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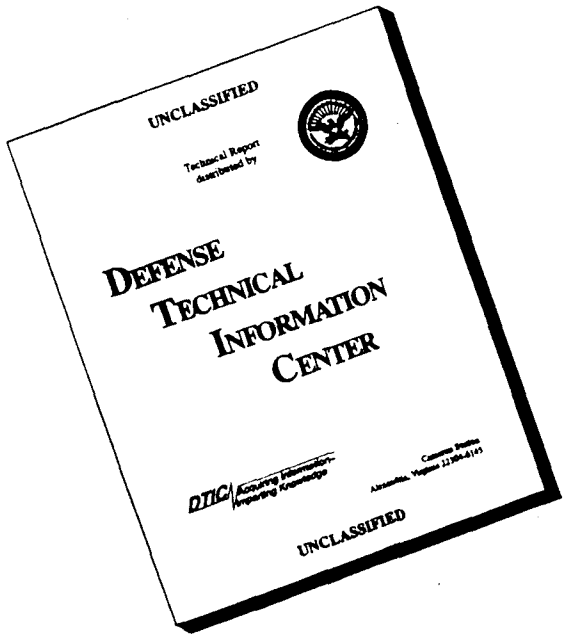

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U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND

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The primary objective of the human dimensions research (HDR) in military operations is to provide comprehensive and timely information to commanders of deployed forces. In Haiti, a field database of survey data was augmented with information gathered from interviews and focus group discussions to provide in-theater feedback to the Multinational Forces Commander, as well as to the Joint Task Force Surgeon and several brigade, battalion, and company commanders.

The purose of this report is to provide a summary of the human dimensions research conducted in Haiti to begin to address the following three objectives: (1) To disseminate information and lessons learned to personnel responsible for maintaining the fighting force, (2) To provide empirical information to senior military leaders, policy makers, and training personnel, and (3) to provide an historical record of information regarding well-being and adaptation of soldiers in Haiti. This report can be used to track trends across deployments and to assess the uniqueness of future operations.

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EXECUTIVE SUMMARY

In late October, 1994, the U.S. Army Deputy Chief of Staff for Personnel requested that The Surgeon General of the Army form and deploy a human dimensions research (HDR) team to Haiti to assess the status and adaptation of the U.S. Army force. A four-member HDR team was formed by the Department of Military Psychiatry at the Walter Reed Army Institute of Research. The HDR team spent over one month in Haiti from November 12, 1994 to December 14, 1994. Completed research questionnaires were collected from 3,205 of the approximately 10,500 soldiers deployed to Haiti at the time the HDR team was deployed. In addition, the HDR team conducted interviews and focus group discussions with 267 soldiers; and 2,650 written verbatim comments from 1,250 soldiers were collected and content analyzed.

The HDR results demonstrated that, when viewed as a population, soldiers deployed to Haiti did not report elevated levels of psychological distress or increased physical health symptoms. In fact, soldiers deployed to Haiti reported significantly lower levels of psychological distress than soldiers deployed to either Somalia for Operation Restore Hope or the Persian Gulf for Operation Desert Shield. Soldiers in Haiti reported levels of psychological well-being similar to a sample of non-deployed soldiers and a sample of soldiers deployed to Kuwait for Operation Vigilant Warrior during the same time period.

Despite the fact that overall levels of psychological distress were comparatively low, sub-samples of individuals reported elevated levels of psychological distress and physical health symptoms. An analysis of the questionnaires, the interviews, and the written comments indicated that four general factors were influencing the well-being of soldiers in Haiti.

The first factor related to the well-being of soldiers in Haiti was stress associated with the operational environment. A high percentage of soldiers indicated that the living conditions were stressful. The poor level of sanitation in Haiti, in particular, was reportedly stressful for 84% of the soldiers (42% reported extreme stress). Stress from the lack of personal privacy and the heat in Haiti was also related to the well-being of soldiers. Although soldiers generally reported that they worried little about being wounded, killed, or attacked by Haitians, over 75% of the soldiers reported that they were worried to some extent about getting a disease. Many soldiers also reported a great deal of stress because of an insufficient amount of water for drinking and personal hygiene. Most soldiers indicated that the living conditions improved dramatically after the first two months.

The second factor that was found to be systematically related to the well-being of soldiers in Haiti was stress due to family separation. The stressfulness of family separation was heightened for soldiers who missed the birth of a child, had been deployed multiple times, or were not given enough time to make a transition into a new unit. Phone and mail communication between soldiers and their families helped a majority of the soldiers deal more effectively with family separation stress. Soldiers generally reported that the phone service was handled well but the price of calls was reported to be excessive by many soldiers.

The third set of factors that were related to the well-being of soldiers in Haiti were unit and work issues. Soldiers' assessments of their leaders were among the strongest predictors of their well-being. Companies in which soldiers perceived their leaders to be caring and competent were companies where soldiers reported significantly higher psychological well-being and significantly fewer physical health symptoms. The stress caused by soldiers' work schedules was also significantly related to their reports of psychological and physical distress. A high percentage of junior enlisted soldiers (43%), in particular, reported extreme amounts of stress due to lack of time off when compared to senior enlisted soldiers (26%) and officers (12%). The two primary sources of stress from lack of time off were inadequate personal time on a daily basis and a lack of rest days during the deployment. Soldiers who were performing jobs they were trained to perform also reported less psychological and physical distress. Over 60% of the soldiers in Infantry, Mechanized Infantry, Air Defense Artillery, and Field Artillery units reported that they were performing tasks they were not specifically trained to perform.

The fourth set of factors found to be systematically related to the well-being of soldiers in Haiti were broader policy issues. The most frequently reported stressor of the entire deployment was the ambiguity and repeated changes in return date information. Soldiers who were regularly told to expect to stay for a six month tour appeared to cope best with this source of stress. The extent to which soldiers believed in the value of the overall operation also was related to their psychological and physical well-being. Soldiers who were briefed regularly regarding the mission and the accomplishments of the mission reported higher belief in the overall operation. Soldiers who did not believe that the people of the U.S. appreciated what they were doing in Haiti (50%) reported less belief in the operation. Analyses also indicated that soldiers who had been previously deployed to Somalia for Operation Restore Hope or to Florida for Hurricane Andrew relief (or both) did not report higher levels of psychological or physical distress while they were in Haiti than soldiers who had not been previously deployed.

The four sets of issues which were found to be significantly related to the psychological and physical well-being of soldiers in Haiti have implications for unit leaders at all levels, mental health and medical personnel, and policy makers. Several of the lessons learned from the human dimensions research conducted in Haiti include:

Lesson Learned #1. *Soldiers expected that their basic needs (i.e., water, food, personal hygiene) should be taken care of in an expeditious manner.* Soldiers' expectations regarding their basic needs are higher when they perceive the threat level to be low and the planning time for the operation to be long. In future deployments, every effort should continue to be made at all levels of command to ensure that the basic needs of deployed soldiers are met as quickly as possible.

Lesson Learned #2. *Rest and relaxation was important for maintaining the psychological and physical well-being of soldiers.* If possible, efforts should be made to ensure that soldiers have at least 30 to 45 minutes of personal time (non-duty time) each day and that soldiers have non-duty days periodically for rest and relaxation during operations.

Lesson Learned #3. *Phone and mail service reduced family separation stress and increased morale.* Many soldiers used, and greatly appreciated, the available mail and phone services to cope with the stressors of the deployment and family separation. In future deployments, access to phones should continue to be provided for soldiers and efforts should be made to reduce the costs of phone service.

Lesson Learned #4. *Family separation stress was heightened for soldiers who missed the birth of a child, deployed multiple times, or were not given enough time to settle their families after transitioning into a new unit.* Policies regarding separating soldiers from their families may require adaptation to allow more flexibility during Operations Other than War (OOTW).

Lesson Learned #5. *The well-being of soldiers was impacted to a significant degree by information that allowed them to better understand, predict, or control their environment.* Effective dissemination of information played a critical role in how soldiers perceived the overall operation and their role in the operation. In future deployments, strong efforts should continue to be made by commanders to ensure that information is communicated to soldiers of all ranks, particularly junior enlisted soldiers.

Lesson Learned #6. *Soldiers who were regularly briefed about the accomplishments of the operation were more positive about the operation and more likely to feel that they were contributing to the success of the operation.* Particularly in future OOTW, strong efforts should be made to ensure that soldiers of all ranks are aware of the goals and accomplishments of the operation.

Lesson Learned #7. *Soldiers in combat arms units had difficulty understanding their roles in Operation Uphold Democracy.* Soldiers need to know and understand what their roles will likely be in OOTW. Training will likely be most effective if it is partially based on skill development (i.e., crowd control, Military Operations in Urban Terrain (MOUT)) and partially based on information regarding the roles that soldiers will assume in OOTW.

Lesson Learned #8. *Follow-up research will be required to assess the future consequences of multiple consecutive deployments on soldier well-being and retention.* Many soldiers reported that being sent on multiple deployments (i.e., Somalia, Florida, Haiti) in a relatively short period of time was extremely stressful for them and their families. Follow-up research will be required to assess the potential longer term effects of deployments and multiple deployments on the psychological well-being, physical health, and retention of soldiers.

PREFACE

The primary objective of human dimensions research (HDR) in military operations is to provide comprehensive and timely information to commanders of deployed forces. In Haiti, a field database of survey data was augmented with information gathered from interviews and focus group discussions to provide in-theater feedback to the Multinational Forces Commander, as well as to the Joint Task Force Surgeon and several brigade, battalion, and company commanders.

The purpose of this report is to provide a summary of the human dimensions research conducted in Haiti to begin to address the following three objectives. The first objective of this report is to disseminate information and lessons learned to personnel responsible for maintaining the fighting force. Human dimensions research results may be used to aid in the development of intervention strategies, to provide baseline data of soldier psychological and physical symptomatology, and to aid in the development of training and doctrinal materials targeted at issues which may impact the well-being and morale of soldiers.

The second objective of this report is to provide empirical information to senior military leaders, policy makers, and training personnel. Issues related to soldier health, training, leadership, operational tempo, and factors unique to peacekeeping and humanitarian operations may be addressed utilizing the data collected by the HDR team in Haiti. Research results bearing on these issues may contribute to the information on which policy formation and military training is based.

The third objective of this report is to provide an historical record of information regarding the well-being and adaptation of soldiers in Haiti. This report can be used to track trends across deployments and to assess the uniqueness of future operations.

Reprints of this report are available from the Defense Technical Information Center (DTIC# ADA298125). The views of the authors do not necessarily reflect the positions of the Department of the Army or the Department of Defense (IAW para 4-3, AR 360-5). For additional information regarding human dimensions research in Haiti contact the first author at Walter Reed Army Institute of Research - Department of Military Psychiatry - Washington, DC, 20307-5100 - (internet - halverson@wrair-emh1.army.mil).

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CHAPTER ONE
INTRODUCTION

The purpose of this chapter is to briefly describe the area of operations for Operation Uphold Democracy and to discuss the data collection strategy, the characteristics of the soldiers who participated in the human dimensions research, and the databases used for comparison purposes throughout this summary report.

1.1 Background

Operation Uphold Democracy began on September 19, 1994, with the deployment of U.S. forces to Haiti as part of a multinational force. The operation was initially planned to be a forced insertion combat mission with the objective of forcibly overthrowing the existing Haitian government headed by General Raul Cedras and restoring the democratically elected President, Jean Bertrand Aristide. Due to last minute diplomatic discussions, the Cedras government agreed to peacefully transfer control of the Haitian government to President Aristide. As a result, the U.S. involvement changed from a combat operation to a peacekeeping operation, with the mission of maintaining a stable environment and overseeing the exchange of governmental power.

In late October, 1994, the U.S. Army Deputy Chief of Staff for Personnel requested that The Surgeon General of the Army form and deploy a human dimensions research (HDR) team to Haiti to assess the psychological and physical status and adaptation of the deployed U.S. Army forces. The U.S. Army Medical Research and Materiel Command received the mission and tasked the Department of Military Psychiatry at the Walter Reed Army Institute of Research to form a HDR team. A four-member team was formed which consisted of three U.S. Army research psychologists and one behavioral sciences non-commissioned officer. The HDR team arrived in Haiti on November 12, 1994, and departed on December 14, 1994.

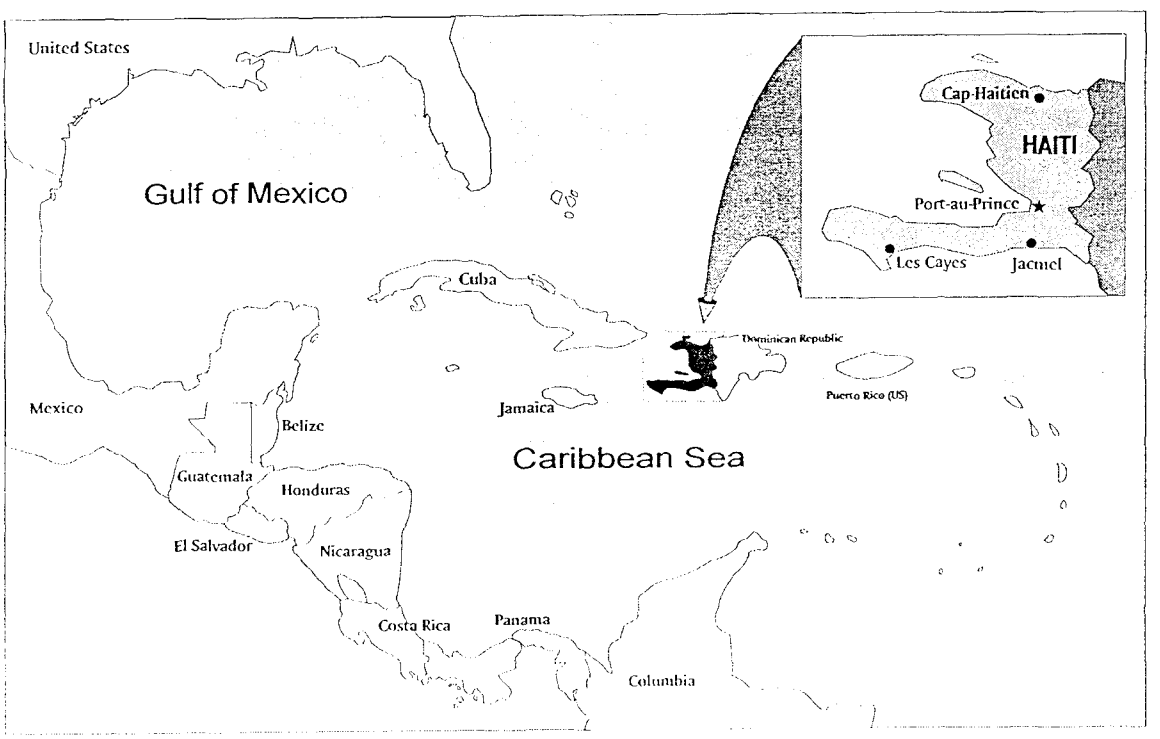
1.2 Area of Operations

A majority of the U.S. forces in Haiti were encamped either in Port au Prince, the capital and largest city in Haiti (see Figure 1.1), or areas surrounding Port au Prince. These areas included sites around the air and naval ports, the military academy, the embassy, and a mountain top signal retransmission cite. The Multinational Forces Commander and the Joint Operations Staff groups directed the operation from a light industrial complex near the airport in Port au Prince.

A large contingent of combat arms, combat support, and combat service support units were also encamped in Haiti's second largest city, Cap-Haitien, which is located on the northern coast of Haiti. Special Forces teams were encamped in more remote locations throughout the rural areas of Haiti.

The HDR team established an area of operations co-located with the Joint Task Force Surgeon in the light industrial complex in Port au Prince. The HDR team conducted interviews and collected research questionnaires (see section 1.3) from soldiers in units in and around Port au Prince as well as Cap-Haitien and many of the remote Special Forces cites.

Figure 1.1
Area of Operations for Operation Uphold Democracy



1.3 Data Collection

In addition to recording personal observations and experiences, two systematic data collection methods were employed by the HDR team. The first strategy was to administer Deployment Assessment Questionnaires and the second strategy was to conduct semi-structured interviews and focus group discussions. These two strategies are discussed in the following sections.

Deployment Assessment Questionnaires. Soldier psychological well-being, physical health symptoms, and deployment adaptation were assessed using Deployment Assessment Questionnaires developed by the Department of Military Psychiatry at the Walter Reed Army Institute of Research (see Appendix A). The Deployment Assessment Questionnaire assessed: (a) soldier and unit characteristics, (b) deployment stressors, (c) factors that soldiers used to cope with stressors, and (d) soldier psychological and physical well-being. Questionnaires were completed by 3,205 soldiers (see sample characteristics in section 1.4).

