

100 DAYS IN THE GULF

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A year and a half ago, the world was turned up on end by the ruthless invasion of Kuwait by the forces of Saddam Hussein, the army of Iraq. This isolated, xenophobic Middle Eastern dictator was oblivious to the world around him and ignorant to the fury about to be unleashed. While the winds of winter swirled about the Southern Hemisphere, the winds of war were reaching full gale over the Persian Gulf. In the picture of the earth taken by Apollo VII, the Gulf was literally on top of the world, and Saudi Arabia, Kuwait, and Iraq were at the top of the news.

The United States was not pleased. A year ago this week a juggernaut of allied forces more than a half million strong stood poised in the region to thwart further advances and free Kuwait. We were determined to restore the balance of power in the Middle East by reversing the invasion of Kuwait and insuring a secure oil supply for the world.

Gentlemen, I stand before you this evening neither to glorify war nor to vilify it, but to chronicle how one medic fought the Gulf War of 1991 - Operation Desert Storm. It was my privilege to be called to serve 100 days in the Gulf. From January 1 to April 10, 1991, I was posted to what was euphemistically called the AOR or Area of Responsibility. How could I, now in my fifties, do such a thing? How could I leave my wife and children? How could I fly off to an uncertain fate in a far and hostile land? I was motivated, nay vaulted, into action for three very clear reasons. For love of country - as a son of the middle west I could conceive of no finer mission than to serve my country in a dramatic and significant way. For sense of duty - duty to care for our people sent half way around the world, deployed to a hostile desert kingdom to suffer privation, exposure to the elements, and possible destruction. And finally, yes, because of a yen for adventure. I admit to feeling the same restlessness that motivated our forebears to set out across the seas to found this new land. I was buoyed up by a crusade for justice even as our forebears were sustained and stimulated by this cause, plus, of course, economic necessity. Last winter, we returned to the very birthplace of civilization for many of the same reasons. Just as we thank God our ancestors had the strength and determination to come here and mold the new life that we gather here to celebrate each year, I thank God that I had the strength and determination to return to the ancient land to build a life for our warriors in the desert so that they could survive and fulfill their mission. Perhaps tonight I should be speaking on the Bill of Rights, now 200 years old, or about the travels of Columbus, now 500 years in the past, but I am speaking on events that for a moment in

time were so arresting and dramatic that they were able to seize and hold the attention of the entire world.

MOBILIZATION

First, it was necessary for me to strengthen myself and my reserve medical unit to overcome the shock of mobilization. If through knowledge comes strength, then we were armed with the history of reserve mobilization. In the past 40 years, the reserve forces of the United States have been mobilized only 11 times. Ten of these mobilizations were in the 20 years between 1950 and 1970. There were no mobilizations at all between 1970 and 1990 until Operation Desert Shield in August 1990. Even more surprising, my unit did not serve together, but was dispersed to 16 different bases, first to fill urgent manning tours for Operation Desert Shield, then activated by Presidential decree to serve in Operation Desert Storm. I left Cincinnati on Sunday morning, December 30, 1990, for Philadelphia where I took a van to Dover Air Force Base in Delaware. After a short rest, I boarded a C-141 as a troop commander in charge of 80 men, their guns, and ammunition. We flew from Dover to Torrejon Air Base outside of Madrid where we stayed six hours to change air crews. We spent New Year's Eve in this vast hanger converted into a dormitory. While you all were hoisting another brew, I was standing in front of three clocks - labeled "East Coast," "Local," and "Saudi Arabia" - waiting for midnight to come and welcome in the New Year. It was helpful to note that Eastern Standard Time was six hours earlier than the local time in Spain, and Saudi Arabian time was two hours later. Thus, we reset our watches in anticipation of the eight-hour time difference between Ohio and Saudi Arabia

