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EXPOSURE TO DEATH, DISASTERS, AND BODIES

DEPARTMENT OF PSYCHIATRY
F. EDWARD HEBERT SCHOOL OF MEDICINE
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BETHESDA, MARYLAND 20814-4799

Code A: Unlimited Distribution

DTIC
SELECTED
25 JAN 1989
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20030131123

89 1 24 007

REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION Unclassified			1b. RESTRICTIVE MARKINGS		
2a. SECURITY CLASSIFICATION AUTHORITY			3. DISTRIBUTION/AVAILABILITY OF REPORT Code A: Unlimited Distribution		
2b. DECLASSIFICATION/DOWNGRADING SCHEDULE					
4. PERFORMING ORGANIZATION REPORT NUMBER(S)			5. MONITORING ORGANIZATION REPORT NUMBER(S)		
6a. NAME OF PERFORMING ORGANIZATION Uniformed Services University of the Health Sciences		6b. OFFICE SYMBOL (If applicable) USUHS/PSY	7a. NAME OF MONITORING ORGANIZATION Human Systems Div Aeromedical/Casualty System Prgm Ofc and the Chemical Defense Div of the R&D Directorate		
6c. ADDRESS (City, State, and ZIP Code) 4301 Jones Bridge Road Bethesda, MD 20814-4799			7b. ADDRESS (City, State, and ZIP Code) Human Systems Division, AFSC Brooks AFB, TX 78235-5000		
8a. NAME OF FUNDING/SPONSORING ORGANIZATION		8b. OFFICE SYMBOL (If applicable)	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER		
8c. ADDRESS (City, State, and ZIP Code)			10. SOURCE OF FUNDING NUMBERS		
			PROGRAM ELEMENT NO.	PROJECT NO.	TASK NO.
			WORK UNIT ACCESSION NO.		
11. TITLE (Include Security Classification) Exposure to Death, Disasters, and Bodies (Unclassified)					
12. PERSONAL AUTHOR(S) Ursano, Robert J. (ed.)					
13a. TYPE OF REPORT Final		13b. TIME COVERED FROM _____ TO _____		14. DATE OF REPORT (Year, Month, Day) June, 1988	
				15. PAGE COUNT 175	
16. SUPPLEMENTARY NOTATION					
17. COSATI CODES			18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number)		
FIELD	GROUP	SUB-GROUP			
			post-traumatic stress disorder, PTSD, combat stress, stress, chemical warfare, biological warfare, chemical and biological warfare, death, disaster, trauma, nerve agents. (Cont'd)		
19. ABSTRACT (Continue on reverse if necessary and identify by block number)					
This is the fourth of a series of six volumes addressing the various psychological and behavioral factors of performance and medical care delivery in a chemical and biological warfare (CBW) environment. This volume addresses the unique stress of exposure to death and disaster both for individuals and for a community. In December 1985, the U.S. Army suffered its largest peacetime loss when a chartered plane carrying 248 soldiers crashed in Gander, Newfoundland. This tragedy resulted in 248 soldiers killed, all of whom were from one Army Post, Fort Campbell, Kentucky. This was one-third of a force which had been deployed to the Sinai Desert in a multi-national peacekeeping effort. The impact of this disaster upon the soldiers, unit and community at Fort Campbell, and the impact to the body recovery and body identification process at Dover Air Force Base, Delaware, are the focus of this volume. Such research is conducted to obtain answers which will assist in establishing programs that will be in place and be available when disaster, tragedy, or CBW strike. As shown here, a research team was able to enter a community that had suffered a mass disaster and (Cont'd)					
20. DISTRIBUTION/AVAILABILITY OF ABSTRACT ☒ UNCLASSIFIED/UNLIMITED ☐ SAME AS RPT. ☐ DTIC USERS			21. ABSTRACT SECURITY CLASSIFICATION Unclassified		
22a. NAME OF RESPONSIBLE INDIVIDUAL Robert J. Ursano, Col, USAF, MC, FS			22b. TELEPHONE (Include Area Code) 301/295-2470		22c. OFFICE SYMBOL PSY

18. (Continued)

Vietnam, prisoner of war, POW, chemical agents, casualty, mass casualties, psychiatry, psychology, mental illness, Survivable Collective Protection System-Medical, SCPS-M, Mission Oriented Protective Posture, MOPP, chemical ensemble, isolation, social psychology, aviation, aerospace.

19. gather information which provides important directions for the development of prevention programs and training plans in the case of CBW which will involve the entire community in unexpected and unfamiliar events. The titles contained in this volume are as follows:

(SDW) ←

Airbase Operations during the Dover AFB

Body Identification Process Richard B. Harper, Jr., Col, USAF

The Gander Disaster: Body Handling

and Identification Process John S. Maloney, Col, USAF

Psychological Support to the Dover AFB

Body Handlers Michael Robinson, MSW

Grief Response to a Military Tragedy:

The Gander Plane Disaster Larry Ingraham, Ph.D., LTC, MSC, USA

Body Handling at Dover AFB Richard Rahe, M.D., CAPT, MC, USN

Psychological Stress of Body Handling, Part I . Raymond A. Cervantes, Jr., TSgt, USAF

Psychological Stress of Body Handling, Part II . Raymond A. Cervantes, Jr., TSgt, USAF

Psychological Stress of Body Handling, Part III. Raymond A. Cervantes, Jr., TSgt, USAF

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Code A: Unlimited Distribution

Second Edition
Published, June 1988

Additional research support from the Department of Psychiatry and its Chairman Captain Bartholomew T. Hogan at the Bethesda Naval Hospital, Naval Medical Command, National Capital Region, Bethesda, Maryland is gratefully acknowledged.

These Seminars were held as a part of Research
sponsored by:

Human Systems Division
Aeromedical/Casualty System Program Office and
The Chemical Defense Division of the
Research and Technology Directorate of the
Human Systems Division, AFSC
Brooks AFB, TX 78235-5000

Accession #	
NTIS	☒
DTIC TAB	☐
Unannounced	☐
Justification	
By	
Distribution/	
Availability Codes	
Dist	
A-1	



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PREFACE

This is the fourth of a series of six volumes addressing the various psychological and behavioral factors of performance and medical care delivery in a chemical and biological warfare (CBW) environment. This volume addresses the unique stress of exposure to death and disaster both for individuals and for a community. In December 1985, the U.S. Army suffered its largest peacetime loss when a chartered plane carrying 248 soldiers crashed in Gander, Newfoundland. This tragedy resulted in 248 soldiers killed, all of whom were from one Army Post, Fort Campbell, Kentucky. This was one-third of a force which had been deployed to the Sinai Desert in a multi-national peacekeeping effort. The impact of this disaster upon the soldiers, unit and community at Fort Campbell, and the impact to the body recovery and body identification process at Dover Air Force Base, Delaware, are the focus of this volume.

The contributions in this volume are debriefings of individuals who were leaders, volunteers or research/observers at Fort Campbell and Dover AFB. Both Fort Campbell and Dover AFB were followed for six months after this tragic disaster. Base-wide issues of command and control which are similar to those of the CBW environment were evident. Intricate communications between base commanders, medical components, and combat commands were required to continue the mission after the Gander tragedy. The CBW environment will require even greater command and information flow between the elements of a base and post because this warfare is so silently pervasive and disruptive of usual patterns of communication and command.

The handling of mass casualties and the exposure of large numbers of volunteers to dead and mutilated bodies will be a major part of the CBW environment. In this environment, many troops who have not previously been exposed to such trauma will see the dead, the dismembered and the ill and must both continue their job assignments and carry out buddy care in the face of this stress. At Dover AFB, over 400 volunteers took part in the body handling and identification process. Approximately five months after the body handling experience, there was an epidemic of suicide attempts among the adolescents at the base. Although the relationship of this event to the stressors on the base cannot be clearly drawn, it remains an important observation requiring further study. Such events may indicate the base-wide stress of body identification and the extended duration of this stressor. The management of the volunteers, the prevention of mental illness, the maintenance of performance and the command of the base as a whole are discussed here by the participants.

At Fort Campbell, the effect of the loss could be seen in commanders, as well as in the survivors, friends, buddies and widows. Units were reconstituted and recovered but the impact of the event could be seen for a long time. The role of leadership in such settings is best described as "grief leadership." Better understanding the mechanisms of institutional and individual coping with expectable but low frequency events such as disaster provides information on similar coping in the CBW environment. Memorial services are one example of an intervention at Fort Campbell which provided significant relief to the grieving. In addition, recognition of this important event by the outside world was observed by the research team to be a critical event. Unit members who were friends and buddies of the dead were at times the forgotten victims. Children and adolescents both at Fort Campbell and at Dover AFB were an important barometer of the community response.

The identification of individual soldiers and airmen who may be vulnerable to traumatic loss is discussed in several of the papers. Detachment, disidentification, provision of information about the normal responses to tragedies, debriefing groups and recognition for accomplishments are preventive measures which may minimize performance breakdown and the development of psychiatric disease. Social supports are a critical element in the recovery and readjustment process following such trauma both

for the victims and the rescue workers involved in body handling. Opening channels for communication to provide avenues for those who are most stressed to discuss their feelings can be an important intervention carried out both by mental health personnel and by community support services. Families are central to this process. Several individuals discussed important roles their spouses and children played in either increasing or decreasing the stress of these events.

The importance of research on disasters and tragedies is well illustrated by the papers in this volume. Such research is conducted to obtain answers which will assist in establishing programs that will be in place and be available when disaster, tragedy, or CBW strike. As shown here, a research team was able to enter a community that has suffered a mass disaster and gather information which provides important directions for the development of prevention programs and training plans in the case of CBW which will involve the entire community in unexpected and unfamiliar events.

The contributors to this volume, both those who spoke and those who listened, formed a team to understand and better deal with a major tragedy of our times. Their willingness to contribute their time and effort to our attempts to understand the stresses of CBW allows the reader a firsthand view of individuals and military installations in times of disaster. The readers of this volume should constantly move in their thinking from this disaster to what may be its similarities to a CBW attack on a USAF Base. This cross comparison fruitfully identifies important areas of present needs and future research.

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**AIRBASE OPERATIONS DURING
THE DOVER AFB BODY IDENTIFICATION PROCESS**

**Richard B. Harper, Jr.
Col, USAF**

Debriefing of Colonel Harper, Base Commander of Dover AFB.

23-24 July 1986

COL URSANO: Much of our team is not acquainted with Dover and even less acquainted with the Air Force. So perhaps you could begin with how you see Dover fitting into Military Airlift Command (MAC) and give a description of the base.

COL HARPER: I think Dover is kind of special. We strongly advertise this to our newcomers. There is a unique relationship between the base and the community. It is unique somewhat by design, but this uniqueness is almost forced because Dover is a small community. The population was about 23,000 but it has since risen to 32,000 - 35,000. We have a tremendous working relationship. The current mayor has been in office alternately for 23 years. He knows the base and our problems. In the early to mid-sixties, former Wing Commander General B. went to the mayor and said that Dover was not getting along with the community. The Mayor pushed hard to turn that around. Over the years, the relationship has grown. Each wing commander and base commander has come in and tried to nurture and expand upon that relationship. As a result, the base/community relationship has flourished and a number of military people have come to Dover and have decided to retire there. We have 43,000 retirees at Dover right now. The base school system is like a DoD school. We have an on base school run by an outside agency. Instead of a DoD school system it is run by one of the local schools. It is one of two districts in the county. Three years ago the district was selected as one of the top 200 schools in the nation. Most school districts are extremely well run and have good programs. Dover is also accessible to Washington, D.C., Philadelphia, Baltimore, New York, and Wilmington. We have one of the best ports in the Air Force and we have the biggest port on the east coast. We have one C5 assigned at Dover. We have 141's and 130's and other commercial airliners in transit as well. For the most part Dover is a strategic airlift base with one mission and one air frame and we all come together to do that mission. The wing commander states, "if you were to design a base, Dover would be the way to set it up." It would be like an infantry on a battalion base. In that regard, we fit in with the scheme of things. We have about one-third of the free world's strategic airlift capability at our base. Looking at that responsibility along with the visibility that is provided around the world with the C5, there is a need to keep it flying and keep our crews trained. It is obvious that we play a big part in the scheme of national defense.

QUESTION: What is life like on the base when there is no crisis?

COL HARPER: Dover is busy moving cargo. We have about six 141's and we launch four C5's everyday along with 130 traffic. We have 24-hour-a-day maintenance operations. The police, fire department, hospital, dining hall and services people are

working 24 hours a day as well. Dover also has a reserve wing. In the summer, we host two summer camps for ROTC. We just completed a six week encampment with 120 ROTC students. We now have 120 Civil Air Patrol (CAP) students who are going to be touring the first summer camp of our ROTC and CAP, then there will be a three week encampment for the Senior ROTC. We do keep busy. In our port, we have the primary responsibility for cargo movement. We have a large number of passengers that come through on the C5. We now have a 1500-person back log for European travel, and we have anywhere from 500-600 waiting to go out. There are 4600 active duty and 1300 civilian. Of the 4600, 300 fly. The flying squadron has 85 pilots to each squadron and just a few less engineers. The maintenance crew in one squadron has 900 people, in another 500 people, and 300 in another.

STATEMENT: There are 300 flying and about 2000 that are essentially direct support, making sure that planes get up.

COL HARPER: That is where we fit in the scheme of things with the mission. As one of our satellite missions, we have been designated as the East Coast mortuary for DoD. We deal with about 60 remains a month that come in from overseas. We process both active duty and dependents when a tragedy such as Gander, Beirut, or Jonestown occurs. We are designated the mortuary to handle the remains. Based on the small staff that we have in the mortuary, it is easy to understand the extra manpower needed when the numbers exceed 60 a month and jump to 300 at one time. Like Gander, we look for volunteers. As a result of Gander, Colonel N., from MAC, and the engineering services people from Finland took a total look at what we did. Air Force Institute of Pathology (AFIP) personnel decided that although we are not the optimum facility as far equipment and sites are concerned, we are better than the mortuary in California. We are now "the" facility for DoD.

QUESTION: How many of these disaster have you personally been involved with?

COL HARPER: The first one I was involved in was Jonestown. I had a peripheral since I was in charge of the command post at Dover. The peripheral responsibility was to work closely with the FBI and such agencies as they came and went. I was very familiar with the security and press problems dealing with visitors and families. We were the focal point for things on the base. As to being in the mortuary itself, I did not leap at the opportunity. My position at Jonestown was the Command Post which is the communications and the executive agent for the wing commander. The command and control was the focal point. It was more than a communication center; it is where staff met and we briefed to make decisions. I was involved with Jonestown and I am very familiar with the problems that arose from that. I dealt directly with the press. I called a news station when I heard they were going to bury someone in one of the local cemeteries. I knew that if we were going to put 900 bodies, whose spirits are supposed to be in Venezuela, here in Delaware, these poor Delawarians would go crazy. I gave that to the press and told them to change the report and withdraw it. There was no truth to the rumor and we were not going to bury them in Delaware. There was no point in exciting the people. From the peripheral standpoint, I was very much involved. I did not get involved in seeing the gruesome sites that were a daily occurrence at the morgue.

QUESTION: On a command post, you are operating at a steady pace and then something like this happens. There is no gradual transition. What kind of changes took place on the command post?

COL HARPER: Additional people are brought on the schedules and the tenor of activity increases.

STATEMENT: Your communication and decision making must be increased. This is important.

COL HARPER: The command post is the nerve center for the base. The officers and the civilians keep track of the mission folders and coordinate and track the airplanes and cargo load. When something like this happens, we bring together the Wing staff and the crisis action team. We all meet in a room of the command post and the command post inputs information to us. Decisions are made amongst ourselves and it comes back to command post for direction. When this happened it was near Thanksgiving and we were there before that time recognizing that we were going to have some responsibilities. When I first started, we were talking about 100 people. There many have been 200 in the first airplane crash. As the airplanes came out of that area, the proportion increased. We had no idea what we were going to do with that many people. While we were doing the command and control operation, the press was coming in like vultures. All the major networks were camping out with cameras. They came in and wanted a story and it was up to us to do what was right for the United States, in dealing with the State Department and DoD. We got a lot of guidance from above. In this particular case they had no idea what was going on down there.

It was up to us to say we had it under control and would call if we need their help. We were dealing with the transfer cases: there were not 900 of them sitting around. They wanted us to turn out 100 of them every hour, put them on an airplane and send them back to South America. We could not do that. They had to be cleaned and sterilized. We still have our routine operations.

STATEMENT: So there is a wing staff that handles the actions during a crisis. You are bridging those two groups, the routine group and the crisis group, and monitoring what goes on with the press and higher headquarters.

COL HARPER: We increase our officers to deal with those missions themselves. The NCOs are also increased for clerks, typists, etc.

QUESTION: What are your thoughts about sleep when you enter into a crisis mode?

COL HARPER: That is one of the things that has to be taken into consideration fast. I had a deputy assisting me running the command post. It was obvious this was going to continue, so one of us has to go home and start a sleep mode. We have to decide early who is going to get rest. We set up twelve hour schedules.

QUESTION: Is there any standard operating procedure (SOP) on this or is this something that you created?

COL HARPER: We have what is called an Emergency Action Checklist. The schedules are set up and turned into the crisis center and the commanders to assure that everyone has 24-hour coverage and that we are taking time to go home and rest. If you have more manpower, they work eight hour shifts instead of twelve.

STATEMENT: I am not sure that the Army is that clever and whether or not that would work. The Air Force does it all the time. They are enormously sensitive to time variables. Are there any routine activities that are stopped when facing a crisis like this?

COL HARPER: Depending on the training and the sensitivity of it, we stop the training, social actions, newcomers briefings, etc. We do not usually go into 24-hour operations.

STATEMENT: Do you have a quarterly requirement to exercise? Is that rotated between the two wings?

COL HARPER: No, the reserve wing comes in with us and we work side by side. If there is a big fire on the base the staff comes in. We would then need security, engineering, contracting support, emergency repairs, and water. We bring in the whole staff to move cargo and airplanes. We all get together to talk about it. If it is not that serious we go back. It is easy to bring people to a meeting like this and say, "What is the real situation?" We talk amongst ourselves and decide what is the best course of action to recommend to the commander. The tasks are passed out to the subordinates except for the separate agencies and we move on. My individual involvement with Jonestown was much shorter than this. As far as members, it was much more involved. It took approximately thirty days. For two weeks, the command post was running around the clock. They did not know where they were going to send the remains, so there was really no need for all the staff to be up there. We brought in the missions, turned them around and gave them as much support as possible. We got the press out of there and dealt with the families as best we could. Then, it was a matter of trying to embalm and identify. That was not an operation center task. We went back to normal. It was a matter of providing security around the morgue and keeping out the press and the Soldiers of Fortune magazine photographers, etc.

STATEMENT: Again in regards to Jonestown, and I am focusing on this because you are unique in having experience in facing a crisis like this, had your feelings of exhaustion taken a toll on you at the end of two weeks?

COL HARPER: I felt pretty good. I had no trouble sleeping at night. I enjoyed it. I hope that I am not unique. Once is enough for me. In subordinates, I look to someone who can remain stable, steady and relatively calm. If the pressure rises and the person feels their temper getting short, they should leave for a break. I want the person to look at all sides of the problem and come up with a reasonable decision. They should give directions so that they are understood. If I am writing on the board, for example, and a person is not watching me, I will tell that person to pay attention to me. Other times, I will tell the person to get some sleep. When we are inspected for the operational readiness inspection the inspectors watch the staff. Some wing commanders feel that their unit cannot function without them and they will go for 36 hours. That is when the Inspector General (IG) will give them a heart attack. He will give them a card that says you have just had a heart attack and have been declared dead. Because that person failed to arrange a schedule, they were not functioning properly. For most people, their peak performance level passes after 12 hours and they start to degenerate. It is time to get them out of there.

QUESTION: If there are people who do thirty-six hours on, then it must not be Air Force policy that you have to think about time, relief and sequencing people?

COL HARPER: It is policy, but the commander is sitting there and may say, "Well, I have already thought about that, and it is not a problem for me to go for 36 hours." We have all gone home and come back to find him still there.

QUESTION: Are they different? Are you different?

COL HARPER: I would say it is the individual. There was only one person that I worked with that did that. Everyone else takes a reasonable approach to the 12 hours. The wing commander or the commander may work 16 hours and only take a four hour break because he is nervous and keyed up. He very hyper and sensitive because it is his career that is on the line if the wing does not do well. He has a tough time sleeping, in my opinion. We all generally have a 12- or 8-hour operation so that our own health and physical well-being can be taken in to consideration.

QUESTION: You must have a lot of confidence in your deputy?

QUESTION: Presumably, if one of these were to occur during wartime the wing commander would be flying also. How do you adjust to the demands of command requirements for time in terms of flying and making sure that the people are awake when flying?

COL HARPER: Possibly. When you deal with our mission, the crew is gone for so long he probably will not fly. He may, but it is hard to say. We may go overseas. He cannot be tied up in the front operating area for five days. The fighter organizations and strategic airlift are different. Tactically, the wing commander flies with our unit. They fly in and out of sorties and come back as a unit. We operate out of Dover and the airplanes go around the world. For example, in the Israeli crisis we were operating in the Mediterranean and Tel-Aviv and back. That took about three days. The wing commander does not go out there often because we cannot afford it.

QUESTION: Do you bring in these special people to man the crisis center from the wing? What is not getting done in the wing?

COL HARPER: The usual paperwork and the administrative details. They may be slowed down. The key staff are in the crisis action team. The secretarial and some of the executive officers are working in the offices and others are crew members or those working in a support role for the contingency staff. The administrative details get bogged down. There are a lot of things that do not get done that are not required. Now it is peace time and many things are generated to do because we have to keep busy. Much of the work that may or may not be necessary just does not get done.

CAPT BARTONE: How long do you think you could go without them being done? I am sure there are some things that can be postponed for a length of time but what about administrative tasks that include getting spare parts for planes, gas, food, fuel, etc.

COL HARPER: That is mission critical. I am talking about the OER's, technical reports. Some of the administrative and disciplinary actions get slowed down. Everyday my secretary brings me a pile of papers. I go through them and take action on the important items. Social obligations, such as a graduation, or a Mayor's function tend to go. If we were on an indefinite status, we would have to really pick and choose which items were important.

CAPT BARTONE: If, in fact, we had a list of items that came through your office, I assume, in your mind, you have a priority list.

COL HARPER: You asked what activities would be dropped. We have a list of things we put up on a screen in front of us when we first go into this operation. We decide what should be continued. For example, we go through driver's training, social

action training, marksmanship training, etc. and decide what should be canceled. There are approximately 20 things on the list. The Jonestown situation continued and we went back to the lower level. G.S. from ABC was there and had nothing to do, so we took him on a tour of the command post. We kept some of the other press people interested so they would not disturb the mortuary workers. That is where security comes into play. Photographers were offered up to \$2000. from magazines for a picture. People tried all kinds of things to get a picture. People tried to come in with fake press passes and bogus credentials.

QUESTION: Is Dover accustomed to working with volunteers?

COL HARPER: I believe the mortuary was involved in the 1973 crash of two 747's, and we used volunteers in that incident. I was not involved with that. Our mortician, Mr. Carson, was there.

QUESTION: In your experience, what is it that compels people to volunteer?

COL HARPER: I think initially there are several things that cause this. It may be a promotion. First, they are curious. I am not sure if they have a strong desire to help others or if they are curious. Jonestown is one incident that I cannot identify why the volunteers came. That was very grim and gruesome. There were a significant number of people both at the Beirut operation in Germany and at Dover with Gander who were contemporaries. The Army people came in like they were family members to help. If I were killed, that is what I would like someone to do for me. That is the response many people had.

QUESTION: Was there a demographic similarity in the volunteers in either of those situations?

COL HARPER: We had a wide spectrum of volunteers: chief master sergeants, E1's, E2's, and officers. People took leave to help out. We eventually told the people if they wanted to volunteer it would be duty time and not leave time. I think the curiosity goes only so far. One of our recommendations is that we show the volunteers what they are up against. I think the curiosity aspect will quickly disappear.

QUESTION: Do they volunteer through their units?

COL HARPER: We make a call for volunteers. We have personnel people who practice for disasters. If a tornado hits the base, we have a work pool of non-essential personnel whose names are called forward as being available to come and help. Obviously, if we are preparing for a nuclear war or a chemical attack, people are going to don their gear; there are things that must continue. If we are hit by a tornado and buildings are down and people are hurt, there are not many administrative tasks and, in some cases, not many missions activities that are going to go on. There are constantly many people available. Our manpower pools will ask us if they need help. We go through that mechanism to look for volunteers. In this particular case we are more specific who we choose. We want someone who is stable. One of the lighter tasks is to be a guard at one of the gates. We also have exterior security police. Inside, there is an entry patrol point that goes to the area where they work on medical records, dental charts, charting of remains, etc. We do not want anyone back there. We have a badge selection process where a person is given an identification badge if they are cleared to work back there. A person sits back there and says, "You do not have the proper color badge to be here." There is a lot of administrative work that comes in working with the local funeral homes and local transportation agencies. With Gander, the Army helped us with the uniforms

and all their variations. Our people were pulling out the different ranks, insignias and paraphernalia that went on the uniforms. There is also work in the dining hall. We had people set up a food tent outside the mortuary. With Gander, an individual was assigned remains that came from a transfer case. A person would come up and say, "It is your responsibility to take these remains through every step until they are identified, sent to the embalming room or back to the cooler." That way the individual has an empty packet and, each step of the way, the person received more information that was put in the packet. The first pictures were taken and at the very end of the processing line, if given all that data, the body could be identified by name and social security number. The person taking the body through the process was ecstatic that they were able to help get the body identified. It was a sign of relief for the body handler. There was a marked difference in the expression of the body handler when the doctor said, "Here is their name and number and we are going to embalm it." Either way, after the results, the body handler starts the process again. We saved time and eliminated a large number of errors with our process. Often, the packet was on top of the gurney and someone could turn around bump it and the packet would fall off. Someone may not see it there and put it on the wrong remains. At the end, when they try to identify the body, something may not match.

QUESTION: Are the access control badges and escorts there to prevent errors? Is any of this new with Gander or are they lessons learned from painful experience?

COL HARPER: It was more SOP than it was for Jonestown. I used the Jonestown lessons at Rhein-Main, Beirut further refining them with Colonel N. When it came to Gander, we refined them even more. I do not remember how many volunteers there were for Jonestown but there were a large number.

QUESTION: Who is the coordinator for volunteers?

COL HARPER: You first go to the supervisor and the supervisor recommends the person to come. We had supervisors in each of the areas. A volunteer has a choice whether or not to go back into the room. Once they were exposed to the room and did not like it they were pulled out and someone else was sent in. They should also understand that their choice is perfectly alright. The last thing we wanted was to have someone there and get uncomfortable about what they saw and then feel inadequate. They may say they were unable to do the work and then go home feeling bad about themselves. If they cannot take it, it is normal to place them somewhere else or have someone replace them.

CAPT BARTONE: Who is the coordinator of volunteers?

COL HARPER: We had some coordinators at the mortuary. It was a serious problem and no less so with Gander. We tried to control it but it was difficult with the number of people we had. With Gander, there was such a flurry of activity in the first couple of days. The identification process and dealing with remains is one thing, but getting a hangar set up for memorial services and ready for the Secretary of Defense, Secretary of the Army, Chairman and the Joint Chiefs and all of the other dignitaries was another issue. By Saturday, volunteers were scrambling. It was a tremendous project to keep up with the volunteers. This task rested with the units from which the volunteers were drawn. We had a few key supervisors that were working both at the hangar and at the mortuary. They kept a log of the people who came and went so they could be recognized at award time. They were critiqued on levels of effort.

QUESTION: If I were the chief cook and I saw that we needed more people in the tent, would I use the base directory and call units to say I need 10 more people?

COL HARPER: We call the command post and let them know and they call back to the personnel channels for help.

DR. KATZ: What were the extra tasks and behaviors of the people handling the remains?

COL HARPER: It was somber. It was interesting to watch at the end of the day when the volunteers came off shift. They were withdrawn and under stress. There was not a lot of joking. I challenged the commanders to go and show that they were interested in the program. There was obvious dissatisfaction that the commanders did not know what they were doing. There was a very obvious sense of dedication.

DR. KATZ: What about formal talking or unloading?

COL HARPER: We try to encourage that as much as possible. It seemed to be the biggest relief found. After the whole thing was over, we had a mass briefing at the theatre. Because the dining hall was across from the mortuary, there was a chance to sit and talk. The time Gander happened it was near Christmas. These people were on their way home for Christmas. That put a real damper on things. They would not be home for Christmas. Many of our kids would not go home either. If they wanted to take off and go on leave and if we could spare them from the mission, they could go. They were, for the most part, dedicated to staying and doing the job. There were some strange things that occurred with the identification body process.

COL URSANO: Did you notice any differences between black and white troops in response to this particular experience? D.J. reported differences with the Jonestown operation.

COL HARPER: I cannot say anything about that. I did not deal with volunteers other than those in my command post, starting with Jonestown. I do not really know what they did for the volunteers.

DR. KATZ: Was there a lot of anger in response to Jonestown as opposed to Gander? Could you see any differences?

COL HARPER: I saw Gander and Beirut, and in both cases, the young people came forward and volunteered to help their contemporaries. Curiosity was a factor, but I think the reason for the volunteers was predominantly to help the families and the victims.

COL URSANO: In terms of flying, what kind of impact did Jonestown have? If war started at the same period of time, would it have significantly impacted on how many planes were being flown?

COL HARPER: Yes, that was almost like a war time situation. The Jonestown remains were much further deteriorated from the summer heat. There was a smell every time the airplane was opened. We were very busy because we had a lot more involvement with the MAC mission. The helicopters went into Jonestown and came back to an air field in Venezuela. There were choppers, and 141's. It was a significant operation. There were many airplanes and aircrews.

I think there was a debriefing for Jonestown, but I am not sure. As a result of Jonestown, the planes shop created an operations order for mass casualties. We then had a guideline from which to work if it occurred again. We used that in Frankfurt for Beirut. This was a plan for Dover in particular.

STATEMENT: Let's move to Beirut. In 1978, were you a senior major or a lieutenant colonel? And you were a colonel in Rhein-Main. You went there and you were the base commander. Did you bring the SOP with you?

COL HARPER: I think I requested it from Dover so we could have it. It was not on hand at Frankfurt prior to this, but it was at Dover.

QUESTION: When you come to your office and you know there is going to be significant traffic through your installation, what are your initial thoughts?

COL HARPER: This is a different base and there is a different concept of operation that has to be recognized. We have a mortuary at Dover not at Rhein-Main. The mortuary is at the 97th. My outfit brought the hostages in and we dealt with the President. When a crisis comes up, the staff is brought in and the job is done. We were told we were going to get all the remains from Beirut, and my first reaction was, "Fine, what are we going to do with them." We do not have a mortuary or a hospital, we have a clinic. Weisbaden was our hospital. What were we going to do with these remains? Initially, the 97th said they could take 80 of them. When we discovered we were going to have about 150, they said they would not help. It was then decided that the 97th was close to Rhein-Main and that it would be easier to deal with them there than to move them to the mortuary at the 97th to be processed and sent back to the United States. The port at Frankfurt, Rhein-Main, is a port of arrival and deportation for about 11,000-14,000 troops per month. We cannot have a hangar full of remains from the Mideast that are in any kind of state of deterioration 300 yards from this aerial port complex. So the problem was where to put them. Where does all of the work get done? We were fighting not to have them at Rhein-Main. We did not have the facility to deal with them. It was decided by people who did not want to hear the facts or the problems that Rhein-Main was going to have. It was up to us to decide how to deal with them. The civil safety engineer was given the Office of Primary Responsibility (OPR) shift. They would work with us in any way possible, but it would be done at Rhein-Main. We looked at possibilities for hangar space and the most obvious one was the terminal close to the airport. For various reasons that was probably the least feasible. We moved down the line. The impact in each of the hangars was different, but it was no less important in the overall mission of the base. The Army Reforger operation was just about to close down. We had a big tent complex on the other side of the base--it was usable. We sped up the departure of the Army from the tent by about 24 hours and moved to one of the hangars next to the airport building and started to set up a temporary identification center. It was on the back side of the base, away from the populated areas and the work centers. We established tight security and brought the civil engineers in for lights, wiring and to partition areas off. We installed a dining area and a relief area. That was the identification center at Rhein-Main. There was a trailer that was used for some of the staff people. That became the nerve center for the operation. That area handled the volunteers, coordination and the record keeping. One of the people from Weisbaden brought in a computer, and a day later, the first airplane load of remains from Beirut arrived. We initially set them up in the hangar on the flight line until we could get all of the refrigerator trucks in. Once the trucks came, the remains were moved into them. We started the x-ray and other machines in the festival tent. The bodies stayed in the trucks until they were actually worked on. We did the same type of thing here as we did at Dover AFB, only it was in a tent. We did the same type of computerized processing

because we had a similar problem. We had no records. We received a shipment of remains with no identification tags, dog tags or medical records. It was up to us to start the identification process. It was a matter of taking the identification remarks that are unique to the remains we received and start documenting them and logging them in. We did not have a volunteer escort on this operation, nor did we have the gurneys. With Gander we used one volunteer to move the remains around. Each time the remains had to be removed in Rhein-Main it took four volunteers. We had many volunteers waiting for tasking to pick up and move. Fortunately, the weather was cool, otherwise, the smell would have been worse. It happened in October or November.

QUESTION: Did you not have an SOP with you? As base commander, were you drawing on your experience and making this up as you went along? What are the first things, now that the bodies are taken care of, that you think about.

COL HARPER: Security. My security police and I met and talked about our security. I met with the civil engineers and we discussed what it was going to take to get the facility ready for this operation. I was thinking about where we were going to get our volunteer force from. I worked closely with the pathologists, the medical personnel, dentist and dental technicians to try to ensure the right kind of wiring and electrical hook-ups. We dealt a lot with our services people and talked about our refrigerated vans. We also talked with services. They deal with personal affairs and identification. The person in charge of services got very close with Colonel N., who is from the Civil Engineers office. They worked together and decided what the hospital needed from Weisbaden. My primary concern was security. We were dealing with a runaway construction project that was fought at Frankfurt for 13 years. There were demonstrations around the base every weekend. Then, there were demonstrations around the base about the cruise missile. We dealt with that along with the terrorism. Security was very important. The press wanted to come in along with those who were curious. We wanted to keep this as low key and quiet as possible. We also had to deal with the Marines. They wanted their people to be sent home quickly. Because we were not doing it quick enough, the Congressmen came, but not the same magnitude that came to Dover AFB. There was congressional interest in what was going on. Once we got the location figured out, the key problem was where and how to deal with this. We wanted to know what we were going to be up against. Having been through Jonestown, I had a lot of input as to what we were going to be up against. Once we decided where and how it would work, it was a matter of figuring out the details. The biggest problem was where we were going to do it and how.

QUESTION: Did the AFIP people send a lot of equipment and x-ray machines?

COL HARPER: We got them from the 97th General at Weisbaden. I do not think AFIP brought any equipment. The FBI also came. The volunteers came forward in large numbers. The Marines and the Army's 21st replacement battalion came at Rhein-Main and wanted to volunteer. We had a train of troops come from Bhareaharden which is a long way from Frankfurt. It is a right long train ride. There, crew members that came during the crew rest time at Rhein-Main asked if they could help. They did not volunteer for the medals. It was because they genuinely cared for their fellow man. We did have some volunteers come forward to get medals.

QUESTION: Did you have to deal with the problem of volunteers being in the way?

COL HARPER: We took their names and said we would call them. We tried to rotate them through. At Dover, we were moving remains on gurneys and it was not very

tough. The exposure was tough. In Germany, it was hard labor moving the bodies around in the trucks and then from place to place. We had to watch the handlers closely to see when they got tired. We shifted them after four hours.

QUESTION: When does the base commander sleep?

COL HARPER: In Jonestown, I was not in the mortuary operation. I had volunteers working there. If they are in that environment, then I should be able to be in that environment as well. I went into the environment four times daily. I looked to see how the people were doing and to see if they were being rotated off. I went in at about 6:30 a.m., 12:30 p.m., 5:30 p.m., and on my way home. I came back at 10:00 p.m. I slept from 11:00 p.m. until 5:30 a.m. I did not spend a lot of time there but it was enough to show them that we cared. The wing commander was not there as much as I was. Curiosity disappears quickly and then a person has to rely on their own resources. I did that everyday except for the last two. The last two days, I went there three times a day.

COL URSANO: What was the experience like for you?

COL HARPER: At first it was grim and I was curious. It was also interesting to see how they were dealing with the remains and what was being done to identify them. It is exciting to see them accomplish this task. It is also gruesome. It is not pleasant at all. We come from the Judeo-Christian ethic, and when you die, the body goes to the mortician, they fix it up and put nice clothes on it and put the hands on the stomach, then people come in to see the body and it is buried. But when different pieces of remains are received and are in different states of repair, it plays on the emotions of all the people. The first day it was so ghastly I was afraid I would talk about it at home. I was very protective of my daughters because of Jonestown. I found caskets with four children in them. I went home and cried because I wanted to protect my children. I did not want my children to know what I had seen in Beirut. I did not want them to have any feeling for what I saw because it was so bad. As a result, I was very withdrawn. My family asked me questions but I tried to avoid the issue. Eventually, I lashed out. Later I found out that was a normal reaction. It then became a matter of talking about some aspects of the ordeal. That was the first and last time we argued in 12 years of marriage. I verbally lashed out, not physically. The psychiatrist later told me that is what it was all about. I did not want anyone to know about it because it was so awful. After I got in there, I got somewhat immune to a certain degree. It was not pleasant, but I could see what the people were doing; their spirit of dedication was contagious. Senator M. asked people why they were there and what were they doing this task for? The response was that it was the least they could do for these unfortunate people, for their country and their families. These people worked very hard to do the job, do it right and get it done as fast as possible. It was invigorating as well as unpleasant. As the order started to increase, it dragged on and became increasingly more difficult to go down to the tent. I knew they were okay but that I really should go down there. It came to the point where I said, "I have got to go down there whether I want to or not." The last day I just could not do it. I started at 6:00 a.m., went back at 12:00 p.m., went home for lunch and said that I couldn't go down there. The next morning I went and the last casket was closed. They were starting to clean up. I forced myself there. It was over.

COL INGRAHAM: What does the base commander worry about once the set-up phase has passed and the critical decisions are made?

COL HARPER: There are the regular operations of running the base, along with terrorism, and the standard things around Frankfurt. There is the concern for the food preparations and making sure the people in the tents are fed. Feeding them is a

separate operation. I have to keep track of the cost, who bought the items and who is going to get billed for the items. We put many supplies and equipment in the tent. It cost a lot of man hours from our work force. The public affairs aspect of how much information is being released and how much is being withheld needs to be addressed. I need to know how things are continuing on and how the families perceive what we are doing. At that particular time, we were in a big football season. In the European environment, the junior level college sports are of great importance. It was ironic that on one Saturday we were playing Rhamstein which is our biggest rivalry. Less than 300 yards from the tent was a football stadium filled with 5000 people plus two football teams competing in the field. The majority of the people probably did not know what was going on.

COL URSANO: After what period of time do you become immune? When does this process become more distant and not quite as penetrating to you?

COL HARPER: You become immune to a degree. After the first couple of days in Beirut, it became a matter of seeing the remains once in the different states of disrepair and deterioration; it is not shocking anymore. There is just so much death and grief that goes with it. I cannot say that it turns a person off, but it is not as shocking as it is the first time you see it. The mortuary in Frankfurt went on for 21 days.

DR. KATZ: You said you became immune to certain things. What were the different kinds of things that continued to bother you?

COL HARPER: I think the initial shock of it. When you see the medical guy pulling the jaws out and doing other things to the body it is quite shocking. After a while, it does not shock you anymore because you recognize what the doctor is trying to do. The physical action becomes less appalling. The bad smell starts to bother people. It is not very pleasant and it becomes less pleasant the more you are around it. I went in there four times a day until the last two days. The last day I could not bring myself to go into the tent. At that point, I could not see anymore remains. Fully recognizing that it was good for the people working there, I personally could not bring myself to go there. I was one of the few people that went there frequently. The wing commander did not go down because he did not like it. The deputy wing commander only went to the tent twice because he did not like it. I did not like it either but that was where our people were. I am sure that they did not like it either but they were working and we had to recognize them for what they were doing. We had to encourage them because we needed them to complete the task. We could not have done the job without our volunteers. I cannot say when it all effectively came to an end. I did not desire to keep it all in, I was ready to talk about it with people. I did not go into graphic detail, but I could at least talk about it with people and recognize that I was not making them feel uncomfortable. I talked with my services guide and with the food services people. The security police provided an avenue for me to relieve that pressure as well. I talked about it from a working standpoint. I talked about what kind of problems we were having and what we needed to do to make it work. I asked how they thought the Germans perceived us or if they thought the Germans knew what we were doing or if this was really happening. We talked about the normal mission activities. We were also preparing for Thanksgiving at that time.

COL URSANO: It sounds like it is the shock factor that you felt yourself becoming immune to. The smell and the sense of so much death was perhaps more cumulative.

COL HARPER: Being interested in the people was a defense mechanism I used. We had a young man that started out in somewhat of a disarray. He asked how to keep records of what was in one casket versus what was in another. We had a young civil engineer who came down and was an okay performer in his own right on the job. He just shined like a star in the mortuary. He created a numbering and a filing system. Instead of dealing with a filing cabinet, we were dealing with caskets with remains in them. He had complete order to this program. It was exciting to watch him work. I went to the tent to see how he and the volunteers were doing. I was standing next to a dental technician while they were pushing and pulling and I was not affected by what I saw. I looked away and did not draw my attention to what he was doing. Maybe I did not get accustomed to it, I just tuned it out because it started to bother me.

COL URSANO: So you found yourself focusing more on your volunteers?

COL HARPER: Yes.

COL URSANO: Were there any other volunteers that you identified as having problems and still talking about Beirut?

COL HARPER: We had a family support center and Dr. T.B. was the director. He is aware of the psychological problems associated with this. He went to Weisbaden where we had a clinical psychiatrist. In working with the Mental Health Department at Weisbaden, we organized a briefing and had a mass briefing for the volunteers in the theatre. There were about 400 volunteers altogether. We told them that they were probably experiencing strange reactions. He went through some of the reactions. He mentioned keeping themselves withdrawn and not trying to talk about the experience with anyone. They may have experienced lack of sleep and a loss of appetite. He went through a series of reactions that were perfectly normal and were occurring with regularity with the volunteers. We told them that it was perfectly normal and things happen when you are involved or closely associated with this type of trauma, death and mass casualties. We encouraged people to recognize the problems and talk to someone about them, maybe a roommate or a friend. If they did not have a roommate or a friend, they should call us and come to the family support center. We sent our family support people around to the work centers. We asked the volunteers how they were doing and if they had any problems. We also asked if they were able to eat and if they had experienced problems sleeping at night. We asked how things were with their roommate, etc. We were able to prevent and intercept many problems. We did have some people going on Christmas leave and we tried to catch up with some that were gone afterwards. We continued to press and go to the units and ask them if everything was alright. We asked if they had any problems and to keep an eye on the volunteers. We then went into the decoration and the awards phase for our volunteers. Ironically, after my change in command, they presented several achievement medals and joint service accommodation and meritorious service medals to the volunteers. I left in March of 1984 and went to Andrews AFB.

COL INGRAHAM: Is there a training exercise in which there are simulated dead bodies that are handled?

RESPONSE: In medical exercises, I know they simulate wounds, but I do not know of any simulated operational exercise in which there are wounds to people.

COL HARPER: We have simulated the major accident response airplane crash as well as a truck crash. People get killed. Our biggest concern is an airplane crash. We have a team of people that are selected to go out and search for remains. They are

trained to look for body parts. In simulations, animal bones and meat from the commissary are put out in the field and then searched for. The team consists of trained specialists working for Mr. C. in the mortuary. They are in the services squadron.

COL URSANO: What if you were at a base without a mortuary?

COL HARPER: The services' organization is charged with tasking that. There are people who are trained to do that. Most of the people on base would not have had this experience.

COL URSANO: In your own experience have you ever been on a body sweep before? Would it have been common or uncommon for other flyers and aircrew to have been involved in any body parts location exercises?

COL HARPER: I have never been involved in any body sweep. That is uncommon, unless you are tasked with permanent accident investigation. Even then, the search and recover teams are the only ones that do that. Officers do not do that. There are not many people that have been exposed to this previously.

COL URSANO: What about the number of deaths among the flying population during a period of time?

COL HARPER: I think it was summed up with the Challenger tragedy. A general officer commented that his son said, "Now the rest of the world knows what we deal with." The flying organization does lose airplanes. It is a tragedy like Gander which was so immense in numbers. These airplanes crash more frequently than we like to think about. We lose pilots and crew members. It is something that must be faced. We face it routinely. It does not make it pleasant. We have the casualty assistance teams that go out and take care of the dependents, widows and children.

COL URSANO: How frequent does a death from an aircraft occur?

COL HARPER: We lost a 130 in 1980; the entire crew was killed. We lost another one in 1984 before I left.

COL URSANO: What about in the community of flyers that you know which extends beyond your base.

COL HARPER: Just like the Gander tragedy, I think the Vice President indicated that this is a tragedy but it is something that happens when we deal with the unknown. If the people in the thirteen colonies had not taken chances, we would still be the thirteen colonies. In the flying business we are dealing with a hazardous environment. We do all we can to eliminate the hazards. Death does happen. It is one of the expenses of the program and one of the dangers.

DR. KATZ: How were the chaplains involved?

COL HARPER: The chaplains were very much involved during the Beirut operation. The chaplains were brought in just because of the religious aspect of it. The Judeo-Christian faith is what we are accustomed to then and that is what the people are seeing in the mortuary. The chaplains were available to see if they needed help and counseling. The chaplains needed help. Some of them had a tough time dealing with it. We had some memorial services for the Beirut victims and it was tied into each one of the Sunday services. There was a moment of silence and we had silent prayers during

the staff meetings. It has been my practice to have the chaplain at all the staff meetings to start with a prayer.

DR. KATZ: What about the facilities for washing? Was there a big demand for this, particularly the handlers? More than perhaps was even necessary for showering?

COL HARPER: They were all wearing rubber gloves. They used medical coveralls. There was no way that bare hands could be used. We were very careful that bare hands were not used because of the diseases that could be transmitted.

DR. KATZ: I guess I am talking about something independent of what was necessary. Rather, a psychological response. With all the extra people involved was this a technical problem in having showering facilities?

COL HARPER: If it was a problem, I was not aware of it. We went back to the dormitories. We did not have a special facility. They came down, spent the day and took their coveralls off and then went back. The coveralls were laundered, but there was a point when many items were burned.

DR. KATZ: When you went home, did you feel that you had to wash several times again?

COL HARPER: No, I did not. That might have been the case with the Jonestown people.

COL INGRAHAM: You mentioned before that while going through this you were glad you had experienced Jonestown. Why?

COL HARPER: I was familiar with the problems that were associated with this process, such as, security and the press. Fortunately, the press was not a problem in Germany. There was little interest. Once the problem occurred in Beirut and the remains began to come in, there was an initial flurry of press activity but then it quickly wore off. There was not a lot of base personnel or civilian interest in this. We did not have crazed people going around trying to get pictures of dead GIs. For some reason, that was unique to Jonestown. It was not a problem because we took care of it as such or it was not there to begin with. We were isolated and about two-thirds of the base did not know what were were doing. We were on the back side, away from things and on a road that was used only by fuel trucks and certain other minor vehicles. Unless someone told others about this, they had no idea what we were doing. I knew what the problems were going to be and I talked to the FBI, morticians, and the people who were temporarily assigned to Dover AFB and worked in the mortuary. They knew the problems they were having. I was not happy that I was a part of Jonestown, but I was better prepared for this incident.

COL URSANO: What happened to the bodies when you completed the process of identification? Did they then go to Dover?

COL HARPER: They went to the 97th and to Frankfurt where they were embalmed. They were prepared to a certain degree and were then sent back to Dover AFB where they were put into uniforms and prepared for their families to see. We sent caravans of trucks with a police escort of four refrigerated trucks at one time. The last two unidentified were pieces of bones. There were about five or six pieces of bones for each individual. We sent those to Hawaii to a major laboratory. One individual, who was unaccounted for, was asleep near the armory and another one was asleep in the

boiler room. One series of bones had gun powder imprinted on them; that was obviously the person in the Armory. At that point, it was over. We steam cleaned the tent and broke things down and sent the medical x-ray units back. We let the tent air out for three weeks. A major problem was washing the drain off from the tables and washing the transfer cases out. There was an ecological and environmental problem as to how much could go into the ground.

COL INGRAHAM: Had these bodies been in the heat for some time before they came to you?

COL HARPER: They were not that bad. It never got that bad because of the cold temperature.

COL INGRAHAM: Who is bearing the stress of this operation? Obviously, in the Jonestown operation, the morgue and the control center were working very hard. In this case, it seems that all the key players on the base are services' persons, security, your own staff and the flight control.

COL HARPER: The command post did not get involved very much with Beirut. Colonel N. was the stress point. My services' man worked for him. He worked for General A. Colonel N. was under a lot of stress. He was essentially the man for Dover as well. He was much more knowledgeable and was willing to take it on so I let him. There were a lot of general officers and many things going on near Christmas and the conduct of the ceremonies for Gander. I could not spend much time with them. I was by myself without a deputy at the time. I did not have a deputy until 1 January. The whole time I was essentially by myself.

COL INGRAHAM: In regards to yourself, did you notice any aftereffects once the Beirut surge was over? How long did it take you and your staff to recover?

