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13. ABSTRACT *(Maximum 200 words)*

This report covers the morale and mental health-related experiences of the first U.S. Army unit to deploy to the former Yugoslavia, the 212th Mobile Army Surgical Hospital (MASH). The MASH deployed to Camp Pleso in Zagreb, Croatia from 10 November 1992 to 29 April 1993 in support of the United Nations Protection Forces (UNPROFOR). Data were collected through participant observation and by way of two surveys. This paper focuses on some of the social and structural issues that influenced group well-being. Included are such issues as the mission, command and control, living conditions, alcohol, relative deprivation, general morale factors, and cohesion. Observations are based on the perspective of the first author, who was assigned to the unit and served as the enlisted member of the unit's mental health team.

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UNIT 29218, APO AE 09102

REPLY TO
ATTENTION OF

USAMRU-E

March 31, 1994

MEMORANDUM FOR Defense Technical Information Center, ATTN: DTIC-OCP (Ms. Lynch), Cameron Station, Alexandria, VA 22304-6145

SUBJECT: DTIC Submission

1. We would like to submit the following report to DTIC for inclusion in the DTIC data base:

Title: Observations from a U.S. Army medical unit deployed to support the U.N. Protection Force in Croatia (2 copies)

Authors: Staff Sergeant Bradley F. Powers, Major Mark A. Vaitkus, and Colonel James A. Martin

2. We have enclosed 2 copies of the report and a completed SF 298 (Report Documentation Page). The information is unclassified and distribution is unlimited.

3. Point of contact for this action is Ms. Evelyn H. Golembe, DSN 370-2626/2007; FAX 3702740. Our address is: U.S. Army Medical Research Unit-Europe; HQ, 7th Medical Command; Unit 29218; APO AE 09102.

4. Thank you for your help.

PAUL T. BARTONE
Major, MS
Commanding

OBSERVATIONS FROM A U.S. ARMY MEDICAL UNIT DEPLOYED TO SUPPORT THE U.N. PROTECTION FORCE IN CROATIA

Staff Sergeant Bradley F. Powers
Major Mark A. Vaitkus
Colonel James A. Martin

U.S. Army Medical Research Unit-Europe
Unit# 29218
APO AE 09102

Paper presented at the Biennial Conference of the Inter-University Seminar on Armed Forces and Society, Baltimore, Maryland, October 22-24, 1993.

ACKNOWLEDGMENTS: The authors gratefully acknowledge the work of Major Paul Bartone in writing, producing, and coordinating the administration of the second soldier survey described herein.

NOTE: The views contained herein are those of the authors and do not necessarily reflect those of the Department of the Army or the Department of Defense (para 4-3, AR 360-5). Comments are encouraged and should be directed to SSG Powers at DSN 370-2626 or commercial 49-6221-172626.

INTRODUCTION

With the end of the Cold War, the US Army increasingly finds itself involved in missions that are not strictly "US flagged," but that are truly multinational in nature. By "multinational" we mean not only missions where the US contributes soldiers along with other nations, but where the command of the operation may or may not be held by an American. We are speaking specifically therefore of United Nations' peacekeeping and humanitarian missions, such as those in the Sinai or Somalia. Such missions are typically based on a specific UN-arranged agreement and are specially tailored to a local political situation. The US-led coalition that mounted Operation Desert Storm, on the other hand, was a very different kind of multinational mission which sought UN approval for its actions rather than being initiated by the UN itself. In the case of the former Yugoslavia, at least to date, US participation is relegated to a more exclusively UN-operated and led multinational mission.

In June 1991 the break-up of the former Yugoslavia began with Slovenia and Croatia declaring independence. Slovenia repelled the invading Yugoslavian National Army, but such was not the case with Croatia. As the fighting, reported atrocities, and false cease-fires continued, the United Nations brokered a cease-fire that would involve UN troops. In January 1992 the UN Protection Forces (UNPROFOR) took control of Croatian territory that had been occupied by Serbia. The intent of UNPROFOR was to stop ethnic cleansing and oversee the demilitarizing of the occupied areas.