We took off from Torrejon and our next stop was Middle East. A global projection of the world depicts the Middle East in a way that illustrates why our military authorities call it the province of the Central command. Indeed, it is central between Africa and Asia and between Europe and the Indian Ocean as it has been throughout history. The Middle East is a crossroads of civilization, a transshipment point for trade from east to west and a source of our most vital energy resource, oil. Security was high as depicted by a sign on a sandbag bunker at the air base where we landed. It said, "Somewhere in the Eastern Province of Saudi Arabia." This site was roughly midway along the western shore of the Persian Gulf. Kuwait lay to the northwest, and my duty station was southeast in yet another time zone. I was not certain exactly where my base of assignment was because my orders had nothing but a zip code on them. But the aerial port people were quick to reassure me. "Oh, that's no problem," they said. "There are planes from there coming through here several times a day. Just wait for the next one coming around noon and we'll put you right on." During the couple of hours before noon, I busied myself visiting a tent medical facility at King Fahd International Airport and got

a briefing from a mobile intelligence officer. He had a trailer house and a map right there on the flight line to explain the mission and, to a limited extent, the disposition of our troops at that time. It was the first of January.

Around noon a C-130 landed and taxied not to the passenger terminal, but off to the far corner of the air field, to the "hot pad." the "hot pad" is where bombs and ammunition are loaded. "We'll take you over there and you can get a ride with them," the crew assured me. Sure enough, I got on the C-130 and took my customary place up in the crew compartment. But in back, the cargo bay was filled with air to ground missiles for delivery to the front. We took off heading not for my new home base in the United Arab Emirates, but north to the front, directly toward the Iraqi border and King Khalid Military City. We continued to fly on and off to several different bases for almost twelve hours that day - a great theater orientation tour. Not until 11:30 p.m. that night did I arrive at my air base to be greeted by the commander.

BED DOWN

Mirage Air Base was set up at the end of the Sharjah International Airport. Sharjah is third largest of the 7 Emirates. The airport included an ultramodern passenger terminal, a cargo terminal, and the police air wing. This division of the Department of the Interior was outfitted with an immaculate set of more than a dozen rescue helicopters which provided the Sea Air Rescue Service for the entire country. Our C-130 base was a recently reopened training wing for training United Arab Emirates pilots on British Hawk fighter jets. My home and medical facility was a double trailer house. We held sick call at one end and slept in the other. My roommate, and only other physician, was Bonnie Warmack from Detroit - a D.O. physician as well as J.D. attorney. He was a great guy, always cheery and helpful. He worked hard and saw lots of patients. He told me that back in Detroit, however, the lawyering was much more lucrative than the doctoring and he was gradually phasing out his medical practice to concentrate on his legal work. Unfortunately, he was called back to the States on emergency leave halfway through the war. Since the duration was brief, he never got back and I was the only doc on station for the second half of the war.

MEDICAL DUTY

I envisioned that my medical duty would consist of serving as a flight surgeon before the hostilities, as a general surgeon during the ground war, and a plastic surgeon afterwards to do the reconstructive work perhaps here in the V.A. Hospital. In fact, my duty was to create and sustain the wartime health care system - the same two-tiered

primary care-specialty care system we have in this country. My aim was to do the best possible job of taking care of the airmen of the 1660th Tactical Airlift Wing Provisional. The mission was to maintain and fly C-130 short haul cargo aircraft. The Clinic consisted of two rooms, a six-bed ward which served as a reception and holding area, and an examining room with two examining tables. There was a telephone to the Aeromedical Evacuation nurses and technicians who were also stationed at the base. To the right of the phone was the medicine cabinet. I was dispensing physician, and after examining each patient and recording his complaints I would count out the proper medication from this cabinet. The physician I replaced as well as Bonnie Warmack were Doctors of Osteopathy, and they had been using manipulation with great effect to relieve the aches and pains of the sedentary airmen who had to do a little more physical work than they were accustomed to. I had to scramble to think of a technique to compete with this in popularity because of the immediate relief from pain offered by manipulations. My strategy was to load each and every patient with at least four or five different medications so that treating their colds was a full-time job.

My armamentarium contained a good supply of Mentholatum, made in Buffalo, New York. Since half the Wing was from Niagara Falls or Buffalo, and the other half was from Detroit, I could hand out the mentholatum and say, "This is what your grandmother would have recommended. Put a dab of this in a steamy wet towel and wrap it around your head. Breathe the vapors and it should open you right up." My half dozen medics thrown together from several different medical units in upper New York state and Michigan were as uncooperative and fractious a group of people as you could ever imagine. I tried to get them to line up for a picture, and the result was almost comical. They all looked off in different directions and had no use for my unit cohesion exercise whatsoever.