COL HARPER: I would say the people who dealt with it intimately on a daily basis took a while to recover. I was glad it was over. It was then a matter of putting together the awards packages. Once that was over, I had to get ready to go on assignment to permanent change of station (PCS). I had leave and other plans that were cut short.

COL URSANO: Did you find that PCS was a helpful way to leave the disaster behind?

COL HARPER: I did not really think about it. I did not realize it as much as I did after Gander, maybe because of the excitement of the move and starting a new job.

COL URSANO: That raises an interesting question. Given an event like that at Fort Campbell and that frequently these events will occur around PCS moves, to what extent is a move helpful? Or does it compound the stress?

COL HARPER: You mean, does that become a valve. I did not really think very much about it. The awards packages were done, the after action report was done and the psychological debriefing for all of the volunteers was done. The guy that was coming in to relieve me was my deputy and he knew what was going on. I felt that he was up to speed. In my estimation, Beirut was done and behind us. I called back to see if there were any psychological problems that came up afterwards. We had problems with the awards in Dover. There were some reasons behind them, and I do not feel they were necessarily related to Gander.

COL INGRAHAM: You said you thrive on this kind of excitement. Are there any other experiences in your career that you would compare this to in terms of the sheer amount of adrenalin pumping through the system?

COL HARPER: Southeast Asia. I was a forward air controller. I flew about twice a day. When I was not flying, I was on the ground with the tanks or out with the artillery people and on helicopters looking at the area of responsibility. To avoid getting into the reasons of what am I doing here one would have to look at all of the ethical aspects. I met some people whose relatives were killed by the Vietcong in Vietnam. I once was shot at by the Cong and I decided my object was to kill as many of them as I could to get out of there safely. I was active and did not think about it, thus it was a very short year.

DR. KATZ: It sounds like you had many tasks to do and were thriving on those tasks. There must have been periods of time in which things were going routinely. Did that affect your level of stress or did you find different things to do?

COL HARPER: I found different things to do. I like to listen to music, so I got involved with classical music. I would go out and rehearse with the Air Force band for Friday night concerts. It became a relief for a little while. I am always trying to look for things to do. There are always things going on around you, even if it's just looking at the birds.

COL URSANO: So actually it would have been more difficult for you to have sat still and not been as involved in these activities?

COL HARPER: They would not have been able to keep me inactive. I noticed that when I went to Andrews AFB. I was at the peak in terms of activity. There was a skiing vacation, a trip to Berlin, Gander and other vacation plans. There was also a PCS move squeezed in four months earlier than we expected. Consequently, things that we were planning on doing later in the spring were put upon us within two months. When I got to Andrews AFB, there was nothing to do. Once we found a place to live, I called Germany and agencies on the ground to see if I could do anything for them. I eventually became involved in the resource management with Bolling and Andrews AFBs.

DR. KATZ: When you first went to Andrews and had nothing to do, did any of the Germany events come back to you? Was there any delayed reaction or stress? Did you think about it?

COL HARPER: I thought about it, but not the Beirut activities. We thought about the things we did as a family, the local German people and how neat they were. I was also taking a Senior service school by correspondence, and I spent a lot of my time working on that. If it were not for that, we would have been all over Washington. During the day, there was a decreased level of activity--it was tough to deal with. I wrote back to my successor and told him to make sure that he took time to enjoy his job, because once you leave, it is over.

COL INGRAHAM: I think we are now ready to move on to Dover and phase III, which apparently you had been preparing for a good portion of your career. Let us begin with the week of the 10th, then we will go to 6:00 on the twelfth.

COL HARPER: On the way to work that morning I heard that there was a DC8 plane crash. Later that morning we heard it was Army passengers. It became obvious that we were going to get involved in the mortuary. There was no question. It was just a

matter of how involved. There was, however, some question because of engagement rules with the Canadians and because the crash did not occur in U.S. air space. The Canadians wanted to deal with the autopsies and any other remains that appeared to be there. This was a problem of some magnitude that faced us. It was not readily apparent to other people until that Saturday and the crash was on a Thursday. We were not sure in that we were never directly tasked with performing that operation.

DR. KATZ: How did you respond to the possibility of the Canadians doing the autopsy?

COL HARPER: There was somewhat of a sense of relief. We were getting ready for Christmas and I knew that we were looking at a tough project. The main thing I wanted to know was whether or not we were going to do it. I was ready. The longer things were delayed, the harder it would be to accept the first set of remains and get the project going. Why should they wait? We were planning a major five day practice exercise in operational readiness beginning at 5:30 a.m. the following Monday. The major involvement mobilized about 400 people to fly as many airplanes as possible. We had been looking forward to this for the last 18 months, and then we were faced with a major mortuary exercise. How was that going to impact the exercise preparation? The base has done well in these exercises and inspections; we wanted to do well on this one. It had a heavy toll. We needed to know whether or not we were going to do this. If not, we could proceed with our exercise. If we were on, then we had to cancel them. It was late Friday afternoon and we still did not know for sure. We were never directly tasked, but the next thing we knew, they were coming to Dover. That Saturday morning I was told that Brigadier General Z., who is located at the Pentagon, was coming in to take over. That was the command post. We already had a contingency of Fort Campbell troops that came in on Friday night. This guy did not even have the courtesy to give me a call. I was very upset about that. Fort Campbell troops came in to set up for what might happen and for a brigadier general coming in. I had no idea who he was or what his background was. The fact that the Army was located on my base and did not even inform me of this bothered me. We sat down with the wing commander after it was indicated that the bodies were in fact coming to Dover. We had a big job ahead of us. Once the remains arrived, we knew we were going to need a lot of volunteer to work over the weekend. We were to have an arrival ceremony the following Monday. It was going to take a tremendous amount of effort to prepare for that. We reluctantly decided to cancel the training exercise. We had one commander whose career was essentially going to be determined by the outcome of this exercise and inspection. He was giving away about two months of preparation time for something that was coming in March. The big push was before Christmas. Then, we came back after the holidays and had to be up to peak again and be ready for the exercise in March. The first big thrust was canceled. It was a tough time. Two things happened. We canceled the practice and it was confirmed that the remains were coming to Dover AFB. There was a sigh of relief. We did the job. We got the uncertainties out of the way and continued with the work. It was then a matter of receiving General Z. He became, more or less, the commander. He was also in charge of the mortuary. However, B.M., from AFIP, was making daily phone calls to General T. in the Army and telling him what was happening. This was not known to General Z. B.M. said he wanted things done one way. Colonel N. and I had talked with services' people and medical people from Dover who said this was the way to do it, and the engineering and services' people from Tindel were setting up the mortuary the way they thought best. Our report from the OPR said we had a lot of commanders. Many major activities occurred at the request of Gen F. He was running his staff and we were preparing the base. There were many activities at the mortuary getting it ready for the operation. There were some major changes requested by B.M., such as, changing electrical wiring from one place to another and moving big dental x-

ray machines and computers. This brought disagreements at the mortuary. People were saying, "This is the way Colonel N. wants it." There was a lot of activity in the hangar where Secretary M. and General W. were going to be, including all the people from Washington, D.C. There were two big poles of tremendous intense activity. The rest of the base was getting ready to be on television. There were many powerful people coming to the base to see the families, chaplains, family support centers and mental health people getting ready to receive people. There was the psychological aspect of that.

COL INGRAHAM: So, the base commander was moved from his office?

COL HARPER: Yes, I gave it up. I did not have a deputy. I knew that General Z. would not be there very often or too long. I moved to my executive office. We had meetings with General Z. at 9:00 a.m., 12:00 p.m., 4:00 p.m., and the last one was at 10:00 p.m.. Tabs were kept on people to make sure everyone was doing their job. We advised the wing commander that we had the show and were acting as a support group function. He was watching the airplanes and getting the regular mission going at the wing. Meanwhile, I am working the rest of it. There was a lot of polarization about who was in charge. It was revealed afterwards that the Air Force did not know who was in charge. I thought that when I assigned Colonel N. to the mortuary, I put him in charge. When we got an Army colonel who worked directly for General T., he obviously was overruled. There was some conflict. Like I said, Colonel N. was calling General T. daily and General Z. was not aware of it. General Z. was working with General W. It was tense.

DR. KATZ: What happened to your stress level at that time, as opposed to when you were in charge?

COL HARPER: I was in charge of my staff and we met with Gen F. I met with my staff and gave them direction. I was in charge of Dover AFB. There were many things being done to support over 450 people at one time, some of whom were from Fort Campbell. Where people would stay was a problem. We put up tents, put people in quarters and fed them. There was enough to keep us occupied. I did not have time to shop for Christmas presents for my kids. The Christmas functions were also going on. We were trying to attend Christmas parties with people. There was no lull in the activities. Because General Z. had different directions, Colonel N., B.M. and I were not well coordinated. It was tough at times. We did some things in haste. If we were to do them again, we would probably slow down and look at them. We did some contracting without going through the hospital. We bought a lot of medical supplies because AFIP or educational services wanted them but we already had them at the Dover hospital. We had a flurry of urgent activity. The initial thrust was to get all of the remains in and out before Christmas, which was less than three weeks away.

COL URSANO: The actual command decisions were made at these meetings, four times a day, with General Z.?

COL HARPER: He had his people. When B.M. came he was on his staff. General Z. had a meeting and was dealing with the Army issues. We back briefed him as to where we stood on the mortuary, moving airplanes, getting hangars ready and where we stood with the feeding and caring of his troops. He had a regular Army staff at Fort Campbell with public affairs and a supply representative. He had charge for the most part. He was more in charge of preparing and running the ceremonial aspect of it. The mortuary function was something else. He stayed after the ceremony was over and moved his office into the mortuary itself because of the large amount of Army interest

and the number of V.I.P.s; Army generals and Congressman. He stayed to make sure they were taken care of. He did not have much impact on the happenings in the mortuary. We had the impact on that.

QUESTION: What was your normal work day like when this started, and what was it like after?

COL HARPER: It was very busy. I worked from 7:00 a.m. until 6:00 p.m. The final briefing with Gen F. was at 10:00 p.m. After that, I went home and went to bed. I did not have any problem sleeping. When I was in Vietnam, I slept on the airplanes. Sometimes, I had dust on me when I woke up. It was frustrating at times. We spent a lot of money for the ceremony. We did many things for a two and one half hour program. For example, we had drapes that came from Washington. We rented 200 feet of pipes and drapes and put up an eight foot platform in a hangar--it took six hours. We brought out civil engineers just for show. No one complained. We had to rent bushes, trees, and furniture. That bothered me. There is dignity that can be provided, but I felt we went overboard. My concern was that our function at Dover AFB was to get the remains, identify and process them and send them home to their families as soon as possible so they could continue living.

QUESTION: What had you learned from the previous two experiences?

COL HARPER: I had a better idea of what to expect. I knew the volunteers and what kinds of pressures the volunteers would have. The psychological aspects of it were much more familiar to me. I went to the mortuary on the very first day they started processing the remains. I came out of there a "space cadet." I was very spaced out and wound up. It affected me a lot. I stood up in front of the staff and challenged them to go down there and see what the volunteers were exposed to. What bothered me was spending all of this time and money for a ceremony. The remains were delayed another day in Canada. The remains should have returned on Sunday. When they came, we worked about 12 or 16 hours a day. We worked around the clock in Germany. There we were standing on principle and a lot of pomp and circumstance, yet there were 256 remains that were yet to be identified and sent home to their loved ones. In retrospect, we were making it right by identifying 100% of them. I would not have thought it possible, but they did it. It seemed like it took a long time. It was very frustrating for me to be in that position knowing that this was dragging on. We had to continue with an Operational Readiness Inspection (ORI) in March but there were many families at Fort Campbell wondering where their loved ones were; we were still puttering around having flag ceremonies at Dover. We did not get a good pick up of the area at Gander so we had to go back there again. We were doing a lot of delaying at Dover. It seemed to me that if B.M. and his people had gone we could have been done with that a lot sooner.

COL INGRAHAM: Were you able to go back to the mortuary like you did before?

COL HARPER: Yes and no. I went down there once or twice a day on visitation to ask how they were doing and find out how things were. I ended up going there about three times a day because to the numbers of visitors we had. I was escorting people through. For me to just wander down there on my own volition to see how they were doing, in Germany, I was doing it four times.

COL URSANO: Was the experience of going in there for the first time very powerful?

COL HARPER: I felt very down like I did on Monday. I was upset about what happened and where we were. It was a frustrating weekend. At the time, we had some complaints about the furnishings. We were going to have the Joint Chief, Chairman of the Joint Chiefs, Secretary of the Army, possibly the Secretary of Defense and a number of Ambassadors, maybe the Vice President. A lot of attention and press coverage was going to be focused on the hangar at Dover. At the time, the indication was that General T. was going to be watching the television from the Pentagon. We had a phone line open to his office from the hangar and if he saw anything that was out of place, he could call General Z. and straighten it out. However, the ceremony did not end up being live from the hangar. The ceremony was live from Fort Campbell, but ours was not. As I said, there were questions about the furnishings. There was some salvaged and used furniture and he complained about spots. The amount of time it was to be used did not necessitate that it be in better condition. General Z. wanted the area behind the wall carpeted and he wanted us to rent furniture. Dover, Delaware is much smaller than the Washington area. We do not have many furniture rental agencies. We do not have rugs that size either, so our contracting people quickly bought 300 yards of carpet. They put it down, and after that, a truck came with furniture. We had emptied a furniture warehouse. We had \$12,000 worth of furniture for a 30 minute program.

DR. KATZ: I was wondering about the cumulative effect of seeing the bodies for the first time. This was not the first time you have been in that type of situation. Was it worse than the first time in Germany?

COL HARPER: I think the effect on me was worse than the first time in Germany. I knew what I was getting into and I prepared myself for the worst. It was more debilitating than in Germany. I am not sure what seemed worse this time. Many things contributed to this effect, such as, the entire weekend, the frustration of the command and wondering who was in charge. I was the base commander, yet the Army person was taking over. Other contributors were the ceremonies and the remains themselves.

DR. KATZ: It was obvious there was tension about who was in charge, not having control and about the money that was being spent. I wonder if that carried over into your reactions to the bodies or if strong reactions were in fact cumulative from having seen this in other situations.

COL HARPER: It could have been but I do not really know if it was a cumulative effect from previous exposures. I know that the reaction was very pronounced. I usually smile and I am happy a lot. People commented about the amount of time I spent smiling. I was not smiling when I came back from the mortuaries. It obviously had an effect on me. The first bodies came in on Monday. We went to ceremonies all day Monday until about 2:00 pm. That night, we brought in the first 30 and the next morning the other ones started coming in. I attended the ceremonies everyday.

COL URSANO: Were these the ceremonies greeting the planes as they arrived?

COL HARPER: These encompassed greeting the plane and the off load. The ceremonies were long, drawn out, very solemn and dignified; they each lasted about five minutes. We had about four airplanes a day and the last body arrived on Thursday. Each of the ceremonies had an effect on me. It did, however, delay the process. Once the first 30 bodies were into the mortuary and the next day's remains began to arrive, the workers were stressed out and could not take it anymore. It was Tuesday before we could start and the accident actually happened on Friday morning. There were about five days where we could not do anything. I think there was frustration. Once I got into

the mortuary, I knew what to expect. There was a lot of death and that upset me. It made me mad more than anything else. I was "spaced out". I was angry.

COL URSANO: The bodies started to come in on Monday, what were you doing on Monday evening and what time did you get to sleep?

COL HARPER: Once the ceremony was over, the next major problem was all the furniture we bought. General Z. was ecstatic about how nice the ceremony was. He commented on how nice the carpeting looked and wanted to know where the furniture came from. I told him we did not rent it. I told him we bought \$12,000 worth of furniture. He did not want to hear that. It was then a matter of trying to return it. There was an issue with the furniture bill for \$12,000 and he was not going to pay for carpeting and shrubs. That became a problem. We got the furniture company to take the pieces back. It cost us \$6,000 to use the furniture for two and one half days. After the ceremony was over, I got home about 8:00 p.m. It was too late to go to the mortuary. We then got the mortuary going and the remains began to come in. I was under the impression we were going to work around the clock. We had a crowd of people in there, including AFIP. They closed the mortuary at 8:00 p.m. because of the stress. Rather than work the technicians and AFIP people around the clock, B.M. wanted to team them together and work them as a unit for eight to 10 hours a day. I was at the club to meet Colonel N. who came in with a man that worked at MAC headquarters. He was with my services' commander in Germany. We did not go through Beirut together, however, Colonel N. and I did. D.T., a friend from Germany, came in with them. We spent Friday night in the club trying to predict the future. A guy from the Army wanted to have a "dry run" at 2:30 a.m. on the flight line to see how long it would take to get a transfer case off a C141 into a hearse. They needed the answer at the Pentagon at 5:00 a.m. The young captain learned very fast that he and his party could be there at 2:30 a.m. if they wished, but we would not be there to help them. We operated the base at Dover and if they wanted to find those kinds of things out they could practice somewhere else. There were many frustrating things that arose. It was a weekend of activities that culminated when the ceremonies were over.

COL URSANO: At 8:00 you were expecting them to be working, but they were locking up the mortuary. You went home, then what happened? Did you get calls at night?

COL HARPER: There were no calls at night. Other than worrying about the furniture and the fact that we got General Z. upset, I did not lose any sleep. I was up at 6:00 a.m. Tuesday and at the mortuary by 7:00 a.m. I was in the office by about 7:45 a.m.

COL URSANO: When does the volunteer issue arise, their recruiting and their arrival?

COL HARPER: We started working with the volunteers on Friday afternoon when it became obvious that we were going to handle bodies.

DR. KATZ: Had any of the volunteers done this before?

COL HARPER: Not in Germany, some were there for the Jonestown incident. Many of the people who are assigned to the C5 stay in one location. We have many people at Dover AFB who have been there for a long time. Some of the volunteers may have lost a friend or a relative and wanted to help out.

DR. KATZ: Were there any differences in responses with the first time volunteers?

COL HARPER: I do not know. We started the volunteers on Friday. We needed civil engineers and people to set up the hangar. That was not as well organized. We had some chief master sergeants that we put in charge of those projects and they were great. They had tremendous leadership. We met as a staff with General Z. and worked together. We found out where the weak areas were and worked with Colonel N.

COL URSANO: What was the question about the Army wanting to bring in people versus the volunteers? When did that occur?

COL HARPER: That occurred on Sunday night at the staff meeting with General Z. We fully recognized the need for volunteers and were hurrying to get people. We were working with volunteers all weekend to prepare the big hangar for the ceremonies. There was so much occurring. We were preparing for the arrival of the families and were taking care of the volunteers. The volunteers played a major role. There was no way we could have gone without them. Some were there out of a sense of dedication, some were curious, but most were there to help. B.M. came back from Gander about Sunday, he did not think that the Air Force volunteers should be used. He thought they should be used for graves registration. That is when I got mad. I told him what the volunteers do and how badly we needed them. I said I would be very upset if the Army decided that the Air Force volunteers were not good enough for the job. They were doing the job, they were there and were dedicated. There was no doubt in General Z.'s mind that I was upset. General Z. discussed this issue with General W. It was resolved in our favor. I told him we had been jumping through the hoops for the past two days with the help of volunteers. It was reinforced throughout the process. We continually acknowledged that we could not have done it without them. They had problems with the graves registration people. They did not like doing the job, so we had volunteers to do the task. We had some graves and registration people come up in the end as we got ready for the inspection. We had problems with them and had to call the volunteers back in to take over. There were problems with continuity. The graves registration people did not readily adapt to the program. There are psychological aspects to this as well. When the graves registration people came it was getting to be very technical, it was not just a matter of moving the bodies around to the stations. We had pieces of remains and we matched body parts to previously identified remains. We were trying to narrow these down and identify the bodies. It became very technical and scientific. The volunteers who were there watched the process and were very familiar with it. The graves registration people had the dog tags and were using those to match the bodies. Our people were exposed to it and were part of the teams that set up the administrative processes. They knew how it worked. Colonel B. agreed that the volunteers were essential.

COL URSANO: How many volunteers were gearing up? There were 900 who volunteered and only 400 were used. How did that work out?

COL HARPER: The fact that we had a problem was not an issue with the volunteers. It was an issue with me and it still bothers me. We had an office at the mortuary that handled the administrative affairs, two people worked around the clock. Each one had a roster and as people volunteered they took the information. We called them as we needed them. We kept good records of when people worked, where and what they did. We verified with the supervisors whether that was the person they sent to work here. As it came time for the decoration certificates, who did what became important. There was an eight hour cut off of actual time spent in the mortuary as a minimum to be

considered for achievement. There were people who worked the minimum simply to get a medal.

COL URSANO: Were these the individuals who called up and gave their name to the person who is keeping the list?

COL HARPER: We called out and asked if they had any volunteers. We had a list to choose from. We set up a schedule of the number of people required. Colonel N. was overseeing that. He knew what we required in Beirut. We did not have a regular mortuary to deal with in Germany. He had four volunteers that moved all remains to each position. That was a 24-hour a day function. Here we were dealing with 12 hours at the most. At the end of the day, some of the technicians came in and the volunteers were there for about 18 hours a day at the most. We did not have four people to every remains, but we had one per gurney. We had to refine the list of requirements once we started. We tried to spread it out so we were not using certain volunteers all of the time.

COL URSANO: The volunteers were in place when the work began Tuesday morning and when the second load of body pieces came in?

COL HARPER: I cannot say, because for the next two and one half days, every three or four hours, we had a plane arrive. We went through 10 off-loads at one time plus the ceremonies for each 10 in the hangar. The hearses loaded up and went back to the morgue, then they came back and we had another ceremony with 10 more. I cannot say what was in those caskets. Some did have parts. Each one was treated the same. There was a band playing, and an honor platoon from Fort Campbell in front of every group that came in for the next three days.

COL URSANO: What problems began to develop and attract your attention by Tuesday?

COL HARPER: My problems started to subside when we got the furniture taken care of and the hangar dismantled. For the most part, the Army and the visitors were gone. Things quieted down. I was in the mortuary. It was then a matter of taking care of the volunteers and trying to get the remains identified. Because of the delays, things became frustrating. We had to have this and that, but we did not have medical records.

COL URSANO: Did the issue of not completing the identifications arise? If it did, how did you feel about it? Was it said that the people would be buried in mass graves?

COL HARPER: I did not have any problem with that, and it did come up. We would of had about 15 to put in a mass grave. One needed to be in the mortuary to understand that feeling. Essentially, you have mass graves when there is a big airplane crash. I felt, as did the Air Force, that the idea was not very traumatic. The Army was set against it. They did not even want it to be mentioned. There was uncertainty from 12 December to 21 February, when we finished. There were families that could not get their lives together and move on.

COL URSANO: When did M. come in and when did you identify him as a substantial support?

COL HARPER: M. came in on Friday. As the Family Support Director, he was one of my key staff members. We worked very closely with M. and the chaplains from the beginning. He was with me the whole time.

COL URSANO: How would you assess their activities? Was what you saw them doing, the tasks you felt needed to be done? In using their services, is there something you would have done differently?

COL HARPER: I think we spent a lot of wasted effort and time in gearing up for families. The only family that came was the family of one of the honor guards. In retrospect, I feel there was a lot of wasted time. We geared up for that having no idea how many families would come. The Army was trying to keep the families at Fort Campbell. There was nothing the families could do at Dover AFB to speed up the process. There was no real need for them to come.

DR. KATZ: Did you know that the Army was trying to keep the families at Fort Campbell while you were preparing for them?

COL HARPER: We did not know. At the time, we did not know who was on the airplane. It was easy to say that the plane was filled with troops from Fort Campbell. After the crash, came the word that men who were supposed to be on the airplane were at Fort Campbell. They had exchanged assignments. There were youngsters' toys on the airplane. Then we heard some of the dependents got on from Germany. They should not have been on there. That was false information. The guys bought toys for Christmas presents. We had no idea initially. The Army said they were not sure who was on there. We were told by the Army that a person was on there, but Fort Campbell said that B.B., who was supposed to be on the airplane and be dead, was seen shopping with his wife. We did not know if the families were at Fort Campbell or if they were here. There were GIs who had gotten married and had not told their parents; some of the parents were not the next of kin. Until this was all straightened out, the identification process was delayed because we did not have any records. There were some tremendous problems.

COL URSANO: Did things begin to quiet down at the mortuary on Thursday?

COL HARPER: There were still changes in the processing and we did not have records. As we went through the first cut of identifying what we had, it became obvious that we were missing parts for everyone. There was concern in dealing with that. We only knew that the number of parts we had did not total 246. Although we had some identified, we could not sign off the death certificate. For some reason, Colonel N. would not sign them. It had to be coordinated through an order in Washington, D.C., and had to be signed with a black pen; we did not have a black pen. There were numerous other reasons given as to why he could not sign the death certificates. We did not send out the first body until the following Tuesday. We then had a storage problem as to where the tentatively identified remains were to be placed until they were released. We put them in another hangar with guards. However, problems followed with this. The biggest problem was the frustration of dealing with this issue. The process was being prolonged for ridiculous reasons. We wanted to get it over with. The first remains arrived at Fort Campbell on Christmas Day, I think.

COL URSANO: Did you hold a large debriefing around that time?

COL HARPER: We wanted to have a debriefing for many of the volunteers to try to decrease some of the pressures and psychological problems so they could hopefully have a reasonable Christmas with their families. Many of the people were going on leave. Ironically, the person who had the delayed stress reaction was a senior master sergeant. He was at the debriefing although reluctantly.

COL URSANO: In your view, how did the debriefing go?

COL HARPER: We had done this before and it had a calming, beneficial impact. Some volunteers thought it was silly, but many volunteers talked among themselves as a result. I believe it was beneficial and, if we do it again, I think we may need to have another session.

DR. KATZ: Would there have been an advantage in having a session like that while things were going on?

COL HARPER: This was while it was going on, just before Christmas. It continued until 21 February. We should have had another mass debriefing afterwards, but we did not because of the ORI. I think the one we did have was beneficial. M., Mental Health, and the chaplains were very involved with the hangar and at the mortuary. They were carefully watching the reactions of people as they talked to them. They made themselves available. In comparison to the Beirut functions, we had more coverage from the chaplains, family support and mental health than we did before. It was probably because of the increased awareness.

COL INGRAHAM: What was Christmas like at Dover?

COL HARPER: We had some of the staff at my house for Christmas dinner. It was a small key operation during Christmas. Much of the AFIP group scaled down for Christmas Day. There were just administrative things going on at Dover. We did not have any of the death certificates signed. Colonel N. was in Washington, D.C.--and that was frustrating. It was Christmas Day and none of the remains were sent home to their loved ones.

TSGT CERVANTES: Was the initial push to get them identified before Christmas?

COL HARPER: Yes, they wanted them identified and processed by Christmas. It was frustrating that we had not released one of them. The combination of activities from the weekend, coupled with all the death, felt like a loss of control of myself for a while the first day. It was good in that I went before the staff and challenged all of the commanders and colonels to go the mortuary and see what the volunteers were doing. I might not have done that otherwise. I was told later that many of the commanders were there and had an appreciation for what the volunteers were experiencing. Then came the frustration of the delayed action. The person was identified, we had fingerprints, name tags, etc., but the death certificate was not signed. Thirty-five death certificates were there and we only sent one out. Then they wanted them all out in two or three days. We are talking about Christmas time and we had to book airlines. Although the airlines were filled, they were very cooperative in granting us space. We had to bump travelers to move remains that had been there for the last two weeks. It did not make sense. We were bumping someone from a Christmas trip to allow an escort to go on the airplane.

COL URSANO: Between Christmas and New Year's Day, were you occasionally hearing about problems areas, or were there still substantial problems arising?

COL HARPER: Christmas was no different from any other time. I was there every day, we took cookies to the volunteers and we still had Christmas parties on base. There was, however, a cloud over the base the whole time. We wanted to have this exercise over with. We were looking toward the upcoming inspection. We wanted to

practice at least once. The exercise had been canceled and the pressure of the inspection was growing.

COL URSANO: Did you have a small ORI near the end of January?

COL HARPER: Yes, we had an exercise, in fact, we had two exercises. One was on station, which we worked, another we flew away for, and then we went to the big one.

COL URSANO: How did they go? Could you identify any cost of having to take out time for the mortuary?

COL HARPER: Not having the exercise in December did have an impact, and now we were trying to catch up. We had a lot of volunteers and key NCO in the mortuary working; their shops needed a lot of work. The first exercise was okay, considering the circumstances, as was the second. However, okay was not good enough at that point; we had to do a lot better if we were going to get an outstanding grade. We had problems getting ready for the inspection and dealing with the volunteers. General P. attended our volunteer appreciation banquet, as did people from AFIP, MAC and Fort Campbell. We presented certificates to a few people. General S., the commander of CINC MAC, signed them. We made an issue of presenting achievement medals to about 450 people. We presented 325 of the 450 achievement medals on stage in the theatre that afternoon. Some people felt hurt that they did not get a medal, but the certificates helped. There was a high level of energy after the inspection. This was followed by a down period because everything was over with.

COL URSANO: When was the ORI?

COL HARPER: The first part of March. That lasted about three weeks. We had the ORI then the Management Effectiveness Inspection which was very thorough and in depth. We wanted to tie up all of the loose ends so we could go to the inspection.

COL URSANO: You mentioned some of the key NCOs. What functions did they perform?

COL HARPER: They were in administration, supply and maintenance. One of my key administrators was keeping the volunteer list. One woman, who did not want to leave, was the NCO at one of the shops in supply. She stayed for the entire field operation and did a magnificent job. Her name was Sgt R.C. I said, "R., aren't you going to go back to work," and she said, "Sir, they need me here." There was another young airman who stayed the entire time. She was my DA person and one of the key supervisors. We had some people in maintenance as well. As we got closer to the inspection there was a lot of concern from their commanders about preparations for the inspection. As a consequence, we pulled out as many volunteers as possible and we went to graves registration for some help. We got some assistance that did not work out. Some of the graves registration people were there from the very beginning working with personal effects. It all had to be documented and given to the closest relative. That was a slow process that went on for one month after we were done. Eventually, they moved into the mortuary. Interestingly, there are some strange things that came out of that. I was concerned about getting the remains to their loved ones. We got a letter from one family that knew their son took his VCR and video camera with him on this trip. They had the serial number of the VCR and they wanted to make sure they got it back. They did not care whether their son made it back but they wanted his video camera and VCR. They did not have any letters and could not help us out with any documentation. In the first several days, there was a captain whose upper torso was intact. He was in the

mortuary on a table for two months. We eventually found his legs and put him in a box with them. There were a lot of jokes made about him.

COL URSANO: It sounds like the dead began to take on some character and personality and that people began to identify with particular bodies at a point in time.

COL HARPER: Yes, this was true.

COL URSANO: Did that provide some relief for the people?

COL HARPER: We joked about it at the banquet when some of the AFIP people came back. At Christmas there was frustration that remains were identified, and for some reason, the death certificates were not signed.

DR. KATZ: In terms of the language used, would the remains occasionally be referred to by name with no other reference to people? Was reference made to that captain?

COL HARPER: There may have been some reference made to the stewardesses because the fingernails and toenails were polished. There was possibly some identity given to the chaplain. Beyond that, there was not a lot of identity given. One Saturday, I was going to see how things were going. General Z. was still there and they were going back through inventory again. The entire back of the mortuary had transfer cases lined up. Everyone of the transfer cases and body bags were opened. There were 50 remains there. There was a big wall with a black board that had charts on it. As they opened up the casket, they would look at the chart and give it a number and draw a picture of the torso on the board. They would scratch out on the torso what was missing. When a leg was found they would go back and see which one of the torsos was missing a leg and see if it would match. We were standing back there looking at this chart and the people were going back through trying to see what charts could be updated. It was very gruesome. That was probably one of the worst experiences I had. We were standing there surrounded by gross remains. They had various degrees of completeness and all of them were burned beyond recognition.

COL URSANO: Did the mass amounts contribute to the gruesomeness?

COL HARPER: It was the numbers and the ghastliness of the entire scene. The remains started to get rank. It was not pleasant. We were barely between the caskets and there were several rows of them. Usually there were one or two of them at one time that were open and there was room to walk around. There were so many of them and we were right amongst them. It was very depressing. I was glad to get out of there. General Z. seemed like he was oblivious to it. He was just interested in how they were matching up the parts. I looked routinely at the crash site picture where they found various things. To have so much of it around me at the same time was not a good feeling.

COL URSANO: As I recall, the picture of the crash site is an aerial view in which there were little boxes where the different parts were found.

COL HARPER: Every day I went back to see how many parts were identified, how many were completed and how many were not. There were many interesting things that came out of dealing with the plane crash. Many of them lost their legs right below the knee. That is common in an airplane crash. The placement of certain bodies gave insight to how the plane crashed; it twisted over and came to rest. Many of the bodies

were on top of each other. The bodies on the outside were more deteriorated than the ones on the inside. There were some interesting insights regarding that aspect. It did not bother me at all to look at the graphs and charts to see how they were tracking, where they thought they might find one or two more of the missing. We did not have enough bits and pieces for 256 people. They found them where they thought they would be. The methodology used by the dentists and pathologists was interesting, in terms of how they were dealing with it. It is a scientific thing and I found it to be somewhat interesting. I watched someone get the tooth out of the throat of one of the victims. The head was about gone, but a tooth was there. He had an x-ray that there was a strange filling in his tooth. This helped us know who it belonged to. They went back and tried to substantiate that with something else. Finding that tooth and that filling did not mean that the person was positively identified. It was a clue. I could handle the sight of one remains at a time but to stand there among all the that destruction of humanity was not pleasant.

DR. KATZ: Did that occur in Germany? Were you in the mortuary in Jonestown?

COL HARPER: I was not in the mortuary in Jonestown. In Germany, I was in the mortuary. It was the same thing but it was not so tense. With Gander, the level of intensity was tremendous.

DR. KATZ: Why was the intensity level higher for Gander than in Germany?

COL HARPER: We were not standing amongst the large numbers in one spot. If we walked into this room and there were remains on this table it would not be pleasant. If you walked into this room and the floor was covered with the same type of remains it would be worse. The large numbers bothered me. It is like getting a sunburn. If you have been in the sun for one hour, it is not very bad, but if you are in the sun for several hours, the burn is worse. I have not had nightmares about it, but it was an experience that was very unpleasant.

DR. KATZ: What happened to you that day? Did you sleep normally?

COL HARPER: Once I left there, I was fine. That was probably the worst experience I had there.

COL URSANO: When the ORI was completed did you have any kind of celebration?

COL HARPER: We had a big beer party at the base recreation center.

COL URSANO: Does an ORI involve the entire base?

COL HARPER: Yes, it is very intense and there is heavy tasking.

COL URSANO: Sometime after that, there were several suicide attempts and one completed suicide. They may not have been related to the Dover events. Tell me about that sequence and your thoughts about whether they were related to the Dover events.

COL HARPER: There was a thought that it might have further reaching effects on the base. This was strictly a teenage phenomenon in one school and it had nothing to do with Gander. The problem was with one youngster who was a band leader. The

band leader was somewhat jealous and envious of another kid. He was very well liked by the girls and this other kid was good-looking. I think the band leader was somewhat envious of that. There was a personality clash between the band leader and this student. The student was going to be put out of the band. His whole life revolved around the band, his father later said. Being put out of the band meant a lot of things were going to come to an end. He decided to end his life. There were some signals that were sent by this youngster that were not noticed. There was a shared response to that by the family and the school. Ironically, the student was one of the pillars of his youth groups. When youngsters had problems they came to him. He was a pillar of strength for the group of students. They knew he was having problems with the band leader, but it was more the band leader's fault than it was his. He took his life with a shotgun through the forehead. Three other students followed with attempts of overdosing on Tylenol. I think the attempts were cries for help. It brought attention to the fact that maybe there is more to this than we understood. We looked through the other schools and made our staff available if they needed help. We were also concerned that it might impact the base with some of the volunteers.

COL URSANO: Were the other attempts friends of the successful suicide?

COL HARPER: Yes, they were. They were not all Dover people. Gander did not have an impact on that. We have had some other attempts from people on base who wanted help. I do not know of a link to Gander at all. There were several attempts by Dover people. The attempts by the kids were in March during the ORI.

COL URSANO: Were his parents actively engaged in the ORI or the Gander affairs?

COL HARPER: No. His father was in AFLOGMET, which is a tenant unit on base. They had no involvement at all. The only involvement was in support of the base. They came to all of my social functions and they were very active in the community.

COL URSANO: Did anyone recall a previous adolescent suicide on the base?

COL HARPER: We had a young adult suicide which was unrelated to the base, she was a foreign dependent. I do not recall any adolescent suicides. The dependent event occurred in June. She lived downtown and that was her third attempt. She was under doctors' care. She overdosed on her antidepressant medication.

COL URSANO: When did you arrive at Dover?

COL HARPER: In August, 1980.

COL URSANO: So all this was occurring during your first months at Dover.

COL HARPER: My deputy did not arrive until January. I had a change of command with a deputy. I came back to pick up my family from Andrews AFB and the day I arrived, he left.

QUESTION: Has there been any attempt to follow up with the volunteers and see how they are doing? It is not inconceivable that problems would arise after seeing these type of remains for the first time.

COL HARPER: We have repeatedly announced that the chaplains and the health people are available to the volunteers if they want to talk about the Gander

operation. We especially stressed this after we had a delayed stress syndrome with the one dental technician. We made it an issue that these people are available. There have been volunteers coming forward with things bothering them. They have had loss of appetite, sleep and problems at home. We questioned some of the domestic disturbances as to whether these were volunteers and people exposed to the operation. We wanted to see if there was a correlation. Other than that, there does not seem to be a link. I mentioned the one I had on Monday. I know it was directly tied to Gander and Beirut. I had a delayed stress reaction. Once I was able to talk about it and understand what it was there was a tremendous sense of relief. The sergeant who was cited driving while intoxicated may not have such a sense of relief because his career is probably gone. He was going to be taking position in Florida. He may now understand what his problem was. Hopefully, he will overcome that, but he has damaged his career. That was related to Gander. He was on the exercise picking up a piece of simulated remains and his mind snapped. He then got very drunk and was apprehended. He does not usually do that. We wanted the commanders and supervisors to help out in the mortuary and get exposure to it. They would have more sensitivity for the resultant problems. We may have some people that are completely isolated from the fact that there are care teams around. I think the Commanders are aware that we do have tremendous potential for stress and problems. They are watching their various units.

QUESTION: When I think back to Fort Campbell, the company commanders in the battalion were the hardest hit. A couple commanders from Fort Campbell were killed in the crash. The commanders have the attitude that the crash is behind us. They may not be paying close attention to the people who were closely involved with the crash and who might be at high risk for developing post traumatic syndrome.

COL HARPER: M. and the chaplains are very much in tune to that and are watching carefully, as are Dr. D. and Dr. B. We do not have the resources to seek out the volunteers and ask if they are having problems. Maybe that is not the way to do it. They may ask if you think they are crazy, and they might say they do not have any problems. I think a more tactful approach is needed, as we did during the briefings. We need to explain to them that what they are feeling is perfectly natural and not unrealistic. They are experiencing a natural reaction, and a good way to overcome that is to talk about it. They need to understand it in those terms, we are not questioning their manhood. Some people felt we were antagonizing them by making them come to the theatre for such a strange debriefing. However, many people came forth to talk about it. We did it once and are re-announcing it and repeatedly raising the issue. I will mention it again at the combined Wing Staff Meeting next week. I think we have taken adequate action just short of taking each one of them by the hand and saying, "This is what happens, are you having any problems? Is it behind you? Is everything okay?" The fact that we have only had two that we know of speaks for itself. I know there are still some people who were having problems as a result of Jonestown. That was told to me by the people at Dover. We have made significant strides.

COL URSANO: Do you feel the base is back to the way it was in August when you arrived? Does this upcoming August feel like August one year ago?

COL HARPER: I think so. We are coming out of the summer doldrums. After the inspection and Gander there was a tendency to back off and "smell the roses." We might have smelled a little too much perfume. There was a lot of vehicle abuse and Dwi's and there were late mission departures. It is time to return to what we are all about. Many new people have come in, we do not have an inspection next spring, along with many other things we do not have to prepare for. Now is the time to press on and enjoy working without the pressure of an upcoming inspection. I think we are in good shape

for the most part. If you have a spring time inspection schedule you peak out, and by summer, you back down. I think that is related to the inspection cycle and not Gander. The late mission departures and DWI's were related to the after inspection lax. We have a serious problem with cocaine and marijuana. None of those seem Gander related. We are aggressive in finding it, however, it is not isolated to Dover, it is everywhere.

QUESTION: Do you think the granting of medals and certificates helped the volunteers to put the experience behind them and move on?

COL HARPER: That is hard to answer. I think that the medals and the certificates were good. I do not know any other way to tell a young person who has been there working in that kind of environment that they did a good job and they deserve a handshake. Many NCOs and some of my people are upset about the giving of awards. They feel that if we were in a similar situation again, people would volunteer strictly for the medals. I feel for the people who spent the long hours moving the remains around. For everyone that was down there, there were about four people moving a transfer case and laying it on the floor. Someone put those out there. I was among all of the remains, but these young people were moving remains throughout the morning. When they were done, they had to cover them all up and put them in trucks. I think those kids needed to be rewarded. That is one point towards your next promotion on the point scale. I will take the blame for missing someone, or giving one too many or recognizing someone that should not have been. Across the board, we got the majority of people that worked very hard and deserved the recognition. We have some bad performances. Later on some people got a DWI or were on UAF or in trouble. It was a matter of coming forward--they may have been a drug abuser. We canceled them out for an award. If I had to do it again I would.

[Slides shown and formal debriefing given by Colonel Harper]

COL HARPER: This was the most tragic peacetime loss of U.S. military members since the death of 241 U.S. service men in Beirut on 23 October 1983. Dover AFB was chosen as the location for receiving the remains due to the lack of appropriate processing facilities in Newfoundland and favorable supply availability on the coast. The crash occurred on Thursday, 12 December 1985. On Monday, 15 December, the first of the eleven 141's departed from Gander to Dover AFB. Two hundred and fifty-six transfer cases were shipped over the next 48 hours. The transfer cases received a full military honor ceremony upon arrival at Dover AFB. The first ceremony was held in Dover's wash rack on 15 December. It received national media coverage and was attended by many senior government officials from the United States and United Nations Multi-National Force. General W., Chief of Staff of the Army was one of the speakers. Lieutenant General R. was a senior Air Force representative. Thirty-six more identical ceremonies were held over the next three days. The port mortuary, which normally processes remains arriving from Europe, was rapidly transformed into a functional mass casualty receiving station and identification site. Forty-three outside organizations would descend on this site to work with personnel. We would use over 300 volunteers and wing volunteers, as well as chaplains from both services in the operation. Security was a primary consideration.

Concertina wire was brought in from area locations and security police patrols were dispatched to prevent unauthorized entrance. Entry control points were activated and access badges were issued to prevent sightseers and others from wandering into the area. An "X" allowed a person to go back into the area where the identification was

being performed. Within the building, a volunteer point sentry insured that only those with legitimate business were allowed into the processing area. To disguise activities around the vans, camouflage netting was brought in from Fort Dix and erected over the site. Upon the arrival of each flag-draped transfer case, Dover's honor guard performed individual flag poling ceremonies. Transfer cases awaiting processing were placed in rented refrigerated vans. Flatbed trailers were used to provide a working platform. We used ten 40-refrigerated vans. Upon initial receipt, each transfer case was carefully weighed. Next, each set of remains was assigned a sequential "D" control number. "D" standing for Dover AFB. Volunteers were assigned to move remains throughout the process of sequence. We would use 280 "D" numbers. Armed Forces Institute of Pathology would then photograph each set of remains they received. A personal effects inventory was taken and anatomical charting was completed. Specialists from the FBI obtained and matched fingerprint samples. Then, full body x-rays were taken for medical comparisons that would take place later in the identification process.

When you consider dealing with an airplane crash where human bodies were left in a fire for more than 24 hours, you are not going to find intact and recognizable remains. That is what we dealt with. Autopsies were performed on most of the bodies, so the remains were cut open. If there were heads, the tops of the heads were cut open. It was not pleasant. The full body x-rays were then taken. Unique skeletal features were recorded to help doctors identify each individual set of remains. A full set of dental x-rays were also taken to match against any available antemortem records. Films were developed in a make-shift dark room which was converted from an employee latrine. Some remains required the cutting of facial tissues and the use of striker saws to facilitate a dental examination. Each remains was then charted for dental work and unique oral features. The Canadian government required each and every remains to be autopsied before death certificates could be issued. We also took toxicology samples. We only required that the crew be autopsied, otherwise, the rest of the passengers would not have been autopsied. Additionally, disassociated parts and remains had to be re-associated where possible. This incredible task required skillful expertise in matching separated body parts. After a positive identification was made, remains were released for embalming. Because of the nature of this accident, most of the remains were not viewable and were wrapped before casketing. Amazingly enough, a few remains were viewable through expert cosmetology. Superior support was rendered by specialists and volunteers who prepared appropriate clothing items.

We verified individual decorations and ranks and insured that each uniform set was properly outfitted. Where possible, each set of remains was dressed in the regulation uniform. After casketing by the mortuary staff and wing volunteers, each set of remains was stored until shipping schedules were finalized. We would use at one time or another, three storage areas. When ready, volunteers loaded each casket for transport to commercial airports. To support hard working specialists and volunteers, the wing erected a field dining tent. Food service specialists provided meals around the clock in our tent city. The Air Force mortuary control center kept tabs on the identification processing of each remains. Twenty services officers were used to man this facility around the clock. Administration specialists prepared situation reports daily. U.S. Army personnel experts insured that all critical data were verified. Daily status of identification was reflected through a comprehensive automated report. Numerous dental chartings were matched by computer to expedite positive identification. Automation also helped in the processing autopsy protocol files. Control center charts were updated constantly to monitor overall progress. Management reports flagged potential backlogs before they became a significant problem. Aerial charts were used to predict the location of remains, while critical dental and medical comparisons were conducted to aid the identification process.

Numerous V.I.P.s including the Secretary of the Army, General and Mrs. W., General S., General T., and the Vice Chief of Staff of the Army toured the Dover

operation. All agreed that the professionalism and the respect rendered was second to none. We are extremely proud and honored to assist on the return of our fallen comrades of the 101st Airborne division. In the words of many specialists and volunteers, "It was the least we could do for the screaming eagles." We had a picture of an eagle patch on the wall and someone put a tear on it to signify the sorrow of the loss. That tear was put on there in December.

COL URSANO: What was the response to the debriefing?

COL HARPER: The people had a sense of what was going on. As I said regarding the awards and decorations, I felt it was important that we got as many DVs in the mortuary to see our people in action. They needed to see what they are up against. The average two or three star general knows little about a mortuary and identifying these remains. There was a lot of pressure from the Pentagon and in Congress to get that process finished. They wanted to know why these young men were not home with their families. It was delayed. There was no real understanding of the complexities involved. First, there were no medical records. We had to look around to get records from home. We requested that they go back to the families to see if there were any dental exams or other medical records and x-rays. We used fingerprints that the FBI retrieved. There was reluctance to go to the families. The Army, for some reason, did not know how to handle this. It was a peacetime accident, and even in wartime, there was only one other time in their history that they lost so many troops in one day. The records were shipped on the airplane contrary to regulations, they should have been sent separately. All forms of medical records and identification were on the plane. If there were dog tags when they pulled the remains out, they were removed. All the remains came in with no identification whatsoever. Except those few that were in uniform and a name plate could be seen. It was a long time before we got medical records from which we could base conclusions on. We were extracting data from the physical characteristics, for example, males and whether or not they were circumcised. We looked to see if appendix scars could be seen or loss of teeth. We logged these characteristic points in the computer. We had all of this data that was being logged in, so when we received the medical records, comparisons could be made. We had about 35 fairly correct. As we continued it became harder. The remains were very charred, and given that, a person could appreciate how hard it would be to identify the bodies. Initially, we had no medical records, and the remains were badly charred. Instead of being positive about what we had, we became negative. They also used positioning on the airplane from Aero Airlines as to where certain groups were sitting. We are not talking about a flight or a section of a squadron, we are speaking of a diverse group from one particular segment of Fort Campbell. There were clerk typists, infantry men, and other specialty codes assigned as well as an administrative battalion. They tend to stick together. The location of the remains could be correlated with the location of the administrative persons. It can be said that these specialists were in that grouping. Assumptions could be made that these people were identified as administrative specialists. There were many ways of discerning who was who. The briefing gave a very graphic view of what we were up against. The people left with a better appreciation of what the pathologists and the specialists were doing. Also, it showed our volunteers in action. People came through Rhein-Main and Senator M. was up in arms that the Marines were not sent home yet. Two French soldiers were killed in Beirut and a powerful French government official wanted to bring his Frenchmen home. He had a ceremony to perform to honor the deceased the following Monday. We were not through the identification process. He went in and found remains with a belt buckle, that was obviously French military, and another item from other remains that was French as well, which he took. He put sand in the casket with the items. They were buried with honors.

DR. KATZ: Would you have identified the body like that?

COL HARPER: We needed three corroborating pieces of evidence. If there were only fingerprints that was not good enough. If there were fingerprints, dental records and identification cards then that would suffice. They had three pieces of evidence that verified an identification.

COL URSANO: Near that time, there was a woman who filed suit on her MIA from Vietnam. Do you recall that? It was in the news this past winter? Her suit was regarding identification. She was not convinced of the identification she was given. She wanted more proof.

