(2)

STUDENT ESSAY

BATTLE FATIGUE: A PASTORAL MODEL FOR PREVENTION AND TREATMENT

BY

LIEUTENANT COLONEL BERNARD H. LIEVING, JR., CH

23 MAY 1986

US ARMY WAR COLLEGE, CARLISLE BARRACKS, PENNSYLVANIA

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Battle Fatigue: A Pastoral Model for Prevention and Treatment		5. TYPE OF REPORT & PERIOD COVERED STUDENT ESSAY 6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s) Chaplain (LTC) Bernard H. Lieving, Jr.		8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS U.S. Army War College Carlisle Barracks, PA 17013		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS SAME		12. REPORT DATE 23 May 1986 13. NUMBER OF PAGES 24
14. MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office)		15. SECURITY CLASS. (of this report) UNCLASSIFIED 15a. DECLASSIFICATION DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

18. SUPPLEMENTARY NOTES

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

There are two basic questions posed in this essay: is current U.S. Army battle fatigue prevention and treatment doctrine adequate for the high intensity AirLand Battlefield?; and, does the Unit Ministry Team (UMT), the battalion chaplain and chaplain assistant, have a role in battle fatigue prevention and treatment? Following an historical overview of U.S. Army and Israeli Defense Force experience with battle fatigue, an evaluation of current U.S. Army doctrine determined there is a shortfall in that it does not (cont.)

DD FORM 1 JAN 73 1473 EDITION OF 1 NOV 65 IS OBSOLETE

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

BLOCK 20 (continued)

adequately consider the soldiers' spiritual resources as a defense against battle fatigue. It is concluded that the UMT does have a role in both the prevention and treatment of battle fatigue. It is, in fact, uniquely qualified to be a resource for the commander in the unit plan to prevent and treat battle fatigue. From peacetime, through prebattle, battle and postbattle to the end of hostilities, with the focus always on ministry to individual soldiers, the UMT is a religious symbol whose context is pastoral care. Publication of FC 16-51, Battle Fatigue Ministry, will codify this UMT commitment to ministry to soldiers in all situations , including the trauma of the AirLand Battlefield.

USAWC MILITARY STUDIES PROGRAM PAPER

BATTLE FATIGUE: A PASTORAL MODEL FOR PREVENTION AND TREATMENT

AN INDIVIDUAL ESSAY

by

Lieutenant Colonel Bernard H. Lieving, Jr., CH (Author)

Lieutenant Colonel Donald O. Davidson, CH
Project Advisor

US Army War College
Carlisle Barracks, Pennsylvania 17013
23 May 1986

ABSTRACT

AUTHOR: Bernard H. Lieving, Jr., LTC, CH

TITLE: Battle Fatigue: A Pastoral Model for Prevention and Treatment

FORMAT: Individual Essay

DATE: 23 May 1986 PAGES: 22 CLASSIFICATION: Unclassified

There are two basic questions posed in this essay: is current US Army battle fatigue prevention and treatment doctrine adequate for the high intensity AirLand Battlefield?; and, does the Unit Ministry Team (UMT), the battalion chaplain and chaplain assistant, have a role in battle fatigue prevention and treatment? Following an historical overview of US Army and Israeli Defense Force experience with battle fatigue, an evaluation of current US Army doctrine determined there is a shortfall in that it does not adequately consider the soldiers' spiritual resources as a defense against battle fatigue. It is concluded that the UMT does have a role in both the prevention and treatment of battle fatigue. It is, in fact, uniquely qualified to be a resource for the commander in the unit plan to prevent and treat battle fatigue. From peacetime, through prebattle, battle and postbattle to the end of hostilities, with the focus always on ministry to individual soldiers, the UMT is a religious symbol whose context is pastoral care. Publication of FC 16-51, Battle Fatigue Ministry, will codify this UMT commitment to ministry to soldiers in all situations, including the trauma of the AirLand Battlefield.

