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68M20: 128th Combat Support Hospital

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Hospital Food Service Sergeant

Abstract

Operation Desert Storm/Shield came as a surprise to the world in 1990; however the 128th Combat Support Hospital was ready for the first set of casualties when the air war began. The organizations main priority was to provide the first echelon of care from their location six miles from the Iraqi defense line. The mission began with delays and mishaps; however the constant teamwork, knowledge and technical abilities of the Noncommissioned Officer contributed greatly to the overall success of the mission.

Operation Desert Storm/Shield

Reflecting back upon Operation Desert Storm/Shield, I marvel at how we as an organization successfully accomplished our mission nineteen years ago. Today as a Sergeant Major and another deployment into Kuwait, I fully realize that as a young sergeant I was woefully inexperienced but determined and surrounded by noncommissioned officers (NCO) with an equal fervor for success. Fresh out of advanced individual training at Fort Sam Houston, the 128th Combat Support Hospital was my first duty assignment.

The organization quartered in Ludwigsburg Germany at Coffey Barracks was organized within the 2D COSCOM structure with direct accountability to the 30th Medical Brigade. The mission of the organization was to serve as the first echelon of care to those wounded on the battlefield.

This Medical Unit Self Contained Transportable (MUST) hospital had 250 beds, two intensive care units, eight medical wards, emergency room, four operating rooms, orthopedic room, laboratory, X-ray, pharmacy and medical field feeding. The systems were inflatable and was powered using U-packs that operated on jet fuel. At the time, this was the latest technology despite its cumbersomeness. The unit was fielded the new hospital system called Deployable Medical Systems (DEPMEDS) a month prior to deployment. The NCO's trained with the new equipment for one week and deployed less than a month later.

I had been on station close to three years before the onset of Operation Desert Storm/Shield, and the unit spent months on end at various training sites throughout Germany in preparation for such an occurrence. As a Hospital Food Service Specialist my mission was to provide subsistence for the staff and assisting in the supervision of medical nutrition care operations. In a field unit, a Hospital Food Service Specialist will often work outside of their military occupational specialty (MOS) or serve in a garrison dining facility feeding the troops.

These duties often challenged the skills of a Hospital Food Service Specialist as we were not afforded the opportunity to function in our MOS and consequently lost valuable skills. Serving with the 128th CSH presented such an opportunity as the companies training focus made feeding the troops a priority and not sufficient patient play to allow the medical nutrition care operations to fully train.

Most significant the 68M functioned as an extender of a dietician who was not assigned to the organization but was a professional officer filler (PROFIS), who could be temporarily attached to the organization. This meant that the enlisted Soldier trained solo and only integrated with their officer counterpart during major exercises or deployments. Prior to Operation Desert Storm/Shield, there were only three such opportunities and unfortunately the training was minimal and incomplete. I attribute this to the PROFIS personnel's full time job at the hospital and the organizations inability to backfill their positions for a training mission.

On BDEC90 the unit received their formal warning order, which set off a chain of deployment training from medically oriented classes, Soldier skills, field sanitation and cultural awareness training. The Soldier readiness process and family readiness was also conducted.

We were entering into an un-mature theater and Class I supplies would be scarce and patients could only be subsisted on meals-ready-to-eat in extreme circumstances. The other caveat was these supplies could not be modified to accommodate liquid diets and other prescriptions. I immediately contacted the Chief dietician at 5th General Hospital to discuss medical nutrition operation supplies that may be needed during the course of the deployment. With the assistance of the hospital we were able to obtain these much needed supplies prior to leaving country.

Christmas day, the organic cell was in route to Saudi Arabia and arrived at Dammam via King Fahd Military Airport. I remember departing the plane and looking down on what looked like a desert floor with absolutely nothing in sight.

Our arrival was froth with mishaps and delays; I believe we spent the first week on busses roaming like nomads with no place to go. "On 31Dec90: a Saudi gasoline tank truck rear-ended one of the 6 busses carrying 128th soldiers and drove it into a US flatbed trailer, killing the Saudi driver and injuring 14 soldiers. Two of the injured were evacuated from the theater" (Hupy, A, 1991, p. 5). We eventually ended up at Military City which was overcrowded, so we bunked outside under open cement hangers.

Days later, we finally reached the first of several sites that we would be utilizing, just in time for heavy rains and wind that took our week's worth of work away in a matter of minutes. Sleep tents were snapped up and thrown across the desert floor, leaving many without clothing. Like a team everyone rallied together and provided for each other as we tried to just hold things together. Sanitation was dismal and after weeks of being in country Class I supplies were hard to come by.

The theater still had not matured enough for any other subsistence than meals-ready-to-eat (MRE) and T-rations and the full complement of PROFIS personnel had not yet arrived. On 5JAN91 the unit moved to TAA Henry our final stop before the air war began, throughout our moves it was as if we were the only ones moving around in the desert. There was no artillery, military police or air support to be seen.

