the Navy 5th fleet hospital. I was in the ICU for 5 days. Then I was moved to the Landstuhl Army in Germany. I had surgery there (it was a bone graft, hipbone to neck) 9 days after that I was moved to WRAMC."

"As soon as the incident occurred I fell to the ground. My squad leader heard me yell. He jumped on top of me and used his pressure dressing to try and stop the blood. He kept me conscious. Medics came minutes later and drove me to a place where I could be Air Evac'd. I got to the 12th Evac hospital in about 45 minutes."

- "I did a self-evaluation of my injuries and started helping in getting people out of the building [barracks] and then I was transported to University Hospital in Dharhan by a school bus. I just wanted to get treated and find out the extent of my injuries."
- "I was taken to Aziz University Hospital by school bus, then to King Fahd, then to hospital in Frankfurt, then to Bethesda, and then Walter Reed."
- "I was taken to King Fahd Military Hospital. I received good treatment, considering I was doped up while there! The plane ride sucked. Litters should be outlawed, along with C-141's (especially when their engines go out on you 1 hour over the ocean!)."
- "I was taken from the accident scene to the 13th Evac Hospital, initial clean-up and knee surgery was done here. An ambulance was used to take me to the hospital. My hip was dislocated and this was painful."
- "I was taken to several Evacs. They treated me well at the hospital."
- "I felt my treatment was topnotch at the 97th General Frankfurt, the 521st General Saudi and Walter Reed Hospital."
- "After I came off the USNS Comfort, I was returned to duty for a month. My eyesight seemed to get better, but then it seemed to go from good to bad. I went on sick call and was put into the A/E system. It seemed to be a squared away program except for 1 doctor."
- "I got an evaluation from the Navy Hospital, then I went to an Army Hospital for re-evaluation. Then I was shipped to Germany for another opinion. Then I was brought here to Walter Reed Army Medical Center. Treatment and processing has been slow."
- "I was taken to Walter Reed, where we were treated very well until the novelty of having the Scud victims wore off. Then it was like they were giving me a purple heart with one hand and slapping me in the face with the other one. Medical care was good except one hand has no idea what the other hand is doing. Nursing care is only done when it can't be avoided. It's ironic, the place I couldn't wait to get to and held the highest regard for is the only one that stressed me out to the point of tears. If this place had to compete in the civilian world it would be belly-up in 6 months."
- "I was taken to a University hospital and the treatment was poor. Then I was moved to King Fahd and it was just a little better. Then I was moved to Landstuhl, Germany. It was alright. Walter Reed is the best care yet."
- "I returned to the team and finished out the shift. My condition got bad, so I went to the 350th Evac Hospital and to Germany. The process was fast and they didn't check it right."
- "In Saudi, the doctor said my disc was compressed. In Germany the doctor said my disc was fine. At Walter Reed, the doctor said my disc was fine. The doctor at Walter Reed wanted me sent home. I tried to get clarification, because I'm a reservist, but could not get one to my satisfaction."

Stress and Coping With War

"I got sick at tent city. The Medical staff for the 197th BDE said that I needed to drink more water. At that time I told them I had this before and it was a kidney stone and they told me that I was no doctor. Two days later I could not take the pain anymore, that's when they let me go to Air Force A.D. Station and they sent me to Germany."

"I felt sick in Kuwait City. I was Air Evac'd to Saudi Arabia, and then to Landstuhl Germany, where I was diagnosed as having cancer. Then I was sent to Walter Reed Medical Center. Treatment was excellent at all times."

HOW AND WHEN WAS YOUR FAMILY NOTIFIED OF YOUR INJURY?

"My family was notified immediately after I was injured."

"My family was notified by police."

"My family was notified of my injury by telephone on 4 March 1991 at 11:00 am. The DA Casualty Office delivered the news of my injury."

"I'm not sure how or when my family was notified because they were not really given an accurate account of my injuries. I do know that they were in contact with the local congressman. I gave my family an accurate account of my injuries a week after they occurred."

