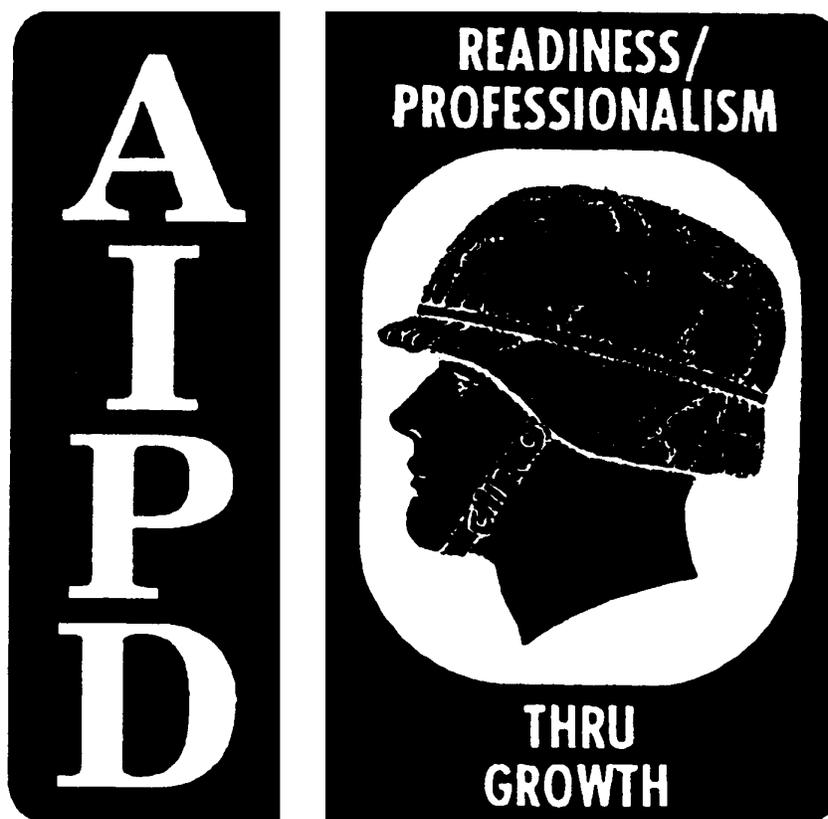


**UMT STRATEGIES FOR SOLDIER
VISITATION PROGRAM**



**THE ARMY INSTITUTE FOR PROFESSIONAL DEVELOPMENT
ARMY CORRESPONDENCE COURSE PROGRAM**

UMT STRATEGIES FOR SOLDIER VISITATION PROGRAM

Subcourse Number CH0818

United States Army Chaplain Center and School

5 CREDIT HOURS

SUBCOURSE OVERVIEW

- This subcourse is designed to teach enlisted soldiers to perform, or provide for the religious support tasks necessary to accomplish the Unit Ministry Team (UMT) mission in combat and in peacetime at battalion level and in garrison.
- This subcourse covers procedures used by a member of the UMT to visit a soldier, conduct a hospital visit, or provide support for a soldier in grief or crisis.
- There are no prerequisites for this subcourse.
- This subcourse reflects the doctrine which was current at the time it was prepared. In your own work situation, always refer to the latest publication.

The words "he", "him", "his", and "men", when used in this publication, represent both the masculine and feminine genders unless otherwise stated.

TERMINAL LEARNING OBJECTIVE

TASK: Recall the information about conducting UMT visitation to soldiers.

CONDITIONS: Given the material in this subcourse and a training scenario, the student will complete the examination at the end of this subcourse.

STANDARD: The student will demonstrate a comprehension and knowledge of this subcourse by achieving a minimum of 70% on a multiple-choice based examination for Subcourse CH0818 by identifying the actions needed to conduct a UMT visitation to soldiers.

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LESSON ONE

VISIT A SOLDIER

OVERVIEW

TASK DESCRIPTION:

In this lesson you will learn what is required to conduct an appropriate visit to a soldier.

LESSON OBJECTIVES:

TASK: Identify the actions to be taken in visiting a soldier.

CONDITIONS: Given the subcourse material for this lesson a training scenario, the student will complete the practice exercise to identify the steps to be taken in the visitation of a soldier.

STANDARD: The student will demonstrate comprehension and knowledge of the tasks by identifying the actions which would be taken in the visiting a soldier.

REFERENCES: STP 16-56M1-SM

INTRODUCTION

As a chaplain assistant, you will be expected to visit soldiers in your unit under various situations. These visits may occur in any one of many places such as: the barracks, the dining facility, the recreation center, in the training areas, on the ranges---in fact just about any place you find soldiers.

You as the chaplain assistant will play a vital role in ***initiating*** and ***maintaining*** contact between the soldier and the Unit Ministry Team (UMT). Often, you will be able to establish contact with individuals whom the chaplain may not be able to reach directly. As you conduct your visits, you should remember to try to visit all the soldiers in your unit, not just those you easily relate to or feel comfortable with.

Remember, **don't exclude anyone**. Or to put it positively, **Include everyone who is open to UMT ministry**.

When conducting any visit you should be aware of the following constraints:

- o The person being visited must indicate a willingness to receive a visit. If you observe resistance upon initial contact:
 - don't push yourself on them,
 - but instead, politely recede, assuring them that the UMT is available when they desire.
- o You should be positive in your approach and you must avoid any negative comments about the Army, the post, the command, the mission, or other persons, etc.
 - If they express negativism, don't argue or agree with them. But, instead politely listen with understanding and move the conversation to other issues when appropriate.
- o You most likely will be required to conduct visits on the battle field as part of your mission. However, this will only occur as the unit mission permits or dictates. Remember:
 - Don't force your visits during a time when silence is critical.
 - Employ common sense so as not to violate security (i.e. don't turn on your lights during a black out to read scripture).
 - Don't expose the UMT or any person to undue risks. Getting someone killed due to neglect on your part will not help your future ministry, and a dead UMT member can be of no help to anybody else.

