The Medical Units of the Army National Guard (ARNG) and Operation Desert Shield/Desert Storm

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The Army National Guard had over 62,000 members federalized for Operation Desert Storm; 18% of those deployed to Southwest Asia from the ARNG were medical personnel. The authors discuss concerns raised by the call-up and deployment of these personnel, and successes for the ARNG in Southwest Asia, Europe and the United States.

Since the first militia was formed in 1635 by the General Court of Boston, Americans have been serving their country as citizen soldiers. The National Guard traces its direct heritage to the organization of the North, South and East regiments in the Massachusetts Bay Colony on Dec 13, 1636. Guardsmen have fought in every American war from the Pequot War of 1637 to Operation Desert Storm.

At the end of the Revolutionary War, it was recognized that the militia had played an important role in winning the nation's independence. The authors of the Constitution empowered Congress to "provide for organizing, arming and disciplining the militia." However, recognizing the militia's state role, the Founding Fathers reserved the appointment of officers and the training of the militia to the states.

The National Guard gained its name in 1884. At the time of a visit by the Marquis de Lafayette to the 2nd battalion of the 11th Artillery Regiment of the New York militia, the unit voted to rename itself the Battalion of National Guards after Lafayette's Parisian Militia, the Garde Nationale.

Currently, the Guard has three basic missions. First, it is the source of fully capable units which, when federalized, provide combat, combat support and combat service support forces to the unified commanders. As a second mission, Guard units respond to state emergencies to protect life and property and to preserve peace and order. In Fiscal Year 1991 there were 30 disasters, including floods, forest fires and one civil disturbance, along with 50 other emergencies that involved nearly 3,000 Guard men and women. The third mission is adding value to America and involves several nation building programs (such as an active Environmental Program), providing medical support with Medical Readiness Exercise (MEDRETE) teams to third world countries and performing counter-drug operations.

The National Guard Bureau (NGB), located in Washington DC, is both a staff and an operating agency. As a staff agency, NGB participates with Army and Air Force staffs in the development and coordination of programs pertaining to or affecting the National Guard. As an operating agency, the National Guard Bureau formulates and administers programs for the training, development and maintenance of the (non-federalized) Army and Air Force units and personnel, as provided in Title 10, USC 3015.

Mobilization

The Army National Guard had over 62,000 federalized for Desert Storm —some members went to Europe, some stayed in CONUS and 37,848 went to Southwest Asia. Eighteen percent (6,812) of the total soldiers deployed to Southwest Asia from the ARNG were medical personnel. It is interesting to note that this represents more than three times the medical force content of the National Guard force structure. Another way of conceptualizing the Army Guard's medical contribution is by unit participation. Three hundred and ninety-eight Guard units, representing 48 states, the District of Columbia, Guam and Puerto Rico, were mobilized and deployed. Of these, 60 were medical units. This represents over 15% of the force. Once again, three times the medical representation in the force structure.

Throughout the Presidential call-up of the Selected Reserve and Partial Mobilization, Army National Guard units arrived at their respective mobilization stations within 72 hours of federalization. This enabled their timely deployment and use as part of the Total Force. Table I depicts the ARNG medical units mobilized/deployed in support of Operation Desert Shield and Operation Desert Storm. Table II depicts the types of units and their percentage of the force. An additional 840 National Guard medical personnel were mobilized and deployed in the US and Germany.

There are three medical brigades and 24 hospitals in the ARNG. The Army and the ARNG were successful in rapidly deploying the three medical groups from the brigades and 12 of the 24 ARNG hospitals, all under the command of colonels, to the CENTCOM area of operations. The medical groups, which are not equipment-heavy, were in theater less than 30 days after federalization. The 12 ARNG hospitals deployed had a mean average time from the day they were federalized until deployment to Southwest Asia (SWA) of 39 days. The median was 46 days and the range was 15 to 55 days. The medical battalions deployed under the command of lieutenant colonels. The mean average time from federalization to deployment to SWA was 33 days. The median was 27 days. It is important to remember that medical units were fully mobilized and ready to deploy but were delayed by shortages of air frames for transportation to Southwest Asia.

