

Fact #8: DEPLOYMENTS PLACE A TREMENDOUS STRAIN UPON FAMILIES.

FINDINGS:

- Nearly 1/5 of all Soldiers deployed to OIF report marital concerns or problems.
- Marital satisfaction declines after deploying to OIF.
- Soldiers generally report dissatisfaction with the FRG and rear detachment.

WHAT LEADERS CAN DO:

- Assess any reported problems in the FRG or rear detachment to ensure timely action.
- Do not allow family problems to go unanswered. Assign at least one of your staff to serve as an ombudsman or expeditor of family problems.
- Formally recognize all special family occasions such as births and graduations.

“WHEN A SOLDIER IS AT WAR, HIS/HER MIND SHOULD BE AT PEACE.” Lord Moran, 1945

Fact #9: THE COMBAT ENVIRONMENT IS HARSH AND DEMANDING.

FINDINGS:

- Soldiers' performance progressively deteriorates with less than 8 hours of sleep per day.
- The combat environment (e.g., physical strain, heat, noise, lack of privacy) takes a toll on all Soldiers.
- Soldiers are extremely sensitive to perceived inequalities in the distribution of MWR resources.

WHAT LEADERS CAN DO:

- Ensure adequate rest (>8 hours of sleep), hydration and other force health protections.
- Insist on a fair distribution of MWR resources. Prevent double standards among officers, NCOs and Junior Enlisted Soldiers.
- Be aware of the physical condition and sleep patterns of your Soldiers and insist that physical conditioning is maintained throughout the deployment.

RECOGNIZE THE LIMITS OF YOUR SOLDIERS' FORTITUDE.

Fact #10: COMBAT POSES MORAL AND ETHICAL CHALLENGES.

FINDINGS:

- Combat exposes the reality of death.
- Combat tests the character of Leaders and Soldiers.

WHAT LEADERS CAN DO:

- Reward and recognize Soldiers on a regular basis for their personal sacrifices. Tell them when they have done a good job.
- Do not allow harassment or mistreatment of your Soldiers.
- Discuss the moral implications of Soldiers' behavior in combat, and how individual sacrifice contributes to the enduring freedom of fighting for America.

EVERY SOLDIER NEEDS TO COME HOME WITH A WAR STORY THAT HE/SHE CAN LIVE WITH.

“The capacity of Soldiers for absorbing punishment and enduring privations is almost inexhaustible so long as they believe they are getting a square deal, that their commanders are looking out for them, and that their own accomplishments are understood and appreciated.”

GEN Dwight D. Eisenhower, 1944



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OIF/OEF casualty figures are as of 11 SEP 06. Updated 11 SEP 06.

10 TOUGH FACTS ABOUT COMBAT



**WHAT
LEADERS CAN DO
TO MITIGATE RISK
AND BUILD
RESILIENCE**

Facts of Combat:

- Combat is sudden, intense, and life threatening.
- It is the Soldier's job to kill the enemy.
- Innocent women and children are often killed in combat.
- No Soldier knows how he/she will perform in combat until the moment arrives.
- All Soldiers are affected by combat.

Development of Battlemind:

What is Battlemind?

It is a Soldier's inner strength to face adversity, fear, and hardship during combat with confidence and resolution. It is the will to persevere and win.

Objectives of Battlemind:

To develop those factors (focusing on Leader behaviors) that contribute to the Soldier's will and spirit to fight and win in combat, thereby **reducing combat stress reactions**.

10 Facts and Battlemind Concepts:

Fact # 1: FEAR IN COMBAT IS COMMON.

FINDINGS:

- Over 2/3 of silver star recipients reported increased fear as battle progressed.
- Common symptoms of fear: violent shaking/trembling, losing control of bowels, feeling weak, cold sweats, and vomiting.
- Fear and anxiety are reduced in combat when Soldiers engage in actions derived from their training experiences.

WHAT LEADERS CAN DO:

- Drill and train Soldiers in specific actions to take under combat conditions- Tough training is the best preparation.
- Provide Soldiers sufficient physical and mental reset time.
- Admitting and joking about fear will release tension.
- Remember that fear is NOT a mental disorder.

EVEN HEROES FEEL FEAR.

Fact #2: UNIT MEMBERS WILL BE INJURED AND KILLED.