1. **Identify a Person to Visit.**

As part of your mission with the UMT, you should be able to identify persons for whom a visit would be appropriate. A visit to a soldier in your unit is desirable in the following situations:

- o If they indicate a desire for a pastoral call. They may just approach you and say they would like to talk.
- o If a soldier in your unit shows signs of:
 - stress,
 - battle fatigue, or
 - some other crisis in life.

- o A newly assigned person to the unit.
 - New soldiers need to "start off on the right foot" and could use a friendly visit, show them that the UMT cares.
- o If the chaplain directs you to visit a person.
 - He may see people that you could better minister to first or,
 - He could divide the visitation of a unit between members of the UMT for better coverage.

Whatever the reason for conducting the visit, before you proceed, you must do the following:

- o Coordinate the visit by securing the chaplain's approval. He may give you visitation approval on a case by case basis or only in certain circumstances. For example:
 - The chaplain may not give his approval at all if he does not feel you are capable enough to handle the responsibility of visitation, due to lack of:
 - competence,
 - maturity,
 - morality, or
 - spirituality.
 - You could however, receive a blanket approval to visit any time you see the need, as your chaplain may trust your judgment.
- o Receive a pre-visit briefing from the chaplain. He will give you some helpful hints on what to watch out for and what to do or not to do. He may also provide a little background information if it is appropriate.

2. **Determine the person's willingness to receive a visit.**

Your initial contact with the soldier will tell you whether the person is willing for you to stay and make the visit now or at a later time. Remember, the person being visited must indicate a willingness to receive a visit. **If you observe resistance upon initial contact, don't push yourself on them but instead, politely recede and assure them that the UMT is available whenever they desire.**

3. **Arrange a time, date, and place with the person being visited.**

When you make contact with the soldier, try to arrange a time, date, and place for the visit to be conducted, that is convenient and comfortable to the soldier. Quite often this could be, "right now... where we are." It could also be later, at his house, the barracks, the snack bar, dining facility recreation center, wherever he is comfortable.

4. **Visit the person.**

WHAT TO DO DURING YOUR VISIT:

1. Explain to the soldier the UMT's mission of caring for personnel.
2. Point out to the soldier how the UMT can care for the person's well-being.
3. Make sure the soldier realizes, that any information they share with you, will be told to the chaplain.
4. Explain that this information will be held in confidentiality by both you and the chaplain.
5. Ensure that you maintain a courteous and positive attitude during the visit.
6. Listen to the person's needs, frustrations, hurts, fears and joys.
7. Be a good active listener.
8. Express acceptance of what the person has said. Remember, acceptance is different from agreement. Accept what is said without shock, judgement or fear.
9. During the visit determine if there are any special needs or problems that the soldier might have indicated that must be brought to the chaplain's attention.
10. Make sure that the soldier is assured that the chaplain will be informed of anything you can't handle.

AS YOU END YOUR VISIT:

1. Inform the person of how to locate the appropriate chapel and UMT section.
2. Let him know your location and phone number and his own UMT's if he is not under your coverage.
3. Inform the soldier of the day, time and place of worship services of that person's faith group or denomination.
4. If you have literature containing this information, it may be a useful tool for you to use when conducting a visit.
5. **End the visit by affirming the UMT's willingness to be of service to the soldier.**
6. Assure them that the UMT is always willing to help.
7. Pray with the soldier, if he is willing.

5. **Brief the Chaplain concerning the situation with the person.**

Shortly after the visit you may need to jot down a few notes to remind yourself of the visitation content for briefing the chaplain. Remember, you should share all of the information received with the chaplain and only the chaplain. Remember, ***"The dullest pencil is sharper than the sharpest memory."***

LESSON ONE

PRACTICE EXERCISE

The following items will test your grasp of the material covered in this lesson. There is only one correct answer for each item. When you have completed the exercise, check your answers with the answer key that follows. If you answer any item incorrectly, study again that part of the lesson which contains the portion involved.

Situation: You are the chaplain assistant assigned to the 2nd Battalion. Your battalion is participating in an extended field training exercise. Your chaplain has been called back to garrison because of an emergency situation with a family member of the unit. Prior to his departure, he instructed you to, "...go out and visit the soldiers and see if you can be of any assistance to them." You know the chaplain will be gone for 48 hours and that he wishes for you to aggressively pursue the UMT mission within the battalion.

1. Your first stop is the battalion S-1, the Administration NCO informs you that a new soldier has been assigned to the unit. He is sitting outside the tent waiting for his company to pick him up. You decide:
 - a. not to disturb him now, since he is new to the unit.
 - b. introduce yourself and show that the UMT cares.
 - c. inform the 1SG to make an appointment for the new soldier to meet the chaplain.
 - d. get the new soldier's name and unit, and give it to the chaplain upon his return.

2. As you begin to leave, one of the Personnel Clerks takes you aside and starts to tell you about how bad it is to work in the S-1 shop and how lousy the Administration NCO is. You listen and
 - a. take notes and promise to bring it to the attention of the chaplain.
 - b. tell him to set up an appointment with the chaplain, so he can take appropriate action.
 - c. only agree with the Personnel Clerk in order to calm him down, so he won't get an Article 15.
 - d. neither agree or disagree with the Personnel Clerk, but change the subject when appropriate.

3. You proceed to the Aid Station, where you find a soldier from another unit, that has been treated for a burn on his arm, and is waiting for transportation back to his unit. He asks you if Easter Services will be conducted in the field and where? You tell him
 - a. that for his unit, he will need to check with his UMT, and then you give him their location and how to contact them.
 - b. that he will have to ask his 1SG about the Easter Services.
 - c. that you are not authorized to speak for another unit's UMT, but you think that they probably will.
 - d. that you don't know, but you'll ask the chaplain when he returns.