Soldiers were also asked to provide written comments regarding their experiences as part of Operation Uphold Democracy. Two thousand six hundred and fifty verbatim comments (2,650) from 1,250 soldiers were obtained and analyzed by content category, valence (tone), and unit type. Soldier comments are used throughout this report to elucidate various issues.

Interviews and Focus Groups Discussions. Members of the HDR team conducted semi-structured interviews and directed small focus group discussions with 267 soldiers. Generally, a company was targeted and individual interviews were conducted with the company commander and the First Sergeant, and focus group discussions were conducted with NCOs (groups of 3-6) and junior enlisted soldiers (groups of 3 -15). Interviews and focus group discussions were conducted with soldiers in combat arms, combat support, combat service support, and special operations units.

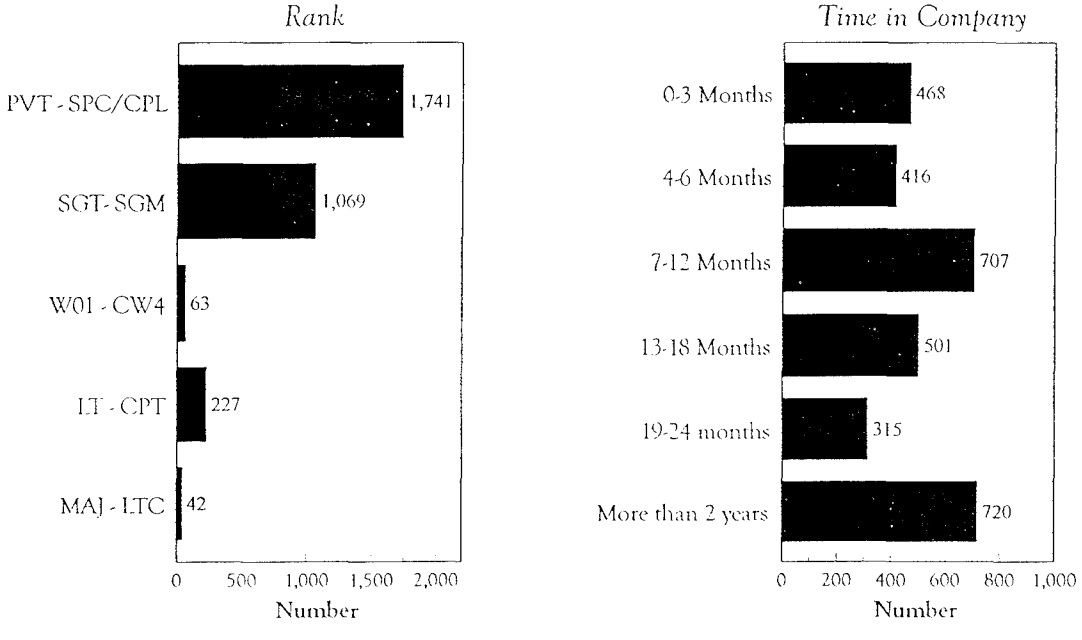
A classic debriefing paradigm was used by the HDR team members to reconstruct the deployment along an historic timeline. Interviews and focus group discussions were conducted as "historical reconstructions" of the operation from the interviewee's perspective. Soldiers described their experiences as part of Operation Uphold Democracy from the pre-deployment phase to the time of the interview or focus group. As such, the specific topics of discussion in the interviews and focus group discussions were primarily determined by the experiences of the soldiers. To provide continuity across focus group discussions, HDR team members also probed into issues relating to: (a) the unit's mission, (b) perceptions of the value of the operation, (c) re-occurring images or experiences, (d) perceptions of the adequacy of training and preparation, (e) sources of stress and frustration, (f) communications to and from families, (g) living conditions, and (h) unit and individual morale.

1.4 Soldier Characteristics

Completed questionnaires were collected from 3,205 of the approximately 10,500 soldiers deployed to Haiti at the time the HDR team was deployed. Sixty-four percent (64%) of the surveys were collected in and around Port au Prince, 24% were collected in Cap-Haitien, and 12% were collected from soldiers located in outlying areas or from soldiers who did not provide their deployment location. As shown in Figure 1.2, over one half of the soldiers were in the ranks of Private to Specialist/Corporal (55%), 34% of the sample were NCOs, and 11% were officers. Nearly 50% of the soldiers were in their current company for more than a year, while over 20% of the soldiers had been in their units less than 6 months.

Ninety-four percent (94%) of the soldiers completing questionnaires were males (N=3002). The average age of the soldiers was just over 26 years. Fifty percent (50%) of the soldiers were married, 41% were single, and 7% were separated or divorced. Thirty percent (30%) of the soldiers reported that they had one or more children (for additional background information see Appendix A, pages *II-III*).

Figure 1.2
Survey Respondents by Rank and Time in Company

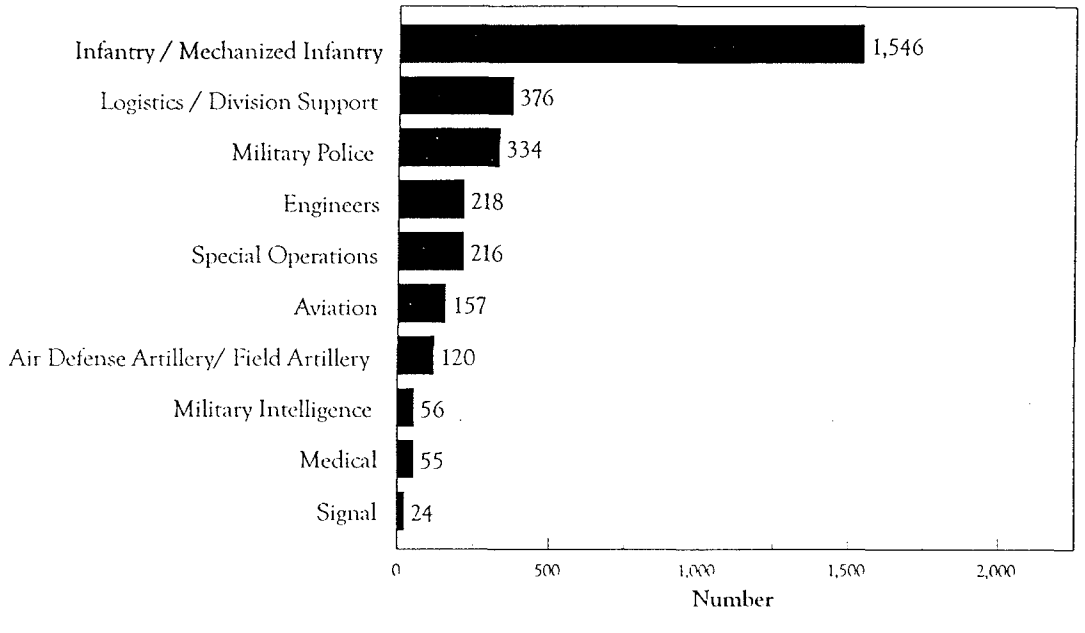


1.5 Unit Characteristics

As shown in Figure 1.3, the majority of soldiers who completed questionnaires were in infantry units; however, soldiers from other combat, combat support, combat service support, and special operations units were represented. The interviews, focus group discussions and written comments from the Deployment Assessment Questionnaires indicated that soldiers in different unit types had different experiences in Haiti and found different aspects of the deployment experience to be stressful. Consequently, subsequent analyses considered differences across unit types.

A substantial effort was made to collect information from soldiers within as many different U.S. Army companies as possible. The HDR team in Haiti collected information from 10 or more soldiers from 58 different U.S. Army companies. The number of soldiers completing questionnaires ranged from 10 to 135 soldiers per company (median = 34). Most companies were infantry or mechanized infantry (n=21) companies, followed by logistics or division support (n=10), aviation (n=6), military police (n=4), engineer (n=4), special operations (n=4), air defense artillery/field artillery (n=4), military intelligence (n=3), medical (n=1), and signal (n=1) companies.

Figure 1.3
Survey Respondents by Unit Type



NOTE: Unit identification was not available for 132 soldiers (4%)

1.6 Comparison Data Sets

An accurate assessment of a soldier population is largely dependent on the ability to make comparisons with other soldier populations. Meaningful interpretations of assessment instruments often depend on the availability of appropriate normative information. Since military samples may differ markedly from non-military populations on demographic variables and personality attributes, it is important to compare the assessments of soldiers in Haiti to previous soldier samples.

The following four data sets collected by the Department of Military Psychiatry at the Walter Reed Army Institute of Research are used for comparison purposes throughout this report.

a. **Operation Vigilant Warrior - Kuwait - 1994.** U.S. Army soldiers (N=731) deployed to Kuwait for Operation Vigilant Warrior during the same time period as the data collected in Haiti (November, 1994). Soldiers in combat arms, combat support, and combat service support units completed questionnaires.

b. **Operation Restore Hope - Somalia - 1993.** U.S. Army soldiers (N=2,435) deployed to Somalia for Operation Restore Hope. The operation began in January, 1993, and the data was collected in June and July of 1993, *before* the fighting with Mohammed Farah Aideed militia resulted in the death of U.S. Army soldiers. Soldiers in combat arms, combat support, and combat service support units completed questionnaires.

c. **Non-Deployed Soldiers - 1992.** U.S. Army soldiers (N=770) in garrison who had not deployed for Operation Desert Shield/Storm (ODS/S). Soldiers were assessed as part of a follow up study of active duty combat arms, combat support, and combat service support units that had deployed for ODS/S.

d. **Operation Desert Shield - Saudi Arabia - 1990.** U.S. Army soldiers (N=1,293) deployed to the Persian Gulf region during Operation Desert Shield. Questionnaires were completed before the ground war began (Nov-Dec, 1990). Soldiers had been deployed between 1 and 6 months prior to completing questionnaires. Soldiers in combat arms, combat support, and combat service support units completed questionnaires.

CHAPTER TWO
SOLDIER WELL-BEING

This chapter presents information regarding the psychological well-being and physical health symptoms reported by soldiers in Haiti. Measures of psychological well-being and physical health symptoms are interpreted using comparison data sets of soldiers deployed to the Persian Gulf for Operation Desert Shield, Somalia for Operation Restore Hope, Kuwait for Operation Vigilant Warrior, and a non-deployed soldier sample (see section 1.6). In addition, well-being measures are examined across soldier characteristics (i.e., rank, time in company, age, gender, marital status, number of children) and unit characteristics (i.e., unit type, U.S. Army company).

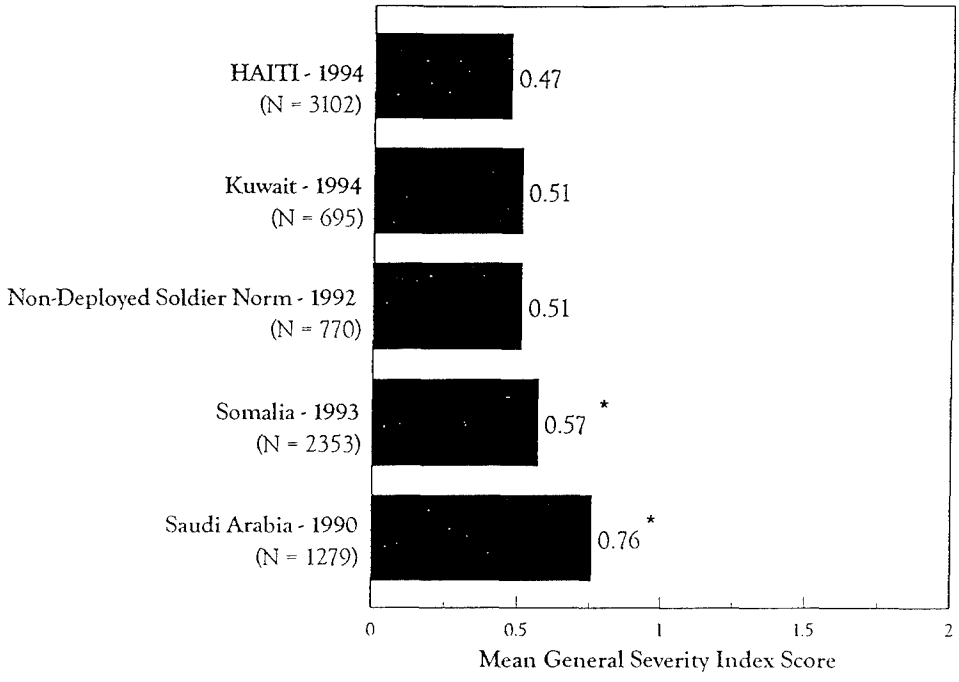
2.1 Psychological Well-Being of Soldiers Deployed to Haiti.

The Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982) was used to assess the psychological well-being of soldiers deployed to Haiti. The BSI is a 53-item measure of psychological distress derived from the 90-item Symptom Checklist - Revised (SCL-90-R; Derogatis, 1977). The BSI has been used extensively in both research and clinical practice to assess psychological distress among psychiatric, medical, and non-patient populations (see Del-Vecchio-Good, Good, & Clearly, 1987; Derogatis, L.R., & Melisaratos, N. 1983; Francis, Rajan, & Tuner, 1990; Marziali, 1984; Norbeck, 1985; Royse & Drude, 1984; Sable, 1989; Stefanek. Derogatis, & Shaw, 1987; Wood, 1982; 1986).

The BSI assesses the following nine psychological symptom dimensions: Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism, Obsessive-Compulsive, and Somatization, as well as three global indices of psychological distress (Derogatis & Spencer, 1982). The most widely used of these global measures, the General Severity Index (GSI), provides an overall index of the psychological distress. Researchers and practitioners have used the BSI by either using profiles based on the subscale scores or by using a global index to determine the overall distress level of a population. For the purposes of this research report, the General Severity Index (GSI) is used as a measures of psychological distress in the population of soldiers deployed to Haiti.

Across U.S. Army Samples. The mean GSI scores for soldiers deployed to Haiti for Operation Uphold Democracy, Kuwait for Operation Vigilant Warrior, Somalia for Operation Restore Hope, the Persian Gulf for Operation Desert Shield, and a non-deployed soldier sample are presented in Figure 2.1. Analyses indicated that soldiers deployed to Haiti did not report significantly more psychological distress than the non-deployed soldier sample and soldiers deployed to Kuwait for Operation Vigilant Warrior. Soldiers deployed to Haiti did report significantly less psychological distress, as measured by the GSI, than soldiers deployed to Somalia for Operation Restore Hope and soldiers deployed to the Persian Gulf for Operation Desert Shield.

Figure 2.1
Mean General Severity Index (GSI) Scores Across U.S. Army Samples



* *Significantly higher GSI scores than soldiers in Haiti ($p < .05$)*

Psychological Well-Being by Soldier Characteristics. Analyses were conducted to determine if mean GSI scores significantly differed by rank, time in company, age, gender, marital status, and number of children. Results indicated that soldiers in the ranks of Private to Specialist/Corporal reported significantly higher levels of psychological distress, as measured by the GSI (GSI = .60), than senior enlisted soldiers (GSI = .34), company grade officers (GSI = .24) or field grade officers (GSI = .19). After controlling for differences in rank there were no significant differences in GSI scores for length of time in the company, age, gender, marital status, or number of children (note: junior enlisted soldiers with 4 or more children reported high levels of psychological distress (GSI=.92); however, given the small sample (n=12) statistical significance was not reached).

Psychological Well-Being by Unit Characteristics. Analyses were conducted to assess whether GSI scores varied by unit type or by U.S. Army company. Because of the differences in GSI scores by rank, separate analyses were conducted for junior enlisted soldiers and for senior enlisted soldiers and officers. Analyses indicated that the only differences in psychological distress among junior enlisted soldiers were found with soldiers in infantry units. They reported significantly higher levels of psychological distress than did

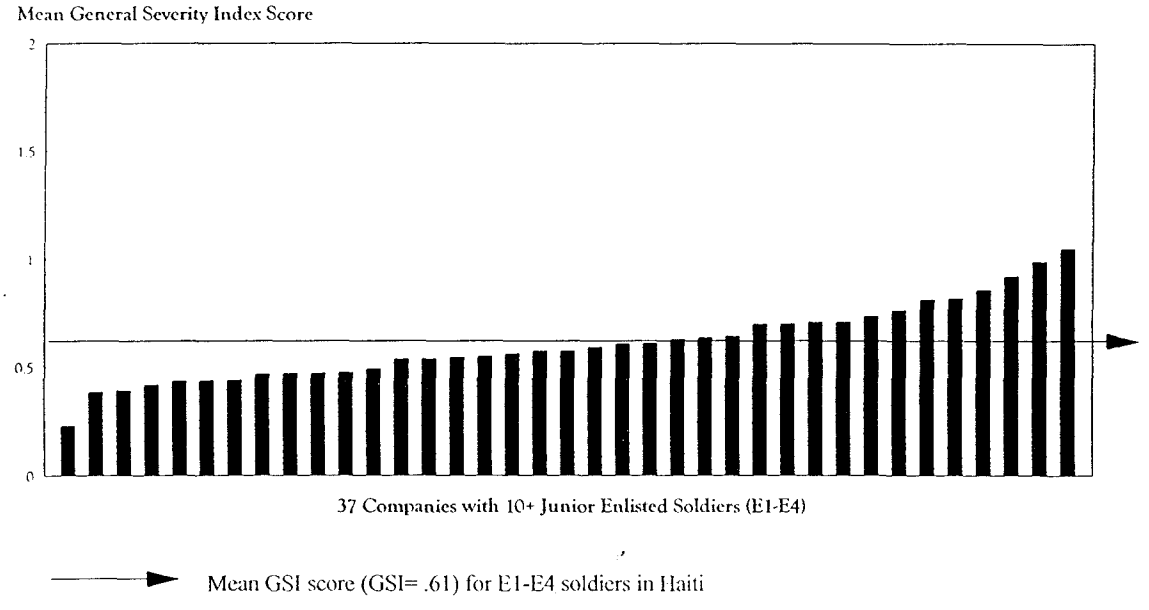
soldiers in military police or aviation units. For senior enlisted soldiers and officers, there were no significant differences between unit types in reported psychological distress.