Unfortunately, not only did the fighting continue in Croatia, but war also broke out in Bosnia-Herzegovina in April 1992 after that country announced independence. In July 1992, the UNPROFOR role expanded to include delivering humanitarian relief supplies to Sarajevo and other places in Bosnia-Herzegovina under direction of the UN High Commissioner for Refugees (UNHCR).

On 2 October 1992 President Bush announced that the US would provide a military hospital to UNPROFOR in Zagreb. Thus, Operation Provide Promise was born. The military hospital would be the first US Army unit to deploy to former Yugoslavia, although a small number of US soldiers were helping conduct air operations in the region. Also of note was the fact that the US was sending a support unit itself, namely a hospital, rather than a support unit along with a combat unit to assist in the UN mission.

The operation's original purpose was not to provide humanitarian aid. The official mission statement was that "V Corps deploys 212th Mobile Army Surgical Hospital [MASH] to Zagreb, Croatia to be operational by 15 November 1992, to provide

24 hour medical support to 20,000 UN forces in former Yugoslavia." To prepare for the mission, the 212th MASH, stationed in Wiesbaden, Germany, was augmented by soldiers from other medical and support units in Europe. It grew from just over 150 soldiers to nearly 300. In its augmented state, the 212th was now a task force. Part of the augmentation also included an expansion of the MASH's capabilities. Included in the plan for the expanded MASH was a two person mental health team of one Officer (Social Worker) and one NCO (91G Behavioral Science Specialist).

Colonel James Martin, who was commander of the US Army Medical Research Unit-Europe (USAMRU-E) at that time, recommended the first author to Headquarters 7th Medical Command in Heidelberg to fill the mental health NCO position. The Medical Command accepted and included him as an augmentee for the deployment. It was as a result of this assignment that the present study was made possible. In the overview included here, we will explore the morale and mental health-related experiences of this first US Army unit in the former Yugoslavia.

METHOD

Data were collected through participant observation and by way of two surveys. The first survey was administered about a month into the deployment (December 1992) and the other after four months (March 1993). The surveys were passed through the chain of command to everyone in the hospital task force. Participation in both surveys was strictly voluntary. In December, 90 out of approximately 300 soldiers completed surveys, while in March, 107 out of approximately 250 soldiers participated in the survey.

SSG Powers' experiences and observations were recorded in a personal journal. He not only had the unique opportunity to view the deployment from a mental health and researcher's perspective, but also from the perspective of an "insider" caught up in the events themselves. His first duty was to provide primary health care and fulfill the MASH's mission. Thus, his role as a participant observer was not foremost in the minds of the other unit members, although they were aware of the research aspect of his duties.

FINDINGS

While the soldiers had a number of personal factors that affected them as individuals, this paper focuses on some of the social and structural issues that influenced their well-being as a group. The issues we will consider in turn are the mission itself, command and control, living conditions, alcohol, relative

deprivation (both with respect to the other UN forces and within the US task force itself), general morale factors, and cohesion.

Mission

Contrary to most everyone's initial thoughts, the mission was to provide medical support for UN Forces, not to treat civilian or local combatant casualties. Prior to the MASH's arrival, UN soldiers were being treated in Croatian hospitals. Thus a surge of patients was expected as UN soldiers were transferred from local hospitals to the MASH.

There was some initial activity that involved getting the hospital and individual clinics set up, as well as getting personnel shifts settled. The expected patient surge on the 15th of November, however, turned out to be a trickle. The average daily patient census for the deployment was approximately 12. For a 60 bed hospital this meant that boredom was inevitable. The two busiest activities, in terms of patient load to care provider ratio, turned out to be the add-on dental and mental health sections. However, the surgeons were so bored that they performed elective surgeries such as vasectomies and tattoo removal to find something to do. The anesthesia staff experienced so many days off that when one nurse anesthetist reported for work in February, an enlisted soldier in his section questioned who he was and why he was in the operating room.

To counter the continuing boredom, a number of soldiers wanted to provide humanitarian aid. However, the only civilians that could be treated were strictly employees of the UN. The command reiterated that the mission was not a humanitarian one and that the Croatians had "excellent hospitals."

