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Experiences during Operations Desert Shield/Storm

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### Abstract

Wars, as well as conflicts, bring about many changes in a Soldier's life, especially young Soldiers. It is an accelerated crash course into manhood. The road to manhood is a road of trials and endurance, which proves to be challenging at times. War produces an environment in which the closest relationships and bonds are developed. It is very important to recognize and understand the effects of war on all Soldiers, junior and senior. It's equally important to know the preparation involved in going to war.

I entered the US Army in September 1989 as a 91B, Combat Medical Specialist. I attended Basic Combat Training (BCT) at Fort Sill, Oklahoma and Advanced Individual Training (AIT) at Fort Sam Houston, Texas. Following AIT, I attended Airborne School at Fort Benning, Georgia, with a follow on assignment to the 82nd Airborne Division, Fort Bragg, North Carolina. Upon arriving at Fort Bragg in March 1990, I was assigned to HHC, 1/505<sup>th</sup> Parachute Infantry Regiment (PIR), 82nd Airborne Division.

Once assigned to the medic platoon, my platoon sergeant attached me to A Company as an infantry platoon medic. As a young 18 year old Private First Class (PFC), I was immediately responsible for the medical care and welfare of approximately 30 to 40 infantry Soldiers. This was a tremendous responsibility for such a young Soldier new to the military. Although I was a recent graduate of AIT, I was somewhat unfamiliar with my job as a medic. Faced with such challenges, larger challenges would soon be on the horizon for young PFC Gooden.

On 2 August 1990, Iraq invaded Kuwait. This act immediately prompted President George H. W. Bush to call on America's Guard of Honor to deploy to Saudi Arabia as a show of force. When called upon, the 82<sup>nd</sup> Airborne Division goes into an 18-hour sequence. Prior to this sequence, the pre-deployment Soldier Readiness Preparation (SRP) exercises occur. During these SRPs, Soldiers go through a number of stations to ensure the Soldier is in fact deployable. Soldiers go through numerous stations to verify their status.

One of the key areas of the SRP for every Soldier is the legal operations station. At this station, a Soldier can execute Wills, construct Power of Attorneys (POAs) and take care of any additional family matters. The legal operations station is important because regardless of where the Soldier deploys, he or she will know that all their personal matters are in order. One of the combat detractors to Soldiers is having personal matter issues arise while deployed. The Soldier

cannot concentrate and will be a combat risk on the battlefield.

Another key area that does not apply to all Soldiers, but to combat medics is the Geneva Convention. During the SRP, medics must also go through the Geneva Convention station. The Geneva Convention station will brief and verify the Soldiers status as a medic. Once verified, the Soldier will receive a pictured Geneva Convention card. The Geneva Convention provides protection for medics on the battlefield, as well as safety for medics if captured and states that they will used to care for the wounded, both friendly and enemy.

The first and largest challenge I faced was lack of experience I my job. I was very unsure of myself. Would I perform well when faced with a high-stress situation? Based on the timeline, “baptism by fire” would give me the knowledge I need. As a part of the pre-deployment process, we received training in numerous areas. Some of the key areas were Rules of Engagement (ROE), the Law of War (LOW), and cultural awareness. Training in these areas proved to be very vital to mission accomplishment.

Rules of Engagement were vital in target selection. The Law of War educated us on what we could and could not do as it pertains to enemy forces. Upon initial notification of deployment, I was completely unaware of the customs of the Middle East. The cultural awareness training we received provided an outstanding overview of the Middle Eastern way of life. The medics in each platoon were responsible for providing Combat Lifesaver (CLS) training and certification to each member of his platoon. The training lasted approximately two to three days. My platoon was approximately 90% CLS certified. Each squad had two aid and litter teams consisting of two men each.

The 82<sup>nd</sup> Airborne Division’s mission was to simply deploy and “draw the line in the sand” in Saudi Arabia as a part of “Desert Shield”. It would spearhead a coalition of

multinational military forces aimed at deterring further Iraqi aggression and expansion into Saudi Arabia. It would also enforce needed sanctions against Iraq. The 82<sup>nd</sup> Airborne Division would become the vanguard of the largest deployment of American troops since Vietnam.

Once we received the mission, our next concern the needed items as it pertains to equipment. Being in the light infantry, we knew we would be carrying almost all equipment on our backs. Therefore, there was not a lot of room for error. As medics, we knew our primary focus would be medical supplies to sustain us for 72 hours. This meant plenty of medical equipment, mainly IV fluids due to the temperatures of the Middle East.

The medics received a 9mm for protection of themselves and their patient. We later got an opportunity to carry a M16 in addition to the 9mm once the ground war began. We also received desert combat uniforms (DCUs) prior to deployment as well. The Battalion Family Readiness Group (FRG) sewed the patches on the uniforms in the battalion headquarters prior to deployment. One key point I distinctly remember is once I packed my rucksack, it weighed in excess of 90 pounds, which was equal to the average infantry weapons squad rucksack.

Our arrival in country was on or about 15 August 1990. I remember walking out of the nose of the C5 and the hot temperature hit me like a sledgehammer. We departed the runway and moved to a tent area on the side of the air strip where we received a complimentary bottle of very hot water. Once we moved to an aircraft hanger on compound Champion Main, we immediately began the acclimation process. We would get in mission oriented protective posture (MOPP) level four and walk around the outside of the hanger. We did this in 20-minute increments for approximately two hours daily. We conducted field-training exercises in the desert surrounding the compound.

We conducted many unique missions during our deployment. A unique mission we had

was a security mission in Riyadh, Saudi Arabia. My platoon was detached from the company and served as a Quick Reactionary Force (QRF) element. The most memorable event was the night we reacted to a "SKUD" attack and saw a "SKUD" hit barracks building miles away. I was also apart of a group of Soldiers that went to a special R&R program. We attended a dinner at an American family's house. They were oil workers in Saudi Arabia and their home was on the coast of the Persian Gulf. Desert Storm ended in February 1991 and we redeployed in April 1991. I was very happy to return to Fort Bragg after eight months.

Operations Desert Shield and Storm served as the initiation of young Soldier into a brotherhood and a way of life. It changed the way he looked at life as well as himself, as well as an opportunity for him to get to know himself and his brothers in arms around him. He never thought or imagined the level of responsibilities placed on him could be as great as a young PFC. Nevertheless, he survived and was thankful for this unique experience. War has a profound impact on Soldiers and all aspects of their lives, which will last for a lifetime.