BATTLE FATIGUE: A PASTORAL MODEL FOR PREVENTION AND TREATMENT

The chaplain rubbed his red, burning eyes as if trying to erase the visions of the dead and wounded of the past three days. Had it been only seventy-two hours since his battalion first felt the brunt of the Warsaw Pact attack? It seemed forever. He was tired, having been up most of the night ministering to the wounded and visiting those working in their staff sections. Getting up from the ground where he sat while forcing himself to eat breakfast, he thought of trying to catch a quick nap when Sergeant Walker, the battalion chaplain assistant, came to tell him another group of wounded was arriving at the battalion aid station.

By the time the two walked to the aid station, the medics had started to triage the wounded. The chaplain moved among them, speaking a word to one, merely touching and catching the eye of another, pausing for a prayer with yet another.

As he continued to minister to the wounded, he noticed a group of soldiers standing off to one side of the triage area. He could not see any wounds, yet the soldiers were clearly dysfunctional. Several were crying, a couple were babbling incoherently, and a few appeared stuporous. The chaplain finished talking to the wounded, motioned for Sergeant Walker to join him and together they approached the medic talking with the soldiers, the battalion's first battle fatigue casualties.

Now the battalion's carefully thought-out and rehearsed plan for treatment of battle fatigue casualties would be put to the test. The Unit Ministry Team (UMT), comprised of the chaplain and chaplain assistant, had worked hard, as had the unit leaders and the medical

team, to prepare the soldiers for the stresses of combat and to insure that those who did become battle fatigue casualties would have high priority for immediate care in the battalion area. The objective was to return them to health and wholeness as quickly as possible.

The medic, assisted by the chaplain and chaplain assistant, led the soldiers away from the aid station to a near-by area especially prepared for the treatment of battle fatigue casualties. Small tents had been erected to provide shelter; hot food was readily available as was hot water for showering. Clean uniforms were also available. Each soldier decided whether he first wanted to sleep, eat or care for his personal hygiene.

During the next several hours, the chaplain moved among the awake soldiers, encouraging them to talk about their fears, grief, anxiety and guilt. The soldiers were allowed to express emotions and crying, shouting and swearing were common. The chaplain listened to their descriptions of combat - its confusion, pace, noise and unceasing threat of death; and he recognized that even though the soldiers had been trained to deal with the stress of battle, their emotional, physical and spiritual resources had been depleted to the point that they could no longer function.

By the next morning, twenty-four hours after they came out of the line, all the soldiers had showered, put on a clean uniform and had gone through two or more cycles of eating and sleeping. A mental health non-commissioned officer from the brigade Combat Stress Control (CSC) Team had seen each soldier. He recommended two of them be evacuated for more intensive treatment and that the others remain in the trains area until he returned the following day.

During the next twenty-four hours, the remaining soldiers slept, ate and performed details under the supervision of the chaplain assistant. The chaplain continued to meet informally with small groups to provide counseling and opportunity for the soldiers to talk about combat from their personal perspectives. While conducting a memorial service, the chaplain gave the soldiers an opportunity to talk about any of the men who had been killed. Several ventilated pent-up feelings and thoughts which they had been unable to express previously.

The chaplain assistant encouraged the soldiers to talk about their experiences as they performed work details and he later brought to the chaplain's attention specific, individual needs. He maintained liaison with the unit for the support necessary and continued to coordinate the religious services conducted by the chaplain.

Both UMT members continuously reassured the soldiers that their condition was temporary and that they would regain their full capacity after replenishment of their depleted physical, emotional and spiritual resources. They also assured the soldiers that all possible efforts would be made to return each to his own combat crew or team.

Within forty-eight hours of evacuation from the battle area, several of the soldiers returned to their units. The remainder followed a day later. During the next several days, through two moves of the combat trains, the UMT continued its ministry to several groups of battle fatigue casualties. They provided pastoral care through counseling, worship, sacraments and presence with the soldiers. They did not always have the same success as with the first group; but through the combined efforts of the medical personnel, unit leaders and

the UMT, the unit continued to have a high rate of success in returning battle fatigue casualties to duty.

This scenario could be repeated countless times if United States Army soldiers are commited to fight on the high intensity battlefield envisioned in our AirLand Battle doctrine. That environment will confront our soldiers with the most rapid, intense, continuous, violent battlefield ever endured. These characteristics coupled with the nuclear, chemical and biological threat are likely to cause a battle fatigue casualty rate higher than experienced in any previous conflict.