4. When you go inside the Aid Station, you find a soldier waiting for evacuation back to Garrison for the removal of his appendix. He confides in you his fears of the operation. You react by
 - a. expressing acceptance of what the soldier has said.
 - b. trying to minimize his fears about the operation.
 - c. agreeing with him totally, in hopes of calming him down.
 - d. trying to change the subject to take his mind off of it.

5. As you leave the Aid Station, you run into the new Operations NCO. You introduce yourself and begin to explain the mission of the UMT, but the NCO seems distracted and is fidgeting around.
 - a. You continue the conversation so as to ensure he knows who you are and what you do.
 - b. You tell him that he seems distracted and ask him if there is a problem he would like to talk about.
 - c. You politely end the conversation, and tell him where you can be reached if he wishes to talk at a more convenient time.
 - d. You notice his uneasiness and press him to set up an appointment to see the chaplain.

LESSON ONE

PRACTICAL EXERCISE

ANSWER KEY AND FEEDBACK

- | <u>Item</u> | <u>Correct Answer and Feedback</u> |
|-------------|--|
| 1. | <p>b. introduce yourself and show that UMT cares.</p> <p>New soldiers need to "start off on the right foot" and could use a friendly visit, to show them that UMT cares. (Page 3).</p> |
| 2. | <p>d. neither agree or disagree with the Admin clerk, but change the subject when appropriate.</p> <p>If they express negativism, don't argue or agree with them. But, instead politely listen with understanding and move the conversation to other issue when appropriate. (Page 2).</p> |
| 3. | <p>a. that for his unit, he will need to check with his UMT, and then you give him their location and how to get in touch with them.</p> <p>Inform the person of how to locate the appropriate chapel and UMT section. Let him know your location and phone number and his own UMT's if he is not under your coverage. (Page 4).</p> |
| 4. | <p>a. expressing acceptance of what the soldier has said.</p> <p>Ensure that you maintain a courteous and positive attitude during the visit. Listen to the person's needs, frustrations, hurts, fears and joys. Be a good active listener. Express acceptance of what the person has said. (Page 4).</p> |
| 5. | <p>c. You politely end the conversation, and tell him where you can be reached if he wishes to talk to you at a more convenient time.</p> <p>If you observe resistance upon initial contact, don't push yourself on them, but instead politely recede, assuring them that the UMT is available when they desire. (Page 2).</p> |

LESSON TWO

VISIT A HOSPITALIZED SOLDIER

OVERVIEW

Task Description:

In this lesson you will learn what is required to conduct a hospital visit to a soldier.

LESSON OBJECTIVES:

TASK: Conduct a visit to a soldier in the hospital.

CONDITIONS: Given the subcourse material for this lesson and a training scenario, the student will complete the practice exercise to identify the steps necessary to conduct a visit to a hospitalized soldier.

STANDARD: The student will demonstrate a comprehension and knowledge of the task by identifying the actions required to conduct a visit to a hospitalized soldier.

REFERENCES: STP 16-56M-SM

INTRODUCTION

During combat situations, you as the chaplain assistant, will be required to visit soldiers of your unit who have been hospitalized. Soldiers that have been injured often require special support that only the unit ministry team can provide.

Such persons could be facing life - threatening, situations and may request spiritual assistance. So, when you conduct your visits with these soldiers, there are several things you need to remember and take into consideration.

- (1) First, the person's physical condition must be taken into account. If his attending physician thinks that his physical condition is too weak, you may want to delay your visit and try to talk to him at a later time.

- (2) Next, you need to be thoroughly familiar with the hospital visiting regulations that must be followed. It's important that you don't cause any inconvenience or disruptions to the normal operations of the hospital.
- (3) Finally, if the soldier is in the intensive care unit or the coronary care unit, you should not make the visit at all, but instead refer the situation to the chaplain. He would be the appropriate person to conduct the visit under these trying circumstances.

1. **Prepare for the Hospital Visit.**

There are many ways in which you may obtain the names of unit related personnel that have been hospitalized. The most common way is by reviewing the hospital's admissions list; however, it is possible for you to be notified by the unit S1, the soldier's commander, or some other third party. Regardless of how you were notified, you should conduct a hospital visit to the soldier in the following situations:

- o If a hospitalized soldier requests a visit from the UMT.
 - o If during a routine examination of hospital admission cards you realize that a soldier from the unit has been admitted to the hospital.
 - o If the command or some other third party requests the UMT visit a soldier.
 - o If the chaplain directs you to make a visit.
- No matter what the reason for conducting the visit, before you actually depart for the hospital, be sure that you have secured the chaplain's approval first.
 - Normally, the chaplain may want to give you a pre-visit briefing before you go in order to provide you with any background information he may have on the person.
 - Be sure that you coordinate with the hospital chaplain, so that he is informed of your intentions, so as to prevent any possible duplication of effort or misunderstanding.

2. Conduct the Hospital Visit.

Prior to your visit, be sure to coordinate with the nurse in charge of the ward or an authorized representative. Always try to take arrangements to visit the patient during normal visiting hours, so that you will be less disruptive to the hospital routine.

When you arrive at the hospital, check-in with the ward supervisor and inform them of your visit. Ask the ward supervisory personnel if there are any important facts you need to know about the person you are visiting. You will want to know about such things as the amount of pain, the degree of awareness, if he is contagious, and any visiting restrictions that may apply.

When you actually see the patient on the ward, ask if a visit is still desired. If the soldier is in a private room, knock if the door is closed and identify yourself and the nature of the call. Always respect the patient's hospital room or space on the ward as the soldier's home. When you enter the soldier's area, carefully observe the area and setting. This may give a good indication of the patient's mood and the patient's relationship to others.

Make every effort to ensure the visit is as comfortable as possible for the soldier. Take a position which makes it easy for the patient to see and hear you without straining. Do not touch, lean against, or sit on the patient's bed. Limit the visit to 5-10 minutes, unless the soldier indicates a desire for more time. Remember, frequent short visits are generally more helpful than a few extended visits.