The Unit members did have one closely held central value, however, and that was never to have the phone uncovered or the clinic empty. They also responded to social occasions. When one of our members had a chance to rotate home early, we went out to lunch. The prospect of a meal at the British club, the Sharjah Wanderers Sports Club, prompted them to line up in orderly fashion for a picture. People were in only mildly better humor. They'd been there six months by the end and had probably had their fill of the austere life.

Each seemed to have some obscure quirk of personality. My supply sergeant, for instance had spent fifteen years in the Army Rangers as an independent duty medical technician. Unfortunately, his medical knowledge was outdated but that didn't stop him from having a strong opinion about everything. He was so adamant about matters on which he was flat wrong or just plain lying that I gave him a letter of reprimand. Overall, however, he had done such an outstanding job scrounging up supplies from all over the theater and meticulously documenting his efforts that I put him in for a medal!

LOCAL CUSTOMS

As a Muslim country, Saudi Arabia was dry, and all the bases were forbidden from serving alcoholic beverages. You might say they were "zero-beer" bases. In Oman, a somewhat more liberal land, there were "two-beer" bases. In the Emirates, the most liberal of all, we were privileged to serve at a "four-beer" base. As a consequence of this, some of the men would overindulge at the end of the week, which is Thursday night in that part of the world. Almost routinely at 2:00 a.m., I'd be called to get up and sew up somebody's head. I couldn't help thinking that perhaps it was divine province that stationed a plastic surgeon at a "four-beer" base. Another time-honored medical tradition for field-deployed troops is to hold a wart clinic. I'd heard from the dermatologist's years ago that you could freeze warts in liquid nitrogen. While we did not have liquid nitrogen, we did have liquid oxygen for the aircraft oxygen systems. The crew chief would spill some liquid oxygen in the tray, and then I'd take a Q-tip and freeze warts at my wart clinic.

PUBLIC HEALTH

Of much greater concern were public health and preventive medicine measures. One morning I discovered that the sewer next to the clinic had overflowed because of a party the night before at the hanger. In order to prevent this in the future, I had to insist that the honey pot come around to drain the septic tank at least once a day, particularly the day after having parties. As Erma Bombeck observed, the grass is always greener over the septic tank. At my airbase, the only grass was the grass growing around the septic tank.

Another problem was the flies breeding in the Dempsey dumpsters. I negotiated with the preventive medicine office of the Emirates to come and fog the base. To my knowledge, they only did this on one occasion while I was there but they did a very thorough job. Since the order had come from me, they took special pains to fog the clinic especially well.

Insuring a pure water supply was also a priority. Most of the water consumed was spring water or desalinized water from the Gulf. During the ground war, we stored up extra water both by the truckload of bottled water and by filling a large rubber expandable tank as a reservoir for cooking and washing. My preventive medicine technician would add chlorine to the water supply and then monitor the chlorine and coliform bacteria levels.

I recruited a lady veterinarian from a nearby base to make regular inspections of the dining hall and the canteens on the base. The canteens were supplied from town, so we had to go off base to inspect the source of the baked goods. Then, from time to time, we would go downtown to patronize up-scale street vendors who made schwarmas, or pita pocket sandwiches. I never heard that anyone got particularly ill from eating schwarmas. The vendors were well up out of the dust and appeared to have a pretty tidy shop, but they hadn't quite started wearing plastic gloves for handling the food as yet. Naturally, I took every opportunity to emphasize hand washing to prevent colds - the most common complaint. We administered flu shots and gamma globulin injections for the prevention of infectious hepatitis to 100 percent of the people stationed at the base.