The purpose of this essay is to examine Army doctrine concerning the prevention and treatment of battle fatigue casualties to determine if the doctrine provides soldiers with the best possible chance to make it through the AirLand Battlefield without becoming battle fatigue casualties. If not, recommendations will be made to improve those chances. A holistic approach will be taken to determine if doctrine provides soldiers a full understanding of the stresses that will sap their physical, emotional and spiritual resources. The issue of UMT involvement in that process will be examined to determine if it can be an asset for soldiers and commanders.

HISTORICAL PERSPECTIVE

Battle fatigue is certainly not a new concern for the Army; neither is the desire for effective prevention and treatment. In World War I combat related stress disorders were called "shell shock" because it was believed the exhibited symptoms resulted from damage to the brain caused by the concussion of intensive shelling. Later, when it became clear the problem was psychological, not neurological, the diagnosis was

changed to "war neurosis". Through trial and error, different treatment techniques resulted in the discovery that the best recovery rates were achieved when soldiers were treated in close proximity to the front. The best results came from simple methods including rest, food, encouragement, suggestion, persuasion and expectation of return to combat.[1]

The lessons of World War I were forgotten during the inter-war period, and when U.S. soldiers became psychiatric casualties in the first large engagements of the North African campaign they were evacuated to hospitals far in the rear. Few returned to combat duty and so many were sent back to the States that the war effort was endangered. As World War II progressed, the condition was renamed "combat exhaustion", a much more acceptable term to both the casualties and the unit to which they returned following treatment. Along with the name change, there was a relearning of the forgotten lessons of World War I and by 1945 treatment procedures returned to full duty 70 to 80 percent of combat exhaustion casualties. The World War II experience validated the treatment principles of proximity, immediacy and expectancy (PIE). These principles remain the basis of battle fatigue treatment and will be discussed later in more detail.[1]

During the Korean and Vietnam Wars, battle fatigue casualty rates were significantly lower than in previous conflicts. In both cases, the less intensive level of war and shorter combat tours combined to reduce the number of casualties. In Korea special efforts were made to treat casualties at battalion and regimental level and most were returned to duty within 24-48 hours. The lower rates of the classical battle

fatigue case in Vietnam have been overshadowed by the much publicized delayed post-traumatic stress disorders.

Much of our present knowledge about battle fatigue casualty treatment is based on the Israeli Defense Force (IDF) experiences in both the 1973 Arab-Israeli and the 1982 IDF incursion into Lebanon. In both 1973 and 1982, battle intensity reduced combat effectiveness and promoted psychiatric breakdown.

> In both wars, psychiatric casualties emerged within hours of the beginning of hostilities and were most prevalent where the battle was most intense.[3]

In terms of psychiatric casualties, the 1973 War was a disaster for the IDF. There was no doctrine for identification, prevention or treatment. All were evacuated to the rear; none returned to combat duty during the war and many were chronically disabled. The ratio of psychiatric casualties to wounded was estimated at 30-to-100. This figure compares favorably with the overall U.S. Army World War II ratio of 36-to-100 but less favorably with the 1944 U.S. Army European Theater ratio of 20-to-100.[4]

After the 1973 War the IDF adopted the U.S. treatment doctrine (PIE) which calls for physical replenishment of food, water and sleep and opportunity to talk about the battle experience. Treatment occurs near the front with an expectation that the soldier will be returned to combat duty. Using this method during the 1982 Lebanese War, the IDF returned 60 percent of combat reaction cases to combat duty within 72 hours. As a result of preventive measures, the ratio of psychiatric casualties to wounded was 23-to-100.[5]

CURRENT DOCTRINE

Since the Israeli experience the U.S. Army has a renewed interest in the prevention and treatment of battle fatigue. Military leaders are increasingly aware of the effects of stress on soldiers and their combat performance. The Army has publisned several documents to assist leaders and soldiers to meet the challenges of combat on the Airland battlefield.