COL HARPER: As much as I was anti-Colonel N. and the way he handled things, it cannot be denied that when he signed the death certificate there was no doubt in his or anyone else's mind that the individual for whom he was signing the death certificate for was in fact that individual. It was very thorough and complete. There is no way someone can come back and question the identification.

COL URSANO: I gather there have not been any complaints about the identification process?

COL HARPER: Not that I know of.

DR. KATZ: What were the families' reactions to the delay, and how was that handled?

COL HARPER: It was done very tactfully at Fort Campbell. There was a lot of pressure there from the Congressman. Consequently, when we brought people through the mortuary, we were willing to walk the dignitaries, not the families, through so they could see what we were doing. When they went back to their constituents they could explain to them that the Army handled it well and they told the families that it was going to take a long while to identify the remains. The pressure was not as great as I expected it to be. The faster we could get some of these young people out, the better it was for those few families. When we went back to Gander they found two more remains which were the two that were missing as well as some other parts which were matched with other casketed remains. That added to the delay. I was amazed that the pressure was not as overwhelming as it could have been. We went to the crash site in January and there was about 18 inches of heavy snow. The Canadians did a superb job of finding what they could in extremely bad conditions. It was unfortunate that they did not find everyone that was involved in the accident. They put a grid on the map and set up tented areas to melt the snow. One of the remains was found under a major structural part of the airplane. They found it almost in tact when they lifted the plane part up. It was essential go back and look for the rest of the remains. There was concern for the families, our volunteers and an upcoming major inspection that was rapidly approaching. Our practices for the inspection had been less than the best. We wanted to do well in the inspection. Volunteers were still tied up in the mortuary. There were still many things going on. There was a lot of internal pressure being generated and it was stressful for everyone. The ORI's occur about every eighteen months, but the frequency may change because they are very expensive. We fly internationally as a standard mission. But we do not generate airplanes at such a high rate. We do question the need to have many inspectors come in and spend a lot of money under a false scenario.

COL URSANO: MAC must have several operation exercises yearly.

COL HARPER: They have heavy involvement. The significant difference between an exercise and a wing inspection is that the exercise involves many MAC organizations. The ORI ties up one wing completely. We fly interface with other organizations. In a strategic wing ORI we tie in with a Tactical Air Command (TAC) wing, MOVE or an ADRI Army exercise and possibly a Strategic Air Command (SAC) ORI for refueling support. The TAC wing is for movement of a fighter wing somewhere, and the Army for movement of troops and heavy equipment such as tanks to a different base. We are not just Dover AFB in the inspection, there are other organizations that tie in. It is a joint inspection of several organizations. If we move an organization somewhere else in the country, or in Europe, depending on the unit, we then have to bring it back. That is usually not part of the inspection for us. It can be a follow-up. So the ORI is over and there is more tasking to return them all. We relaxed after the ORI and the task was just as heavy to return them. Sometimes other units will get an ORI and return that unit. There are crew rest requirements which we must meet. If the combat environment is withdrawn the inspectors are gone but the requirement to fly along is still there. There is probably another 10 days of intense activity after the ORI to return the organization. Therefore, an ORI can be two weeks including the return of the organization. It is a major task.

COL URSANO: Would you measure the difficulty of an exercise or a mission according to the number of planes having to fly, amount of equipment to be moved and the length of the flight? If someone says your base is going to do something, what goes on in your mind as to the difficulty of the task?

COL HARPER: All of the airplanes we have must be launched. It is a very intense, compressed activity. About 400 people are deployed, which is more than average. On top of that, there are simulated terrorist activities, nuclear or conventional attacks, power outages, simulated tornadoes and other stress input exercises, as they are referred to. There are many things put on us that compound the stress. We anticipate working very hard for a long period of time. I have a mental checklist of what plan would go into effect if this happened. We have what is called "ramroding". There is a crisis action person who is very knowledgeable of all the plans. If certain things arise, then the planning staffer of the crisis action movement will give us a hint as to what we should be looking for. We call up that plan and there are certain checklists we go through and review. For example, when we started this, we looked at the mass casualty end of it. We went through the checklist. He is essentially an encyclopedia of SOPs. It works extremely well.

COL URSANO: In this kind of event, which of your operating instructions would you call up? Are there others aside from the mass casualty? If you were talking to another base commander, what would you tell him to pull from his file as guidance on how to proceed?

COL HARPER: There is the 3551 which is the disaster planning regulation. When there are airplane accidents and severe weather I would use that program. That prepares the people. We have the specific plans for Dover because we have the mortuary. We drafted a plan which has had many changes. We are better able to handle this when it occurs again. Every base has a disaster preparedness staff, the 355 series that covers airplane crashes and similar things. They should have individual checklists. They are not standard across the command, but are fairly standard as far as the format and other things that each base should have. Every base has to be ready for an airplane crash--whether or not they have airplanes. If an airplane crashes near them, they have to be prepared to provide assistance until the investigating team arrives.

COL URSANO: Are your updates, mortuary plans specifically for dealing with such large numbers of remains?

COL HARPER: No, because our mortuary deals routinely with about three remains daily. We have an administrative staff that ties in with the transportation people. They arrange transportation for the funeral home and for the arrival on base, and for dealings with the parents and the families. This is done routinely with a checklist. They deal with this on a smaller scale and do extremely well.

COL URSANO: Is there a formalized relationship between the mortuary and AFIP?

COL HARPER: I do not know. AFIP contributed to the improvement plan from MAC.

COL URSANO: If you were to leave, what would you tell a new base commander coming in to Dover about such an event? What should he do or think of?

COL HARPER: First, I would say rely on the expertise of Mr. C., our mortician. He has been there a long time and is very capable. He is probably one of the top experts. Second, to recognize that it is not going to be pleasant and that there is going to be a lot of additional excitement surrounding the event. In my mind, that is not pleasant. The psychological ramifications, as I mentioned, are very real and should always be considered. Next, he should deal closely with the family support director, the psychiatrist and the psychologist at the hospital, along with the mental health people and the chaplains. Most of us recognize the psychological trauma that the volunteers experience. That is the biggest thing. Volunteers are going to come forward and work. He needs to keep in mind that there are going to be problems, recognize them and be sensitive. It is easy to overlook the mental and psychological aspects of the event. We did not have the coroner on the market, but I think what we did was certainly successful.

COL URSANO: Are there any suggestions on the inter-service coordination?

COL HARPER: We have suggested that the base commander be the office of primary responsibility and the person in charge at Dover. I would say that is "pie in the sky." If there is a Navy accident, there is going to be an admiral or captain that is going to come in and want to run things his way. There is no way that a captain or an admiral is going to be denied that prerogative. I think we need to stress as much as possible the need for control by the base commander with a plan in hand. We need to recognize the problems we encountered during Gander and try to steer as much as possible under the one operational performance rating (OPR). That would eliminate some of the confusion and would certainly make things go a little better. AFIP is going to come in and want things their way, Engineering and Service is going to come in and want things their way, and Engineering and Services from Tindel is going to come in and want things their way. There are going to be conflicts of interest regardless of what we tell them. In our small way, the wing commander is going to be concerned with the protocol aspects in regards to the dignitaries coming and going, as well as all the attention focused on his base and wing. I think it is important to recognize that it is not going to be easy or pleasant. I think we have good guidelines to work from. General Z. was in charge, regardless of our suggestions. As a full colonel, I am not going to stand up to a General and say, "General, you are on my base, you are my guest and I am in charge." I would very quietly say, "Thank you very much, General" and he would not get excited.

COL URSANO: It was unclear to me through what route the tasking came from. When can it be specified who the number one commander is in such a setting, regardless of who it was. It was going to be designated the base commander, but also there will be a visiting admiral or general. Who would communicate that? Would you receive it through a MAC channel or through whatever their own service channel would be? Would that designate an Army commander who would come in and have command over essentially a vast amount of equipment, services and people that are Air Force?

COL HARPER: I cannot answer that one. That was never completely resolved. Colonel N. talked directly with General T. General Z. talked directly to General W. There were obviously two lines of communication. We were dealing with MAC and the Engineering Services Center. B.M. was the person in charge for AFIF. We never received specific tasking. We did it because they were coming to Dover and we were the military mortuary.

COL URSANO: Presumably, operating at that level would require some communication from the Chief of Staff of the Air Force to establish tasking.

COL HARPER: Or CINC MAC. We could probably go to them and ask for verification. Even then, it was a joint operation. First was the ceremony in the hangar. Once that was over with, there was the matter of the notification and dealing with the families. Eventually, there was a Department of Army representative that was left. A lieutenant colonel coordinated with them. We had that and the identification aspect. We were first concerned with identification processing and then the shipping. The Army did not know how to handle the family situation. There was complete turmoil as to what to do and how to do it. We were there because of our experience. We gave some support and we responded many times because they did not know what to do. We gave direction to keep things in some semblance of order. Fortunately for Dover AFB, we had done this before. The Army was at a total loss.

COL URSANO: Are the shadow boxes that General P. gave presently on the base?

COL HARPER: Yes, they are. General P. gave two commemorative shadow boxes. One to the wing and the other to the base. They were unique, and the design has been destroyed and will not be duplicated. One is in the wing commanders office and one is in my office. They are beautiful pieces of work. They contain a picture of an eagle with a tear and picture of their emblem and some ribbon similar to an Olympic draping. There is a plaque that states, "With grateful appreciation for the men and women of 101st Airborne" on a black background. General P. was very appreciative of what we did and the people at Fort Campbell were very thankful.

COL URSANO: I am curious about the eagle with the tear. It was also at Fort Campbell. I wonder what the time sequence was as to its showing up. Do you have an idea when it showed up at Dover?

COL HARPER: This was in the mortuary and the control center. Someone drew the tear on it. We had a base paper following the ceremony which showed the eagle patch on the front in black and white. Someone posted that over the table of the mortuary control center where the clock was. It was tacked to the board and someone penciled a tear on there. That occurred within a week and then it showed up at Fort Campbell. Many of the people from Fort Campbell, including the honor guard, were there. We moved General Z.'s office to the mortuary. The people in the control center were not in the identification rooms. They saw that picture. We put the briefing

together and that was included in it. There was also a cartoon following the Challenger accident which showed the U.S. eagle looking skyward. That was in the Chicago paper. The signs around the base all reflected the grief for the screaming eagles. We shared their sorrow. Because of the many people here from Fort Campbell, the signs were put up. The press picked up on them and showed them on national TV. At our peak, we had over 400 people on the base at one time. That includes pathologists, graves registration people, dentists, doctors, and a large contingent of Army people from Fort Campbell from that unit. There was a lot of contact between the Army and our Air Force people. They used our dining hall, dormitories, and we helped them in the hangar and provided transportation for them. I think what you are dealing with here is extremely important--the psychological aspects. It is not a perceived problem by the medical community, it is fact. One of the most serious cases of delayed stress syndrome was with one of the senior master sergeant professional dental technicians who had done this for years. He never had a problem before, but he did after this. Everyone involved recognizes what they are dealing with. There is great potential for problems which stem from a natural reaction. The first day, when I lost control, I was mostly torn by what I saw, probably because of the stress of the ceremonies, etc. To go and actually see the situation was probably the "icing on the cake." I snapped and lashed out when talking to the staff. It really bothered me. People who had known me for a long time left shaking their heads. They fully recognized what I had said and what the volunteers were up against. They paid big dividends for the volunteers. They recognized that it was not just a matter of putting in four hours, doing any task and then going back on the flight line or working with transportation. It was four hours in there and then a long period of time to recover. Exposure to that was like radiation exposure. Visiting generals went and out. When we showed pictures to General R., former CINC SAC and the new CINC MAC, I watched him as he looked at the floor. They are exposed for a few minutes and then they leave. Our people were exposed for long periods of time. There were some dental people who worked for AFIP, but there were only a couple available to work. The dental clinic is accustomed to dealing with children. Maybe they will work on a body if it is required for an autopsy. They primarily they work with living kids and adults. When they came in they were asked to work on remains, some of them had a hard time with that. The OSI people had a hard time. It is up to us to remind the commanders to be aware of the stress problems.

COL URSANO: Chronicity is important because it is not one quick day event. This puts it in a different category. Even most elements of combat experiences are in brief periods of time. Thank you, Colonel Harper, for your thoughtful comments.

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THE GANDER DISASTER:
BODY HANDLING AND IDENTIFICATION PROCESS

John S. Maloney
Col, USAF

*Debriefing of Colonel Maloney, director of body handling and
identification process at Dover AFB mortuary.*

29 July 1986

COL MALONEY: The problem of who is in charge at a disaster site is substantial. If a charter plane crashes at Philadelphia Airport, as compared to at Frankfurt, Germany, different people would be in charge. We have developed 11 different scenarios. It was difficult to determine who should be in charge at Dover. In our report, we recommended that the Air Force set up a plan at Dover designed to handle such disasters. We will ask you to participate from the beginning to brief the people who work in the body handling facility. We must have a plan of how to operate.

None of the mass disasters involving military personnel have occurred during the summer. In Burma, however, it was 90 degrees and the bodies were not in the condition that they were in at Gander as far as the weather effects. When bodies are being recovered that are 11 days old in 90 degrees, many are lost to maggots. We need to organize a "set up" plan if we are to handle bodies at Dover. If the bodies come to Dover like they did in Gander, we need a plan that will answer the following questions: Who will we call? Where are the resources, the equipment, the supplies, and the material? A problem we experienced is that although we made a list of recommendations after Beirut, many of them were not considered at Dover. That has created some frustration that we as a group have had to deal with.

On the other hand, some of our suggestions have been implemented. Dental records are not now taken on the same flight. Actions have been taken where everyone will have a full panorex-six rack in the next three years and it will be stored at the Defense Medical Support Center in Monterey, CA. That does not include people overseas, or dependents. We have not solved the dependent problem. Those records should be somewhere where they can be found. Currently, when you PCS to Hausburg you can take your family's medical and dental records with you. This procedure complicates the process and makes it difficult to find the records in the event of an accident.

What concerns us is that we do not have the needed infra-structures. The Army is ahead of us on this. They have larger units and are able to build an infra-structure to provide support to families. We do not have that in the Air Force. We are accustomed to dealing with accidents having 17 to 19 victims. The Army has a division at Fort Campbell; there are 15,000 people. At Scott Air Force Base there are 5,000 people. Our base would come to a stop if we gave the families a situation report every day like the Army did. This means 110 people would have to be appointed. We simply do not have the infra-structure. This is a tremendous problem for us and we are very much concerned about it. That is just one of our problems with the casualty people.

At the same time we are trying to work all of the problems out of the computers that we use to catalog the information. In Gander, we had four different computer systems in the Dover mortuary and none of them could talk to each other. This is a problem that must be solved.

Another problem is that when we leave, there is no task force. If we do this for three or four months and then we go off the program and go back to our job, the lessons are learned forgotten. I go back to worrying about dormitories, housing, and dining halls.

COL URSANO: Has this always been an additional duty task for you and your office?

COL MALONEY: Now that there is some high level interest in what we are doing we will have to develop a "set up" plan where someone will be able to read a document, go through listings and say this is what needs to be done. With such a plan, we will not have the initial frustrations that we had earlier. At the end of this month these documents will be in, and we will be ready to design the procedure for the Dover mortuary to make it better equipped to handle such emergencies. We have found a site for a mortuary in Nevada. We want to move from Oakland. J.P. is working through the Commander and Chief of the Army, who says that until we sort the Oakland mortuary, the Air Force will always be the executive agent to do it at Dover. This is a positive development. We now know who is in charge. We are able to walk in because of our experience level, and people move aside and let us do our work. But that is not always going to be the case because our expertise is going to fade away. We have to decide whether to make a plan that puts the Air Force in charge. In reality, such a plan is not going to work because the Army will not let us do that. The Navy might let us do that.

QUESTION: In charge of what?

COL MALONEY: In charge of the entire identification body process. Typically, people at the highest levels are starving for information. First, a standard format must be developed: when you are going to report where you stand in the identification process. For example, do you report transfer cases received, or human remains processed? What is the definition for processed? In contrast to Beirut, an autopsy was done for Gander. Processing was not done until the autopsy was done. Then there are problematic terms like "tentative ID," "positive ID," "embalmed," "casketed," "disposition instructions received," "escort on scene," "escort in casket," or "remains shipped." You can see that providing numbers can become a problem. When General W. calls and says that 52 have been processed and you say 53, an hour is then spent sorting out the discrepancy. Another problem is that Dr. M. is a DoD (Department of Defense) agent and I am a MAC (Military Airlift Command) agent. The question becomes who is in charge? Who reports? These kinds of issues must be sorted out. It takes three or four days for personalities to settle because there is no clean change of command. Dr. M. did the identifications, but if someone was in charge they could have encouraged the medical profession to speed up their identification procedure. When I was in charge in Beirut, the doctors were brought in in two shifts. The question arose as to how many doctors to bring in. An important objective was the compassionate care of the next of kin. Compassionate care begins with the identification of the body. The grieving process does not start until the body is identified. An identification mistake can not be made.

COL URSANO: We are interested in the wide range of your experience in the body identification process, the logistics, and the planning of it. Perhaps we could start historically with how you and your office began. Was Beirut the first?

COL MALONEY: No, not for me. In the Air Force we have the MOS supply services. Within supply services there is mortuary affairs, which handles the current death program. If someone dies, people from mortuary affairs go out to the family and explain their mortuary entitlements. I have been doing this sort of thing for 22 years. I have been doing multi-engine airplane crashes since Vietnam and my first one was the 1968. I have always done 130's or 135's involving multi-engines. I got involved in Beirut while in Europe. The planners stationed in Stuttgart, commanded by an Air Force four star, a purple suit command, have a directive stating that they are in charge of accidents which happen wherever the Mediterranean touches land. That is why the Air Force was the executive agent in Lebanon. If the same thing happened in Germany, the Army would be in charge. In the Pacific, it is less clear who is in charge. There are going to be meetings this fall or winter to clear this up. The Pacific is divided into eight areas of responsibility.

The question arises as to who has the most resources. The service with the bulk of assets, such as full body x-ray machines, is the Army. We lost a C130 in March in New Mexico. We were in charge of search and recovery. However, it took us two days because a civilian pathologist did not like the military. We told her that we were not trying to circumvent anything that she was doing. She objected to our procedure of validating her findings. After two days of discussions, we came to terms that we were not questioning her judgment. Rather, we were validating because we had to prepare for potential law suits.

QUESTION: Is the service's operation restricted to administrative processing or do you also work with the people who notify families?

COL MALONEY: The problem with the current system is that we have people who notify families, but they have never had to do it on a large scale. For example, in Beirut when the balloon went up, we were tasked as the executive agent to provide transfer case body bags. It quickly became apparent, as we assessed the mortuaries in Europe, that there were no mortuaries in Europe large enough to handle the job. We sent service officers on a C9 Nightingale to Beirut to bring out the first bodies and to provide an assessment of the situation. The body count was changing hourly. At the same time, I went to the Army mortuary at Frankfurt to assess their capabilities to handle these bodies. The decision had been made to bring these bodies to Germany. It was apparent, however, that Frankfurt could not handle that load, so we went to Rhein-Main, and toured their flight line facility. Unfortunately, anything we would do would disrupt their mission. We found some German beer tanks and decided to use that as the site. As the person in charge, I then contacted the commander of the medical center at Wiesbaden and told him my requirements for a pathologist and dental officers. I also told him Wiesbaden may have to consider closing completely. I conferred with the pathologist and we made the decision of how many bodies needed to be processed, and determined the body handling process. We had no checklist of all the medical and dental supplies we would need. Luckily, there were two forensic dental kits that were built at the Wiesbaden hospital, so we used those.

It was evident that the U.S. Air Force was in charge. The Marines also sent a contingent over. We made space for their command post and worked side by side. At the same time, the Army sent people from the 21st Support Command and we also worked with them. We had problems, however, because I was a lieutenant colonel and the Army person was a colonel and the Marine person was also a colonel. Once we discussed it, our differences were resolved.

COL URSANO: The experience you are describing is one of an institution learning to cope with major tragedy. When you speak of planning and of the 11

different scenarios, it seems that these are expectable but low frequency events. The experience that you described of lessons learned from the Frankfurt situation not being transferred to the Gander situation is unfortunate, but highly likely.

COL MALONEY: That is correct, yet we continue to receive calls for our help. For example, we have been called to run the honors and embalmers portion of the Challenger astronaut incident. They wanted it done in 24 hours. We ran into a problem when Colonel H. called to ask us what we were doing on his base. The situation became one of mending fences. The question was, why should we do it? If it were done at Dover, for example, it would be said that we are not the predominant service. Yet, people that were used were people from the Smithsonian. The Air Force has 38 people with experience equal to mine who are located worldwide. When we are needed, we come together to work at Dover. We have a problem in the Air Force in that the Army has joint graves registration teams. If we had to do an airplane crash we would have to get people off the streets to do the search recovery. Unlike the Army, we do not have people postured to do this. Additionally, the Army has people to process wallets or purses which may take over 26 line items on a sheet of paper. In the Gander airplane crash, there were many wallets and purses and sets of luggage and briefcases. We had to set up a system for what was inventoried and what was put in the cardboard boxes. We then had to catalog that information in our computer. Items that are disposed of must all be logged, because families call and ask if we found personal effects, for example, an individual's video-cassette player.

QUESTION: If you retire tomorrow who is there to replace you?

COL MALONEY: This time rank is important. There are a lot of majors and lieutenant colonels. We have asked our four star general that all the NCOs and civilians that have done this before be pre-identified for when they go to their next unit. This way their commander will know that they have someone with mass casualty experience. That has not happened. Our general has endorsed this in writing, and said that he wants the people to be pre-identified and for us to grow from 38 to at least 70 people. We also want to write up our Dover plan.

QUESTION: Was Beirut the first mass casualty greater than 10?

COL MALONEY: Not for me. The first that had more than 10 mass casualties was in England and Turkey in the 1970s where there were approximately 25. The operations went smoothly since we did the processing in hangars. We were insulated from the press and anyone putting pressure on us. Privacy is always a problem. To this date, a two star general will not talk to me because I stood up to him when he asked me why Beirut took 18 days and why it was taking so long to do nine people in Sicily? I tried to explain to him that the bodies had no heads, hands or feet. The 8 x 10 glossy pictures were displayed to him when we returned. We also had to contend with the fact that a black Navy seaman was in that group. So, we did not have eight bodies, we had nine. It turned out that the extra body was a hop on the flight. That was the problem that I ran into. I have had to tell the general officer in Beirut that we did not have 239 bodies. He got mad when I told him we have 240. When I told him there was someone aboard that was not a U.S. Marine, he said that that could not be possible.

What do you do with the bodies? A French officer came and asked me for two of my bodies, because he lost two French captains. This happened in Beirut. We only had one body. I gave him a casket which was welded shut. The captain could not go home embarrassed. They had lost 56 people the same day. I got a call from a Governor who told me to have this boy on an airplane tonight. I told him that we had not identified the boy yet. I also had a general give me five names one morning and say he wanted them

identified by the evening. We had to call the general back and say we have four, but not five. The White House even called and the pressure built. That kind of pressure forces decisions to be made. Should this type of interference be stopped? Should we go looking for those other four or five? Should it be done in an orderly manner? It is hard to make changes when the flow is in progress.

QUESTION: Is this the center of your job in terms of day to day activity? How do you adapt to this kind of life?

COL MALONEY: No. My reaction the first time I learned this was part of the job was that every officer is scared of mortuary detail because there is only one chance to do it right. There is no room for mistakes. The family only wants to hear what they want to hear. The officer is on his own when he visits the family. I have a successful reputation, and because of that I am constantly called upon. When I was a squadron commander at Wright Patterson AFB, I made a log on Memorial Day, 1976 when a C130 was lost. I got 83 phone calls on that case. The log is of what I said, who I talked to, and what the duties were that I was being tasked to do. It was a National Guard Airplane and they asked me to assist.

I have always been in the wrong place at the right time. The first time I did a multiple casualty I volunteered because a friend of mine from my home town died on the airplane. The next time, my roommate from Vietnam died on a C130. His name was just put on the wall May 26, 1986. I have done the search and the recovery process. I have had problems the last two years, problems with sleeping, concentration, and alcohol. I wanted to tell the Army in Gander to stop sending generals because I have no time to be their tour guides. The generals asked why we do not stand at attention. I told them that it may interrupt our concentration and that we must be able to concentrate. It is not that they are disrespectful. An Air Force general came to me and said that the place was filthy. I told him that we were washing and vacuuming twice a day and that the laboratories were being cleaned twice a day by contract people. I told him that we were aware of this and that 400 people could not be put in a facility over night without creating a mess. A person can lose their temper very easy in a stressful situation like that.

A equally stressful situation was in Gander where the press broke through the security and took pictures that were published in Time and Newsweek. I called the security police when I should have called the base commander. I was moving some dead bodies to a hangar and the press were all over the base. I was worried they would see this vehicle which said "Voyer Town Caskets", and they would stop the vehicle and the civilian driver would not know how to respond. I called for a security police escort because the bodies were going to be kept under an honor guard by the 101st. The security police major told me that he could not give me a security police escort. I told him that I only needed it for 15 minutes. I was in a stressful situation and I gave him a direct order. In the command post where we were working, there were rows of officers on both sides of the room with phones trying all night to get information on people. I recommended that we put a coffee pot in there. Two of my young majors went and got the coffee pot from the administrative area. The next morning I came to work at 6:00 and a lieutenant colonel came to me and said that my guys stole his coffee pot. The conversation got very tense, and I lost my temper. That is not my personality

QUESTION: You have discussed the stress of the job, the decision making, the number of inquiries, and the information that must be processed. What can you tell us about the issue of working near corpses?

COL MALONEY: It is very difficult. I reminded everyone that the Army graves registration personnel got station number two and Gander, Beirut, Air Force Services

officers also got station number two. That is a station where a person must reach into a body bag and pull out the bodies personal effects to log them. We did the anatomical chart, which a mortuary officer can do. This is a tough station which includes AFIP (Air Force Institute of Pathology) and it consumes the resources of many people. There were many times where I would get a vertigo feeling. On one occasion, I reached out and I grabbed the table. Afterwards, I seemed to be fine. I do not know if it is a combination of the hours or what I am seeing or touching, but I sometimes get a vertigo feeling where the room starts to spin. It goes away as quickly as it comes. This has happened to me many times. I just blink my eyes and keep going. We are still learning about how to tell lieutenants about this.

A chaplain who had nothing good to say about mental health professionals decided he should be the head person to take care of people who were having psychological problems. He felt that the mental health care workers should not be involved. I learned from Beirut to bring the chaplains in early but what I did not learn was to bring the mental health personnel in early as well. The chaplain at Dover did not present a military image of a mental health officer. He had a beard and a scruffy uniform. He would not go back in the body room. When dealing with these young kids whether they be medical technicians or body handlers, you must go back into the room or you will not win their confidence. His ability to help was lessened because he would not go back into the room. He did not have to touch any of those bodies, but he should have gone back into the room.

QUESTION: How far in your career were you when you went back into the room for the first time?

COL MALONEY: I have been picking up dead bodies for a long time. My first experience picking up multiple bodies was in 1968. I have more problems with it now than I did then. A person never gets accustomed to it. The hours are long. In Gander, I set the schedule for the third day. I told the people that they must take their off shifts for day and night in pairs. Their response was why were they off when they were fresh? They are in pairs because I did not want them to be alone. They felt they were not ready for a day off. I told them they did not know how long this was going to last. They asked whether I thought they were weak. I told them no, but that I needed them to remain strong.

Personally, I do not take any days off, I get combat naps. When I started getting confused on day 11 through 22 it became clear why I was going off for an hour combat nap. I want to keep the officers fresh. Officers have gone completely rigid from the stress and the hours. Some have experienced uncontrollable shaking. They have reached a point where they were completely incoherent.

QUESTION: You mentioned that in Beirut you first understood the potential value of the chaplains and the mental health people. Could you elaborate on that?

COL MALONEY: The bodies were getting worse and we were experiencing pressure to deliver bodies home. Everyday became a pressure building day. The DO community called in the morning asking how many bodies could we deliver that evening. I told them that I could give them about 16. Their response was that they must be in the airport by 7:00 and that the airplane would leave by 10:00. We had to say that the bodies were in the Frankfurt mortuary and were being identified and embalmed. The load masters got upset because they had to wait to balance the airplane because the bodies had to go in first and then the cargo. Once it was all ready, another problem arose. In the interim, someone from Dover AFB called and asked whether the airplane was going to be in the window. The airplane must land between 1:00 and 4:00, in darkness, so the press cannot see it. I told them the plane will be in the window. The

pressure at this point was unbelievable. The plane must be unloaded, and the transfer cases must be there for 8:00 a.m. with the flags for the ceremony at Dover. The pilots said they would sit here for three hours and if they got 10 seconds for clearance on that foggy runway they will deliver those bodies to Dover in the window. Another 150 bodies must be sorted once the airplane leaves.

There is the constant pressure of all the details, interpersonal relationships, and watching your own people who are having problems. I had a lieutenant colonel, for example, who drank 40 ounces of whiskey one night and I noticed he was having problems coming to work. One morning he did not come in. The chaplain and I went to his room which was locked and there was no answer. We went to the building officer and got the room keys. We went into the room and were up to our ankles in water. He was asleep in the lavatory on top of the drain. The room was flooded and water was leaking into the room below. He had passed out. He said he could not sleep. He said the mattress was too soft, so he slept on the floor. There were three empty liquor bottles in the room, but he said he only drank one that night. He worked for a lieutenant colonel. I made the decision, as the Air Force officer in charge, that he was not coming back into the Dover mortuary. There was a big argument between us and I then told him he was going home. I only promised him that in nine days we would bring him back. I told him that this was not a sign of weakness. I told him that a person does not drink 40 ounces of whiskey and not report to work, and then ask to lead young people. He was in charge of the day shift in the Air Force Control Center. He may have had a drinking problem before he came here which manifested itself more because of the body handling. Two of the three officers that were in charge of the body handling are doing fine. Major P. is having problems. He has broken down and cried in my arms and has said, "Boss, do not ask me to do that job of running the body handlers."

The body handling is divided into two shifts. Our processing strategy consists of two main categories of bodies which are HR, meaning human remains, intact, and HR, not intact. Within those two categories there are two sub-categories. First, there is HR identified. Then there is HR not embalmed, or awaiting shipment and HR not identified but intact. In the partials there is HR identified and HR not identified. There is another sub-category called disassociated spare parts. There must be a system for storing the bodies, and we store by those four subcategories or parts. Each body or body part gets a number. These must be listed on the outside of the storage van in case it rains. So when the doctors want DD033 back into the room, they will know which van it is in. They must be properly stored in the van, three on one side and two on the other. Transfer cases weigh 125 pounds empty. There must be working space inside of a van. There is an officer who is in charge of handling. We use 43 body handlers per shift. Four body handlers bring a body in using gurneys, floaties and litters. They go through the processing line. One of those four body handlers stays with that body as it gets processed through the different stations. The others go back into a holding area. When we come to full body x-rays, the x-ray technician is called to help straighten the body and shift the body for 13 different shots. We only have two full-body technicians. The body handlers then go back to work in that particular part of the process. In the interim, the body handler works on a plastic bag if there are any personal effects.

The paperwork that is generated stays with the body until it is processed through the records and analysis area. At that time the body handler is done with that body and he is ready to start another one. Normally, he is lucky if he can process two bodies a day. The first shift does not leave until the body has gone through the sequence. The second shift comes on at 2:00 and has a 6:00 team meeting with the pathologist. Among other things they discuss how many bodies are going to be processed the next day. In the case of Gander the bodies had been hosed down for 24 hours so there were chunks of ice. We decided to do 40 bodies. The bodies were brought out unzipped. They were laid onto the gurneys to thaw so the doctors could work on them for the next day. The second shift works on the bodies and the doctors quit at 7:00. The processing stops at

7:00 and the bodies are pulled for the next day's shift. That is what happens if all the bodies are processed through the shift. Less body handlers are needed later because there are only two shifts per body. The second shift washes the floor and gets rid of all the gore and they are ready for the next day. They finish at 1:00.

QUESTION: The body handler and the supervisor do not seem to be protected from anything.

COL MALONEY: No, they are not. The first night someone made the mistake of serving roast beef. Body handlers do not want to eat barbecued ribs. We eat right on the scene. I had to review the menu myself.

QUESTION: Was that part of your experience?

COL MALONEY: Dr. G. of AFIP cannot eat barbecued chicken to this day. Dr. C. cannot eat barbecued ribs, and the dental surgeon in the Air Force cannot eat barbecue. I do not have a problem with eating. In fact, I gained about 15 pounds, and I never drank so much coffee.

QUESTION: Can you tell us more about the officer who was having trouble?

COL MALONEY: There was one officer who was a basket case. He only lasted for five days. He has marital problems and I think that many of his preexisting problems manifested themselves.

COL URSANO: Concerning these people who are having problems, do you feel they would do well if you took them out?

COL MALONEY: I have asked certain ones to leave.

QUESTION: How do you screen the volunteers?

COL MALONEY: Volunteers are not screened. We have learned from Beirut, however, and now I keep a listing. When a person signs up as a volunteer, they are asked to give information about their unit, telephone number, and home address. Now I have a listing to give to wing commanders. The list notes who has worked as a body handler and the amount of days they worked.

I had a person who was having problems at Davis Monthan. This person snapped in a meeting with his commander. I had never gone to Davis Monthan, so I took my slide presentation, which consists of 140 graphic slides, and showed it to the division commander. They could not believe what their young major had done. One person did an F15 airplane crash. This job was even tougher because the pathologists lit cooking pots and boiled flesh off bones. There were a lot of uneducated rookies watching this.

QUESTION: Why do people volunteer?

COL MALONEY: The answer to that has always puzzled me. I got into a heated discussion with several Army generals who wanted to bring in non-volunteers and remove the volunteers. One of the generals, General S., visited a room where an autopsy was being done. When he saw the guts and brains he realized why we use volunteers. I ordered non-volunteers to help us in Beirut the second time. I found this strategy does not work. Chiefs, captains, and majors who just returned from flying the Atlantic volunteered. The Army lost a unit, and it was Christmas time. There was a great deal of motivation.

QUESTION: What was your experience in Beirut?

COL MALONEY: The second time we were there with nine people. We lost a naval aircraft. The Syrians were first to recover the body of the pilot. They gave us the body, but because of politics we could not process any bodies in Germany. So we went to England. We had to bring them in under the cover of darkness. We did not put out a call for help since we were only dealing with nine bodies. So we just used regular search and recovery teams. We had problems, however, because some of the young body handlers said they would not move bodies. Non-volunteers do not have initiative. A body's head may fall off onto the table or on the floor. They will not pick it up. A bloodied piece of paper may fall off. They will not pick it up. Volunteers will do these things. They will also assist the doctor if he needs help. The volunteer is a self starter with initiative. Volunteers are always better to use. Morale is good despite the gruesomeness of the task. If volunteers are having problems, they leave the body room and do other jobs. We even had cooks typing autopsy protocols. They did not know how to type or use a word processor. However, they soon felt like part of the team because they were doing something. The NCO must be monitoring this all the time, because people do faint and regurgitate. Both the medical people and volunteers have to occasionally leave the bodies for a time. They need to work with the living and not the dead.

QUESTION: How do you brief these people?

COL MALONEY: It is very difficult. They receive a spiritual message from the chaplain. They are told what they are going to see from the medical professionals. They are told that the mental health people are going to assist them if they have any problems. Once they feel that they are part of the team they are much more willing to talk. If we can get them to talk, then we have less problems. Some of these young officers just stand and watch gruesome sites. For example, doctors sometimes have to take two inches off the face around the teeth in order to put the striker saw in. The FBI often cut finger tips off. I often have to punch these kids to break their train of thought. It is a grim situation. There are body pieces everywhere on the floor.

COL URSANO: You notice when people become detached?

COL MALONEY: Yes, especially when I go to dinner with them in the tents. At Dover, we asked mental health to direct all volunteers to go to the base theatre for a deprogramming exercise. This establishes contact with mental health, and brings about a realization that they are there to help if there are any problems. We probably had less long-term problems because of that, and we did it in such a way that it did not come as a directive. We had several sessions which brought about a spirit of togetherness among the community.

QUESTION: How forgiving are the commanders and the NCOs?

COL MALONEY: That is difficult to say. I went to Colonel Z. and told him that there may be a body left over after his shift. He went to the NCO club and got drunk. He then got stopped for DWI. This actually happened where an NCO drove into a white picket fence at the Rhein-Main hotel. He is probably the only master sergeant in the Air Force who did not get an Article 15. I told the commander that these types of things are to be expected. For my people who go back to their home stations it is very difficult. The commander does not know what they saw and they are reluctant to go to mental health. There is a fear that their commanders will find out if they do go, and

they will not get promoted. In reality, there is no way the commander knows if they go to mental health. We have to get that point across to them.

QUESTION: How was the experience different for you in 1968?

COL MALONEY: I was young. The bodies had been mutilated similar to South East Asia. I was very bitter and I cried. It was not quite the same. It bothered me for a period of time. I lost my best friend and that bothered me because I took his body out of the airplane and he only had half a head. I walked home in my underwear and got arrested. I went into a rage, but the commander knew what I was going through.

COL URSANO: Was it different in the sense that the people around you were more knowledgeable of how difficult it was?

COL MALONEY: It was different in the sense that the people knew what I went through, and that I lost my roommate who was my best friend. They cared about me. I locked myself in my room and drank. I left the room and went back to serve the Army. I had a good friend who was a doctor that I talked to. It bothers me more now.

There are so many decisions to be made based on limited information. Many of these decisions would create chaos. For example, in Beirut we used three full body x-ray machines for 241 people. Seemingly three body machines are enough for use in Gander for 256 bodies. The machines kept breaking down so the processing line kept getting longer. We got three machines from Fort Bragg and another from Fort Lee and Fort Belvoir. It was difficult to plan because three were enough previously, now we had five. It caused frustration. The doctors were tense, and the processing line stopped because the dentist had no work to do. They were sitting there idle because they could not work around the processing sequence. We were not going to change the sequence and try to remember who did what to which body. Everyone became so tense that I got two more machines. Then we had three machines break down. The one from Germany worked fine before. The doctors were counting on me to get the repairs made. The logistics of the machines must be dealt with to get them to Dover. It gets very stressful.

COL URSANO: So you are saying that both the equipment and the people create tension.

COL MALONEY: Yes. I had requested 10 gray hearses that had doors opening the same way. Details must be addressed. This is time consuming. The generals would want me to attend meetings four times a day. I had to tell the generals that I simply had too much work in the mortuary to attend the meetings. They were discussing whether or not gloves and overcoats should be worn for the ceremony, and what the weather report was. I told them to deal with the ceremony and I would worry about identifying the bodies. I needed to be in the mortuary keeping everything as organized as possible. The Canadian mounted police wanted me to deliver the toxicology samples to Canada everyday, so air lift to Canada must be arranged as part of the agreement. It was tough to keep my temper, but I was outranked.

QUESTION: While you were occupied with the mortuary and all of your other responsibilities with food service, were you responsible for visiting arrangements for the guests and the other tasks that a services officer does?

COL MALONEY: They were done by my staff. I told them that I needed to delegate the duties. These duties were not on a checklist, they were in my head.

QUESTION: Can you tell us more about Gander?

COL MALONEY: In the case of Beirut, the flight out was 18 days straight from 6:00 a.m. to 11:00 p.m.. In Gander it was from 12 December to 24 December. I worked straight from 6:00 a.m. to 12:00 a.m.. Christmas Eve we had to give the appearance worldwide that we were going to work, yet it caused problems. Who would go home for Christmas and who would stay. Arrangements have to be made for the people who were staying to get a Christmas meal. It cannot appear that we would not be working when only 52 of the 256 bodies had been identified. The realities were that people wanted to go home for Christmas. That became very agonizing and five officers came to my door at 1:30 a.m. asking to go home. I told them to go home. All of the officers were married. Then airline schedules had to be contended with.

QUESTION: How long did it take before you began to feel comfortable with this operation?

COL MALONEY: After New Year's Day, after the first inventory of missing pieces had been furnished to the Army. This was done by services officers and AFIP personnel. We were missing 31 heads, three upper-torsos, 172 arms and hands, and 200 legs and feet. We then met with General C. on 27 December, and went to Ottawa to negotiate with the Canadians so we could go back for a second search. That approval was given on 8 January, and the Army returned. Simultaneously, we did the same thing as we did in Beirut, and that was to go to every medical center in the world and furnish them with a list of names and social security numbers of the individuals on the aircraft for which we did not have any records. We got missing records by doing this. At the same time, the Army had all officers that were assigned to families contact them and ask to provide any medical records that they could. Everyday, Federal Express and Purolator would deliver mail to Dover and we gradually saw our collection of records grow. The numbers could be deceiving. For example, General T. said that we should have no problem now that we had 442 medical records. In fact, we did not have 442 records. We had a medical statement that a person broke his leg jumping from an airplane. That is not a medical record. A dental record could be a counsel sheet or a chart, a full mouth panorex, or an x-ray of one tooth. We only had 162 fingerprint cards because we did not have all the hands. The question arose as to what is a proper fingerprint card. Is it the right and left hand or is it the hands separately? It is just one hand? Would a part of a thumb suffice?

People call you because this information is being reported worldwide. They want to know how we are doing in the identification process. It gets very difficult. A congressman called me from Florida and ordered us not to autopsy a young woman. I responded that we would. He said that she was an orthodox Jew and we needed permission to autopsy her because of her religion. This slowed the identification process of the eight females because we were not sure which one she was. All of this happened around January 8th. On about the 15th, there was a flurry of activity and many more bodies identified. On 22 January, another flurry of activity occurred. This occurred again on 2 February. The search was concluded 15 February. A total of four transfer cases of body parts was returned and 38 more medical and dental records were transferred. Two more pallet loads of personal effects were recovered. On 22 February 14 of the 256 were identified by presumptive identification, a technique we do not like to use. Using a name tag, dog tag, and wallet, is the weakest method. The rest were identified with medical, and dental records and fingerprints. We only had three viewable bodies of 256.

There are so many things that I must put in writing to help people do this job more effectively in the future. For example, I do not allow anyone with guns in the mortuary. We built a labyrinth with five full body x-ray machines and constructed a sidewalk in the back of the mortuary. We used 2" x 4"s and plastic sheeting. We could

not construct a wire to that end of the building. Therefore, that end of the building was open. At night, we brought out the bodies to thaw them. The first night we thawed the bodies we asked that security police be positioned at the back. A security policeman came with a weapon. I called his supervisor and asked whether the policeman could release his weapon in the mortuary. His presence was sufficient without a weapon. The supervisor said that all security officers must be armed. He had to go to his base commander, where he got this resolved.

Another night, a young captain from the 101st wanted to sort through the bodies to find his friend. He was 6' 4" and three of my officers had to wrestle him to the ground. We called his commander, and told him that we did not know who his friend was, and that he would not want to see him anyway. We post what we do 24-hours a day. We have a regular shift detail and each shift knows the details of what happened the previous shift.

COL URSANO: What did you think about the person who wanted to see his friend?

COL MALONEY: He was with the Army generals helping plan the honors ceremony. He worked for Lieutenant Colonel E., and had had a tour in the Sinai. He was also part of the honors detail. We were accustomed to seeing him at the mortuary. The second shift was on that night at 11:00 a.m. when he came in. My officers asked whether they could help him, but he proceeded to brush pass them and go to the back where the bodies were kept. It took three officers to stop him. We called Colonel D. who came and took him out. I never saw him afterwards.

After he arrived, Lieutenant Colonel E. saw this uniform rack being built from ribbons. He told us that we were doing it wrong. The sergeant in charge showed him the sheet which the Army had presented him. There was turmoil and the sergeant was called back to Fort Campbell to clear up the records so the rack could be rebuilt properly. The Army gave us the uniforms to be sewn with stripes. The next day we were told that everyone who died was promoted posthumously. Consequently, we had to redo the uniforms and sew on new stripes.

During the first couple of days there were outbreaks of tempers. The two that occurred with myself were with a group of NCOs who were putting camouflage netting over all the vans. This NCO was screaming to move this board and stabilize that pole. There was also a great deal of drinking.

QUESTION: What seems to happen after experiencing this is that a person does not just go home and go to bed. These people have to live with the knowledge that they must start again in just a few hours. Can you say more about this?

COL MALONEY: Yes. They gather in conference rooms and have a semi-strategy session where they recount the day's activities and plan for the next day. This is done with plenty of liquor. One night a man passed out on the table and the others just drank over him. Another man passed out under the table and we just left him on the floor. People got very drunk.

QUESTION: We have talked about the potential usefulness of mental health people in these situations. How welcome would the mental health people have been in the conference rooms?

COL MALONEY: I think he would have initially gone through what the chaplain went through. When I walked into the Army hierarchy I was questioned as to why I had a chaplain with me. I explained to three Army generals that it is very important not only for my group, but for the other group that would participate. From Secretary N. to the

lower ranking individuals there was no question of the wisdom of the chaplain's presence. It was the Army that questioned why the chaplains were present. They asked whether I would bring him to meetings. I told them yes, and that I wanted him on the ground floor to hear what I hear. This way he would be better able to work with the men. I have put this in writing to four star generals of the Air Force. When this occurs again, and if the Air Force is in charge I am going to take a mental health person to the recovery site with me. I want a mental health person in the middle of things. This builds rapport, and prevents losses. Each person who quits takes about three months to heal.

QUESTION: What do you want mental health people to do?

COL MALONEY: I want them to walk the floor, talk to the people, and participate in their initial briefing before they go into the room. As an alternative, I would want mental health people to hear the initial briefing that I would give them if I were in charge of the crash site. My briefing at the crash site deals with the procedure followed to search a crash site. I try to convince them not to look for the obvious. I tell them they are going to see and smell things that are gruesome. At the briefings, I want the mental health person to talk for a few minutes. The fact that the mental health person is there and standing next to me reassures the people.

When we search a crash site, I tie a nylon rope to each man. There are 20 people on a plot. A grid system is laid out. It is very important that nothing is touched. The first time through, everything is staked and tagged. The reason everyone is tied so they will stop simultaneously. The staking process is very methodical and painful. It is stressful because you sometimes have to stand over a body for 10 minutes before the line moves again. I think if I had someone from mental health with me from the start, I would have fewer problems. I would have less trouble when asking a person to pick up a body piece and bag it. If you have ever tried to lift those bags, you know they are not stiff; they are sloppy and move loosely. If you are on a level surface, such as concrete, it is difficult to handle a body bag. They should be able to feel they have a friend they can talk to.

Many of them felt that they had no one to talk to. If there are problems, I want them to know there is a person who understands and appreciates what they have been through. The Army generals thought I was crazy, working with a chaplain. They do not think that way now. General R. who is the commander of the 101st came in and started crying in the back room because his troops were the victims. He was sobbing uncontrollably when we got to the uniform building room. He picked up the name tag of Lieutenant Colonel T. and said this man would have been a general in the future. At that point, he could not take it anymore, and so I cut the tour short. If I had a mental health person and a chaplain, which I did not have initially with Gander, I could use these people as my confidants. I would discuss ideas with them. Or, I might ask them to keep an eye on a person who is having problems. I ask that some people be watched whether they work in the administrative area, clothing area, or with the personal effects. These areas are grim even though bodies are not seen. There is wet luggage, burnt wallets, pieces of pictures of loved ones, stuffed animals, and the like. A system to process these articles must be devised. It is critical that no mistakes be made. I posted a sign saying, "There will be no mistakes." We created an alpha-numeric system to casket and store the bodies. We also developed a chart. The precise location of any particular body must be known, especially when it is time to ship bodies to the commercial airports. We put paperwork inside the casket. In addition, we tape a tag on the outside of the casket with the person's name on it. I am very meticulous. We kept a log of when each body was shipped out, and which body was in which spot in which row. I do not trust the computer, so we did it manually.

COL URSANO: Could you elaborate on your comment about the sign of the eagle with a tear on it.

COL MALONEY: Yes, I thought of the idea and Colonel S. drew it. We got a young sergeant who is a draftsman to reproduce it on a 35mm slide. It was the least we could do for the members of the 101st Airborne Air Assault of Screaming Eagles. That slide gets the attention of many people. It shows an eagle with a tear on it.

COL URSANO: The same picture appeared at Campbell for a period of time after that.

COL MALONEY: I came up with the idea and stayed up until 2:30 a.m. one morning putting it together for the first Gander briefing. At 10:00 a.m. we had the 35mm made. General C. came to visit General H., the Surgeon General, and Chaplain O. The eagle with a tear was the last slide in the presentation. I also had one made for the podium. I worried if the Army would take offense at that. That briefing was given on 8 January. I took that briefing to Washington to show the Army and I was worried about their reaction to the eagle tear. Everything was favorable.

QUESTION: It was late January when it was picked up at Campbell. They did not seem to remember where the eagle came from. Is it possible that someone who was a body handler was there and brought it back with them?

COL MALONEY: I do not know, but this reminds me of the poem written by Major K., a nurse body handler. The poem which is called "Our Flag is Still There," will bring tears to your eyes. The poem was read at the awards banquet at Dover on 22 February. It traces the history of the flag from Valley Forge to brothers fighting each other in the Civil War, Vietnam, and finally to Beirut and Gander. Our flag is still there, however, the eagle is flying shackled and wounded. I was doing the schedules one night, and Major K. came by in the morning with that poem. I tacked it on the wall. She was a body handler who did a tremendous job with that poem.

Many of people at Dover had been at Jonestown, Tenerife, and Gander. H. was a tough young lady who we called "Radar". She handled the bodies for almost the entire 72 days. She is one of the two people who got an achievement medal who was not working regular duty.

