CompanyCommand
Building Combat-Ready Teams

To: Company Commanders
From: Company Commanders

Force Protection for the 'Hidden Wounds' of War

As awful as the physical wounds of combat are, they are at least readily identified and treated. A Soldier wounded on the battlefield is treated immediately by a battle buddy with first-responder or combat-lifesaver skills, stabilized by a medic and evacuated to a treatment facility in a well-rehearsed drill. However, not all battlefield wounds are physical. Combat exacts a toll on Soldiers' mental health as well. Just as the bodies of brave Soldiers are torn apart by IEDs, brave Soldiers' minds are impacted by the horrors of war.

Company-level commanders are increasingly recognizing their duty to provide "force protection" for their Soldiers' mental well-being. One member of the CompanyCommand forum, Jerry Moon, who recently commanded B/2-101st BTB and THT 594 in the 2nd BCT, 101st Airborne Division (AASLT) in Iraq, developed his ideas into an article that is posted in the forum. This month, we share his ideas and hope they will generate increased awareness of the things leaders can do to preserve their fighting force and take care of their troops.

Taking Care of Your Soldiers' Mental and Emotional Health—Before, During and After a Combat Deployment

By Jerry Moon

Even before I'd completed my most recent deployment (2BCT, 101st ABN DIV), I noticed evidence among some of our Soldiers of two of the classic post-traumatic stress disorder (PSTD) symptoms: avoidance behaviors, such as avoiding emotions, avoiding relationships, avoiding responsibility for others and avoiding situations that are reminiscent of the traumatic event; and increased arousal, exhibited as behaviors such as exaggerated startle reactions, explosive outbursts, extreme vigilance, irritability, panic symptoms and sleep disturbances. Other observers made me aware of a third symptom: Soldiers' re-experiencing the trauma through flashbacks, intrusive emotions and memories, nightmares and night terrors.

I foresee complications arising for our Soldiers if we do not implement mitigating measures of some kind. The doctors will deal with the Soldiers who overcome the stigma of seeking help, but I'd like to suggest some things that we, as leaders, can do—before, during and after a deployment.

Pre-Deployment

Talk about killing. I think talking about PTSD, the warrior ethos and the psychological effects of killing and/or experiencing the immediate threat of being killed should be a crucial part of all pre-deployment training. It is never too early to start talking about the moral duties and obligations that Soldiers assume as combatants. Talking about them takes away some of the stigma and negative connotation normally associated with our profession, and I think the more this topic is discussed, the less taboo it becomes.

I recommend asking experienced fighters, especially those who have killed, to address our Soldiers and discuss the rules of engagement and combat aftereffects. It might be better to employ squad leaders, for two reasons: the squad leaders are, by virtue of their position, respected by the younger Soldiers, and the credibility of the squad leaders is further enhanced because of the "been there, done that" effect. After all, the very fact that a combat veteran stands before them speaks to his knowledge and experience.

Know your Soldiers. First-line leaders must conduct some sort of assessment on the predisposition of each of their Soldiers before he or she boards the plane. Does "PVT Smith" exhibit more emotion than the average soldier? Is "SPC Miller" one of the few who apparently has nerves of steel? You'll need to know this information once chronic fatigue and stress push your Soldiers' nerves to the limit. Once they're six months into a year-long rotation and have

lost a platoon leader and two platoon sergeants, you'll know that it will be "odd" for Miller to cry, but not unusual for Smith. This "personnel personal inventory" will be the NCOs' greatest tool in recognizing when Soldiers are beginning to crack. Every Soldier has a breaking point, and we, as leaders, have a duty and obligation to try to determine when the Soldiers who depend on us are approaching it.

During Deployment

Use the resources available. Once in-country, use all of the post-incident response assets available to you. Known variously as Combat Mental Health (CMH), Critical Care Teams (CCT) or Combat Stress Teams (CST), they need to be pushed down to no-higher-than-battalion level; it takes too long to get them from the BCT or DIV headquarters if they are not already on your FOB.

It is critical that these folks are given unlimited access to our Soldiers immediately following a traumatic event. Once an event occurs and the teams are there, I recommend *not* "AARing" the entire event. Rather, simply talk about the critical aspects to maybe prevent the same thing happening again, and then allow each Soldier to cope in his own way. As long as the mitigation professionals are available at the debriefing, the Soldiers who want to talk to them will, and those who do not, will drive on. However, each incident should include a follow-up visit from someone up the chain of command, and three to four days after the event, the mitigation team should briefly "pop-in." This visit is to see how everyone is doing and to discuss any unusual behavior observed in those affected. Remember the initial leader assessments of every Soldier? For you as a leader, this is payoff.

Rotate units to provide stress relief. I think it is critical to define a "threshold" for Soldiers as it relates to "bad days." If a platoon has been particularly hard hit over the course of several weeks or months, pull them off the line. Rather than giving them traffic control points, dismounted IED patrols and such, instead make them the FOB security platoon for two weeks. Talk to the BN CDR/S3/XO so this can be done without any fanfare. No unit wants to believe they are being relieved of their mission because they cannot handle the load.

