

Chapter Twelve

Refugee and Humanitarian Operations During the 1980s

Army Nurse Corps readiness met its first field test for the new decade in the spring of 1980 with a humanitarian mission, the Cuban Refugee Operation. In April 1980, Cuban leader Fidel Castro allowed a mass emigration of Cubans, and many absconded from the communist country. President Jimmy Carter in turn resolved to accept the tens of thousands of immigrants who landed on the U.S. shores, many of whom were described as unwanted social elements, such as career criminals, those with psychiatric illnesses, and mentally deficient individuals.¹

Carter delegated the responsibility for coordinating the reception of refugees to the newly organized Federal Emergency Management Agency, which directed the U.S. Public Health Service (USPHS) to provide health assessments and medical treatment for the displaced persons. The USPHS, however, was unable to respond fully to the mission because the charge was beyond its capabilities. Consequently, the Federal Emergency Management Agency approached the Department of Defense, asking it to help provide the required services.² Because the Army had been so successful in managing a similar processing operation for Vietnamese refugees in 1975, the Department of Defense named the secretary of the Army as the defense executive agent of the “Freedom Flotilla,” or “Mariel Boatlift,” as the operation was labeled.³ The Army Medical Department (AMEDD) subsequently provided support at the Miami, Florida, Reception Center and furnished the bulk of the medical services at the processing centers located at Fort Chaffee, Arkansas; Fort McCoy, Wisconsin; and Fort Indiantown Gap, Pennsylvania; with the assistance of USPHS personnel, as available. Health care support encompassed hospitalizations early in the mission and extensive outpatient, preventive medicine, and environmental engineering services and aeromedical evacuation throughout the operation. The USPHS later contracted with local civilian hospitals to care for most of the immigrants who required further hospitalization.⁴

The first hospital unit to mobilize for the Cuban relief mission was the 47th

Field Hospital garrisoned at Fort Sill, Oklahoma. On 7 May 1980, Forces Command (FORSCOM) alerted the 47th to deploy to Fort Chaffee, Arkansas. The main elements of the 47th Field Hospital arrived at Fort Chaffee by truck convoy on 8 May 1980. Professional Officer Filler System staff from Reynolds Army Hospital at Fort Sill arrived the next day, and the hospital commenced operation. By 11 May 1980, 4,000 refugees were living in the resettlement camp at Fort Chaffee.⁵ The camp population peaked at 19,200 on 18 May 1980, when the last group of refugees arrived.⁶ From 11 May until 28 June 1980, at which point most of the 47th returned to Fort Sill, the hospital dealt with one case of meningococcal meningitis, an outbreak of staphylococcal food poisoning, and three refugee births.⁷

The tenor of the operation was neither humdrum nor tranquil. On 26 May 1980, “refugee discontent” devolved into rioting, turmoil, and the escape of hundreds of refugees. Although the 47th Field Hospital activated its mass casualty plan, in this instance there were no injuries from the revolt. On 1 June 1980, however, another uprising ended in mayhem and bloodshed.⁸ Several hundred Cubans escaped from Fort Chaffee, rioted in the local streets, and marched down a highway chanting “Libertad! Libertad!” In response, Governor William Clinton activated the state police and National Guard. Confrontations between authorities and demonstrators left 67 injured, “mostly Cubans, some of whom had their heads cracked open with billy clubs.” Residents living around Fort Chaffee were “incensed at the Carter administration’s hellbroth of Cuban refugees invading their neighborhood.”⁹ The 47th Field Hospital treated 46 emergent patients, five suffering from gunshot wounds and 13 others with knife wounds and blunt-trauma injuries. Most of the 47th Field Hospital’s personnel left Fort Chaffee on 28 June 1980, but some clinical staff, including a psychiatric nurse, remained behind to augment the USPHS efforts.¹⁰

There were 14 Army Nurse Corps officers detailed to the 47th Field Hospital.¹¹ Lieutenant Colonel Esther Segler, the chief nurse, individually selected the nurses, basing her choice on their specialty skills, their professional experience, and the anticipated population of care recipients, not simply on Modified Table of Organization and Equipment (MTO&E) requirements. As patient care needs became clearer, the command requested additional Army Nurse Corps officers and sent others back to their home units because their specialty services proved less essential. Early in the mission, Segler asked for a senior Army nurse to undertake the responsibilities of assistant chief nurse because her usual day was consumed by a plethora of responsibilities, such as answering questions pertaining to the assembly of the tent hospital and organizing support staff in a “constantly changing situation which fluctuated by the hour.”¹² When her assistant arrived, Segler redirected her own attention to other essential chores, such as coordinating meetings with the USPHS, press briefings, escorting both military and congressional VIPs, touring the mothballed hospital, and attending innumerable staff meetings. Her redirection allowed others to engage requisite daily activities necessary for mission success.

Many of those Army nurses who arrived after the mission began, especially those coming from Puerto Rico's 369th Station Hospital, were fluent in Spanish. Besides nursing duties, they translated for the staff and shared insights on the refugees' cultural perceptions. They remained for only eight days and, after their departure, the accuracy and quality of staff communication with patients plummeted dramatically. Other units also reinforced the 47th Field Hospital's efforts. On 12 May 1980, the 675th Medical Detachment and 676th Medical Detachment deployed from Fort Benning, Georgia, and operated a 24-hour dispensary. They remained at Fort Chaffee until 22 June 1980.