Field Manual 8-230, Medical Specialist, defines and gives guidance for management of psychological and behavioral problems. It defines battle fatigue as a stress reaction or psycnological condition encompassing physical and emotional stresses experienced by every individual in combat. It varies in severity from mild cases in which the soldier senses fear with no evidence of anxiety to severe cases in which the soldier can no longer relate to the environment, cannot function on the job, compromises his or her own safety and the safety of others, exhibits panic running, have visual and/or hearing problems and partial paralysis, and, utters incoherent language. It is at the point the individual can no longer function on the job that he or she becomes a battle fatigue casualty and must be evacuated for treatment.[6]

FM 8-230 outlines the principles of treatment for battle fatigue -proximity, immediacy and expectancy. Proximity means that the casualty is treated as far forward as possible. This reduces the suggestion of serious disability and increases the potential for full recovery. Immediacy suggests that initial treatment is to be given as the very earliest possible time. Expectancy refers to the concept that battle

fatigue is only temporary and that the soldier can expect full recovery and return to the unit after a brief rest.[7]

Field Manual 26-2, Management of Stress in Army Operations, emphasizes stress is a command problem, not solely a medical one. The discussion of stress includes its effects, sources, signs and degrees as well as its recognition, control and coping techniques. The FM reiterates that stress can be tolerated and managed and, in fact, must be overcome to conserve the fighting strength. Combat leaders are responsible for the total well being of the soldier and traditionally they ensure that soldiers' physical, emotional and spiritual needs are met. This includes battleproofing the soldier - training in recognition of and coping with stress signs. Leaders must also learn to cope with their own stress, manage the stress level in the unit and apply the battle fatigue treatment principles when necessary.[8]

Field Circular 22-102, Soldier Team Development, written for leaders at company level and below, describes the characteristics of combat-ready teams and a three-stage process of team development: forming, developing and sustaining. Emphasis is placed on quality training, shared team experiences and team member commitment to one another and mission accomplishment.[9]

Field Manual 22-9, Soldier Performance in Continuous Operations, deals with methods for sustaining soldiers' performance during combat operations of up to 120 continuous hours. It suggests training activities which come as close as possible to the expected conditions of continuous operations so that soldiers can learn to cope with such an environment. It further provides the leader with strategies and tactics

for conserving soldier resources to counter degradation of effectiveness in sustained operations.[10]

Each of these documents is important in its own right and each has a place in the increasing emphasis on the role of the soldier stress in the AirLand Battle. They provide guidance for leaders in preparing the soldiers for battle and for meeting soldiers' needs in the intensity of the AirLand Battlefield.

However, it appears there is a significant shortfall in these documents' handling of the prevention and treatment of battle fatigue casualties. They all stress the soldiers' emotional and physical resources but fail to consider the third dimension of the whole person, the spiritual. While one cannot expect to find in these documents a full treatise on the spiritual dimension, the failure to mention it denies the soldier the totality of his or her existence.

This lack of recognition of the soldiers' spiritual dimension extends to other writings as well. In an article, "Combat Stress: Tripartite Model", in the International Review of the Army, Navy and Air Force Medical Services, Colonel Franklin D. Jones, Chairman of the Military Section of the World Psychaitric Association, considers the influences of biological, interpersonal and intrapsychic elements in preventing and treating combat psychiatric casualties. While he lists "faith in a celestial order" as one of the primitive defenses which can be broken down, he does not mention the spiritual dimension as one of the resources for intervention in combat casualty prevention and treatment.[11]

Such apparent neglect of even the possibility of the spiritual element fails to recognize the importance of religion in sustaining

one's will in the most adverse conditions. John Keegan, writing in The Face of Battle, describes the effect of religion on English soldiers prior to the Agincourt combat:

> ....however dimly or marginally religious doctrine impinged on the consciousness of the simple soldier or more unthinking knight, the religious preparations which all in the English Army underwent before Agincourt must be counted among the most important affecting its mood. Henry himself heard Mass three times in succession before the battle, and took Communion, as presumably did most of his followers; there was a small Army of priests in the expedition. The soldiers ritually entreated blessing before entering the ranks, going down on their knees, making the sign of the cross and taking earth into their mouths as a symbolic gesture of the death and burial they were thereby accepting.[12]