Many things come to a stop when people volunteer. For example, about 26 of our volunteers came from the civil engineering shop. People come and go, but there is always a hard core that stays. We had about 400 volunteers, and 225 of them got medals. These were the people who stayed the longest. Some stayed only a day. We maintain a list of everyone involved, and what organization they belong to. There were 43 organizations involved, not including Dover AFB. Each of these organizations had a person physically involved.

No one is following up on the x-ray technicians or the dental technicians from Andrews. No one is following the x-ray and dental technicians from McGuire who were called in to replace the Army x-ray people, who had had enough. Mental health people can be useful here. We have information on these people in the computer. We have more control now, unlike in Beirut where we were keeping legal size pads of the names, organizations, and telephone numbers. We used this information at the site for the security badge which was issued each person. The badge lists the person's duties such as administrative, body handler, photographer. In Beirut, we did not have this. We had C5, C141 and C130 crew members working for us. We even had a housewife come to the barbwire fence one night. She was a dependent who wanted to help us out, so we put her to work in the dental records area. We also had a retired medical sergeant working in the passenger terminal. He worked on patient records.

COL URSANO: You have been discussing a number of very important issues. We are trying to learn from you how people accommodate to such stressful situations. We are interested in the stress of body handling, combat, disrupted environments, and even such things as the difficulty of being a drill sergeant, or a senior NCO. We are interested how and why some people survive and even flourish in stressful environments.

COL MALONEY: Yes. I have seen some young airmen who were problems in the squadrons, but are no longer problems. Colonel P. was concerned that a few of my men were smoking marijuana. I said they may be smoking the stuff, but they are also doing their job as body handlers. They were doing a good job, so I had no complaints. Most of our body handlers were young people. We found that the older NCOs tended to volunteer sometime after the younger ones. Mostly we have staff people, buck sergeants, and two stripes. We also have a few older men, but not many.

At Dover, the squadron commanders and the first sergeants went down and visited the mortuary. Many of them would not go into the back room where the bodies were. The Chief of Police Security at Dover would not enter the room. I told him this was not a sign of weakness. The civil engineering squadron commander, Colonel D., went into the back room over a dozen times so his troops would have a better appreciation of him as a commander. What he saw in there really affected him and he is still having problems. He called me to say he was mowing his lawn the other day when he broke out crying. He was thinking about Gander. Another major gave a briefing to the reserves at Charleston when he started crying right in front of everyone.

COL URSANO: How do people recover? What happens when a person starts off the day with the phone ringing off the hook. Are you peaked-out all day? Is the adrenalin in your body at maximum?

COL MALONEY: Yes, almost immediately. I heard about the Gander airplane crash when I was on my way to the airport to go to Denver where I was to make an Air Force movie on Beirut. I got off the airplane in Denver and an entourage of Air Force officers said I would have to get on another flight and go to Dover. I made a phone call and met my officers in St. Louis. On the flight I was keyed up planning, organizing, and thinking of what I had to do. None of the officers who were with me on that flight had ever done this before. An Air Force colonel who outranked me had the presence to forget his rank. He let me know that I was in charge. Even the Army one star general, reassured me that I was in charge. That is how I got started.

If it were not for General N. we would have had many more problems. He cleared bureaucracies for us. At the same time though, we almost had a very serious mishap with him. Before Christmas, our crew went to the officers club one night and General N. called my officers the "motley bunch" or the "wild bunch." We took it personally. Also, the men appropriated a big chair for me, like Captain Kirk on Star Trek has. They put a sign on it with eagles and my nickname, "Father." The sign also said the chair was reserved for me, and only me. My officers would not let anyone else sit in the chair. My officers would even tell senior officers to get out of the chair because they did not deserve to sit in it. My officers know I get tired and that I do not take any days off, and the chair was comfortable to sit in. The restricted chair upset General N. We all went to dinner one night at the Dover club. The general was in civilian clothes. We went for an after dinner drink. None of the tables near the bar were cleared, so we moved to another room which contained a round table with about 10 people sitting around it. There was also a disk jockey playing music. A guy came racing over to the table and told us that this was a private party. Some words were exchanged and we ended up at the other bar, which had been cleared off. There was no fight. We never went off base. We went to the base commander and we asked them to serve us

pot luck in the dining room at the officers club at 10:00 p.m. That is one hour after the dining room closes but we do not usually finish work until then. They agreed.

QUESTION: Would it have been helpful to have been able to go off base?

COL MALONEY: In Beirut, we went off base three times in 18 days. Yes it would be helpful to go off base. When we went back to Dover, the NCO club hosted a party for the entire wing and General S. was there. It was good to walk onto the base because every marquee had, "Congratulations Volunteers," and "Thank you, Wild Bunch" written on it. They had big round tables in the center of the club for us. Before arriving, we went out and bought 240 oysters on the half shell. We were messing up the conference room with the oysters, and had quarts of whiskey on the table. We were having a reunion. Colonel P. ordered a bus to take us to the NCO club, because we were in no shape to drive. We called the pilots and told them that there would be oysters on the half shell on the airplanes together with gin and vodka. The NCOs had a problem with that. When the crew gets wild they really get wild. They do things that I would never expect. For example, they would go out to look for women and they would run up and down the halls. You would not think Air Force officers would do this, but they did. It was their safety valve. The men made no bones about it. I drank too, but I did not drink as much as they did. I have to watch them, so I can take care of them. Yet I have to give them a certain amount of latitude so they can blow off steam.

COL URSANO: How long was it before you felt your feet were back on the ground? When did you return home?

COL MALONEY: We returned home on 23 February. I do not think I have fully recovered yet. I was fine for 10 days, but then something happened. I got called to Washington. They asked me to handle a number of bodies from Korea. Then I would have to start thinking of it all over again. It never leaves me. That is the bad part about it, you never fully recover.

COL URSANO: Is the delayed recovery more unique to your particular office where you get continual reminders? Do other people that work with you, who are now back wherever they happen to be, recover quicker?

COL MALONEY: Yes.

COL URSANO: Were they able to leave it behind after 22 February until the next one?

COL MALONEY: Some of them. Sometimes it takes two, four or 19 weeks. Sometimes it never leaves a person. I would like to get back to my old self. Then I could take the time to compile a list of lessons learned. That would make me feel better but I do not feel good enough to do that yet.

One of the things that bothers the men and women who have done this four and five times, is that they fear we will be put in the same situation in the future. No records causes tremendous frustration. We did our best, but we know Air Force generals are not going to behave any differently than Army generals the next time. The precedent has been set. We are just kidding ourselves to think it would be any different. Those types of bureaucracies frustrate people in my position. We get tired of repeatedly having to re-educate them.

QUESTION: Where are you assigned?

COL MALONEY: At Scott AFB, at MAGCOM. I brought in a special team for this operation. Many of them are the same people we had in Beirut. But each time we do another job we bring in more people because the same people are not always available to help. In the future, the Air Force will have to do it all. By sheer repetition, they are assembling a group of experts.

COL URSANO: If there were a mass casualty exercise which included a large number of dependents would your office be involved in that?

COL MALONEY: Not necessarily. It would depend on the complexities of the situation. In Europe there is a plan for mass casualties, but it does not cover the details of where the resources would come from. We need to keep detailed records for people who have to take charge in the future. They do not know this information unless they go back into the archives.

QUESTION: It seems you are feeling a sense of relief coupled with exhaustion. What is your recommendation, should you go to the beach for a week or back to work?

COL MALONEY: I took four days off after it was over. I do not know if that worked or not, but I did a lot of walking during those four days. I tried to sleep. I do not think the men should go right back to work. I do not think they can adjust that quickly. I personally adjust very well.

I am very proud of what I have done because we identified all of the bodies. This allows the grieving process to start. We did it without mistakes, and I am proud of that. But I have never been so tired in my life. It was an effort to walk. I was extremely tired. I still have trouble sleeping. My mind still races, but the walking helps. I sometimes get nervous. It took me a month to be able to sleep well, and even then it was only four or five hours before waking up. I have flashbacks of names and numbers. In particular, I remember how we identified R. and H. It is frightening at times to be so involved in the process. I remember B. or S. I also remember R. had no head, or hands. I remember getting his medical records from St. Elizabeth's Hospital in South Philadelphia and his father sending me pictures of his tatoo on the back of his calf. I remember J. who had a unique deformity of the left elbow. When we identified him he had no head or hands but the elbow was attached to his torso. We identified him from the pictures that his parents sent us and the x-rays. H. had a perfect upper-torso, and a head, but we never had any records. We visually identified him. We do not like to use this method.

COL URSANO: Do you remember a visual picture of the event or do you think of the process of how you went through it?

COL MALONEY: I remember the process and R.'s picture that his father sent me. It showed the back of his calf with the tatoo. Working on the harder cases stimulates my memory the most. I become personally involved in the harder cases. Each day we had two team meetings with the doctors and other personnel.

COL URSANO: When you are at home what prompts you to remember?

COL MALONEY: Sometimes if I am alone, my mind just starts to wander. Also, I think about war if something happens on television. If an airplane crashes, I jump.

QUESTION: What is life like for your family?

COL MALONEY: It is better this time than the first. In Beirut, my wife refused to let me talk about it in the house. This time I rarely talk about it even socially. I go

out of my way not to talk about it socially. I suggest to people who want to talk to me about it in a social environment to come by my office so we can talk. Sometimes I do want to talk about it, but I discipline myself not to.

QUESTION: You have been away from the house for two months. Four days after returning, you describe yourself as a walking zombie. And then you have a month of disturbed sleep. How do you carry on being a husband?

COL MALONEY: Many of my men have become sexually impotent and drink heavily. It is stressful because it is hard to concentrate. You keep recalling horrible things.

COL URSANO: Would it be correct to say that part of the stress is from trying to get back to normal work?

COL MALONEY: In my case, it was trying to integrate back into my family. They are very concerned about me. They could not appreciate what I went through, because I was not able to talk about it. Over a period of time, my wife became more and more concerned. She is a biology major. I took her to Wiesbaden hospital where she saw an autopsy. She seemed to find it interesting. My two 20-year-old daughters were also worried, and would ask me what it is like to be with the bodies? I have a son 18 years old.

COL URSANO: If we were to ask them whether or not they think their father is back with his feet on the ground and relaxed the way he was before this event, what would they say?

COL MALONEY: I think my daughters would say I was fine. I do not think my son thinks I am fine. He is very quiet. When I went to do this, I called home one night and he asked me if I was going to be as grouchy as I was the last time I did a job. I had a short temper when they did something wrong. When I come home, my wife gives me back the job of making decisions and being the disciplinarian. I do not discipline anyone the first day, because I do not want my children to remember me as the disciplinarian. If Tim does something wrong I will wait three days and pick a moment to talk about it with him.

I really had problems in Beirut. General A. is touchy, and in Beirut he came to me on day 11 and said I looked bad. He thought I should take a couple of hours off. One hour later, before he left to get on his helicopter, he said to cancel the break. Things are going wrong again. He told me not to get sick on him. I do not think I got more than four hours in bed. That is four hours for 18 nights. I do not think I had as many problems this time at home. But this time I did have more problems on the job. Last time, I had fewer problems on the job because General A. would come up every other day and staved five hours. This time, my boss came to Dover, but would not walk back into the body room. My second boss never came to Dover. He also refused to see the slides. He does not know what I went through. Those were his officers and NCOs there. That was very important to me. Maybe I am overreacting. Things are slow during Christmas at headquarters, so there is no excuse for not going to see your officers and NCOs. After all, he asked them to do this kind of work. That is really frustrating. Then he talks with four star generals about the case and ends up lying or saying he does not know the answer. When asked if he went in the body room he would say that he did not because he knew I was too busy. The boss lied. In a room full of people, Captain C. flared up, and told this general he did not think much of him. It was anger and frustration that made him do that. In this kind of situation, a leader should come see his men.

COL URSANO: You are underlining the leaders' role in the recovery process, and the idea that the leader should have a very intimate appreciation of what his troops have been involved in. It seems that the feeling of closeness is a critical element in the recovery and readjustment process.

COL MALONEY: It is very difficult to keep the military responsibility and decorum, while at the same time doing everything else that must be done, and handling the pressures.

QUESTION: Do you ever get to the point where you want to stop talking about this and say, "Life must go on"?

COL MALONEY: I am at that point now. As you know, I have disciplined myself not to talk about it socially. I am tired of being introduced in reference to this topic. People think they are doing me a favor by introducing me to a general at a party this way. It becomes very awkward. Sometimes I have to talk about it even if I do not want to. If I had people showing concern for my men by people calling them up, that would give them an outlet. They appreciate that somebody is interested enough to follow up. My people respond well to that. My personal observation is that they experience support by having someone call and say "how are you doing?" It is not as necessary to talk about the incident as it is to just talk to the people. I needed someone to talk to while I was making decisions, because I got very tired. Right from the beginning I asked the chaplains to be on the floor with my people and attend their meetings, and they did. Majors D. and W. were two of the most dynamic chaplains I have ever met. When somebody part fell on the floor, they picked it up. The fact that they were there helped the men identify with them. The chaplains walked down the line with signs that read, "The Donut Men." They would bring donuts to my people, and participate in many of the decision making sessions. They were part of our team. If we had to do one of these again, I would certainly bring in a person from mental health. This person insures fewer long term casualties. Talking with you today is my therapy. I think it will help me.

COL URSANO: We should talk at some point about the question of joining your group.

COL MALONEY: When we briefed General K., he gave us task of 14 items. The seventh states that mental health should accompany the wild bunch on all future mass casualty operations. He has tasked the Air staff with this. We are now attempting to determine how to make that happen, and what agency we should contact. To date, I do not know which agency that would be. General A. was in Beirut and when he starts talking, it is amazing. I recall being at dinner once when he got up and announced to everyone that he had had the most profound experience of his Air Force career at Beirut. I did not think this speech was all that appropriate because it was after dinner. Regardless, it was received in part because he is a very good speaker. He had just came back from the Germany actions.

The Air staffers must now figure out where they are going to get chaplains from the next time this happens. We need a formal agreement, and we need them to be there from the beginning. If we do the search and recovery, it should all be done at Dover.

QUESTION: Is Dover preferable because there are no reserves when the operation is over?

COL MALONEY: Yes, that is true. General T. did not want volunteer staff officers. He was afraid a crazy person might volunteer. I said there may also be a crazy person among the non-volunteers. The scenario could be the same. I convinced the general that volunteers are there for the cause and that they have more initiative than non-volunteers.

COL URSANO: I am still intrigued with the eagle. Do you have any thoughts about how you came up with it?

COL MALONEY: I knew what their patch was and I saw it everyday on the people around me. It was a very proud unit and it was the first time they lost some of their own. Although it was stricken, it had not fallen. This was the second time I have done this kind of operation where an entire unit had been wiped out.

COL URSANO: Is there anything similar in your past that related to this?

COL MALONEY: Yes. I was sitting in Captain J.'s room writing the script. I gave him pages and he typed. I'm talking about the script for the slides. I was editing the slides when I realized I needed an appropriate visual closing for the presentation to match the words. The slide had to portray what the volunteers did for the fallen members of the screaming eagles. That is how I came up with the idea. When showing the slide, I said, "In the words of the volunteers it was the least the members of the eagle wing could do for the fallen members of the 101st Airborne Air Assault, the Screaming Eagles."

COL URSANO: How did your people respond to it?

COL MALONEY: When I showed the last slide, I asked several of my officers how they felt. Everyone was positive. However, I was worried about it later as I gave the briefing for the Army in Washington. In contrast, I was not worried when I gave it to the Air Force Policy Counsel. The only thing General S. said was "Thank God I have Jim Maloney who is not going PCS until I retire." He has told me that twice since then.

I have never seen our CINC snap at an officer. However, when we had the outbrief for the HC130 crash in Magnalina, New Mexico, the colonel on the other side of the room tried to put me down. General S. explained he had been to Dover and Magnalina, and had met all the families from Magnalina. He told the colonel to, "kindly shut his mouth." That is not General S.'s personality. Magnalina is where there was a loss of an HC130 on a low level mission where the pilot got severe air turbulence, and was going 60 knots too fast. He got caught in the down drafts and crashed into the ground. As they were briefing General S. on the causes of the crash, they requested me to come upstairs and sit in. He went around the room and asked us if there were any significant events. The colonel said there were none, but I said there was. There were things that he needed to know. For example, the pilot's wife wanted his beer mug buried with him. One family caused over \$700 damage to one of my quarters because they were fighting over money. They actually threw people out of a window. We gave them the bill. Another family came to the base with 30 armed men. Another wife wanted the Air Force to hold the cremated remains until the 15 August at which time they would be sprinkled over one of the deserts in California. We explained to her that it is not Air Force policy to do that. We have done that twice before and both times the Air Force was sued.

General S. was sitting there. He understands these things because he has been through this before. The other people were sitting there not believing these stories. These were things that actually happened. An American Indian wanted to be air lifted on a military helicopter so he could bless the crash site. General S. thought the

information about the wife wanting to bury her husband with his beer mug was important. He wanted to know if the pilot had a history of drinking problems.

COL URSANO: Do you get involved working with the safety center?

COL MALONEY: No. Since Gander they have gone back to General P. to do an FMI (Functional Management Inspection) on mortuary mass casualty in the Air Force. They may ask me my opinion, but that is the extent of my involvement. They need to improve the working environment. A person cannot breathe in that environment when an autopsy is being done. When the formaldehyde gets in the air it burns your eyes and nose. Doctors are simply unable to last in that environment. Also, the embalmers are in there working side by side with the doctors. This does not work out very well because the work flow is different. The embalmers would start off with four tables and the pathologists would use six for the autopsy. Peace has to be kept. It is a very tense environment. Separate rooms are actually needed because the flow is different. The body may be autopsied but not embalmed. Decisions are made on the flow chart whether or not to embalm. Normally, if the body is not identified they would not be embalmed because the mouth must not be sutured. Possible identifications must be held to check whether they are an orthodox Jew. In the meantime, the family of another person may be asking that the remains be delivered home. It becomes very difficult. Sometimes, even full body x-rays will not reveal the person's sex. In these cases, we do not know until the autopsy is done. But if the person is an orthodox Jew the autopsy cannot be done. The decisions are constant as is keeping track of the paper work. Everything has to be cataloged.

COL URSANO: If you had to identify which of your people worldwide would be asked to work on the next event, could you identify those that you think would be most at risk? What criteria would you use?

COL MALONEY: Yes. I would take Major L. who would be the exception. He wants to go, but he will not go into the body room. I would not take J. who got so nervous and shaky that he had to literally hold on to stationary objects. I would not take D. again. He was too anxious. I would not take R. because he had trouble leading and showing up for work on time. I would not take A. or P. again. Both of them were in charge of the body handlers. P. wrote a damning report of the people. It was unfair. He does not have sufficient knowledge of the overall process. He had a very narrow view, and was overly critical of the Army. I am not trying to protect the Army, but I do not feel he had the whole picture. He had enough presence of mind to call me and say he was writing this report, and asked for editorial changes. He accepted most of the changes. I could tell he was in trouble with his Army boss because the transmittal letter that was sent to the Air Force shows the report was prepared by an Air Force officer, but it does not identify the officer. It is signed by an Army one star general who participated in the Gander/Dover event.

I would not take S. I would take K. again, but not into the room. She is my historian. She is a great writer. She keeps track of all of the events. I would find a place for her with two NCOs and she could keep track of the events, statistics, and she could handle the generals on a protocol basis for me well. However, she was too anxious in the body room. I would take M., B., M., B., T., G., D., H., and B. These people were all okay. Major M. blew up once, and is generally hard on people. This is part of her nature. She screams at people on the phone. I have had to say that sometimes honey works better than a stick when you want support.

COL URSANO: When you say these people are okay how long a recovery are you talking about?

COL MALONEY: About three months.

COL URSANO: What if you had someone that you did not know at all. What would you look for in this person to predict whether they would be successful or not?

COL MALONEY: I would look for how well they react to being asked to do things. We do not want to do things twice. They would have problems if they had to run station number two. Luckily, I did not have to run station number two this time. That was done by graves registration personnel. Station two drains people because it consists of non-professionals. There are no doctors, or FBI people. There are only layman there doing the work. It is a tough station. Five of the six losses that I had in Beirut all came from that station.

COL URSANO: Station number two is where they reach in the bag and take out the personal effects. Where do they do the anatomical charting?

COL MALONEY: The schedule is rotated so we get a day off, but it is not rotated so that we switch jobs. There are three people on the computer 24 hours a day. There are people in the equipment and control center. There are also the body handlers, station number two, and the overseer of the other duties which include interfacing with the appropriate service, looking after personal effects, and records. Learning from Beirut, I decided this time to call in some Army administrative people from the Air staff who are experienced with records. I also brought in microfiche units for manual use, and a computer word processor. Things went a lot smoother than they did in Beirut. This time I had better control and was able to tell the Army how many, and what types of records we have. I was also able to give information on how many CID or passport photos we had. I published a report four times a day. As you know, we compiled the information both on the computer and manually. I also kept a record of who performed embalming and casketing tasks, who was in uniform, where bodies were in the sequence, and when they were shipped. I also kept a record of the day each body was available for shipping. A problem with the holidays was that we could not get space on the airplanes.

I set up a separate area for the escorts because there was no need for them to see what was going on. I arranged it so the Army enlisted folks would be next to the gym, because if they were waiting a day or two for their airplane they would have things to do and be within walking distance of the dining hall and base exchange. The officers were a little more difficult. The reserve building at Dover was used to brief the escorts.

COL URSANO: What are the things you look for in people who you think will succeed?

COL MALONEY: I was too heavy on rank this time. In Beirut, I had Air Force captains trying to direct Army lieutenant colonels. We encountered problems. The Army colonel and I had two serious discussions. I told him I was not trying to assume his command of the mortuary. I guess the people I pick are full colonels or future chief master sergeants. Our career field consists of 440 officers, 300 of which are just coming into the career field. Basically, I look at their records, and I usually know them. I try to pick good leaders. Many of them have worked for me previously. Whether these people are going to last or not, I cannot tell in advance.

COL URSANO: Are the leadership functions primarily around the body handlers?

COL MALONEY: The people who perform liaison functions typically work on their own. People do not always come to me to make decisions. Major L. knew how to set up better than I do. Captain C. knew what I wanted in terms of medical, base supply, and LGC people. We had an expert in local purchase in the mortuary. We needed furniture for the VIP areas, so we went to Sears and bought \$12,000. worth of furniture. The trucks went to the Sears store and brought it to the base. I had to keep the toxicology samples someplace so I bought two freezers from Sears. That task was assigned to a lieutenant colonel which I think was demeaning, but nevertheless, he had to get the job done in 24 hours. We physically sent him to Sears, where he purchased lamps, end tables, and even paint. Within 24 hours we painted the reception area where the surviving families were going to sit. We then set the furniture up and made arrangements for coffee and donuts. All this happened while everything else was going on. The communications officer informed us that we had all the lines on base. We told him to remove some of the lines from the users on base and that it was critical to have full communications.

All in all, the people were very supportive of us. If it is done in a small community like Dover, you get a lot of support. We would have a great deal of difficulty if we had to do it at the Oakland Army terminal. We would have had fewer volunteers. Apparently Oakland is a civilian base. We would also have had logistics problems with the human remains, because they would have needed to be transported under police escort from Travis to Oakland. There would have been space problems of where to put all our people. We would have also been too accessible and close to the press. Oakland is open and Dover is closed. We cannot begin to estimate how many press people would have been at Oakland. It is a large metropolitan area. At Dover we were more accessible to various Army and Air Force bases. We also could get both equipment and personnel. Finally, we were very familiar with where to go in the Dover, Washington, or Philadelphia area to get what we needed on very short notice.

COL URSANO: I am thinking of the overlap in our functions. Clearly, one of our's and WRAIR's functions is to try to understand these events better so we can plan better for them. We are interested in understanding the stresses people experience, and how they recover. If there were questions that you wanted to answer, and you had a group of consultants, what would you ask them?

COL MALONEY: I wish the bureaucracies would allow us to make sure there is only one person in charge. It becomes very difficult otherwise. Dr. M. called General W. directly with numbers we reported to the world. There was some question as to how accurate our records were, but we demonstrated our numbers were correct.

I am concerned with the fact that we allow dependents to take their records with them. Families like to keep their records, but this is not a smart thing to do. As long as people are going to be moved in mass transit systems like 747s that will continue to be a problem for us.

COL URSANO: Do you think it will also be a problem in terms of it being a more stressful event for the people on the site?

COL MALONEY: Yes, and I have more problems with females than males. If there are children involved it also becomes more problematic. If it is done in the summer, it becomes even worse. The Beirut site smelled worse than the Gander site, but the Challenger astronauts smelled worse than both. In Beirut, which was done in October, the smell was awesome. In fact, K. threw away all of her uniforms because the dry cleaners could not get the smell out of them. She literally burned them.

COL URSANO: The point you are bringing up of leadership and command is very striking. What facilitates and what inhibits your work in such a crisis situation? How can a system be designed so things function smoother? I also heard you asking what kind of support helps. Does it help if they take a break for a day? Or does my taking four days off help? Does going off base help? These are questions I hear you asking. Which of these strategies are good or bad?

The question of the dependents is very important. But I do not think your experience in this regard is unique. What will be the impact when one of these involves a large number of dependents, females, or children? What unique stresses and problems will be faced? What are the best ways to facilitate coping with these stresses? These all strike me as questions you have been formulating.

COL MALONEY: I also see another role for the Air Force. The Army may have already addressed this, but what do you do with the survivors? I think mental health personnel can help design a plan for how we are going to handle these families and children. I do not have a great deal of knowledge of what they did at Fort Campbell.

QUESTION: Who within the Army besides General P. appreciates what the staff went through, the stresses that they endured, and the possible value of having a psychiatrist?

COL MALONEY: I think Generals L., N., S., B., S., and T. understand. The Army and Air Force one star generals wondered why we were not at attention every time they walked into the building. General W. was there for the first 25 days. General S. put his name to my report. At the time, Generals G. and P. saw the rough draft, they did not comment against it. I state in the report that the next time it happens I recommend taking on mental health people from start to finish--from search and recovery through the identification process. General S. wholeheartedly endorsed that idea. He told me he has done over 1,000 searches in his Air Force career but he had never seen bodies like we had. He was only with us for two hours, but he had to use alcohol to get himself to sleep. It had a very strong impact on him, so I think he would be a very strong supporter of getting mental health involved. We need to make an agreement with mental health, and when it happens again we will all go in together.

COL URSANO: Our skills are that we are able to answer questions that you needed answered in order to do your job effectively. It seems to me that that involves a fair amount of support and effort in trying to figure out what happens in these kinds of situations.

COL MALONEY: If mental health had joined with us earlier, I do not think that some of my people would have the problems they have today. If nothing else, they would know they have someone to talk to. Currently, they have no one to talk with.

COL URSANO: My experience is that research teams like ours fulfill a function of providing support and opening communication channels. This was done at Fort Campbell and at Dover. Colonel P. and M. represent ongoing liaisons. We have established a mutual support system in an attempt to exchange information about what is going on. At the same time, we attempt to facilitate relief and recovery efforts and identify what other resources that may be useful. I think these men perform important liaison functions.

STATEMENT: I hear you stressing the importance of having a confidant, someone to talk to. You have said that these positions are very lonely, and that having someone to provide an ear and a shoulder is helpful.

COL MALONEY: As I said earlier, I think the chaplain was helpful in this regard. He would come into the room and inquire about how things were going. We would tell him how we were feeling. He would talk to the men and come up with ideas to help them. The chaplains were very well respected by the group at Dover. Even I sought out M.'s help. When asked by my men why I was seeing M., I told them we all need all the help we can get. As long as I am in charge this is the way we are going to do it. There is no general that can say differently. They have not been there like me. Many of the guys that had problems were Vietnam veterans. They had not experienced anything like this before.

COL URSANO: We are engaged in another project which relates to your experience. We are looking at the psychological effects of chemical and biological warfare. The tie in is that the Air Force has a survivable collective protection system (SCPS) unit which is a contained environment where people in chemical environments have to live. We are interested in what happens when a lot of people are crowded together in an enclosed space and told they may die. How are they going to function? That sounds like your experience in the mortuary. There may be an overlap between your observations and experiences and our research. We are interested in how your ideas can be extrapolated to different settings that share the common element of terror and death.

Like you, we want to know how people cope, how the organization copes, and how leadership function under this kind of stress. When you describe what happens to your people in this kind of situation, and how the volunteers react to the bodies, it seems there is a lot in common to what happens to people who have to function in SCPS units. One similarity I can see is that of how people react to soldiers who come into the SCPS unit contaminated. Other people are not going to want to be near them or touch them for fear of being contaminated themselves. This is a similar situation to having to pick up body pieces. How do they deal with fear and terror inducing situations? How can we identify people who have the most trouble adjusting?

COL MALONEY: This reminds me of a cruel joke I had played on me. It was cruel because it involved Chernobyl. A colonel, who I considered a close friend, called me and said, "Maloney get on an airplane, the Russians have asked for you." I am asked frequently how to handle contaminated remains. It turned out he was pulling my leg. In any case, I told him to leave the dead where they were, evacuate the living, and wait until it was safe to move in. We had Salty Demo last year in Europe, but we never were exposed to it in a mortuary site. General D. had us kill off 660 people. We were panicking about what to do with the bodies.

COL URSANO: That is a good question. I do not think anyone has raised the question of what to do with casualties from CBW. It seems that people are preoccupied with worrying about what you are going to do to keep people alive.

COL MALONEY: Our CINC is very concerned about this, and has spoken here twice. He uses the 747 200D model which carries 480 people. He shivers when he thinks of that. He is coordinating with his counterpart in the Navy so they can plan what to do in the event of a crash in the Pacific. They have many questions to answer, and it will not be easy for them because the heat will kill many of the survivors. So far, there have not been any incidents. They have been lucky.

COL URSANO: Thank you, Colonel Maloney, for speaking with us today.

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PSYCHOLOGICAL SUPPORT TO THE DOVER AFB BODY HANDLERS

Michael Robinson, MSW

Debriefing of Mr. Robinson, Director of the Family Support Center at Dover AFB.

2 October 1986

COL URSANO: After having been at Fort Campbell, we went to Dover in December. We have found it helpful to have the opportunity to talk with people about the Dover experience, describing chronologically what people saw and did. We view the data as observation of what was seen, felt and done. A very unique perspective is brought by Mr. Robinson regarding what the base was like before the Gander crash. He was in the setting to know what the community was like. What is Dover like and what was it like before the crash one year ago in December? How would you prepare other communities?

MR. ROBINSON: Dover is a Military Airlift Command (MAC) Wing with one weapon system and one aircraft, the C5. Dover's job is heavy outside strategic airlift. Prior to the Gander incident, we had two flying squadrons, a large maintenance complex, and a host of tenant support facilities. The base population was approximately 5500, with 300 officers and the remainder being enlisted people from a variety of backgrounds. Of 1556 base housing units, people are generally spread in an area that blends in a rural area with a 20 mile radius around the base. It is a small community, and the capitol of Delaware. It is deceptive because most of the services of the industrial base are north of the Chesapeake, and Delaware Canals, 45 miles north of the base. It is a semi-rural setting with a military community interspersed. Many retirees choose to stay in that area. Many transients come through the base facilities. It is a good place to get into and out of, if a person is traveling "space available."

The other critical aspect of Dover is the mortuary. It is the east coast mortuary facility for all of Europe, The Middle East and beyond. This certainly influences the base in terms of mass casualties, such as Jonestown and Guyana. The Beirut remains came through Dover, as well as Gander and the Challenger crew.

The community is widely perceived as a small, quiet, sleepy, middle class community, both in the civilian and military sector.

QUESTION: Are C5s the giant planes?

MR. ROBINSON: Yes, there is only one larger cargo aircraft which is a Russian aircraft. That is the largest commercial or military aircraft in the U.S. inventory.

QUESTION: Do they have anything to do with the body recovery?

MR. ROBINSON: What has happened is similar to the Gander recovery with C141s which are a smaller, tactical, strategic, airlift aircraft used to bring the bodies back to Dover. The main link between Dover and any of the body operations is the mortuary, not the aircraft.

QUESTION: Were you there during the Guyana incident or the Marine occurrence?

MR. ROBINSON: I was not there for Guyana, but I was present for the Marine situation.

QUESTION: Were you functioning in the same role that you are in now?

MR. ROBINSON: The characteristics of Dover's impact with the Marine Corps bodies was very different in that those bodies were identified and sorted at Frankfurt in Rhein-Main. We had a very different role in terms of what the base and the base population were tasked to do.

QUESTION: What were they tasked to do?

MR. ROBINSON: We were the reception center for the battalion landing team remains. There was an expectation that there would be a ceremony with dignity and honor, and that was accomplished. The expectation was that the remains would be processed as rapidly as possible and sent to their families for final disposition. For the Gander recovery operation, there was also the expectation that there would be a ceremony with dignity and honor. In contrast, the remains would be identified; therefore the pathology work and all of the identification process would be completed at Dover.

In discussing the type of community, there is one point that has not been mentioned, and that is that this particular wing at Dover has a reputation of being a premier wing in the command. Demographically, more freight is carried out of Dover to more places than from all the 22nd Air Force wings from the west coast's six facilities. It is a very busy wing. Quite often Dover missions appear in the national headlines. When the mines began appearing in the Suez Canal, the Dover C5s flew the Navy mine sweeping helicopters to the Middle East to complete the sweeping of the Suez Canal. The Dover C5 aircraft were included in delivering helicopters that were in Bolivia for the Army anti-drug operations. Dover has a reputation of being an outstanding wing. They perform operational readiness inspections and are traditionally the highest scorers in the command on any of the tasks. There is that climate on the base. There are signs on base reading "Best in MAC", and "Best in the Air Force."

QUESTION: If I understand you correctly, there is a consciousness of the mortuary mission. How does that manifest itself?

MR. ROBINSON: A good example is what we learned over a period of time, especially from the Family Support Center, base, and community involvement. Whenever there is a mass tragedy, or incident that mobilizes many feelings and a great deal of press coverage, the result is a tremendous desire on the part of people at Dover to be helpful.

The aircraft went down at Gander on a Thursday, and late Friday afternoon, it became officially apparent that Dover would be dealing with the remains. Civilian and military people began calling throughout the community from as far north as Wilmington, DE and as far south as Rehoboth Beach, wanting to help. People began coming to the main gate with food, realizing that staff would be working long nights, saying they wanted these workers to have this food. We took names so we could send letters when it was over. Many said that they did not want that, leaving only the food they had brought. The family support center became the central staging facility for all the food that was donated.

QUESTION: You had to organize volunteer efforts?

MR. ROBINSON: Yes, we funnelled all of the food that was donated, both by businesses downtown, and by individuals. The majority was funnelled through the Family Support Center and family services, a subordinate of the support center. This gave people something to do rather than grieve. They felt they were contributing to some degree.

QUESTION: Were these all kinds of people.

MR. ROBINSON: Yes, there was a woman who drove in late at night. I was there and received a call from the gate at 11:30 p.m. informing me that there was a woman with three big pots of soup. She came from Bethany Beach.

QUESTION: You portray a community that is very proud of its military mission. If I understood you correctly, there is also a consciousness of taking responsibility for the unpleasantities that happened. You sensed this before Gander, how?

MR. ROBINSON: I am the original Family Support Center Director, and I arrived in the spring of 1982. There were six other family support centers in the Air Force at that time. I began wondering what this base was about. I grew up in a military family. I drove around the base after I was interviewed and selected for this job and I noticed many signs which I had not seen on other bases stating: best this, best that. I noticed buildings with many presidential unit citations with ribbons. I began to wonder what I had gotten myself into. I began to discover this when I went to the wing commander. The wing commander told me that I was expected to perform at the level of the other organizations. My task was to support the mission and to do what I could for the people. I then started wondering where to begin.

You asked how I knew what was going on or about some of the nuances. I began to conduct many needs assessments, focus groups, and survey instruments which produced a cross reference of the base. We asked people what they felt was good, bad, or indifferent, and where the gaps in the service were. We also had service providers from the wing commander's office identify "people" oriented programs and when these were provided. We identified many programs in this manner.

QUESTION: How did your idea for the series of programs originate? Was that portrayed to you or was it part of your style and training?

MR. ROBINSON: It was a combination of things. It might be helpful to talk now about my background. I grew up in a military family in the Air Force. I was a child who was a frequent service recipient. I was often in trouble, but had contact with people who I thought were very interesting. One of them was an Air Force social worker. This stuck in my mind about how people got into groups, talked and afterwards felt better.

I got into the field because of my personal experience. I was a smart child, but I did not apply myself. I was busy getting into trouble. At one point, I thought very seriously about my options. I decided to go to college instead of going into the Army or Marine Corps, as many of my friends did in the height of the Vietnam War. I went to undergraduate school for two years at the University of Maryland, and then stayed overseas for a while doing a variety of things. I was going to attend a German medical school, but changed my mind. I returned and finished my undergraduate degree in political science and international affairs. When I was being interviewed by different agencies for different jobs and settings, I thought that social work was a good field. I decided to do that. I worked two jobs for one year so I could go to graduate school. I went to graduate school, and after completion, I worked in a probation and parole setting with drug and alcohol clients. I returned to the Veterans Administration where I did my

internship. I worked in a variety of programs, not realizing what I was being groomed for. I thought this was the normal track for social workers. A person works in a program for a while then gets moved to another program. I found that I was tracked early in social work administrative training, and they never bothered to tell me! One day they said that there was a program for which they needed a volunteer. I asked what it was about, they said they would tell me, and they believed it would be very helpful. I volunteered and received a great deal of extra training. Part of it was training, and an intuitive sense of how the Air Force operates. A person can attack a problem from many directions.

COL URSANO: So you ended up at Dover trying to identify problem areas?

MR. ROBINSON: I was identifying what the needs were. What was scary at the time was that everyone said there were many interesting programs. Mental health said they had programs, and the chaplains said they were doing many programs. I wondered what I was doing there. People fabricated much of what they put in the needs assessment. The service providers were providing services but not on an "as needed" basis. I think there is a tendency to do that when we get asked what we do. The next question was, when did you do it last? The response was there was a person who was here six years ago who really got something out of it. We forget, however, that the person has been gone for years.

That is where we started and I think that is one of the reasons the center has been successful. We tailor the needs to the military population, including leadership, commanders and first sergeants, as well as our main constituents who are the families. We try to match the needs to what is going on. That is how we maintain a sense of what is happening.

QUESTION: Did you sense then that anyone was prepared to care in a mortuary operation?

MR. ROBINSON: Not really, because prior to Beirut, Jonestown and the Tenerife operations, what they went through was somehow not a real military identification. They were basically civilians. The people from Guyana were cultist. People can distance themselves from the way these people died, which was drinking poison kool-aid. There was no clear sense of that. People were concerned and volunteers worked extensively in the mortuary. There may have been small segments, or the community mobilizing help with Beirut, but it was not as profound as with Gander.

COL URSANO: Do you feel the response may have been different if it had been a military disaster that had not occurred at Christmas?

MR. ROBINSON: I cannot say. I would think that there was a very high level of emotion around the Beirut bombing, but because of the tasking and the way things were handled I think that some of that was minimized. Also, what was going on around the Beirut bombing was Grenada. There were a number of casualties in Grenada. I think the way the media portrayed the circumstances surrounding Gander had some impact on the way people assessed that. The men were peace keepers and had Christmas presents which got vivid coverage. The families were expecting them at Fort Campbell. I think we are influenced by how things are portrayed.

QUESTION: What was your role during Beirut? Was there anything special that you had to do?

MR. ROBINSON: No, there was nothing special. We were aware that there were some things going on, and I went to the ceremony in the hangar with my staff. We were available to talk to people. We did not have any extensive involvement. We had a few people who came with food or other items, wanting to be sure it got to the people who could use it.

COL URSANO: When you first came to the base did you know there was a mortuary there?

MR. ROBINSON: No, I did not. I knew but not in a conscious way that this was something that was part of that base. I lived in Delaware for two years and worked in Maryland in the Veterans Hospital. I knew about Jonestown but it did not get in the newspapers on base, although it was mentioned in the base brochures. It was a piece of information that I knew, but it was not in the forefront of my day-to-day thinking.

Two parallel tracks began occurring that made the activities of the mortuary evident. One was of world events, such as the Beirut bombing, and the Battalion Landing Team. Second, near that time, there was an administrative change and it became very clear that I was going to be absorbing the family services' function which had been part of the personnel complex. Part of the personnel duties and personal affairs section is casualty notification. The family services volunteers have a program that is called "Blue Bark." They meet returning families at the mortuary and assist them in any way they can. They are a support group of specially trained volunteers. They have a great deal of experience in grief work. As I started thinking about absorbing the family services' function, it became clear that it would be an ongoing part of our business. That was prior to the Beirut bombing in November.

QUESTION: Was this a group which you did not initiate?

MR. ROBINSON: The family service volunteer program has been an ongoing program since the 1950s. The "Blue Bark" committee has been functioning for a long period of time. Basically, they work with families that accompany bodies back. They are there to support and assist.

QUESTION: Do many families choose to come to Dover?

MR. ROBINSON: Many do not have much choice in terms of how the bodies are processed out of Europe. Many times the families accompany the remains out of Europe on an aircraft. They are not shipped by commercial carrier because they have not been prepared, fully casketed, embalmed, or cosmetized. Mainly, the wife, husband, and/or children will accompany the body back. The parents seldom come.

QUESTION: In the case of Gander, no one showed up because no one accompanied the bodies?

MR. ROBINSON: That was one factor. The Army made a very conscious decision in terms of the way they structured the activities. It was difficult to be in two places at once. The Army's policy decision discouraged families from coming to Dover. The families that did come to Dover, with one exception, were people who lived in the local area.

QUESTION: The one exception was from where?

MR. ROBINSON: The exception was from California. They found when they arrived there was no identification for them. They intended to sit through each of the

ceremonies to make sure that they were present when their son came through. They were not able to accomplish that.

You asked about community consciousness. I think it is interesting to note that there was one individual, who without any fanfare or desire for publicity, sat through the majority of ceremonies. That was the wing commander's wife.

The ceremonies were in groups of ten. The ceremonies started at 8:00 a.m., and ended late in the evening. Each day there was a schedule on legal size paper. A C141 generally landed with approximately 25 transfer cases on it. Those were unloaded, ten at a time, and brought to the area where the coffin was placed. There were four Army chaplains present for each of the ceremonies, along with the Army band and a group of soldiers from Fort Campbell that stood in formation. The same soldiers were present; with few exceptions, for people who were rotated in and out. No one knew exactly the person who the ceremony was for. When the battalion landing team was brought back, the wash rack and hangar were full of transfer cases with the American flag on them, they were stacked row on top of row. There was a very conscious decision made that that was not going to happen again. I think that worked because it made it easier in terms of the airlift requirements and how the remains were transferred. It is difficult for a group of soldiers, chaplains, and an Army band to stay for four days and do nothing all day except for ceremonial exercises. I had strong concerns. Those people were screened to have not been part of the groups that were in the Sinai, or to know any of the people that were in the Sinai. They had not been screened for deaths in their own families. It was an intuitive screening of whether the person had served in that unit, whether they knew anyone that was in the Sinai, or whether they knew anyone on that aircraft. If the answers to all the questions were "no" then the person was allowed to go. Apparently when that was being done at Fort Campbell, they had numerous soldiers who volunteered for that duty. They felt compelled to go.

I became aware of a story about a senior NCO. At one point, they thought this man was AWOL. They were concerned because we were trying to help him get the service dress uniform. We had a connection in the reserve unit downtown and the man was ready to be fitted for a uniform for the reserve unit. We had volunteers to sew this on the uniform and the man was very surprised. He felt very compelled; he was about an E8. Originally, he was ordered to go to Gander as part of the recovery operation. He got as far as Dover or McGuire, and as he was getting ready to get on a C141, they pulled him off and told him to go to Dover. He went to Dover instead with the BDU's and no service dress uniform. He wanted to attend one of the ceremonies and was turned away because they made a decision that only service dress would be allowed for military members. The uniform was ready but he decided that what he was doing was crazy, so he returned to the mortuary. The next time I saw him at the mortuary he was working in an area where they put uniforms together.

QUESTION: I do not understand the difference between this incident and Beirut, where the flag covered all the dead in one area.

MR. ROBINSON: When the Marines and Navy personnel were brought back from the battalion landing team the hangar was stacked with rows of transfer cases. The wash rack is a large hangar big enough to get a C5 in and then turn it around. There was one ceremony for 256 people. It was very intense. A decision was made not to do that anymore. Hence, a top level department of defense person made the decision for 10 at one time. I question what purpose it served other than that it subjected a group of soldiers, Army chaplains, and the Army band to an incredible amount of hours in a very stressful environment. There is a two to three company formation of soldiers. I wonder what impact that had on a daily recurring basis.

Other decisions that were made also concern me. For example, a number of us involved in the food organization learned of a decision, made at a high level, that food

would not be provided for the people during breaks. People would have to go to the recreation center for food, which is also where the press center was established. This was informally altered by a decision of a civilian employee and an Air Force senior master sergeant. Relatively early in the process, the Army relieved some of this pressure. This began after it became apparent that certain rules were not meeting the needs of the people there.

QUESTION: Where was the food?

MR. ROBINSON: The building has one level whose primary function is an Air Force maintenance facility. One level is a large hangar. There was a screening area on one side. When the first set of remains arrived there was a large ceremony held there. The Chairman of the Joint Chiefs of Staff was there along with the Secretary of the Army, and a large number of dignitaries. An area of the hangar was carpeted, with family style plush lounge chairs located behind a large partition. There were limited latrine facilities for the troops that stood in formation for hours at a time. There was an area partitioned for the families and the dignitaries with sweets, fruit, and a variety of food.

COL URSANO: Were the crews in the C141s from Dover?

MR. ROBINSON: No, they were C141 crews from either Charleston or McGuire. One of the interesting things is that when matters got out of hand administratively, different people expended different resources. One concept that is very important is the care teams concept. That has great deal of merit. After we started staging the food, we knew where things were going to go. We had no sense how many families were going to come. A group of us who worked in different areas gathered and planned the organization of this so we would be ready. We established care team units that went for 24 hours. We geared them to start Monday. This consisted of a person from mental health, the chaplain, family support people and two volunteers from family services. The family services' volunteers were very useful. They are not specifically trained, they are just "ordinary people." At times our professional skills and knowledge tend to interfere. Trained personnel cannot always do something that an untrained person can do; therefore, their assistance is very helpful. If we do this in the future, we will use care teams again.

Another interesting point is that we had a good idea which was developed spontaneously. People with specific backgrounds asked what we were going to do and if they could be helpful to each other and to the people who were going to come. On Monday following the ceremony, the Army families left. We stayed at the chapel and people, such as those from the Army Escort Detachment that were there specifically to escort family members, began using the care teams. There were three people who had deaths in their immediate families in the last six months. They talked about what it was like for them. There was a young sergeant who apparently made every promotion he set for himself, and he was well respected by every soldier present. His father died, and apparently they had had a stormy relationship. He talked about many unresolved issues. He said he did not cry when his father died neither when he went to his funeral or when they played taps.

A female soldier talked about how difficult this was and that she understood what these families were going through. She wanted to talk to these families but she was unable to because she was afraid that if she said something it might hurt instead of help.

The other group that was important in providing services simply evolved. The chapel became the family reception area. That was done for various reasons. One of the problems that occurred was that there were no connections for television. It was frustrating for the families to be unable to see what was going on internationally. These

people were hungry for information. If they are put in a setting where it appears that they do not have access to that information on a fast basis, they do not believe in a system. It is a mistake, systematically and organizationally, not to enable the families to have access to the media, regardless of the interpretation they will get from viewing television. The families would ask if there was anything new, or if there was anything on television. We told them that we had not heard anything more and we would let them know as soon as we knew something.

QUESTION: How many families came?

MR. ROBINSON: We had four groups, and two groups of grandparents. There was one couple from California whose son was a victim. Everything was done on base.

COL URSANO: How did you get connected with Colonel N. and the mortuary center? What happens after you see there is not going to be a deluge of families?

MR. ROBINSON: Intuitively, we did the right thing with the care teams. We started working in the Army chapels. We had dinner brought by volunteers to the chapel, comprised of chapel council and Catholic women of the chapel. A variety of other groups came in and cooked dinner. The four Army chaplains and the care team people ate dinner together. This enabled them to talk. We finished dinner and then went to the support center to watch movies. We watched the news through cable. They went back for the remaining formations. That was very helpful. By late Tuesday evening, after the evening meal, we ended the care team.

It is interesting to note that one of the chaplains who has a doctoral degree, is a good practitioner with good ideas and is a secular person who held himself out of going into the mortuary. He said he did not want to go. This was a senior chaplain. He said that if everyone goes and it is bad, who is going to be here to help people deal with it? He was very involved in the care teams. There are strong implications of what that does organizationally. It was an awkward position in which he did not have the same credentials as the mortuary workers. He could not know what it was like there. This is one of the dynamics that takes place. The people who are in the mortuary consider themselves very different. It cannot be explained to someone else what a person has experienced there. Somehow, if they do not have that battle wound, the person who is without it is shunned. It was a very wise decision on his part.

I made the opposite decision with my staff. I was the only person from the family support center that spent time in the mortuary. I did not know how long that was going to last and the term of its intensity. I felt if I got myself burned out, everyone else early in the process would be without resources. How do you shelter your resources? I made the decision that instead of sending in the troops, I went, with the idea that if I lose my composure, then there are others that can be replaced with my going out. The other person's position was if all the troops get thrown in, then I will hold myself back.

COL URSANO: What were you concerned about losing?