To determine if there were differences in psychological distress reports across companies, mean GSI scores were computed for each company. Given the differences in GSI scores by rank discussed earlier, only the 37 companies with 10 or more junior enlisted soldier surveys were included in the analyses (n = 1654). The statistical analyses indicated that there were significant differences in GSI scores across companies, with company mean GSI scores ranging from .21 to 1.07 (see Figure 2.2).

Figure 2.2 illustrates the importance of considering differences across units when making assessments of soldier well-being. While average reports of psychological distress were comparatively low for the population of soldiers in Haiti, junior enlisted soldiers in some companies reported substantially higher levels of psychological distress, on average, than junior enlisted soldiers in other companies. Because these differences may have been partially influenced by the soldiers' unit type (as discussed above), tests were conducted to assess company level GSI scores among companies within the same unit type. Significant mean differences were found between the GSI scores across the 20 infantry/mechanized infantry companies, with scores ranging from .49 to 1.07. These results strongly indicate factors were operating at the company level that should be considered in the assessment of influences on soldier psychological well-being.

Figure 2.2

Mean General Severity Index Scores by U.S. Army Company for Junior Enlisted Soldiers



2.2 Physical Health Symptoms of Soldiers Deployed to Haiti.

A 24-item checklist was used to assess the physical health symptoms that soldiers in Haiti experienced. The items on the health symptom checklist and the corresponding percentage of soldiers who reported experiencing each symptom can be found on page IX of the Deployment Assessment Questionnaire reproduced in Appendix A. Overall, a substantial percentage of soldiers deployed to Haiti reported experiencing flu-like health symptoms such as headaches (57%), sinus troubles (42%), sore throat (32%), and head colds (32%). Soldiers also reported experiencing symptoms which were likely related to physical exertion and living conditions such as back problems (37%), aching joints (32%), muscle aches (32%), and skin rash (29%). Stomach intestinal upset (42%) and a loss or gain of weight (35%) were also reported by a large proportion of soldiers.

Physical Health Symptoms Across Soldier Samples. The 24-item health symptom checklist was used in Kuwait as part of the HDR data collection during Operation Vigilant Warrior, but it was not used for the other three comparison databases (i.e., nondeployed soldier sample; Persian Gulf - Operation Desert Shield; Somalia - Operation Restore Hope). Analyses indicated that there was no significant difference in the average number of physical health symptoms between soldiers deployed to Haiti (M = 4.95) and soldiers deployed to Kuwait (M = 4.71).

Although no significant difference was found in the average number of health symptoms reported by soldiers in Kuwait and Haiti, significantly more soldiers deployed to Haiti (as compared to Kuwait) reported experiencing headaches (59% vs. 51%), stomach intestinal upset (44% vs. 36%), weight loss or gain (36% vs. 29%), muscle aches (33% vs. 29%), skin irritation (30% vs. 18%), dizziness (17% vs. 12%), and fever or chills (17% vs. 13%). In contrast, significantly more soldiers deployed to Kuwait (as compared to Haiti) reported experiencing sore throats (38% vs. 33%) and coughs (34% vs. 27%).

Physical Health Symptoms by Soldier Characteristics. Analyses were conducted to determine if the physical health of soldiers deployed to Haiti, as measured by the total number of reported health symptoms, significantly differed by rank, time in company, age, gender, marital status, or number of children. Results indicated that soldiers in the ranks of Private to Specialist/Corporal reported experiencing an average of 5.5 health symptoms, significantly more than senior enlisted soldiers (M = 4.4), company grade officers (M = 4.1), or field grade officers (M = 3.4).

More detailed analyses revealed that 10 of the 24 health symptoms were differentially reported by rank (see Figure 2.3). In some cases, nearly twice the percentage of junior enlisted soldiers reported symptoms than senior enlisted soldiers or officers. For example, back problems, muscle aches and cramps, and aching joints were reported by over 37% of the junior enlisted soldiers, while less than 24% of the officers reported such problems (see

Figure 2.3). Senior enlisted soldiers reported fewer problems related to physical exertion (e.g., back problems, muscle aches, aching joints) than junior enlisted soldiers but more than officers. A similar pattern was found for headaches, sinus troubles, head colds, sore throats, cough, dizziness, and difficulty swallowing.

After controlling for differences in rank, there were no significant differences in health symptom reporting due to length of time in company, age, gender, marital status, or number of children. Although there were no significant differences in the average number of symptoms reported by females (M = 6.0) and males (M = 4.9), there were systematic differences in the types of symptoms that were reported. Significantly more junior enlisted males (N = 1562) than females (N=104) reported aching joints (38% vs. 26%) and skin irritations (33% vs. 22%). In contrast, significantly more junior enlisted females than males reported experiencing headaches (73% vs. 62%), sore throats (51% vs. 36%), weight loss or gain (48% vs. 36%), constipation (30% vs. 19%), urinary infections (19% vs. 2%), hoarseness (14% vs. 8%), and menstrual difficulties (37% vs. not applicable).

Figure 2.3

Physical Health Symptoms Which Differed Significantly By Rank

	PVT - SPC/CPL (N=1741)	SGT - SGM (N=1069)	W01 - CW4 (N=63)	2LT - CPT (N=227)	MAJ - LTC (N=42)
Headaches	63%	57%	29%	46%	43%
Sinus Troubles	47	41	24	32	31
Head Colds	37	30	18	28	29
Sore Throat	37	28	25	32	26
Cough	30	25	13	20	16
Dizziness	20	14	06	10	07
Difficulty Swallowing	17	12	08	10	05
Back Problems	43	36	22	18	24
Muscle Aches /Cramps	39	29	24	22	21
Aching Joints	37	31	16	17	21

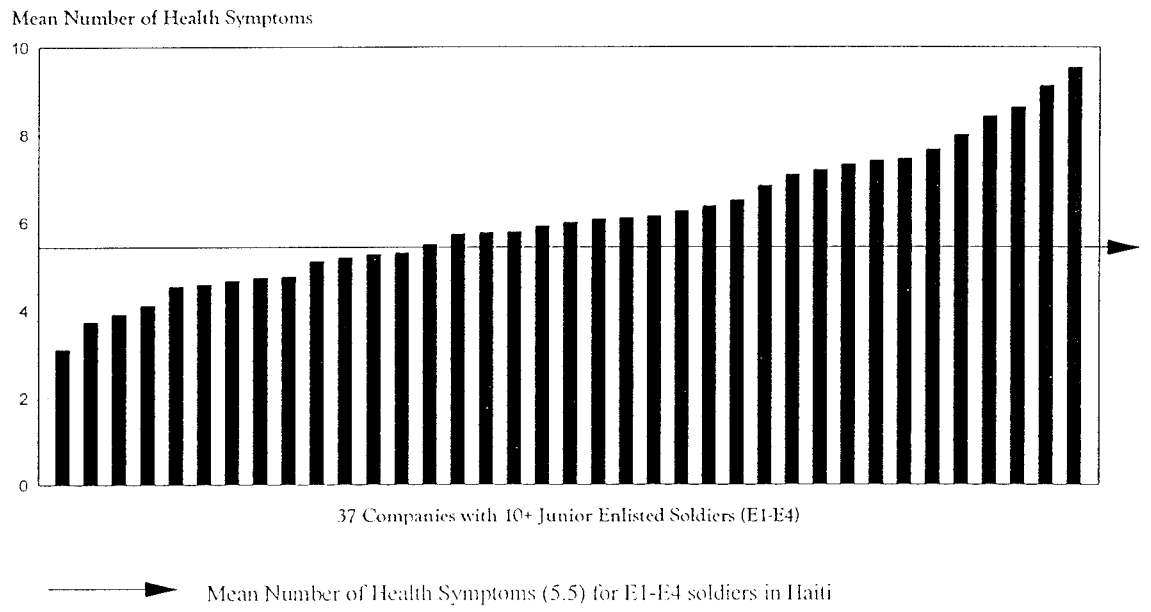
NOTE: The following symptoms did not differ significantly by rank: Flu, allergies, stomach intestinal upset, urinary infections, constipation, skin irritation, menstrual difficulties, ear/nose/throat problems, blood pressure, chills/fever, hoarseness, heart problems, weight loss/gain.

Physical Health Symptoms by Unit Characteristics. Analyses conducted to assess whether the reported number of physical health symptoms varied by unit type (e.g., infantry, military police) indicated that, on average, no type of unit differed significantly from another type of unit in terms of the mean number of physical health symptoms for junior enlisted soldiers, senior enlisted soldiers, or officers.

To determine if there were differences in reports of physical health symptoms across U.S. Army companies, the mean number of physical symptoms were computed for each company. Given the differences in reports of physical symptoms by rank discussed earlier, only the 37 companies with 10 or more junior enlisted soldier surveys were included in the analyses (see Figure 2.4). The analyses indicated that there were significant differences in reported health symptoms across companies, with the mean number of symptoms ranging from 3.1 per company to 9.5 per company.

Figure 2.4 illustrates that junior enlisted soldiers in some companies reported substantially more physical health symptoms, on average, than junior enlisted soldiers in other companies. Even when controlling for unit type by only considering the 20 infantry/mechanized infantry companies, significant differences in the mean number of physical health symptoms between the companies remained (company mean symptoms ranged from 3.7 to 8.7). These results indicate that there were factors operating at the company level that should be considered in the assessment of influences on soldier physical well-being.

Figure 2.4
Mean Number of Health Symptoms by U.S. Army Company for Junior Enlisted Soldiers



CHAPTER THREE
FACTORS RELATED TO SOLDIER WELL-BEING

The results presented in Chapter two indicated that while reports of psychological and physical distress by soldiers in Haiti were comparatively low, on average, there was significant variability in reports of well-being between soldiers in different units. The goal of this chapter is to discuss four factors which were found to be significantly related to reports of psychological well-being and physical health symptoms.

3.1 Operational Environment Issues

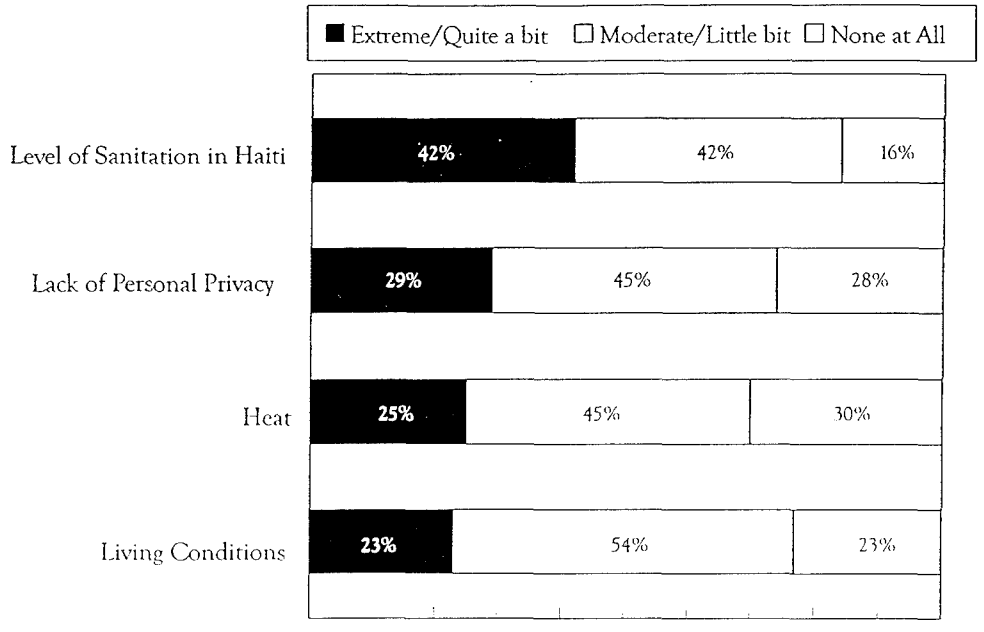
The first set of issues which were found to be systematically related to reports of physical and psychological well-being were reports of stress associated with the operational environment. More specifically, soldiers who reported more stress because of (1) their living conditions, (2) quality and quantity of food and water, (3) a fear of personal harm, and (4) time and access to morale, welfare, and recreation equipment also reported significantly more psychological distress and physical health symptoms. These operational environment stressors will be discussed in the following sections.

Living Conditions. Over 75% of the soldiers in Haiti reported that the living conditions caused them some worry or stress, and nearly 25% of the soldiers reported that the living conditions caused quite a bit or an extreme amount of stress (see Figure 3.1). Significantly more junior enlisted soldiers reported extreme amounts of stress from living conditions (25%), than company grade officers (11%), but there were no other differences by rank category. Only 6% of the soldiers in special operations units reported experiencing extreme stress due to living conditions, significantly less than the other unit types. Some senior NCOs who had previously been on multiple deployments indicated that the living conditions were relatively good; but they believed that younger soldiers had unrealistic expectations regarding how fast the living conditions could be expected to improve.

Clearly, the poor level of sanitation in Haiti caused a great deal of concern and stress for many U.S. Army personnel. Forty-two percent (42%) of the respondents reported that the level of sanitation caused quite a bit or an extreme amount of stress during the deployment (see Figure 3.1). Poor sanitation was the second most frequently reported stressor of the entire deployment (behind uncertainty of return date). Many soldiers reported having "no showers for the first 2 months." And one soldier reported having "to wash pots and pans in dirty water." The inadequacy and poor maintenance of the latrines also contributed to the reportedly poor sanitation level in Haiti.

Figure 3.1
Stressfulness of Living Condition Factors

Please indicate how much worry or stress the following caused during this deployment:



Numerous soldiers reported that initially there were not enough toilets available for the size of the camps. When portable toilets were finally obtained, one senior officer reported that since "there was no contract to empty them, they sat unused for a whole week." Another officer reported that the toilets were often "maggot infested." While field expedient latrines might have helped alleviate this problem, one officer reported that "the sheer amount of personnel per square acre" made this approach impossible. Most of the officers and senior enlisted personnel reported that the sanitation conditions did not begin to improve until civilian contractors took over this responsibility.

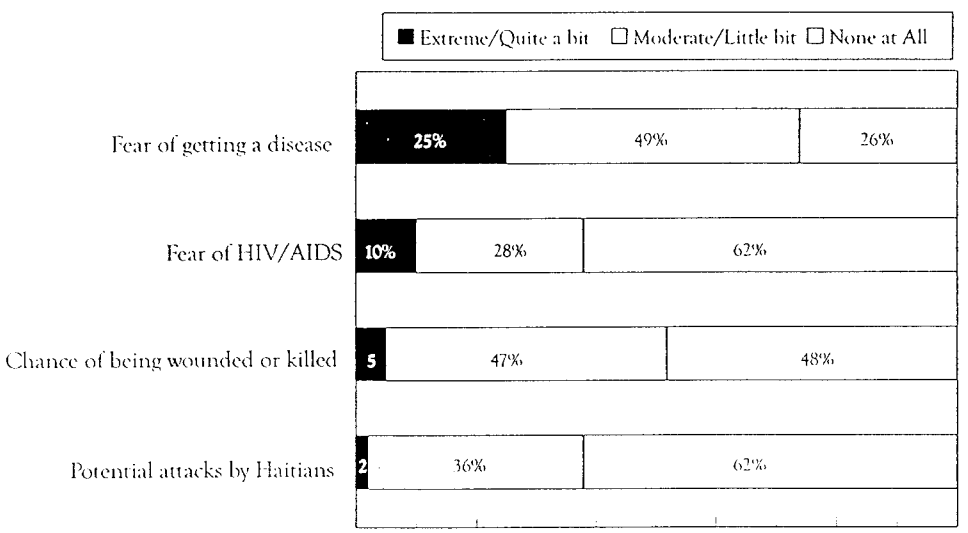
The lack of personal privacy was a significant stressor for 29% of the respondents (see Figure 3.1). More junior enlisted soldiers reported high stress due to lack of personal privacy (34%) than senior enlisted soldiers (25%) or officers (10%). Many soldiers reported living in warehouses and sleeping "on cots with only 8 inches of buffer between cots." These cramped living conditions presented an additional problem for those personnel working night shifts. Several soldiers who worked night duty reported that "talking loud, playing radios, dropping weights and cheering at the TV" significantly interfered with their ability to sleep during the daytime. Numerous soldiers recommended having separate sleeping quarters for night shift workers.