Another proposal was for US medical personnel to travel to the sectors, i.e. four protection areas along the Croatian border (see Map 1), and treat UN soldiers on the spot. However, travel restrictions made at the US National Command Authority level limited US soldiers to Zagreb. While this policy may have reduced the risk to the lives of US soldiers, it did nothing to relieve the boredom and frustration levels.

The end result of low patient load with no way to expand the mission was that people started asking, "Why am I here?" Just being in Zagreb for "contingency" reasons did not satisfy the soldiers' need to feel that their deployment had a purpose. Soldiers from the other nations were known to ask the Americans the same thing, and some felt the US was not sharing equally in the risks of the operation.

Command and Control and Communications

Another problem was the tangled command and control structure. Put another way, the soldiers did not always know who gave the orders or what to do when given conflicting directives.

For the enlisted the problem started at company and work section level. During peacetime the soldiers belonged to a platoon and were controlled by a Company Commander and First Sergeant. During the deployment an additional command structure asserted itself forcefully and simultaneously. Suddenly a soldier not only had a Company Commander, First Sergeant, and Platoon Sergeant, but also a Hospital Commander, Chief Nursing Officer, Chief Wardmaster, Head Ward Nurse, Wardmaster, and a Nurse on Duty.

In general, the company chain of command spoke with a voice that was different from that of the hospital chain of command. Thus, a soldier heard two conflicting voices. In addition, the messages from each were often garbled.

Information from the company was passed from the First Sergeant to a representative (who varied in rank and status) from each major element (e.g., Department of Nursing, Clinical Services, Maintenance). This information was passed to the Wardmasters who in turn passed it to their people. All such information was written down, usually by the Wardmasters, in a "Communication Log Book" so that all three work shifts had access to it.

While writing the information down was an excellent idea, the information the enlisted received had gone through several filters. At least four times the first author compared the log books from each of the three medical wards and noticed that the information in each was just a little different. Not only were minor details scrambled, but so was important information such as the time and place of formations.

Several bulletin boards were posted to alleviate the confusion. However, soldiers continually had to verify any information they heard or read. A number of soldiers wondered why a public address system was not installed so that the command could put out information to all of us at one time. A commander's call (meeting) was a rarity.

Part of the problem was that the operation seemed to be neither a purely garrison (peacetime medical) nor a purely field operation. Different command structures clashed somewhat as a result of which end of this continuum leaders perceived to be dominant. Uniform discipline (when on duty) and saluting, even in the living areas, was debated but enforced.

A further complication was the addition of another layer of command on the ground in Zagreb called the Task Force Command. The concept of the Task Force Command seemed to be that it would function much like the 68th Medical Group back in Germany. In fact, the Medical Group Commander became the Task Force Commander.

The purpose of the Medical Group is to coordinate the activities of the V Corps medical units. In Zagreb, however, there was only one medical unit. Many soldiers agreed that the Task Force would have had a reason to exist if there were several units in Croatia.

As a result, the Hospital Commander seemed to be hamstrung by having the Task Force Commander (TFC) in such close proximity. A number of soldiers perceived the Hospital Commander as being ineffective because so many decisions were made by the Task Force Commander. Theoretically, the TFC was in charge of the "nonhospital" elements of the task force (e.g. military police, Air Force engineers, public relations, legal, general maintenance and transportation personnel, etc.), in addition to having overall responsibility for the task force. However, despite the fact that the hospital was by far the largest personnel element, even routine decisions that the Hospital Commander could have dealt with were deferred to the TFC.

The chain of command above the TFC went through 68th Medical Group to V Corps. Beyond Corps the higher headquarters was at first the Headquarters of the US Army Europe, but operations were later moved to the Headquarters of the US European Command, which includes all branches of the US military in Europe. Thus "Joint Task Force Provide Promise (Forward)" came into being. This switch was more of a concern to those who worked in the Task Force headquarters than for hospital personnel.

The hospital and task force also fit into the UN chain of command. There was an UNPROFOR Commander and a Force Medical Officer for whom the task force ostensibly worked. Though the task force seemed to comply with the wishes of the UN, it followed the policies and guidance of the US chain of command. The command and control challenge, especially for an operation so small, is illustrated in Figure 1.