MR. ROBINSON: There was a fundamental way of dealing with death. I think it is a question of how people deal with the psychological trauma of bodies. It is not the issue of dealing with bodies and tissue masses, it is the fact that those were people. That is the perception. I am an adjusted man. When I was 17 years old, I worked as a volunteer in an Air Force pathology lab with a pathologist. When we were posting, he would often ask me to get two raspberry ice cream cones. He would eat a raspberry ice cream cone while he was posting a body. I thought that this would not bother me, but it did. I sensed what was happening to me. I did not have access to the literature on body handling operations.

COL URSANO: Did the first bodies come in on Monday?

MR. ROBINSON: Yes, but they had been practicing all day Sunday with transfer cases. Sunday is when it started in earnest. People asked me what was I doing at the mortuary. I told them I was ordered to go and did not volunteer. That brings up other issues with the body handlers. The body handlers volunteered to be there. Care teams closed on Tuesday and Friday and we thought that we had done all that we could do. I had a function the next day which involved a large non-profit rehabilitation agency that family services has helped for years to co-sponsor a Christmas party. In the midst of Gander, I was involved in the activities of getting the food ready for the next days function at Kent Sussex Industries. There were 270 handicapped people that were sheltered employees of this program. It was originally sponsored at the youth center but they outgrew it, so it was moved to a local college campus. The family services' volunteers, in addition to staging the food for Gander through the community, were also staging other food, Christmas gifts and packets, such as, candy and nuts as well as donations from community groups.

QUESTION: Were the handicapped people from the base?

MR. ROBINSON: No, they were from the community. The base has sponsored this volunteer activity for years. That was on Wednesday. I went to lunch with my wife who had been an administrator for that agency. We were at lunch and Colonel P. and the base leadership were there. The people were having fun dancing and it became time for the child advocacy meeting at the hospital at 1:30. I went back to the base for the meeting, and toward the end of the meeting, there was a captain searching for the security police operations officer who had just left. That is where my tenure in the mortuary began. Things went very wild there that afternoon in the mortuary in terms of people's behavior. People broke down, and there were questions about which concerns were reality based and which were overreactions.

COL URSANO: What was the security officer's connection?

MR. ROBINSON: There was a major confrontation between the security police on scene and some of the people who were making decisions regarding command control. The questions involved what security was adequate, how many rolls of concertina wire should be used and how high should they be rolled. Issues were raised about how many police should have guns and where they should be. There were two separate confrontations, and they both were emotionally charged. The security police commander raised questions about whether people were over-stressed.

COL URSANO: Was this Colonel N. you were talking about?

MR. ROBINSON: This involved many people. One of the things that was a major issue was command and control. Many people walked in on an ongoing process saying they were in charge. The next person said that they were in charge. The next person would come in with more rank, or a different mandate, and say that "Both of you are wrong and I am in charge." There was constant turmoil with many implications.

On Wednesday, I was in my office after the child advocacy meeting preparing to do other things and thinking that I had Christmas shopping to do. Colonel P. called me and told me to come over right away. I said that I would be there as soon as I could. I knew it was bad news, because by the time I got from my office to the base commander's office, my pager had gone off twice. So there is some sense of what the distance was. I started talking to people before I went in. I asked the security police and other people

what was going on. That said things were real crazy. It was not just the content items that they wanted to do differently. They realized that people were really stressed. They were running in different directions. Some people were really hysterical. They talked about one female volunteer that they were really worried about who was regurgitating every fifteen minutes. She would not leave and no one would make her go. No one would give her a different job. By the time I got over there things had calmed down a little bit. They had sorted some people out. After the Thursday morning staff meeting, they cancelled the Air Base group staff on Wednesday afternoon because of everything that was going on. They moved the Air Base group staff to the Wing staff room because the Army control center was in the conference room.

COL URSANO: Were the volunteers already on the site when your beeper went off?

MR. ROBINSON: Yes, as of Sunday. They were having trouble stacking the bodies and getting refrigerated trucks.

QUESTION: Was that at a time when there were no bodies?

MR. ROBINSON: Yes, that started on Tuesday. The best remains were staged through first, in terms of those that were relatively intact. It was also the fourth day. If you look at the literature about the stress on the body handlers and the Antarctica crash, it is clear that after four days a person begins to get stressed.

STATEMENT: You talked to the security police when you got there.

MR. ROBINSON: I had them come out. I wanted to know what I was walking into. The security police talked directly about what their concerns were: the pressures of dealing with command and control, and questions about hysteria. There was some question about the use of alcohol with the people there. They believed that the alcohol was not a helpful factor for both on and off duty people. There was a great deal of concern about whether people had been out that day at lunch time and had all they could take and started drinking. The concern was expressed in many different ways. They believed that the use of alcohol was present. The smell of some people's breath was of concern, or maybe the person was not speaking coherently.

By the time I got there, it was about 5:30 p.m. and many of the people who were there earlier were gone. The body remains they were in charge of were ending because the line was closing. I did not have any direct say in telling someone that they were drunk and to take a walk. Air Force Institute of Pathology (AFIP) people closed the line after twelve hours. Previously, it made the volunteer body handlers very uncomfortable because they thought their set of remains would be identified that day. They had been there from 6:00 a.m. to 7:00 p.m. The machines and people could not work further; therefore, they closed down. That included the technicians and the dental technicians.

QUESTION: When you looked at the scene did you have to go into the mortuary?

MR. ROBINSON: Yes, I went into the mortuary and then walked out and said that it was very unpleasant, and I can understand why someone would resort to that. I went back on Thursday morning following the staff meeting and spoke with Colonel N. He engaged me as his consultant for some of the human factor issues. Shortly after that the psychiatrist from the hospital, the social worker, and the psychologist came. They were there as a direct response to what happened on Wednesday. Word leaked through

the system about the atmosphere of the situation. There were efforts made by a psychiatrist who spent a large amount of time there. I spent a great deal of time there along with the chaplains. An important issue to address is where the potential resources were and how some of the decisions were made. By doing that with some of the organizational issues, it may help to clear up the dilemma of where we end up in that kind of a situation and where the organizational things go.

In regards to the Military Airlift Wing, the commander has five deputies. Among those are a surgeon and the air base group commander. Under the air base group commander there is the chapel, family support, and other agencies. But those are the two main ones. Social Actions is an offshoot which does not fall under the deputy. The people who we could count on there involved a number of chaplains including a large reserve contention of chaplains if things got really bad. We have the largest reserve chaplains contingent anywhere. There are 17 reservists but only one of those was involved.

There are two people who are licensed clinical social workers including myself and another one. The other person has a Masters' in counseling. Under mental health there is a psychologist, social worker and a psychiatrist. There are two technicians. Under social actions, there are two civilians with strong counseling backgrounds.

A decision was made early that these people would be an extreme reserve back up force. They were drug and alcohol counselors. They were not involved in the care team process or the mortuary section. Because I worked directly for the base commander, I did not have an intermediary reporting official. He called me Wednesday afternoon and wanted to know what was going on. I was there before any of the above people, but after the chaplains.

There are dilemmas as to how intervention takes place. It can be asked who is in charge and it is argued by people who think they are in charge. There are many dangers in this. Because the mortuary is under the services' area, that is where these decisions were made about who goes over there. I later was told that it was a decision which went to the top. There are many dangers. A person should not care which organization you are from, but rather what the task is.

QUESTION: Do you find this happens in everyday matters?

MR. ROBINSON: Yes, or if it does not occur people say there are "turf" problems. The people who pay the price are the clients. The leadership must be clear, or people should say that they are not going to tolerate that. The tragedy in those leadership battles is that the OPPS people bunch us together anyway. Your job title does not matter because you are one of "those people." Once a person realizes that they are one of "those people", it becomes a key issue.

There is also a question about whose inputs are respected and whose are not. People proposed research and the people there felt very pressured because of their daily work that had to be done. We do not know how many people were exposed to the events of the mortuary. There are no record of who was over there when and under what circumstances. There were instances where an Army general's wife insisted on going there and touring the facility while they were processing the remains. We do not know what impact that had on her. We know that the intensity of the reaction of being distressed does not necessarily have to do with the length of exposure.

There was a common trend among the leadership there to encourage first sergeants and commanders to go into the mortuary to see what their troops were going through. Many of those people have a great deal of problems. I know one master sergeant who is first sergeant of the unit, and I saw him after he came back. He was black, but when he came back he was as green as his fatigue jacket. He was acutely distressed. He still talks about his waking up at night and seeing the images that he saw there. What was the purpose of exposing him to that? This is a question that must be looked at. Who has access in a situation like that? Under what circumstances is it justi-

fiable for a person to be there? There were several different body handling operations occurring simultaneously, and they did not match up because there were many high ranking people there from many different services. They had different interests, mandates and marching orders. Many of them were in the mortuary.

The question is how to accommodate these people's needs and desires. The operation centers around the dignitaries and the families. The question of the body handling operation centers around when they are going to come, and how they are going to be moved. Who is going to be responsible for these people and what types of things are they going to do. The command and control is a big problem. Who is making the decisions and what is the basis for the decisions that are being made. It went to the individual body handler in the line because they said Colonel N. had it set up a certain way. But then someone else will change the process. Everything was stopped, and the orders of the new person were then carried out.

Another interesting question involves the Air Force body handling volunteers and the self selection process. What made somebody decide that they were going to go there for Christmas? I have talked to some who have said that they work in a terrible duty section and they decided that nothing could be worse than where they were. One woman said that it was interesting because it was different, and that she got closer to people. She did not, however, work as a body handler the entire time. She also became pregnant over there. She described it as being close in that everyone was working together. Her duty section was so bad that even if she only had to work eight hours she was willing to work 14 in the mortuary. It was better because the people were closer. She felt that they were doing something where they could see the results. I wonder, if I were 18 years old and had not been directed to go over whether I would have volunteered. If someone self selects, how does that help them deal with the exposure, and how does that make it easier for them to extricate themselves when the time comes to pull back. I do not think we have a good grasp on that. I think that ties in with peoples' motivation for going over there. There were ones who were morbid curiosity seekers. There were many people who came from different places who wanted to go through the mortuary. One of Colonel N.'s big functions was to stop what he was doing and leave the control center and show these people around.

QUESTION: What was your role after you became involved on Wednesday?

MR. ROBINSON: Basically, I had two roles. One was as Colonel N.'s consultant. Colonel N. was very over stressed by Thursday afternoon. We invited him to a meeting in the family support center so he could get away from the stress. Meetings do not have to be conducted in the mortuary. Colonel N. started talking about what was going on and his concern for the people. It was obvious in his voice that he was very stressed. He was shaking and saying he thought this was going to be his last one and I agreed with him. He and I had a good rapport. In the course of this meeting, we discussed his concern for security. A Newsweek article was published where a man climbed on top of a hangar in Gander and had taken a picture of remains lying on the floor with plastic draped over them. It was a very gruesome picture. There was a great deal of concern about security. The base was circled with concertina wire. There were security armed with M-16s. There were other facilities on base that had Gander related operations occurring and were under security. The security police squadron was very taxed. There was Army netting above the refrigerated vans to keep people from getting aerial pictures. There was a rumor spreading that someone tried to get a hot air balloon to go over the top of it. There was constant concern.

Colonel N. stated that security was his paramount concern. He was very worried that some of the bodies were brought back frozen and had been hosed. They could not be thawed outside in the refrigerator vans, so they had to be put in a room to thaw. He detailed an armed security guard inside a locked door where another armed security

police guard was inside another door. There was a guard there all night long with thawing bodies and a loaded M16. There was a secured perimeter and a controlled access point. I got alarmed when I heard this, and then Colonel N. became concerned when realizing my worries. I told him that was a suicide waiting to happen. Colonel N. started thinking and said that the guard was checked every three hours. I said that was not good enough. I asked him what he was trying to achieve. He then became alarmed.

At that point, he began to ask for my opinion prior to making decisions. I spent a great deal of time talking to the service people from his organization from HQ MAC which was called the "wild bunch." One of his majors was on the verge of a breakdown and Colonel N. would not send him out. I told Colonel N. that this man should be removed because he was going to have a breakdown. Colonel N. believed that he was really not that bad. This man had stiff movements and was very blank and non-responsive to his surroundings. I told Colonel N. that he had to get him out of here. Colonel N. said he could not do that because he was one of his guys, and to do so would ruin his career. I asked Colonel N. for his butane disposable lighter and a cigarette. I turned the flame of the lighter up as high as I could get it, and then I turned around, and while the major was standing there, I flashed this flame in front of the major's face. He did not track it, nor did the flame startle him. I told Colonel N. that this proved it and he had better remove him.

There was a captain who was a service OP officer at Dover and we worked together. This particular captain's concern was that if I said it was time for someone to go, that they would probably have to leave. There was a constant concern which was similar to the dynamics of a locked psychiatry ward. If you go there on a Friday afternoon to figure out who is going to go on pass, everyone says that they are alright and asks for a pass. They are constantly repeating that they are in good health and that they want to go on a pass. I did not ask the standard question of people who were working in the mortuary. I would be back there as people were working on remains and I would ask, "are you okay?" Everyone's response was, "Yeah, I'm fine, how are you?" And I'd ask how this other person was doing. The response would be, "He's okay and I am okay, too." Many people who I see in different places say that they remember me asking them these questions. "What are you doing here? You were here last time, have you finished your Christmas shopping? When did you have a break?"

This is the role that I was in because of what I had done with the major. People understood that I could send them out of there. Many people were nervous when I came around. I was very concerned for certain people, and I voiced my concerns to Colonel N. I told him that he might want to see about getting them a different job. I spent a great deal of time talking to people in the break room. I talked to the chaplains, the AFIP doctors, the FBI fingerprint technicians and people I knew on base. I spent four hours in my office then I came back and talked to the people. This is key because people said that they did not see me there all the time, I came and went. I think that is what did not happen among the leadership. They did not model that it was alright to leave. Colonel N. was there 18 hours. Decisions cannot be made by a person who does not have rest. There were many people doing that. Few people realized the symptoms. Colonel N. engaged me as his private resource to get my opinion as to how reasonable his ideas were. I did what I could to be helpful.

I was tasked with putting the debriefing together. The Air Force people were there. This occurred because Colonel P. was at Rhein-Main as the base commander when the Beirut bombing occurred and they brought the Battalion Landing Team back. They had a mass debriefing in the base theatre. We were tasked to do a mandatory formation for everyone so that we could identify who worked as a body handler, or in the mortuary in any role. We thought about the format and we put together a program which basically short-circuited some of the original planning. We did not have an updated status report on where the recovery items were, how many remains were identified, the time frame, and where they were going.

Colonel P. talked about how much he appreciated people volunteering, how important was and what it did for the base. I then talked about how this had been very painful, and that some people were having a hard time processing, and some were probably experiencing post-traumatic stress. We also mentioned that five percent of the people are probably going to have scars from this that are hard to get rid of. It is important that when people feel these things that they get help. These problems will not simply go away on their own. The chaplain did his part and that was the end of the presentation, which took one half hour. We did a survey asking people what they felt. We got many responses from people, and then there were others who would not respond. One NCO from the dental clinic had a pronounced classic post-traumatic stress reaction. This man said during the outbrief that, "I do not even know why I am here." I told him that he was entitled to that belief, but that I thought this might be helpful for him. He needed to make the decision to stay or go. Regardless of his decision, he would not be court-martialed. He was put out.

I do not know the exact number of people who were there. Christmas last year was on Wednesday and this was Monday. Many people were talking about vacation. Sixty percent of the people came to the theatre. There were no clear records of who had been there. Some people felt very emotional and spiritual about the chaplain's message. They were receptive to the messages, and some of the people who later came and talked about different things remembered the theme that was presented. The general atmosphere was that this was part of the process and people wanted to know what was happening. During the question and answer period many questions were asked about how many bodies were identified, how far along was the process, and what was being done now. That was something which I intuitively thought would be helpful, but there were some logistics problems, such as an updated report from Dr. M. or Colonel N.

QUESTION: Your involvement begins slowly on the 12th and reaches a peak Wednesday through Saturday. Does it gradually decline?

MR. ROBINSON: That Monday after the debriefing, I decided that they were letting many of the body handlers go because they did not need them. My decision was that I had reached my limit. I was getting very stressed out. I had spent a great deal of time away from my own family. After the meeting, I handed Colonel P. my mortuary access badge. I had planned to take some leave prior to this incident and it had been cancelled. As a civilian, I had "use or lose" leave. If I were to lose leave there had to be an extensive justification. If the leave is carried over, there must also be an extensive justification. At that point, I was very tired and burned out. I said that I was going home and people knew where I could be reached. I did not know what I was going to do with the leave. I had planned to go hunting. I was in a quandary about whether I would ever pick up a gun again. They asked what the impact was on me. I told them that I have no desire to be a part of killing. This was the Monday before Christmas.

There were body handlers that also said they had had enough. The lieutenant we talked to was one person I was trying to get removed from there. He left at that time. He had stayed too long. He would have been much worse off had he stayed any longer. The fatigue was catching up to people. A person cannot continually work at that level of intensity. I cannot work in those conditions, and I saw other people who systematically started breaking down. It was obvious they were very tired and jumpy. When they started talking to someone, they were not thinking logically. I questioned how useful my presence would be to them.

I stayed at home and had a good time with my two daughters. My wife was working as a psychologist in a local school. She was home during that time. I spent a great deal of time thinking and reading. I went to many Alcoholics Anonymous meetings during that time. It was helpful to just get out.

When I came back after the holidays my staff was very protective of me. I came back from the mortuary and they wanted to know what I was doing to take care of myself. I said that I ate lunch, which I do not do often. I walked around, went to the maintenance areas and talked to people. They felt that I was going crazy and that I was very cranked up. They said I could not keep going like that. I was very responsive to their feedback. I said that I did feel crazy. I asked them what they noticed about me.

One of my staff members and another social worker became very angry with me because I never described to her in vivid detail how gory the bond cooking operations and the smells were. I told her I was not sure I could describe that in a way that would be helpful. I chose not to. The parts of that process that were very hard were identification and matching the pieces up. Some of the body handlers stayed for the entire time. In particular, this social worker's client had stayed. I went in and out of there for different things. Since we were in the same building with the services' squadron, I spent a great deal of time with the OPS officers. Even after I handed in my pass there were times when I went back, such as when the cooking process went on.

QUESTION: When you gave the debriefing, did people who felt they had problems call you?

MR. ROBINSON: Very few people called me. After that, the chaplain and I made ourselves available for a series of eight Tuesday evenings for people to drop in. We publicized that if people had any concerns, drop in, but no one came. If one person came that would have been fine. In terms of people who are represented in mental health and other agencies as well as mine, there have been 20 people who have made it clear that they want to deal with what was going on. There were a number of other people who were presented through the legal system where there was a major cocaine bust and these people had Gander recognition certificates. The majority sneaked counseling. These people would say that they had nightmares but were not having them now. They said that they had talked to their priest or rabbi.

QUESTION: You indicated earlier that you had some things you wanted to say about the chaplains.

MR. ROBINSON: The chaplains were the backbone of the direct service delivery unit in the mortuary. I am very concerned about the amount of time those people spent. We need to sensitize people in the clergy community that they are not immune from the realities of gruesome things such as post-traumatic stress and battle fatigue. A cloak of spirituality might not be all it takes to deal with that process effectively. My concern is that there is a perception, either internal or external, that this is a cross that they must bear because they are chaplains. Somehow, they feel uniquely qualified, credentialed or protected by the fact that they are chaplains. I think that issue needs some heavy education and intervention. They can only take so much.

The chapel community is predominantly Christian. The holidays were approaching and these men were talking about their upcoming services while they were still in the mortuary. They were there for tremendous periods of time. I asked them if they were doing alright and they said that they were fine. I then asked them how long they had been in the mortuary. They responded that they had been there for 12 hours. I saw them there everyday. The Army chaplain that came from the Chief of Chaplain's Office stayed there for each of the transfer cases doing a personal religious ceremony for each one for long periods of time.

There is a clear impression that if you are a chaplain you are capable of super human efforts. They are not concerned about those men. I have seen many very tired people. That is a crucial variable with anyone that is going to be a helper in this situation. Someone needs to be there to help you know when you have had enough.

Whether the person is a chaplain, social worker, mental health worker, services' officer or a body handler. It needs to be handled in a way where there is no threat when a person says someone has had enough. It would be very effective if some of the people modeled helpful behavior, such as, when feeling very tired, they go home. Many stay because others are there. They feel they are in this together and should stay until it is all over. It was great when the AFIP people and technicians said that was it. They compared it to machines breaking down. It was horrible in terms of the process and the external pressure. The Chief of Staff of the Army promised that the soldiers would be home by Christmas. That was repeated constantly.

The way the body handlers perceived their own bodies poses some interesting questions. We talk about our car, bicycle, radio, gun, and rifle, but it is interesting when a person talks about "my body," and how far along they are in identifying "my body." What is involved in that kind of claim? This is a very common occurrence in body handling. They respond that this was "my body." If a body, torso or remains went through the line and it had not been identified it was a major defeat.

The chaplains did the most in terms of exposure, time, direct practice, being on the scene, availability and interacting with people. My concern is how long can a person go at one hundred percent? What are the long-term costs and how does a person cope with that? Maybe these people do not have the same kind of commission that the others have. When something cannot be controlled, it is time to let it go. When a person feels very tired and crazy and gets feedback that they appear that way, how do we institutionalize that it is alright to let go? I think it is particularly alarming among the chaplains. Chaplains have a mandate to be with the people. There is the added notion that it is God's will, a higher power.

QUESTION: What was your feeling about those particular cases and the way the people responded daily?

MR. ROBINSON: A person may be with a body for weeks at a time. It was difficult and frustrating because there were intervening issues. The remains went through the line, and if nothing could be done at that point, in terms of identification, they had a set criteria for identifying the bodies. There is probable cause or probable identification. If a guy was holding his dog tag in his hand that was not enough for identification. The remains went through the process and then back into storage. Transferring is done, taggings by numbers, and then the processing into storage facilities. Sometimes, the volunteer worked on a new body or was assigned to do something else, depending on what needed to be done. There was a massive effort to obtain medical histories. This included the childhood dental records and records from home. We obtained every piece of information possible to identify the bodies. There are people who then put the pieces together.

There was one person who spent a great deal of time as a body handler. In a class, she began to stare at the foot of a woman next to her. She noticed that this woman did not have a small toe. If there was a death in her squadron, or if this person gets killed and I am working as a body handler, how am I going to know she did not have that toe? I am going to keep looking in the parts bin for a toe because I did not know that she did not have a small toe when she began working. This woman became very excited and was hyperventilating and constantly crying.

QUESTION: Were there other cases of people experiencing deaths close to them at the time they recently became body handlers or afterwards?

MR. ROBINSON: I am aware of two cases. The one I described and one other. The other person responded with panic. Both persons felt obligated to go to the funeral

since it was someone they knew from their duty section. After seeing the social worker, one advised the other to go.

QUESTION: How was the person killed?

MR. ROBINSON: The person was killed in a car accident and was also a body handler. It was a single vehicle accident. The woman was a single parent with a three week old child. She was at her parents for six weeks of maternity leave. She stopped to get a hamburger, and when she grabbed the hamburger to eat it, she lost control of her car. The tragedy was that her father found her. Her three week old child was in the car and lived. The child had to be cut out of the car.

STATEMENT: It is hard to say, but often the possibility of postpartum depression or preoccupation will arise. What about suicides or attempted ones?

MR. ROBINSON: The son of a lieutenant colonel who was very popular with his peers shot himself in the head. This started a series of four more attempts in a one day period. A significant portion of the Catholic Youth Organization on the base was dismantled. The majority of the kids were Catholic. His best friend was the son of a master sergeant. We had a great deal of involvement with that family. There was tremendous conflict, they were very dysfunctional and had financial problems. They moved to Dover and the woman worked as a volunteer with us. She then mentioned how bad her circumstances were. The irony was that her child wanted to be in a band. They were all Catholic and the kids were in a school band. They did not have the money for an instrument. The child wanted very much to have this instrument and to play. We pulled some strings to get her the money and get her son in the band. There was a kid from a average family that was highly successful, outgoing, and a lieutenant colonel's son. He had many dates. Both boys were buddies.

The mother of the suicide victim called his friend to inform him of the suicide and to ask what had been happening with her son. He got off the phone with her and locked himself in the bathroom. His parents came home and found him in the bathroom taking pills. His parents screamed to him, saying that it seemed like he was very upset. After two hours passed, they finally opened the door, and found their son far along in the toxic process. They found a long note he had written about how he could not live and how all his plans were now gone. His friend and he were going to be college roommates and they were going to go to the same school. He felt that if he could not do that then there was no point living. He took large doses of Tylenol to the point where his liver ceased and he was in intensive care. The parents reported this to us.

Next, I received a call at 11:00 p.m. from the command post that there was a suicide wave going through the base. I was asked to help. I was not sure what could be done at that time. We met with the chaplains and a mental health person reactivated the care team concept. We opened the center on a Sunday afternoon. A woman called the chaplain and said that her daughter had just attempted suicide. At that time, there were four. There were a total of five attempts. A boy from another school who knew the others also attempted suicide. There were five attempts on base and one in the county.

I called Colonel Ursano, as suggested by the base commander, and discussed the significance of the problem. The level of concern that Colonel P. and I had was not shared by others. I believe the boy knew what was happening at the mortuary. I think that many of the factors that contributed to this suicide and the other attempts was linked with a general sense of despair. The individual who committed suicide had broken up with his girlfriend and was dealing with questions of responsibility. I do not know if there were any parental links. His father worked in logistics.

QUESTION: Was there a preoccupation with death on the base?

MR. ROBINSON: As people did their Christmas shopping they would see hearses passing by. This was a national media event with caravans and satellite dishes. The media were unable to get onto the base so they rented roofs on building across the street. The security on base became tighter. A sticker and identification card were necessary for admittance onto the base. This was a national event, and the community became the center of it.

QUESTION: How old were the adolescents involved in the suicides and suicide attempts?

MR. ROBINSON: They ranged from 15 to 16 years old. The successful suicide occurrence had talked very overtly and expressed symptoms. He talked about suicide and someone said in an off-handed way, "If you are going to do it just shoot yourself." He took their advice. Apparently there were two sources who told him this. One was a peer and the other should have known better.

QUESTION: When did the base return to normal?

MR. ROBINSON: What is normal? Next, the Challenger remains came to Dover. I think it goes in stages. Dover and NASA both had a desire to keep things low key. The mortuary workers were professionals. There were no volunteers. Describing the amount of normalcy is difficult. There are still many people bothered by many issues. I do not know if we will ever go back to where we were before these incidents.

We picked up the first CSB that came from the factory. The ceremony was held in front of the rack. It was the first time I had been there since the Gander remains came through. I had some very strange feelings. There was a State Police helicopter going along the highway. I was walking with one of my staff and I told them I felt very strange. I kept looking around and I saw people who I knew had been there for a while. Afterwards, I called some of them. I said I was there and I had some strange feelings. I asked how they felt. They said they felt the same way when they looked at me. They felt that if I left it would be alright for them to leave also. I remarked that I had not thought about leaving. If a person drives by they see that building. Now the topic of discussion is the transfer cases with the Marines. That building is always there. I think that there is a state of normalcy. I do not think that people are in acute distress. I think people struggle with this privately. This is more of a private struggle in terms of how things are processed, how each person thinks about what will happen next, and what their potential role will be.

The slides Colonel P. showed you in the presentation are not the worst of the slides in terms of what triggers reactions. I watched them and it was interesting because I had not previously seen pictures of the crash site. There was tremendous physical destruction. The slide images were very clear.

I received a phone call and was told to come to the office to see something. I went to the office and there was the person in charge of morale, welfare and recreation. They had been trying to get a computerized cash register system. If something were paid for at the bar and charged to a club card, the club card would get billed instantaneously. They would not be able to tell if the person was over their limit. They needed four phone lines for that and they only had access to three. They had been trying to capture one of my lines for a long time but I had managed to deter them. The bad news I received when I arrived at the office was that Colonel P. had decided to give them one of my class C lines.

My first thoughts at the time were where did the plane go down, how many people were involved, and what shape were the bodies in. My thoughts almost came into

words. It gives you a sense of perspective. I had just finished looking at the slides. It was interesting to me that the really bad news of losing a class C phone line seemed rather unimportant to me. My point of view has changed in terms of what I view as bad or horrible.

I have flown on aircraft since then. One individual began to have difficulty and was seeking counseling. He worked upstairs in services as part of his job. He had a TDY and loved to fly. He used to volunteer for many TDYs, but not anymore. He was awake for three nights before he was to go. His wife suggested he talk to someone. When he came down he said he was looking for a cup of coffee. I told him it was in the kitchen. He asked if I would show him where it was. I responded that he knew where it was. He said that was not what he wanted. I told him that I knew what he wanted. I began talking to him. He had been staying awake in total panic about going on this flight. The man who runs the mortuary had not been involved in any direct body handling, but walked by and saw some of the remains. He experienced real terror.

QUESTION: You are also an agency head. What was it like in your shop on 12 December? We assume that you had a normal case load, but you were getting ready for Christmas and something happens to the pace and activity.

MR. ROBINSON: The holidays are very functional. It was bad timing because of the holidays but I think the holidays sealed off a certain amount of feelings to the degree that people began to shift their agendas. A person cannot deny that Christmas shopping has to be done.

The chaplains had services which had to be done. I had the most extensive involvement. I just went home. I think the others said that I had had enough. There was concern whether I was going to be as jumpy when I came back as before I had gone. The job maintains a high level of energy.

QUESTION: Were you designated as the food coordinator and dispersal agency?

MR. ROBINSON: That happened because we had the family services function. The food started arriving near Christmas. There were many local businesses, one of which was a donut shop that provided large amounts of food for a long period time. After the volunteer functions tapered off, the donut shop still provided the donuts. It started to taper off near Christmas as the need for volunteers reduced.

On Cable News Network, when they dedicated the park at Fort Campbell this past week, an Army sergeant's wife said it was horrible that she did not get the remains of her husband. That is a quote that I was told about. I understood that all of the remains were identified.

COL URSANO: Was there any response in the Army Times or Air Force News about the laboratory and body identification and that there were questions whether or not the laboratory was doing adequate work? This was not directly related to Gander. It related to some NYA.

MR. ROBINSON: I had not seen that. I have heard no reaction to that.

TSGT CERVANTES: The article appeared in the Air Force Times.

MR. ROBINSON: One of the chaplains saw the cable cast.

COL URSANO: The big problem was that the ORI was coming in February.

MR. ROBINSON: That also influenced the change.

COL URSANO: What was the base reaction near the time the ORI and afterwards?

MR. ROBINSON: There was a big push, and it was said that this was the most difficult scenario that the ID had ever presented; however, they always say that. This one was not easy.

I'd like to know how I got involved in the food distribution. I have worried about my job many times in terms of having said outrageous things, but I never thought I would lose my job around cookies. When the wing deploys on ORIs, family services always has cookies there. The first red horse and the first air lift control elements went out of there at 10:00 p.m. one night. I was at home and I thought that all the cookies were lined up and were going to be delivered. I left that to the wing commander's wife. The wing commander's wife went to the hangar and there were none there. She then went to the wrong door and security would not let her in. She then went home and called the other people and said they were not leaving tonight. The next morning we had 14 calls about where were the cookies for the OSI and for the red horse teams that went out. The lowest ranking individual that called was the chief master sergeant.

There is a function which I foresee as being one of my roles in the future. It went very well for ORI, and there has not been a MAC wing that has received an outstanding rating under the new criteria. We missed it by four-tenths of one point. The IG (Inspector General) needs to protect himself since he is the former Dover wing commander. It was very businesslike and people did what was required. They complained about it the entire time, but they did what they had to do. It is a paradox when looking at the things that the leadership and manpower development center do, such as the base surveys. Morale and attitudes are questionable, but they always did well on their ORIs. I cannot explain it. It is as if a person is never really through there. When one thing starts to change and the next thing gets into high gear, there is no sense of putting it behind.

There was an attempt to put Gander behind with the recognition ceremony. The Army general came and gave out ribbons and civilian performance awards. Then there were many questions as to why certain people only got an Air Force achievement medal, why civilians received a notable achievement cash award, and why others did not. There was a very humane climate. It is similar to other organizations where people perform when needed and then return to their daily concerns.

I do not know the long-term effects of having that mortuary facility there. There is a rumor that Oakland is going to close and that there is going to be only one DoD mortuary and it will be at Dover. They are going to do some massive upgrading of the facility. I have contacted some people that questioned the role of volunteer body handlers.

Some other people asked me if there was anything that I could do to discourage that as a notion. They also said that they were not sure whether they wanted any of these people. I think they were concerned about the long-term effects. The last man that talked to me was from supply. They had the acute reaction to the death of their colleague. What they are saying is that they do not know enough about what this does to people over a period of time. They are worried.

The question arises as to who will have a reaction and what will trigger it. People must realize that is in the past and they must move on. Gander is history, and if someone has mental problems, it is not because of Gander. The individual had a character flaw to begin with. It has been mentioned that three days should be the maximum exposure in this situation. A cycle of new people then begins. There is battle fatigue and stress.

COL URSANO: Have you seen any cases in which you felt Gander was being used as an excuse?

MR. ROBINSON: I saw only one. This man was in the 3910 Air Force Administrative Discharge Format. He worked as a body handler. He had many problems. One of the reasons he went was to escape the consequences of his behavior. He was in trouble before he went there. He made a plea asking if I could stop this 3910, or if I could I help him stop it. I told him that this began a long time prior to that. There was a DWI in the interim. He reluctantly acknowledged that he did not see that as the beginning and the end of all his problems.

I do not see that example as a common trend. I was asked by one of the area defense counsels if I would be willing to testify for men who got in trouble. I told them that it would depend on the circumstances of each individual case. I think there is a great deal of work that needs to be done, and I am not sure how to implement programs in a climate of, "we are over that." Also, if someone has a problem with that it is because they had a character problem, alcohol problem, or something else before that. There is a dilemma, and I would be interested in feedback on where to go and what we should do.

When Colonel P. returned, he was very concerned and I shared his concern. We talked to some other people who said it was really not a problem. They said that I was trying to make more of the post-traumatic stress than was really there. They have not seen any marked increases. There is a real dilemma. Many of these people are functioning within a private struggle. The key is to enable others to function so it will not be a private struggle. I do not know how to do all the work that needs to be done. In a sense I do, but I am not sure that I can make that happen where the base is organizationally functional. That was almost one year ago.

When I was asked to come here to give this debriefing, I was reluctant. I was not sure why I would want to answer all the questions that would be asked of me and think about all of it. Now I find I do think about it and I need to think about it. Not just from where I am personally, but from where I am professionally. The scary part of the reality is that I am probably going to be the corporate memory. I will probably be at the family support center until I get tired or move on. That is the other scary part. Colonel P. will probably go within one year. The base commanders last one year. There is a high burnout and people are rotated frequently. If the person is blatantly not functioning, s/he will be removed very quickly. If they are doing a good job, they will be here from one to two years.

Many people have tried to talk to a chaplain and the chaplain sends them to us. Many of the people that are coming to us are chaplain referrals. I do a great deal of fishing and I have a boat. The chaplains are some of my regular fishing partners. We talk about some of those issues and it is still a struggle for many of them.

COL URSANO: If Gander had nothing to do with the suicide events, what do you feel leads to contagion? Is there anything about Gander that would foster the ability of an epidemic to take place? This would include an epidemic of communication among the adolescents. It could have been an epidemic of drug abuse, rumor, or of anything. Is there something about those kind of events that leads to a contagious setting, separate from a stressful setting?

MR. ROBINSON: I have heard several presentations on adolescent suicides. There was a major suicide conference scheduled upstate, but when these things started happening at Dover, they had 100 people who signed up statewide in Delaware, Pennsylvania and New Jersey. When the suicides started at Dover, they had 450 people from schools, churches and elsewhere. I know that adolescent suicides happen in clusters. These kids were linked socially and some of them were very close. I saw many

kids and young adults that had been given adult tasking. Some of these kids were heavily involved in sexual activity. The one kid who had been marginal somehow became "Mr. Wonderful" all of a sudden. There were many dilemmas in dealing with this one kid.

One of the kids who made a serious attempt had a long history of alcoholism in his family. There was treatment for his father but his mother would not go. There were many factors that linked it up. The child who completed saw that as his only way out. There were some things going on in his and his girlfriend's lives and his interaction with his parents in terms of the stability. He saw it as a relief. Apparently, he made an effort to talk about the situation and was told that he was in big trouble. The girlfriend was pregnant. There were questions about other pregnancies. The family was Catholic and there were religious issues. That family then called the other kid and asked what they had been talking about and what they had been doing. The contagion may have been guilt or social.

There was a 15-year-old who committed suicide. He was well respected and would be perfect for a peer counseling session. The suicide wave to tap into was that they were all band members with good grades. They were nice kids. These kids were not from broken families, single parent homes or dual military families. The perception was that this kind of thing happens among very dysfunctional families, single parent families, or broken homes. These were officers' kids. How is a community's general atmosphere and well being linked along with the climate? How is this assessed? It resulted in receiving many calls about parenting classes. Many people called and said, "There was something going on with my child. Would you like to talk to me?" They felt that they needed some help. They were not sure what the problem was but they wanted to talk. It is interesting how people respond to that. I was very concerned about that, one completion and four attempts within 72 hours. Some people felt that as other agency heads were not concerned, there was no reason I should be. They said this was not out of the ordinary. We are going to get some data from the state and I think that suicide rates in Dover are lower than anywhere else. Meanwhile, there three kids in the hospital. Colonel P. and I were very concerned.

COL URSANO: It seems like there was a contagion involved.

QUESTION: What about active duty people involved in incidents like the car accident?

MR. ROBINSON: It is hard to say, but that will remain the constant dilemma. Having been a social worker, I have seen the struggle people have in terms of establishing service and access to treatment compensation. How many of these people are going to be presenting years from now because certain decisions were made about not documenting their roles or talking about them. How many of these people are going to be double casualties, first because of their private struggle and then systematically struggling to get access to care in a system that says, "You have not proved to us that this was not a preexisting condition. Show me you were not troubled before you presented this." This is a dilemma. I tell people that if they got an Air Force achievement medal for being a body handler, a commendation medal or a letter from their squadron commander, they had better keep that.

COL URSANO: If Gander and mortuary work in body handling is a stressor for both the people who are with the bodies and for the community, one of the ways I believe to document that is by a dose effective agency. Many of the people most vulnerable might not be the ones who were there for three days, but were the civilians who lived there. Over a period of years, that in fact might be the issue. It has the potential for being a stressor.

MR. ROBINSON: I worry about that sometimes. I am not immobilized in thinking about that.

COL URSANO: Our goal is to try to understand what goes on, and hopefully, we will better understand disasters in terms of wars and combat.

MR. ROBINSON: One thing that I think is essential is that I do not see any other way to mobilize things. It must be done within the community. People with specific skills are going to be needed. It would have been very helpful if there were some viable psychiatric input. It is also important to have non-psychiatric base input in terms of what goes on in the community and the mortuary. This can be viewed using either a medical model or a combination model. It would be interesting and it has worked. There were some people who because of their training and intuition could make things happen despite serious obstacles. We worked within the system to deliver the services when and where they were needed in a timely, systematic way. The notion of the care teams is important. The community contributing food or other items is important along with the emotional support. The concept of the care team in a mortuary setting, involving of a multi-disciplinary team having a good rapport with decision makers, is important. Service people need to know the medical people, and the family workers need to know the other people.

COL URSANO: I would like to thank you for your presentation.

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GRIEF RESPONSE TO A MILITARY TRAGEDY:
THE GANDER PLANE DISASTER

Larry Ingraham, Ph.D.
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*Presentation by Lieutenant Colonel Ingraham, director of
the Gander Disaster Research Team*

4 April 1986

COL HOLLOWAY: Larry Ingraham has a doctorate in Social Psychology. Some years ago, he came fresh from graduate school where he had been working on a project dealing with socialization and chicks to WRAIR (Walter Reed Army Institute of Research) where I was the Director. At the time Larry arrived, the problem with the drug epidemic arose. Larry immediately was put to work, having gone from a laboratory to a mental hygiene consultation service to getting instruction from the DEA (Drug Enforcement Agency) on how to get busted by doing studies on people dealing with drugs. With that introduction, we sent Larry into the field. The result of his field experience is in a book entitled, Boys in the Barracks. Boys in the Barracks is a first-hand view of what it meant to live in Army barracks and units. Larry's work was critical to diagnosing a problem that existed in the Army--that of cohesion. When the diagnosis became apparent, Larry became chief of the WRAIR lab carrying out critical work on the ground concerning cohesion and its significance to Army. That work became a series of papers done with his co-worker, Rick Manning, who talked about why people die from drug overdose and the overall issue of how units are organized and how people are chosen for discharge service. Every one of these elements went back into the organization of the Army. Eventually, this overall view became the requirement to reorganize the Army. Larry has done epic work that is now being tested in the cohort system. It has had huge effects on the Army. He has progressed to a different status than the man who came and said, "I have just been studying the social behavior of chicks." He is a distinguished military scientist who has made many contributions. The material he is going to talk about today is from the recent tragedy at Fort Campbell and the body handling at Dover AFB.

LTC INGRAHAM: My dissertation was done with the straight alley performance of domestic chickens and studying the problems of social facilitation of fear at that time. It has held me in extremely good stead. Some have said I have spent the rest of my career looking at turkeys running in circles. Today I am going to continue that progression. I need to introduce a colleague, Allan Radke, who is the division psychiatrist at Fort Campbell, the 101st Airborne Division and Assault. He will contribute to the discussion as I go along. I will begin with a statement about WRAIR and how we got involved in this particular project which I am now calling, "The Day the Eagle wept." At WRAIR, we consider it our mission to tell the Army what it needs to know before it knows it needs to know it. That is somewhat tricky, particularly in a research environment in which the organization defines its research needs, then goes out and contracts someone to satisfy those needs. We consider it our responsibility to speak to the Army's needs before the Army recognizes that it has a need. Having found,

through a long and painful experience with the drug abuse affair, that by the time the organization recognizes it has a problem, it is difficult to begin research that will allow the time to do the appropriate stumbling and reflection to come up with an answer that is not obvious in the statement of the work. Why would we at WRAIR be interested in community grief responses? Over the past 15 to 20 years, with the work of Kubler-Ross and others, there has been a lot of research conducted concerning responses to death. Since World War II, there has been a lot of work on tragedies and disasters. At Ohio State University there was a disaster research center, the National Institute of Health sponsors studies on disasters, and there is a good amount of literature on what happens to communities in times of crisis.

The Army does not need us for that. We are needed to study another issue in which there is no literature. The demography of the services is changing radically. We are becoming an uncommonly married force. Up to 85% of the soldiers in the Army are married. In an age and environment where one can expect many small war events and where there is rapid transportation, families are more likely to be staying very close to a post while their soldiers are deployed. There are events such as the barracks in Beirut where an entire battalion was lost. All of those families were still in their community. This is unlike Bhopal, India and some of the other industrial accidents, or Buffalo Creek, West Virginia, where the dam gave way, or the tragedy in Wales where the slag heap collapsed on a schoolhouse. In these situations, recovery was not an issue. The military community has a continuing mission. It cannot always just hold back to "lick its wounds," so to speak. We can imagine situations in which the first brigade is deployed and does not return, and at the same time the community is in the process of grieving for the first brigade, the second brigade moves up and deploys, with the third brigade behind that. The activities of a military community continue, despite this grief response which is necessary and pervasive.

Another concern, which I mentioned in the introduction, is the area of stress reaction--this includes battle shock and fatigue. One of the things that prevents individual breakdown is the degree of mutual affection that exists within the small combat group, and the degree of cohesion, trust, and confidence that people have in one another. The Army has recently gone to a cohort system that maximizes this kind of cohesion. Individuals are brought in and kept together for three years. They get to know each other quite well. Small group solidarity is built that way. One criticism of that particular system is that if people know each other so well, how do they sustain losses? Will these units become enormously fragile and suffer from large numbers of casualties? Maybe they will. The opposite side to that criticism is that the units would be more resilient, and would maintain a trust in each other. We have wanted to explore the natural history of grief responses within a military context for a long time.

Commandant Craig Llewellyn came back from one of Peru's annual earthquakes saying that there might be some value in having a team to deploy. Fifteen years ago, we began contemplating the idea but we never seemed to be able to get it together. The literature shows that when there is a disaster, the mental health people do not have much to do. The public health people and surgeons have a lot to do. Mental health people are like the Maytag repair men, they are some of the loneliest people after a disaster. Everyone likes to come in when there is a disaster, but often many are in the way. People do not know their way around, so they have to be escorted, directed, and told what they are supposed to do. Unless they have an immediate skill to trade, such as surgeon or public health representative, strap hangars do more harm than good. Therefore, there is the issue of how we would get inserted in a disaster situation.

Today I am reporting a research recognizance. We started with the three questions: (1) could the mental health team be inserted in the midst of a military community crisis?; (2) once inserted, could such a team make useful observations?; and, (3) could a team sustain contact with the community and do follow-up interviews and observations?

On December 12, we had the opportunity to examine these questions. We heard on the radio that a military plane crashed at Gander. Those of us who were familiar with the flight patterns in the Army knew that it was an Army plane. When I got to the office, Dave Marlow, our department chief, called Allan Radke, who was the division psychiatrist who worked with us two years ago. David suggested that it might be helpful for us to send a team. Allan thought it might be useful, and said he would mention it to the division surgeon and the other people there.

Who would we send? Dave suggested that we send Kathy Saczinski, who is a civilian Ph.D. clinical psychologist on our staff and has a lot of experience in grief counselling, and Chris Russell, who is a civilian sociologist on our staff. I came in at this point as an advisor to the department chief, telling him this was crazy. We could not send two civilian women into a military crisis situation without someone to run interference--a uniformed scientist. We looked up the "on-call" roster to see who was available. Everyone was on TDY. The department chief said, "You are absolutely correct." That is how I got involved. At lunch that same day, Colonel Harry Holloway suggested that a useful addition would be Robert Ursano who worked with the MIA POW families and has long been interested in these kind of problems. That is how the team got assembled. Within one day we were at Fort Campbell. Our working agreement was that we were not there as consultants. We were there as research people and our job was to document as best as possible, stay out of the way, speak when spoken to and to let them "do their thing." We arrived at Fort Campbell the evening of the day after the accident.

[Slides shown by Colonel Ingraham]

When we arrived, the southern bill boards that ordinarily promote cars, hamburgers, etc., began to show messages like, "...They are described as heroes." The community response was overwhelming. We linked up with Allan Radke and spent some time observing in the mental health section of the hospital. The section combined into what was called the MFO Grief Counselling Team. The object for me, as leader of the team, was to break out of the hospital which was our beachhead. Three members of the team went to church service on Sunday. The people came up to us at coffee hour and thanked us for coming. They said it was wonderful for us to come and "help." I spent most of my time tagging along with Allan, going where he went and seeing what he saw. During the first week, the grief responses were absolutely profound. They had a civilian ecumenical service after the tragedy. The President's visit was being planned. We were able to observe the preparations for this. The families were assembled in the gymnasium. The immediate family members were given tickets and put on buses and taken to the hangar where the President was going to speak. Bob, Kathy, Chris and some of the others were at the gymnasium as well. We also observed the return of the third plane home which caused considerable anxiety and concern.

The third plane load came into the gymnasium where the families were assembled waiting for the second plane. The announcement was made that the second plane crashed. Later, there was the division retreat parade. People began to chalk in a tear on the eagle's eye--the screaming eagle of the division. This is a picture of that retreat which was part of the grieving ceremony. There were 248 funerals. The last body was not identified until one month ago. The last funeral was two weeks ago. Each funeral, unlike an individual grief response, seemed to ask the question, "When does it end?" This is a picture of a quilt put together by the girl scouts, which is now in the post museum. On the little squares of the quilt are the names and ranks of each person that died on that plane. This is an indication of the kind of response that was generated in the community.

[End of slides]

There were no questionnaires or formal interviews. We tagged along and talked informally with people who were going about their normal business. Bob Ursano noticed after church that the child care center was open 24 hours a day. He went in and chatted with the person who was running the center. We were at the family assistance center where a widow was having difficulty sleeping. A technician went to make a house call and Bob went along. Each of the survivors were appointed a survival assistance officer who was to assist the family in getting all the paperwork taken care of for benefits, burial, etc. There were 68 officers who were chosen for this. They met daily. I went with Allan and sat in on the briefings and chatted with some of these people. We followed them, along with the division surgeon, or whoever else we happened to see during the day. Kathy and Chris went out with Dr. Ruck, a child psychiatrist, to the schools. As he made his contacts, Kathy and Chris went along and talked with the teachers. This was the acute phase. Everything was in marvelous confusion.

The overwhelming impression was very difficult to fault. It was marvelous the way things fell together in this operation. This raises interesting questions of, "why?" Was it luck? If it were replicated, what would happen? What are the lessons that can be learned. We returned from Fort Campbell about 18 December. Bob and Kathy went directly to Dover and spent a day doing overall reconnaissance of operations. That concluded our work in December.

In January, we began piecing together how extensive this particular tragedy was on the entire organization. A good example would be the field workers at Fort Bragg who volunteered and went to Dover to be body handlers. Once they returned to Fort Bragg, they had difficulty with their sleep patterns, thoughts, etc. We observed some of the systematic debriefings conducted by the psychiatrist at Fort Bragg.

Bob, Kathy and Tech Sergeant Ray Cervantes made a second visit to Dover in mid-February. Dover still had not recovered; the base was profoundly shaken by this experience. This is the base that received the Lebanon casualties as well. They receive casualties all the time. This particular experience carried over into a base operational inspection. People were worried whether they would be able to pass it. We have another data point. It is clear that at least six weeks after the event there were tremors that were likely to affect performance.