Twenty-five percent (25%) of the soldiers indicated that the heat caused them quite a bit or an extreme amount of stress (see Figure 3.1). There was a commonly reported perception among junior enlisted soldiers that many of the officers and soldiers in other services were sleeping in air conditioned quarters. Many soldiers also commented that their uniforms contributed to the problems related to the heat in Haiti, since wearing kevlar helmets and vests acted as heat insulators. Many soldiers commented that they perceived the threat level to be very low (see next section) and that they could not understand the uniform policy which they felt exacerbated the problems due to the heat.

Fear of Personal Harm. Overall, the soldiers in Haiti reported that they worried very little about their physical safety. For the most part, the soldiers felt there was very little risk of being wounded or killed, and even less risk of being attacked by Haitians (see Figure 3.2). As succinctly stated by one infantry corporal, "The threat level was minimal." In contrast, many soldiers reported that they worried about getting a disease. Nearly 25% of the respondents reported being quite a bit or extremely afraid of getting a disease. A part of this fear was likely due to the perceptions of poor sanitation in Haiti (discussed above) and the lack of access to sufficient potable water for personal hygiene (discussed below). Another factor was the "mosquito infestation." One officer reported that contracting malaria which he felt was a "real possibility" was his only worry during the entire deployment.

Figure 3.2
Stressfulness of Fear of Personal Harm

Please indicate how much worry or stress the following caused during this deployment:



Food and Water Issues. The quality and availability of food and water was an important issue that repeatedly surfaced in the interviews and the written comments. Water, in particular, caused many soldiers concern throughout the deployment. In the early stages of the deployment, when soldiers were acclimating to the environment, many soldiers reported that water was in extremely short supply and had to be rationed. One military police major indicated that "theft of water stores was a common practice on the airfield during the initial week of the operation" and that "soldiers were sneaking around in the night getting potable water from units with water buffaloes."

In the later stages of the deployment, water availability remained a serious problem for many soldiers. Soldiers reported that bottled water and water buffaloes were in short supply and not accessible to all units. Soldiers were also concerned about the water quality. One senior NCO reported that "needles and trash material was found in the drinking water" and a warrant officer reported stress because of "the uncertainty of the quality of the water" and a "disappointment with logistics in ensuring that water supplies were sufficient." Another senior NCO wrote that "there is no excuse for not having enough water for drinking and personal hygiene."

Soldiers indicated that the primary problem with the food situation was the time it took to set up dining facilities. Soldiers reported eating MREs three meals a day for up to 6 weeks into the deployment, followed by T-rations. Soldiers perceived that other units were receiving A-rations weeks before they were, and they could not understand why it took over a month in most cases to set up minimal dining facilities. One officer wrote "I resent having to eat T-rations and MREs for 2 months while other people in the U.S. Forces are eating A-rations." The vast majority of soldiers indicated that once the dining facilities were taken over by Brown and Root (the primary contracting company in Haiti), which served A-rations, the food situation improved substantially. As one staff sergeant wrote "the mess hall had a big effect on soldiers. When A-rations were finally served, the soldiers' spirits and motivation picked up."

Rest and Relaxation. The capability to rest and relax was reported by soldiers to be a factor that helped them cope with the stressors associated with their deployment to Haiti. A majority of the soldiers indicated that they read books, magazines, or newspapers (91%), watched TV (83%), and listened to the radio (78%) to help them manage the stress that they experienced during the deployment. In fact, over 50% of the soldiers indicated that reading, watching TV and listening to the radio were quite a bit or extremely helpful in managing stress.

Many soldiers stated comments similar to a sergeant who indicated that "access to a PX and a recreation center were great morale boosters." Soldiers in more remote locations, including Cap-Haitien, generally felt like they did not have sufficient access to the morale, welfare, and recreation equipment. Organized "beach trips" and shopping trips were generally viewed positively by soldiers. Some officers and senior enlisted soldiers indicated

that one six hour day of R&R to the beach was not enough time for soldiers to relax. They suggested that a rotation allowing soldiers one overnight stay would have been much more beneficial for soldier morale and well-being.

3.2 Family Separation Issues

The second issue that was found to be systematically related to the psychological well-being and physical health symptoms reported by soldiers in Haiti were reports of stress associated with family separation. More specifically, soldiers reported significantly more psychological distress and physical health symptoms if they experienced more problems with their families while they were deployed or had more problems in communicating with their families. These family separation issues will be discussed in the following sections.

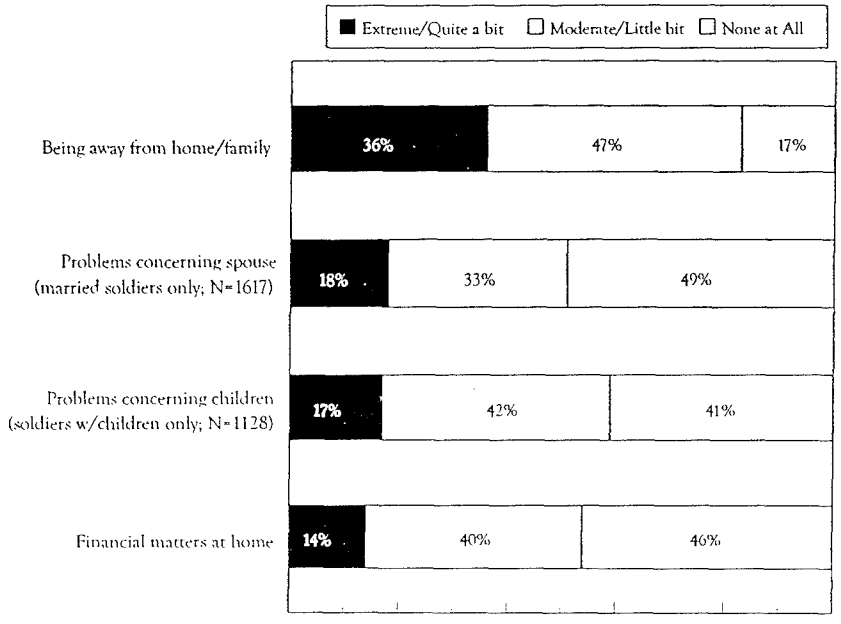
Family Separation Stress. The stress associated with being away from family and friends was reported to be quite a bit or extremely stressful by over one third of the soldiers deployed to Haiti (see Figure 3.3). This stressor was the third most stressful factor of the entire deployment (behind uncertainty return date and level of sanitation in Haiti). As shown in Figure 3.3, over one half of the married soldiers reported that they were experiencing stress because of problems concerning their spouse, nearly 60% of the soldiers with children reported stress because of problems concerning their child(ren), and over one half of the soldiers reported stress because of financial matters at home. At the same time, over 90% of the soldiers reported that thoughts of their family back home helped them cope with the stressors associated with the deployment to Haiti.

Numerous soldiers indicated that they had negative feelings about being away from their families, particularly away from their very young children. For example, one sergeant reported a great deal of stress because he "only spent 4 days with [his] child because of Haiti." Another group of soldiers believed that because the threat level was low soldiers should have been sent home temporarily because of the birth of a child. One specialist said "my wife is having our first child and I can't see it. If I wasn't here, I would be able to see my child come into the world", and a sergeant said that "[I] feel guilty for not being able to help [my] wife and new baby."

The stressfulness of family separation was heightened for soldiers who had been deployed multiple times. One sergeant wrote that "the only thing that is bad about this deployment is that since December of 1990 a lot of us have been to the Persian Gulf, Florida, Somalia, and now Haiti. It is an extreme hardship on my family and many like mine. Soldiers and families of often deployed units should be screened for potential marital problems, medical problems, and be given more quality time with loved ones."

Figure 3.3
Family Separation Stress Issues

Please indicate how much worry or stress the following caused during this deployment:



Some of the family separation concerns surfaced because some soldiers reportedly did not have enough time to make the transition into their units. One senior NCO indicated that "several members of my platoon newly arrived and were deployed without housing or basic induction into the net." Another senior NCO wrote "I have been on a variety of assignments and deployments in the past 17 years, but to arrive at a new station...and to be deployed for an obvious non-emergency situation is not looking out for the best interest of the soldier. I think newly arriving personnel should not be deployed unless it is an emergency. Give people at least 30 to 60 days on station."

Communication To and From Family. The availability of commercial phone service was seen by many soldiers to be extremely helpful in managing the stress related to family separation. A vast majority of the soldiers deployed to Haiti indicated that making phone calls home (91%) helped them deal with the stressors of the deployment. An examination of the interviews and written comments indicated that many soldiers believed that the price of the phone service was excessive. One infantry company commander said that the "cost of phone contact to the U.S. is too high. Recommend phone rates be regulated or temporarily subsidized." A first lieutenant wrote that "phone calls are too expensive....and

there is no alternative so soldiers must pay the higher prices." Junior enlisted soldiers, in particular, felt the prices of the phone calls were too high. Commercial phone systems were not set up at all of the locations, and the quality of the phone services varied considerably from vendor to vendor, according to numerous soldiers. The U.S. Army's Autovon phone lines were "life savers" but were not available to all the soldiers. One sergeant reported that in his unit there was one Autovon line for over 600 soldiers. Another staff sergeant indicated that morale calls were only allowed in his unit between 2200 and 0400 hours, when there were no Autovon operators on duty.

A vast majority of the soldiers deployed to Haiti indicated that receiving letters from home (95%) helped them deal with the stressors of the deployment. Soldiers generally felt similar to a second lieutenant who wrote that "letters from family and friends has helped me more than anything else" and a specialist who said "the mail system should be made more reliable and quicker" because he feels it is "the best morale booster available." Despite the positive role that mail service appeared to serve in helping soldiers cope with many of the stressors associated with the deployment (or perhaps because of it), the mail services caused extreme frustration for many soldiers. The first concern was the length of "time it took the mail system to get off and running at the beginning of the deployment", as one junior enlisted soldier wrote. Reported unreliability of the mail service caused a different set of concerns. Many soldiers reported that packages were consistently missrouted or lost, despite what they believed to be correct address information. The time it took for soldiers to receive mail from their families or vice-versa was a frequently reported problem. In some units, mail was collected and distributed every other day, which caused considerably consternation for the troops.

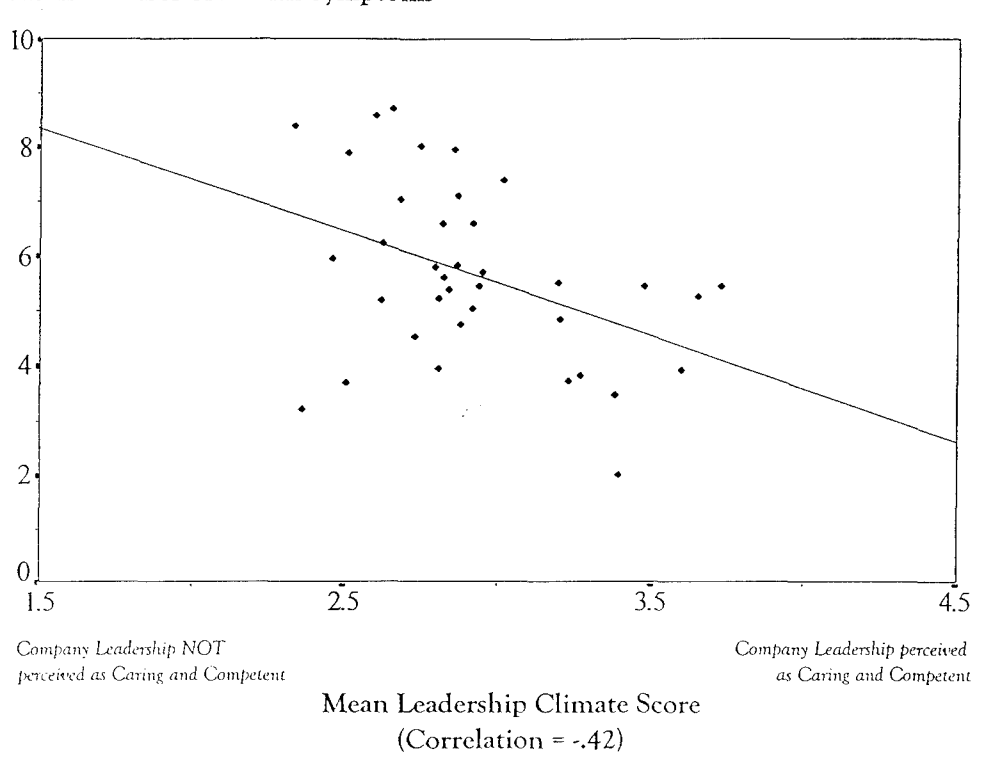
3.3 Unit and Work Issues

The third set of issues that were found to be systematically related to the psychological well-being and physical health symptoms of soldiers in Haiti were unit and work issues. More specifically, soldiers reported significantly less psychological distress and fewer physical symptoms if they were in units in which (1) the company leadership was perceived to be caring and competent, (2) the work load was not too high, and (3) soldiers reported performing jobs that they felt they were trained to perform. These unit and work issues will be discussed in the following sections.

Unit Leadership. Soldiers' assessments of their leaders were among the strongest predictors of their reports of psychological well-being and physical health symptoms. Companies in which soldiers characterized their leaders as caring and competent were companies in which soldiers reported significantly less psychological distress and fewer physical health symptoms. The relationship between the average number of health symptoms reported by company and the average rating of their leadership in the same company is presented in Figure 3.4.

Figure 3.4

Company Average Leadership Climate Scores with Average Number of Physical Health Symptoms



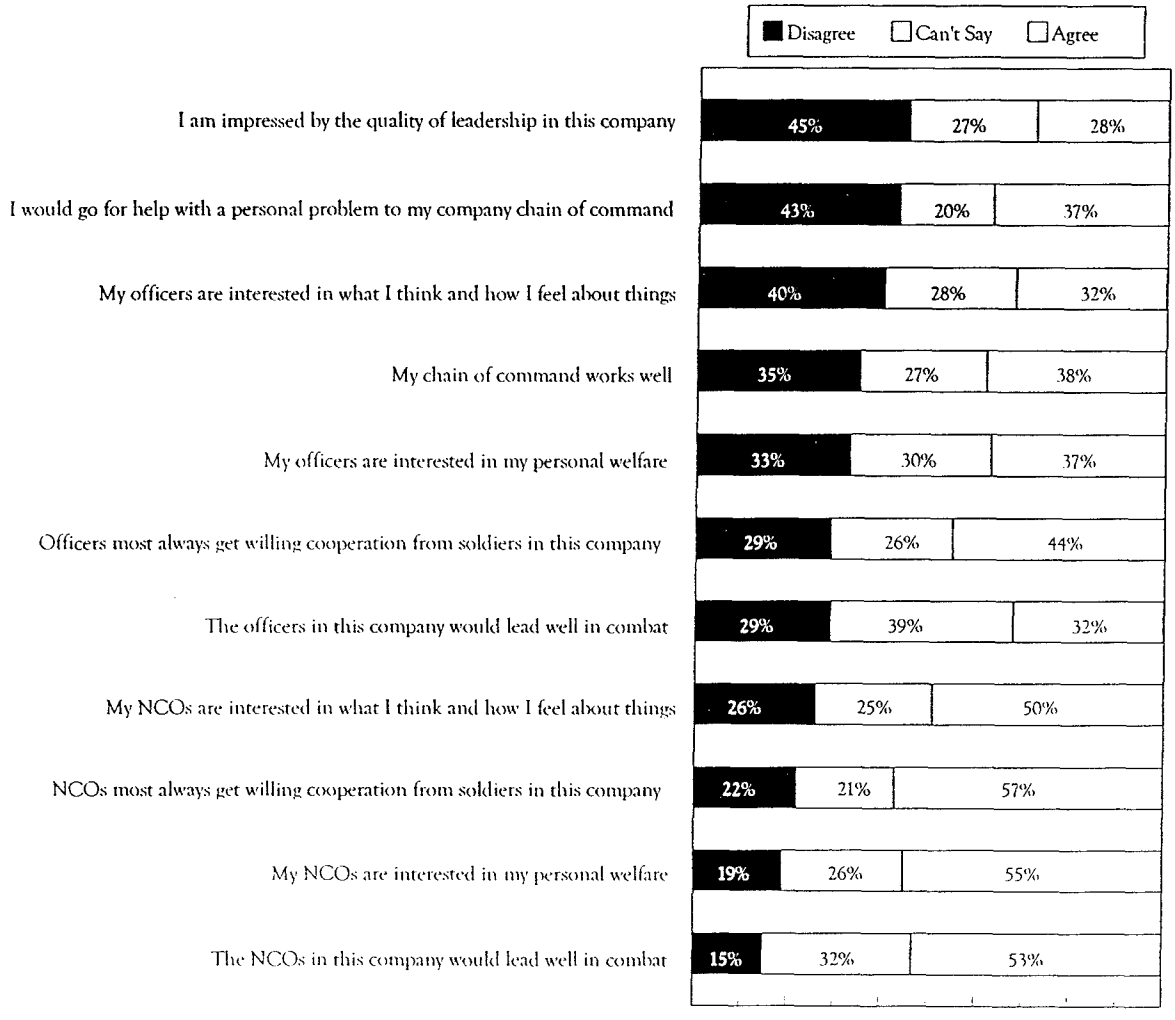
NOTE: Each Diamond (◆) represents one of 37 U.S. Army Companies with 10 or more Junior Enlisted Soldiers (E1-E4)

The scatterplot reproduced in Figure 3.4 illustrates the strong relationship between perceptions of leadership and reports of physical health problems. Companies in which soldiers perceived their leaders to be caring and competent (right side of scatterplot) also were companies in which soldiers reported fewer physical health symptoms (bottom half of scatterplot). Conversely, companies in which soldiers perceived their leaders to be less caring and competent reported significantly more physical health symptoms. A similar relationship was found between company average reports of leadership and company average reports of psychological distress.

