

## 2022 AAHN H-15 Grant Follow-up Report

“Nursing Care of Refugees: Military Nurses in Operations Babylift, New Life, and New Arrivals” by Michelle C. Hehman, PhD, RN, NPD-BC

Since receiving the 2022 AAHN H-15 grant funds, I have spent the majority of my time on data collection, visiting the U.S. Army Medical Department (AMEDD) Center of History and Heritage at Fort Sam Houston near San Antonio, Texas and immersing myself in the secondary literature and available digitized primary data sources on Operations Babylift, New Life, and New Arrivals. Discovering first-person accounts from nurses involved in one or more of the humanitarian missions has been invaluable in finding the nursing voice among the masses of government reports, offering key details from a nursing perspective on the challenges inherent in serving such a uniquely vulnerable community. Reading through qualitative studies of Vietnamese and Cambodian refugees decades after the conclusion of these military operations has also broadened my purpose and plan for analysis, as I feel it’s vital to incorporate and contrast the refugee perspective from the summaries and conclusions made by U.S. military personnel.

Last year, I made a trip to AMEDD for data collection. I’m in the process of reading through and organizing everything I was able to find, while also connecting with archivists from the National Archives and Records Administration (NARA) and the Special Collections and Archives at the University of California, Irvine (UCI) to identify relevant holdings for additional project-related primary source data. If necessary, I plan to visit both NARA and UCI in person to collect additional primary source materials. The next few months will be focused on data immersion, synthesis, and the development of a manuscript to be submitted for publication in 2025.

While the broad purpose of this research study is to utilize historical evidence to better understand the roles and responsibilities of nurses in advocating and caring for vulnerable refugee and migrant populations, I think the most valuable contribution of this research will be in comparing and contrasting the experiences and conclusions of U.S. military personnel and the Vietnamese and Cambodian refugees who participated in Operations Babylift, New Life, and New Arrivals in 1975. Critical evaluation of these perspectives, particularly through frameworks

such as race, culture, and power, can illuminate the importance of dignified, culturally appropriate care for displaced individuals and the challenge of developing these necessary competencies in nurse clinicians. The worldwide refugee population has more than doubled in the past decade and will continue to grow as ongoing global unrest and the worsening climate crisis drive mass population movement in the future. All refugees have specialized health needs because of their displaced status; additionally, the journey to escape violence is often perilous and long, and refugees endure immense physical, emotional, and psychological trauma along the way. For these reasons, current and future nurses are extremely likely to encounter patients with refugee-like backgrounds at some point during their career, and the provision of quality nursing care for migrants will require a sophisticated level of cultural sensitivity, policy awareness, and transprofessional coordination. Lessons learned during the evacuation, processing, care, and resettlement of refugees fleeing violence after the fall of Saigon in 1975 can offer context and insight into how nurses can advocate for the planning and coordination of resources for the immediate and long-term needs of migrant communities, as well as highlight the importance of access to nursing services as a strong public health policy measure that can work in harmony with immigration reform.