After the long days spent erecting tents and organizing and equipping wards at Fort Chaffee, duty shifts settled into a routine of 10-hour days. Eight days into the mission, the hospital moved from mobile Army surgical hospital tentage into the previously mothballed cantonment facility and began eight-hour shifts.¹³ There were—no doubt—exceptions to the routine schedules, and Army nurses worked extended shifts when necessary. During the rioting, when a higher alert level was in place and workload increased, the commander telephoned the deputy chief of staff, operations, at Health Services Command (HSC), reiterating previously written pleas for more nurses. Lieutenant Colonel Carns expressed concern that HSC was unaware that Army Nurse Corps officers were covering 24-hour shifts every day.¹⁴ A week later, his persistent demands paid off, when five medical-surgical nurses and a psychiatric nurse arrived to augment the 47th Field Hospital. However, their arrival was offset by the almost simultaneous departure of five other nurses. With the exception of this one crisis, however, staffing seemed adequate and working hours acceptable.

Topping the list of lessons learned were the all-too-familiar logistical deficiencies. Nurses from Reynolds Army Hospital fortunately had the good sense to bring supplies like bassinets, a fetoscope, Halothane, a laryngoscope, baby shirts, and so forth along with them. Nonetheless, many essential items, such as intravenous equipment, syringes, blood tubes, tape, gauze, and medications, were unavailable when the 47th Field Hospital began operation. There also were not enough field sinks, and those that were available proved unreliable.

Coordination between the Army nurses who predominantly operated the in-patient services and the USPHS nurses who staffed the dispensaries was poor and the USPHS nurses rotated in and out of Fort Chaffee every two weeks.¹⁵ Newly arrived USPHS nurses required a few days for orientation and a few more for out-processing at the beginning and end of their two-week duty period, thereby limiting their productivity.¹⁶

Control of the displaced persons in the camp also presented problems. The camp was spread over a wide area and a labyrinthine layout forced nurses to escort refugees moving between sections of the hospital. Patients also strayed from their wards and were disinclined to settle down at night. Control of patient visitors was another demanding task. Thievery was prevalent. Then another wholly unforeseen cultural complication surfaced. In the field setting, the nurses wore their fatigue uniforms, but their olive drab clothing reminded the patients of Castro's

militia, who wore similar-looking uniforms. Patients suspected the fatigue-clad nurses were somehow in league with their former leader.¹⁷

Another point realized during the Fort Chaffee mission was the imperative to review and upgrade the MTO&E/TO&E system to include facilities, structure, and function. True readiness and field efficiency depended on new doctrine, better facilities, and improved staffing. The 47th Field Hospital's After Action Report documented that "gross inadequacies which require immediate attention exist in the areas of personnel staffing, equipment, medical supply, and power distribution." Transportation of the field hospital highlighted further shortcomings. When the 47th Field Hospital deployed for the Cuban Refugee Operation, only 16 percent of its basic load of equipment could be moved on its own trucks.¹⁸ The expedient practice of depending on other units for transportation potentially jeopardized this and future operations.

The second processing center to receive the Cuban refugees began operation on 11 May 1980 at Fort Indiantown Gap, Pennsylvania, where in 1975 displaced Vietnamese immigrants were processed. The Fort Indiantown Gap director of personnel and community activities in-processed the Cuban refugees, assisting them in filling out Immigration and Naturalization Service paperwork, distributing meal and identification cards, and providing billeting assignments and medical screening. As of 31 May 1980, FORSCOM relinquished control of the center to the Immigration and Naturalization Service, U.S. Department of State, and volunteer agencies, which then assumed responsibility for resettling the Cubans. Over the 20-day span from 11 May to 31 May 1980, 19,094 refugees arrived at Fort Indiantown Gap.¹⁹

The 42nd Field Hospital, home based at Fort Knox, Kentucky, provided medical support for the refugee camp at Fort Indiantown Gap. Unit conditions before deployment were reminiscent of those prevalent in the 1970s.²⁰ While in garrison at Fort Knox, the Medical Service Corps unit commander delegated many duties to the chief nurse, including the significant responsibility of logistics officer, and assigned many of the enlisted nursing staff to nonnursing duties. When Captain Wilfredo Nieves, the garrison chief nurse, prepared to step aside as Lieutenant Colonel Mary J. Wise assumed the chief nurse responsibilities upon deployment, the garrison hospital commander objected to Wise's assignment and reminded Nieves that he still worked for the commander and that Nieves' officer efficiency report was pending.²¹ The commander's statements seemed to suggest that Nieves should resist his replacement or face the possibility of a substandard job performance evaluation. When Wise arrived at Fort Indiantown Gap and took charge, she met with blatant opposition from the garrison commander and found that many of the enlisted nursing personnel were filling slots in the motor pool, ambulance section, and x-ray department, and one was even a driver for the commander. For the entire deployment of 28 days, Wise exerted prodigious efforts to correct the assignments and the command and control channels. Still, she had little authority over the enlisted nursing staff. At the same time, she characterized her rapport with the Medical Corps officer who assumed command of the hospital