"My family was notified by phone, unofficially, by my team the same day."

"I phoned home from Saudi Arabia and told my family about my injuries."

"I called my mother and notified her the next morning after I was injured."

"My family was notified of my injury by me! I called them two days after my injury."

"When I reached Germany, I told my family about my injuries."

"I called my husband myself 5 days after I was injured. The Red Cross failed to notify my family."

"My wife was notified late, about 4 days after the injury. She was making efforts to get word about me. My unit knew about my injury, but did not tell my wife. She found out through a friend's wife and later she was informed by the casualty center at VA."

"The Army *did not* notify family."

"My wife was called 5 days after I was injured by someone in Washington, D.C. She was given *no information*. I was considered missing by the military. The Senator had to call the National Guard and they located me and gave him a full report of my injuries and location. My family didn't really know the details of my injuries until I notified them *10 days after 1st notification*."

"My family was notified that I was dead. The crash was deemed unsurvivable. The CO notified the battalion commander."

"My wife was unable to be informed of my injuries for some time due to injuries which she sustained in an accident. My parents were informed 2 days after the accident, and were given misinformation."

HAVE YOU SEEN YOUR FAMILY SINCE RETURNING FROM THE MIDDLE EAST?

YES:

"I have seen my family several times since my return."

"I flew back home and saw my family."

"I saw my family on a weekend pass after arriving here at Walter Reed Army Medical Center."

"My parents visited the hospital."

"My family comes to visit me every weekend. After the major part of the surgeries were done they were here at the hospital all of the time."

"I have only seen my wife who met me at Walter Reed after I returned from the Middle East."

"After I returned from Saudi Arabia, my lady friend came to visit me. I have not seen my children yet."

"It sure was joyous seeing each my family."

"It was a great relief for my family to see me after I returned from the Middle East."

NO:

"I have spoken on the phone several times with my family, but I haven't seen them since my return from the war."

"I haven't been sent home yet."

"I've been in the hospital since my return. I have been waiting for tests to be completed so I can go on convalescent leave for 2 weeks."

"I would love to see my family!!"

HAVE YOU PREVIOUSLY SERVED IN A COMBAT AREA?

"I served in a combat area in Honduras in 1983. The vehicle I was a passenger in was fired on, but I was not hit."

"I served in a combat area in Korea. I was right on the border of North and South Korea."

"During Operation Just Cause, in Panama, I was in a combat area."

Stress and Coping With War

"I only served in the Middle East, there was not much stress involved."

"In 1968-1970 I served for two and a half tours in Vietnam. I was also in Honduras in 1987."

DID YOU STAY IN YOUR UNIT THROUGHOUT YOUR DEPLOYMENT?

YES:

"I stayed in my unit throughout deployment. We had formed the company once we arrived in the country."

NO:

"I was not in a unit when I was deployed."

"I was attached to a Marine MP unit making a POW camp in the desert. I was also involved in security around the AA."

"I left my unit because of my injury."

DESCRIBE YOUR INITIAL RESPONSE TO LEARNING OF YOUR DEPLOYMENT.

"My initial response to learning of my deployment was that I loved it!"

"I was ready to do my job when I learned of my deployment!"

"I was gung-ho and ready to go kick butt when I learned of my deployment."

"When I learned of my deployment I was not surprised. I thought we would be activated because 77W's are in short supply."

"I reacted with surprise, denial, and withdrawal upon hearing that I would be deployed."

"The news of my deployment took me by surprise, even though I knew it was going to happen sooner or later."

"When I learned of my deployment I was hoping that we wouldn't have to go. I hoped the problem would be solved diplomatically."

"I reacted with mild shock to the news of my deployment. I was an involuntary transfer filler. I was going to retire in October. This was very short notice. It was three days from the time of my initial contact until the unit left for MOB site."