The spiritual vaccuum in the current doctrine is not due to the absence of Army chaplains in dealing with soldier combat stress in previous conflicts. Chaplains have always been involved in this ministry. It is, rather, perhaps due to the lack of codification of this important aspect of ministry. This situation is changing. During the October 1984 Functional Area Assessment, the Army Vice Chief of Staff directed the Office of the Chief of Chaplains to develop a doctrine document for the Unit Ministry Team ministry to combat fatigue casualties. Two priorities in the Chief of Chaplains Goals and Objectives relate to this issue: A leadership priority is to initiate moral leadership actions in critical areas of ministry to include battle fatigue and a training priority is to train UMT components for prevention of and ministry to battle fatigue casualties. The Army Chaplain Center and School is presently writing FC 16-51, Battle Fatigue Ministry.

In the draft form, the authors of FC 16-51 develop the theoretical base for the role of the UMT on several assumptions. These include: (1) the UMT is the staff section which assists the commander in meeting the spiritual needs of soldiers; (2) Forward Thrust doctrine, found in FM 16-5, provides for chaplains and chaplain assistants to be assigned to the most advanced elements of the battlefield - battalion and equivalent size units; (3) the UMT with its prerequisite skills and long-term habitual association provides pastoral care which can reduce battle fatigue casualties; (4) the UMT ministers to soldiers out of a genuine concern for their total well-being; (5) inherent in UMT presence is the spiritual element which is the primarty vehicle for communicating hope in the face of fear and despair; and, (6) chaplain assistants will serve at the rank of Sergeant in the maneuver battalion.[13]

THE UNIT MINISTRY TEAM ROLE

Battle Fatigue Ministry emphasizes the "team" aspect of the Unit Ministry Team. The chaplain and chaplain assistant function as a team to provide pastoral care. The chaplain with his or her theological education is the leader and performs those duties for which the training has uniquely qualified him or her. The chaplain assistant performs in a dual role: (1) as an extension of the chaplain's ministry in religious support functions; and, (2) as a non-commissioned officer leader.

FC 16-51 posits the UMT as a valuable battle fatigue casualty prevention and treatment resource in all stages of battle from peacetime, through prebattle, battle and postbattle to the end of hostilities. Operating out of the conviction that religion offers a

source of inner strength and stability, the UMT prepares soldiers to cope on the battlefield by providing a spiritual foundation upon which the soldier can call during all phases of combat. The UMT believes that soldiers who are more spiritually prepared to handle the trauma of combat will be less likely to become battle fatigue casualties. This ministry is as inexorably tied to the understanding of community, the meaning of hope, life and death, and the awareness of the "beyond" in the midst of life as is any other function of the UMT.

The UMT recognizes that the Army's goal of unit cohesion is an attempt to develop community, that sense of belonging to one another that people desire. The many levels of bonding that occur within the unit provide for individual physical and emotional needs to be met and, at the same time, set the framework within which the shared life of combat soldiers is lived.

The sense of ultimate community, a shared life in which people move toward faith, is the context out of which the UMT works in the unit. The UMT is a religious symbol - the chaplain a religious authority figure and a representative of the values and beliefs of his or her tradition. Soldiers recognize that the UMT's context is pastoral care -the ministry of nurturing and healing - and that their lives, problems, issues and questions will be sized-up and tackled within that paradigm. The chaplain leads the UMT from a theological perspective and soldiers not only know that, they expect it. No apology is needed for that perspective.

It is out of this context that the UMT represents hope within the community. That hope is based on the Hebrew-Christian heritage that God has acted in history and that there is an eschatological expectation

that God himself will ultimately dwell with all people. The simple statement of the psalmist, "We hope in God," becomes the root of hope attested to by the presence and ministry of the UMT.

Because of its pastoral concern, the UMT ministry emphasis is persons, not problems. The focus is always on the individual soldier and the desire for each to become a more fully integrated, mature person. Prevention and treatment of battle fatigue are, then, ministry to individuals rather than a solution to a problem. The UMT is involved because soldiers will have to face combat and its related stresses and not because battle fatigue weakens combat strength.