The eleven items that were used to assess unit leadership are presented in Figure 3.5. In general, NCOs were evaluated more positively than officers. As shown in Figure 3.5, one third (33%) of soldiers did not feel their officers were interested in their personal welfare, and nearly 30% did not believe that officers in their company would lead well in combat. In contrast, less than 20% of soldiers felt their NCOs were not interested in their personal welfare or would not lead well in combat.

Figure 3.5
Leadership Climate

Please indicate how much you agree or disagree with the following statements:



Based on the interviews and written comments, it is likely that several factors accounted for soldier perceptions of their officers and NCOs. The leadership style of the officer corps was described by many soldiers as "micromanaging" and "overcentralized." As one infantry sergeant wrote, "Officers micromanaged the entire mission." Another infantry sergeant wrote that "Officers should let NCOs do their jobs." Many officers reported similar views. One company commander wrote, "Officer micromanagement is a disease that degrades and frustrates NCOs. Leadership by example has become a distorted concept in the officers corps. Good management, delegation, and enforcement has taken a back seat to

micromanagement all the way down to soldier level." One NCO felt that this type of leadership is "robbing soldiers of initiative and desire to perform. It also shows the chain of command mistrust in its NCOs and ruins the soldiers trust and confidence in his NCOs."

A second factor related to perceptions of leadership in Haiti was that many of the junior enlisted soldiers, and even many of the senior NCOs, believed that the officers either did not trust them or did not consider their advice valuable. One private wrote that "soldiers in general are treated as irresponsible adolescents and untrustworthy." One private's characterization alone would probably not carry much weight, however, consider the comments of a sergeant major who has been on numerous deployments before, "Officers at all levels thought that only their ideas and decisions were correct." Indeed, note that only 32% of the respondents reported that their officers were interested in what they thought or felt (see Figure 3.4).

Some soldiers reported that officers were setting rules and not following them. The most often cited example were the uniform rules that officers "seldom adhered to" according to many soldiers. One junior NCO described this double standard as: "There is so much 'do as I say, not as I do' going on that it isn't funny." Many junior and senior enlisted personnel also believed that officers were overly concerned about their own careers to the detriment of the soldiers who worked for them. One junior soldier wrote "It seems the higher ranking officers in the battalion are worried about their careers and themselves more than the soldiers." This perception was also shared by the senior NCO leadership. One staff sergeant said, "It is believed that everyone from battalion to Division level are just pretty much worried about that next rank or position that they'll get, if they'll look good, and damn what the soldier has to do to get them there." A sergeant major wrote that "Staff officers and commanders were negligent in the performance of their duties. Numerous officers performed only those tasks which were personally beneficial for themselves."

Finally, many soldiers felt indicated that the chain of command was not helpful in solving personal problems, and were not interested in the soldiers' personal welfare. One soldier's wrote, "I stopped receiving pay on Nov. 1. My chain of command has hemmed and hawed for two weeks and I still await an answer." A specialist whose father recently passed away wrote, "I was pulled off emergency leave to deploy, eliminating the chance to bury my father, which left me with a great deal of animosity." Many officers also felt that there was a lack of concern for the soldiers' welfare and morale. One first lieutenant wrote, "I believe that there is a genuine lack of consideration for the welfare of the individual soldier. There is a lack of down time to rest and recuperate between missions." One field grade officer who had been on several previous deployments indicated that the Haiti deployment "stands alone as the poorest example of supporting the soldier."

Many junior enlisted soldiers, NCOs, and officers felt that under the existing conditions the officers were "doing their best." For example, one sergeant reported that his company commander was "doing an outstanding job." Others also felt that leadership was strong.

An infantry captain reported, "The leadership at Brigade and below has been excellent. Leadership at these levels have provided focus and have prevented an overall collapse in morale." One First Lieutenant was more philosophical in describing the leadership climate. "I have learned a lot about leadership. I learned that I can not always expect the soldiers to be appreciative of my efforts or to show it. The occasional acknowledgment I get from them has to be enough to propel me."

Work Schedules. The stress caused by soldiers' work schedules was significantly related to their reports of psychological and physical distress. Over one third of soldiers deployed to Haiti reported quite a bit or extreme stress due to lack of time off. A high percentage of junior enlisted soldiers (43%), in particular, reported high stress due to lack of time off when compared to senior enlisted soldiers and officers (see Figure 3.5). In comparison, less than 30% of junior enlisted soldiers in Kuwait for Operation Vigilant Warrior reported high levels of stress due to lack of time off.

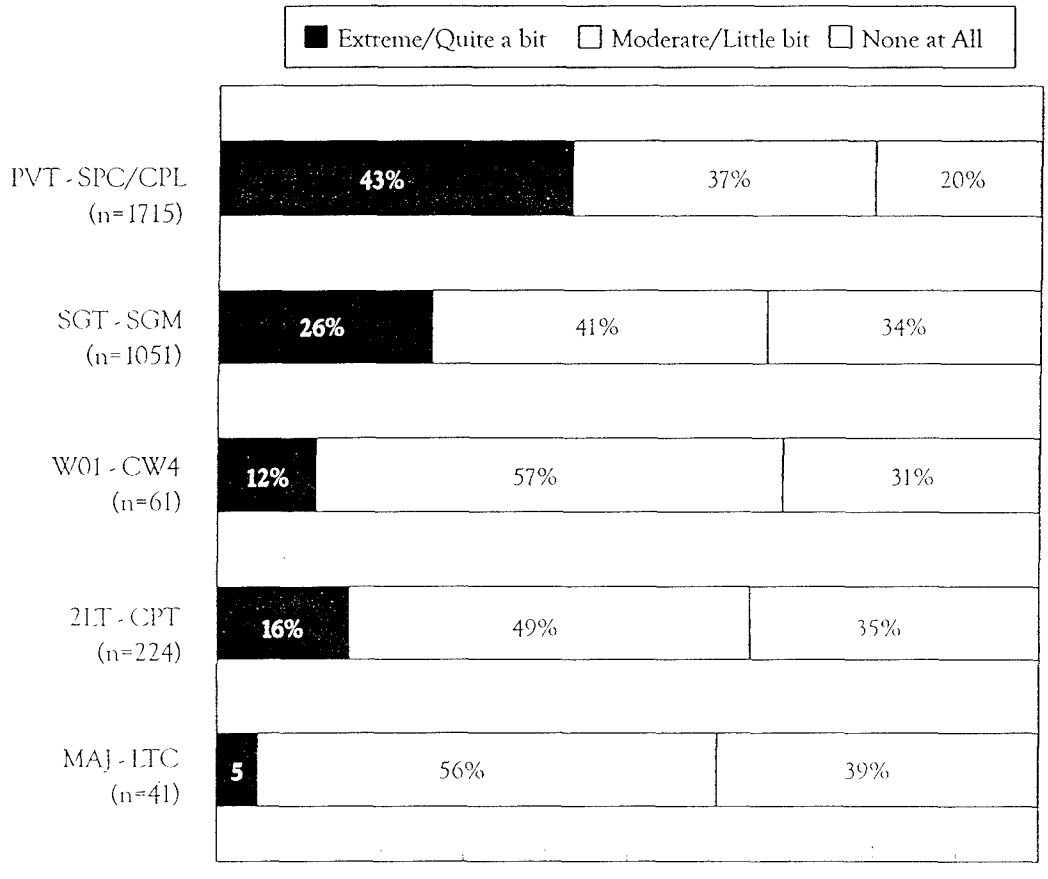
Interviews, written comments, and the questionnaire data revealed that there were differences across unit types in terms of stress due to lack of time off. Soldiers in Infantry units reported significantly more stress than any of the other unit type ☹ over 48% of the junior enlisted soldiers in infantry units reported quite a bit or extreme stress due to a lack of time off. Over one third of the junior enlisted soldiers in support units (38%), military police units (38%), engineer units (37%), and aviation units (33%) also reported quite a bit or extreme stress from lack of time off. Less than one-fourth of the soldiers in special operations units (23%), military intelligence units (24%), medical units (18%), and signal units (20%) reported significant stress because of lack of time off.

The interviews and written comments indicated that the stress from lack of time off originated from two sources. First, a large number of soldiers indicated that they did not have enough time off on a daily basis. This lack of time off, or "chill time", as one sergeant noted, resulted in a great deal of frustration. One specialist wrote "Soldiers need time to just sit and relax without any NCOs or officers anywhere near them...24 hours a day." Another PFC wrote "We need more time off. We pulled 3 hours on and 6 hours off for two weeks, then pulled guard duty at a hotel all day and then through the night. I haven't slept more than 5 hours at a time in over two weeks." Many soldiers felt they did not have enough time to take care of their personal needs, and were always susceptible for "hey you" duties, especially on their scheduled days off. As one PFC said "one could be called to do a detail or tasked with a job at any given moment on any given day."

The second source of stress from lack of time off was reported by another large group of soldiers who indicated that they did not have enough free days during the deployment. One sergeant first-class wrote "More time off is needed. Soldiers in my platoon have had only 1 day off since arriving in Haiti. Off should be off." A PFC wrote "we had only one day (6 hours actually) of R&R time in the 2 months we've been here. More uninterrupted down time would definitely help morale." A private wrote that "working 7 days a week is drowning us."

Figure 3.5
Stress from Lack of Time Off

Please indicate how much worry or stress
LACK OF TIME OFF caused
during this deployment:



Training Issues. Eleven percent (11%) of the soldiers deployed to Haiti reported that they were required to perform tasks they did not feel adequately trained to perform. There were no substantial differences in these perceptions across rank categories or across unit types. In contrast, over 46% of soldiers deployed to Haiti reported performing tasks for which they were not specifically trained. Less than 40% of junior enlisted soldiers felt they were performing missions that they were specifically trained for, significantly less than company grade officers (56%), or field grade officers (81%). Over 60% of soldiers in infantry or mechanized infantry units and in air defense artillery (ADA) or field artillery (FA) units indicated that they were performing tasks that they were not specifically trained to perform. A significantly smaller percentage of soldiers in medical, signal, aviation, military police, or engineer units reported that what they were doing in Haiti was not what they had been trained to do (see Figure 3.6).

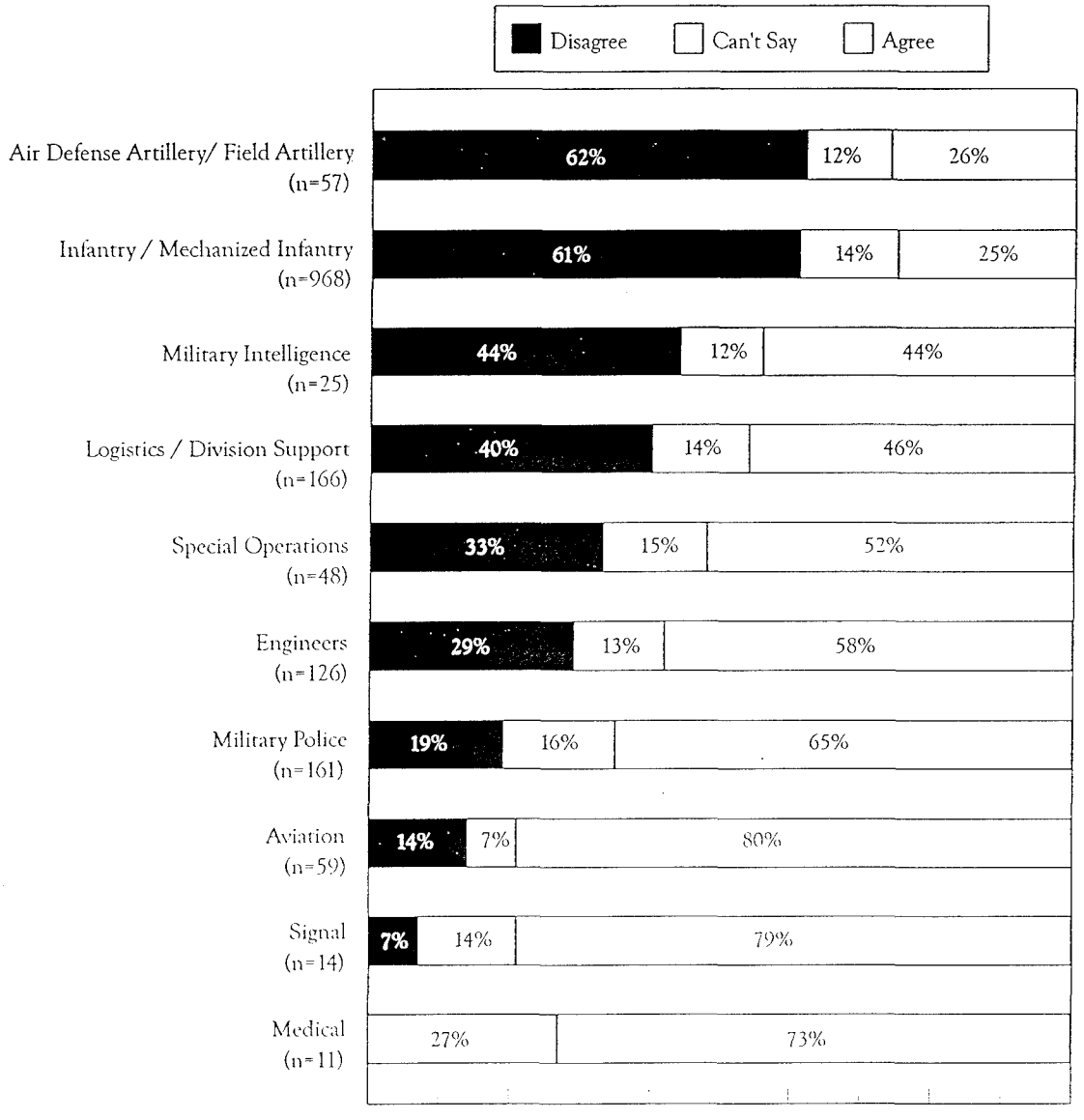
The interviews and the written comments indicated that soldiers in infantry, mechanized infantry, ADA and FA units were primarily performing what they considered to be Military Police tasks. As one infantry private wrote, "We are in a situation that just doesn't seem to call for an infantry unit. Guarding and patrolling seem to be all we do. These are missions the MPs can handle." This sentiment was echoed by a platoon sergeant, "Infantry soldiers are not a police force, we are combat troop and should be used as such." Similarly, a first sergeant of an ADA company indicated that there was no need for air defense artillery assets in Haiti, and his troops were being used only for guard duties. He believed that they should not have deployed because they could not train on their primary duties while they were deployed to Haiti.

Many soldiers believed that they were doing a good job at their assigned tasks, and that the Haiti operation was a chance to be "part of a real world mission." As one infantry PFC stated, "I think this deployment gave me more experience and training about my job as a member of the U.S. Army." It should not be surprising that the MPs were particularly satisfied with their role in Haiti. One staff sergeant noted, "This is real world training with an FTX feel." In summary, while many respondents believed that they were performing tasks they weren't trained to do, a large majority felt that they could perform their assigned missions.