in the field as exceptional and her relationship with Nieves collegial. Wise considered Nieves an outstanding officer and credited him with making the operation a success. She recommended that in the future TO&E units be assigned to the local Table of Distribution and Allowances (TDA) hospital commander to encourage cross-training and improve individual readiness of both TO&E and TDA personnel.²² Although TO&E personnel were not subsequently assigned to TDA units as Wise suggested, Professional Officer Filler System nurses eventually did train with their designated mobilization units, and TO&E enlisted personnel did gain clinical experience in co-located TDA hospitals under the Medical Proficiency Training program. Later, when a sizable number of Army nurses was assigned to FORSCOM but were attached to HSC (TDA) hospitals, they expanded their versatility and gained a foothold in both camps, improving their skills and establishing important professional relationships.

When Fort Indiantown Gap neared its capacity of 20,000 immigrants, a consortium made up of Department of Defense, Federal Emergency Management Agency, and the General Services Administration designated a third camp, Fort McCoy, Wisconsin, to accommodate Cuban refugees.

Fort McCoy, Wisconsin, opened on 29 May 1980 and processed a total of 14,360 refugees through 3 November 1980, when it ceased operation. Those processed at Fort McCoy included a higher percentage of criminals and mentally ill individuals than at the other two centers.²³ This reality made more violence inevitable, and the Army had to deploy mechanized infantry from Fort Carson, Colorado, and airborne air assault troops from Fort Campbell, Kentucky, to control the violence.²⁴ Additionally, the overall health of these immigrants was significantly worse than that of the first immigrants. A FORSCOM historian later concluded that "Communist Cuba's highly vaunted and even more highly publicized socialized medical care delivery system did not, in fact, extend to every member of the population."²⁵

The 86th Combat Support Hospital, garrisoned at Fort Campbell, Kentucky, arrived with its Mobile Unit, Surgical, Transportable (MUST) equipment at Fort McCoy on 23 May 1980. Professional Officer Filler System staff signed in the following day, and Lieutenant Colonel Maria L. Flecha, the chief nurse, went to work. She assigned patients to nursing units based on their diagnoses. She conferred with the preventive medicine officer and outlined procedures for isolation, infectious waste disposal, and contaminated linen handling. Flecha assigned her 18 Army Nurse Corps officers, selecting head nurses and detailing others to their individual responsibilities. Elective surgeries were not scheduled daily, so Flecha had the nurse anesthetist and operating room nurse work in the emergency room while remaining on call for unscheduled operative cases. Patients hospitalized or treated in the emergency room included refugees who were dehydrated, asthmatics, hypertensives, psychiatric cases, those with infected wounds, victims of animal bites, those suffering with acute skin conditions, trauma patients, and a few with cardiac and respiratory arrest. The command soon found it expedient to delegate unanticipated medical duties to nursing personnel. Two Army nurses, for

example, became responsible for triaging refugees disembarking from incoming flights. Four other Army nurses served at the in-processing center doing health screenings and referrals as needed. When the command established two Troop Medical Clinics, nursing staff took charge. They set up the Troop Medical Clinics, scrubbed the facilities, oversaw installation of partitions, and requisitioned and organized equipment and supplies. Spanish-speaking Army nurses staffed the Troop Medical Clinics. Not surprisingly, during the first three weeks of the deployment, all of the nursing staff worked 12-hour shifts.²⁶

FORSCOM announced retrospectively that the AMEDD failed to deploy enough people to Fort McCoy to meet demands for refugee medical care. Health care services greatly exceeded the capability of the one Combat Support Hospital and the two Preventive Medicine Detachments deployed. Originally, however, the Office of The Surgeon General and HSC had planned to limit their support to emergency treatment, hospitalization, and preventive medicine, but other missions materialized with the arrival of the refugees. Additional missions were support at the airfield at LaCrosse, Wisconsin, screening new arrivals, ambulance transportation, and the operation of two TMCs. There also were requirements for emergency care, hospitalization, preventive health measures, urgent dental care involving extractions and emergency oral surgery, and a considerable amount of psychiatric care, including specialized psychiatric assessments called for by the Immigration and Naturalization Service.²⁷ The leadership of the 86th Combat Support Hospital disputed the shortcomings alleged by FORSCOM. Flecha's After Action Report read:

Another major area of concern affecting the mission was the inability of the United States Public Health Service (USPHS) to effectively plan and execute the organization of the overall Cuban Refugee Program. The 86th Combat Support Hospital was deployed to provide inpatient and emergency room care. Due to the inability of USPHS to recruit and hire sufficient personnel to staff all areas of the operation, the 86th CSH was required to take on the added responsibilities of airfield support, in-processing and medical screening, and the opening and staffing of two refugee dispensaries.²⁸

FORSCOM ordered the 86th Combat Support Hospital to end operations by 29 June 1980 and directed the unit to disassemble its MUST equipment for shipment back to Fort Campbell. The USPHS then made accommodations for the Cuban refugees requiring hospitalization to receive care in local civilian institutions. Authorities directed the USPHS to set up and staff an emergency room, which it was unable to do. Instead, the 86th Combat Support Hospital staff designed and coordinated the facility and organized the equipment, supplies, and drugs in the new emergency room. They also gave an orientation to USPHS staff working in the emergency room.²⁹ Whether because of inadequate numbers or lack of experience, the USPHS could not conduct its assigned mission. Instead, a group of Army Nurse Corps officers were there and filled the void.