"When I learned of my deployment, I was pissed off about being deployed because they took me out of the unit I joined and put me in a unit where I didn't know a soul. Also, the unit they put me in did not have one piece of machinery that I was trained on. I was just another body to fill a spot! And I almost came back a dead one."

"I was awed when I first learned of my deployment. Once the fact that I would be deployed sunk in, I was excited, yet frightened of the unknown. Even so, I was ready to complete the mission."

"When I heard that I would be deployed I didn't believe it at first. Then I realized I had a duty to serve my country."

"When I learned that I would be deployed, I felt some excitement and some anxiety. One and a half weeks passed before we knew we were going. I took deployment in stride. I didn't think of the possibilities of what happened or what could happen."

"When I heard that I would be deployed I wanted more information."

"I didn't want to believe it, when they told me that I would be deployed."

"When I learned that I would be deployed, I was amazed that we were called before the regular army was deployed fully."

"I was very disappointed when I learned of my deployment."

"I felt confusion, anxiety, and anger, when I learned of my deployment, because I was not allowed sufficient time to take care of my children. I have custody of my two teenage boys."

"I was very scared and unsure, when I heard about my deployment."

"Being that I am in a Rapid Deployment Division, I am always prepared to deploy anytime and anywhere with no notice at all."

DESCRIBE THE MOST DIFFICULT (STRESSFUL) ASPECTS OF YOUR DEPLOYMENT.

"I didn't feel stressed while deployed."

"Knowing that I was heading to a combat zone and not being able to tell my family about it was highly stressful."

"It was very difficult to leave my family, not knowing if I would return to them."

"Being away from my family, particularly my son, was highly stressful."

"Not knowing if my mother would be ok was very difficult."

"Thinking about unsolved problems at home caused me a lot of stress."

"I was divorced less than a week prior to notification, which was stressful. Also, finding care for my two children was stressful, as their mother refused to care for them while I was away."

"My wife had just arrived in the country, so I wished I had more time to spend with her. Also, learning about how Iraqis fight was stressful because there was not a lot of time to prepare."

Stress and Coping With War

"The short notice that we had to prepare for deployment was stressful."

"Not knowing when we were leaving was stressful."

"Hurry up and wait and lack of organization caused me to feel stressed."

"Dealing with and listening to people who did not support our deployment was difficult."

"Deployment, itself, was stressful."

"Being in the desert for four months was stressful."

"The missile sirens were stressful."

"Watching the Scuds fly overhead was stressful."

"Being with my wife and preparing her for my deployment was stressful."

"Just before I left my unit area, I watched the spouses and children of other people saying good-bye. It was very difficult for me because I didn't have anyone there."

"Accepting the Arab culture was difficult."

DESCRIBE POSITIVE ASPECTS OF YOUR DEPLOYMENT.

"I can't think of any positive aspects of my deployment."

"After being hurt, I've been given a chance to live again, which is positive."

"I was glad that we were deployed as a unit."

"Being deployed taught me to trust my life to someone else."

"Finally having a real (not training) mission was positive for me."

"Service of country and seeing how other people live were two important aspects of being deployed."

"A positive aspect of my deployment was that it gave me the opportunity to see another part of the world."

"For me, there were three positive aspects of being deployed: I was able to make money, see the world, and make people free."

"Due to my deployment, I was able to introduce my lady friend to my children. She offered to care for them in my absence. A strong bond has developed between her and my children."

"I was glad that I didn't have to go through watching my family as I left for Saudi Arabia."

"The plane ride to Saudi Arabia was great."

"Everything was positive about my deployment."

"The most positive aspect of my deployment was that I made it out *alive!*"

WHAT HELPED YOU COPE WITH YOUR DEPLOYMENT?

"My family's support helped me cope with my deployment. However, my withdrawing and refusing to think about being deployed was my best help."

"Talking to my family and fiancée and being honest about possibilities of what could happen helped me cope with my deployment."