One medical unit did not meet the deployment criteria the first day of

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federalization due to equipment shortages. This unit was undergoing reorganization and was short many items of new medical equipment. Since the unit met deployment criteria for training and personnel readiness, they were assigned to an already equipped fixed facility. The Mobilization and Readiness Division of the NGB conducted an analysis of the Unit Status Reports (USR) prepared by deploying units and found a high correlation between the number of days commanders estimated their units would require to prepare for deployment and the actual number of days they needed to successfully deploy.

Table I. ARNG Medical Units Operation Desert Shield/Storm.

Type Unit	Number
Evacuation Hospital	8
MASH Hospital	3
Clearing Company	7
Air Ambulance Company	4
Medical Battalion HHD	4
Medical Group HHD	3
Ground Ambulance Company	3
Air Ambulance Detachment	2
MEDSOM Unit	1
Surgical Detachment	1
TOTAL	36

Table II. Army National Guard Units Operation Desert Shield/Storm.

Type Unit	Number Units	%Units
Transportation	76	19
Military Police	72	18
Medical	60	15
Maintenance	53	13
Engineer	23	6
Quartermaster	21	5
Ordnance	12	3
Field Artillery	11	3
Adjutant General	11	3
Armor	10	2.5
Aviation	8	2
Infantry	8	2
Public Affairs	8	2
Miscellaneous	25	6

The Guard hospitals deployed to SWA had the mission to provide front-line medical support and host nation support. They provided medical treatment to allied soldiers as well as prisoners of war and third country nationals.

Concerns

Two issues of concern surfaced during mobilization. One involved the number of National Guard soldiers identified as not meeting deployment standards. Several things contributed to this perception. First, there was much initial confusion over the differences between retention standards (AR 40-501, Chap 3), mobilization standards (AR 40-501, Chap 6) and deployment criteria (AR 600-8-101 and AR 614-30). Secondly, in some instances idiosyncratic standards were developed by individual mobilization station physicians. Thirdly, there were individuals who, for a variety of reasons, had not been properly evaluated and did not meet retention standards. Most frequently they involved cardiovascular conditions, diabetes, cancer, asthma, low back pain, arthritis, ulcer or hernia. Fourth, numerous soldiers required dental care before they could reach deployment standards. Of 50,594 National Guard members who received documented dental screening, 27% (13,777) were considered to be Class III (probable requirement for emergency dental care within 12 months). Ninety-one percent of these individuals (12,573) were treated at mobilization stations and upgraded to Class II or better. The active component dental elements were outstanding in their support of the Guard.

Active component members of the AMEDD need to be aware of the significant limitations currently placed on health and dental care for members of the National Guard. Current law (10 USC 1074a) and regulations (AR 40-3 Chap 4-2 and AR 135-381 Chap 1-5) prohibit medical/dental care for reserve component soldiers not on active duty for at least 30 days. Care during the 15 days of annual training is confined to acute problems or conditions resulting from the training itself. No care is authorized during the remainder of the year. Individual soldiers are responsible for obtaining their own care and as the Guard is a microcosm of society, many of its members do not have health coverage of any kind. Income is used for items seen as having a higher priority, and health and dental problems are allowed to continue or worsen. Ultimately, however, only 1% of those national guard soldiers who were mobilized could not be deployed because of medical or dental problems, including four dental cases.

A second focus of concern was the number of mismatches that were found in Army Guard medical units involving the Areas of Concentration (AOC) of physicians. Generally these involved situations where other specialities were slotted against requirements for general surgeons. Much cross-leveling was required, but not one unit was delayed or failed to deploy due to this problem. However, changes to AR 220-1 are being considered which will fine tune the unit status reporting system to ensure identification of these mismatches and greatly increase the probability of remedial action in the future.

Successes

NGB conducted debriefing sessions with unit commanders returning from Operation Desert Storm. During these sessions, commanders attributed the Army's success in rapidly deploying their commands to the following programs:

Total Force Policy: During Operation Desert Storm, the Army's implementation of the Total Force Policy and the attendant equipment and manning levels provided by the Army, OSD and Congress contributed to the high degree of success enjoyed by the ARNG commands during deployment.