We returned to Fort Campbell in the latter part of January. They wanted very much to put this experience behind them and close it off. The chaplains admitted that there was a lot of stress, but since the funerals were mostly finished, they could now look ahead to Easter and think about the resurrection as a time of hope and a transition point for the community to move beyond.

In January, people who assembled all the records and did a great job in providing the administrative support were back to normal duty. The question arose how to orchestrate an appropriate ceremony to signal to the staff that it is over. An awards ceremony did not seem enough. A staff barbecue did not have quite the right tone. There were some people on the staff that had not come to grips with the fact that six weeks ago they were the center of attention and had an entire building to themselves and now the tragedy is simply a few left over files.

In January, we talked to the chaplains. It was obvious, in the acute phase, that in one week all the chaplains were stressed. There was an enormous variation in the amount of stress the chaplains experienced. Those who were "bearing the brunt" had to continue to take on the funerals and were running very thin. Others were doing fine. In January, we also talked with a school psychologist who could see no effects. They were perfectly willing to put all of this behind them. The division and the hospital mental health unit reacted precisely according to the literature. There was a great deal of anxiety during the acute phase that somehow they were to be overwhelmed with requests for their services, this never materialized. They went through a phase in which they had a lot to offer but were rejected. They tried to reach out and help. They

gradually came to terms with a normal grief reaction. After there has been time for grieving, there are always going to be some residual people who are going to need special attention. That is what mental health people do. The mental health people have not had an easy time coming to grips with their own impotence. They have a desire and an ability to do more at the time than is done. Most of the people experienced pain from this.

We are currently seeing wives, commanders and activists in the community. We started with the military. In one company, only three soldiers survived. They had to rebuild this unit. These are some very perplexing organizational problems. When a COHORT unit is brought in, as we discussed earlier, pieces are picked up from within the brigade to provide a core. They then filled from outside the brigade and then people from outside the division. The brigade commander struggled with these issues. He went to at least one funeral every weekend from December through mid-February. The guys are carrying on well. But, we have to think in terms of a military contingency. What if he had to be responsible for deploying as well as rebuilding and managing his own grief?

These individuals do not see themselves as mentally ill nor ready to go to the hospital. They find it is very useful to talk about these experiences. The people in the hospital and those who are in the units see these people every day and encounter them on a soldier-to-soldier basis rather than a doctor to patient basis. This allows them to express their concerns. Also, as of last week, we deployed one of our captains, a social psychologist, who will be living with the unit I told you about--the one that had an entire company wiped out. He is now going through air assault training and is going to go into the bushes with them and do the things that are important to these people. He will be interviewing and observing how their unit puts itself together. A preliminary interview suggests that it is a very difficult process. The soldiers who lost people very close to them indicate that they do not understand these newcomers. Newcomers do not understand what they have been through. How could they? They need a chance to breathe. Yet, life must go on and the unit must be combat ready. The week they were there, they went to the field for the first time to see what they could do.

That is the database of the kinds of experiences that we have had to date. It is clear that the team can be inserted, but it is not clear whether it can be replicated. Our entry was very dependent upon a prior connection with Allan as the division psychiatrist. Where we would go with the charter from the Army Surgeon General or someone else and how we would be received was difficult to foresee. In this case, it worked fine. Everyone understood what we were up to. They set the ground rules and we were able to abide by them. In another situation, insertion may be very difficult.

The protocol, if anyone is ever inserted, is clearly to stay out of the way and let them pursue their activity. You pave your way by validating what is going on. Allan never asked whether or not we thought what he was doing was appropriate or not. We sensed it was a relief for people in positions like his, hospital commanders, division surgeons, to have third party validation. The second part to paving your way is giving attention to the neglected. Almost all attention focused on the widows. There is an entire spectrum of individuals who were deeply affected but went unseen. These were the people we saw at Dover, and I am sure there are people at Gander.

Two weeks ago, I saw a brigadier general who was in charge of the personnel Crisis Center in the Army operations center at the Pentagon. He had been working this action since December and he was exhausted. We represent, in a research realm, not the mental health "helping" community but normality, the regular population. Life must go on. Our job is not to help, because we cannot help. Our job is to listen to try to put together what their experiences have been so that others may learn from it. Somehow people find that useful.

We have established that the team can be inserted but we are not sure if it can be replicated. Useful observations can clearly be made. To do it again, we would look immediately for boundary crossers. I would use the tag-along methodology much like I

used with Allan. Because of his community orientation in psychiatry, he is a good boundary crosser. Other possibilities, such as sergeant majors, chaplains, and Army community services are unpredictable. We know of division psychiatrists who do not have a community orientation. We cannot rely on those individuals' potential to cross a boundary. The post sergeant major was able to explain to me that he had been a casualty notification officer at Fort Bragg. He could not take it. He knew he should visit the families the same way his general did, but he could not do it. He would not have been a good person to tag along with. The same is true of the chaplains. Clearly useful observations can be made, but we need to think more clearly about how to identify the boundary crossers and to hook up with them. The sustained contact is not only possible, but it is welcomed, as I have indicated.

We have some key concepts that are emerging from this. One is the distinction between tragedy and disaster. Disaster is a situation in which community support services are disrupted so that there is no light, water, etc., something like an earthquake. Tragedies are the human loss element. Another concept that relates is the range of people and how one gets to them. We talked with the sergeant who was a casualty notification NCO. The paperwork had to be filled out and the personal effects gathered; thus, several cases a day were done. This is different because he knew the people; they lived in his neighborhood. Six weeks after it is all over, he cannot go out and get a drink of water in his kitchen. The car of a soldier who was killed on the aircraft is parked across the street. He gets a drink of water, sees the car, and it all comes back to him. There is no systematic way of getting information from this NCO. He carried on and ran the in and out processing station at Fort Campbell for 150 people. Now he has to attempt to work through his own grief.

We also have a list of what we call the neglected. They are not traditional seekers of mental health help. They are hurting and if they had to perform additional duty, they might have some problems. We talked about assisting the commanders who may not either want or recognize the need for help. They are running close to the edge, and are interested in long term sequelae.

Let me close with a drawing I received from a four-year-old child. This child's father was very deeply affected by the events of December. He frequently cried at home. The drawing is of him and the soldiers going to the field putting on war paint. "That is you, Daddy, and that is the plane you fly on when you go to war." When we turn the page over there is a plane crash. "When you get on the plane, Daddy, you are not going to crash are you?" In an era of terrorism and small unit actions, what we are dealing with at Fort Campbell is an expectable event raising a host of issues of how the military can organize itself, if indeed it can, to deal with one of the more taboo topics in all of Western civilization. I am open to questions.

COL HOLLOWAY: I wanted to mention a group that you forgot, the single soldiers who had friends. The person who was forgotten was the ordinary soldier of ordinary rank.

MAJ RADKE: We recognized early in the preparation that in order to help the community, we were not going to be seeing the family members directly. We were going to see those who could respond to family and friends and other outreach organizations including the chaplains, etc. We set our goals to try to help those that were not getting direct support, including the soldiers. One thing we did was identify the units in the division that lost at least one soldier and set up three consultant teams and sent them to the unit. We said, "We understand you lost six soldiers (or whatever applies) and we are here to help." With that concept, we found that there were a lot of comments like, "They did not even know the person," but they were affected. We did a lot of educating on grieving and intervention within the structure of a large group. We found that we were

being called upon, even today, to aid in identifying individuals who were not responding well to their losses.

COL HOLLOWAY: I understood that commanders and units who lost more than six men were more responsive in this process than units who lost less than six men.

MAJ RADKE: Yes, that is so. Some unit commanders said they only lost so and so; therefore, that it did not affect them. In time, it was proven that it did affect them. Our intervention and expression that we were there to help and see them in person brought forth the need to have a class on stress relations. They said, "Maybe we should have some of the soldiers that were in the same section get together with the consultant." We said fine and went back out. Let me say one thing about the importance of the mental health professional. I was very busy at the time of the crash. I was giving a class at the NCO Academy and a command sergeant major came in the middle of class and informed me of the crash. I got together the three persons in charge from social work, psychiatry and psychiatry MEDAC. We talked and decided what we were going to do. I went into the community talking to all kinds of people. When I came back to the mental health clinic, everyone was asking, "Where is the patient?" Finally, by the weekend, all the mental health professionals were in the community, instead of in their offices waiting for patients. There was an attitude of having a purpose and really doing something. As long as people stayed in their offices, there was a feeling of not knowing what to do because no one was coming. In that first day and one half, there were seven people who did respond to the help that was available and out of those seven people none needed to be hospitalized. Two came back for a revisit and that was it. It was sort of funny thinking about one psychiatric nurse that I worked with very closely. She had never done any mental health consultations. I said to her, "You are the head of this team so you go to the MP (Military Police)." She went to the MP and first tried to get involved in a way that did not work so, she said, "I cannot get through." I suggested trying another tactic. She tried what I had suggested and came back claiming it did not work and she still could not get through. I asked her to go out and talk to one of the commanders. She went out and she has been busy ever since, helping in the different phases of the MPs.

STATEMENT: This raises an issue of grief leadership. There are some ugly things. The President comes and there is a whole section quadroned off, which is supposed to be for soldiers from the Sinai, families, and buddies. There were too many people and VIPs in the hangar and the soldiers were asked to stand outside in the cold while the President and First Lady went through and shook hands. Some units stood down in the motor pool watching television the day the President was there. So, you just continue to work through the day oblivious to these rituals that we build in to help us work through these emotions. We are raising the problems of how we train leaders to think about grief leadership.

QUESTION: Were the people who crashed in the plane part of the new COHORT program?

LTC INGRAHAM: No, but they were an exceedingly tight-knit unit, as close as they could get. This is why they were of interest to us having served together for six months in Sinai.

QUESTION: Pre-deployment training was three months prior to that so they were together for almost 10 months.

QUESTION: Was there any information on whether any of the families stayed within the Fort Campbell community and to what extent they report back to other support systems in other places in America?

LTC INGRAHAM: By and large they dispersed. Some families will continue to stay until school is out.

MAJ RADKE: There were almost 30 families there. There is an interesting phenomenon that is occurring. Some families are returning to the Fort Campbell community probably to talk to someone because they cannot stand being at home and because people there have changed so much and they cannot understand that. So they go back to where they are understood. This is a phenomenon that we have talked about. It needs to be discussed further.

QUESTION: It seems we are trying to create a new kind of community--literally the military/civilian community.

MAJ RADKE: That community already exists. In Fort Campbell and in Hopkinville there is a military/civilian community.

QUESTION CONTINUED: I mean in terms of permanent people rather than those that rotate in and out every three years.

MAJ RADKE: There are a lot of retirees and widows who remain because the social and cultural military family unit is what they identify with.

COL URSANO: Larry mentioned something which was overwhelmingly impressive--how the system bent and responded in terms of changing personnel rules and establishing the ability to pay death benefits within several days. The time people could stay on base was also extended. The Family Support Center, and Dr. Radke's group in particular, did an outstanding job in providing support to the support units which was a highly stressed group. Merely the presence of someone in the building where Allan had his 91 GIs provided a tremendous sense of relief for the people. When a widow came in, a change in the tone throughout the room occurred. There was a lot of hope for someone who could tolerate and be comfortable with the level of affect expressed by the widows. Allan set up a room to the side where people could be with the mourners. Having a mental health worker present was a tremendous relief to those who were there around the clock. They were burnt out after 48-72 hours.

COL HOLLOWAY: I saw widows who required six months to get over it.

QUESTION: The record was 12 hours.

QUESTION: I am interested in the image of that last child's picture and the notion of the kind of dead body that gets buried in the unit. Now the question is what are the long-term effects of someone's family carrying that memory. I do not know any literature about the continuing effects of the unmourned and unprocessed pieces of this in an organization and an extended family unit. I am thinking about it in terms of our experience here this year. We had a suicide. I have been hearing more recently about the unmourned suicide in people who were not essential to the experience at all. When something else happens, it comes out as something they have been carrying all year. I think one suicide has the same magnitude in a group our size.

COL URSANO: Everyone said when we were there that it was difficult for people until the bodies were buried. Everyone said that and thought it was true. Yet there is no data to support this common observation. Why should it be true? It did seem to be true. Following both the identification of the bodies at Dover and seemingly following the burials, there was a change. There is something about burial. It seems trivial to say and yet it is not. What is the power of that event and of identifying the bodies? At Dover, part of the question was why do the bodies have to be identified? It is not intuitively clear that when there is a mass casualty the bodies have to be identified. There are alternatives. One could bury them in one grave or have different coffins that are empty. And there are other alternatives. The social system demands and requires the resolution of the event that bodies be identified. Other cultures would not. Dover experienced tremendous relief after the last body was identified.

MAJ RADKE: There was a significant change in the community when the last body was buried. Prior to that, widows came to me and said give me anybody's body and I will bury it and be finished. I found the same experience going on.

COL URSANO: I found myself thinking about the Libyan event and the two pilots that were lost. How much energy was going into (I guess it was recently called off) recovering the bodies? What is the impact on that particular unit in such a unique operation?

MAJ RADKE: It makes one think about Vietnam and the missing bodies.

COL URSANO: At Dover, the base took the stance that it was a special job be a body handler and to make sure body pieces and legal pieces of paper did not get lost. People stood by the body to ensure that. All that was done was done by volunteers in contrast to the option of using graves registration people from the Army. It is an interesting question as to why that had to be done by volunteers. It involved 400 people on the base, a mammoth number. People varied in how long they spent working. It appeared the experience was incorporated as something out of control. There was a sense that something dangerous was going on. That seemed to change later into much more of a "Well, we were doing our job." The Air Force almost always sends out people to pick up body parts. It should not bother us because we are accustomed to plane crashes. How that metaphor changes and the understanding of the event gets translated into the organization is a critical question. I think Larry raised this question previously in terms of Fort Campbell-- the possibility of establishing the jinxed unit which we all talked about. How does one integrate such an event in terms of the conception of the organization and how the organization functions? If it gets conceptualized in a particular way, how does that impact on performance?

COL URSANO: Two days after working with the bodies, the director, who had previously had the trauma of the Beirut identification process, was having flashbacks and dreams. The commander of the base was also involved with the Beirut bodies which were identified in Frankfurt. He was quite concerned about himself and the base because he recalled becoming angry at his wife, something he never did. His sense was that something dangerous could happen and he could get upset.

CAPT RAHE: That points out that there is a lot you can do as an exploratory team. You are not expected to know what may be a danger sign. A goal should be to achieve some kind of understanding of that. Although you are not there doing clinical work, one of the most valuable things I saw at Dover was that you could make statements like, "That is to be expected." At some point in time, people will get exhausted and fall by the wayside. It should be confirmed that there is an arousal, ex-

haustion, and a recovery. One part of the counselling should be that it is not a lot of fun. One of the things we are seeing are recurrences. It can be said that from the demography 70% seem to recover over a period of time. Therefore, most people will be well despite the fact that they are very emotional. All of these ceremonies are not helping. About 20% will go on to chronic problems. Our goal is to identify these people, maybe in triage, and see what can be done to treat these people as soon as possible to prevent long term post-traumatic history. Most people will be able to return to duty, but a group must be seen periodically. They will recover eventually. I think a lot of reassurance can be given.

STATEMENT: I remember how African tribes deal with funeral issues. They believe that the rest of the villagers will go crazy until the ceremony and the burial have taken place. The actual burial or disposal procedure requires that the persons that were socially connected to the deceased be distributed with the responsibility of taking care of the wife of the dead man. The wife of a dead man will be remarried, for example, to the deceased's brother or sibling. Children will be reinherited so they will know who to call father, etc. Until social structures are repaired and resettled and everyone has the experience of being attached, they believe that the spirit will be there to cause people to go insane.

MAJ RADKE: A mainstay to our intervention in the mental health area was to educate about the need for normal contact. I found that when a family member came to me and wanted a body buried they were saying they wanted to get through the first phase and get on to second and third phase. They felt that the people were delaying getting on to the second phase because they could not make closure with the first phase of grieving. They were still dismayed, emotionally upset, and protesting the death. It was a relief for them when they had a body to bury that was their loved one.

COL HOLLOWAY: What happens when a formal consultant intervention team comes in? I noticed that that was missing.

MAJ RADKE: The consultant team, in contrast to WRAIR, asked a portion of the mental health service if they could come. That portion said that there was no need to, but they came anyway. Complication by intrusion is what it has been called. I am not the one who is calling it that. In retrospect, there has been something positive. His group represents three things: the backup we may have needed if we were overwhelmed, but we were not; they represented someone like Larry was talking about to bounce ideas off of; and they slowed us down administratively by asking if we could get something done on paper to allow the administrative party to be responsive as well as the chain of command. They were under a lot of duress and creating a lot of emotional turmoil for themselves and for certain parts of the mental health unit.

COL HOLLOWAY: In the debriefing, I noticed that this external group of people became aware that they should change their behavior. That was a very useful thing, but at the same time, as Allan said they felt unsuccessful and the other side was angry at them. Yet, the overall effect was to shift the anger exactly to where it was shifted.

COL URSANO: To underline, if you ask the participants whether or not a consultation occurred, both groups would say no, I think. However, if one reviews the data, I think consultations, in terms of alterations of behavior facilitating a task did happen because of the interchanging, despite how much the interchange felt troublesome.

MAJ RADKE: That is my viewpoint. A confrontation did occur under duress.

QUESTION: Is anyone following up on the people from the unit in terms of what happened on their re-enlisting? Also, what is happening on the new assignments? Are they asking for transfer outside of the group, or do they want to remain in the group?

STATEMENT: I think that is a good point.

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BODY HANDLING AT DOVER AFB

Richard Rahe, M.D.

Debriefing of Dr. Rahe, Gander Disaster research team member.

15 April 1986

TSGT CERVANTES: I would like you to summarize your experience at Dover Air Force Base, Delaware, in December of 1985, when you visited shortly after the Gander crash.

CAPT RAHE: We are trying to set up a disaster response team as part of the Department of Psychiatry which would be both research and service oriented. Research is needed to help obtain adequate answers. We need to establish programs that would be in place and practiced in advance so we can learn from prior tragedies. Dover is a good example since it is the receiving station for all of Europe handling tragedies at the morgue and body identifications. What generally happens is that from the incident people create the need to discover the lesson each time it occurs.

There have been two major body handling episodes. The first was the Beirut bombing and much of the body handling was done in Germany. It did, however, go through Dover AFB. I was not directly involved in Beirut. When the 101st tragedy occurred we decided to offer consultant assistance to them. In a tragedy, the commanders may or may not know how to handle the disaster emotionally and logistically. There may not be any uniform agreement among them about how to proceed. Small volunteer groups will quickly come in and try to help out. In this case, it was the chaplains who quickly said they could help. They set-up two decompression stations. There were cookies, coffee, and milk. People who were working at the morgue could hopefully go there and relax after work, however, the problem was logistics. After a tough day of working in the morgue, people wanted to go back to the rack but there was no transportation to get to the prospect. It was a good idea but it broke down in the translation of the action.

There was also inadequate pacing. The chaplains tried to do everything. Not only were they setting up relief stations, but they were walking through the morgue to assess the emotional needs of the workers. They were also concerned with the Christmas activities and the church services. This was being done with support from other groups, however it was not long before they were burned out.

TSGT CERVANTES: We were briefed when we arrived that some of the conflict was between the Army and Air Force people.

CAPT RAHE: That should not have inhibited the Air Force clinic from doing their clinical job, which we saw to be one of community mental health. They are capable of escaping the primary role of seeing outpatients and going to the squadrons to do their job. They should have said that they now had a mission to do which is to protect our people as volunteers at the morgue. The people most at risk might go through that. The people least at risk are the professionals, pathologists, and dentists. That has been shown in many studies. They are very good at looking at a mutilated body and not suffering emotional consequences. They are so focused in on their own specialty that

the dentist will be reconstructing the teeth, or making an identification and be almost unaware that there is a charred body. The pathologist has functioned in a similar manner with postmortems. The people at highest risk are the volunteers who are usually Air Force enlisted who leave with the best precis to want to help process bodies and in someway be helpful during this tragedy. Many have not seen bodies of any kind. People do not know answers to the simple notions of how long you can work at that before you should take some time off. The volunteer hates to quit. They say that they will help everyday. To go until you drop is the wrong strategy. There should be some plan even for the healthiest volunteer to work two or three days then take two days off, despite what you want to do. Then you are not being reprimanded for taking days off.

TSGT CERVANTES: When you were there were you able to talk to some of the volunteers?

CAPT RAHE: Not as many as we would have liked because we were only there one day. We talked to many of the professionals who were very attuned to the issues. Colonel N., the leader of the AFIP (Air Force Institute of Pathology) group, was one of these persons. He was particularly good at noticing the signs of when the volunteers were starting to bottom out. You notice adverse looks when people stop looking at the action and start looking elsewhere. They would look pale and could not stand any longer. These were signs of fatigue. Colonel N. came around often asking the volunteers how they felt and actually relieved a few himself. The wrong way for the volunteer to go out is by requiring them to be disabled to get out. There should be an expected rotation such as people working half days for three days and then taking two days off.

We noticed that there was no place for the Air Force enlisted to go and relax for a while. The lounge was being used by the Army and the administrators who were handling the paperwork. There should have been bus service at noon and after work for all the volunteers to go to the Red Cross or the chaplains to have some tea and cookies for about an hour without reporters being there. They should have had a chance to talk among themselves about how gruesome it was and then go back to the barracks with some feeling of closure. That would have been ideal. We suggested that, but I do not think it will happen.

TSGT CERVANTES: When we went there I remember that there was a break room for the volunteers. Each body handlers was involved with one particular body from point A to Z. Do you think that is ideal?

CAPT RAHE: In order to prevent losing any body parts, they assigned a volunteer to a body. That person's responsibility was to make sure every part taken out was put back in and did not get lost. They followed the body from the morgue to x-ray and then all the stations. The last one, general autopsy, was the most gruesome. At first, they did many things correctly. It was well ventilated, so there was not a great deal of formaldehyde or body smell. There were huge fans. One could identify the agony of the crash because a body would often have the arms in front in a protected posture. Often to get correct x-rays of the bones the technicians had to break bones. That was a terribly stressful experience hearing it crack. Bodies were x-rayed in the bag without opening it. Often they would get a good set of x-rays except they could not see, maybe, the right arm. It challenged their technical skills to obtain a better x-ray of that arm. They then would get the corpse in the right position to get a good x-ray of the arm. The mission was now a good x-ray of the body. By focusing on the x-ray, they got away from some of the trauma.

Sometimes it was six hours from start to finish with one volunteer. Another alternative should be worked out with the pathologist. The pathologist's concern was keeping all the body parts together. Some adaptation could have occurred if the same

people were at each station. One could have then followed the body to point A and then passed it to the next volunteer. The pathology crew should dismiss the notion of holding one volunteer responsible for all the body parts. They should try it both ways and see if there is a major difference. The volunteers should be asked their opinion. We were prohibited from dealing with those people under stress because they had been stressed enough. Usually giving them a chance to talk about it helps the stress. By asking for another half hour to have them talk to you and fill out questionnaires is actually helpful. Very few generals believed that. The mission they kept hearing from the President on down was to get the bodies identified as soon as possible. They see time away from that mission as lost time. Their attitude was that helping the volunteers was not their mission. This type of help should be part of your Standard Operating Procedure (SOP). Once agreed upon, any time estimates should include helping the volunteers and having questionnaires filled out.

TSGT CERVANTES: Do you think there should be a screening process for the volunteers?

CAPT RAHE: Some volunteers have covered previous tragedies. Motivations for being a volunteer would be a good area of research. An estimate of motivation for volunteering can be obtained and people can later be assessed according to them following through on who does and does not do well. People can then be screened according to motivation for volunteering. There will always be a group who volunteer for the wrong reasons. They might be well meaning, but I cannot be more than speculative.

A good example of this is scuba diving. Many people take scuba diving because their spouse or their boyfriend wants them to dive. They do not really want to do it nor do they like it, but they will do it and it often becomes very troublesome. It is a waste of time and could be hazardous. Similarly, in this group a small number may volunteer because their buddy says to do it. I was talking to some of them and their motivation may be insufficient after you study enough. I am just guessing, but there may be some who come for religious reasons. Humanitarian reasons may be more appropriate. At least they have that to carry them through the stress.

TSGT CERVANTES: What would be another high risk group?

CAPT RAHE: Body handlers is the main high risk group because they are so overlooked. There is probably a great deal of evidence from Vietnam. One of the most stressful things is handling the body parts. It is much worse than handling an intact body. One of the concepts to come to grips with is that everyone has a tolerance limit. One of the problems with these types of disasters is that the number of bodies is so great that an inordinate amount of time is spent on body parts in the identification process. There is a spare parts pile with missing parts that cannot be placed. Even the most motivated and dedicated volunteers become tired.

That was seen in Dr. Taylor's study of those who went to Mt. Eribus to pull out the bodies from the volcano. They told themselves that there were only a certain number of bodies and just when they were exhausted they would find another body. This was too much for one of them who just cracked. He could not stand another body. Even if you selected well, there is a time limit of how long one should deal with body parts. People should be rotated out in a positive way. When they have done their duty they need a break, regardless of how they feel at the moment. This is better than leaving because they have cracked.

The relatives and the memorial services were handled very well. There was an opportunity for the relatives to bond together and share their grief. It was most beneficial for those relatives who were there and waiting. They were treated as a group, rather than suffering in isolation. They were treated quite well. In future tragedies, it is

important to bring together the secondary victims for a memorial service where they can share their grief and feel that their loss served some cause of protecting their country. They can use that in getting over their loss. People understand how to treat secondary victims better than they do the tertiary group.

TSGT CERVANTES: We were in contact with the Army people and Lieutenant Colonel Ingraham and they sent some people to Fort Campbell for a follow-up. They are learning what to watch out for in the future including the family, officers, and enlisted people. Issues involved why some people came home early and others did not.

CAPT RAHE: The big problem for people who came home the day before is survivor guilt. Why were they spared and what does that mean?

TSGT CERVANTES: The Air Force had an ORI, which is an Operational Readiness Inspection, and the Army also had a similar exercise. It was parallel with the tragedy and they had to work out many things. The Air Force as well as the Army had excellent ratings.

CAPT RAHE: That can be therapeutic to get into another work setting right away. You want to try to achieve closure first and then get on with the work at hand. A long period without duties increases the disability rate. It is similar to the combat psychiatry role.

TSGT CERVANTES: Dr. Rundell made some recommendations. He also mentioned that about three weeks afterwards he had thoughts of the bodies. He had nightmares without realizing that they were linked to the incident. Did you experience any adverse effects from the situation?

CAPT RAHE: I thought I would, but I did not. Recommendations are one of the hardest things when dealing with the emotions of a very stressed group. We arrived as the "USUHS experts" causing suspicion and hostility as to what our group was going to do. We were outsiders and not even Air Force people. People feared that we would tell them that they had done everything wrong. There was tremendous suspicion and hostility. The most common defense was to say that they were too busy working to participate in the research. Working with that attitude was quite a challenge.

The first people to come around were the chaplains and the social worker. They finally responded when somebody realized how hard our group was working and that they were tiring out and needed assistance. First, we became their buddies, and they also had good information for us. The second difficult task was getting the commander of the small hospital and the psychiatrist to see that they were not doing their job. The psychiatrist found every reason not to go over there. His psychologist refused to go over and said she did not want to see the bodies. That was a medical arm we saw refusing to do their job. They just let the chaplains and social workers take over. That is disconcerting and they had reason to feel guilty. The other psychologist wanted to take Christmas leave and I think he did. I was confused and I told him that I did not understand how he could contemplate taking leave at this time. It did not make a difference that he had planned it ahead of time. This seemed to be more pressing. He was afraid I was going to cancel his leave so he came apart under stress. I told him I had no authority whatsoever and then he relaxed.

General Z. was casual about dealing with the research. He made a remark and then went back to look at the bodies. It takes time to establish that you are not there to challenge or to place blame. Perhaps Colonel Ursano had an easier time, but he still may have felt tension. Dr. S. was still trying to figure out his role. He was not clear what he could do from the Army's point of view on an Air Force Base. That is an example of

another personal situation. It was hard to deal with that kind of suspicion and hesitancy. Seeing the bodies during a walk through did not seem to produce a stress effect for me. I can see where working with them for days would.

TSGT CERVANTES: How long were you there for?

CAPT RAHE: Just for a day and one evening. We were at the morgue for about three hours. We were briefed by several other people and the administrator who was in charge of decedent affairs in the Air Force and keeping all the records. He also worked in Beirut. He was quite knowledgeable about the stresses of day to day work in the morgue. He predicted there would be many nightmares among his staff. They were administrators but they had to work in the morgue. He had experienced some nightmares since Beirut. We felt he should be interviewed and debriefed at a later date.

TSGT CERVANTES: Did the head people handle it well?

CAPT RAHE: The chaplains, AFIPs, and the casualty officers also did a good job. The colonel in charge of decedent affairs was trying to give people a rotation for a day off. One of the problems at Dover is what do you do on a day off? It is a small community with no place to go. A day off turned out to be as stressful as a day on. One of his people in fact stayed around the officers quarters drinking. He talked himself into coming back and taking the full day off. That is the kind of issue that the commanding officer has to deal with. He not only has to say to take the day off but also to think about some way of giving him a break. This may be giving him a car and saying I want you to drive to Annapolis and not stay around the base. If he really has authority over him, then he can insist. There is a feeling there that they are tough. There is a little bit of a macho image and a belief that they are indestructible. That is why I say it has to be almost SOP and this is the way it is done and there is no argument about it. It is not to be broken without being given a great deal of thought.

TSGT CERVANTES: What would you say was the most significant thing that caught your attention?

CAPT RAHE: The most significant thing was the lack of understanding of the role of the volunteer, including his/her vulnerability, and that fact that they are young and inexperienced and have not seen death before. They are volunteering for a variety of reasons but no one really monitored them closely. They were not thinking of breaks, rotations, or closure. The Air Force itself at that hospital seemed to be unaware of how to approach the psychiatric aspects of the disaster. They were leaving it all to the Army, since it involved their victims. Since Dover is going to be the base for casualties, the Air Force should plan to involve that service.

TSGT CERVANTES: What about the approximate ages of the volunteers?

CAPT RAHE: The volunteers were in their early 20s. They also experienced physical fatigue. They had to stand during the last station in order to keep an eye on the dissection table and the body parts. They really looked tired physically.

TSGT CERVANTES: Thank you, Captain Rahe.

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PSYCHOLOGICAL STRESS OF BODY HANDLING

Raymond A. Cervantes, Jr.
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Part I. Debriefing of Tech Sergeant Cervantes, Gander Disaster Research Team member

23 April 1986

COL URSANO: I would like you to discuss your experiences at Dover AFB, in April of 1986.

TSGT CERVANTES: I arrived at Dover about 3:00 p.m., checked into my room, and drove around the town. The town was quiet. The shopping mall and the stores close early. I also drove to a park.

The population is relatively small. When referring to a map it seems as small as Corpus Christi. Last year they reported 18 fatalities, and this year there were 23 as a result of alcohol alone. This was reported on a sign. I saw many people driving cars dressed in their "Sunday best," but I do not know where they were going. There were many restaurants in the town. I did not see much going on aside from many cars driving to and from the main street.

COL URSANO: Do you know who would have the data on car accidents?

TSGT CERVANTES: I could get in touch with the Air Force casualty or safety office.

COL URSANO: It would be interesting to know how many car accidents have occurred by month in the last five years.

TSGT CERVANTES: I cashed a check at the NCO club. It was quiet; there were a few people were sitting in the lounge and bar areas. I did not stay long, but instead drove to a nice park I had noticed earlier with a creek where youngsters were fishing.

In TLQ (Temporary Lodging Quarters) I had a roommate who was in the reserves. He was doing his two weeks Reserve time. We discussed Dover as compared to the D.C. area. He felt Dover gave him a break from the city. He is from Silver Spring and enjoys to get away from the metropolitan area. Interestingly enough, he was doing his reserve time during the Guyana and Beirut incidents. There has been more security with the Gander Newfoundland tragedy than previously. People seem very sensitive to this.

COL URSANO: What type of security?

TSGT CERVANTES: Before he could walk around without being questioned in the mortuary. This time he noticed barbed wire around the area, and people were required to have identification. He felt it was tragic. He never participated as a volunteer. He said that he was not called upon to participate. Security questioned him when he tried to venture toward the area.

I ate at the chow hall. On most bases there is a mixture of uniforms present. Personnel wear either blue, green, or white uniforms. Here about 90% of the people were wearing the utility uniforms (fatigues). Although hospitals usually have a separate chow hall, hospital personnel go to the base chow hall. I am assuming that because of the mission many flight line people were present.

COL URSANO: Did you see any of the hospital people?

TSGT CERVANTES: No, however, I did notice a gap between the higher and the lower rank structure. There were more technical master, or senior master sergeants. The lower ranking people were either airman first class or senior airman. Later I asked why there was a difference. I was told that because of the mission and the sensitivity, many of the tasks required experienced NCOs, but they could teach the younger airmen.

COL URSANO: Do you think there are more senior people than junior people in the camp? Do they seem to confirm this?

TSGT CERVANTES: Yes, from what I observed. In speaking with Sergeant A. I mentioned this and he replied that due to the nature of the mission technical and senior people are needed.

M.R. mentioned that he was glad to see me. We talked about the suicide that occurred (one actual and other attempts). The successful suicide was the son of a lieutenant colonel. One of the attempts was a friend of the actual suicide victim. He was the son of a senior master sergeant. They thought the others were not related to each other.

COL URSANO: M.R. was willing to talk about it?

TSGT CERVANTES: Yes, and when I spoke with the chaplain the following day he also mentioned it. He did not speak with the same sensitivity. He felt, however, that the issue should be explored further. People really do not know the cause of the suicide, aside from that these two knew each other.

COL URSANO: Did he say he was concerned about them?

TSGT CERVANTES: Yes, he was surprised that it happened within such close proximity of each other. He was also concerned since it was the first time this sort of occurrence had happened. He wanted to know if it were possible for us to meet later and talk more about it.

M.R. also expressed his amazement in the way the base functions with regard to handling operations. Usually people on base do their job, and then they are gone. These same people that are gone the minute it's time to get off will then volunteer for a job of this sort, requiring extra hours. He said it does not make sense to him, yet this is what happened. They had an ORI (Operational Readiness Inspection) and in the update they received an excellent rating. It was very stressful and he was at a loss to explain how it occurred. I mentioned that I planned to speak with several other people to get a chronological history how things were before, during, and after the accident. He wished me luck in my endeavor.

COL URSANO: What were your feelings about being there?

TSGT CERVANTES: I felt welcomed. I was going to get back with M.R. before I left, but plans did not allow for it.

COL URSANO: Did you hear anything more about the suicides?

TSGT CERVANTES: Just from Chaplain O. Chaplain O. mentioned that an article was to have been in the paper. I never followed up on that. I will look into it the next time I visit. I got the impression that the school the student attended was on base.

COL URSANO: Did you follow up on this?

TSGT CERVANTES: There were several schools on base and along the main highway. I did not notice what level schools they were.

COL URSANO: Did you see any high school students walking around?

TSGT CERVANTES: I noticed students waiting for buses, mostly second or third graders, and some junior high students.

COL URSANO: Did they mention the date of the suicides?

TSGT CERVANTES: No, but I believe there were also some recent attempts made. The base paper warned the students to be aware of suicide. Tech Sergeant W., the Chaplain Manager, mentioned that they have good ties with public affairs and are supportive of their articles. She was impressed with the encouragement she gets from Colonel C. from articles that urge community involvement and support. There exists very strong ties, and she was amazed by the abundance of calls she received following the accident. Civilian and military people showed concern and support offering to open their homes to the victim's families.

COL URSANO: Prior to your visit Tech Sergeant W. cautioned you to use your diplomatic skills. What was it like when you went to see her?

TSGT CERVANTES: She was very nice. I assumed that she had spoken with Chaplain O. prior to my visit. I met with her in her office and explained the purpose of my visit and I asked if I could tape record the interview? She had no problem with either tape recording or my taking notes. She was eager to talk about her experience on base, from the beginning up to the present. In fact, she was very satisfied with the job. She found this to be a very rewarding experience.

Her previous career was in communications. She was dissatisfied with the job and later cross trained in the chaplain career field. She found that there was a need for greater communication. Everyone knows one another, and there are many TDY's (Tours of Duty). Eventually they get to know who is available or who they are speaking to on the phone. They have numerous public relation ties. She mentioned that the previous NCO was at Beirut and that there was a debriefing following every accident, mission or disaster preparedness event. They then compiled "lessons learned" for future reference. Initially, she read about Gander but never thought she would be involved in the Gander operation.

When the previous NCOIC (Non-Commissioned Officer in Charge) left she received calls from him, and she called him frequently for advice or SOPs (Standard Operating Procedures). She noticed a lack of documentation. Activities existed that were never documented. Her job was to help organize some of the support systems for the families such as telephone contacts, making arrangements for coffee or sandwiches, and transportation assistance.

She recounted a situation that really was important to her in which she contacted a volunteer from the hospital who wanted to help. At the time he called, everything had been taken care of, but she took his name and number for future reference. Later on a

family needed a ride from the base to the airport, and she could not find anyone to help. She called this individual and he was really exuberant about participating. She was very surprised. He offered to help out in any way he could and said that he could arrive in five minutes. There was a great deal of energy involved and she found herself performing at a maximum level which she enjoyed.

COL URSANO: This was an individual who just wanted to volunteer some time. How did she learn of him?

TSGT CERVANTES: There were many incoming calls from on and off base from people who desired to help and wanted know what they could do to assist. He was one who called in. According to Sergeant A. they had about 800 volunteers on a list and they could have easily gotten 1,000 plus. They had to narrow down the number of people and place them on shifts. They realized that this was going to be a long and tough job, and they did not want to detract from the mission. He noted that when the command decision came down to pull out people, many said that they did not want to leave. They wanted to remain until all the bodies were identified. They felt they had begun a mission and wanted to finish it. I also heard this from other people.

At the BX (Base Exchange), I encountered a former patient I knew who was in therapy in Panama at Howard Air Force Base. He wondered what I was doing, so I explained the purpose of my visit to him. He thought it sounded interesting. He inquired as to the psychological traumas which he felt concerned about which were basically regarding difficulty with working long hours, especially for the married people. He initially experienced some stressful situations at home because he was working 12 to 14 hours a day. He felt that the young airmen may have difficulty with long hours, especially if they were recently married. This is also a difficult adjustment for young wives. His experience was that he did not open up to his wife the initial week. He kept to himself. He had two teenage daughters and they wondered when he would be coming home. It was difficult at first to explain that this is something that needs to be done. He recently experienced the death of someone close to him for the first time. He felt he learned some things about himself.

COL URSANO: His daughters were questioning him?

TSGT CERVANTES: Yes. Initially he put them off, but later he realized he needed to deal with the situation. His personal reasons related to the death of his sister the previous week. He found it extremely difficult to deal with death following this incident.

COL URSANO: A week before the accident?

TSGT CERVANTES: Yes. He was not aware of the involvement on base because he was still on leave. Upon his return he was still in a daze when he volunteered, not really knowing what he was doing there but felt that he had to do it. The ORI kept him very busy, and he was not sure what was going to happen afterwards. He had been working hard up to this point, and now the ORI is complete, the bodies were gone and he reflected back on his sister's death. He wondered if he would experience any problems in the future. He was also concerned for the young airmen. He seemed to feel that he would not have any problems because he felt he had learned an important lesson. It was amazing the way he put it. He felt that people are temporary and that he had grown closer to his religion. He felt that people are just in a "temporary shell" and he realized that he is going to go from this state to another state.

COL URSANO: In a "temporary shell"?

TSGT CERVANTES: Yes. He felt that the human body, as we know it now, is just temporary, it is just like a shell and the body is very fragile. Being thrown from a vehicle, charred, and dismembered as he saw all those bodies made him realize that spiritually there must be something better. His faith grew stronger and he recognized that we are just here temporarily.

COL URSANO: Those were his words? Did he say anything else about his sister's death? How old was she?

TSGT CERVANTES: Yes, that made an impression on me. She was about his age. He is about 37. He mentioned that he felt good knowing that she was better off. I assume he was worried before. He feels better knowing that there is something better for her. He is not glad that she died but feels that she is better off now.

COL URSANO: What did she die from? Had she been ill for awhile?

TSGT CERVANTES: Cancer. She had been ill for a while. He felt he now could go on, and that he would not hesitate to volunteer again. Somebody must do it, and he felt that he would do it again.

COL URSANO: Something you bring up which I do not completely understand seems important. Others like M.R. and the chaplain's assistant have made the same observations. What seems most striking involves what stirs the people who volunteer, and why do these people come out of the woodwork and want to be involved? What is it about tragedy that holds them together?

TSGT CERVANTES: Sergeant A. said he was motivated to volunteer, but there was conflict initially about being ordered to volunteer.

COL URSANO: What conflict was this?

TSGT CERVANTES: When the operation was in the planning phase, the Army considered ordering the people serve.

COL URSANO: Order the Air Force people also?

TSGT CERVANTES: Yes. The Army wanted to volunteer them. There was quite a conflict surrounding that. He has experience in Vietnam and situations such as Guyana and Grenada where volunteers are 100% better as core people to work with. It was interesting to note that his analogy was similar to what Colonel C. had observed. He felt that these are the best people to work with.

He also mentioned that he had two friends who died in a crash, and felt the most difficult aspect was being with their families. He said he was in Vietnam and had seen many bodies and knew what to expect. He now just puts up a wall or a defense.

COL URSANO: When you went to see the chaplain's assistant did you see Chaplain O. as you went in or as you came out?

TSGT CERVANTES: As I went in, he was coming out of the main office. I saw him at the BX the previous day in passing, and at first he did not know me and passed by and was gone before I could approach him. At the chaplain's office he recognized me and said that he realized who I was after we had passed at the BX. I explained to him why I was here and he was glad to see me. He was glad to help and was very nice.

COL URSANO: Did he bring up the question of the suicides on his own?

TSGT CERVANTES: Yes, he asked whether I had heard about the suicides. They also mentioned that the remains from the space shuttle incident were over there.

COL URSANO: Did they come to Dover?

TSGT CERVANTES: It was not entirely clear. Major C. in Public Affairs spoke of a news release in the local paper stating that the body remains were going to be put there. Some people on base are not commenting, but I think they will be brought to Dover.

COL URSANO: What is the time frame?

TSGT CERVANTES: I assume in the next couple of weeks. I also spoke with Tech Sergeant W. and she mentioned she would like to stay at that base as long as she can. She really enjoys the base and wants to stay for a while. She was at Worsmith AFB, Michigan when her husband was sent to Korea. She had been trying to get a joint spouse assignment. She enlisted the support of the chapel and her career field personnel working with assignments. They were later informed of an opening at Dover. She was initially unsure whether she would like it there, but once she arrived she noticed that the community was very nice, and that people were treated the same, whether or not they are in uniform. People are very friendly.

COL URSANO: She feels comfortable wearing her uniform downtown?

TSGT CERVANTES: Yes, in fact, when I went to the mall Monday evening many people spoke to me and were very pleasant.

COL URSANO: So you felt comfortable, too? I think that is important because one would not feel comfortable wearing a uniform in downtown Washington, D.C., but in downtown San Antonio one would be comfortable. What about in Panama?

TSGT CERVANTES: In Panama it is restricted. She was very happy with the base there. She did not have too many activities. She was involved in the PTA and mainly her home life.

COL URSANO: Does she have children?

TSGT CERVANTES: Yes, two daughters. She said that she works hard but when she gets off she likes to spend time with her family. When she was involved with the chapel activities such as giving support following the accident, her husband volunteered and actually worked with the bodies. She asked the chaplains to keep an eye on him because he would return home and relate some of the stories of how the bodies were dismembered and sectioned. It was horrifying to him. He had seen death before but not like this. She felt that he needed someone to talk to. He talked to one of the chaplains for spiritual counseling because he was having a difficult time. She felt that she could not give him the amount of support he seemed to need. She felt the entire experience brought them closer together. They worked long hours around these tasks and tried to split the shift, and get a baby sitter in the interim. She felt that the experience was very rewarding for her that she learned a great deal.

She has written support material on the contrast between Beirut and Dover experiences. She was unsure whether these were actually done previously or just never

documented. She found this a weak area for the chapel services and that they should have been documented. She was unsure whether it was a managerial error or incompetence. She felt that it was important to document it all because her successor would need to be aware of the additional duties that were not regular tasks but were support items. Many people were new to this making it a learning experience for everyone. She was amazed at how people pulled together and helped each other. She stressed the fact that when the chaplains were at the morgue they, too, were under a great deal of stress, as were the others.

COL URSANO: After you finished you went straight from M.R. to Tech Sergeant W.?

TSGT CERVANTES: No, I interviewed her yesterday. Initially, I was to go to the hospital with Sergeant S. but the times were confused so I went on to the morgue and spoke with Mr. C.

COL URSANO: Who is Sergeant S.?

TSGT CERVANTES: He is the first sergeant for the hospital. I saw him later that afternoon.

COL URSANO: Did you have an opportunity to see the hospital?

TSGT CERVANTES: No, I did not.

COL URSANO: Did you take any of the articles with you to pass out?

TSGT CERVANTES: I gave him a copy of the two articles.

COL URSANO: Did anyone say anything about that?

TSGT CERVANTES: No, they just read them. We did not have time to comment on them. I told them that this was something that they might be interested in, and that it might be useful. I was also available for any questions or comments. We did not, however, have time for that.

It was interesting to see Senior Master Sergeant S., the Dental Superintendent. We were in the conference room talking and he flipped through his paper work revealing several articles. He kept a folder of slides and some articles from the Times and Newsweek on Beirut and Grenada. If time had permitted, I would have seen more of the material. He did bring out a slide from Grenada of a body which had been on the beach for a period of time. He said these bodies were not as bad as those from the plane crash.

COL URSANO: Did you see the slides?

TSGT CERVANTES: I saw one. If I had more time he would have shown me more. He had many slides. He was anticipating orders either to AFIP (Air Force Institute of Pathology) or overseas. AFIP asked if he would be interested in joining the team. He was interested but does not know if he will get it.

COL URSANO: What did the slide look like?

TSGT CERVANTES: It was pretty gruesome. The body was bloated, but intact. Overall, it was not as bad as the remains at Gander. The upper torso appeared inflated. The body was completely nude with the back exposed. His head was turned sideways, his knees were bent a little and his arms were dangling at his side.

We had been talking for one and a half hours. I asked him to give a chronological account of his experience beginning a few weeks ago. He discussed activities a couple of days prior to notification of Gander. He discussed the incident and then what happened in the morgue. I asked about current functioning and was told that everything was back to normal and that people did not anticipate any further problems.

My impression is that a special breed of people are in command, sort of thrill seekers. This is something a little bit more exciting, not in the sense that they want the glory with it, but that this is another side of a job that they will never see, but want to help out. The experience was exciting even though it may have been gruesome. Sergeant D., the supply NCO at the morgue, said that the job gets his adrenalin going. Other people also mentioned looking forward to this. Sergeant J., the Public Affairs NCO, said this experience tests how people function under great pressure. Many staff were devoted to covering this.

The media people were screened. There were many people who were stressed during the first week. The newspeople were shown some of the other support items. The staff members dealing with normal functions seemed to handle things adequately. The other side was to see what we can do because there is media coverage. When an event like this occurs many people are around, and they take precautions with the press. They shield the families from the press, deciding who are best able to talk to them and withstand the pressure of dealing with the press.

COL URSANO: So she saw it as a chance to really put into operation her skills in war or combat?

TSGT CERVANTES: Exactly, she volunteered, saying that she would volunteer only if she was really needed. She was ambivalent about going into the morgue. She did not go, but knew volunteers who saw the bodies. They had some problems and talked about them with her.

COL URSANO: What kind of problems?

TSGT CERVANTES: Seeing images of the bodies dismembered, and the horrifying sight of seeing the pathologist cutting up and weighing the bodies. She did some counseling, but recommended that these individuals should see a professional. Informal discussion groups were also conducted.

The hospital group, including Sergeant S., Senior Master Sergeant S. and Sergeant E., expressed thoughts about how much damage a body can take. Sergeant S. was discussing the human body in very graphic terms. For example, he compared the way the bodies were charred to meat and different types of cooking. He said that there are the well done, the medium well, and the rare. They were discussing the amount of damage done to the bodies and how efficient the pathologists were. He described when they cut fingers off to get prints, that the pathologist cut off the tip and put it over his own finger and then inked it to get a fingerprint. He said that he would not think about doing that, but he was amazed by the techniques that were used. Although their descriptions were graphic, I realized that this was their way of talking about it. They don't talk about it to anyone outside of the group experience. They did, however, discuss it among themselves.

COL URSANO: Did they form informal groups? It is important not to interfere with the ability to make informal groups. It allows people to get together in a group sense.

TSGT CERVANTES: Yes. Others I spoke with discussed this issue. Sergeant G., who I met at the BX, was concerned with the younger airmen and trying to talk to them as a buddy. He would relate to their experience. He was not sure if he was giving them the right advice. He asked me if he was doing it right and I said that I felt he was. He wanted to know this without going in to seek help. He said he had been there before but that in this case he felt he could handle it on his own. Again, he felt that he had learned lessons from his sister's death. Yes, there were informal groups.

COL URSANO: Did anyone say where the groups were or how they got together?