Living Conditions

The task force was located on a former Yugoslavian Air Force base which shares runways with the Zagreb International Airport. The Croatian Air Force still operates nearby. The airbase is the logistical base for UNPROFOR with about 4500 UN troops on the facility at any one time. (Aside from the Americans, other nations' forces largely rotate to and from the airbase to the

sectors.)

The hospital and living areas were constructed of climate controlled tents which had air conditioners as well as heaters. The hospital tents were set up in an aircraft hangar while the living tents were set up on an aircraft apron nearby. The "Harvest Falcon tent package" maintained by Air Force engineers also included shower and latrine units that were a cut above what many soldiers were used to in the field, especially those who served during Operation Desert Storm.

The arrangement was for 14 people to live in each tent with males and females living separately. For the most part, soldiers were allowed to choose which tent they wanted to live in. Upon arrival it was found that a Dutch unit was living in mud while waiting to be sent south. A deal was struck where the Dutch would help set up tents in exchange for temporarily using some of the living tents.

Because of this deal soldiers were crammed into tents with the worst case being 28 in the senior officers' tent. As the temporary time period was extended time and again, soldiers became more irritable. Several fights broke out between US soldiers. After about a week the US soldiers forgot about the contributions of the Dutch and grumbled about their using the showers and latrines. Soldiers that were friendly towards the Dutch suddenly were not. Fortunately the Dutch left before any fights started with them. With their departure the living conditions improved. The number of soldiers living in each tent decreased to 14 or less.

The next crisis to occur concerned privacy. The hospital tents came with "modesty curtains" that fit perfectly around a soldier's "hooch" or living space. The enlisted soldiers quickly appropriated them when the tents were being set up.

The command demanded that the curtains be returned for the patients' use. Many of the enlisted hid their curtains instead. Their rationale was that they needed them more since they were staying longer than the patients, who more than likely were awaiting evacuation home. Also, a widely held idea was that any returned curtains would end up in an officer's hooch and not in the hospital. So while some people put up alternative screens, others waited until the storm blew over and rehung the modesty curtains.

These issues concerned the soldiers more than the potentially dangerous environment they lived in. The base was in range of Serbian artillery and rockets but no one seemed concerned about it. When the Serbs threatened to bombard Zagreb, the soldiers joked about going to the Norwegian bar which was in an old bunker.

The area was heavily mined and booby trapped before the Serbian forces vacated the base. While the buildings were cleared of booby traps, any nonpaved surface was assumed to be mined. Any step into the grass could have been one's last step.

Surprisingly, no one seemed to think much about the mines even though a Croatian bulldozer hit a mine about 100 meters from the hospital, and mines exploded from the pressure of the frozen ground at least once a week. The lack of anxiety seemed to stem from the fact that one could easily avoid danger by not going into or playing headphones near nonpaved surfaces.

Concrete pilings were laid across a grassy area near the dining facility so the enlisted soldiers could walk there safely. This did not trouble the enlisted soldiers. What troubled them was when other UN soldiers and dogs walked through the grassy area. At first there was some fear that they would set off a mine and cause US soldiers to get hit by shrapnel. However, after a few weeks of Frenchmen walking abreast across the grass, the US soldiers figured there must not have been any mines there.

Gunfire was a common sound during the night. At first these sounds caused some minor stress and sleep disturbance. These abated as the soldiers quickly became used to it. The soldiers also learned that the gunfire came from a nearby Croatian unit whose nervous soldiers shot at shadows and at deer during night guard duty. Another source of gunfire was from the surrounding communities as celebrating Croatians fired weapons into the air.

New Year's Eve in particular brought a fantastic display of tracer fire into the night sky. Unfortunately, the next morning a pistol slug came through the top of a tent and lightly wounded a soldier in the arm. After the command sorted out what happened, senior leaders went through all the tents and explained that the shot came from somebody firing a pistol into the air, and not from a sniper.

No one became overly concerned about the event as the command immediately eliminated any chance for rumors. The event even became somewhat humorous for the soldier, who was soon doing pushups again and was able to tell (and retell) the story.

