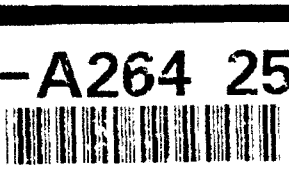

(2)

UNITED STATES ARMY

HEALTH CARE STUDIES AND

CLINICAL INVESTIGATION ACTIVITY

SURVEY OF MOBILIZED RESERVE COMPONENTS ARMY MEDICAL PERSONNEL

EXECUTIVE SUMMARY

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UNITED STATES ARMY

HEALTH SERVICES COMMAND

FORT SAM HOUSTON, TEXAS 78234

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Headquarters, U.S. Army Health Services Command (HQ HSC) requested assistance in the development and scoring of a questionnaire to assess attitudes of reserve Army medical personnel mobilized to stations in continental United States during Operation Desert Storm. During Operation Desert Shield/Storm, 53 units were mobilized in support of the HSC mission.

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SURVEY OF MOBILIZED RESERVE COMPONENTS ARMY MEDICAL PERSONNEL

Headquarters, U.S. Army Health Services Command (HQ HSC) requested assistance in the development and scoring of a questionnaire to assess attitudes of reserve Army medical personnel mobilized to stations in continental United States during Operation Desert Storm. During Operation Desert Shield/Storm 53 units were mobilized in support of the HSC mission.

Survey packets were sent from HQ HSC to installations where reserve units were demobilizing during April and May 1991. Of the 10,000 surveys sent, responses were received from 3,930 reservists. Reasons for the surveys not being sent back related to soldiers being unavailable either because they had been demobilized or had not returned from Southwest Asia.

The sample was predominantly from Troop Program Units (88.0%). In general, the reservists were pleased with their experiences, though there were significant concerns expressed about the lack of communication and information provided. The fragmentation of units was not adequately explained.

Lack of communication from both the parent unit and from the installation caused concern. When there was communication from the parent unit, there was more likely to be communication from the installation, and support from the parent unit. Apparently, reservists from units that provided the information were well prepared and felt they contributed to the mission.

The reservists were eager to serve their country. The soldier's participation was supported by the spouse. Since 59.4% of the sample were married, having family support is important. The support of the spouse was critical in soldiers planning to remain in the reserves until eligible to retire.

Soldiers who felt they were well utilized during mobilization were likely to report their contribution to the mission was significant and that they were given responsibilities commensurate with their rank and expertise. The reservists felt part of the active Army medical team at the receiving units.

The physicians, particularly the company grade officers, were generally least satisfied with the fragmentation of the units and the lack of communication and information. The field grade physicians reported suffering financially because of the mobilization. The company grade physicians were more likely to plan to leave the reserves.

CONCLUSIONS

Surveys were received from 3,930 reserve personnel, the majority from Troop Program Units (88.0%).

The mobilization and utilization experiences were generally positive.

Issues of concern related to communication and information.

Fragmentation of units was not well explained.

Retention of lower grade physicians and lower ranking enlisted medical service personnel may become problematic.

Support of families to reservists is critical toward their remaining in the reserves.

RECOMMENDATIONS

If reserve personnel train together in a unit, they need to be mobilized and utilized as a unit. Fragmentation of units is disruptive.

Personnel need more communication and information about what is happening and why.

Support programs for military families should be encouraged.