While visiting the soldier:

- Explain the UMT's mission of caring for personnel.
- Explain how the UMT can help care for the person's well-being and that the information the soldier shares with you will be told to the chaplain but will be held in confidentiality by you and the chaplain.
- During the visit, listen to the soldier's hurts, fears, frustrations and needs. Be a good active listener and listen to him with a positive attitude.
- Arrange for the privacy of your conversation, if possible.
- Be sensitive to the patient's feelings and accept them as stated. Show an interest in the soldier and the soldier's needs. Try to always present a positive attitude to the person.
- Whatever you do, do not play the role of doctor or try to answer questions you are not qualified to answer.
- Refrain from offering any false hope, giving medical advice, or telling the soldier of previous experiences with similar medical situations.

- Don't try to hide reality, make the situation funny, or assure the patient that everything will be better. As you listen to the soldier, be permissive, focused, accepting, and understanding of the soldier's opinions and feelings.
- Try to help the patient discover the spiritual resources and dimensions related to the illness or hospitalization or to life experiences.
- Pray with the patient or read scripture if the soldier desires. Do not make any promises that you may not be able to keep. Prior to concluding the visit try to determine if there are any special needs that should be passed along to the chaplain.
- Don't linger once the visit has come to a natural conclusion and you are ready to leave.
- Give the patient chaplain-approved religious literature if you have any and the soldier indicates a desire for it. And finally, arrange for any follow-up visits with the patient, if appropriate.

3. **Follow-up the Hospital Visit.**

Prior to leaving the hospital, you should brief the ward supervisory personnel concerning the visit. Inform the ward staff of any health-related conditions you may have noticed during your visit.

When you return to the UMT, you should brief the chaplain concerning the situation with the person. Remember, you should share all the information with the chaplain and only with the chaplain.

LESSON TWO

PRACTICE EXERCISE

The following items will test your grasp of the material covered in this lesson. There is only one correct answer for each item. When you have completed the exercise, check your answers with the answer key that follows. If you answer any item incorrectly, study again that part of the lesson which contains the portion involved.

Situation: You are a chaplain assistant assigned to the 1st Battalion. Your battalion is participating in a REFORGER exercise in Germany. During the past few days there has been several accidents in the field, that has required hospitalization of members of your unit. Because the chaplain is performing religious duties elsewhere and can not visit them, you proceed to the hospital to visit them yourself.

1. Prior to departing for the field hospital, you stop at the S-1 tent and
 - a. check to see if they have any good literature to pass on to the hospitalized soldiers.
 - b. review the latest hospital admission slips to see if any additional soldiers from the unit have been admitted.
 - c. ask the Admin NCO if he has a vehicle available to take you back to the field hospital.
 - d. see if anyone in the S-1 shop requires UMT assistance.
2. After you arrive at the field hospital, the ward supervisor stops you and asks you to come to his office for an in-briefing. You tell him
 - a. that you only have a limited amount of time, so you will skip it.
 - b. that only you and the chaplain can discuss the visit to the patient with the ward supervisor.
 - c. that you will be grateful for an in-briefing on the condition of your unit-member.
 - d. that you are grateful that they pay you the same respect as the chaplain when he visits.
3. As you enter the ward, you notice the soldier from your unit at the end of the ward. You walk over to him and
 - a. quietly introduce yourself and ask him if a visit is desired.
 - b. quietly lay your hands on his shoulder and begin to pray.
 - c. in order to make him feel better, say in a loud voice, "It seems that only the 1st Battalion cares enough about its soldiers to come visit them in the hospital".
 - d. quietly introduce yourself and sit on the edge of his bed so he can see and hear you clearly.

4. As you are leaving the hospital, you stop by the ward supervisor's station and inform them
 - a. that any conversation between you and patient is strictly confidential information between you and the patient.
 - b. that any awards or decorations for him will be handled by the unit.
 - c. that you promised to try a get his pain medication increased and that you wanted it noted for his doctor.
 - d. of any health-related condition that you have noticed that should be brought to their attention.

LESSON TWO

PRACTICAL EXERCISE

ANSWER KEY AND FEEDBACK

- | <u>Item</u> | <u>Correct Answer and Feedback</u> |
|-------------|---|
| 1. | <p>b. review the latest hospital admission slips to see if any additional soldiers have been admitted.</p> <p>There are many ways in which you may obtain the names of unit-related personnel that have been hospitalized. The most common way is by reviewing the hospital's admission list. (Page 10).</p> |
| 2. | <p>c. ---that you will be grateful for an in-briefing on the condition of your unit-member.</p> <p>When you arrive at the hospital, check-in with the ward supervisor and inform them of your visit. Ask the ward supervisory personnel if there are any important facts you need to know about the person you are visiting. (Page 11).</p> |
| 3. | <p>a. ---quietly introduce yourself and ask if a visit is desired.</p> <p>When you actually see the patient on the ward, ask if a visit is still desired. (Page 13).</p> |
| 4. | <p>d. ---of any health-related conditions that you have noticed that should be brought to their attention.</p> <p>Prior to leaving the hospital, you should brief the ward supervisory personnel concerning the visit. Inform the ward supervisor of any health-related conditions you may have noticed during your visit. (Page 12).</p> |

LESSON THREE

PROVIDE SUPPORT FOR A SOLDIER IN GRIEF OR CRISIS

OVERVIEW

TASK DESCRIPTION:

In this lesson you will learn what is required to comfort a person in grief.

LESSON OBJECTIVES:

TASK: Identify the steps to take to provide support for a soldier in grief or crisis.

CONDITIONS: Given the subcourse material for this lesson and a training scenario, the student will complete the practice exercise to identify the steps to take to provide support for a soldier in grief or crisis.

STANDARD: The student will demonstrate comprehension and knowledge of the task by identifying the steps necessary to provide support for a soldier in grief or crisis.