Alcohol

Alcohol was cheap and available through both UN and Croatian establishments. Each member nation on the base had a shoppette that sold alcohol. Also on the airbase were five UN all ranks bars and two officers' bars with another bar right outside the gate at the UN subheadquarters. In stark contrast to Operation Desert Shield, any soldiers who were not on duty could drink from

their first night in Croatia to their last.

Most everyone who drank alcohol experienced an increased consumption for about the first half of the deployment. Early on it was exciting to visit the different bars. After a couple months of the same hole in the wall bars with austere furnishings, the thrill diminished considerably for most.

In addition, soldiers started to become concerned about their alcohol consumption. With drinking either boring or a source of concern, many cut back in their consumption. Certainly, however, those soldiers who wanted to abuse alcohol continued to do so. This observation is supported by the survey data which are summarized in the following table:

DECEMBER SURVEY			MARCH SURVEY		
Number of drinks in a typical week	Freq.	%	Number of drinks in a typical week	Freq.	%
0	12	14	0	29	27
1-6	48	56	1-6	48	45
7-12	13	15	7-12	16	15
13-51	13	15	13-50	14	13

A handful of hardcore abusers consistently reported to work intoxicated or hungover. Some of these abusers were in leadership positions and their subordinates' opinions of them were consequently lowered. Such abusers were never exposed even when some of their subordinates were charged with drinking on duty with the patients on Christmas Eve. The subordinates thought it hypocritical that they were punished for having a holiday toast while their leaders perpetrated continual infractions of the alcohol policy.

Relative Deprivation

The first issue involving relative deprivation concerned the semi-private offices in which the Task Force Headquarters personnel worked. While the hospital and company headquarters personnel worked in close proximity in the tents, the Task Force Headquarters worked in transportable prefabricated buildings. While most were unheated, they provided more private work space than anyone else had. After about two months, the Task Force Headquarters moved into a nearby building. The hospital staff were astounded and realized that the headquarters would always take care of itself first.

Additionally, while doctors fought over the use of the four phones located in the hospital, enlisted soldiers in the Task Force Headquarters had their own phones on their desks. Work was

directly affected by having to wait in line to make business calls. The Task Force Headquarters also had better access to UN vehicles.

As far as relative deprivation with respect to other UN forces, many US soldiers were envious of many of them who lived in fixed dormitory buildings. This persisted even though they told us they were unhappy with the overcrowding they experienced. The US soldiers thought that they should be happy to have a real roof over their heads.

Many US soldiers were also envious of the UN soldiers who could travel to the sectors to work or leave Zagreb for nearby recreational activities such as golfing and skiing.

As far as pay was concerned, US soldiers received a nominal $3.50 a day ($105 a month) extra payment for incidentals and $150 a month hazardous duty pay, in addition to their basic pay. However, other UN soldiers received a considerable sum of money from the UN each month (estimated between $1500 and $3000 depending on rank) in addition to their own basic pay. The explanation given was that US soldiers are not "mercenaries."

Leaves and passes also upset US soldiers since a UN soldier on a 6 month tour was entitled to one 60 hour pass and 10 days of leave anywhere he wanted. Additionally, the leave days did not count against the soldier's leave balance. US soldiers were allowed 7 days leave that were charged against their leave balances. The leave had to be taken in Germany.

Another issue of relative deprivation concentrated on the US Air Force contingent that maintained the hospital. The airmen kept to themselves and lived in their own tents. They allowed very few soldiers inside their living tents. What was discovered though was that they had built themselves a hot tub and a recreational area. Not only did they seem to have mor luxuries, but they also had a shorter deployment with 90 instead of 179 days, just long enough to receive the UN Medal.

General Morale Factors

Morale was influenced by a number of issues to include recreational activities, mail, leaves, visits by family members, wearing of civilian clothes, visits by VIPs, access to news, establishment of a US shoppette and the policy for awards.

As boredom overshadowed the deployment, the quest for recreational activities became important. The unit tried to relieve boredom by erecting a "Morale, Welfare and Recreation" tent. Inside were a TV, VCR, video tapes, books, board games, bicycles, dart board, air hockey table and a ping pong table.