Getting TAA Henry established was hard work, the site planned called for the emergency room, operating room and wards to be erected first. We were broken into teams, some erecting the temper while others ran power and set up sanitation centers. As a cook a common term then

was a non-essential personnel which was my category so a lot of time was spent guarding the perimeter. Up until that day, I never realized how cold it was in the desert; an individual could get frostbite just by laying on the cold wet sand for hours at a time.

The medical field kitchen was finally in operation although we still had only T-rations, it was hot and better than nothing. I remember one morning while pulling my shift of stand-to that the hospital commander got a chili bath. A T-ration can of chili had not been punctured prior to being thrown in the burn pit and consequently exploded while the commander was warming his hands by the pit. There was a learning curve in that episode.

Throughout the deployment, the NCO's bartered and swapped supplies as the equipment and supplies entering into theater were limited and slow. When we were lucky we were able to obtain the new unitized group ration which gave us the ability to make some real food stuff; for the most part everything was dried or powdered. Those who went on supplies runs would make the mistake of consuming the local food and reaping the benefits of extreme dysentery. This was not a great feeling since the only showers we had were wooden boxes with a metal tank on top. The tank was filled everyday and heated by an immersion heater, Soldier were allotted 2-3 minutes at best to wash some of the dirt away.

Other sanitation issues were prevalent as well, the latrines being equivalent to a community outhouse where only the lower half of your body was sheltered. Luckily food service personnel could not perform maintenance duties on these austere accommodations and prepare food. What was key throughout the mission was the clear integration of our PROFIS personnel with the organic Soldiers. We worked as a team consistently, ensuring everyone's needs were met.

On 17Jan91, the air war began and we spent countless hours in MOPP Level II, couple this with kitchen burners (M2) on full blast, and drinking water boiling on it's own; training had not prepared us for this. The weather was cold at night and hot during the day, we still used the old Army potbellied stove which brought its own set of problems to the table. "A tent fire at TAA Henry (Spearhead) left 12 Soldier with only the gear they were wearing (2 M16s and 2 Protective Masks lost). No one got hurt. Cause: wind separated the stovepipe from a potbelly stove" (Huby, A, 1991, p. 7-8).

The air war had already started, yet we were not in position yet and on 12FEB91 I and two other cooks were moving again with the forward party to set up operations six miles from the Iraqi defensive line. Procedures were pretty much the same; get the hospital up first and everything else second. The hospital had its first inpatient shortly thereafter and the ground war began 24Feb91.

The staple patient diet prepared was clear liquid diets and perhaps one or two blended meals. We were extremely fortunate to have brought the supplies with us as the Army had yet to develop push packs that could medically feed patients. The weather again was our enemy and damaged the tent age, but we were able to still treat over 75 Soldiers and prisoners of war flawlessly.

In March the cease fire was declared and we moved to the 332nd Medical Brigades assembly area. During this time the oil wells were ablaze, the air was a thick red haze that clung to everything in sight. Breathing was difficult and there was absolutely no way to avoid ingesting what was in the air as we worked to recover equipment.

The mission of caring for patients was not over for me, the call came for a dietician to deploy from the assembly area into the mountainous region of Iraq to provide care for the

Kurdish Refugees. My PROFIS dietician felt that I was more than qualified to accomplish this mission so within the hour I was loaded on a Blackhawk headed who knows where.

Of all of the challenges and hardships, this was my most challenging task. After arriving at the site, where burned out Iraqi vehicles and abandoned weaponry littered the ground, I began to wonder what was in store for me. The hospital was a shell of a combat support hospital, but the Kurdish refugees were consistently coming, they would arrive in trucks, wheel barrels; by whatever means they could.

There were no medical supplement rations for patients, so I modified chili and rice meals to feed them, talk about a challenge. There is only so much you can do to dehydrated food stuff. The problem was not that I did not have enough to feed those that came, but the government policy that said I could not feed them unless they were a patient. One has to understand that when a refugee comes to the hospital, the whole family becomes a patient. The other difficult aspect was the number of children and the elderly who were hungry; how do you turn away from this?

I learned later on that the unit I assisted was relieved because the commander was sending home the doctors and other medical professionals because they were losing money by being deployed. This explains the lack of a dietician where clearly one was needed as they did not have the necessary supplies to take care of these patients.

I learned that my unit was prepared and able to execute the mission and those limited amount of times that we were able to train at home station did produce qualified and competent NCO's who could complete the task without officer supervision. It takes particular soldiers (the NCO) to operate under the extreme OPTEMPO that we performed in, our officers were there; however the day-to-day operations, the keeping the organization running was the job of the

NCO. Sleep was a luxury, bathing a privilege and providing world class medical support our pleasure.

References

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