REFERENCES: STP-16-17M1-SM

INTRODUCTION

The UMT will provide pastoral support to military personnel during times of grief or crisis. Your supervisory chaplain may not always be available to perform these duties. He may request that you help him to provide support for a person, if you have received prior training in this area. Remember, always to seek his approval before attempting to comfort any soldier in a grief or crisis situation.

1. Approach the Person.

Once you have been notified about a soldier in a grief or crisis situation (and you have your chaplain's approval), approach the person as soon as possible and offer to talk about the loss. You should listen to the person's pain and suffering.

Don't offer any suggestions or try minimize the reality of the pain to the soldier. Instead reflect back to the person those feelings he is expressing. For example, you might state, "You must really feel hurt" or "That must be a terrible loss."

Whatever you do, don't say, "I know how you feel", or "I once lost my grandmother, and I felt ---", etc. At this point you only need to be with the person and acknowledge their pain and suffering.

When appropriate during the visit, you may inform the person of the following phases of grief. This might help him to understand where he is presently located in terms of the grief and what to expect in the future. Remember the phases are only a guide and may not be the same for everyone.

- o **Denial.** ("This isn't true!").
- o **Anger** (mad---at God or the one who died).
- o **Bargaining** ("If only it weren't so ---").
- o **Depression** (intense sadness).
- o **Acceptance.**

During the visit, try and make an appointment for the person to meet the chaplain. Prior to leaving, offer to pray with the soldier, if they desire.

2. Brief the Chaplain.

After you have concluded the session, at the first opportunity you should brief the chaplain concerning the situation with the soldier. Remember to share all the information received with the chaplain and only with the chaplain.

3. Case Study.

Traditionally, individuals who are grieving losses or who are in crisis situations turn to clergy for support. In peacetime situations, one of the major roles of chaplains is to provide support to Army personnel and their families when they are grieving or in crisis.

However, even in peacetime there is not always a chaplain available for every grief stricken or crisis beset person. Frequently, it is the chaplain assistant who is available to provide the support.

During military operations, whether in training or in combat, the UMT provides support for grieving soldiers and their families. In most projected battle scenarios both the chaplain and the chaplain assistant need to know how to extend this support. However, training accidents and other mass casualty situations will also test the UMT's skills in this area.

For the chaplain the role grows naturally from his or her ministry. For the chaplain assistant the role grows from that of an NCO who is responsible for the well-being of his or her fellow soldiers. As a member of the UMT, the chaplain assistant will constantly face situations where mastery of crisis intervention skills will be vital.

Picture for a minute operations in a combat environment. The UMT has set its base of operations next to the Battalion Aid Station. The chaplain is away providing denominational services for a neighboring unit. Suddenly there is a rush of activity as seriously wounded soldiers are brought into the Aid Station. The entire area becomes a crisis involving not only the wounded but psychological casualties, disabled by stress.

In this situation, the chaplain away and the staff involved in giving medical care, the chaplain assistant becomes the first line of support for non-medical trauma. The chaplain assistant needs to understand crisis and grief. He or she needs to diagnose these conditions and to know the appropriate kind of support to extend or how to refer to those who can.

Clearly, the chaplain assistant must:

- Understand that he or she has a mission in this situation.
- Be able to remain cool in a crisis situation.
- Be able to calm others.
- Understand the stages of grief.
- Be able to apply theoretical knowledge in a real world situation.
- Know the limits of his or her own competence.

To give you a sense of the scope of support required in a crisis, we are reprinting here excerpts from a study by the Division of Neuropsychiatry at Walter Reed Army Institute of Research on the aftermath of the Gander

Military Air Disaster. The excerpts cover: the introduction, to give you background material to aid in understanding; the role of chaplains, to provide insight into the UMT's role in the crisis; and conclusions. As you read the excerpts, consider these points:

- This was a peacetime disaster when the Army could bring its considerable resources to bear.
- How would you and your chaplain as a UMT organize to provide support to your unit in such a situation?

Excerpts from:

**THE HUMAN RESPONSE TO
THE GANDER MILITARY
AIR DISASTER:**

A SUMMARY REPORT

DIVISION OF NEUROPSYCHIATRY
Walter Reed Army Institute of Research
Washington, D.C. 20307-5100

1987

INTRODUCTION

On December 12, 1985 a chartered airliner stopped at Gander, Newfoundland to refuel. When the aircraft attempted to take off, it encountered difficulties, crashing into the forest at the end of the runway, exploding on impact, and killing all on board. The snowy crash site cut a long swath of burned and broken trees and debris, with bodies, equipment and personal possessions strewn over an extensive area.

The flight carried 8 aircrew and 248 U.S. Army soldiers, members of the elite 101st Airborne Division (Air Assault) from Ft. Campbell, Kentucky. They were all returning home after a six month deployment in the Sinai. The families of these soldiers awaited their homecoming, and a number of them had gathered at the Brigade gymnasium at Ft. Campbell to prepare for the celebration.

Word of the tragedy reached the 2nd Brigade, 101st Airborne Headquarters at Fort Campbell shortly after the crash occurred. During the next frantic hours, confirmation of the flight manifest began and families were notified to assemble at the Brigade gymnasium for an announcement.

In the meantime, initial body recovery operations began at Gander, involving Canadian authorities in collaboration with Department of Defense personnel. Together they gridded and searched the site, collecting bodies, equipment and possessions. The victims and their effects were initially placed in an airport hanger at Gander to await transport to Dover Air Force Base. Over the course of the next two months, Dover became the site of an extensive mortuary operation.

The Army dead included one-third of the battalion deployed as a peace-keeping task force representing U.S. Armed Forces in the Sinai. Approximately one-third of these soldiers were married and maintained their homes at Ft. Campbell, a tightly-knit military community straddling the border between Kentucky and Tennessee. The crash shattered the community and deprived thirty-six children of their fathers. It was the deadliest single-incident tragedy in peace or war for the 101st Airborne Division. The crash was also the worst aviation disaster to occur on Canadian soil, and America's most devastating military air catastrophe.