The UMT is uniquely qualified to provide such ministry. The chaplain's theological training enables him or her to assist persons whose problems center around ethical dilemmas, religious issues and such ultimate matters as dealing constructively with the fear of death. Soldier awareness of this uniqueness often leads them to turn to the chaplain for help in solving problems because they want some kind of religious or moral self-evaluation or because they want some standard of faith applied to their situation.

Another aspect of UMT uniqueness is that no other helping agency available to the soldier has such a comparable, supportive relationship in day-to-day contact. The assignment of the chaplain and chaplain assistant to the unit assures the soldier that they are a part of the team and that they will be available when needed. Rapport with soldiers and credibility of the UMT are essential in this person-centered relationship and the UMT has a wealth of established, ongoing relationships.

UMT involvement in this ministry does have its risks. If, at any time, it is perceived that the UMT is interested only in getting soldiers back into combat, it will lose its credibility and thus its effectiveness in all its ministries. All soldier trust will be lost. It is imperative, therefore, that the UMT function be pastoral care for individuals in need of healing and wholeness. Prevention and treatment of battle fatigue casualties is a command responsibility and the medical section is the staff element responsible for treatment. The UMT cannot be responsible for releasing treated casualties back to duty any more than it can be responsible for ordering severe battle fatigue cases to be further evacuated through medical channels. This is one area in which the role tension and possibility of perceived conflict of loyalty must be ever present in the mind of the chaplain. There is no question but what the UMT is a combat multiplier - soldiers will be returned to duty sooner because of its ministry. This is, however, a beneficial consequence of the UMT ministry, not the purpose or goal of ministry.

In order to develop a pastoral model for prevention and treatment of battle fatigue casulaties, the chaplain and chaplain assistant must themselves be prepared spiritually, theologically, ethically and psychologically to deal with the terrible trauma of war, even when confronted with his or her own death. Only with such personal preparation can the UMT expect to prepare soldiers for combat. Chaplain (LTC) Emory G. Cowan, Jr., writing in Military Chaplains' Review, Spring 1981,[14] and Chaplain (COL) Jay H. Ellens, in the same journal, Spring 1984, [15] deal more extensively with this issue of UMT preparation for combat. Both articles are worth reading and rereading.

As discussed earlier, the UMT peacetime ministry is the foundation for later ministry to combat fatigue casualties. In peacetime, the UMT develops relationships with the unit soldiers, leaders and family members, trains for combat and ministers to soldiers and their families. Through all its contacts with unit soldiers in garrison and field environments, the UMT establishes rapport which will become the basis for its combat ministry. As it provides spiritual ministry it is building a framework for religious values and beliefs that can sustain soldiers in combat.

The UMT is a critical resource in peacetime in dealing with family issues because studies indicate that battle fatigue is more common among married soldiers, especially those dealing with family problems. The IDF experience showed that soldiers with stable personal and family lives were less likely to suffer combat related psychiatric breakdown. The more the UMT can do through programs it conducts or sponsors, such as premarital and marrital/family counseling, marriarge enrichment/encounter and family retreats, the healthier the marital relationships. Thus, through its ministry to soldiers and families resulting in more stable and secure family relationships, the UMT aids the soldier to cope with the stress and trauma of the battlefield.

One of the crucial peacetime ministries is the community building process. FC 22-102 deals with the leadership issues involved in developing the soldier team. The UMT ministry goes beyond that toward a building of a community in which soldiers move toward faith that can sustain them in all situations, even combat. This is not an easy task. There are no easy answers. There are possibilities.

One possible method for building community is through a series of Bible studies using material such as Search Weekly Bible Studies. This Augsburg Publishing House material is extremely flexible and more than a Bible Study, it is a method of helping groups of people become a community of persons committed to each other. Through scripture study of "Beginnings" (establishment of community, its disintegration, and restoration), "Journeys" (exodus into the world, liberation from bondage, covenant and its expression in worship and mission), "Struggles" (establishment of community: the crises, relapses, successes, defeats), "Experiences" (of faithful people expressed in song and prayer, story and dialogue), and "Hopes" (judgment and hope as God's people move through history toward God's future), Search users experience interaction, sharing and mutual support among God's people.[16] This is where the concept of the UMT expands beyond the chaplain and chaplain assistant to lay persons, the soldiers, who become involved in ministry to one another. In an ideal situation, one or more soldiers from each crew, team or section would be involved in the Search Study and in the process become community. They, in turn, are the nuclei of smaller communities in their respective crew, team or section and provide strength to that group. The IDF experience determined that even one more mature, stable crew member could help prevent battle fatigue among the rest of his crew.