Figure 3.6

Extent to Which Junior Enlisted Soldiers (PVT - SPC/CPL) Reported That They were Performing Tasks in Haiti for Which They Were Trained

Please indicate how much you Agree or Disagree with the statement:
WHAT I AM DOING IN HAITI IS WHAT I HAVE BEEN TRAINED TO DO.



3.4 Policy Issues

The fourth set of issues found to be systematically related to the psychological well-being and physical health symptoms reported by soldiers in Haiti were broader policy issues. Specifically, soldiers reported less psychological distress and fewer physical health symptoms if they reported (1) less ambiguity regarding their return date, (2) higher belief in the overall operation, and (3) less stress related to operating in a developing nation like Haiti. Although many soldiers reported they experienced negative consequences from multiple consecutive deployments, no significant relationship was found between participation in prior deployments and soldier reports of psychological well-being or physical health symptoms. Each of these issues will be discussed in the following sections.

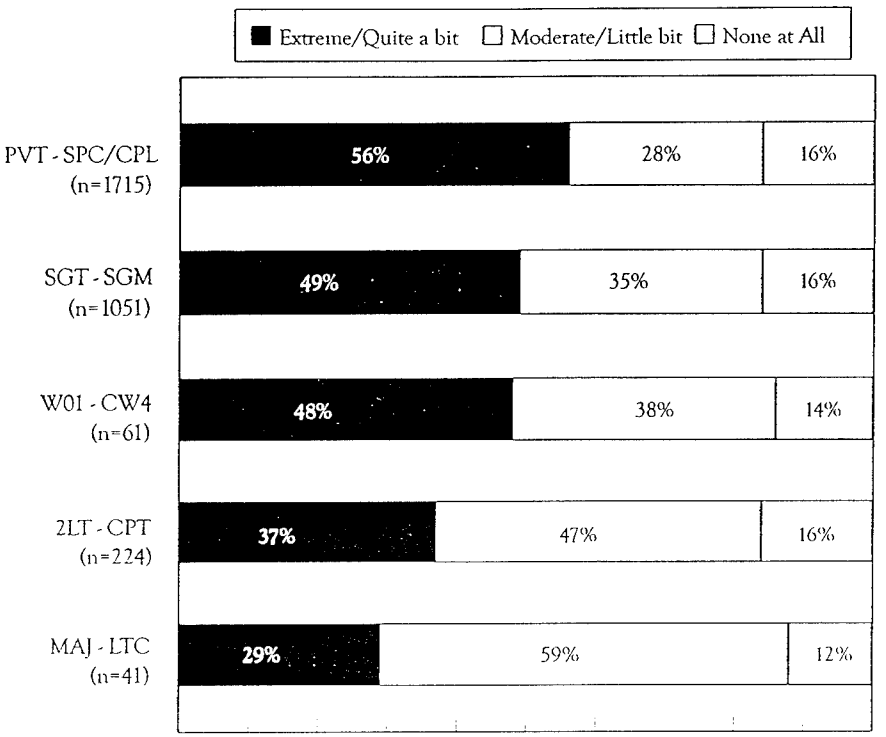
Ambiguity of Return Date. The interviews and focus group discussions conducted with soldiers in Haiti suggested that a primary stressor was the ambiguity associated with their date of return. These interview perceptions were later confirmed in the survey data, showing that 36% of soldiers reported the uncertainty of date of return to the United States caused them extreme stress. No other stressor assessed on the Deployment Assessment Questionnaire was reported to cause as much extreme stress.

The degree of stress associated with the uncertainty of the date of return differed significantly by rank. Soldiers in higher ranks reported significantly less extreme stress associated with the uncertainty of the date of return than did respondents in the lower ranks (see Figure 3.7). Figure 3.7 also shows that the proportion of soldiers who reported no stress associated with uncertainty of date of return remained relatively constant across ranks. Respondents from the higher ranks tended to report this was a moderate stressor instead of an extreme stressor; however, the uncertainty of date of return was reported as being stressful by almost all of the soldiers surveyed.

In the interviews and written comments, it was apparent that an early data date of return was not the major issue. The issue revolved around ambiguity and changes in reported return dates. Some units that seemed to have coped best with this source of stress where those in which soldiers were regularly told to expect to stay for a six month tour. A staff sergeant wrote, "the biggest stressful factor is not having a redeployment date. Soldiers can handle things better with a concrete return date." This sentiment was mirrored by a corporal who wrote "I feel that we should be more informed as to when we re-deploy and not be played with like yo-yos." It should be noted that during the time of the survey administration and interviewing there was considerable political pressure to "get the troops home for the holidays." This undoubtedly contributed to the spread of rumors associated with the uncertainty of the date of return.

Figure 3.7
Stress from Uncertainty of Date of Return to U.S. by Rank Category

Please indicate how much worry or stress was caused by
UNCERTAINTY OF DATE OF RETURN TO THE U.S.
during this deployment:

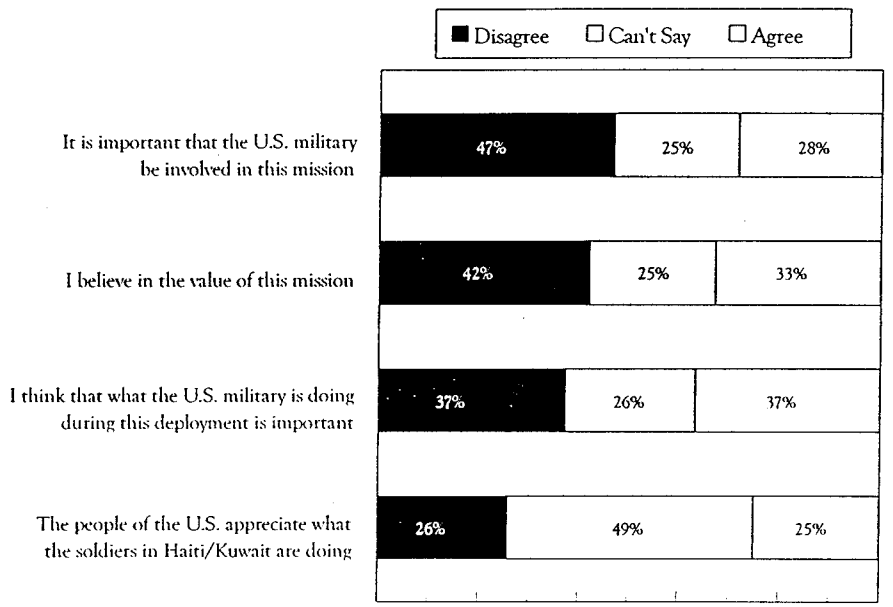


Belief in the Overall Operation. The extent to which soldiers believed in the value of the overall operation was one of the most frequently discussed themes in the interviews, and it was the most frequently reported topic in the written comments. Soldier perceptions regarding their belief in the overall operation tended to be more negative than positive. Nonetheless, it is clear from the survey results as well as from the written comments and interviews that a large number of soldiers had positive feelings about what they were doing in Haiti and the mission they were accomplishing.

Figure 3.8 reports soldier responses to three questions regarding belief in the operation and one question pertaining to soldier perceptions of whether people in the U.S. appreciated the soldiers' efforts. The first three items indicate that a high percentage of soldiers in Haiti did not believe in the value of the overall operation. The last item shows that nearly 50% of the soldiers in Haiti were unsure about whether the people of the U.S. appreciated what they were doing. Further analyses revealed that responses to the four questions regarding belief in the value of the operation did not differ substantially by age or rank.

Figure 3.8
Belief in the Operation Reported by Soldiers in Haiti

Please indicate how much you Agree or Disagree with the following statements:



The interviews and written comments revealed several themes which may help explain soldiers' sentiments regarding their belief in the operation. One theme was that many soldiers saw the mission as returning President Aristide to power. These individuals tended to report that they had supported the mission until Aristide was returned to power, but that they did not believe in or understand the mission after Aristide returned. Many of the comments and interviews were similar to that of a specialist in an infantry unit who wrote "Aristide is back in power, now it is time to get us infantry men out of here."

Another theme that was commonly expressed regarding the operation revolved around U.S. priorities at home versus interests in other nations. A staff sergeant in an infantry unit wrote, for example, "The U.S. tax dollar that has been wasted here could have provided for people in need, education, and other problems at the home front. I wish the American people could see where there money is going."

A third common theme was a positive sense of accomplishment in the mission and what had been achieved. Numerous soldiers wrote comments such as "It was a very worth while mission. It was actually a mission where you could see what you were accomplishing." This comment was provided by a Sergeant in a military police unit. Positive perspectives about the mission were expressed by soldiers of all ranks in all types of units. A junior

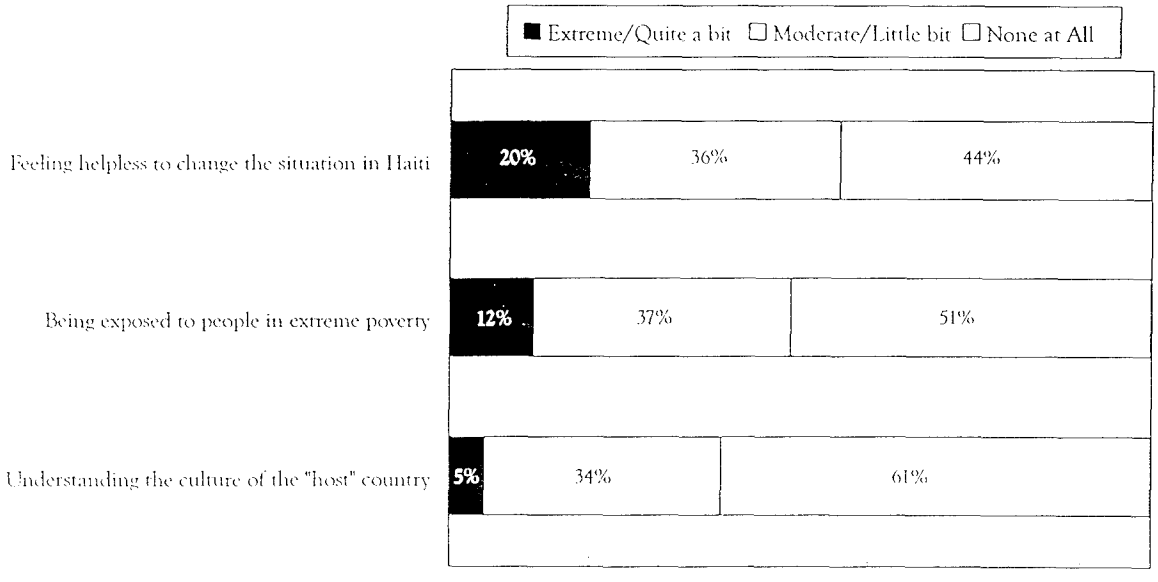
enlisted solider in an infantry unit stated, "The Haitian people are now enjoying their lives. They have freedom and hope, and it makes me feel good about coming."

A factor that played a significant role in soldiers' reports of overall belief in the operation was the extent to which they were briefed regarding the missions' accomplishments. Over 36% of junior enlisted soldiers and 33% of senior enlisted soldiers reported they were not regularly briefed on the accomplishments of the mission, significantly more than company grade officers (19%) or field grade officers (10%). Not surprisingly, soldiers who reported they were regularly briefed regarding the mission and its accomplishments reported significantly higher belief in the overall operation.

Operating in a Foreign Nation. Several items on the survey attempted to determine the degree to which exposure to the culture and poverty in Haiti were stressful to the soldiers. In general, a small percentage of soldiers reported experiencing extreme stress associated with difficulties in understanding the culture of Haiti (5%), while 61% of the soldiers reported no stress associated with understanding the host country (see Figure 3.9). The fact that many of the soldiers reported low stress on this factor may be partially due to the fact that many soldiers had limited contact with the Haitian population.

Figure 3.9
Stress Associated with Operating in a Developing Nation

Please indicate how much worry or stress the following caused during this deployment:

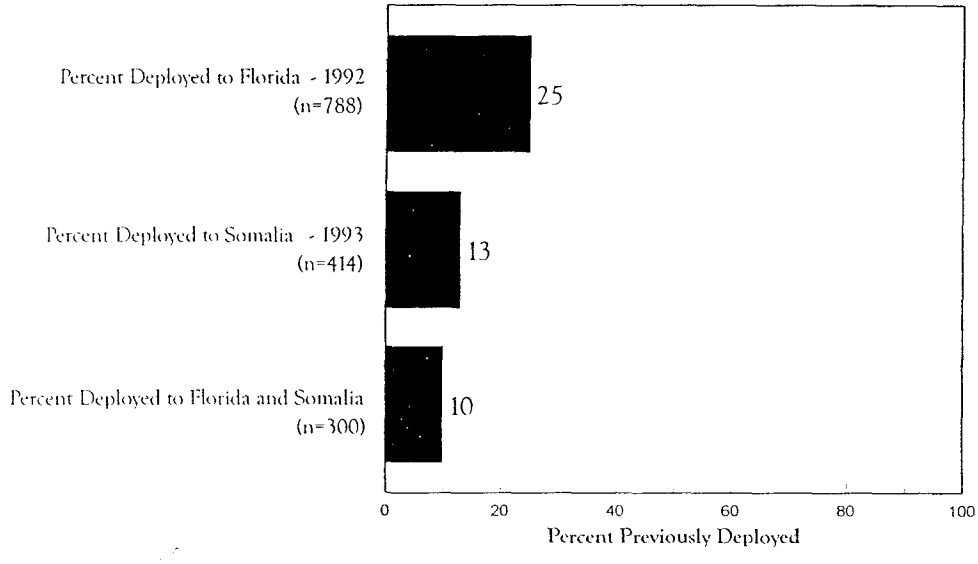


Soldiers did find exposure to poverty to be somewhat more stressful than the stress associated with trying to understand the culture of the host country (see Figure 3.9). The majority of soldiers, however, indicated that exposure to poverty was not stressful at all. Related to exposure to poverty was a question pertaining to whether soldiers felt stress associated with feelings of helplessness about being able to change the situation in Haiti. One fifth (20%) of the soldiers reported extreme or quite a bit of stress associated with feelings of helplessness about changing the situation in Haiti.

Multiple Consecutive Deployments. One of the key issues of concern regarding soldiers in Haiti revolved around possible negative effects of consecutive multiple deployments. The concern was that multiple deployments would have a negative impact on soldier well-being and soldier retention. This concern became an issue because a number of the soldiers in Haiti had also been deployed to Somalia for Operation Restore Hope and to relief operations in Florida following Hurricane Andrew.

Figure 3.10 shows the percentage of soldiers in Haiti who had previously deployed to Somalia or Florida, or to both locations. In the Infantry units in Haiti, 35% of the soldiers had also been deployed to Somalia, and 18% of the soldiers had been deployed for Hurricane Andrew relief operations. Fifteen percent of the Infantry soldiers had been deployed to both locations. The largest concentration of soldiers in Haiti who had also deployed to Somalia and Florida came from Infantry units.

Figure 3.10
Percent of Soldiers in Haiti who also deployed to Somalia and Florida



To examine the effects of multiple consecutive deployments on reports of psychological well-being, physical health symptoms and intentions to re-enlist, soldiers who had deployed to Somalia or Florida were contrasted with those who had not deployed to these locations.

The analyses indicated that junior enlisted soldiers (e.g., E1-E4) who deployed to Somalia or Florida did not differ significantly from their peers who had not deployed to Somalia or Florida in their reports of psychological distress or in terms of the average number of reported health symptoms. Junior enlisted soldiers who had deployed to Somalia did report they were significantly less likely to re-enlist than their peers who had not deployed to Somalia. Results revealed no statistical differences between junior enlisted soldiers who deployed to both Somalia and Florida and soldiers who did not deploy to either location in reports of psychological distress, physical health symptoms, or intentions to re-enlist. Analyses of responses from officers and senior enlisted soldiers revealed no statistically significant differences in well-being and retention intentions between those who had been on multiple deployments and those who had not been on multiple deployments.

Despite these results, multiple deployments were reported as being stressful for many soldiers. In the interviews and written comments, soldiers indicated that multiple deployments were having a negative impact on their well-being and intentions to stay in the Army. The most common theme reported by soldiers was that multiple consecutive deployments were reducing soldiers' intentions to stay in the Army. A PFC noted "the way the Army is sending soldiers here and there all the time, is there any question as to why soldiers aren't re-enlisting?" In the interviews, soldiers frequently expressed concern that multiple deployments were causing large scale attrition in NCO ranks.