TRAINING

We also continued training even as we fought. I was able to recruit a nurse from the aeromedical evacuation crews stationed at the base to refresh us on cardiopulmonary resuscitation techniques and to learn to use the defibrillator in case of heart trouble among our aging population. While local culture made a resuscit Annie impossible to obtain, we went to a local diving supply shop and borrowed a resuscit Ahmed. Resuscit Ahmed looked to be about 10 or 15 years old and was rather stiff, but still quite serviceable. Physical examinations are typically suspended during the time of war and deferred until return home.

FLYING DUTY

My flying duty consisted of hopping aboard the C-130's and going to remote, sometimes gravel air strips to shuttle supplies, bullets, and beans back and forth a the northern end of the theater. Sometimes the pilots would go back and help push the cargo aboard just to have a chance to get up and stretch. The C-130's picked up the troops along the Iraqi border and moved them out after they completed their sweeping end run through the Iraqi desert up to the Euphrates River and down to Kuwait.

I took the occasion of these flights to visit my fellow practitioners around the Gulf and assess how they'd solved some of the supply and equipment problems. A young doctor at a nearby Emirate had the same set-up that I did - a desk at which he saw patients and a cabinet of medicine behind him for direct dispensing.

I also wanted to see what larger medical units looked like and went to Dhahran to visit the First Tactical Hospital. This unit was deployed with an air transportable hospital, a tent facility, from Virginia to the desert. They termed themselves "Tactical Air

Command's First and Finest," and indeed they had the right spirit. A large American flag was displayed right inside the reception area. The head of the operating room had all her equipment and instruments hung out - ready for selection for each case. The operating room was austere but serviceable, and appeared to be air tight, air conditioned, and well illuminated. It had two operating tables and two anesthesia machines side by side in the same room.

A joint Army-Air Force Hospital situated in Oman termed itself the "Biggest and the Best." After visiting the "First and the Finest" and the "Biggest and the Best," I decided I'd bill my clinic as the "Smallest and Most Sincere." I well remember returning from one of these junkets one night when our tail was lit up by the sky behind us. It was the very first of many Patriots intercepts of Iraq scud launches. The Wing Commander was quite surprised when I was the first to report this event to him the next morning.

AEROMEDICAL EVACUATIONS

Another phase of combining flying and medical operations was that of aeromedical patient evacuation. Aeromedical evacuation begins with a rescue helicopter going out, picking up the injured serviceman, and taking him to a stabilization site. After splinting and bandaging, the soldiers are brought to the airport where they are off loaded from the helicopter and transferred either to a C-130 or a G-141 for transfer in the theater or transfer out of theater back to Europe or home. I well remember on one occasion getting a call that the Navy was bringing in someone with a broken leg. It sounded as if it had just happened. We were galvanized into action, rushing out before even getting into uniform to receive, stabilize, and transfer the patient into the aero med system. However, when the sailor arrived, we found that he already had a cast on the leg. The fracture had been reduced and set and the cast had been properly applied and bivalved in order to prevent swelling from cutting off the circulation at altitude.

This even reminded me of the dilemma faced by every medic in the field - whether to "splint 'em where they lie" or "scoop and run." In fact, because of the uncertainty over which custom would prevail, a middle way designed to "splint 'em on the run" was implemented by supplementing the aeromedical evacuation crews (two nurses and three medical technicians per aircraft) with a variety of emergency and critical care physicians. While an airplane can never be a hospital in the same way that a ship can, it can be more of an emergency room than an ambulance. The doctors themselves volunteered for this duty and also volunteered to be stationed at the tent holding facilities located at each airstrip. When it comes to medical facilities, these were especially austere. They had just four shelves of medical supplies and scant supplies at that, two radios for arranging for pick-up of their casualties, a few canvas cots and a canvas floor. There were

two types of patient preparation facilities which insured the casualties were stable enough for the flight around or out of the combat zone. One was for *intra*-theater transfer on flights of no more than two to four hours in duration. The other somewhat larger facilities had a physician in attendance for stabilizing patients for *inter*-theater transfer back to Europe or the continental United States. This would necessitate a flight of six to twelve hours duration and accordingly, the patient had to be more fit to fly. The loading and securing of the patients for aeromedical evacuation is a craft all its own and requires repeated dry runs in order to train our personnel. The ambulatory patients were stacked four high in two rows down the middle of the plane. I flew on two aeromedical evacuation flights and felt that I was able to be of some service to the patients. I prescribed some oxygen for one frail young woman who had been thrown from a truck and suffered a skull fracture and internal injuries and morphine for two fracture patients suffering from closed but incompletely treated fractures of the ankle and hip.