Individuals had friends and family send them their own TVs, VCRs, videos, etc. Hand held video games and small music systems were abundant. Also evident were several stereo systems and full sized video and computer games.

Mail was an overwhelming morale factor, especially during the first month or so of the deployment. At least half a dozen times during the holiday season, the unit's morale literally hung on whether rumors of just arrived mail bags actually became reality. The command made sure mail was delivered when it did arrive even if it meant that delivery to the work sections did not occur until 2000 or 2100 hours.

Delivery of mail from Germany to Zagreb was rather quick, taking generally only a couple days. What was never resolved was the slow return of mail from Zagreb to Germany, which usually took at least a week. Soldiers calling home experienced stress as their spouses complained about the lack of mail.

After December mail did not seem to affect morale as greatly as other factors. The reasons for this may have been that the holidays were over; soldiers were adjusting to the separation; they discovered more access to phones; soldiers could take leave; and family members started visiting the MASH.

Just before Christmas the command decided that soldiers could take seven days leave in Germany. This raised morale considerably. The command set a minimal staffing policy which caused a section's leaves to be spread out over time. However, this meant that a number of soldiers could not take leave at all or had to wait until near the end of the deployment. Some soldiers deferred their leaves so that others could take leave.

One threat to morale was when the V Corps Commander found out about the leave policy in early February. The policy was never cleared through him and he was reportedly furious. All pending leaves were on the verge of being cancelled. However the Corps Commander relented, probably because almost half of the unit had already taken leave, but won a tighter quota on the number of absentees at any one time.

After it was discovered that the area was relatively safe, visitation also occurred in the other direction with family arriving in Zagreb. This was frowned upon even before the deployment. The official policy put out by the command was that they could not stop family members from arriving, but that they could keep soldiers from seeing them. However, this policy was never enforced. In fact, soldiers not only visited family members in Zagreb, but they also escorted family members through the hospital area.

Another surprising aspect of the deployment was the authorization to wear civilian clothes off duty. This increased the comfort of the soldiers and eliminated the need to wear full uniform just to clean up and shower in the morning.

What did cause increased hassles was the continual flow of VIPs and reporters. Almost every day of the deployment a Command Sergeant Major, Colonel, General, politician, or reporter was escorted through the hospital. The additional preparations detracted from some soldiers' satisfaction as they wondered why so many wanted to visit them. Many soldiers just wanted to be left alone and others suspected that a good number of the visits might be more self-serving than aimed at bringing them attention and support. Oftentimes frustration was heightened when a VIP on a whirlwind tour was escorted past a section. The overlooked soldiers would wonder why they even bothered to prepare for the day's visitation.

Two items that perked morale up a little were the installation of an Armed Forces Network satellite dish and a US Forces' shoppette. Soldiers were no longer as isolated from world events or comfort items. Free Stars & Stripes newspapers were also distributed to work sections, but these were invariably several days old. For the first couple weeks the newspapers were important. But after the satellite dish was in place, old news was just old news.

From watching the news one thing started to grate on the soldiers in Zagreb. The operation in Somalia, which started later, was given major billing while nothing was heard about Provide Promise. It seemed no one knew the MASH was in Croatia.

The awards policy also seemed to be slanted in favor of Restore Hope participants. Soldiers from the US went to Somalia and left again with several service medals while the 212th MASH was still sitting beside the runway in Zagreb. While MASH members did receive an UNPROFOR service medal from the UN, no soldier is authorized to wear it. Instead, the basic UN medal was authorized for wear on 20 December 1993 which eliminated the uniqueness of the mission as far as awards were concerned. None of the promised service medals have materialized as they did for Restore Hope though rumors persist that they will.

The gross effects of the factors we have discussed are shown on the following pages in data drawn from the two surveys. Generally, morale was in the moderate range and improved near the end of the deployment along with the prospect of going home:

What is the level of morale in the unit?

December Survey			March Survey		
Response	Freq.	%	Response	Freq.	%
High or Very High	13	15	High or Very High	39	37
Moderate	37	41	Medium	40	37
Low or Very Low	40	44	Low or Very Low	27	26

What is the level of your personal morale?