Many infantry soldiers also expressed dissatisfaction with being sent on consecutive deployments. Many married soldiers, in particular, reported that multiple deployments were having a negative effect on their family lives. One sergeant wrote "My first son was born while I was in Africa. His first birthday was Thanksgiving day. I've known him seven of the twelve months of his life. Not good." A few soldiers reported that multiple deployments were having a negative impact on their psychological well-being. A specialist summed it up by writing, "I wouldn't feel as bad about Haiti if it wasn't [for the fact] that we came back from Somalia for only five months and then we were deployed to Haiti. All the frustrations I had in Somalia weren't given enough time to go away."

The analyses reported in this section suggest that consecutive deployments alone were not systematically related to the psychological well-being or physical health symptoms reported by soldiers while they were in Haiti. It is possible that negative effects of multiple deployments might surface only after soldiers return to their families and attempt to readjust to life in garrison. It is also possible that soldiers who have been deployed multiple times had better coping skills or support systems which allowed them to prevent or delay the negative consequences of multiple consecutive deployments. Further research will be required to assess the potential long-term psychological well-being, physical health, and retention of soldiers who experienced multiple consecutive deployments.

CHAPTER FOUR
SUMMARY AND LESSONS LEARNED

The purpose of this chapter is to provide a brief summary of the human dimensions research results presented in this report and to discuss the major implications of the research in terms of eight lessons learned.

4.1 Summary

The human dimensions research (HDR) results demonstrated that, when viewed as a population, soldiers deployed to Haiti did not report elevated levels of psychological distress or increased physical health symptoms. In fact, soldiers deployed to Haiti reported significantly lower levels of psychological distress than soldiers deployed to either Somalia for Operation Restore Hope or the Persian Gulf for Operation Desert Shield. Soldiers in Haiti reported levels of psychological well-being similar to a sample of non-deployed soldiers and to a sample of soldiers deployed to Kuwait for Operation Vigilant Warrior during the same time period.

Despite the fact that overall levels of psychological distress were comparatively low, sub-samples of individuals reported elevated levels of psychological distress and physical symptoms. An analysis of questionnaires, interviews, and written comments indicated that four general factors influenced the well-being of soldiers in Haiti.

The first factor related to the well-being of soldiers in Haiti was stress associated with the operational environment. A high percentage of soldiers indicated that the living conditions were stressful. The poor level of sanitation in Haiti, in particular, was reportedly stressful for 84% of the soldiers (42% reported extreme stress). Stress from the lack of personal privacy and the heat in Haiti was also related to the well-being of soldiers. Although soldiers generally reported that they worried little about being wounded, killed, or attacked by Haitians, over 75% of the soldiers reported that they were worried to some extent about getting a disease. Many soldiers also reported a great deal of stress because of an insufficient amount of water for drinking and personal hygiene. Most soldiers indicated that the living conditions improved dramatically after the first two months.

The second factor related to the well-being of soldiers in Haiti was stress due to family separation. Family separation stress was heightened for soldiers who missed the birth of a child, had been deployed multiple times, or were not given enough time to make a transition into a new unit. Phone and mail communication between soldiers and their families helped a majority of the soldiers deal more effectively with family separation stress. A vast majority of the soldiers deployed to Haiti indicated that making phone calls home (91%) and receiving mail from their families (95%) helped them deal with the stressors of the deployment. Soldiers reported concerns regarding the price of the phone services and the timeliness and reliability of the mail system.

The third set of factors that were related to the well-being of soldiers in Haiti were unit and work issues. Soldiers' assessments of their leaders were among the strongest predictors of the psychological well-being and physical health symptoms reported by soldiers. Companies in which soldiers perceived their leaders to be caring and competent were companies where soldiers reported significantly higher psychological well-being and significantly fewer physical health symptoms. The stress caused by soldiers' work schedules was also significantly related to their reports of psychological and physical distress. A high percentage of junior enlisted soldiers (43%), in particular, reported extreme amounts of stress due to lack of time off when compared to senior enlisted soldiers (26%) and officers (12%). The two primary sources of stress from lack of time off were inadequate personal time on a daily basis and a lack of rest days during the deployment. Soldiers who were performing jobs they were trained to perform also reported less psychological and physical distress. Over 60% of the soldiers in Infantry, Mechanized Infantry, Air Defense Artillery, and Field Artillery units reported that they were performing tasks they were not specifically trained to perform.

The fourth set of factors found to be systematically related to the well-being of soldiers in Haiti were broader policy issues. The most frequently reported stressor of the entire deployment was the ambiguity and repeated changes in return date information. Soldiers who were regularly told to expect to stay for a six month tour appeared to cope best with this source of stress. The extent to which soldiers believed in the value of the overall operation also was related to their psychological and physical well-being. Soldiers who were briefed regularly regarding the mission and the accomplishments of the mission reported higher belief in the overall operation. Soldiers who did not believe that the people of the U.S. appreciated what they were doing in Haiti (50%) reported less belief in the operation. Analyses also indicated that junior enlisted soldiers who had been previously deployed to Somalia for Operation Restore Hope or to Florida for Hurricane Andrew relief (or both) did not report higher levels of psychological distress or more physical health symptoms while they were in Haiti than junior enlisted soldiers who had not been previously deployed, but they did report decreased intentions to re-enlist.

4.2 Lessons Learned

The four sets of issues which were found to be significantly related to the psychological and physical well-being of soldiers in Haiti have implications for unit leaders at all levels, mental health and medical personnel, and policy makers. Several of the lessons learned from the human dimensions research conducted in Haiti are discussed below.

Lesson Learned #1. *Soldiers expected that their basic needs (i.e., water, food, personal hygiene) should be taken care of in an expedient manner.* Lack of access to quality water remained a serious stressor for many soldiers throughout the operation. Officers, NCOs, and junior enlisted soldiers indicated that they expected to have enough water for drinking and personal hygiene and adequate latrine facilities. Soldiers also indicated that they thought it

should not take over two months to receive a hot meal, especially in a non-combat mission. Once these basic needs were met, however, most soldiers reported that their living conditions were not causing them stress. Soldiers expectations regarding their basic needs are likely to be higher when they perceive the threat level to be low and the planning time for the Operation to be long. In future deployments, every effort should continue to be made at all levels of command to ensure that the basic needs of deployed soldiers are met as quickly as possible.

Lesson Learned #2. *Rest and relaxation was important for maintaining the psychological and physical well-being of soldiers.* It is important for unit leaders to establish and monitor their soldiers' sleep patterns and work schedules to maintain the readiness and well-being of their soldiers. Work schedules like "3 hours on and 6 hours off" should be avoided, if possible, because they disrupt the ability of soldiers to get recuperative sleep and they do not allow soldiers sufficient personal time away from their work tasks. Many soldiers in Haiti indicated they did not have enough restorative personal time on a daily basis. Interviews conducted with soldiers in basic training units has shown that soldiers benefited substantially if they had 30 to 45 minutes of personal time each day. Many soldiers also indicated that having almost no free days hurt their morale – soldiers in some units indicated that they had only one day off during the first two months of the deployment. If possible, efforts should be made to ensure that soldiers are able to maintain appropriate sleep schedules, have at least 30 to 45 minutes of personal time each day, and have non-duty days periodically during operations for rest and relaxation.

Lesson Learned #3. *Phone and mail service reduced family separation stress and increased morale.* A vast majority of soldiers indicated the mail and phone services helped them cope with the stressors of the deployment and family separation. Several soldiers indicated that access to phones and mail services was the greatest morale booster available. In future deployments, access to phone and mail service should continue to be provided for soldiers and efforts should be made to reduce the costs of phone service and increase the reliability (or perceptions of the reliability) of the mail service.

Lesson Learned #4. *Family separation stress was heightened for soldiers who missed the birth of a child, deployed multiple times, or were not given enough time to settle their families after transitioning into a new unit.* Soldiers appreciate the need for maximum participation in all unit operations. However, soldiers believe that their should be more flexibility when the deployment includes Operations Other Than War (OOTW). For instance, many indicated that soldiers should be sent home temporarily for the birth of a child. Other soldiers thought more time should be allotted for soldiers who had recently joined a unit to get their lives in order before deploying to an OOTW. Policies regarding separation of deploying soldiers from their families may require adaptation to allow more flexibility during OOTW.

Lesson Learned #5. *The well-being of soldiers was impacted to a significant degree by information that allowed them to better understand, predict, or control their environment.* One of the major

issues that emerges regularly in human dimensions research is the importance of effective communication between leaders and their soldiers. In Haiti, effective dissemination of information played a critical role in how soldiers perceived the overall operation and their role in the operation. For instance, soldiers who reported that their leaders regularly communicated accurate return date information to them reported less stress. Many false expectations that soldiers had about the deployment appeared to be fed by misinformation they had received from other equally uninformed soldiers. Units in which leaders actively engaged in two-way communication with their troops were generally units in which stress levels were lower because soldiers had access to information from their leaders (rather than rumors) and had an avenue to express their needs and frustrations to their leaders. In future deployments, a command climate of open communication across all levels should continue to be strongly encouraged and monitored, particularly in situations characterized by ambiguity. Strong efforts should continue to be made by commanders to ensure that information is communicated to soldiers of all ranks, especially lower enlisted soldiers, and commanders should communicate with their soldiers to monitor their well-being and morale.

Lesson Learned #6. *Soldiers who were regularly briefed about the accomplishments of the operation were more positive about the operation and more likely to feel that they were contributing to the success of the operation.* Over one third of the enlisted personnel in Haiti (35%) reported that they were not briefed regarding the mission and the accomplishments of the mission; compared to less than 20% of the company grade officers and 10% of the field grade officers. Soldiers who reported that they were regularly briefed regarding the mission and its accomplishments reported significantly higher belief in the value of the operation, and higher levels of psychological and physical well-being. Particularly in future OOTW, strong efforts should be made to ensure that soldiers of all ranks are aware of the goals and accomplishments of the operation.

Lesson Learned #7. *Soldiers in combat arms units had difficulty understanding their roles in Operation Uphold Democracy.* Many soldiers in combat arms units (i.e., infantry, mechanized infantry, field artillery, air defense artillery) indicated that they were performing what they considered to be tasks that soldiers in military police units should handle. Over 60% of the soldiers in combat arms units indicated that they were performing duties that they were not trained to perform, while only 11% reported that they could not perform the tasks they were given. In other words, soldiers in combat arms units indicated that they were capable of performing the tasks they were being required to perform (e.g., guarding, patrolling); however, a substantial percentage of these soldiers reported that the tasks were not part of their mission. Efforts need to be made to train soldiers what their roles will likely be in OOTW. This training will likely be most effective if it is partially based on skill development (i.e., crowd control, Military Operations in Urban Terrain (MOUT)) and partially based on information regarding the roles that they will likely assume in OOTW.

Lesson Learned #8. *Follow-up research will be required to assess future consequences of multiple consecutive deployments on soldier well-being and retention.* Many soldiers reported that being

sent on multiple deployments (i.e., Somalia, Florida, Haiti) in a relatively short period of time was extremely stressful for them and their families. Survey results indicated that soldiers who had been previously deployed to Somalia for Operation Restore Hope or to Florida for Hurricane Andrew relief (or both) did not report higher levels of psychological or physical distress while they were in Haiti, when compared to soldiers who had not been previously deployed. It is possible that the potential negative effects of multiple deployments might surface only after soldiers return to their families and attempt to readjust to life in garrison. It is also possible that soldiers that have been deployed multiple times have better coping skills and support systems which allow them to prevent or delay the negative consequences of multiple consecutive deployments. Follow-up research will be required to assess longer term effects of deployments and multiple deployments on the psychological well-being, physical health, and retention of soldiers.

ACKNOWLEDGMENTS

This research report is dedicated to the soldiers who participated in this study. Our sincerest hope is that their voices will be heard.

The authors express sincere appreciation to the following individuals whose contributions and support made this research possible.

MAJ John Leu's organizational and leadership skills contributed directly to the successful accomplishment of the mission in Haiti as the human dimensions research (HDR) team leader. His ingenuity in the procurement of mission essential equipment and transportation enabled the HDR team to be fully mission-ready and in Haiti within one week of its formation.

CPT John Stuart deserves much credit for managing the rapid printing and preparation of over 7000 Deployment Assessment Questionnaires assembled for this mission. Without his efforts, and the efforts of *Kathy Mobley*, the mission could not have been successfully completed.

Many thanks to *Charles Hoover* for his tremendous effort in managing the scanning and cleaning of the questionnaire data and in creating an extremely useful codebook. In addition, *Jeremy Ritzer*, *Lisa Liebling*, and *SGT Glenn Litman* assisted in the always tedious and often unrewarding data cleaning process.

SGT John Valentine, *SGT Glenn Litman*, *SPC(P) Lathan Newkirk*, and *SPC(P) Mark Duncan* deserve many thanks for assisting in the time consuming task of transcribing and content analyzing over 2650 verbatim comments written by 1250 soldiers, many of which were used in this report.

Great appreciation to *Dr. Dave Marlowe*, Chief of the Department of Military Psychiatry, for supporting the HDR team and for providing the required time and resources for preparing this report.

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APPENDIX A

DEPLOYMENT ASSESSMENT QUESTIONNAIRE (WITH FREQUENCIES)

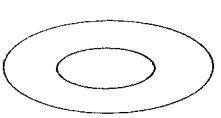
Deployment Assessment Questionnaire: Operation Restore Democracy

Walter Reed Army Institute of Research, Washington, DC 20307-5100

Privacy Act Information	
1) Authority:	10 U.S.C. Sections 136 and 5 U.S.C. 552a; Executive Order 9397
2) Disclosure:	I consent to the use of my answers by staff of the Walter Reed Army Institute of Research to compile statistics of group data. I understand that any data from which I could be recognized will not be available to anyone other than the professional staff conducting this study. I understand I have the right to withdraw my consent to participate in this study at any time.
3) Purpose:	The Department of the Army is conducting a survey of US Army soldiers who are serving in Haiti to determine the stressors, adaptation, and well-being of soldiers in the theatre of operations.
4) Uses:	I understand the purpose of this study is to develop information to benefit soldiers and their families. I also understand that I may not directly benefit as a result of participating in this study.

PLEASE USE A #2 PENCIL AND FILL IN THE BUBBLE WHICH CORRESPONDS TO YOUR ANSWER. PLEASE BE SURE TO FILL IN THE MIDDLE OF THE BUBBLE LIKE THE EXAMPLE BELOW. YOU DO NOT NEED TO FILL IN THE WHOLE BUBBLE.

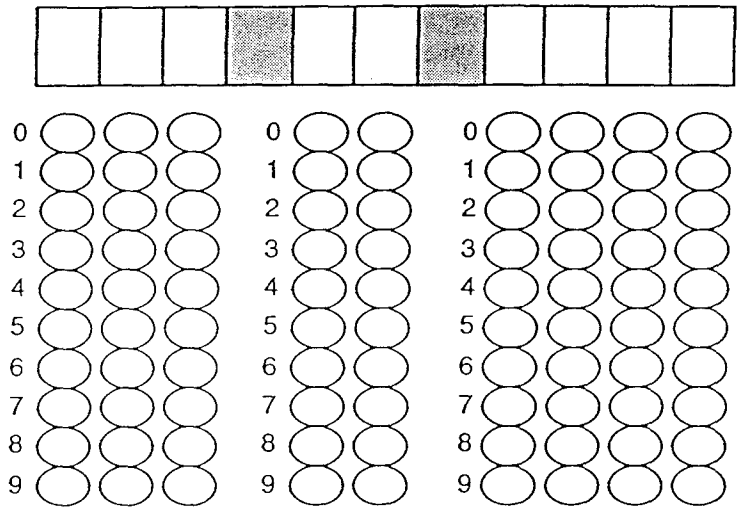
PROPER MARK:



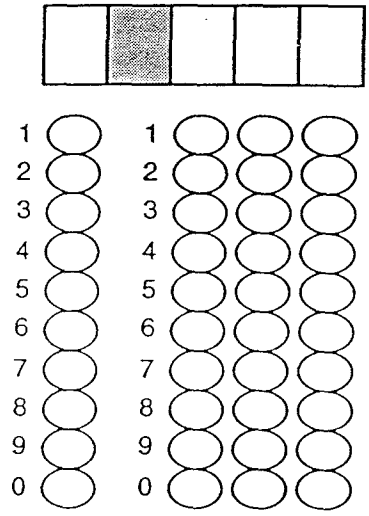
Identify current MONTH and YEAR
(Please fill in the corresponding bubble)

93% November 1994
07% December 1994

SOCIAL SECURITY NUMBER: Please write the numbers in the boxes and fill in the bubbles below.



Please enter in your Battalion/Squadron and Brigade/Regiment number in the boxes and in the corresponding bubbles.



GENDER:

94% Male
06% Female

ETHNIC GROUP :

64% White
19% African American
08% Hispanic
02% Asian
03% Multi-racial
05% Other

What is your current marital status?