Flecha's After Action Report criticized the unfamiliar and obsolete equipment and the unavailability of medical items to treat the various ailments of the refugees. She recommended that the Army update the medications, supplies, and equipment prescribed for combat support hospitals. Flecha viewed the lackluster

medical proficiency of most of the assigned TO&E enlisted staff as a larger problem. They neither could immediately respond to emergencies nor meet the needs of patients or physicians. Senior non-commissioned officers needed to improve their management skills to oversee wards and clinics, establish supply levels, and teach and supervise the junior enlisted staff. Consequently, Flecha recommended that the AMEDD devote additional time and energy to augment the training for its troops. Army nurses in fixed facilities likewise should instruct the personnel assigned to field facilities because—in Flecha's opinion—the AMEDD had to stress field training for all professional personnel. These kind of assessments and lessons learned from all the deployed field hospitals gave impetus for the radical reform and modernization of TO&E structure and function in the approaching decade.

The field hospitals that deployed for the Cuban Refugee Operation played an important role, and without them, the undertaking had the potential to become an embarrassing debacle. At the least, conditions would have been more chaotic. Several Army Nurse Corps officers who participated were Vietnam War veterans and others had recent field experience. Their professional knowledge and experience were vital to the mission.

Another significant foreign mission took place in the summer of 1983. At that time, President Ronald Reagan ordered joint and combined military exercises with Honduras and El Salvador in Central America to demonstrate the U.S. commitment against a growing Marxist guerilla threat.³⁰ The objectives of the Big Pine II maneuvers, Ahuas Tara I, Ahuas Tara II, and Granadero I, were to improve host-nation readiness, counter Communist expansion, and to demonstrate an American presence and interest.³¹

Most of the aforementioned exercises took place in Honduras, a developing Central American nation. In support of these training missions, elements of the 41st Combat Support Hospital from Fort Sam Houston, Texas, deployed to that country in September 1983 and in 48 hours erected a 60-bed facility in a muddy, insect-ridden field. This humble beginning evolved into the Medical Element (MEDEL) of Joint Task Force (JTF) Bravo, Honduras. U.S. Army, Navy, and Air Force medical personnel staffed the MEDEL, whose missions were to support the joint field exercises and provide humanitarian assistance to local Hondurans. JTF Bravo staff rotated regularly. In March 1984, the 47th Field Hospital from Fort Sill, Oklahoma, arrived for its temporary duty in support of the mission. While there, the staff also supported Medical Civilian Assistant Programs, also referred to as Medical Readiness Training Exercises, three times a week.³²

Lieutenant Colonel Nancy Nooney was chief nurse in Honduras for several months in 1984. She characterized the climate there as so unbearably hot that even tropical-weight fatigues were uncomfortable. Despite the miserable weather, the Army Nurse Corps officers made their contributions. An assigned nurse midwife working for Nooney participated in Medical Civilian Assistant Programs and evaluated expectant mothers—seemingly every local female inhabitant older than 12 years of age.³³ The midwife also conducted a gynecological clinic twice weekly and was a great asset in controlling venereal disease. Additionally, a Span-

ish-speaking Army nurse and two enlisted medics taught a Combat Medic Course for 35 Honduran soldiers. When the 82nd Airborne Division scheduled an air drop about seven miles away, the MEDEL went into a Mass Casualty posture but fortunately had to treat only one minor injury. Overall, the nurses provided good safe care and did a considerable amount of teaching under exceedingly difficult circumstances.³⁴

Captain Nelly Aleman-Guzman also provided state-of-the-art nursing care and taught rudimentary nursing skills to local nationals in Honduras in 1984. Her instruction focused variously on the knowledge and skills necessary to carry out cardiopulmonary resuscitation, infusion therapy, and the application of tourniquets. She participated in 134 Medical Civilian Assistant Programs treating upward of 400 patients daily on her visits to rural villages and regarded her time in Honduras as “a once-in-a-lifetime experience.” Aleman-Guzman’s fluent Spanish facilitated her one-on-one interactions with locals and made her the obvious choice as an interpreter for her English-speaking counterparts as well.³⁵

When General Connie L. Slewitzke visited JTF Bravo with a group of general officers in 1987, she found troubling issues.³⁶ The operating room staff, for example, routinely allowed contaminated drainage to flow through a hole in the floor, and years of seepage left a noxious odor and even larger quality issues. Slewitzke rejected the attitude that the Hondurans did it this way and insisted on maintaining North American standards while adapting to the local realities. Although the rough conditions gave the Army nurses experience in operating in an austere environment, Slewitzke had some doubts about the real value of the mission, believing the participating nurses were engaged in work more suitable for the Peace Corps.³⁷

In 1992 when Lieutenant Colonel Cindy Gurney was chief nurse at the MEDEL, some conditions had improved but many had not. By then, the facility had become a network of wooden hooches (semipermanent huts) connected by boardwalks, “a remarkable cross of wild west and polynesian [sic] village.” The nursing office shared a hooch with the Patient Administration Division. The operating room, central material supply, x-ray, and laboratory were housed within the Deployable Medical System equipment. The facility’s single ward had a 12-bed capacity. Gurney’s quarters consisted of a small room in a one-story building with shared communal baths.