The bereaved community extended far beyond the borders of Ft. Campbell. This extensive community included families of the dead, survivors in affected military units, Gander crash site workers, Dover Air Force Base mortuary personnel, and a multitude of service providers, both professional and volunteer, who came in contact with the dead and the bereaved.

In the immediate aftermath of the tragedy, a small research team was rapidly assembled under the proponency of the Walter Reed Army Institute of Research, the 101st Airborne Division, and the Uniformed Services University of the Health Sciences. The team, composed of Army and Air Force investigators, was sent to Ft. Campbell and Dover to observe and document responses of affected groups to this traumatic event. The following report is written by the members of that team, and other, for the purpose of sharing observations collected over the course of the six month period following the crash.

The report is a condensation of team observations. It is organized as an overview of responses to the disaster from the perceptions of those who were primary participants in the aftermath. From initial immediate involvement with the dead by troops participation in body recovery and identification at Gander and the Dover mortuary, to the grieving community of families, commanders and comrades at Fort Campbell, the summary provides specific recommendations derived from post-disaster interventions and organizational responses that proved effective. The recommendations are presented in the hope that the lessons learned from the Gander tragedy will not be forgotten, but will be used to develop doctrine and techniques of intervention for community agencies, line and medical personnel in order to better prepare for the next time.

The Role of Chaplains

Response

After news of the Gander crash reached Ft. Campbell, chaplains joined the death notification teams to begin the very difficult task of visiting the bereaved families. While no one would deny that chaplains had their "finest hour" in helping the bring the post through the crisis, chaplains had to remind themselves that their extensive training and unquestionable dedication did not allow them to mend every heart every time.

They too had to admit that they were neither invincible nor inexhaustible before death and its consequences. Those chaplains who recognized that they neither could nor had to do it all and, just as importantly, that they could receive ministering as well as give it, generally were more effective over the time of the crisis.

The crash tested the faith of both the families and the chaplains. Chaplains seemed less well-equipped to defuse or contain the anger resulting from the perception of the Army's or the airline's negligence. That there were no survivors further added to chaplain's frustration in conveying a message of hope.

Additionally, chaplains had to contend with families whose prior differences surfaced in disagreements over the handling of personal effects or funeral arrangements. These disagreements were often compounded by the fact that Army regulations provide for the spouse to the exclusion of other relatives, and that those who are not legally tied to the service member (e.g., stepparents or grandparents) are ineligible for any benefits, no matter how deserving they might be.

Clearly the pressure and pain surrounding the tragedy were greatest for those chaplains closest to the 3/502nd, those specializing in family life affairs, and those associated with the battalion reconstitution. Even here, however, despite the tendency to maintain a hectic pace, most chaplains avoided burnout by trusting others in helping roles to take over for them, scheduling time for rest, and sharing feelings and experiences with other chaplains without wives in whom they could similarly confide.

The scheduling of the presidential Memorial Service (4 days after the crash), the Division Memorial Service (8 days after), and the closing of the Family Assistance Center (10 days after) coincided well with the changing intensity of chaplains' role pressures and emotional levels. The Christmas holiday period was weathered quietly, if somberly.

While there was much for chaplains to do in the way of continuing family follow-up visits, responding to delayed grief or stress reactions on the part of fellow helpers and their spouses, answering mail related to the tragedy, and attending funerals (protracted due to the extended body identification process), the Easter Memorial Service effectively brought closure to chaplains' responsive role in the tragedy.

Scope Of Ministry and Recommendations

The fact that chaplains must be dispatched not only throughout the affected community, the mortuary site, and the funeral locations, but to the disaster and hospital sites when there are survivors, means that personnel resources may be stretched beyond capacity. Reinforcements should be requested early on in the crisis from the respective command, the Office of the Chief of Chaplains, and local civilian clergy, if only in a standby capacity. The senior chaplain must allot personnel resources to minister to the following groups during a mass casualty situation:

The Dead

To give a presence of dignity and compassion during the identification process and to conduct proper military funerals/burials.

- Since mortuary operations and funerals will often take place away from the home post, a set of uniforms with proper insignia should be available in a constant state of readiness.
- At least one junior and senior chaplain should serve at the center designated for family assistance established at the mortuary post location. Visiting chaplains from the affected post, as well as local chaplains, should rotate visitations at the airfield with body escorts, the mortuary stations, the Headquarters or Army Control Center, and anywhere the dead are physically handled or identified. Four-hour shifts are recommended.
- Chaplains should be aware of and attempt to honor any special religious prescriptions surrounding the handling of the dead, especially the remains of non-Christians (notably Jews and Muslims).

The Military Unit

For the injured:

1. Administer last rites as appropriate
2. Offer spiritual and moral encouragement
3. Help ensure personal visits by others

For the uninjured:

1. Offer consolation
2. Clarify possible confusion about what happened and address any guilt over why they were spared (especially leaders)
3. Share grief over lost friends, and make referrals as needed to other helping professionals

For the replacements:

1. Make them sensitive to the legacy of those who went before them
 2. Help them understand that their own lives hold deep value and significance for the Army and the United States.
- The visibility and availability of chaplains should be increased where soldiers congregate (e.g., pool/mess hall, Post Exchange, military clubs) for a few weeks following the tragedy.
 - In addition to the post-wide memorial service, separate memorial services should be conducted for each unit that lost soldiers.
 - Orientation sessions/pre-briefings for replacement or newly-recruited soldiers should include a chaplain.

Family Members

- For families whose soldier member is in serious/critical condition or not yet accounted for---Give a presence of prayerful hope.
- For families of the dead:
 1. Provide personal counseling and referral advice at the center designated for family assistance
 2. Arrange for escorts home, funerals, follow-up calls, and home visits
 3. Promote a good working relationship between family members and the Survival Assistance Officer/Casualty Affairs Office
 4. Assist in establishing family/widow support groups
- The staff chaplain's office should expect a deluge of telephone inquiries consequent to the first reports of a disaster involving local military personnel. Many individuals are more likely to trust information from the chaplains office than that from the media or other Army offices. Staff members must be provided with officially sanctioned accurate information. Referrals may be

made to the Family Assistance Center, if available, or wherever chaplains can be found ministering to those awaiting news. An inquiry log should be kept for callbacks.