CAPSTONE: The commanders gave high marks to the Army's CAPSTONE Program. They were especially complementary of VII Corps and the integration which had been achieved by CAPSTONE Battle Book preparation and training during VII Corps CAPSTONE Conferences and during JCS exercises such as Reforger. The commanders said that even though the mission changed from Europe to SWA, the working relationships endured and were valuable for a smooth integration to the new theater of operations.

Overseas Deployment Training (ODT): This program was unanimously supported by the commanders. They said their units had gained invaluable experience by deploying, conducting wartime training in an overseas theater and redeploying to home station. The Mobilization Deployment Readiness Exercise (MODRE) which preceded each ODT rotation was also valuable in preparing for Operation Desert Shield/Desert Storm.

Key Personnel Upgrade Program (KPUP): This valuable program of sending key personnel to train with active component units in the field provided the commanders with NCOs and officers who had enhanced tactical and technical experience.

FM 25-100 and the Army Training Management System: Mission guidance with decentralized execution was invaluable for rapidly training-up and deploying.

Mobilization System: The mobilization system worked very well when it was used. It was reported that mobilization exercises were of great benefit in preparing for federalization. They did encounter some delays when mobilization stations deviated from the FORSCOM Mobilization and Deployment System (FORMDEPS) and repeated many of the administrative tasks which the unit had already accomplished at home station.

Personnel Issues: One major concern of commanders was promotions; promotion policies and procedures differ among the three Army components. This was especially difficult for units and personnel assigned or attached to commands from other components. Specialty pay for AMEDD personnel required revision of existing regulations to overcome gross inequities.

The ARNG in USAREUR

Five medical units from the ARNG were called into federal service during Operation Desert Shield and Desert Storm and assigned to USAREUR: one medical hospital (MASH), two medical companies (Clearing and Air Ambulance) and two medical detachments (Blood Distribution and Dental Service). They were all alerted on Dec 6, 1990, and all units deployed no later than Dec 24, 1990. They reported to their mobilization sites with a total of 690 personnel.

General Saint, in the USAREUR After Action Report on Desert Storm, took time to single out the 112th Medical Company (Air Ambulance), Maine Army National Guard, saying, "The 112th MED CO has established an outstanding reputation providing medevac support for the theater. The staff at the Combat Maneuver Training Center (CMTC) has made several unsolicited compliments to the 112th because of their significant reduction of response time to maneuver units in a field environment as well as providing superior medical care."

HSLD Support

The Health Service Liaison Detachment nurses of the National Guard (HSLD-NG) for 1st and 2nd Army were alerted on Jan 23, 1991 and reported for duty at Walter Reed Army Medical Center and Dwight David Eisenhower Army Medical Center on Feb 4, 1991. These 150 nurses from the Army Guard were greeted with enthusiasm by the Chief Nurses of these hospitals. Health Service Liaison Detachments of the National Guard are units made up of nurses not assigned to specific National Guard units, which provides flexibility in training and utilization of these nurses. Brigadier General Clara L. Adams-Ender, then Chief of the Army Nurse Corps, stated, "It was a real benefit to find those nurses. They were highly professional and highly qualified. The nurse leadership in the hospitals was delighted to have them on board and appreciated them, as much as the HSLD nurses appreciated the opportunity to serve their country. I sincerely hope the National Guard will keep the HSLDs as part of the ARNG medical structure."

Conclusion

The Chairman of the Joint Chiefs of Staff and the Chief of Staff, Army, have reported that the deployment of Army National Guard commands was one of the major successes of the operation. General Colin Powell, Chairman of the Joint Chiefs of Staff, in testimony to the Senate Armed Services Committee on Dec 3, 1990, described their performance:

"The success of the Guard and Reserve participation in Desert Shield cannot be overemphasized. Their participation has been a significant factor in affording us flexibility and balance, and reinforces the policies and decisions made over the last ten years to strengthen the Total Force concept."

SUMMARY

In summary, the readiness of the ARNG was at a historic high preceding the call to federal duty. When given the mission to deploy to CENTCOM and USAREUR, the ARNG demonstrated its ability to alert, federalize and rapidly deploy to the theater of operations.

REFERENCES

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