Security at the compound was exceptionally strict. Helicopters carried those participating in the Medical Readiness Training Exercises, morale shopping activities, and recreational trips from the camp. Travel over land demanded heightened security and special precautions because of possible guerrilla threats. Personnel traveled in groups of at least two vehicles with a minimum of four people per vehicle. When a third vehicle was added to the group, they moved in convoy formation accompanied by a Joint Security Forces vehicle loaded in the front and rear with M60 automatic weapons.³⁸

When Gurney arrived at a nearby orphanage to participate in a Medical Readiness Training Exercise one Saturday morning, boys and girls darted out from



Lieutenant Colonel Cindy Gurney, chief nurse at the Medical Element in Honduras in 1992, is pictured here with a three-year-old local child, Omar. The pair became good friends.
Photo courtesy of Colonel Cindy Gurney, Clifton Park, NY.

every direction. Gurney organized the children, who ranged in age from toddlers to adolescents, into a medical assembly line. First, a Honduran liaison physician determined the child's chief medical complaint. Then a physician assistant did a brief assessment of that problem and prescribed a medication. Two pharmacy technicians dispensed the appropriate medications and Gurney administered deworming medication to each child, the amount depending on the youngster's age and weight. The children's health problems varied from simple complaints to serious syndromes, and teams treated everything from runny noses, inflamed ears, headaches, and dermatitis to malaria, cardiac anomalies, and cerebral palsy. A three-year-old latched onto Gurney.

When I couldn't carry him, he hung on my pockets. I didn't need to speak to him. He didn't try to speak to me. We couldn't understand each other except for the primitive understanding that passes when two souls touch and tickle and giggle together.³⁹

There was great personal gratification in the work because it involved a satisfying blend of altruism and mission accomplishment.⁴⁰

Although these outreach activities—common to many foreign missions of any sizable extent—were undoubtedly well intentioned, there were those who

believed that they rarely yielded long-term positive effects. Advances in health status were realized but they may have suggested to the local inhabitants that their own government was incapable of providing basic health care. Once the Americans left, the population's health had the potential to revert quickly to its previous precarious state. Such conditions in Honduras bore a noteworthy resemblance to comparable activities during the Vietnam War, about which Wilensky suggested the priority instead "should be on developing capability, not providing service." He added that "this process of education requires a long standing commitment" and is challenging for typically task-oriented, hands-on, American health care providers who must stand back "while others attempt to provide health care who are less able and work far slower."⁴¹

The MEDEL staff in Honduras usually kept quite busy. On one occasion, a jump of 190 troops from the 82nd Airborne into an area of broken terrain after a nightlong flight from Fort Bragg created scores of casualties. Air evacuation helicopters flew the casualties to the MEDEL, where the staff treated numerous fractures, including those of two paratroopers requiring immediate surgery. Shortly afterward, another soldier arrived from a remote listening post suffering burns sustained while incinerating trash. The staff stabilized him and arranged his evacuation to the Burn Unit, Institute for Surgical Research, at Fort Sam Houston, Texas. Next, four Hondurans appeared at the gate seeking care. The four were accompanied by three family members who also required lodging. By day's end, the facility was operating at full capacity, with four surgical procedures scheduled for the next morning.⁴²

The command designated Saturdays as force protection days. They began with formations followed by training sessions. Soldier skills such as vehicle maintenance and disassembling and cleaning and reassembling small arms were the topics for classes on one particular Saturday. The following Saturday called for a five-mile road march with full Load Bearing Equipment and weapons.⁴³ All Army Nurse Corps officers not on hospital duty participated in the weekly training.

The temporary assignment of Army Nurse Corps officers to the MEDEL at JTF Bravo in rotations just short of six months continued for decades. The Army nurses provided health care for JTF troops, offered humanitarian assistance for Honduran nation building, performed civic actions, accrued valuable training experience, learned to adapt health care provision to developing nations, and probably improved the image of the United States in Central America.⁴⁴ At the same time, Army nurses served in advisory roles in another Central American country, El Salvador.

The efforts of Army Nurse Corps officers during the bloody civil war years in El Salvador were another expression of U.S. diplomacy whose goals were to promote human rights, support democracy, challenge Soviet and Cuban leftist influence, and bolster U.S. security interests in that developing nation.⁴⁵

While many Army nurses actively provided hands-on care in Honduras, the role of their counterparts in neighboring El Salvador was different. In El Salvador, Army Nurse Corps officers were limited to giving professional advice to local



Captain Charlotte Scott stands ready to provide care for incoming mass casualty patients during an exercise at the Medical Element of Joint Task Force Bravo in Honduras.
Photo courtesy of Colonel Cindy Gurney, Clifton Park, NY.

caregivers. Captain Juan Sandoval was one such Army nurse.