FINDINGS:

- 2,999 service members killed and 20,846 wounded since OIF/OEF began.
- Soldiers were angry when Leaders failed to show they cared about combat experiences, especially those involving injuries or death.

WHAT LEADERS CAN DO:

- Ensure Soldiers don't assume unnecessary risks on missions.
- Conduct mental health debriefings led by mental health professionals or chaplains. Soldiers report them to be helpful.
- Conduct memorial services with utmost respect and dignity.
- Talk to Soldiers personally about critical incidences.

EVERY SOLDIER IS ENTITLED TO GO INTO COMBAT WITH THE BEST CHANCE OF SURVIVAL A LEADER CAN PROVIDE.

Fact #3: THERE WILL BE COMMUNICATION AND INFORMATION BREAKDOWN.

FINDINGS:

- Soldiers report deployment policies are often inconsistently applied and they don't know the status of wounded Soldiers.
- Soldiers resort to rumors if leaders don't give them facts.

WHAT LEADERS CAN DO:

- Keep your Soldiers informed; telling Soldiers you don't know is better than not telling them anything at all.
- Make sure that your policies and views on all matters are clearly expressed and made known.
- Let every Soldier know the status of wounded evacuees.
- Disseminate news of yours' and other units' successes.

EFFECTIVE COMMUNICATION IS THE RESPONSIBILITY OF THE LEADER.

Fact #4: SOLDIERS FREQUENTLY PERCEIVE FAILURES IN LEADERSHIP.

FINDINGS:

- Good leadership is linked to higher Soldier morale and cohesion and to fewer mental health problems.
- Soldiers report that leaders frequently engage in actions to enhance their own career and personal well-being.
- Soldiers also report that leaders often fail to exhibit clear thinking and reasonable action when under stress.

WHAT LEADERS CAN DO:

- Allow subordinates to seek clarification of orders or policies without responding defensively or considering the Soldier disloyal.
- Remove, reassign or demote subordinates who fail to measure up. You owe this to assure the success and safety of your Soldiers in combat.

COURAGE AND VALOR IN COMBAT AND IN ALL MATTERS ARE THE MEASURES OF SOLDIER AND LEADER PERFORMANCE, NEVER PERSONAL GAIN.

Fact #5: COMBAT IMPACTS EVERY SOLDIER MENTALLY AND EMOTIONALLY.

FINDINGS:

- Combat stress reactions involve any symptom (physical, mental, behavioral) and occur when a Soldier becomes overwhelmed with the stressors of combat.
- Over 95% of Soldiers who receive forward mental health support are returned to duty.
- Treatment in rear areas can lead to evacuation syndrome.

WHAT LEADERS CAN DO:

- Ensure that Soldiers have access to mental health professionals as close to their unit as possible.
- Conduct Buddy-Aid mental health training so Soldiers can assist each other in coping with the stress of combat.

COMBAT STRESS REACTIONS SHOULD BE VIEWED AS COMBAT INJURIES.

Fact #6: COMBAT OFTEN LEADS TO LASTING ADVERSE MENTAL HEALTH EFFECTS.

FINDINGS:

- Post Traumatic Stress Disorder (PTSD) symptoms are common after combat (10-20% of Soldiers) and often lead to excessive alcohol use and aggression.
- Symptoms of PTSD include: feeling tense and angry, nightmares, flashbacks, and inability to express feelings about traumatic events.

WHAT LEADERS CAN DO:

- Don't view PTSD as a disease but rather a fairly common result of combat.
- Ensure that Soldiers get help, as earlier treatment leads to faster recovery.

IT TAKES COURAGE TO ASK FOR MENTAL HEALTH SUPPORT.

Fact #7: SOLDIERS ARE AFRAID TO ADMIT THAT THEY HAVE A MENTAL HEALTH PROBLEM.

FINDINGS:

- Only 25-40% of Soldiers with mental health problems get help because they report numerous stigmatizing beliefs regarding their unit members and leadership.

WHAT LEADERS CAN DO:

- Establish a command climate where leaders acknowledge that Soldiers are under stress and that they might need help.
- Co-locate mental health assets at the battalion aid station/TMC.
- Insist that mental health outreach be provided to each battalion.

ADMITTING TO A MENTAL HEALTH PROBLEM IS NOT A CHARACTER FLAW.