- Ongoing grief management training for chaplains is essential so that they can manage the process of grieving in the affected community. The annual refresher training on drill and ceremony accompanying military memorial services is also recommended.
- Chaplain teams are most effective when they include a senior officer with one who has less experience. Chaplains and Survival Assistance Officers should work together as a team with at least one joint home visit to an affected family. **The chaplain should not be present at the initial notification.** The reason for this is that bereaved often blame the messenger who bears the bad news. However, the chaplain should be nearby during the notification process (e.g. outside in the car) so that the Survivor Assistance Officer can ask, "Would you like to talk with a chaplain right now?" The chaplain's presence is especially important at the initial, formal death notification visit. **However it is wise if You are not the bearer of the bad tidings.**
- Chaplains should have desks with access to private counseling rooms at the center designated for family assistance to do on-the-spot counseling, arrange home visits, and document families' needs. Chaplains should also be present wherever family members or soldiers from affected units may be waiting (for official word, for arrival of survivors, etc.).
- Sometimes family members who do not step forward for consolation or assistance are nonetheless experiencing pain and denial. All affected families should be contacted personally by a chaplain. Additional attention should be given to family members who are alone or have not support network, as well as those bereaved individuals who are not parents, spouses, or siblings, but who have functioned as such in the soldier's life. The children of single parent soldier casualties should be identified for special ministering. Chaplains and other clergy who speak Korean, German, and Spanish will be in demand for family counseling.
- Mail expressing grief, concern, and remembrance should be expected at the chaplains' office for at least three weeks following the tragedy. Most letters can be answered after the crisis period. The letters tend to seek assurance of the soldiers valor, the healing power of God's grace, and the importance of communal response.

Others in Helping Roles

To keep a watchful and supportive eye to the emotional and physical needs of:

1. Survival Assistance Officers,
2. Mortuary personnel and body handlers/escorts,

3. Casualty affairs and graves registration personnel, family assistance
4. Army Community Service workers/volunteers
5. Commanders,
6. Military Police and Honor Guard members,
7. Red Cross representatives
8. Medical and mental health workers
9. Chapel community volunteers, and fellow chaplains.

Delayed grief and/or stress reactions are common for these groups and their members' spouses.

- A chaplain should attend crisis workshops, prebriefing sessions, and organizational meetings for professional and volunteer groups to demonstrate the availability of chaplains' services.
- Local chaplains should ensure that bereaved families, Survival Assistance Officers and visiting chaplains have their basic physical needs met, including transportation to ceremony locations and chapels. The conventions and desires of local chaplains must be taken into consideration at the visited site.
- The Post Chaplain, assisted by the Division Chaplain, should assume the role of media point of contact for chaplains in coordination with the Commanding General and the Public Affairs Office at the post. The media point of contact should be prepared to provide advice and information to chaplains organizing memorial services throughout the Army. Other chaplains should be spared media inquiries and interviews until after the crisis.
- Chapel services should also be conducted for those in the different helping roles (Chaplains, Military Police, and Survival Assistance Officers, etc.). Chaplains should continue to be aware that those in service provider roles are not immune to stress and grief reactions.

The Military Community

To offer words of spiritual strength and resolution both at memorial services and informally so that the dead will be honorably remembered, and so the community will make the transition from the shock of unexplainable death and the confrontation with members' own mortality to a focus on life and the living.

- Unsolicited monetary donations to meet families' needs will begin to come in to the chaplain's office both by mail and in person. The existing chaplains fund may be used as a temporary site for these contributions, but money should be transferred daily to the Judge Advocate-designated site for disbursement. A chaplain should sit on the post command-appointed committee to review requests for financial assistance. Nonmonetary donations (food, toys, magazines, etc.) and offers of volunteer support should be recorded and immediately directed to the designated center for

family assistance so that all agents, including chaplains, may access them for those in need.

- Adequate copies of Biblical readings, prayer books, and other literature of spiritual reconciliation and comfort should be available. Division memorabilia (e.g., coins, medallions, ribbons, or other simple mementos with local crests) should also be available from chaplains. Chaplains should have quick access to basic medical/personal supplies at all times (aspirin, antacids, ammonia ampules, tissues, coffee/tea, etc.).
- One chapel should remain open 24 hours a day, and daily prayer services should be held until the installation-wide memorial service.

CONCLUSIONS

- Before the Gander tragedy, the U.S. Army had not seen either combat or accident mass casualties for well over a decade. At the level of an Army company, for instance, only senior NCOs had personally experienced significant loss to their organizations.
- In addition to this lack of experience, the predominant military reaction to tragedy is to minimize its effect on unit task accomplishment.
- When the members of an affected unit are in significant emotional turmoil, they perceive such command reactions as unfeeling, insensitive, and disrespectful. Thus attention must be given to possible negative consequences of resuming normal activities too quickly. The repercussions from ignoring potential stress and grief reactions are serious, not only in terms of organizational effectiveness, but also in long-term individual and group or unit consequences.

Throughout this report, a key emphasis has been that grief and stress reactions to traumatic events are normal and to be expected. However, in addition to an awareness of these normative reactions coupled with the good intentions of leaders, reassurance, support, and expert advice often will be required in order to implement appropriate interventions under crisis conditions.

This is due to the situation-specific nature of the particular traumatic event, operating in conjunction with the unique features of an affected community. Additionally, each stage of the community response to a traumatic event must be considered. For example, interventions and responses appropriate in the immediate aftermath of the event may not be so later on. Consequently, flexible responding is required, along with the knowledge and ability to shift strategies over time as needed.