JOINT AND COMBINED MEDICAL OPERATIONS

Joint medical operations were carried out with our colleagues in the *Navy* and *Army*. When the hospital ships *Mercy* or *Comfort* were in for repairs, we would take our patients down to Dubai dry docks for specialty surgical care. The support was mutually beneficial in that the ship's doctors were looking for patients and we were seeking specialty care by people familiar to us. I took a complete tour of the *Comfort* and learned how a thousand bed floating hospital worked. An *Army* evacuation hospital was set up by moving four hundred doctors, nurses, and technicians from San Diego to nearby civilian hospitals in Dubai. The doctors of the 129th Army Evacuation Hospital came wandering across the desert on a van one day to knock on my gate. Like good doctors everywhere, they said "we're in town, we're hanging up our shingle here at the Rashid and New Dubai Hospitals and we'd appreciate any referrals you might send us." You might say the doctors themselves recreated our two-tiered primary/specialty health care system by driving back and forth promoting referrals just as they do here in the States. So I returned the visit by going to town to have lunch with the doctors, discuss items of mutual interest and build up the pattern of referral. At both the New Dubai and Rashid Hospitals, elective patients were sent home and only emergencies were admitted during the war in order to make room for potential casualties. *Combined* medical operations with our *allies* involved the men of the United Arab Emirate Military at their airbase clinic. They helped arrange to have our patients seen by the expatriate physicians at this Emirate military hospital, situated only seven minutes away across the highway from the Airbase. There were physicians from Egypt, Pakistan, and India, and the nurses from the Philippines - much as we have here. They were a great source of reassurance to us on numerous occasions when we had patients with heart trouble or other medical problems beyond the scope of primary care and required hospitalization or rest. At the end of our stay, I

awarded certificates of appreciation to all of the doctors at that hospital who helped us. They seemed much impressed. Two of the doctors have already returned the visit - by coming to our national annual professional meeting in Texas this Fall. I asked how they made the trip and they said they came by way of British Airways from the Emirates to England and by the Concord from England to New York and then on to Texas. Although this doctor was not so tall, he had nothing good to say about the Concord. It was too small, too cramped and he was toying with the idea of going back by way of Delta. Other medical actors were the British who had to solve the same problems we did. They first came to the front door of a C-130 to unload a litter patient, decided that wasn't going to work, which it won't, and went around to the back. They do have the good sense British colonials have had for centuries by blending the old with the new. Combining the Red Crescent with the Red Cross on the side of the ambulance. Other visitors included these Dutch medics who said they had a 50 bed facility at the local seaport and would we 'please keep them in mind. Three men from New Zealand who were on a week-end away from their station in Bahrain came by to exchange mementos. Their stated mission was to pitch in and help repair the rift caused by the falling out of ANSUS. (The refusal of New Zealand to allow our nuclear armed ships to use their ports.)

CAMP LIFE

In spite of this maelstrom of activity, it was possible to enjoy *camp life*. The camps were not laid out like real estate developments here in the Ohio Valley but along strictly utilitarian lines. An aerial view of our base in Oman depicts the grid-like geometric array of tents. The tents came in kits, were two layered and had air conditioners and heaters attached. Porches were optional but encouraged. Some people got into porch business in a big way and had theme porches such as pirate decks or musical themes. Needless to say, mowing the lawn was not a priority. However, assembling these large corrugated metal frames by hand, piling them three high, and filling them with sand as revetments was an activity that all pitched in. Another pastime popular with the aero med crews was the firing of simulated patriot missile water balloons. The idea was try to fire the balloons simultaneously and get the two to collide and burst in the air. To my knowledge, this was never achieved. I amused myself with the discovery of a scud-like missile at the end of my porch which proved to be a rolled up carpet fragment, the remnant of our self-improved efforts. The clinic came with dirt impregnated yellow shag carpet. I felt for hygienic reasons we should remove this old carpet and replace it with more hard finish easy to maintain than carpet. I might add, this project also brought my dilatory airmen together. They did believe in bettering their standard of living in the field and did pitch in to help peel up the old carpet, push down the nail pops and sweep the floor in preparation for the new. I also had a little cement work done in the spirit of leaving the campsite better than I found it. The dining hall was