The draft FC 16-51 also stresses the role of the UMT in addressing other battle fatigue issues such as grief, unit cohesion, effective communication, religious questions and liaison with unit medical personnel. In all these issues, the UMT's greatest asset is its credibility. As the UMT expresses its concern for soldiers in its

peacetime ministry, it develops rapport with and the trust of unit soldiers. Such credibility is essential for UMT ministry to combat fatigue casualties. The UMT will have to take the initiative to coordinate with unit commanders if they are to have structured time with soldiers to discuss such issues as ethics of the battlefield, the five stages of grief, and health and wholeness as not merely the absence of disease but complete physical, emotional and spiritual well-being.

The presence of the UMT with the unit as it moves to the battlefield and prepares for battle is a symbol of God's presence and that there is hope for tne future. During this period the UMT reinforces the strengths of the soldiers' relationships with one another and their families, the unit, nation and God. Through religious services, counseling and its very presence, it helps soldiers deal with their emotions which range from excitement to depression, from fear to panic, and from hope to hopelessness.

The pace, fluidity and intensity of the Airland Battlefield will make it difficult for the UMT to be present with soldiers during battle. Its presence and ministry, whenever possible, will remind the fighting soldiers of their own faith, of the concern of the unit for their wellbeing and of the presence of God even in the midst of the intensity of war. All these help the soldier face the reality of their situation and thus deter battle fatigue. During these visits the UMT can detect early symptoms of battle fatigue and alert unit leaders and/or medical personnel so that those soldiers can be properly cared for.

The UMT ministry to battle fatigue casualties happens most often in the combat trains area. Early identification and treatment as far forward as possible facilitates retention of the ties with the primary

unit - the battalion, assures medical personnel availability, relative safety and security, reasonable opportunities for personal hygiene and hot meals and meaningful work tasks not requiring specialized skills.

While identification and treatment of battle fatigue casualties are medical responsibilities, medical personnel are going to be heavily commited to treating physical casualties and cannot devote the resources necessary to treat the battle fatigue casualties remaining in the trains area. The UMT will be available to fill this gap as a part of its overall ministry to the battalion. Treatment at this level will focus on the soldier expected to respond to twenty-four to seventy-two hours of rest, stress reduction and limited counseling. Those not responding will be evacuated through medical channles for more intensive treatment.

During the treatment period in the trains area, the UMT will provide pastoral care which focuses on: pastoral counseling to include grief, crises and support counseling; affirmation of personal worth and spiritual guidance; worship opportunities and sacraments; distribution of religious articles; and, a ministry of presence which symbolizes the care and presence of God. Now the UMT credibility, established throughout its relationship with the unit, impacts on the healing process. Soldiers trust the UMT; they know the chaplain and chaplain assistant have shared in their life experiences and that they care for them as individuals.

While the chaplain will provide most of this pastoral care, the chaplain assistant functions in the dual role as an extension of the chaplain's ministry and as a non-commissioned officer. In the ministry extension role, the chaplain assistant identifies specific religious needs of soldiers and refers them to the chaplain; listens to soldiers

and encourages them to talk about their combat experiences; provides reassurance and validation of soldiers; conducts Bible studies or devotional periods when mutually agreed upon with the chaplain; coordinates with units for religious services and rites; establishes liaison with support personnel; and, provides necessary security and transportation for the chaplain. In the leadership role, the chaplain assistant coordinates with support and medical personnel for the necessary replenishment of the battle fatigued soldiers to include rest, stress reduction, peer counseling, light meaningful work tasks and morale building.

During this period, the supervisory chaplain will have a significant ministry to the battalion UMT. Experience has shown that not only combat soldiers become battle fatigue casualties and the UMT cannot afford what Chaplain Cowan called "the idolatry of self sufficiency that sets us above the people whom we have been called to serve.[17]" The supervisory chaplain may become the conduit through which the UMT members talk through and integrate their experiences into their life's history.