"Knowing that my family was maintaining a more than *decent* standard of living in my absence helped me handle being deployed away from them."

"Knowing that I had to take care of my soldiers and the support of my wife and children helped me cope with being deployed."

"Writing in my journal and keeping in touch with loved ones helped me deal with my deployment."

"Keeping my faith in God helped me handle being deployed."

"Having faith in God and trusting my government helped me cope with my deployment."

"My best friend and another friend were deployed also. Knowing that I wasn't alone helped me cope with my deployment."

"Friends in my unit helped me cope with being deployed."

"Knowing my buddies were right there with me helped me cope with being deployed."

"Talking to my friends and knowing I could do my job helped me cope with being deployed."

"My days were filled and passed quickly. This helped to keep my mind occupied."

"The fact that I was the senior female NCO helped me to cope with being deployed. I protected the females that were younger than me."

"My training in martial arts (self-discipline, meditation) as well as my friends helped me cope with my deployment."

"Nothing really helped me cope with being deployed."

"Everything helped me cope with being deployed."

Stress and Coping With War

DID YOU HELP WITH ANY DESERT STORM CASUALTIES?

"I tried to save one soldier from burning."

"I only helped one of the four people I met in the back of the warehouse as I was leaving the building when the Scud missile hit. The others got out on their own."

"After the ground attack had stopped, I applied a cast to a soldier's leg."

"Our platoon treated a total of fifteen Desert Storm shrapnel wounds. One of the wounds was caused by a land mine and one was caused by a grenade, but neither were serious. None of the wounds were very serious."

"I treated casualties of Desert Storm by listening to them, and attempting to improved their morale."

"I assisted in evacuating casualties to MASH units."

"Helping with casualties was something that I never thought I would ever have to do."

HOW DID YOU MAINTAIN YOUR OWN MORALE?

"I maintained my morale by praying, reading the Bible, reading novels and thinking of my return home."

"I always thought positively about going home to maintain my morale."

"Writing letters and talking with friends and comrades helped me keep my spirits up."

"Receiving mail and listening to music helped me maintain my morale."

"Mainly by writing home or joking around with my squad members, I was able to maintain my morale."

"To maintain my morale, I was pretty much myself (easy-going and jolly.) In the evenings I would break away, by myself, and listen to tapes or make tapes for my girlfriend."

"Joking, working, and playing Dungeons and Dragons helped me to maintain my morale."

"Taking care of my soldiers forced me to maintain my morale."

"Throwing myself in to my work, and helping others helped me to maintain my morale."

"Staying informed helped me keep my morale up."

"I maintained my morale by praying to God."

"By learning to accept my injury, I was able to maintain my morale."

HAVE YOU PROVIDED SUPPORT TO ANYONE SINCE YOUR DEPLOYMENT?

"I have provided support to my close friend who I was injured with."

"I have given support by talking over problems and giving advice."

"I have given support to my buddies who received 'dear John' letters and to whoever else needed to talk."

"I provided support to a fellow Marine who had problems at home. We talked at great lengths about his problems. These talks seemed to help."

"One of my buddies had suicidal thoughts. I tried to explain that the situation wasn't as bad as it seemed."

"I supported a friend and now we're getting married as soon as we get back home."

"I provided support for all of my soldiers."

"It was like a little clique that was formed to provide support to anyone who was down."

"Upon return from Saudi Arabia, I contacted some of my friends' wives and told them their husbands were ok."

HAVE YOU EVER PARTICIPATED IN A MASS CASUALTY/DISASTER EVENT BEFORE?

"I participated in the clean-up of the blizzard of 1978 in Providence, RI."

"I participated in the clean-up of a storm in my home town in 1985."

"I was a medic in the rescue operations during Hurricane Hugo."

"I participated in the rescue and clean up efforts at the San Francisco earthquake of 1989."

"I participated in the clean up of the Waverly, TN, train accident."

HAVE YOU EVER SEEN ANYONE WHO DIED BY VIOLENT MEANS?