In 1983, Sandoval became the first Army nurse to serve on temporary duty in El Salvador as a member of a Medical Mobile Training Team that deployed to bolster that nation's military medical establishment because the national army of El Salvador lacked an organized field medical system. Survival statistics for combat wounded were grim, with more than 45 percent dying of their battlefield wounds. Sandoval's charge was to evaluate health services and requirements in the El Salvador army's garrison and consult with those who trained military medics. As an operating room nurse with that specialty's unique mindset, Sandoval reduced the local hospital's infection rate and improved infection control practices by encouraging good aseptic technique, especially when caring for the high number of land mine amputees.⁴⁶ Sandoval spent a productive three months in El Salvador.

Duty in El Salvador was dangerous. Flying into the country was somewhat like arriving in Vietnam in the 1960s. Small arms fire provided an ominous welcome. Visiting officers wore civilian clothing and changed into different vans as they traveled from site to site.⁴⁷ Captain Nelly Aleman-Guzman, who was teaching a five-month intensive care course to 21 El Salvador nurses in 1989, carefully

observed these precautions and a few more. She never ate in public restaurants, avoided going out at all, and traveled different routes every day to work with her bodyguard. She carried a 9-mm Beretta pistol with ammunition and slept with her M16 rifle. Her quarters had a high fence and round-the-clock guards. None of these safeguards protected her from guerillas' bullets when on 21 November 1989 rebels attacked her quarters. Aleman-Guzman suffered gunshot fragment wounds to her face and chest. Her housemates, a physical therapist, two physicians, and a paramedic, rendered immediate first aid but were unable to move her to the hospital until the siege ended 48 hours later. Despite her wounds, Aleman-Guzman completed her tour in El Salvador and returned to her home post in the United States in January 1990. Nearly five years later, in ceremonies held at the Pentagon, Brigadier General Nancy Adams presented the Purple Heart to Aleman-Guzman for wounds suffered in El Salvador. She was the first female Army Nurse Corps officer to be so decorated since the Vietnam War.⁴⁸ One author attributed the unusually lengthy five-year delay from time of wounding to formal recognition with the Purple Heart to the Reagan administration's political agenda that directed that a low profile be maintained regarding American presence in El Salvador.⁴⁹ Many of the campaigns of the 1980s featured both humanitarian and hostile actions.

Notes

1. The approximate number of refugees processed in the three main reception centers as totaled from statistics appearing in this text was 52,654. However, the Office of the Deputy Chief of Staff for Operations noted on page E-III-2 of its *Annual Historical Review of 1980* that the refugees numbered “over 55,000.” The commander of the U.S. Army Center of Military History estimated the number of refugees at 44,000. BG Harold Nelson, “The Army and the Cuban Refugee Problem, 1980–1981,” Information Paper, 4 December 1991, Army Nurse Corps Collection (ANCC), Office of Medical History (OMH). Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” FORSCOM Historical Monograph Series (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 1. Robert L. Scheina, “The Cuban Exodus of 1980,” *United States Naval Institute Proceedings* (October 1980): 44–51.

2. Charles C. Pixley, “Significant Strides Recorded by Army,” *U.S. Medicine* 17 (15 January 1981): 37–38, 43, 46. Dwight Oland and Jeffrey Greenhut, *Report of the Surgeon General, United States Army Fiscal Years 1976–1980* (Washington, DC: Office of the Surgeon General, U.S. Army, 1988), 168.

3. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” FORSCOM Historical Monograph Series (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 2.

4. Charles C. Pixley, “Significant Strides Recorded by Army,” *U.S. Medicine* 17 (15 January 1981): 37–38, 43, 46. Dwight Oland and Jeffrey Greenhut, *Report of the Surgeon General, United States Army Fiscal Years 1976–1980* (Washington, DC: Office of the Surgeon General, U.S. Army, 1988), 168.

5. Edwin H. J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” Typewritten Report (TR), 2–5, 1 December 1980, Army Nurse Corps Collection, Office of Medical History. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 9–10.

6. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” *FORSCOM Historical Monograph Series* (Fort

McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 4–5.

7. Parents of the first child born named him “Jimmy Fred Guerro-Ruiz” in honor of the United States president and the physician who assisted at the birth, Fred A. Simon, M.D. Edwin H. J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” TR, 4, 1 December 1980, ANCC, OMH.

8. Edwin H. J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” TR, 2–5, 1 December 1980, ANCC, OMH. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 9–10.

9. Douglas Brinkley, *The Unfinished Presidency* (New York: Viking, 1988), 354–55.

10. Edwin H. J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” TR, 2–5, 1 December 1980, ANCC, OMH. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 9–10.

11. The charter group included Lieutenant Colonel Esther Segler, majors Kathryn Deuster and Loraine Dayton, captains Jackie Saye, Audrey Walding, Joel Messing, William Bester, Sheila Clarke, Naomi Foody, and Dora Deal, and lieutenants Patricia Simon, Cynthia Pinski, Pamela Hummel, and A. Medina-Muniz. HSPE-MO, “Cuban Refugee Support, Ft Chaffee,” Typewritten List, 16 May 1980, ANCC, OMH.