TSGT CERVANTES: They occurred at work mainly. Someone would ask something unrelated that would spur the talk about Gander. Another thing he found disturbing was the problem with alcohol abuse. This involved a couple of people within his squadron. I did not ask more about it but I assume there was an increase in DWIs. As soon as the individual was reported, he was called and asked where in the morgue he worked, and how many hours. He felt that was inappropriate. He said that the incident had nothing to do with the operation. I mentioned that one never really knows and that's why they were asking. They do not know if he or she has a history of drinking. The commander called him up to ask these questions. He felt as a supervisor that they should talk about other things. Sergeant G. did not want to know about these things. He felt that maybe this person does have a problem but it's not related to the stress. Sergeant G. was called by the commander because he was the supervisor of this particular person. The commander called him asking whether he had been involved at the morgue and if so how much. The commander wanted to know if this individual was stressed. I talked at length with Sergeant G. about the reasoning for this and he seemed to gain some acceptance. He felt part of the questioning was of a private nature and that it may be related to factors other than stress of Gander operations. I told him that everyone does not think like he does. There are other ways of assessing what is happening with an individual, and that is one of the avenues. I am not sure whether there has actually been an increase in alcohol consumption, and if there is whether it would be stress related.

COL URSANO: We need to get that information for the past five years. Data on DWIs and disorderly conduct would be important. There may be no change or a change up and down simply during the time when he wasn't involved with the exercise. Chronologically, you went from M.R. to see the hospital people who were not there. And then where did you go?

TSGT CERVANTES: I will check on the alcohol situation. Then I went to the mortuary. I spoke with Mr. C. who is the chief of the mortuary. He brought in the mortician, a supply person and the civilian typist. I got their opinions of what morale was like. The typist was somewhat dissatisfied with her job. She had been there for a while and said that they were still doing paper work on the bodies. She felt it was overwhelming and she is still finalizing the paperwork.

Mr. C. gave a very good chronological history. They had decorated a tree from the holidays and were suddenly hit with a notification of what needed to be done regarding procurement of supplies, calling and co-coordinating management, etc. The bottom line seemed to be there were too many "chiefs." Many people felt that if there was an overall organizational plan, and if they could have been in charge, then the

operation would have run much smoother. In the beginning, it was hectic, but things settled down and the operation ran smoothly. Part of the problem was the Army and the Air Force both sent people to Dover. The Air Force wanted to do the job, but the Army said these were their people and they wanted to take care of it. There was a supervisory conflict. There must be co-ordination from the beginning when other services are involved.

COL URSANO: Yes, these joint commands are difficult.

TSGT CERVANTES: Public Affairs people have had problems before with the Army in the complex process of printing an article and having to go through a liaison person such as the Pentagon. His experience now is that they have a direct line to the Army and a closer tie. Major C., the Public Affairs officer said that their relationship is stronger and that was encouraging.

COL URSANO: You went to the newspaper on base. Did you also go to the one downtown? Did the base newspaper mention the suicide?

TSGT CERVANTES: No. I obtained and made copies of some clippings from the base historian. Major C. was enthusiastic and following the interview he had slides of who volunteered. He gave me some negatives of the ceremony, and the caskets being loaded into the C5s. He was extremely open and helpful, giving me his calling card if I needed more information. He explained to the historian who I was and instructed her to let me have access to the folder and other materials. However, I was not allowed to see some material. The historian's job was to interview key people such as Colonel P. and Colonel C. They had some local newspaper articles, from the Pennsylvania Gazette and from the local base paper. The agenda for the ceremonies for the bodies was also included. There was a cartoon reflecting the type of airlines the Armed Forces used. There were many other materials dealing with Gander.

COL URSANO: Were there some things they did not want you to have? What kind of things were they?

TSGT CERVANTES: Yes. I asked for a copy of the interviews with Colonel P. I was allowed to read it, but not to copy it. It reflected much of what we heard from Colonel P. and Colonel C. of the previous experience in Beirut. This, however was the worst tragedy. Colonel P.'s interview was five to 10 pages, while Colonel C.'s was only a few pages long. There were some thank you letters from the Army for their support and a brief history of the Army personnel. They had material that they had distributed to the press disclosing information regarding the Army and Dover.

COL URSANO: You went to the mortuary and talked people. Did you get a coffee break during that time, or did you go to lunch?

TSGT CERVANTES: From there I went directly to the Senior Enlisted Advisors office, Chief M. Chief M. was very receptive. He did not say much. His overall function was to give moral support. He talked with individuals to find out how they were. Sergeant A., the ranking NCO who assigned the volunteers duties, had more to say.

COL URSANO: Make a list of the people and their jobs. Did the senior enlisted advisor or anyone else mention anything about the ORI?

TSGT CERVANTES: Yes, they mentioned that it went very well, and that they were pleased. The motivation was there, and now that everything has settled down they

can get back to normal. Many people felt they already were back to normal and they did not foresee any additional problems.

Sergeant A. felt that initially it was a great shock for some of the young airmen, that most of them were able to handle it. And those who decided not to were let go. They were briefed initially on what to expect. He told them that it was going to be pretty bad and if they felt that they could not handle it, they should say so.

COL URSANO: Did any of the people you spoke with seem stressed out?

TSGT CERVANTES: No. They were not stressed out, and seemed to be handling it.

COL URSANO: Did you see Colonel C.?

TSGT CERVANTES: No. Chief M.'s office, however, was two doors down from Colonel C.'s office. I did see Colonel P. in passing, and he recognized me and waved.

COL URSANO: Where did you go after the Senior Enlisted Advisor?

TSGT CERVANTES: I took a break and went to lunch at the BX. It is small and there were not many people there. In fact, unlike most BXs that get busy at lunch time, it was not busy there. I browsed in the garden shop, and again there were very few people. I went to the base library which was very small. It is one of the smallest libraries I have ever seen. Not many people were there either. The people seemed friendly on base and they smiled, saying "hello" almost as if they knew you.

Sunday night I went to see the finalists for the talent show perform. The theater seats approximately 1,000 people. There were a couple hundred people in attendance. I received an agenda for the overall Air Force talent show, but the lack of participation by the audience was poor. I wondered why and later found out the reasons. There was one skit that was very interesting. It was a drama where a woman portrayed a 19-year-old girl who had been involved in an accident and was drinking. It was quite descriptive and touched on the topic of death. The girl said, "I don't want to die. I am too young to die. My body is all wrecked up." I wondered if that had any effect on the people in the audience and any volunteers who may have been in attendance. The skit, however, was received very well.

COL URSANO: Was this supposed to be a comedy sketch?

TSGT CERVANTES: No. The talent show presents a variety of areas of talent, and this one was drama.

COL URSANO: Where was the woman from?

TSGT CERVANTES: Kirkland AFB, New Mexico, I believe.

COL URSANO: You said you found out other reasons why people were not there.

TSGT CERVANTES: Yes. One was because on the weekends people are away to the beach, and visit their families in nearby states. Another reason I was told, by Public Affairs, is that since the 21st, audience participation had been poor. They had nightly competition to modify acts. Even the MC told the audience that they need more "pizzazz." It was like a comedian on stage not knowing if he was just plain bad, or if it was the audience.

Some of the acts were good, and some were moderate. Audience participation was poor on Sunday evening. There were many young, single people present. There were some younger married couples present with their families. The show participants were trying to do their best, but the audience response must have made some of them feel very discouraged.

COL URSANO: So you went to the library which was small, and to the exchange, and then what?

TSGT CERVANTES: After lunch I met with the Public Affairs people in their office. They were busy and had the door open initially. I spoke with Sergeant J., and then Major C. asked how I wanted to proceed. He asked whether I wanted to speak with them individually. I replied that I preferred to meet with them together. I was unsure what to expect from Major C., and felt somewhat uneasy. When I first heard his tone of voice, I felt as if I was going to be the person interviewed. Later, as we talked he was quite easygoing. He volunteered a great deal of information. He suggested the historian may be very helpful, an idea that had not occurred to me. He mentioned that she could provide any copies I may desire. He offered some pictures and slides. I met with him from 1:00 until about 3:00. I was running a little late for the hospital.

After the hospital interview the NCOs wondered if I would be interested in talking to a first term. Most of the people I spoke to were senior enlisted people. They either had a little experience, or were more able to adapt. They knew of one individual from New York who would be willing to talk to me. He was Jewish, loved to talk, and was very active. I told them that I would like to do this tomorrow because it was almost 4:30.

When I was visiting public affairs, Major C. introduced me to a secretary who was present during the Beirut incident. I have her name and number. She was only available early in the morning, or early in the afternoon for a couple of hours. She said she would be happy to talk to me. I returned to the hospital and chatted with the First Sergeant, the supply officer, and the superintendent at the dental clinic. I did not have to say too much because they were generating many ideas and issues regarding the mortuary. They discussed their duties and the supplies needed. It went well.

COL URSANO: Did they make any comments about the hospital itself, about how it was running or how they felt about its' participation?

TSGT CERVANTES: Yes. Overall, they felt good about these things. Morale was very good on a whole. Many of the people found things to do, even if it was going to their hometown. Many people are not on base for the weekend. I mentioned to them my looking for a nice spot to visit, and hardly seeing anyone. They acknowledged that on the weekends this was true. I was told that most people are from the surrounding areas. They said that there are many activities to do around here. Many of the young airmen wanted to go back home. I asked about family men with children, prior to the operation going into effect. He replied that there is a mall to do Christmas shopping, and many nice places to eat. One can take children to the beach which is only about an hour away. There is a great deal to do if you take your time and look.

The young airman that I spoke with mentioned that he kept active, but there were many airmen who had been in trouble with drugs and alcohol. He said he stayed away from this and that these activities were their business. He was involved in baseball, soccer, track and field, and also community and base activities. He had orders to go to Japan within the next month. He denied any real traumatic affects. He said he was working in supply doing the deliveries of the items needed for the mortuary, as well as doing volunteer work. He handled it as a job he had to do. He wanted to see and experience what was going on. He felt he had to help and wanted to. He saw many

people who were obviously going to get sick. He felt he handled it better than he had thought.

COL URSANO: What did you do when you finished at the hospital?

TSGT CERVANTES: I felt drained the first day. I went back to the TLQ and rested.

COL URSANO: Where did you eat?

TSGT CERVANTES: That night I went to McDonald's because the chow hall was closed. After that, I went to the mall. People were friendly to me.

COL URSANO: You were in uniform?

TSGT CERVANTES: No, I was in civilian clothes. You could tell military faces from the civilian population by their haircuts. I overheard some conversations from the younger airmen who seemed relatively happy. They were buying gifts for their girlfriends. They were going to the movies. There seemed to be many happy people there.

On Tuesday, I spoke with Tech Sergeant W., a chaplain assistant. I then spoke with the young airman from the hospital. Later I went to the BX again and I saw Sergeant G. I spoke with him for about 45 minutes. I then got my article, and prepared to sign out.

COL URSANO: Did anything eventful happen while driving back?

TSGT CERVANTES: Route 113, which goes in front of the base, was being repaved. They say in the summer outside of the main gate one cannot go very fast because there are many tourists and people going to the beaches. It was the peak season there. They said if you want to go you have to either leave early or just plan to be held up in traffic. But when I was there not much was happening and it was quiet.

COL URSANO: Ray, thank you for a most interesting debriefing.

ATTENDEES

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PSYCHOLOGICAL STRESS OF BODY HANDLING

Raymond A. Cervantes, Jr.
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II. Debriefing of Dover AFB Personnel Following the Gander Tragedy and the Body Handling Experience at Dover AFB.

21-22 April 1986

21 April 1986 Debriefing of Mortuary Personnel

TSGT CERVANTES: Mr. Carson, can you describe the chronological events of the mortuary as they unfolded in the Gander Newfoundland tragedy?

MR. CARSON: The people here were getting ready for the Christmas season. We put a tree up and planned a Christmas party. When we were made aware of the crash, all the leave and the Christmas party was canceled. The Christmas tree was pushed to the corner. We were told what to expect and given a tentative count. We cranked in the base disaster preparedness section that involved the mortuary. We asked for volunteers through the normal channels, and got a tremendous response. Preparation began to receive the remains. We have a civilian contact here who works in the back. We met with him when we went to procurement. The contract had to be modified and updated for all of the extra things that the Army requested. This, as well as the refrigeration section, was handled by the procurement section. The supplies, which we had to furnish, such as air trays and transfer cases for approximately 200 were taken out of storage and transported to the cargo section to be moved to the Newfoundland area. We sent 250 transfer cases. All of the disaster equipment that we store here, such as desks, tables, chairs, etc., was brought up front so the administrative office could be set up. We did the preparation for the administrative movement of the bodies such as stuffing folders and getting extra equipment that they might need to process the large number of remains. The extra contracted equipment began to arrive, along with the items we ordered. The things that Sergeant D. needed to have in the clothing store, including additional equipment, were documented through the proper channels.

TSGT CERVANTES: When were you notified and how long did it take? For example, I heard it on the news. Did you get telephone notification?

MR. CARSON: Originally, we heard it on the news. We were later notified by the channels at Dover when we cranked in the mortuary phase of the response program. After that got started, everything else fell into place.

TSGT CERVANTES: How long did it take to prepare to receive bodies?

MR. CARSON: We had an initial set-up which was done in three hours. People were coming in from the Department of the Army. There was confusion as to who would be in charge of the operation. Consequently, the operation changed several times. I think things came under control about the second or third day of being

informed of their arrival. People began to come in from the Air Force Memorial Affairs Headquarters, Army Memorial Affairs, Armed Forces Institute of Pathology (AFIP) and the Navy. There were too many people involved. The operation could have run much smoother and more rapidly had we not been overwhelmed with "all chiefs and no Indians." We set up the briefing room as an Air Force command section because HQ MAC (Headquarters, Military Airlift Command, Scott AFB, IL) had sent people in. Our headquarters for services sent people and the engineering people sent people from Tyndall AFB, FL. When there was a cross section of services, it appeared to me that it was an Army operation, but it was being done on an Air Force installation. That caused conflicts. Eventually, after weeks, it dwindled down to who was running what. The Army set up their command center. The escort detachment was cranked in and we began to go into the process of identifying and matching escorts with remains. At one time, it got out of hand. If there was any one officer that put things in the proper perspective and told the Army what we were and were not going to do, it was Colonel Harper. He took charge of the operation and it went as it should.

MR. COOPER: From the beginning, as far as many of the preliminary plans, there was stress generated. This stress was generated from the instance we were notified of the crash. Whenever a death of a serviceman occurs, the family is always involved. The next of kin usually feel that their relative is the only person in the world who is dead. They want that body as of yesterday. I think the people that deal with families, such as the survivors' assistance officers and the branch of service which the dead person was a member, do a lot of letting the ball drop with contacts being made. A person cannot respond to a family's request overnight—it takes time. The average civilian family experiencing a death can look at the body within one to two days. This is the image that is in everyone's mind. When there is a military death outside of the continental limits, it takes time and the pressure builds because the families are not part of that time frame. This particular incident was different from any we have ever processed, other than the Guyana incident. The other military situations that we have been involved contained dental records and here there were none—this slowed things down.

It went on for too long. We realized what they were trying to do. The Army declared the they were going to identify every person, which they have done. If a portion of remains was missing, they would not release the name. If they had remains that were identified but were only missing a hand, they would not let them go in order to make sure that everything was together. I can see their point, but at the same time each family does not. The families were asking what was going on. When we started, a general said that we would have everything done by Christmas. It is fine to sit back and say, "this will be done," but it is another thing to get it done. At the same time he was saying things would be done, he was sending a specialist here to say we would not release the remains until we received every portion of them.

TSGT CERVANTES: Mr. Cooper, you are an inspector. Would you familiarize me with your duties?

MR. COOPER: We see that the body is processed through from the beginning to the end. In this case, when a body came in, we did not do a check-in sheet because the Army said they would take care of it. We saw that the preparation was properly done, that the uniform was properly put in the casket, and that the casket was closed and sealed. The names were checked to make sure they were correct and in the right places. We do regular work aside from this, where there are people being killed in Germany, England and Spain, etc. and they too must be processed. This was a different type of operation. We have done big operations here before. We did Guyana, Tenerife, as well as Beirut. I have been here for 18 years, and this operation was handled differently. There was a little confusion as to who was going to take charge. After things were

straightened out, it ran smoothly. In the beginning, we set up our mortuary the same way we did for Guyana. The Army said that they wanted to do it differently.

TSGT CERVANTES: Now that this is over, how have things affected you?

MR. COOPER: It is over and done, and now we will see what happens next.

TSGT CERVANTES: What is the average work load you get?

MR. COOPER: We process between 40 and 80 bodies a month. This was a big operation for the military, it consisted of 258 bodies. It was not as big as Guyana, with 915.

TSGT CERVANTES: I understand that you still had remains from Guyana just prior to this, and that it took a long time to identify the remains.

MR. COOPER: That was worked through the State Department and was an entirely different operation. These people on this affair required a complete identification before they would release the remains to be processed. Consequently, the bodies had begun to decay even though they were refrigerated. The body cannot be taken out in the morning, left out all day while the pathologists play games with it, and then be put back in the evening. The human body is the same as any other piece of meat. This went on for a month at a time. The later part of the remains started to decompose. Gander was entirely different from Guyana because when we brought those in, they went into refrigeration to start with. They also went through a process of doing a complete body chart, along with a dental chart, fingerprints, and if possible, x-rays. They went with everything that they could take off of the remains to identify them. This was all documented on paper. The paperwork was numbered, and at that stage, we were given the remains to process. Then they only had to use the paperwork and see where it matched. The Army said that they were not going to work that way. They were going to keep the remains until they could identify them and then give them to us. Instead of doing the autopsy, dental exam, prints, body photography, long bone study and blood types first, then saying, "Here, process these and we will match them together," they held it, making it quite a long process.

TSGT CERVANTES: Sergeant Daniel, how long have you been here and what is your job?

SGT DANIEL: I have been here for three and one half years. My job is clothing supplies and issuing the uniforms, awards and decorations. During a disaster, I am responsible for all the supplies as far as clothing and administration maintenance equipment. I was here for Beirut, but not Guyana.

TSGT CERVANTES: Had you been at this base before?

SGT DANIEL: No, this is my first time.

TSGT CERVANTES: Was this a big experience for you?

SGT DANIEL: I think Beirut was a big experience since it was my first one. This was different because there were a lot more people. Beirut went pretty smoothly. This was hectic. They did not know who was in charge. They would do one thing and someone would come to me to do another, as far as supplies were concerned. Instead of

their supply people coming through me, they were doing things their way and I did not know about everything that was coming in.

TSGT CERVANTES: Do you also have contact with the bodies?

SGT DANIEL: I deal mainly with supplies.

TSGT CERVANTES: I guess there is a lot of stress that you experience.

SGT DANIEL: It gets to me after a while. Everyone is coming to me and I have to satisfy each one's needs.

TSGT CERVANTES: If a problem arises, who do you go to? In this situation, you said that there were too many chiefs and not enough Indians.

SGT DANIEL: We find out who is the boss of that particular person and we go to that person. Mr. Carson had enough problems to handle, so I followed the chain of command for that person. If he was at the top of command, then I did what he said. If someone was being inconsiderate in requesting something and not realizing that there were other people who had needs, I handled the people in sequence. If someone in command wanted something, that person got higher priority.

TSGT CERVANTES: Has this tragedy affected the way you view things?

SGT DANIEL: I think about it now and then. Sometimes the routine here is slow and I need a "pick me up." When something like this happens, it gets me back in touch with how to do things.

TSGT CERVANTES: How were you selected for this job?

SGT DANIEL: I arrived on station as a supply person because I swapped at Cumberland. They asked me if I would work in the mortuary and I said that I would go and see if I could get this straightened out. I have been wrapped up in it ever since.

TSGT CERVANTES: It is pretty rewarding?

SGT DANIEL: To me it is. I enjoy it.

TSGT CERVANTES: Are you planning on getting orders or extending?

SGT DANIEL: I do not know. I think they forgot about me. I do not mind. The bad part is when you are not working in regular supply.

TSGT CERVANTES: Connie, what is your job?

MS. MCALLISTER: I am a clerk-typist.

TSGT CERVANTES: What are your responsibilities?

MS. MCALLISTER: I do a little bit of everything. I send the transportation papers through the contractors desk.

TSGT CERVANTES: Has this tragedy caused you any problems?

MS. MCALLISTER: No, not now that it is all over with. Initially, I felt stressed and did not know if I could handle the confusion.

TSGT CERVANTES: What were your hours?

MS. MCALLISTER: On the average, I worked 13 hours a day. I then would go home and work in my sleep.

TSGT CERVANTES: Did you get any additional help?

MS. MCALLISTER: Yes, we had some people.

TSGT CERVANTES: What kind of advice would you give me if I were new here, knowing the history of Beirut and Guyana.

MS. MCALLISTER: I think better communication is needed, because I heard about it on the radio.

TSGT CERVANTES: Was it overwhelming for you?

MS. MCALLISTER: I would never work for the Army. The administrative people expect too much. By the time we were supposed to have our jobs done, we were just getting the information to work with.

TSGT CERVANTES: This is a new type of warfare, meaning terrorism to aviation crashes/mishaps. I am sure that Dover is going to experience more of this. Do you think that the Army will become more involved in it?

MS. MCALLISTER: There were too many chiefs. An operation cannot be run when there are 15 people in the same building who think that they know everything; this is the way the Army operates. I would not work with the Army again. I do not feel that they knew what they were doing, and I felt that they were having too many inner conflicts. The order that should have been there was not. We were prepared to do our jobs and everything was set up, then, in came the Army. I understand that it was Army personnel. Everything was thrown out the window. All the training and order was destroyed. I would not go through this again for another four month period.

TSGT CERVANTES: On the whole, are you satisfied with your job?

MS. MCALLISTER: My job is not rewarding because it is not challenging. I understand that it is a job that has to be done. Normally, we are not very busy, and sometimes we are so busy that it cannot all be done. Other times, there is nothing to do.

TSGT CERVANTES: What would you recommend for me, Sergeant Daniel, if I were new here?

SGT DANIEL: I would say that sooner or later you are going to see the bodies come in here and you have to be able to handle it from day to day. We see things that open our eyes. Sometimes you may be here by yourself. The rest of it is just routine work. If I can order supplies here I can order them at the commissary.

TSGT CERVANTES: Mr. Cooper?

MR. COOPER: Anyone who would be replacing me would be a mortician, so he or she should know what to expect. I would tell them that when it comes to the influx of people that know everything, one is better off keeping quiet until they do something and find out they are wrong. Then, they will get it straightened out. It is mass confusion when there are so many colonels that are in charge. The best thing to do is not have a conflict with them, let them make their mistakes. They should understand from the beginning that Mr. C., Mr. M., and I have been here for years, and we have been through these operations. Some say that they have read the books, and they know what to do. This particular operation had some unique aspects. We had no way to identify the bodies because the records were burned. We had basically the same dilemma in Guyana. Families were spread across the country. We realize that we are good and should know what is going on, and we do. Then, someone comes in and informs us he or she is going to take over. This causes mass confusion. When you are not in the right command it is best to let them do their own thing. They will ultimately discover the right way of doing things.

TSGT CERVANTES: On the whole, how was morale? What was going on at the base before and after? What are the community relationships with the base?

MS. MCALLISTER: We do not really have touch with people on base. Basically, we are here by ourselves and no one ever comes in unless something like this has happened. We are like a funeral home. Everyone leaves us alone. People come here so they can say they were here.

TSGT CERVANTES: How long have you been here?

MS. MCALLISTER: Six years.

TSGT CERVANTES: Do the activities off base keep you active? What kind of community life do you have?

MS. MCALLISTER: My husband is military. We are involved in community activities. My whole life is not here. When I walk out of the door at 4:30 I do not think about this place until I walk back in the next morning.

TSGT CERVANTES: So, there is enough going on in the community to keep you busy. This is a small town. I was at Seymour Johnson AFB in Goldsboro, N.C. It is similar to this except, I think this is a little smaller.

MS. MCALLISTER: I am within 30 miles of here.

TSGT CERVANTES: I am from California. A person gets used to a certain pace.

MS. MCALLISTER: I like it because it is in a rural area.

TSGT CERVANTES: I suppose that it has just the right pace for you (looking at Mr. Cooper). You have been here for 18 years, you said.

MR. COOPER: I do not live here. I live in Chestertown which is 38 miles from here. I commute everyday. That is one of the things I like about this job. I am a funeral director and embalmer. My wife was a school teacher until two years ago when she retired. We enjoy leaving here at 4:30 p.m. My time is mine, and I can do what I want with it. I have outside interests other than this job. I worked in a funeral home for quite

a few years. While working in a small funeral home, which receives 200 or less bodies a year, the person is working seven days a week and on call 24 hours. It is refreshing for me to be able to work eight hours a day a walk away from it. Consequently, that is what I do.

TSGT CERVANTES: Sergeant Daniel, as far as community relationships, what interests you here?

SGT DANIEL: It is not bad. We are not in touch with the rest of the base. When I first came, I lived in the barracks and the people wondered who I was and where I worked. They never saw me around. I do not get to meet many people. During this last disaster, I met more people, because so many came here. When we were doing Beirut, there were a lot of people here, but not as many as for this incident, and it was not as long. As far as working in the mortuary, we are a new and small squad. As far as the community is concerned, when I talk to a lady and tell her that I work in a mortuary, it limits the conversation. She usually would not want to have anything to do with me. Most of the time, though, it is pretty interesting.

TSGT CERVANTES: Do you go out very much?

SGT DANIEL: Yes, very much.

TSGT CERVANTES: How is morale in the mortuary? I imagine you hear quite a few jokes.

MR. COOPER: I think you will find that most morticians have a great sense of humor. I tell some off-color stories and people think I am a little weird. We are dealing with a sad situation all the time and consequently, we overcompensate in the other direction. Most morticians put on a long face to the public which is necessary. As they say on the outside, "it is hard to keep a straight face when you are selling a \$5000 funeral to someone". As far as our group here is concerned, I think we get mad at each other just as a family does. We function as a small group and do not participate much in other base activities, except when we are called upon. Mr. C. has been here for quite a few years as a volunteer and he runs a tight ship. He gives you leeway as long as you get your job done which is the way it should be in this type of situation. Sometimes we will be very busy and other times there is nothing to do. We cannot dictate that people die Monday through Friday and none die on the weekend, we have to take the work as it comes. We have to condition ourselves to this situation. The morale here is low when people are idle and they have time to pick at each other. That is true everywhere. When we get a situation like this, everyone pulls together to work. No one in the whole operation does anything except try to keep things going. Everyone here is professional at their job. I have complete admiration for our staff.

TSGT CERVANTES: You have been here for quite a while, I imagine that you have seen quite a few changes. How is the morale for you, Sergeant Daniel?

SGT DANIEL: I do not feel like I am in the military, except when they bother me. I feel like a civilian, except that I have to wear a uniform. I enjoy it. If I were somewhere else I might not be in the military now. I re-enlisted for four years because I had this job. Sooner or later it is going to end. It is exciting and fun. I guess it is kind of morbid to say that. Disasters provide people with an opportunity to do something. My work here is not difficult.

Debriefing of the Office of the Base Commander Personnel

TSGT CERVANTES: Chief McDonald, how did you hear about the Gander tragedy?

CHIEF MCDONALD: The weekend that it happened I was out of town. I heard it on the news. I was back in town Sunday evening. When I returned, I found out who was at the mortuary. I discovered that Sergeant A. and Lieutenant G. had a good handle on what was going on as far as getting volunteers. We had a good amount of volunteers from the past experience in Beirut. They followed through with the Gander incident. There were also many new people. We had a larger percent of younger people than the middle grade NCOs. People volunteered for various reasons. Prior to that, we were geared up for a portion of our ORI (Operational Readiness Inspection). The ORI exercise requires a three phase preparation. It is hard to say what the morale was from the effects of Gander. Morale is usually high. People gear up well to react to the exercise. The supervisors do a good job of getting prepared for that. I am sure Gander had an effect because it took a lot of people from their duty section that normally would be there to support. During the time I spent in and out of the mortuary, the majority of people were there because they wanted to be there and help. There were only a few people that spent a few hours there and decided that it was not for them. They went back to their duty sections. Those who stayed wanted to be there and performed as well as they could. That included moving supplies to escorting the remains from the truck to the back and through the whole process of identification. I did not see any adverse effects that I am aware of. I know of two or three people who sought help from M.R. and his team. I do not think that there was anyone who experienced any adverse effects. I talked to people to see if I could detect any adverse trend. I did not detect anything. They reacted well to it and did the job they were there to do.

TSGT CERVANTES: You said that a lot of the people were here from Beirut and Guyana. How does that compare with the experience of those who were new?

CHIEF MCDONALD: There were not as many people involved with Beirut as there were with this one. In Guyana, there was a large number of people, over 900, throughout the process. Guyana was a little different than Gander and Beirut.

SMSGT ANDREWS: I think we had 17 returnees from the different operations. The first group of volunteers totaled 41 people. During our initial meeting we split the group into two teams. I took a poll as to whether or not people had done an operation previously. We had over twelve returnees. I am sure more volunteers came in than I asked. There was a benefit in having a returnee because when I initially put the organization together, as far as separating the different functions, I was looking for people with previous experience in particular areas at the mortuary. The uniform preparation area had three people who assisted during the Beirut operation and needed no training. They were immediately organized. The final detail, which was the casket detail, had a senior master sergeant selectee who had done it before assigned to it. He got right into it with two people who had also done it before. That put one of the more critical teams together. It was the final operation and it had to be perfect. There is no room for error. Between the uniform people and the casket people, they had the most critical of details. I already had experienced and trained volunteers to do it. We had people who previously worked in the refrigerated van area. We had a system for controlling the bodies which included a numbering system. They assisted with the AFIP people in setting up a numbering system. There were a lot of discussions in the beginning of how we were going to do this. The question was, are we going to use the

Gander number or are we going to come up with a Dover number? They had that system worked out before the first body arrived. It worked perfectly. There was never a time when we could not locate a specific transfer case. That was a critical area. New things were done this time with the identification, the dental people and with the computers and tracking different things. Again, volunteers were involved in every one of those areas. There were many lessons learned from the identification aspect. In talking with some of the AFIP people, dental technicians basically said, as did everyone else, that if it were not for the volunteers, we could not have completed the mission.

TSGT CERVANTES: I understand that there were questions of using volunteers versus ordering military people.

SMSGT ANDREWS: One of the benefits of a volunteer program is that they are people who want to be there. These people will do whatever is necessary to complete a task, as opposed to going out and asking a unit or a base to provide 47 people to handle dead bodies at the fort mortuary. We do not know what we would end up with. In most cases, they would not be volunteers. It does take a certain mentality. It is a gruesome job, yet there are some parts of it that are not gruesome. In my experience with Guyana, I worked in the back during the processing of the bodies. I did not enjoy that. I did not enjoy anything there; however, it was a job that had to be done. Most people did not enjoy it. A person learns how to adjust to the situation. I briefed the volunteers who were body handlers. I told them they were going to be with the body from four to eight hours, physically touching it, moving it around and turning it over for the doctors, doing whatever is necessary. That is a horrible task, but a person has to look at it psychologically from a different standpoint. You have to talk to the volunteers next to you, keep track of the people who walk by, or read the signs on the wall--anything but fixate on the body. If a person fixates on the body, the person will be uncontrollable, especially as he/she gets deeper into it. The escort could get attached to the body. The body goes from point A, being number DD #087, to the end of the line when it becomes Private First Class So and So. They were so proud whenever a person was identified that they were almost dancing. That was a big thing--"his guy" was identified. From an outsiders standpoint, if someone walked in and saw a person doing a dance because his guy got identified they would think the person was crazy. That is the way we have to deal with them.

TSGT CERVANTES: What if their guy did not get identified in that particular shift?

SMSGT ANDREWS: When they came back on their shift that was the first question asked. They asked, "Is there anything on DD80 yet?" I had two personal friends who were victims on that plane. One of them was the last person to be identified. I worked there for 30 days. I kept going back afterwards and there was still nothing on my buddy. That was difficult for me to handle because I also had to deal with his parents. They were not here. Where there is a personal involvement it becomes more than a number or a body. At the same time, the other guy I knew was one of the first to be identified.

TSGT CERVANTES: Psychologically, has this trauma changed your life?

SMSGT ANDREWS: No, I have been through a lot of trauma in my life. I spent five years in South East Asia and I lost many of my friends there. I do not know whether or not this experience hardened me or made me callous. I do not react quite as much as people who have not been through the trauma. I worked with Guyana and body

recovery on the actual crash site. I have been through many traumatic experiences. Psychologically, I adjust to it. That is why I volunteered to go there, I know I can adjust.

TSGT CERVANTES: How about some of the younger or new people, were you able to comfort them?

SMSGT ANDREWS: Yes, the volunteer team of supervisors I had was a super group of people. I also had nurses, doctors and technicians who volunteered. When nurses or doctors wanted to volunteer, I usually asked them to serve as an escort. Their prime mission was to watch the volunteers and talk to them. They used their medical experience to find out if there were problems with the volunteers. Several people were identified that way. Most of the supervisors had gone through an operation previously. Their prime mission, in addition to doing their specific task, was to talk with the volunteers. They were to rotate through the mortuary and get to know the people on an individual basis. An example of someone who had a problem was a young captain who was a volunteer and was to escort a body his first day. He could not handle it. He turned white, started shaking and went into shock. We used some ammonia on him and he got better. We took him out of there. We then got M.R. and his unit involved. This happened on a Tuesday or Wednesday in the beginning of the operation. We did not expect to see this captain again. About three days later, I happened to see him in the back again. I asked him what he was doing here. He worked for eight more days after that but could not handle it. It was the initial shock. M.R. and I saw to it that no one was kept there for more than three days. The first shift was the most critical time. The captain wanted to prove to himself that he could handle it. He left feeling that he had embarrassed himself. From all the cases that I have seen in Vietnam, I found it was best if the person could talk himself into coming back to face that again. We were not to talk them into it. If they could talk themselves into returning, they could prove to themselves that they could handle it. They would ultimately not have any adjustment problems. If we prevent them from returning, long-term problems may surface. I am not trained for that. The first time I faced a dead body it blew my mind. I have seen many since then. That first one really came close to home. We had a long discussion after the Gander operation and we got the key players involved. That was one of the big items discussed at that meeting. We talked about creating a screening process. The question of what to use and when to use it arose, as well as how many people should be screened? This type of operation comes up without notice and it is too late for a screening process. We need bodies to do the job. We could do a screening now of 100 people and we would not have another operation for five years. By that time, everyone would be gone. It makes the other volunteers more comfortable to work with someone who knows the routine. When they first walk in, they do not know what to expect. They are scared and there is not even a body there yet.

TSGT CERVANTES: I understand that there was an awards ceremony and a banquet in February. How did that go?

CHIEF MCDONALD: There are pluses and minuses to everything. One of our jobs was to determine recognition levels. There are always going to be some people who think they should have been recognized at a higher level. There are people, like me, who are wearing ribbons and do not need anything, but because of the system got something. There are people who did nothing over there, but because they were there for a long period time, they are recognized. I knew this was going to be a problem from the beginning. My key supervisors and I met and got to know the people as best we could. That was a priority. There is a key group of about twenty people that were there from the very beginning to the closing of the mortuary. We sat down at the 30 day mark, when the Army people came in and we were doing very little every day. It was not cost

effective for the volunteer force at this base, who were deep into the preparation of an ORI, to be sitting over there doing very little. We scaled down to about 12 people, who were caretakers. We finally loped the whole thing off. A few of us were unofficially on call at the mortuary. We had our access badges, plus additional badges and home numbers of volunteers, just in case. We sat down as the key supervisors and went through by name all 300 volunteers and broke it down into different categories. If they worked there three days or less they would get a certificate. If they worked four days or more, they received an achievement medal. A key person who worked X number of days received the highest level of accommodation medal. There were 12 complaints out of 300 people. We knew we would have that problem in the beginning. I was adamant about keeping accurate records.

CHIEF MCDONALD: We had many volunteers who went to the hangar to set it up for the remains and welcome visitors as well as people who did not go into the mortuary. We also had the chapel people who solicited support from the community. Everybody offered help. Local people had also been involved with Guyana. The citizens went out of their way. They had a big banquet for the people at the Officer's Club. They gave out coins to pay for the meal. The community has been very supportive.

CHIEF MCDONALD: The local disc jockeys played requests for the volunteers.

SMSGT ANDREWS: There is one thing I want to mention. When the banquet took place, we asked people to come and be recognized by the Commander and Chief of the military, the various mayors, etc. We also asked them to pay for their meals. This is a sore subject for me. There was no money available in the government. We had a minimal amount of people who actually worked in the mortuary, most of them were supervisors and commanders, to recognize those who did come. We did that, but there is stigma attached to that. Why should I go somewhere to be recognized and have to pay for my own meal?

CHIEF MCDONALD: Some of the units, including mine, paid for every one of the volunteers at the banquet. In most of the cases, the commander, first sergeant, or the supervisor paid for it out of his own pocket.

SMSGT ANDREWS: There is no place to hold all of those people so we left it as a first-come, first-serve affair. There were over 300 people in attendance. We did not have enough time to have a fundraiser. We try to do internally as much as we can, it might have a slightly negative impact.

TSGT CERVANTES: Now that things have settled down are a lot of people still talking about Gander?

SMSGT ANDREWS: No, the conversation is from those who come here TDY. If people know I am associated with Dover, they will ask questions. Before I could open my mouth, a captain, major and master sergeant were picking up trash into plastic bags. Everyone helped here, regardless of rank. You usually do not see that on a normal Air Force installation. This is not a senior master sergeant telling a major to pick up trash. This is a major grabbing a bag and leaving to pick up trash because it is something that needs to be done. Our group has discussed the pluses and minuses of the volunteer program. There are so many pluses to the program. We have a much higher quality and more effective operation. They are going to do specifically what you tell them to do and nothing else. That type of operation is a general plan that says we are going to bring bodies in this door and take them out of that door. There are 200 operations that occur

between those written into the plan. There are different steps and people go in there and make it happen. It is not through effective leadership on my part or on the chiefs' part. It is people who want to help. They want to be there and will do anything that you ask them to do and do other things that you do not even know about. I was proud to be there. I would love to have a squadron of people like that on a daily basis. There were others who got the idea they should leave and they did. Some did not get the idea and stayed.

TSGT CERVANTES: How did everyone look at those people who were volunteers?

SMSGT ANDREWS: There was a certain stigma attached. They were asked if they were strange for playing with dead bodies. The other side of that is that there were people who wanted to volunteer and after a while we did not need anymore. They asked why they could not volunteer. Names were put on the list and never called. We had a list of 1,000 volunteers from the base. We had almost 900 people. I break volunteers from body handlers to other functions. Three hundred body handlers worked for me as part of the mortuary volunteer team. There are still 600 other people who did what they could around the base. A guy from civil engineers may have come to the mortuary to help build the road for the hearses to swing around. He volunteered to build that road.

TSGT CERVANTES: How did your family deal with this?

SMSGT ANDREWS: My wife understands because we have been married for 15 years and she was living in South East Asia for the five years I was there. She understands that when I volunteer for something like that it is because I want to and it is a job that needs to be done--she fully supports me. I was there during Christmas working 13-hour days, seven days a week. I had family there and I saw them at 8:00 p.m. maybe. My whole family understands because I have done enough of these; however, there were volunteers there that had problems with their families. Primarily, the young newlyweds had problems, they were not used to their husbands working long hours in addition to their primary jobs. They did that without us knowing it. When we first found out, we either told their supervisor to see if he could release them to work in the mortuary full time, or we told them that if they were going to come here after work, they would be limited to four hours. We did not want people to put in 20-hour days. We do not get quality that way.

TSGT CERVANTES: You said things have simmered down. How many times have you been here?

SMSGT ANDREWS: This is my third PCS (Permanent Change of Station) here. I was attached here for flying the 100th. This is also my wife's and my hometown. I call it my hometown because my dad was in the Air Force and was the first man to sit at this desk. He was the first senior enlisted advisor. I have done these operations before and this is the first time I have been charged with it. I have my own way of dealing with people. I do not completely conform to the Air Force way of management. I am people-oriented, and using that, I get the mission done versus being mission-oriented and doing whatever it takes to get the mission done. If a person is people-oriented, from my standpoint, then the mission will get done every time. I had a super group of people there. They worked very hard. People worked until they were ready to drop and then complained because I tried to make them take a day off. There is a mind-set and a person gets so wrapped up in it that almost everything else is separated. The person is living to complete a mission. It is a very unique event. We have personality conflicts

which are common to normal units, but we have to learn to deal with them. I keep people with conflicts apart and busy doing different things.

TSGT CERVANTES: If you were to advise someone to fill your shoes, realizing this was going to happen more often, what advice would you offer?

SMSGT ANDREWS: My advice to the person in my place is to find out who is in charge of the operation. That person will be in charge of the volunteers. Volunteers do what they are told to do. You have to find out who the real boss of the operation is and deal only with that person. The chief volunteer has got to have that specific point of contact. At the beginning of the operation, this was our biggest problem. We did not have anyone that was specifically in charge. We had half a dozen colonels who all said they were in charge. It was pretty upsetting at times. I found a first lieutenant from Air Force Engineering Service, who was formerly enlisted, a hard worker, and wanted to help us so things could move as smoothly as possible. I told him I was going to appoint him as the person in charge. I told him he was my boss. I would only deal with him and he would deal with the colonels. If I needed something from the colonels, I would go through the lieutenant. That forced them to have a single point of contact in both directions--there was a span of control. The key thing is first to find out who is really in charge. If you cannot find that person then find someone to put in charge. It is miserable to try to appoint your own boss, and that is basically what it came to. The other thing is to brief the volunteers in the type of work they are going to be doing. The OSI (Office of Special Investigations) did a lot of videotaping of the different operations. The film was going to be used to train OSI personnel and volunteers. It would have actual pictures of the different operations. These are not still pictures, they are video pictures with sound. There is a 15-20 minute film that can be shown at the first briefing. Its message is: "This is the type of thing you are going to be faced with, this is the gruesomeness of it and these are some of the type of details you will be doing. If you do not feel you can handle it, there is no embarrassment. Not everyone can handle it and it is not necessarily the female that cannot handle it or the young guy. It can be the oldest guy there who is mean and tough. If you do leave, forget the embarrassment and your pride, and come and tell me that you are leaving--not so I can say that you are weak, but so I can get help for you."

TSGT CERVANTES: I knew people were taping when I was there but I did not know who they were.

SMSGT ANDREWS: The OSI did a lot of taping and I think that the AFIP did some also. There were 20 photographers present when the first body arrived. Those of us who had worked for three days setting things up did not think it was right to have that many people in there taking all of these pictures. It was as if they were celebrating. We did not like that at all. In this type of operation we have to deal with them. Perceptions and an empathy for every person working there is necessary as well as for everyone who might work there. In my case, it was a little easier because I had done the gruesome parts before. I had escorted bodies, taken their clothes off, taken personal effects and everything else. People I had worked with before were over there again. I was accepted initially because they knew I had done this before, I did not have to prove myself. That can be a problem. If the management of the volunteers is inexperienced, has never been through it, and does not go back to the gruesome areas then it becomes a situation of a person asking someone else to do something he cannot do. I had a good staff who had either done it before or were willing to do it. They went back and helped escort a body or pulled transfer cases out of the refrigerator bins. They tried to be involved with every detail.

TSGT CERVANTES: In summary, what would you say?

SMSGT ANDREWS: I have strong feelings of how to do an operation like that.

22 April 1986 Debriefing of the Office of Public Affairs Personnel

TSGT CERVANTES: What is your opinion of the community-base relationship? I understand from talking to Chief M. and Senior Master Sergeant A. that when this type of tragedy does occur people become closer. I know that when it happened, people were preparing for Christmas.

TSGT JONES: It was on a Thursday morning that we got the call. Normally we would be the first ones to hear about this. We were called about 7:30, as soon as we got into the office. Once that happens, the media clutches onto us. The base was preparing for an ORI that was to begin in a day. People were anxious for Christmas, to get the ORI over with and leave for the holidays. You know what it is like to prepare for an ORI when it is two months away--people are tense, under stress and work long hours. We have a checklist of organizations that we contact that we are going to need support from. They are communications and transportation, possibly for flat beds for the media. Once we had definite word that there was a crash and the bodies were going to come here, we took 100 calls that day within the first 24 hours. We had a "call back" list. We have a trust center when we are dealing with that many people and we scale down our office leaving someone here to keep things running. The whole office goes to the reaction center and we set up our press center there. This involves the people on base getting phones in for us, talking to people and the chapel to have somewhere for the people to go and eat. The hangar for the reception needs to be set up along with a space for the media. It is a lot of work, and at that point, there was a lot of additional work as we were preparing for an ORI. We work long hours. I was here for 27 hours at one time. They then sent in some people from the Army and it worked well. When something like this happens, we know we have to move. This is when public affairs are really tested. It is terrible that it has to be a disaster, but that is the time when we know how good we are.

TSGT CERVANTES: Is there training that is available for something like this?

TSGT JONES: If it happens often enough, then that is your training. Someone cannot be trained on a disaster that has not happened, it depends where you are and what the mission is. We get overall training in public affairs as far as how to do things. Our mission here is delicate. It means a tragedy when national attention is focused on Dover AFB. The first week we were so busy I did not have time to stop and think why I was doing what I was doing. I just went through this process and answered questions and whatever there was to be done, we got it done. When things settle down the body starts to try to return to normal. People are over there with bodies lying around and are witnessing this. Most often, I get depressed one week later. The shock hit everyone else initially. My body does not have time to stop in this job because I am just too busy doing things. After one week, the state that others had recovered from hit me. During that time I did not want to go, but I put my name on the list anyway. I really did not want to go.

TSGT CERVANTES: I get the impression when something like this happens there are a lot of people who want to help.

TSGT JONES: I have talked to several of the young airmen that actually went there, started with the body and followed it through. It took a toll on them. I can imagine the bodies may have an arm or a leg missing, or there may not be very much of a body at all. To have to stay with the body from the beginning to the end could make them have bad dreams.

TSGT CERVANTES: Have you heard of a lot of dreams?

TSGT JONES: Not many, however, I made it a point to talk to these people. One of my girlfriends went over for two days and I told her that I did not want to hear about most of it. She did not say that she had dreams but I know it took a toll on her. She is generally an upbeat person. Some of the younger airmen who volunteered to go there had dreams. There were some I am sure that sought psychiatric help afterwards. When it was over, people in the media continued to call until all the bodies were gone. After the first week, when things started to settle down, we gradually got back into the routine activities.

TSGT CERVANTES: How does this differ from Guyana or Beirut?

TSGT JONES: I was not here during that time. I have been here for one year and Gander was my first large one. They have had two or three bodies come through at one time since I have been here. Those were fairly simple. As far as a large number like that, Gander was my first.

TSGT CERVANTES: Major Clark, what lessons are to be learned? Your office has dealt with Guyana, Beirut, and Tenerife and each one is different.

MAJOR CLARK: I only had one person out of all of my staff of seven that was here during Beirut. There were who were TDY during the whole period. The guy who is the newspaper editor now was the junior reporter at that time. We keep turning over in this business.

TSGT CERVANTES: I spoke with Chief M. and Senior Master Sergeant A. and they said that there were people that were involved in Guyana. I know each office is different.

MAJOR CLARK: Each is different and we keep moving.

TSGT CERVANTES: So this was a new situation for everyone.

MAJOR CLARK: It was the first big one we have had in a while. The last one was about two years ago in September. We had an Army and a Navy guy that were killed in the Beirut embassy bombing, there was a lot of news media for that. One hundred and thirty-five is the most newsmen we have had at one time. They signed a sheet stating they were on base, etc. That almost equaled the number of people here during Beirut.

TSGT CERVANTES: What were some of the stories that you were doing prior to Gander?

MAJOR CLARK: The normal things for three months prior to an ORI. The newspaper was attracting everyone's attention, stating that there were visitors coming from the Inspector General (IG). We were mostly concerned with mission stories.

TSGT CERVANTES: Tech Sergeant Jones was telling me things have gone back to normal.

MAJOR CLARK: For the most part, until this weekend when I was on CNN talking about the bodies of the astronauts who were killed several months ago. The families were told they were coming back through here.

TSGT CERVANTES: Has the staff increased?

MAJOR CLARK: We had an opportunity to bring in more people from McDonald AFB (NJ) or Charleston AFB (SC). We decided not to do that. In this case, the Army sent people in a few at a time. The highest number we had was eight Army public affairs people. For several weeks after, we had one person who stayed here to answer questions.

TSGT CERVANTES: How has that taken a toll on the staff?

MAJOR CLARK: The people in public affairs had an opportunity to work in the mortuary, I asked that none of them do that. I was the only one involved in the mortuary because it is easier for the people to talk to the newspeople if they do not know details, particularly when they are not authorized to talk about them. They would consistently be asked what was happening inside the mortuary. I did not go into the mortuary until most of the newspeople were gone. We were busy enough trying to keep everyone occupied while they were here on base awaiting the start of the ceremony. We did that by offering photo possibilities of the people from the 101st Airborne, and showing them what they are going to do when we have the ceremony. We took the newsman to the chapel and told them that if we should have family members here, this is the way that they would work with the families. The coffee and sandwiches were there. We had something to cover everyday they were here. Some of them came two days before the actual ceremony. We gave everyone a story to do as time went along.

TSGT CERVANTES: What is the morale like?

MAJOR CLARK: I have not seen morale problems. We just underwent a Leadership Management Survey. Have you talked with anyone about that?

TSGT CERVANTES: Yes, Mike Robinson.