Post-Deployment

CSTs in transit. From what I have seen, everyone departing OIF will transit Kuwait and go to Camp Virginia for at least one full day before flying back to the United States. One of the things I didn't see at Camp Virginia is a Combat Stress Team. Many Soldiers said they wished they could discuss matters with someone from a CST while awaiting transfer to the States. I believe the Soldiers would use the services if they were offered. What better time for a Soldier to talk than when waiting for a flight home? In fact, I believe it provides a nice bridge between the utter chaos of OIF/OEF and the safety of home. I think the time and effort spent on providing Soldiers access to such a resource could produce some great results.

Unit reintegration. I recommend that folks look at the present program the 101st is running for post-deployment reintegration. It appears to be working well and includes seven consecutive half-day briefings on a variety of classes and events. The half-day schedule is not that stressful, yet it provides much needed structure for the Soldier upon his return. I am enthusiastic about the current program our division is running, and I think that, after deploying Soldiers from this post continuously since 9/11, the leadership here has broken the code on formal Army reintegration processes.

Force protection after redeployment. One idea that I wasn't able to put into action but think would be worthwhile is to have a shuttle bus bring redeployed Soldiers safely home from the local bars. The idea is to use available resources, such as the unit van and officer/NCO volunteer drivers, to recover Soldiers from locations off-post. This would be done during a specific time (for example, 2300-0300) on nights when many Soldiers might be expected to avail themselves of the local "attractions."

I understand that some will object to this as enabling Soldiers, but the fact is, many Soldiers *will* party and drink more alcohol than is prudent. Our job as leaders is to acknowledge that fact and then implement a risk-mitigating program to help prevent the dangerous behavior that often accompanies drinking—namely, DUI. If we simply remove the drunk driver from the equation, we will save lives. I am confident that officers and NCOs who have brought their Soldiers safely home from a year of combat are willing to do their part as drivers one night a month. Too often, the months after a unit's redeployment have proven to be an additional casualty-producing phase of its operation. Shuttling home our Soldiers who have overindulged is the right thing to do.

U.S. Army

Soldiers returning from duty in Iraq to the Southern European Task Force complete mental health screens to detect symptoms of post-combat depression.

Of course, if we do our part as leaders before and during the deployment, we may have less drinking to contend with, since heavy drinking is one symptom of PTSD.

Continue learning from the experience. Lastly, I recommend starting right after block leave with an aggressive Officer and NCO Professional Development Program at the company, battalion and brigade levels, which includes vignettes (much like the USMC Tactical Decision Games from the *Marine Corps Gazette*) based on experiences very similar to the ones that the Soldiers faced in their last rotation to either Iraq or Afghanistan.

To have junior leaders—from SGT to CPT—speaking about tough tactical and moral decisions in a group setting will be good for all involved. The experienced Soldiers will have the chance to "make sense" of their experiences, helping them come to terms with what they did and saw. After all, leaders are not immune to PTSD, and they may need to heal themselves before they lead others once again into battle. The discussions will also empower the experienced leaders in the eyes of their newly arrived replacement Soldiers. The newly arrived Soldiers will be able to learn how more seasoned military professionals think and act. Many of these young Soldiers will be expected to respond to similar situations in a matter of months once the BDE deploys again.

As leaders, we must do all we can to remove the stigma attached to combat-related stress disorder/reaction. We must reinforce the understanding that Soldiers are not "broken" when they manifest various symptoms of acute PTSD or even chronic PTSD. Like physical injuries, mental injuries vary in severity and can heal with time and treatment. Mental trauma can even be seen as a sign of moral health. I pray we will never see a time when our Soldiers are able to kill and see their buddies killed without experiencing some mental trauma. Our efforts as leaders now must be directed to ensuring that future generations of warriors are better prepared psychologically, emotionally and physiologically for the horrors of war.

Some Common Indicators of PTSD

- Recurrent flashbacks or nightmares
- Abuse of alcohol or other drugs
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Inability to recall an important aspect of the trauma
- Loss of interest in previously enjoyed activities
- Persistent avoidance of thoughts, feelings or conversations associated with the trauma
- Avoidance of activities, people or places that arouse recollections of the trauma

Leader Actions/Resources for Mitigating PTSD

In Theater

- Maintain your unit's tactical proficiency
- Talk about traumatic events within your unit
- Lead ethically by word and deed
- Unit Ministry Team
- Combat Stress Team (CST)
- Critical Care Team (CCT)
- Combat Medical Health (CMH)

Post Deployment

- Actively monitor your Soldiers' mental health
- Unit Ministry Team
- Military OneSource: website www.militaryonesource.com (user ID: military, Password: onesource); 1-800-342-9647 (in the US), 484-530-5908 (OCONUS Collect)
- National Center for PTSD:http://www.ncptsd.va.gov/
- PTSD Support Services: http://www.ptsdsupport.net/spirit.html

Art by Jody Harmon

CC is Company Commanders. The CC forum is a voluntary, grass-roots forum that is by-and-for company commanders. The forum is positive and practical—focused like a laser beam on the practice of company command and those things that are important to company commanders. Send article ideas to peter.kilner@us.army.mil.

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