12. The assistant chief nurse assigned was Lieutenant Colonel Adolfo Rosado. Esther Segler, Telephone Conversation with Author, 3 June 2003.

13. Edwin H. J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” TR, I-1 to I-3, 1 December 1980, ANCC, OMH.

14. Lieutenant Colonel Carnes [*sic*] to Lieutenant Colonel Wahl, “Request for ANC Personnel, 47th Fld Hosp,” Telephone or Verbal Conversation Record, 28 May 1980, ANCC, OMH.

15. Edwin H.J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” TR, I-5 to I-6, 1 December 1980, ANCC, OMH.

16. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 227, 233–34.

17. Edwin H.J. Carns, “After Action Report, 47th Field Hospital, Cuban Refugee Operation Resettlement, 8 May–28 June 1980,” TR, I-6 to I-7, 1 December 1980, ANCC, OMH.

18. *Ibid.*, 6.

19. Frank W. Pew, “The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States,” *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 6–7.

20. Madelyn N. Parks to Lillian Dunlap, Typewritten Letter (TL), 19 June 1973, ANCC, OMH.

21. “Army Nurse Corps Key Officer Assignments,” 14, 1 February 1980, ANCC, OMH.

22. Mary J. Wise to Eunice Kennedy, “Field Training Units,” TL, 24 September 1980,

ANCC, OMH.

23. Frank W. Pew, "The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States," *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 6–8. Many Cubans had arrived on America's shores in the years before the Mariel Boatlift. A federal official who had "worked with the earlier waves of exiles" noted that those who arrived first were "the elite, next the professional class and now the lower class." David M. Alpern and others, "Carter and the Cuban Influx," *Newsweek* (26 May 1980): 22.

24. Frank W. Pew, "The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States," *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 6–8.

25. *Ibid.*, 226–27.

26. Maria L. Flecha, "After Action Report, Cuban Refugee Mission," Typewritten Document, 1-4, n.d., ANCC, OMH.

27. Frank W. Pew, "The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States," *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 226–27.

28. Maria L. Flecha, "After Action Report, Cuban Refugee Mission," Typewritten Document, 4, n.d., ANCC, OMH.

29. *Ibid.*, 5. Frank W. Pew, "The Role of FORSCOM in the Reception and Care of Refugees from Cuba in the Continental United States," *FORSCOM Historical Monograph Series* (Fort McPherson, GA: Military History Office, Office of the Chief of Staff, U.S. Army Forces Command, 1984), 234.

30. Scott M. Hines, *Joint Task Force-Bravo—The U.S. Military Presence in Honduras: U.S. Policy for an Evolving Region* (College Park: University of Maryland, School of Public Affairs, 1994).

31. The objective of Big Pine II (August 1983 to February 1984) was to demonstrate the United States' military ability to operate in Central America and to convince the Sandinista government of Nicaragua to cease fostering insurrection in the area. In January 1983, U.S. and Honduran military forces carried out Operation Ahuas Tara I near Puerto Lempira, Honduras. Granadero I took place in Cucuyagua, Honduras. Dwight Oland, *Department of the Army Historical Summary, Fiscal Year 1984* (Washington, DC: Center of Military History, United States Army, 1995), 39–40.

32. Cindy Gurney, "Preliminary History of the Medical Element, Joint Task Force-Bravo, Soto Cano Air Base, Honduras," September 1992, ANCC, OMH. Bernard T. Mittemeyer, "Quality Assurance: Major Army Focus," *U.S. Medicine* 20 (15 January 1984): 56. Bernard T. Mittemeyer, "'Volatile' Year Sees Army Medical Gains," *U.S. Medicine* 21 (15 January 1985): 16. Arthur C. Wittich, "The Medical Care System and Medical Readiness Training Exercises (MEDRETEs) in Honduras," *Military Medicine* 154 (January 1989): 19–23. Charles H. Hood, "Humanitarian Civic Action in Honduras, 1988," *Military Medicine* 156 (June 1991): 292–96.

33. One account stated that in Honduras, over a woman's reproductive life span, "nine-plus pregnancies per woman is the rule (9.5), with about 7 live births." Charles H. Hood, "Humanitarian Civic Action in Honduras, 1988," *Military Medicine* 156 (June 1991): 292.