December Survey			March Survey		
Response	Freq.	%	Response	Freq.	%
High or Very High	34	38	High or Very High	54	51
Moderate	34	38	Medium	33	31
Low or Very Low	21	24	Low or Very Low	19	18

Are you satisfied with your job assignment in the 212th?

December Survey			March Survey		
Response	Freq.	%	Response	Freq.	%
Not satisfied	22	25	Not satisfied	13	12
Somewhat satisfied	26	29	Somewhat satisfied	31	29
Mostly satisfied	31	34	Mostly satisfied	39	37
Totally satisfied	11	12	Totally satisfied	23	22

Cohesion

The 212th MASH was never very cohesive as an entirety, partially due to the fact that it was pieced together from several units. Major rifts occurred along the lines of organic 212th members versus augmentees, and enlisted versus officer. Augmentees felt like second class citizens the entire deployment. In the December survey, for example, they were less likely than original members of the 212th to rate the 212th highly, to be satisfied with their jobs, or to feel comfortable with being new to the unit. Enlisted augmentees were also kept from holding real leadership positions.

Enlisted opinions of the officers were often affected by the doctors' and nurses' knowledge of basic military skills, or

lack thereof. During predeployment training many officers were seen to have a shortfall in such basic skills as putting on chemical protection gear. Also, a few of the junior officers tried to present themselves as "hardcore" when they did not quite have the demonstrated skills to pull the act off.

While cohesion at the task force level never seemed very high, the cohesion within work sections and informal groups appeared to grow stronger. People learned each other's strengths and weaknesses. Common bonds were formed between soldiers who were virtual strangers a few months before.

Some of the data from the surveys bears out the observation that cohesion and pride in unit improved somewhat over time:

Overall, how would you rate the 212th?

December Survey			March Survey		
Response	Freq.	%	Response	Freq.	%
Good or Very Good	27	30	Good or Very Good	59	56
Borderline	40	44	Borderline	33	31
Bad or Very Bad	23	26	Bad or Very Bad	14	13

How would you describe the unit's togetherness, or how "tight" are members of this unit?

December Survey			March Survey		
Response	Freq.	%	Response	Freq.	%
High or Very High	18	20	Very High or Somewhat High	32	30
Moderate	34	39	Medium	34	32
Low or Very Low	36	41	Very Low or Somewhat Low	40	38

What is the level of unit cohesion at this time? (Question specifically asked during second survey only)

March Survey

Response	Freq.	%
High or Very High	33	31
Medium	47	44
Low or Very Low	26	25

FINAL REMARKS

Most unit members had confidence in the mission from the beginning, but were rather skeptical of what they would experience personally and professionally. While approximately 10 to 20 percent would profess they had a totally negative deployment experience, the majority of unit members looked back on their experience as at least moderately positive. Some people even volunteered to stay longer. The reasons for wanting to stay ranged from totally selfish (e.g. extra pay) to more altruistic (e.g. provide care to people who need it). Furthermore, many truly liked an international atmosphere that allowed eating and socializing side-by-side with soldiers from other countries.

The soldiers adapted to an environment that was a hybrid of field and garrison. They made themselves as comfortable as possible in a situation that could have exploded into mid- to high intensity warfare at any time. It was an Army medical unit that had been deployed to a volatile area bereft of nearby US combat units, with no security of its own other than 20 attached military policemen. Clearly the reported experience, including its morale factors and the weights attached to them, would have been quite different had large numbers of casualties materialized. Despite the boredom, the unit was glad that did not happen. There are no such guarantees for the next unit.

POSTSCRIPT

The 212th MASH was redeployed from Croatia at the end of April 1993 after a nearly six month mission. This medical support mission continued with the 502nd MASH, also stationed in Germany, which served the needs of UNPROFOR from April 1993 until early October 1993. USAMRU-E has collected substantial interview and survey data from the 502nd that we are in the early stages of analyzing for future reports. Currently, the medical mission in Croatia is being served by an Air Force hospital unit stationed in England (the 48th Air Transportable Hospital).