right on the other side of the hanger and consisted of several tents hooked up together. The food was served on bare metal trays without plates. While breakfast and supper were hot meals, lunch and the midnight supper were "meals-ready-to-eat" of which a third were made here in Cincinnati by Cinpac in Norwood. It was a blessing to have a pre-packaged message from home, although I was probably the only one at my base from Cincinnati.

VISITORS

Visits by high persons were another pastime. While Mr. & Mrs. Bush did not visit my base, General Menill "Tony" McPeak, the Air Force Chief of Staff, did. I was fortunate to have dinner with him and then several weeks later, General Charles Homer, the three star who ran the air war, came by and we all had lunch with him. There were three other people from my unit in Columbus, Ohio who were stationed in Oman. Toward the end of the war, our paths crossed a little more often and I was able to get together with Dr. (Col.) Manual Corpus and his medical technicians. We had other photo opportunities on occasion, for instance, when the Sheik's falconer and the falconer's daughter came to tell us something about the sport of falconry. It was an opportunity for two old birds to get together. As perhaps you heard, it was easier to call home than it was to call the guy over the next sand dune. This was facilitated by purchasing phone cards which had ironic slogans such as "phone home today, it feels good to Let them know you're OK" and "no matter how far you may be from home, call, they really miss you." We did have a little excitement one day when a Hawk trainer landed on two (of 3) wheels. The Moroccan flight instructor expertly taxied it into the sand without a scratch. It didn't explode, it didn't blow up, it didn't raise any sparks and didn't burn. It just landed in a cloud of dust, barely flexing the down wing. There were so many rescuers and care takers, including the police air wing with their rescue helicopter, the pilot and student were whisked away before I even had much of a chance to take a picture, let alone rescue anyone. That was the nearest I came to a battle casualty.

MY PERSIAN EXCURSION

Now about the last week of our stay, I was about to get off the base and see a little bit of the countryside. The day trip was billed as a trip to the camel races and indeed, that's where we started out. The camel races are run over a five or eleven kilometer sand race track so far away from the viewing stand that they had to send a Range Rover' with a television camera mounted on top around the track to follow the race. Interestingly enough, the camels sometimes walked and sometimes ran in these races and were ridden by small boys 5 to 8 years of age, velcroed onto the back of the camel. In case of injuries,

they had a Mercedes ambulance to take them to the hospital. There were no mishaps that day but I was interested to see a Sheik in the box next to us. At the end of the race, the Sheik and his many bodyguards got up, all of whom were toting rifles! At the end of the race, we stopped at the camel boutique where you could get all the accouterments of the properly outfitted camel and for camel cuisine, clover dispensed from the back of pick-up trucks. Indigenous to the area were fortified wells or guard and signal towers scattered over the hills and in the water as part of a relay system for ancient message traffic. We went from the camel races to the Dubai museum to see old ships and old style houses. Across the street from the museum was a modern building with twin cooling towers said to be able to air condition the buildings without electricity. We went to a dhow building works and were most fascinated to see this boat made of teak by hand. A water taxi ride next to see a dhow under way and going back, I couldn't help noticing a molded fiberglass version of the same boat in another shipyard. One of the telephone cards depicted the hair dance which came on television once or twice. The young ladies, who spend most of their life in public covered from head to toe including the face, would literally let their hair down and swirl it from side to side, evidently a treat for the eye to the Arab gentleman. The tour concluded with a walk through the souq and gold bazaar. Here was a furniture store of interest named Bride of Nomadism Furniture Establishment. The products appeared to be almost entirely blankets and pillows, perhaps all that was needed for outfitting the Bedouin tent home. On the other hand, I suspected the Bedouins had long since come in from the desert because of the many houses under construction such as this elegant Palladian style home made of reinforced concrete. It was said to cost more than half a million dollars. I did have a chance to have dinner with the family of an Egyptian physician working at the Emirates air-base clinic and enjoyed his view of Dubai Creek at night. We had hummus tahini and tabbouleh salad, two, of my favorite things. Another pastime every Monday night was a run in the desert with the Falcon Hash House Harriers. This group of British expatriates works hard to preserve their native customs in the old land. They would run through the desert in a kind of combination point-to-point foot race, scavenger hunt, and wild goose chase then enjoy some fellowship around the campfire. The head hasher led toasts to each other and acknowledged the presence of all in this far and forlorn place. The highways and trails however, made exploring the Wadis and springs in the mountains easy by Land Rover. However, one had to watch out for camel crossings and be aware that "reduce speed, humps ahead" meant bumps, not humps. There were two luxury hotels accessible to us and some of our people were able to spend a week-end of rest and recreation at these hotels. I stopped only long enough to be able to say I rode a camel in the desert.