A cookbook application of the recommendations proposed in this report will not address the shifting requirements of a community in crisis. Even though a good deal has been written about human responses to disasters and

tragedies, this information is not widely known nor long held in consciousness.

This is so because disasters occur infrequently and generally happen to people other than ourselves. The complex nature implied in the design of an integrated response to trauma suggests that expert advice and consultation be sought. If the Army is to be prepared for tragedy, it must have an institutional memory, a designated Consultation/Research Team.

In this regard, the availability of such a team, formed in order to provide these services to leaders, may be a useful adjunct to currently existing community resources. The objective of the team would be to use their knowledge and experience to help guide the leadership responsible for handling the human response to the crisis.

In addition to providing a consultation service to an affected community, a consultation/research team serves another important function. The team becomes a source of outside validation for the community, increasing the confidence of leaders and caregivers in the design of interventions. This validation also decreases the stress and increases the effectiveness of those functioning as front-line caregivers and strategy implementers. While it is apparent that such a team can be of value during a crisis event, there are additional long-term functions it can serve:

- Keeping abreast of the literature with an eye toward applications in military and civilian environments;
- Training service providers regarding useful outreach techniques;
- Documenting military and civilian responses to tragedy to preserve lessons learned for next time;
- Pointing out the neglected, unseen psychological costs of managing the aftermath of tragedy; and
- Assisting in planning and executing long-term follow-up research to determine effective interventions in military and civilian environments.

An important outcome of this long-term agenda is the development of an adequate conceptual model of tragedy. Such a model does not exist currently. However, as a result of information gathered in the aftermath of Gander, there is some intimation of the degree of complexity that will be required. This model, at the very least, must consider:

- **TIME.** Reactions and appropriate/inappropriate responses will vary across time. For example, a leader in tears can symbolize strength at first, but be viewed as weak later on. Memorial services are useful to a point, after, which people find them wearing and no longer helpful.
- **LEVEL.** Military and civilian tragedies involve individuals, groups, and formal organizations. Individuals may do well while small groups fall apart, or small groups may save the day when

organizations fail and individuals seem frail. Conversely, in some instances it may be only the formal organization that holds individuals and groups together at a time of intense pain.

- **LOCATION.** Military tragedies are likely to involve more than one community due to the nature of military operations and organizational structures. Therefore the potential for unseen and unsuspected stress reactions is multiplied in military settings.
- **GROUPS AT RISK.** Those likely to experience extended stress over time include: Survivor families and close friends of victims; senior leaders; Survivor Assistance Officers and casualty affairs personnel; volunteer workers at the disaster site and morgue personnel; and Chaplains and others who come into direct contact with bereaved families or the disaster site.

This model will continue to evolve over time as other tragedies happen and as knowledge derived from these events becomes incorporated into the existing framework. The model is a tool to be used, along with other assets, such as the consultation/research team, community resources and leaders, to respond as well as possible to tragedy.

It is important not to lose sight of the fact that these assets will not provide a solution to every stressful or difficult situation that arises in the course of responding to these events. As knowledge accumulates from experience, however, it will be possible to further elaborate strategies of intervention, prediction and understanding in order to prepare for next time.

Gander participants and observers might prefer to forget the horror and sorrow of their experiences. However, to use what was learned during these long months will lessen the suffering and pain for others when the next tragedy occurs. If the lessons learned from Gander are remembered, then the soldiers from the 3-502nd Task Force will not have died in vain.

End of excerpts.

LESSON THREE

PRACTICE EXERCISE

The following items will test your grasp of the material covered in this lesson. There is only one correct answer for each item. When you have completed the exercise, check your answers with the answer key that follows. If you answer any item incorrectly, study again that part of the lesson which contains the portion involved.

Situation: You are a chaplain assistant with the 1st Battalion, your battalion is presently in the field and your supervisory chaplain is at another location performing religious duties. As you enter the S-1 tent, you discover the NCO preparing emergency leave orders for SPC Jones, who has just been notified of a death in his immediate family.

1. SPC Jones is sitting outside the tent, waiting for transportation back to the garrison. The Administration NCO informs you that it will be approximately two hours before a vehicle can pick him up. You tell the NCO,
 - a. to hurry up the transportation, because Jones' attitude could have a negative effect on the rest of the battalion.
 - b. you wish the chaplain were here to help out.
 - c. that you will offer to talk to SPC Jones about the loss.
 - d. that Jones must really feel bad and that he (the NCO) should try to cheer him up.

2. As you talk to SPC Jones he begins to express how deeply hurt he feels about the death. You try to
 - a. minimize the pain as much as possible for Jones.
 - b. tell SPC Jones that he is a soldier in the U.S. Army and that he should act like a man and not cry.
 - c. express to him the grief you felt when you had a death in your family.
 - d. not minimize the pain, but reflect back those feelings he is expressing.

3. Prior to SPC Jones leaving the area, you offer:
 - a. to pray with him.
 - b. lend him money from the chaplain's fund.
 - c. collect and take care of his personal military equipment.
 - d. to authorize him additional leave time in the absence of the chaplain.

LESSON THREE

PRACTICE EXERCISE

ANSWER KEY AND FEEDBACK

<u>Item</u>	<u>Correct Answer and Feedback</u>
1.	<p>c. ---that you will offer to talk to SPC Jones about the loss.</p> <p>Once you have been notified about a soldier in grief or crisis and you have the chaplain's approval, approach the person as soon as possible and offer to talk about the loss. (Page 18).</p>
2.	<p>d. ---not minimize the pain, but reflect back those feelings he is expressing.</p> <p>Don't offer any suggestions or try to minimize the reality of the pain to the soldier. Instead, reflect back to the person those feelings he is expressing. (Page 18).</p>
3.	<p>a. ---pray with him.</p> <p>Prior to leaving (a soldier in grief or crisis) offer to pray with the soldier, if they desire. (Page 18).</p>