Through the postbattle phase of combat to the end of hostilities, the UMT enables soldiers to express grief through memorial services and counseling and provides opportunities for soldiers to work through the integration of their experiences into their lives. It is not only now, but probably most importantly now, that soldiers experience reconciliation, forgiveness, grace, liberation and hope. Healing occurs as soldiers gain insight into the relationship of these verities with their life experiences. Such insight comes as a human grows, changes or is born again. Chaplain Ellens wrote that such change occurs because:

> some new information (from life or scripture), some new relationship (with God, Christ, or a godly person), or some new trauma (forcing self awareness at a depth not previously known) is experienced....This insight is, for some reason, of so significant a quality that it cuts all the way down through our personality structures, defenses, coping mechanisms, and predilections. It comes to ground at our value and belief level, that mysterious juncture where personality is rooted in or founded upon one's character. There that profound insight produces a paradigm shift in beliefs and values, like the change one sees in the amazing crystal formations when one looks into a kaleidoscope and turns the barrel a few degrees one way or the other.[18]

The UMT, through its habitual association with a unit from peacetime through combat to the end of hostilities, will provide pastoral care which can significantly contribute to the prevention and treatment of battle fatigue casualties. This ministry, based on the spiritual resources of the UMT and the soldiers, will result in fewer battle fatigue casualities and contribute to the return to health those solciers who do become battle fatigue casualties.

CONCLUSION

The purpose of this essay was to determine the need for a pastoral model for prevention and treatment of battle fatigue casualties and then to suggest some possibilities for that model, if needed. The need is clear. While current Army doctrine addresses battle fatigue from leadership and medical models, it does not adequately address the whole person, especially the spiritual dimension. FC 16-51, Battle Fatigue Ministry, is needed. While its publication will not guarantee the UMT a successful ministry with soldiers, it is the base upon which each

chaplain and chaplain assistant team can begin to build a peacetime model for prevention of battle fatigue. It is a starting point for the UMT to negotiate with commanders and staffs for training time to minister to soldiers through programs which complement all that the unit is doing to prevent battle fatigue. UMT programs, such as Search, should not be relegated to after-duty hours but should have a place beside other unit training designed to equip soldiers to meet the demands of the AirLand Battlefield. Our fervent prayer is that the UMT will never have to test its participation in the treatment of battle fatigue casualties but, if it does,it has been intimately involved in the lives as soldiers as together they have build community, considered the meaning of hope, life and death, and faced the reality of God's presence in the lives of all his people.

ENDNOTES

1. Dale B. Flora, MAJ, Battlefield Stress: Causes, Cures and Countermeasures, p. 21.

2. Ibid., p. 26.

3. Gregory L. Bilensky, Shabtai Noy, Zahave Solomon, "Battle Stress: The Israeli Experience," Military Review, July, 1985, p. 29.

4. Bilensky, p. 35.

5. Bilensky, p. 36.

6. US Department of the Army, Field Manual 8-230, pp. 21-1 --21-8.

7. Ibid, p. 21-3.

8. US Department of the Army, Field Manual 26-2, pp. 2-73.

9. US Department of the Army, Field Circular 22-102, pp. 1-1--4-19.

10. US Department of the Army, Field Manual 22-9, pp. 1-1--5-8.

11. Franklin D. Jones, "Combat Stress: Tripartite Model," International Review of The Army, Navy and Airr Force Medical Services, March 1982, pp. 248-253.

12. John Keegan, The Face of Battle, p. 115.

13. US Department of the Army, draft Field Circular 16-51.

14. Emory G. Cowan, Jr., CH, LTC, "Preparing for Combat: Facing the Ministry to Which We May Be Called," Military Chaplains' Review, Spring, 1981, pp. 79-86.

15. Jay H. Ellens, CH, COL, "Preparation for Combat: Emotional and Spiritual, " Military Chaplains' Review, Apring, 1984, pp. 29-39.

16. Search Weekly Bible Studies Planning Guide, Augsburg Publishing House, 1983, pp. 11-15.

17. Cowan, p. 82.

18. Ellens, p. 38.