42% Single
51% Married
07% Separated/Divorced
00% Other

If married, how long have you been married?

14% Less than 1 year
47% 1-5 years
23% 6-10 years
10% 11-15 years
04% 16-20 years
02% Over 20 years

Highest Level of Civilian Education:

01% Some High School
74% High School Diploma/GED
09% Vocational/Technical Diploma
13% College Graduate (4 years)
03% Graduate Degree

How many children do you have?

0	1	2	3	4+
54%	*18%*	*16%*	*08%*	*03%*

When were you deployed to Haiti?

MONTH	DAY	YEAR
0 0	0 0	1994
1 1	1 1	1995
2	2 2	
3	3 3	
4	4 4	
5	5 5	
6	6 6	
7	7 7	
8	8 8	
9	9 9	

AGE (last birthday):

17-20	*16%*
21-24	*37%*
25-28	*19%*
29-32	*13%*
33-36	*08%*
37-40	*05%*
41-44	*02%*
45-48	*01%*
49-52	*0.2%*

What is your company?

17%	A Co.	*01%*	D Co.
24%	B Co.	*01%*	E Co.
11%	C Co.	*26%*	HHC
20%	Other		

What is your platoon?

15%	First	*02%*	Mortar
17%	Second	*02%*	Scout
13%	Third	*18%*	HQ Section
22%	Other		
10%	Does not apply to me		

What is your squad?

20%	First	*12%*	Other (specify)
18%	Second	*32%*	Does not apply to me
15%	Third		
03%	Fourth		

How long have you been in your company?

15%	0-3 months	*16%*	13-18 months
13%	4-6 months	*10%*	19-24 months
23%	7-12 months	*23%*	More than 2 years

What is your rank?

01%	PVT	*0.3%*	W01
07%	PV2	*01%*	CW2
16%	PFC	*0.3%*	CW3
31%	SPC/CPL	*0.1%*	CW4
16%	SGT	*00%*	CW5
11%	SSG	*02%*	2LT
05%	SFC	*02%*	1LT
01%	MSG/1SG	*03%*	CPT
0.3%	SGM/CSM	*01%*	MAJ
		0.4%	LTC

Did you serve in/deploy to:

	YES	NO
Persian Gulf Region (Desert Shield/Storm)	*19%*	*81%*
Somalia (Restore Hope)	*28%*	*72%*
Grenada (Urgent Fury)	*01%*	*99%*
Florida (Hurricane Andrew)	*15%*	*85%*
Panama (Just Cause)	*05%*	*95%*
Forest Fire Fighting	*02%*	*98%*
Vietnam	*01%*	*99%*

In the past TWO months, did your current unit get a NEW:

	YES	NO
Company Commander	*20%*	*80%*
First Sergeant	*16%*	*84%*
Platoon Leader	*17%*	*83%*
Platoon Sergeant	*27%*	*73%*
Squad Lead	*24%*	*76%*
Team/Section/Crew Leader	*21%*	*79%*

Before deploying to Haiti were you:

98%	In an active duty unit
01%	In an Army Reserve unit
00%	In an IRR status
01%	Other

Please indicate how much worry or stress the following caused you DURING THIS DEPLOYMENT?	NONE AT ALL	A LITTLE BIT	MODERATE	QUITE A BIT	EXTREME	DOES NOT APPLY
My living conditions	23%	28%	26%	15%	08%	(0.2%)
Lack of personal privacy	28%	25%	20%	16%	13%	(0.1%)
Fear of getting a disease	26%	29%	20%	13%	12%	(0.1%)
Chance of being wounded or killed	48%	34%	13%	03%	02%	(0.3%)
Financial matters at home	46%	24%	16%	08%	06%	(0.4%)
Fear of contracting HIV/AIDS	62%	19%	09%	04%	06%	(01%)
Heat	30%	25%	20%	14%	11%	(0.1%)
Feeling helpless to change the situation in Haiti	44%	22%	15%	10%	10%	(02%)
Lack of time off	26%	21%	19%	14%	20%	(01%)
Recent soldier suicides	65%	18%	09%	04%	04%	(02%)
Being away from my home/family	17%	22%	25%	17%	19%	(0.3%)
Lack of morale, welfare, and recreation equipment	30%	24%	20%	13%	13%	(01%)
Problems concerning children	60%	17%	11%	06%	05%	(15%)
Potential attacks by Haitians	62%	27%	09%	01%	01%	(01%)
Problems concerning spouse	61%	14%	11%	06%	07%	(20%)
Overload of responsibility	57%	23%	13%	04%	03%	(01%)
Waiting without much to do	36%	22%	16%	12%	14%	(02%)
Type of work required to do	44%	23%	16%	08%	08%	(01%)
Performing jobs you do not feel trained to do	62%	18%	10%	05%	07%	(03%)
Communication to family/friends	40%	25%	19%	09%	07%	(0.3%)
Rules of engagement	46%	22%	15%	08%	10%	(01%)
Length of time since last deployment	53%	13%	13%	09%	13%	(16%)
Lack of understanding about why you were deployed to Haiti	44%	19%	12%	09%	15%	(01%)
Level of sanitation in Haiti	16%	22%	20%	17%	25%	(01%)
Working with the military from other countries	71%	16%	08%	03%	02%	(06%)
Communication from family/friends	41%	26%	18%	08%	07%	(0.4%)
More fatique than before deployment	47%	23%	15%	07%	08%	(03%)
Understanding the culture of "host" country	61%	24%	10%	03%	03%	(01%)
Being exposed to people in extreme poverty	51%	25%	12%	06%	06%	(01%)
Uncertainty of date of return to the United States	16%	17%	16%	16%	36%	(01%)
OVER THE PAST TWO WEEKS:						
How much stress do you think is in your life?	13%	34%	27%	16%	09%	(0.3%)
The stressors listed above have affected my personal life	35%	33%	16%	10%	07%	(01%)
The stressors listed above have affected my performance on my job	55%	25%	10%	05%	04%	(01%)

OVER THE PAST TWO WEEKS, how well have you coped with the stressors listed on the previous page?

Very poorly	Somewhat poorly	Moderately	Quite well	Extremely well
03%	04%	21%	44%	28%

Most Soldiers feel anxiety, stress and fear during military deployments, and Soldiers use different strategies to manage these feelings.

Please rate how HELPFUL each of the following items have been for you.

Fill in "DOES NOT APPLY" if you haven't used the item.

	Not helpful	A Little Bit	Moderately Helpful	Quite a Bit	Extremely	DOES NOT APPLY
Confidence in my own abilities	02%	03%	11%	28%	57%	(01%)
My COMPANY COMMANDER	31%	23%	21%	16%	10%	(15%)
Remembering my training	08%	13%	20%	32%	27%	(06%)
My PLATOON SERGEANT	22%	18%	23%	22%	15%	(24%)
Listening to radio	14%	17%	19%	25%	26%	(09%)
Feeling that you are making a change in Haiti	37%	24%	19%	12%	08%	(06%)
Information from my command	32%	27%	21%	13%	08%	(03%)
Letters from home	03%	06%	13%	25%	53%	(03%)
My local Chaplain	27%	22%	23%	16%	13%	(24%)
My FIRST SERGEANT	29%	22%	23%	16%	10%	(17%)
Confidence in the abilities of soldiers in my platoon	11%	16%	26%	29%	19%	(10%)
Where we are deployed in Haiti	38%	21%	22%	12%	08%	(09%)
Time off	26%	22%	20%	15%	17%	(17%)
My best buddy	12%	14%	23%	26%	25%	(20%)
Thoughts of family back home	09%	09%	20%	25%	38%	(02%)
Belief in the mission	41%	22%	20%	10%	08%	(07%)
Prayer or meditation	24%	16%	20%	17%	23%	(19%)
Confidence in the abilities of leaders in my PLATOON	21%	19%	25%	20%	16%	(16%)
Phone calls home	05%	07%	14%	23%	51%	(04%)
Information about Haiti	33%	24%	24%	11%	07%	(06%)
Training in Haiti	48%	22%	17%	08%	06%	(14%)
Reading books, magazines, newspapers	07%	15%	25%	28%	26%	(03%)
Watching TV	14%	20%	24%	21%	21%	(11%)
OVERALL how helpful were the items listed above in managing anxiety or fear:	08%	18%	41%	24%	10%	(03%)

Please use the following scale to tell us how much you AGREE or DISAGREE with the statements below.

1=Strongly disagree 2=Disagree 3=Can't say 4=Agree 5=Strongly agree

	1	2	3	4	5	DOES NOT APPLY
OFFICERS most always get willing and whole-hearted cooperation from soldiers in this COMPANY.	10%	20%	26%	35%	09%	(03%)
NCOs most always get willing and whole-hearted cooperation from soldiers in this COMPANY.	06%	16%	21%	44%	13%	(03%)
I believe in the value of this mission.	24%	18%	25%	25%	07%	(01%)
My closest relationships are with the people I work with.	16%	24%	14%	32%	14%	(01%)
I am impressed by the quality of leadership in this COMPANY.	23%	23%	27%	23%	05%	(02%)
It is important that the U.S. military be involved in this mission.	27%	20%	25%	22%	06%	(01%)
I would go for help with a personal problem to people in the COMPANY chain-of-command.	25%	18%	20%	29%	08%	(03%)
I want to make the Army a career.	29%	08%	28%	16%	19%	(02%)
The officers in this COMPANY would lead well in combat.	15%	14%	39%	25%	07%	(02%)
The NCOs in this COMPANY would lead well in combat.	07%	08%	32%	40%	13%	(02%)
I think that what the U.S. military is doing during this deployment is important.	20%	17%	26%	30%	07%	(01%)
Morale in my unit is good right now.	24%	23%	20%	27%	07%	(01%)
I can go to most people in my SQUAD for help when I have a personal problem.	15%	19%	22%	35%	10%	(18%)
The people of the U.S. appreciate what the soldiers in Haiti are doing.	12%	14%	49%	19%	06%	(01%)
Most people in my SQUAD would lend me money in an emergency.	06%	07%	32%	40%	15%	(17%)
I feel that what I am doing during this deployment is important.	21%	18%	22%	31%	09%	(01%)
My officers are interested in my personal welfare.	17%	16%	30%	30%	07%	(02%)
I am making a real contribution to accomplishing this mission.	10%	11%	25%	39%	14%	(01%)
My NCOs are interested in my personal welfare.	09%	10%	26%	45%	10%	(07%)
I want to stay in the Army after my current enlistment/tour.	27%	08%	29%	20%	16%	(04%)
My officers are interested in what I think and how I feel about things.	21%	19%	28%	26%	06%	(03%)
My NCOs are interested in what I think and how I feel about things.	13%	13%	25%	41%	09%	(05%)
What I am doing during this deployment helps accomplish this mission.	10%	10%	25%	40%	14%	(01%)
If we went into combat tomorrow, I would feel good about going with my SQUAD.	10%	09%	22%	39%	20%	(16%)
I am briefed regularly by my leaders on the mission and what we have achieved.	14%	20%	13%	42%	11%	(01%)
If we went into combat tomorrow, I would feel good about going with my PLATOON.	10%	13%	26%	36%	16%	(13%)
My personal morale is good right now.	13%	16%	14%	40%	17%	(0.4%)
I feel adequately trained to do the jobs I've been assigned to perform.	04%	06%	11%	48%	31%	(01%)
My chain-of-command works well.	15%	20%	27%	32%	07%	(01%)
What I'm doing in Haiti is what I've been trained to do.	27%	19%	12%	32%	11%	(01%)
I can go to most people in my PLATOON when I have a personal problem	15%	23%	28%	28%	06%	(15%)
I want to get out of the Army before the end of my current enlistment/tour.	31%	27%	25%	08%	10%	(05%)
I think my company would do a better job in combat than most U.S. Army units.	10%	12%	43%	25%	11%	(03%)
I think the level of training in this company is high.	09%	16%	29%	37%	10%	(02%)
Soldiers in this company have enough skills that I would trust them with my life in combat.	13%	14%	30%	32%	10%	(02%)
I have real confidence in our company's ability to perform its mission.	06%	08%	23%	47%	14%	(02%)

Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the bubble that best describes how much DISCOMFORT that problem has caused you DURING THE PAST WEEK.

	NONE	A LITTLE BIT	MODERATE	QUITE A BIT	EXTREME
Nervousness or shakiness inside	82%	12%	04%	02%	01%
Repeated unpleasant thoughts.	60%	20%	09%	06%	05%
Faintness or dizziness	83%	11%	04%	02%	01%
Loss of sexual interest or pleasure.	76%	08%	07%	04%	05%
Feeling critical of others.	50%	25%	14%	07%	05%
The idea that someone else can control your thoughts.	78%	07%	06%	05%	05%
Feeling others are to blame for most of your troubles.	71%	14%	08%	04%	03%
Trouble remembering things	71%	18%	06%	04%	02%
Feeling easily annoyed or irritated.	35%	27%	16%	12%	11%
Pains in the heart or chest.	87%	07%	04%	02%	01%
Feeling afraid in open spaces	93%	04%	04%	01%	01%
Feeling low in energy or slowed down	48%	28%	11%	08%	05%
Thoughts of ending your life.	93%	03%	02%	01%	01%
Feeling that most people cannot be trusted.	57%	22%	10%	06%	06%
Poor appetite	61%	20%	10%	05%	03%
Crying easily.	92%	05%	02%	01%	01%
Suddenly scared for no reason.	94%	04%	01%	01%	01%
Temper outbursts that you could not control.	71%	15%	06%	04%	04%
Feeling lonely even when you are with people.	54%	21%	54%	08%	06%
Feeling blocked in getting things done.	61%	18%	10%	07%	04%
Feeling lonely.	49%	25%	12%	08%	07%
Feeling blue	55%	23%	10%	07%	06%
Worrying too much about things.	56%	22%	10%	07%	05%
Feeling no interest in things	60%	20%	10%	06%	05%
Feeling fearful	89%	07%	03%	01%	01%
Your feelings being easily hurt	81%	12%	04%	02%	02%
Feeling others do not understand you or are unsympathetic	71%	15%	07%	04%	03%
Feeling that people are unfriendly or dislike you	76%	13%	06%	03%	02%
Feeling inferior to others..	85%	08%	04%	02%	01%
Nausea or upset stomach.	70%	15%	08%	04%	03%
Feeling that you are watched or talked about by others.	73%	13%	07%	04%	03%
Trouble falling asleep	64%	17%	09%	06%	05%

Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the bubble that best describes how much DISCOMFORT that problem has caused you DURING THE PAST WEEK.

	NONE	A LITTLE BIT	MODERATE	QUITE A BIT	EXTREME
Having to check or double-check what you do.	65%	23%	07%	03%	02%
Difficulty making decisions.	78%	15%	04%	02%	01%
Feeling afraid to travel.	93%	04%	02%	01%	01%
Trouble getting your breath.	89%	07%	03%	01%	01%
Hot or cold spells.	86%	08%	03%	02%	01%
Having to avoid certain things, places or activities because they frighten you.	93%	04%	02%	01%	01%
Your mind going blank.	80%	12%	04%	02%	02%
Numbness or tingling in parts of your body.	81%	10%	05%	03%	02%
The idea that you should be punished for your sins.	88%	06%	03%	01%	01%
Feeling hopeless about the future.	79%	12%	05%	03%	02%
Trouble concentrating.	70%	18%	07%	03%	02%
Feeling weak in some parts of your body.	71%	16%	07%	04%	03%
Feeling tense or keyed up.	56%	22%	11%	06%	04%
Thoughts of death or dying.	86%	08%	03%	02%	02%
Having urges to beat, injure or harm someone.	58%	16%	09%	08%	10%
Sleep that is restless or disturbed.	58%	18%	09%	08%	07%
Having urges to break or smash things.	66%	13%	07%	06%	08%
Feeling very self-conscious with others	77%	13%	05%	03%	02%
Feeling uneasy in crowds.	76%	13%	06%	02%	02%
Never feeling close to another person.	74%	12%	07%	04%	03%
Spells of terror or panic.	94%	03%	01%	01%	01%
Getting into frequent arguments.	69%	17%	07%	04%	03%
Feeling nervous when you are alone.	92%	04%	02%	01%	01%
Others not giving you proper credit for your achievements.	58%	17%	10%	08%	07%
Feeling so restless you couldn't sit still	72%	16%	07%	03%	03%
Feelings of worthlessness.	81%	09%	05%	03%	02%
Feeling that people will take advantage of you if you let them.	60%	17%	10%	07%	07%
Thoughts and images of a frightening nature.	87%	06%	03%	02%	02%
Feelings of guilt.	86%	08%	03%	02%	01%
The idea that something is wrong with your mind.	83%	07%	04%	03%	03%
Spending less time with peers and friends	72%	15%	07%	03%	03%