34. Nancy Nooney to Connie L. Slewitzke, Handwritten Letter, 21 March 1984, ANCC, OMH.

35. "Honduras Called Good Experience," *HSC Mercury* 11 (August 1984): 12.
36. Accompanying General Slewitzke were generals Tracy Strevey, Lewis Mologne, Richard Travis, James Rumbaugh, and Wally Johnson. Several reserve generals and SG consultants also made up the party. Connie L. Slewitzke, Interview by Beverly Greenlee, 50–51, n.d., USAWC/USAMHI Senior Officer Oral History Program, Project No. 88-8, ANCC, OMH.
37. Connie L. Slewitzke, Interview by Beverly Greenlee, 42–46, n.d., USAWC/USAMHI Senior Officer Oral History Program, Project No. 88-8, ANCC, OMH.
38. Cindy Gurney, "Howdy!" TL, 16 March 1992, ANCC, OMH.
39. Cindy Gurney, "Greetings from Lake Soto Cano!" TL, 29 June 1992, ANCC, OMH.
40. General William Westmoreland had another motive for encouraging the MEDCAPs in another earlier operation in Vietnam. General Westmoreland believed that "medical personnel, used to working, get surly if they have nothing to do." He saw the MEDCAPs as a way of keeping the AMEDD busy. Westmoreland wrote that he observed discontent in medical personnel and they "even feel misused, when they are not occupied with their specialty." Robert J.T. Joy to Author, TL, 24 November 2003, ANCC, OMH. William C. Westmoreland, *A Soldier Reports* (New York: Doubleday & Company, 1976), 82, 266–67. However, Honduras was not Vietnam. JTF Bravo was an operation of armed diplomacy, and MEDCAPs had a higher priority there as opposed to those in Vietnam, which was a combat operation.
41. Robert J. Wilensky, "The Medical Civic Action Program in Vietnam: Success or Failure?" *Military Medicine* 166 (September 2001): 815–19.
42. Cindy Gurney, "Greetings from Honduras!" TL, 24 March 1992, ANCC, OMH.
43. Ibid.
44. Angela Williams, "Joint Task Force—Bravo," *Army Nurse Corps Newsletter* (July 2000): 17–18. Charles H. Hood, "Humanitarian Civic Action in Honduras, 1988," *Military Medicine* 156 (June 1991): 292–96. Arthur C. Wittich, "The Medical Care System and Medical Readiness Training Exercises (MEDRETEs) in Honduras," *Military Medicine* 154 (January 1989): 19–23. Cindy Gurney, "Preliminary History of the Medical Element, Joint Task Force-Bravo, Soto Cano Air Base, Honduras," September 1992, ANCC, OMH. Frank F. Ledford, "Army 'Innovative' in Use of Funds," *U.S. Medicine* 25 (January 1989): 41–42.
45. Richard A. Haggerty, ed., *El Salvador, A Country Study*, Headquarters, Department of the Army, DA Pamphlet 550-150 (Washington, DC: U.S. Government Printing Office, 1990). James S. Corum, "The Air War in El Salvador," *Airpower Journal* 12 (Summer 1998): 27–44. Shawn Sullivan, "The Reagan Administration and El Salvador, 1981–1984: Bureaucratic and Domestic Politics Revisited," *Low Intensity Conflict & Law Enforcement* 8 (Summer 1999): 33–57.
46. "Medical Survey Team, El Salvador," After Action Report, August–September 1980; "Report on the Effectiveness of Training, US Army Humanitarian Medical MTT El Salvador (Phase I), 23 May–19 Dec 83," TR, 20 January 1984; Juan M. Garcia, "Effectiveness of Training Mobile Training Team, RCS CSGPO-125," Typewritten Report, 17 August 1984; Robert H. Buker, "Progress of Humanitarian Medical Mobile Training Team (Med MTT), El Salvador," Information Memorandum, 2 June 1988; Mr. Gonzales, "Medical MTT-El Salvador," Information Paper, 7 March 90; Felipe Casso, "U.S. Army Humanitarian Medical Assistance in El Salvador," TR, 3–5, February 1990; "Medical Mobile Training Team (MTT) Accomplishments—El Salvador," Information Paper, 31 December 1991; and Connie L. Slewitzke, Interview by Beverly Greenlee, 46–47, n.d., USAWC/USAMHI Senior Officer Oral History Program, Project No. 88-8 (all in ANCC, OMH). Bernard T. Mitte-

meyer, "'Volatile' Year Sees Army Medical Gains," *U.S. Medicine* 21 (15 January 1985): 16. Russ Zajtchuk, F. William Brown, and James H. Rumbaugh, "Medical Success in El Salvador," *Military Medicine* 154 (February 1989): 59–61. Carolyn M. Feller and Debora R. Cox, *Highlights in the History of the Army Nurse Corps* (Washington, DC: U.S. Army Center of Military History, 2000), 55.

47. Connie L. Slewitzke, Interview by Beverly Greenlee, 47–50, n.d., USAWC/USAMHI Senior Officer Oral History Program, Project No. 88-8, ANCC, OMH.

48. Gilda A. Herrera, "Walter Reed Nurse Earns Purple Heart," Typewritten Press Release, 16 November 1994; Award Certificate, 17 August 1994; Gregory R. Walker to Colonel Terris Kennedy, TL, March 8, 1994; Ronald M. Tolls, "Substantiation of Soldier's Injuries," Typewritten Memorandum, 10 March 1994; and Nelly Aleman-Guzman, Interview by Jennifer Petersen, 11–35, 22 January 2004 (all in ANCC, OMH). Gilda A. Herrera, "Walter Reed Nurse Earns Purple Heart," *Stripe* (4 November 1994): 6, 11. Greg Walker, "Vets of Clandestine Central American War Rate Recognition," *VFW* (April 1994): 20–22. Carolyn M. Feller and Debora R. Cox, *Highlights in the History of the Army Nurse Corps* (Washington, DC: U.S. Army Center of Military History, 2000), 67.

49. Greg Walker, *At the Hurricane's Eye: U.S. Special Operations Forces from Vietnam to Desert Storm* (New York: Ballantine Books, 1994), 114–15.