MAJOR CLARK: I think that when you have challenges like that in the ORI, people peak for that and are let down after they are over. The uniqueness of Dover is the reason morale is good. They usually have one mission which is flying the airplanes overseas. There are a number of different things pulling us at the same time.

TSGT CERVANTES: When we were here last time, the ORI was coming up and the bodies were being identified.

TSGT CERVANTES: Dover seems to get going and pull together when this type situation takes place.

MAJOR CLARK: There did not seem to be a shortage of volunteers. We used volunteers to escort news media. I said I needed so many people at one time and they were there to help.

TSGT CERVANTES: Do you find that once the work day is over people go their separate ways or do they stay around base?

MAJOR CLARK: The base is empty during the weekends because many are from out of state. We had a talent contest on Saturday night and about half the theater was full.

TSGT JONES: The contestants' families were here from out of state to see them perform. They are close enough that they go home on the weekends.

TSGT CERVANTES: Are you both from this area?

TSGT JONES: No.

MAJOR CLARK: You do not find many people from this area. When we were in Texas, we were 450 miles from El Paso or 160 miles from Dallas. There was a lot of grumbling about not getting the good movies. There was nothing to do on the weekends.

TSGT CERVANTES: The first time we were here on a Saturday, things were in high gear. This time, it seemed dead.

MAJOR CLARK: During the summer, they are at the beach, which is 45 miles away.

TSGT CERVANTES: What would your recommendations be to someone who was going to do your job?

MAJOR CLARK: Basically, we recommend that people find things to keep the visitors occupied. That worked well for us. It was worthwhile that we had Army people here talking about fallen soldiers rather than the Air Force talking about bodies returning. It opened up some channels in the Department of the Army which otherwise would have been unavailable. Our normal vehicle for working with the Army is that I go to Scott AFB (IL) and talk to them and, in turn, they talk to the Air Force for me. The Air Force goes to DoD (Department of Defense) and then down to the Army, back to where the answer is and we go through this whole process again. I have an Army man here who can call them direct. That is very worthwhile.

TSGT CERVANTES: Is he a detachment here?

MAJOR CLARK: They have a small escort detachment of 10 people. There is the small Army detachment here that does escorts. In the Air Force it is a little different. When a person is at the station and someone is killed in a car crash, they pick an individual from the base to escort the body home. The Army's approach is that when a body comes into the mortuary, one of those people is assigned to escort.

TSGT CERVANTES: Have you had any problems concerning public relations before?

TSGT JONES: Each one of those cases is different depending on where the people belong. The Air Force people are going to be different than the soldiers. It helped us tremendously to have the Army people here to talk about the Army because we do not know enough about the Army to talk to the media.

MAJOR CLARK: I think it would be worthwhile to take a minute to explain the difference between Guyana and the other incidences. These bodies came back in pieces and we did not know who they were. No identifications were made. We checked all of the forensics work that was done in Canada and did more extensive work. Initially, we were only able to identify 100 bodies. Beirut was different because the bodies were identified when they arrived. Since they were identified, the Marines told the family members when the body was coming in and the family would be there to meet the plane. The next morning there would be a big ceremony. The body would then go to Philadelphia and then to the funeral home. With Beirut, the media was always trying to talk to family members; trying to guard the family members was a difficult thing. We did not face that problem with this incident. Looking further back to Guyana, the bodies were not identified, and there was no aura of honoring fallen soldiers, which was a sort of spectacle. There were a lot of helicopters trying to photograph the position of Jim Jones' body. We did not have that kind of thing here. Each one of these is different.

TSGT JONES: I think that Guyana was very different from Gander for our folks, mentally.

MAJOR CLARK: The bodies from Guyana stayed here for a long time in the storage area. The movement of the Guyana bodies after the identifications were made was delayed because of the State Department was trying to take financial assets from the People's Temple. The bodies were held until the money was obtained.

TSGT CERVANTES: The mood is back to normal now, and knowing that, is this going to recur because of the increase in terrorism?

MAJOR CLARK: The majority of people do not know this but 50 bodies go through the mortuary every month. The service wants to make a big thing about the mortuary; they want it to be broadcast on the national news. The business is always there.

TSGT JONES: The next event for us may be the NASA affair. If that happens, then we will be in full gear again because that is something of interest in the national media.

TSGT CERVANTES: Does this make your job exciting even though it is a tragedy?

MAJOR CLARK: It is sort of like being at a fighter base, fighters are going to have airplane crashes and after a while you get used to it. We are sort of spared that here. The last C5 went down over Saigon 15 years ago. That is in litigation now. The survivors with families who sponsored children killed in "Operation Baby Lift" are suing the Air Force and Lockheed.

TSGT JONES: At least they are not all people that you live next door to or work with everyday. When we were at Dyess AFB (TX) there were two 130s that went down and we knew them. As far as the soldiers, we are all military. There are some feelings involved. If you are talking about your next door neighbor, it is a little different.

MAJOR CLARK: We watched the Army people as they came in. Their language changed over time. They started out talking about the "fallen soldiers." They were "bodies" after three days.

TSGT CERVANTES: When we visited, it was very solemn.

MAJOR CLARK: They kept bringing in different people to work with the media. I did not get all of my Army people in at one time. There were two and then they relieved each other and another one would come. Over time their vocabulary changed. There was never a disrespect. When you talked to the command post you'd ask if there were any HRs (human remains) around and give them the remains. That is about as far as you would go. We do not use colloquialisms when talking with the news media.

TSGT CERVANTES: How did the ceremony and banquet go?

MAJOR CLARK: We had a banquet and had some of the people from Fort Campbell come. People were brought in from downtown to try and recognize not only the individuals who participated from the base but also others who brought food in from downtown or from their homes in case families came.

TSGT CERVANTES: Is there something else you want to add?

MAJOR CLARK: The change in vocabulary was interesting to me. We are now back to a normal situation. Our work varies from day to day and it does not do me any good to complain.

TSGT CERVANTES: Do you get a lot of enthusiasm from the other staff members on events like this?

TSGT JONES: My newspaper people, one especially, wanted to stay over there all night and come here during the day. I told the person he could not do that, and he would have to rest.

MAJOR CLARK: Sometimes the enthusiasm is counter-productive, you eventually lose your edge. It does not do much good to be tongue-tied when you are talking to people who have video cameras on you.

TSGT CERVANTES: What recommendations would you have for someone who was going to fill your spot?

TSGT JONES: About the same and to reiterate what was just said. I do not think that a lot can be done until a person actually goes through one of these tragedies. It did not mean a lot until I saw it or did it. I got a good briefing, but I do not think that a person can know what is going to happen until he actually does it.

TSGT CERVANTES: The community is giving you a lot of support. Does the community come on base or does the base reach out to the community?

MAJOR CLARK: The base does a lot in the community. What is unique here is that we have 2,000 reservists in an associate wing. We assume that they are military, but actually, they are civilian. If you added them together, which would be done in a war time situation, 35 of our people are civilian and are in the community. Basically, there are 10,000, including dependents. Of those 10,000, there are 4,500 active duty, 1,500 civilians and 4,000 dependents. Some of those reservists work as civilian workers on the flight line, particularly in maintenance. They would be a wage grade five or seven during the week. They would work as tech sergeants on their reserve weekend.

Debriefing of Hospital Personnel

TSGT CERVANTES: How was the hospital involved?

1ST SGT STELL: The afternoon that we got the news they called everyone together and it was a kind of initial working group from within the hospital. Environmental health, medical supply, dental, bio (engineers), lab, x-ray and others were there. I believe Captain W. and bio still had some paperwork on Grenada and Beirut. He brought it over to give the rest of us some background as to the things we could anticipate. We did not know what was coming in, the preliminaries, or the conditions of the remains. The need for the peppermint and orange oil was discussed. It was not really needed this time for the initial mass processing. It had a lot to do with the condition of the frozen remains. I think one of the busiest places was supply. They secured the materials because there were many weekend hours that were extended by the supply troops.

MSGT ALLEN: We were getting orders from everyone. It took about three or four days to set up a control point. The team started arriving on Saturday the 14th. I was ready to go on the 12th. The dental team had their carts ready. Sergeant D., at the mortuary, was supposed to be my contact. He is the logistics person there and the permanent person assigned to the mortuary. All the medical items come through me and the non-medical come through Master Sergeant H. at base supply. We had a lot of confusion which is typical. They had a control number set up at the DPSC in Philadelphia where we called directly to get our stuff. That was very good. We were calling them in manually for two days before we found out that was set up. Base supplies knew it, but we did not. After we got that straight, things were okay. The phones were covered 24 hours a day and a truck came this way twice a day. I called an order in that morning and it was here by 9:00 p.m. that night. The service was tremendous. The only problem at the mortuary was storage space. We ordered 18 cases each of about five or six different sizes of gloves. There was no storage space for half the things we had ordered. One of the pathologists brought in a list of required operating items. That is something they need to do now. They get together a list of items required from the hospital, like an x-ray machine and dental film, and have extra items that they would use during these disasters. They keep it in stock. The mortuary does not have anything like that. That is the reason everything was in a panic state. They are supposed to be prepared.

SMSGT SCHMULLING: They reinvent the wheel every time something like this happens.

MSGT ALLEN: The list came from the pathologist. Once I got that list, I did not have to talk to anyone. All I had to do was look at the piece of paper and order the material. Before that, I was getting phone calls and in one situation, six different people were on the phone at the same time. It was just D.S. and myself ordering and receiving. The trucks came to the hospital at night because we did not want too much traffic at the mortuary and then we brought it over.

TSGT CERVANTES: How long of a shift did that put upon supply?

MSGT ALLEN: The first two days we stayed there until 9:00 p.m. and then went home. When the truck came in they called us and we came back. It did not bother anyone else in our shop and it did not disturb the flow or take away much of our supply services.

TSGT CERVANTES: What about leave for Christmas?

MSGT ALLEN: There were only a few people who wanted Christmas leave because their families are not here. Everyone else's family is here. It did not hamper leave at all.

TSGT CERVANTES: You said it did not interrupt your operation?

MSGT ALLEN: No, because during the days, about the second or third week, the Army guys came in and we did not have to make any deliveries. They did the running on base and the pickups for the mortuary. We had a problem trying to get the extra contract established for the propane, which was used for burning materials, including the uniforms. The problem was that they did not know how much to set the contract for.

TSGT CERVANTES: Did anyone from here volunteer to be a body handler?

MSGT ALLEN: D.S., who worked with me day and night, was also a body handler. D.S. is the type that will volunteer for anything. It has not affected him yet. His appetite has increased. This is his last week, as he is getting another assignment.

TSGT CERVANTES: You said you were here for Grenada and Beirut. How does that compare to this?

MSGT ALLEN: This one took longer to settle and get operational. I think it was the surprise. Beirut was a surprise. Nobody expected the plane to fall like it did. I think what took so long for people here to get settled was the identification of the bodies. They had more records under the barracks in Beirut.

TSGT CERVANTES: I understand you were more involved this tragedy?

SMSGT SCHMULLING: Yes, the plane went down about 7:00 eastern standard time on the 12th. I got a phone call about 8:00 and was asked if I had portable x-ray units, what supplies I had in stock, etc. I had everything. I received two phone calls, one from AFIP and the other from Colonel M. who is a consultant in forensic dentistry to AFIP. When I got the second phone call I said I needed some more x-ray film. Basically, I carried enough gloves, gowns, orange oil, instruments, etc. I started moving my things to the morgue on the 12th. I have gone through it too many times. I knew what was coming up, so it is no big deal. On the 13th, when we definitely found out the bodies were coming here, Colonel F. got everyone in the dental clinic together. I asked for volunteers. I said they were going to work 12 hours a day, seven days a week until it was over with. Quite a few of the enlisted people were more concerned with their off-duty education and getting Christmas leave. I told them I did not think this would be over by Christmas. I had five or six men that were willing to stay. I used three of them. Two doctors had just come back from the forensics course and Colonel F. got them for his use. I had four enlisted, including myself and three doctors. I had one of my people, S.C., come there two nights. The rest of the guys wanted nothing to do with it. They were mainly concerned about school and their leave. The dental team was ready to go that Friday and so was I. Saturday, I was working with Colonel G. from AFIP. We took phone calls from AFIP. We called hotels here as the pathologist and Major T., the administrator, arrived. It was like every one of the others I have done. There were no big surprises in the condition of the bodies. The hardest thing I had was a TDY for 28 days to Gander to help recover medical and dental records, as well as look for remains.

I knew eventually we would identify them one way or another. We identified 100% of them. As far as interrupting normal patient flow, for one week we had to cancel two doctors' patient loads. Outside of that, it did not interfere with the operation as a clinic.

TSGT CERVANTES: Have you seen a change in the patient count or volunteers you worked with?

SMSGT SCHMULLING: No, we keep doing more and more work.

TSGT CERVANTES: How is morale? If you were to speculate, when a disaster happens, what brings the base together?

SMSGT SCHMULLING: This kind of event happens here every so often. There was Tenerife, Guyana, Beirut, Gander and some other smaller ones. I do not know why the base becomes involved.

TSGT CERVANTES: Is it something more exciting compared to what they are normally doing on their jobs?

SMSGT SCHMULLING: It could be. After some of the people I talk to at the club realized what they had gotten into, they did not appreciate it. I do not think many of these people have ever been exposed to this before. Many people bit off more than they could chew. They are having mixed emotions about going down again. Still, they come back repeatedly to help.

TSGT CERVANTES: I guess this type of detail comes with the line of work you are in.

SMSGT SCHMULLING: My jobs came from 17 years of service at Goosebay and doing seven identifications on a crew that crashed in the 1940s when they shut off aircraft to England and had to ferry them from here to New York to New Newfoundland, or from Maine to Newfoundland. At that time, we were using Gander and Goose and they were flying in from Greenland to Iceland and from Iceland to Ireland. They then went to England and the rest of Europe. They have a few planes missing that went down on the polar caps there. When I was in Goose, anytime the KC 135s took off and they had to change course because of a storm they were told to be on the lookout for wreckage. Often the snow drifted and they uncovered wreckage. Once when I was there, they uncovered wreckage not previously charted. They went in with the team and pulled out seven bodies. That is how I got started. I helped them do some autopsies. I came back to the states and did not do very much. Then, I went PCS to Germany where the command base has 17 airports in Simbock. The 17 flight surgeons had the responsibility of any F4 or helicopters that went down. On the average, every other month I was doing identifications over there. I came back and went to Altus AFB (OK) and was there for three years and did not do too much. I came here, and because of my past experience with knowing basically what to expect, I have been the one taking charge and setting up. I know what is needed. It is second nature to me now.

TSGT CERVANTES: Are you native to this area?

SMSGT SCHMULLING: I am from New Jersey. I came here because they told me I was coming here. I tried to stay in Oklahoma and I was told I had a choice of Travis or Dover. This facility is 10 years old now. Travis is close to 30. Things are good for me here. I expect to be gone in two months, either to AFIP in Washington, if I can

get a dental position, or, if a miracle happens, I am number three on an overseas list. I was told May 25th is when they are selecting assignments.

TSGT CERVANTES: What kind of advice would you give to other individuals if they were to come in, given the history of Dover?

1ST SGT STELL: I do not think I would go into it. It is so infrequent that it occurs. It is not another seed that needs to be planted. If a plane goes down and there is a large number of casualties, you may have to go to the mortuary. This was my first incident here. It is not my first involvement as far as handling remains. It was a lot less than I expected. I noticed there were many things that were absent when I was there. I think that is why, for the young troops, the shock is twofold in a situation like this. There is visual shock of seeing the demonstration. There is also sensorial shock of the odor, etc. Many more people are repulsed by odor, than otherwise, pushing remains around. If you can detach yourself from the fact that they are actually human remains, then it is more like a job, going from one station to the next. You can go through it without observing what is taking place and go through very little shock. You did not have to watch the tips of their fingers being taken off or watch as the jaw was reset. You could hear the sounds but if you did not see them doing it when you were around the corner, you could not associate the sound of that saw with the fact that they were pulling someone's jaw out.

When they get into the dental section, they take the x-rays. When they do the full body x-ray you are not allowed in the room. When the dental identification is being done you sit on the side. The one area you do go into where you cannot avoid seeing what is going on is where autopsies are performed. That was the only place where there was the smell and sight of trauma. There are seven guys doing this and you are in the chair against the wall. The closest body is six feet in front of you. When they did this there was a lot of association. I noticed it was not a normal incision for an autopsy. On some of them they went down the side to lay open the top. When it was opened, some said the fatty tissue looked like a medium rare roast. The fact that what was being cut open did not have hoofs on it made them think and look. They noticed there was an odor. They got quiet and became absorbed as they watched the autopsy. It took about six hours to process each body from start to finish, the autopsy being the last 45 minutes of it.

When the bodies were done there, they were told to either put them in the back to be embalmed, reconstructed, or put in the trucks. The guys went into the lounge to have a soda and they talked among themselves, discussing the autopsy and their amazement. The chaplain's group commander was there. He instructed them to get the troops and talk about it and to vocalize what they saw, and many of them did. Some things amazed me and I talked to F. about it, then the young troops talked to me about it. We are dealing with a very hot fire. If you take a piece of meat two inches thick and the outer third of it is well done and the inside is rare, why is the body hair still there? How can the intensive heat not affect the body hair? Waving the cigarette lighter by the arm affects the hair. How can that happen? It is not consistent. Overall, the people were there up until the last step. One of the things they stressed before they went in was to be mindful of what a person is doing and act accordingly. There should be no fooling around. They did not dwell on a somber feeling. When they got in the back, there may have been a little joking, but no one was withdrawn. When the senior enlisted advisor, the base or wing commander, or the squadron commanders went through and someone was sitting there, they took note of it. They said, "Thank you we appreciate your help". Management was very aware and considerate of the workers. They knew why the people were there and that Christmas was near. Everyone worked well to help the guys. I have not heard of anyone that has had aftershock. The guys in the hospital that I have talked to appear to have handled it well. Initially, there was concern about a previous

incident where medals were to be awarded and not everyone was getting one. They were quick to stress that we were going there for the purpose of processing the remains and to get them to their destinations as soon as possible. We were not going there to get a medal or for recognition. If that was the reason you were going, they said to stay away. The people that were there genuinely wanted to help.

TSGT CERVANTES: How did the families of the volunteers respond?

1ST SGT STELL: I was not there very much, but I did not hear of any problems.

TSGT CERVANTES: What do people do during their time off?

1ST SGT STELL: If you are married, in December you go shopping, to work and home. The single people are, for the most part, from here. They go home for the weekends.

MSGT ALLEN: Many of the cars go out the gate northward.

SMSGT SCHMULLING: At the time, I had 24 enlisted here and only three guys were not from either Maryland, Washington, D.C., Pennsylvania, New Jersey or New York. The single guys are on the road.

MSGT ALLEN: From the 12 people in my office I have one who just came in from California. Since I have been here, he was the first person that was not from Philadelphia or the Washington metropolitan area.

SMSGT SCHMULLING: Initially, this was a piece of cake. The bodies were frozen in the condition they went down in. The odor was not there and that was half of the battle. Nobody was around from the hospital until the end like I was. Everything changed at that time. My last day there was the 21st of February. I was told to x-ray something and I called the doctor and told him what he wanted me to x-ray was not there anymore and had deteriorated from the bacteria and other elements. I did Grenada. The guys were in the sun for four days or in the water one week. I have some slides. This one guy appears to be five times his normal size because he had been in salt water and was very bloated and decomposed. There is no one around who is accustomed to it. They all smelled like JP4 fuel and they were frozen. The pathologist and those of us from the dental unit complained that we were working with frozen remains. You cannot cut open someone that is frozen by doing jaw resections. We had to get them in the night before to defrost them so they could be worked on. It was like taking a roast out of the freezer. Since this was being done in December with cold temperatures, the condition of frozen bodies helped the people who had not gone through this before. If they had been working on bodies that I had worked on before, such as those that went down in an aircraft from Grenada, etc. many of the people would have been gone.

1ST SGT STELL: The work environment was controlled at 60 degrees. They had to put heat into the back to bring the temperature up, which helped. It was comfortable to work back there. Things worked well, initially, and then it got more intense.

SMSGT SCHMULLING: A Marine helicopter pilot laid in the water one week in Grenada, deteriorated and was falling apart. During Grenada, I had to work at night, because during the day they were putting them in uniforms, wrapping them in blankets and putting them in caskets. I was there one night working from 8:00 p.m. on through

the morning. I got home at 2:00 a.m. and came to work at the regular time. The next morning, I got a phone call from the morgue asking how much peppermint oil I had. I asked what for and they said, "Whatever you were working on last night still smells." That played on those guys. I told most of my guys that went for the first time how lucky they were that the bodies were frozen because the odor was not there. That saved a lot of people on base.

TSGT CERVANTES: Did you see a lot of the x-rays of body positions?

SMSGT SCHMULLING: It was so cold that the fire was out, and however they lay, was the way they were frozen. Some had a leg drawn up, another one had his hands low and because whatever happened from the incident, the upper jaw on up was gone. There were traumatic amputations from the elbow down and loose arms in the cabin. The crash site was 290 meters long, down hill. The best we know is that these people knew three seconds before they were going to die. Some of them were in positions preparing to die.

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PSYCHOLOGICAL STRESS OF BODY HANDLING

Raymond A. Cervantes, Jr.
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*Part III. Debriefing of Dover AFB Personnel Following the Gander
Tragedy and the Body Handling Experience at Dover AFB.*

21-22 April 1986

1ST SGT STELL: Everyone was lined up where the Army x-ray field units were for a chance to talk to the people. At most of the other processing areas, one person stood there with the remains while the FBI did fingerprints or the dental team did x-rays or jaw resections, but the feeling was one of having nothing to do. The people were talking to each other and maybe they would say, "Okay, get over in this line," and someone would come over and say, "What number is your individual," and the person would show them the number. They would then zip open the bag and look through the remains for whatever reason. When you look in the bag and you know there are remains, you cannot tell which end of the trunk the head and legs went on. There was only a trunk. Everyone was talking about the condition the bodies were in. The other big topic of conversation was the first station the bodies went through and the first people that opened up the remains and took the pictures. That is the first time you see the remains that you are escorting. It starts going from bad to good.

As you walked in the back there was a narrow hallway about 10 feet wide. The forensic guys were in one place, jaws were open and they were picking, cutting and cleaning. When you got to the back it was noticeably cooler. You do not have the visual element back there. You stand there and are briefed on what your duties include--staying with the remains at all times. You go to the next step and they open the remains bag and people are looking for personal effects. As you stand there, you get your first real up close visual. From there it went to the FBI. That was the first insight as to what they were doing. Up until that point, everyone was looking, and some of these people were saying, "Oh, I think I can get a good one on here, Joe," and they come over with the bone nippers and take one half of a guys finger off or they may just cut off the pad of the finger. We began talking about that procedure. It was interesting how they took the fingerprint, it intrigued us. There was also much discussion while waiting for body x-rays. Another topic was whether the body got an identification or a tentative one. The response was, "There's a tentative," and the counter response was, "Mine too," or "Mine was not so lucky, maybe they can find something with the x-rays." There was talking amongst the people, but no groaning.

TSGT CERVANTES: So, that seemed to help out quite a bit? Has that continued?

1ST SGT STELL: They are not talking very much about it anymore. At the time, it was good and people got it out. They are moving on. If you were to go through the list and talk to someone who was there, they would freely discuss it with you. There was only one person that I saw while I was there that was in any way affected by what was going on, and I was not there very long. Apparently it was one of the guys from the Navy that came in to help. He looked very young, I think he was working with Morrison.

SMSGT ALLEN: He was Army.

1ST SGT STELL: He was a young troop, and it happened that he was there when the doctor was checking the bottom of this individual's remains and there was no head. The lower jaw bone was there. This individual was trying to see what the doctor was doing and I think in the process the tongue was still intact but then fell back. Apparently, he did not expect this and he went into shock. When they got to the autopsy, things started to quiet down. People did very little talking. In fact, what helped them through was the two physicians who were doing the autopsy. They came over and sat down with one troop and said, "This guy is pretty battered up and has been badly injured." He talked to the troops and gave them some background behind what was going on. The young troops do not talk about it.

TSGT CERVANTES: So is everything is back to normal?

1ST SGT STELL: Yes, in fact, it was just after New Year's when they did most of the processing. Now and then someone might say, "Have you heard how many more they have gotten?"

SMSGT ALLEN: We were finished with the post mortem examinations on the 22 December.

SMSGT SCHMULLING: Another thing that contributed to the base getting back to normal was that we were trying to get ready for an ORI (Operational Readiness Inspection). So we got over it fast and did not have time to think.

SMSGT ALLEN: We were finished on 22 December and there were supposed to have been 256 people on the aircraft. We had what was believed to have been 256 bodies until we went back up there and recovered two whole bodies. I left on 10 January, which was a Friday, that Saturday, 11 January, the base pulled all the Air Force guys out. They said we could not afford to go on and on here not accomplishing anything. The Army brought in more graves and registration people to take over where the Air Force people were handling the bodies. For all practical purposes, except for the guys who worked in services and one or two of us, the base was finished on 11 February.

TSGT CERVANTES: So while you were at Gander you did research and worked with the Canadians?

SMSGT ALLEN: I worked with the Canadian mounted police and the Army graves and registration. I brought a portable dental x-ray unit and set it up in a room. I worked with Commander W. at AFIP, he was the on-site medical officer. There was Staff Sergeant E. who is a forensic photographer from AFIP. There was also Senior Chief S. from AFIP who was a photographer. The rest of them were Army graves and registration people. Depending on what group you were working with, you were either with the third herd or you were with the moles on your knees from sun up to sun down digging inch by inch or centimeter by centimeter. Everything was laid out in meter grids. We had a civilian contractor come in and build 2x4 and 2x6 tents covered with plastic. For 28 days we were there and burned 100,000 bottles of propane gas to melt the sight. That was one half million dollars in propane gas.

April 22, 1986 Debriefing of Tech Sergeant Merna Wolcott - Chapel Manager

TSGT CERVANTES: I would like to know in chronological order what was occurring two weeks to a month around the accident.

TSGT WOLCOTT: The crash happened on 12 December. We just finished with taking care of the families for Thanksgiving and we were preparing for our big Christmas program. That usually entails a lot of work. It was the busiest time of the year when this tragedy happened. We did not think that we would be involved in it when we first heard about it. We later found that the bodies were being shipped here. We were notified by the base operations personnel that we had to pull out our mass casualty plan. That was the first time I really took a good look at that plan. The plan itself is rather vague as far as what we need to do in this facility. It tells us how to set up the measurements for a plane site ceremony, etc. Fortunately, when we had the Beirut incident we used the plan so I reviewed it very quickly.

I contacted Sergeant K., the previous NCOIC (Noncommission Officer In Charge), and asked him what he did. He was able to give me some ideas of how to get things ready. They used this facility during the Beirut incident and we looked at it very critically because it is open to the public. There is no main gate here and things are controlled by the security police. That is why we moved it to the other facility which we have on the base itself. It is also very close to the Family Support Center and Family Services, as well as the Mental Health Clinic. We immediately set up a family reception area at the other facility. I thought about what we were going to need. Are we going to receive families and how are the chaplains going to be involved in this? I had no idea what we were getting into.

My main concern was the families. From experience with Beirut, there were families that came here and we had a lot of things to prepare and order. We contacted other base agencies, for example, the communication squadron on the base 2016. I said we needed some portable pay phones in case the families needed to make some calls to other families. They were very responsive and within few hours we had four pay telephones. We set up a nursery in case some of the families brought children, and we had a television with a VCR. We looked at our supply list for coffee, cookies, etc. That is when I realized we were not going to have enough to feed these people. We organized with the Family Services and the Family Support Center and expressed our need for their help, they were very responsive. That was when care teams were established.

Chaplain T. was the one that headed the care team. He took it upon himself during the weekend services to make the announcement that help was needed. He stated, "If there is anything you can do to help us, we have a sign-up sheet as you leave the facility. Please put your name and address along with anything you can do to help us. We will be contacting you." We got a big list of people who said they would open their homes to the families and make food, etc. People came in and did shift work to support the families in any way they could. Families also helped in the chapel. They took care of us. I have to give a lot of credit to the Family Support Center. M.R. was a jewel. He gave my enlisted people a break sometimes. That phone in the facility did not stop ringing.

People from commanders to family members called asking what the status of the bodies was and what was going to happen. We did not have answers for many of their questions because everything happened so quickly. We did not have time to sit back and feel the shock. We knew we had a job to do and we had to get it done. We got together and said we would try to take it step by step. We tried to keep our senses together realizing this was a great tragedy. We kept our facility open 24-hours a day. We were visited by the commanders and the families as well as the news media. It was important

to keep the media away from our facility when the families were there. They wanted very much to interview the families. Major C., who is the head of the Public Affairs on the base, was very cooperative. He coordinated with the head chaplain and asked if there were any family members who wanted to be interviewed by the press. We did not have that many family members compared to the Beirut incident. We only had a total of 15 people show up that were family members, in comparison to Beirut where there were almost 300 people.

The other enlisted people on the staff knew this was a very tragic and tense time. They did all that they could and looked to me for leadership. Sometimes I felt I had to keep myself together for the benefit of those guys. They supported me. It was a feeling of comradeship and we all worked together. They knew I was not barking orders at them and they did not hesitate if something needed to be done. We got numerous phone calls wanting the chaplain and my people were there. We had a flood of phone calls from the volunteers. People called and asked if there was anything they could do. I was surprised to hear not only from the base personnel but from the community as well. That was when I felt the community of Dover got very close with the military community--we were all working hand in hand. We had so many baked goods and food items donated by establishments from base because we realized that we not only had to serve the families of the deceased, but we also had a number of Army personnel on base we had to take care of. We had the honor guard and the band along with Army troops. They were working 24 hours in the hangar and were not getting much of a break. The chaplains went over with trays of food. They also had coffee and everything you could think of, all of which was donated by these people. Every time I saw a volunteer, I hugged them. I told them, "God and I thank you, you have been a real blessing to us." People came to the facility and said, "I am here, what can I do." They took me completely off guard. I said, "Okay, can you straighten out this or can you take this over there." They did not hesitate.

I think the one incident that really got to me was when one fellow called from the dental clinic and asked if there was anything he could do. He said he did not care what it was, just to let him know. I told him that at the moment I did not have anything for him and I took his name and number. When the families came in, there was one who needed transportation to the airport. I knew I could not task my people because there were only four of us and we had to keep that place running 24 hours a day. I remembered this guy, so I called him and said, "I am going to ask a big favor of you." He said, "Okay, what is it?" I asked him if he could drive a family to the Philadelphia airport. The man responded as if he had just won the lottery. He said, "Yes! Yes!, I will wear my class A's I will be at the hotel, is that what that is, a hotel? I will be there! What time do you want me to be there? No problem!" I was so shocked by his response and by the responses of everyone. That is when it hit me--these people really do care. We all pulled together.

I also talked to the chaplains. I took them aside and said I realized there was a lot going on and that everyone had needs. I knew they have to visit the hangars where the Army troops were and the mortuary which was very important because we had so many volunteers. That can be overwhelming for them with the stress factor. We also had a lot of Army VIPs working for the commander's office. I asked them not to forget us. I stated, "It seems like we have our act together, but all it takes is one time and I am afraid. I am not saying that people will snap, but we need your support just like anyone else on this base." The chaplains said that that was no problem and they were there. They took the time to sit down and talk to us for thirty minutes to an hour and asked how we were doing and how things were going. They took care of us, too. It was a good feeling. Everyone was pulling together. It made us feel a lot better.

We took care of the families and went through the ceremony. We did not get too involved as far as interrelating with the families themselves. We just made sure that every need that they had was fulfilled. We did not sit down and counsel any people.

The only times that were difficult for us were when we got phone calls from other families. Most of the families were rather hysterical. They wanted answers, they were demanding and angry. It was stressful for my people, but we were very cool about it. We helped them out as much as possible. We also got support from the Army chaplains. We were not trained in our school on how to handle those situations. We would look at each other, get together and agree that we keep receiving these phone calls and that we should try and talk to them and calm them down and get a chaplain as soon as possible. The guys did a fantastic job. Even when it was over and things started winding down, there were no aftereffects. We did not have time to feel anything afterwards because it was just one thing after another. We had the shuttle explode in January. We had an ORI that we were getting ready for so we could have exercises. Then we had our Air Force IG (Inspector General) coming in February. It was still "full speed ahead." We did not have time to sit back and think about it.

TSGT CERVANTES: Did you feel like you were burning out?

TSGT WOLCOTT: No. It really helps when you have a good team. We had good leadership in Chaplain G. He was always available to hear what we had to say. Quite a few times I went and sat in his office. I told him when I felt down and out. I felt like there was no end to it. He talked to me and made me feel a lot better. He would say we were all pulling together as a team. He made us feel good. He said we were doing a fantastic job and for us to keep it up. I relayed this back to my people. I gave them as much time off as they needed, but they did not take it. That was another amazing thing. I would say, "You know you have this day off, why don't you go to the beach and just relax?" They said, "No I have some work to do and I want to catch up on this now." They wanted to come in. I have a good attitude with the people here. It really helps. I have a good staff. Right now things are really starting to wind down. All the inspections are over with. The guys are starting to ask for time off now. They want to go to the gym and work out for a while. They may have friends coming and want to spend a couple of days visiting with them. They deserve it. They need that time off. I try to give as much time off as I can, up to a limit, as long as their job gets done.

TSGT CERVANTES: So morale around here has been very good. Was morale high prior to the incident as well?

TSGT WOLCOTT: Yes, morale has been very high here.

TSGT CERVANTES: How long have you been here?

TSGT WOLCOTT: I have been here since February, 1985. This is my first time being involved in anything like this.

TSGT CERVANTES: Did you request this assignment or was it given to you?

TSGT WOLCOTT: No, I was stationed at Wurthsmith AFB (Michigan) and my husband was assigned to Korea. He was requesting to come back to Michigan because I was going to stay there but there was no slot there. I was working closely with the assignments at Randolph AFB (Texas) and I asked if my husband and I could be put together. They said they would see what they could do as joint spouses were getting cut down. My people in my career field really helped me. The next thing I knew I was going to Dover. I said, "Oh, England." They said, "No, Dover." I said, "What is that?" I am accustomed to it because I have not gotten any of my choices. So I said, "Okay, no problem. I kept in touch with Dover before I arrived." Mark Koony was here and he let me know what was going on. We talked briefly about the Beirut incident. He

basically told me what was going on. He did not go into it in depth. I just never knew I was going to be involved in something like that. When I got here there was no NCOIC because M.K. was gone. I was busy trying to find out the training status of all the people because I had one new retrainee and one school graduate. So there was a lot going on and it kept me very busy. When a person goes to a new place, there are certain things that are done. You try to get the people to learn to trust you and get them to know you as well. Then the holidays slowly crept up on us. It was very amazing. It has been nothing but go, go, go since I got here. I can honestly say that things are just starting to calm down.

TSGT CERVANTES: If this were to happen again soon, hopefully not, how do you think you might handle it given the experience you have had? Do you think it would go as smoothly?

TSGT WOLCOTT: Yes, there is no problem with it going smoothly again. I feel that we will be very well prepared because we have gone in that direction before. I tried to put down every detail of how the enlisted people got involved, the chaplains, etc. The report that M.K. did on the Beirut incident was not as detailed. I guess they were busier with the families than anything else. As I went through each day and the events that occurred, I put the information in a log, stating this is what I did, I got this from there, etc.

TSGT CERVANTES: You mentioned that you kept a log of the events. Did that help?

TSGT WOLCOTT: Yes, that did help. I want to point out to you that most of the staff we had during the Gander operation were brand new people. From the six chaplains we had, four of them were new. I came in February, B. came in January of 1985, and R.D. came in June, 1985. This was all new to us.

TSGT CERVANTES: So no one really knew or had an idea that this is an event that occurs periodically.

TSGT WOLCOTT: We had one person who had experienced this, that was our secretary. She helped out quite a bit. She is a very dedicated secretary. She was not in the whole action on the other side of the base, but I am sure she was getting her share of phone calls over here. She was here during Beirut so she experienced it and gave me some pointers. One incident that happened during Beirut was that of some volunteers from the Red Cross were giving our enlisted people a hard time. One individual, M.J., and one enlisted troop were here doing Beirut. She was working and I guess she did something wrong because one of the Red Cross volunteers proceeded to chew her out in front of the other family members. M.K. stepped in and asked to talk about this situation. From what I understood, the enlisted people had a hard time dealing with that. I am not saying that M.K. was a bad leader. I am not sure what the problem was. I know it was a hard time for the staff. Everything went smoothly during Gander.

TSGT CERVANTES: You mentioned the floods of calls from the community. What about the community relationship prior to this, was it supportive before Gander?

TSGT WOLCOTT: Yes, I think Colonel T. and Colonel P. put articles in the newspaper saying we need to support our community, not to say that we were not. I could see in reading the articles that they were involved. They wanted to establish a better community relationship with the Dover people. I did not think anything about it because every Air Force Base I have been to has been that same way. We have always

tried to establish good relations with the community. I thought highly of Colonel T. and Colonel P. for putting such an article in the newspaper. It made everyone aware of what we wanted to do. I appreciated that coming from our leaders. Before that, I never really got involved with the Dover community. When I went to the store, people were always friendly. I have no complaints. When they find out that I am military, it is no big deal. They treat me just like anyone else. I have been stationed at other bases where the community had a negative feeling toward the military.

TSGT CERVANTES: Are you involved in any activities now outside of being chaplain?

TSGT WOLCOTT: I play T-ball and I am a member of the PTA at my son's school. That is about it. I am very dedicated to this career field now. This is the first time I felt I knew what my job was about. When we had our Air Force IG (Inspector General) come here and inspect us, I told him what our operation was like during Gander. He mentioned to me that I am very unique on this base to have handled something like that. Few chaplains experience something like this. They asked us what we were going through. M.K. from headquarters was calling quite a bit because he was concerned and he knew what we were going through. He asked how I was doing and he talked to Jimmy to see how they were doing also. We are a small career field of about 750. I look at it as being a close family. We got calls from our Chief of Chaplains Office. He called because he knew what we were going through. The guys here realized what we were all about.

TSGT CERVANTES: Do you think you are going to stay here longer?

TSGT WOLCOTT: I hope so. I finally found a base that I really enjoy. We have good relations with the base community and I have heard very positive comments and feelings from all of the agencies and the people downtown.

TSGT CERVANTES: If you were to leave and a new person were coming in, what kind of advice would you give them. For example, if I were a family man with four children, would it be exciting for me to be stationed here?

TSGT WOLCOTT: I would tell you all about the nice things that are going on first. I would tell you what is happening with the chapel activities, what a good staff we have, what the morale is like and how supportive we are. I would stress to you that we live, eat and work chapel management. We are a very dedicated group here. I would like to see you put forth all that you have. You will find it very rewarding here, too. If you do a good job you are rewarded for it. The same thing applies on the other side of the fence as well for the bad side, you know what is expected of you as an NCO and if you are not going to live up to the standards and not be a team member then you have no business being a part of it. This is one thing that I really stress to all of the guys--we work together as a team. They know that. Not many supervisors will get their fingers dirty and work shoulder to shoulder with their troops. They know when we have gardening to do or something needs repairing, I am there with them with my sleeves rolled up. More than once they have told me how much they appreciate that. Supervisors these days are starting to go that route. They are starting to get the feeling that they should not ask you to do something if they would not do it. I am a firm believer in that. The guys see that and it helps to establish a good relationship between you and your subordinates. As far as any other advice, I would tell them the unique experience of Beirut and Gander as well as what to expect. They will see the closeness of the people because we all work together. If there are any times that they feel stressed out or that it is getting to be too much for them they should let us know right away. We

can almost pick it out when one of our guys looks like they are near the end of their rope. We sit down and talk to them and say that it is okay and to take it easy for a short time.

TSGT CERVANTES: Are the people that you have been working with married or mostly single?

TSGT WOLCOTT: We have a combination of the two. The single people are more dedicated than the family people. They spend a lot of time here. It is not because I tell them they have to, they want to. I am sorry to say that I am losing Brian, he has his personal goals. He wants to get out and go to the guard and become a chaplain. I am very supportive of that. He performed like a champ in "Operation Gander" as they all did. He is single and before this happened he spent a lot of hours here. It paid off in the end because his area got a commendable IG. J.L., who is the youngest one I have on the staff was my school graduate. He was TDY (Temporary Duty) when this happened. He arrived the weekend after the crash and before we started receiving the remains he walked into it full force. He did not have time to have initial shock. He walked into our facility and saw that most everything was set up and he said, "Wow!" I sat down and told him what was going on and what we needed to do. I asked him to let me know how he felt about this and if he thought he could handle it. He said it was no problem. R. was the only married person on staff besides myself. He was just as "cool as a cucumber." He was cooler than me. R. supported me very much. Being the NCOIC, people tend to go with me first. When I got about three or four people all at once, R. interceded and helped me. They all have different characteristics. It was neat the way we all combined and helped each other out. G. just got here but he was here during Beirut. He may have just missed Beirut because he was TDY. I gave the same interview to G. telling him what it was all about. He feels very comfortable. He came to me for advice and they know I will help them as much as I can.

TSGT CERVANTES: Did this affect your family life? Did your husband understand that you had to work overtime or was he involved in it also?

TSGT WOLCOTT: He was one of the volunteers at the morgue. At first it was difficult because we had a son to take care of. We managed to work the time around to where we took care of our son, but at the same time, we were able to function in both areas. I talked to my husband after he was in the morgue so I could know what he was seeing--he did not tell me. I kept an eye on him. I told my chaplain about it and asked him to keep an eye on my husband. He said no problem. When they went to visit, they would see him over there and talk to him. My husband had a cool head about it. He never broke down and I never really saw it get to him. He talked about it and I thought it made him feel better. After he talked to me about it, he would talk to the chaplains. It did not cause any negative feelings in our family. We knew what was going on and something had to be done.

TSGT CERVANTES: How has this changed your life? Is there a lesson to be learned here?

TSGT WOLCOTT: Yes, not many bases get the experience of what it is like to react to a situation like this. Perhaps during wartime, but this is a different situation. I feel what I basically learned was that we can handle a crisis situation. At first I had my doubts because of the Christmas festivities. I learned that if we pull together everything will work out. Sometimes it takes something like that for you to realize it. I have a conference to attend next week at MAC (Military Airlift Command) and they have

asked us to say a few words about it. I will be able to share my experience with the other NCOICs on MAC bases.

TSGT CERVANTES: From a personal level what have you learned?

TSGT WOLCOTT: I look at people from a different point of view. I feel that when a tragedy arises people respond. I felt a sense of patriotism, not only for the military, but for the civilians as well. It still gives me goose bumps when I think about how responsive the volunteers were. I actually saw it. We deal with volunteers here on a regular basis. I guess we may take it for granted that people will help in a chapel or church. But when something like this happens, people really do care.

TSGT CERVANTES: What would you say the motivating factor is for making Dover work?

TSGT WOLCOTT: It could be a number of things, and the way I see it, personally, the commanders have a lot to do with it. On this base we have super commanders like Colonel T., Colonel P., Colonel E. and the other squadron commanders, they all pitched in. It is important to have good leadership. So many people look up to the leadership to know what to do. They are very cool about it. They say okay, let's take it a step at a time. To me, good leadership is the real motivating factor. Dover has a reputation for always responding to a crisis situation no matter what it is. I heard they are going to expand the morgue. To me, that is an indicator that we are going to start handling all military incidences. We handled the Jonestown incident. I do not think that the chaplains got involved in that at all. We are ready for any other incidences. I hope that we do not have to deal with it, but we have learned quite a few valuable lessons. We wrote down as much as we could and in case a lot of the personnel go PCS (Permanent Change of Station), there are records to go by. I get a good sense of satisfaction here, I am very happy here and I hope to stay for a long time.

TSGT CERVANTES: I wish you success. I know you made the STEP (Stripes for Exceptional Performances) program the day we came here in February. Was that part of something going on prior to that or was that part of Gander?

TSGT WOLCOTT: It was a combination of many things. Chaplain O. submitted my name for a STEP promotion. They review your records looking at what you have done in the past two years. I am not bragging, but my records speak for themselves. There are all nine APRs (Airman Performance Reports) and I got my MSM (Meritorious Service Medal) when I arrived here. I then got an Achievement Medal for doing conference work from Kirkland. I worked with the chief of chaplains there. After that we had Gander. We also had the Air Force IG in which we received seven commendables.

April 22, 1986 Debriefing of Airman First Class David Schiff

TSGT CERVANTES: What was the mood prior to the Gander crash and afterwards?

A1C SCHIFF: We were just doing our job and everything was going good. My job is Medical Material and I supply the hospital sections with what they need each week. I enjoy doing that. We work overtime when we need to. The morale in the

section is good. In our section, we are very close and we help everyone in need. I do not think that morale in the hospital is good. Since I have been here, I have seen many people getting in trouble, some with drugs and alcohol. I have been here for one year and I like it. I do not like Dover, but I like working in the Air Force. I am from New York and I am single. I play a lot of sports to keep occupied. I play roller hockey for Milford Hockey Center. I have participated in two walkathons. Last month I was in a skateathon. I volunteer for things, otherwise, I watch television. I have many friends.

TSGT CERVANTES: Are the activities you participate in on or off base?

A1C SCHIFF: It is a combination of both.

TSGT CERVANTES: So you were getting ready for Christmas?

A1C SCHIFF: I am Jewish so I did not have to worry about that.

TSGT CERVANTES: How did you become a volunteer?

A1C SCHIFF: I volunteered for after duty. My regular job is to deliver supplies there. I watched them do a lot of things. When I first went there, my thought was that it could not be true. I thought, when I was looking at the bodies, that they could not be real and that it could not have been a person. It has really not affected me. I thought that it was a good experience in case we go to war.

TSGT CERVANTES: Was that one of your primary reasons for volunteering?

A1C SCHIFF: I did it because I wanted to help. I do not mind volunteering to do things. I figure I am going out to see it some day, so I might as well see it now.

TSGT CERVANTES: How did you see some of the other people taking the sight of the bodies?

A1C SCHIFF: Everyone kept it inside while they were there, but once they got outside, they felt it was very gross. Once I went with someone else, but most of the time I went by myself. When I went by myself I watched what they did. I watched an autopsy and have not had any dreams about it. I do not think this has changed my life. I talked about the experience when people asked me what it was like. I told them I did not really have a choice. I did not enjoy talking to everyone, but people are very curious. The same story has to be told often. That got to be bad for a while.

TSGT CERVANTES: What is going on now? You said you were working two shifts and you are active in sports.

A1C SCHIFF: I enjoy the hospital. I am one of the few people that was recognized. I guess that is one of the reasons why I like it. I am getting ready to move. My choice was worldwide. Florida was the closest choice in distance to Dover where I was actually stationed. I enjoy the travel it puts me back home. I am going to Japan now, which is my first choice.

TSGT CERVANTES: What have you learned from this?

A1C SCHIFF: I do not think we were really prepared for it. It happened before so there should have been a system established. From the standpoint of supply, we were

always running around trying to get things, i.e., coffins. Next time they should be prepared and have things ready.

TSGT CERVANTES: Because you volunteered, were you able to use your experience with your job?

A1C SCHIFF: Not really. If they needed something, many of the people came to me because I deal with supplies. Many times, I did not know what I was looking for, but I would do it again to help out. My friends, who were not volunteers, said they would never do this. I ignored them. I volunteered because I wanted to. I got supportive feedback that I had done a good job and I got a medal. People said I did well.

TSGT CERVANTES: I take it you are a hard worker?

A1C SCHIFF: I tried to help out as much as I could.

TSGT CERVANTES: Have you got an APR yet?

A1C SCHIFF: I had one when I first got here. I will be staying in the Air Force. I just did not want to go to college. I thought this would be a good experience and I like it.

TSGT CERVANTES: If I were new to Dover and coming to take over your job, what would you tell me about the base and what can I look forward to. I am a married man.

A1C SCHIFF: You should have a car. I grew up in New York, and where I come from, there was something to do everywhere. This place is really small and there is not much to do. I told the two people I sponsored that it is a nice place, but too small. I have a car so it is easy to get around. I do not care for Dover as a town because there is nothing to do. Where I come from, there are 800 different stores in the same area. It is different here. I had a bike at one time to get where I wanted to go. I went to Ocean City and Rehoboth Beach. It is not easy to get around.

TSGT CERVANTES: New York can be a pretty rough place in certain areas.

A1C SCHIFF: The area I grew up in was Long Island and it is not rough. Everyone thinks New York is bad and the people are killing and murdering. That was the first thing I got when I arrived at Basic Training. In the service, they told me if I stole anything in the barracks they would break my hands.

TSGT CERVANTES: Have you been exposed to death anywhere prior to this?

A1C SCHIFF: No, I had been to one funeral before this. I went to the ceremonies when they sent in the first 10 bodies to see what it was like. It was different. I felt bad for them. The first day I saw them I said I hoped they did not have to go through any pain.

TSGT CERVANTES: I understand the base was geared up for a lot of things like the ORI and Gander. Things have just recently settled down. Did you find the job to be stressful or did you feel that you had to do it?

A1C SCHIFF: If I had to do it, then I had to do it, there was no point in complaining. My attitude was positive.

TSGT CERVANTES: Do the other single airmen adjust well?

A1C SCHIFF: Most of the people I know are sick of the barracks so you have to find something to do. If you have a car, then you are not sitting in the barracks but if you do not have a car you just sit in the barracks. Many hibernate in their rooms. Some of them are crazy and do not do to much.

TSGT CERVANTES: How old are you?

A1C SCHIFF: I am 20 years old.

TSGT CERVANTES: Thank you, for this interview.

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