"I witnessed a shooting outside of my apartment."

"My mother was shot by my oldest brother while I was out in the yard."

"My uncle shot my aunt in the hospital in 1979. Also, my cousin committed suicide August 1990, 2 months before I was activated."

"At a social club, I saw 2 people in a violent argument. One pulled out a .354 magnum and shot the other one in the head. The blast from the gun blew out the back of his head."

Stress and Coping With War

"I saw a soldier who was dismantling a gun when the weapon went off. The explosion blew a hole through his chest. He was dead on the site."

"A friend of mine died in a car accident."

"I saw two kids burn to death in a car."

"Three of my friends were killed in helicopter crashes."

"I worked as an EMT for two and a half years where I saw many violent deaths."

"I saw people die by violent means in the emergency room in the local hospital."

ANY ADDITIONAL THOUGHTS OR COMMENTS ABOUT YOUR REACTIONS TO YOUR PARTICIPATION IN OPERATION DESERT STORM?

"A combination of hope, faith and trust in God, as well as prior experience from Panama had me prepared for my tour in Saudi Arabia. I was not apprehensive of anything in Saudi Arabia, instead, I expected even the remotest possible occurrence."

"I am glad I did not have to identify any of my own people. I know at least four of my men were killed. The other difficult thing for me is not knowing what has happened to others, like my friend, who were hurt. I think he is either seriously injured or may have died. I also wonder if I overlooked anyone when I got out of the area. Some people bypassed me when they were leaving. I'm not sure how I feel about that." [respondent was injured in Scud missile attack on barracks]

"I think about friends than didn't survive the Scud missile attack. I think about the ones with more serious injuries. I thought enemy POW's were treated better than our own wounded soldiers at King Fahd Hospital."

"I felt that the entire staff at Walter Reed was helpful and supportive of the patients."

"All I have to say is that I've been through the worst experience of my life so far. As I am twenty years old, I was so terrified. The feeling I had in the building when the explosion happened made me feel hopeless, but I thank God that I'm alive and well."

"I wish I knew why a Patriot missile was not fired at the incoming Scud missile which hit our unit."

"I wish I were still there with the rest of my unit, so I could return with them. We became very close toward the end of the war."

"My reserve unit wasn't supported with equipment or food needed to do the best job it could. We were called up before we were ready, and remained in Saudi Arabia longer than necessary."

"I think that if we were overseas doing the jobs we are paid to do, we should have been allowed to have beer if we wanted to do so. I understand that it is their law, but

I can see *no* reason why we could not drink within our own area. I wish I were still with my platoon in Saudi Arabia."

"I felt that our leadership was lacking, my capabilities were under-utilized, and my unit (as a whole) was never clear about our exact mission in Saudi Arabia."

"I didn't want to go to Saudi Arabia in the first place. Then I got very pissed off that we were hit after only one week in the country. We didn't even have a mission yet."

"I'd go to Saudi Arabia again if I had to. My injuries were just an unfortunate accident."

"I'm very proud of what I accomplished during the time I was deployed."

"We had a job to do and we did it and now it's time for us to come home."

"I think Desert Storm was a mistake, and I knew it all along. I just hoped my time would go by quick."

"My mother was called by several people with information pertaining to my injury. Not one of them was even remotely accurate! Whoever is responsible for this incompetence had better get their shit together before they call and start worrying *my mother!* Our leaders need to lead by example, have more feelings for others, and be on 'the same sheet of music' during peace time as well as war time."

"I would like to receive some information from the U.S. government on why the Scud landed on our warehouse. Why wasn't it shot down or even fired upon? Why were there about 70 tankers that hauled fuel parked right by the barracks inhabited by U.S. soldiers? Why did my fellow soldiers, who were not injured, fly commercial while injured soldiers flew in cold, clammy, and crowded military planes?"

"Yeah, I have a comment to make about Desert Storm, it sucked!"

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