The folks in my clinic who had been posted to Oman got into running, weight loss and sun bathing. Because of the clash of cultures, screens were put up during the holy month of Ramadan so that passing natives would not be peering in at our sun bathers. At their two beer base in Oman, the bar was named Two The Limit. Our sun bathers, for

their part, laid out on the bunkers and enjoyed soaking up the winter sun. The swimming pool never got built although the idea was brought up. At long last, the air war of six weeks duration was followed by a 100 hour ground war and victory obtained.

RETURN TO KUWAIT

Fortunately, I served only as a flight surgeon and neither as a general surgeon nor as a reconstructive surgeon in this short war. In fact, many of the medical personnel felt somewhat unfulfilled. We were fortunate to have overshot in preparation rather than been found wanting as evidently occurred at the outset of World War II. The week after the liberation of Kuwait, I jumped on one of our planes and flew north to visit Kuwait for myself. The oil spill that polluted the gulf has faded from the news and from memory but the cleanup effort continued for many months. The oil well fires were initially difficult to put out. Our people learned on the run, picked up the pace and completed the job within 8 months of the end of the war. The airport in Kuwait of course was a wreck. The wheels had been removed from the buses and cars and live ammunition remained scattered over the ramp including a live cluster bomb unit preserved as an example of what not to pick up. The burned out hulk of two civilian airliners and a Russian made Iraqi tank remained behind. A bomb crater and a cluster rocket casing were popular stops for after hour tours of the airport. Elizabeth Dole had stopped by for the Red Cross the day before my second visit.

HOMECOMING

Satisfied that our mission had been accomplished, I returned to base. The week before departure, it was my privilege to be interviewed by the Gulf News reporter who said she had interviewed Norman A. Schwarzkopf, commander and chief of our forces in the theater, the day before. As a matter of fact, she reminded me that most of my few free hours were spent at the typewriter out on the porch of my clinic. I fancied myself a kind of medical war correspondent mailing and faxing dispatches back to the family and county medical society magazine. Early in April, the planes left over a two day period for the long trip home. I personally stayed till the base had been rolled up, my clinic emptied and cleaned. I returned by charter air via Sigonella AB in Sicily, Shannon, Ireland and Bangor, Maine. My flying unit from Columbus, Ohio came back two months later after moving from Oman to a base in Saudi Arabia. They had a chance to move Shiite refugees out of southern Iraq. The tumultuous welcome home celebration had been worked out by all the reserve units. Ours was complete with a visit from Bob McKewn, our U.S. Representative from the rural counties between here and the airbase near Columbus, Ohio.

People asked me on my return if my surgical practice suffered. I can assure you that my patients were well looked after by associates and as near as I could tell, things picked up pretty well upon my return home. Would I go again today? Of course I would. Would I go again tomorrow, next week, next month, next year? I would go for one week, I would go for one month, I would go for a year. I would go for a lifetime if that's what it took to free the world from tyranny, to free enslaved peoples and, to make the world safe for democracy and trade. Thank you all for your kind attention this evening. God bless and good night.

Winter Court
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NOTE: This talk was accompanied by a slide show, as suggested by some comments in the text.