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MASTER OF DEFENCE STUDIES RESEARCH PROJECT

THE CHALLENGE OF COMMANDING EXPEDITIONARY FORCES

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ABSTRACT

In an effort to create a leaner fighting force, many nations like Australia have structured their military force along expeditionary lines. The intent of this type of structure is to develop the flexibility, skills and experience base of military personnel so that they can adapt to the current and projected high operational tempo. Whilst a sound theoretical concept, the application of this structure has produced a number of side effects, primarily relating to increased stress upon commanders and subordinates. Despite the best efforts of commanders to build unit cohesion and the authority of their command, the competing demands of expeditionary deployment work against them.

Commanders will always retain their responsibilities towards subordinates, but with reduced visibility and contact, often their subordinates are left isolated and without appropriate support. The increasing demands being placed upon commanders does not allow them adequate time to consider the well being of their subordinates, and will cause an increase in the incidence of operational stress injuries experienced by commanders and subordinates. Accordingly, the thesis of this paper is that the post-Cold War move by the Australian Defence Force to an expeditionary force construct places excessive responsibilities upon commanders and does not assist them in exercising command responsibility for their subordinate's welfare.

*There are strange Hells within the minds War made
Not so often, not so humiliating afraid
As one would have expected - the racket and fear guns made.*

Excerpt from 'Strange Hells'
Ivor Gurney (1917)¹

THE CHALLENGE OF COMMANDING EXPEDITIONARY FORCES

Protruding eyes, shaking hands and an inability to stand for very long do not stop the Gallipoli veteran from attending the annual Remembrance Day ceremonies in Canberra. There, he is the face of a war long past, silently paying homage to his mates. The people around him know this, so they give him space to remember lost comrades. But, what they don't know, and what he has never revealed, is that he remembers them every day, and their images haunt his dreams every night. He struggles to live with the memories, he is unable to further contain himself, and he bows his head and weeps.²

Elsewhere, hands shaking, his third marriage in tatters and his latest menial job abandoned, a Vietnam veteran decides that he can no longer live with the nightmares, the guilt and the hopelessness he now lives with daily. He doesn't feel that he has the strength to keep going, one last look around the room, and he pulls the trigger. The small

¹Ivor Gurney was a soldier in the Gloucester regiment and served on the Western Front from May 1916 to July 1917. After surviving a gas attack, he was repatriated to England, but failed to respond to medical treatment and in September 1922 was certified insane. Ivor Gurney died in December 1937. [Online]; available from <http://www.departments.colgate.edu/peacestudies/core310/Poetry.htm>; Internet; accessed 12 January 2004.

²Greg Kerr, *Private Wars: Personal Records of the Anzacs in the Great War* (Melbourne: Oxford University Press, 2000), 245-247.

Kansas town where he had lived is saddened, but not surprised, because “the old Vet always was a little weird.”³

And more recently, an Australian Army sergeant returns home after a six-month tour in East Timor. His family picks him up at the airport, and immediately his wife notices that he is not paying attention to her or the children. She senses that he is trying to share his experiences with her, she remains encouraging and supportive, but he can't seem to do it – not just yet. He knows that his alcohol consumption has increased markedly since his return to Australia, and attempts to justify the increase in the light of atrocities he observed in East Timor. The children want him to spend time with them in their new garden, but he can't. The last time he dug a hole it was to exhume bodies, still with exposed flesh, some jewellery and other ‘little girl stuff’ on them. He is so angry that he had to experience that, then depressed, and then withdrawn. A severe fatigue engulfs him. He is overcome with grief and begins to weep. The children leave him alone, they are scared by his behaviour, this man is not acting like the Dad they used to know.⁴

While the above situations span a considerable period of time, they reflect a common theme with respect to the welfare of service personnel. Although separated by time and space, they all involve individuals suffering from stress as a result of demands placed upon them. Since the American Civil War, a soldier's inability to psychologically cope with the stresses of armed conflict has been variously referred to as nostalgia, shell

³Tim Page and John Pimlott, *NAM: The Vietnam Experience 1965-75* (Hong Kong: Orbis Publishing Ltd., 1988), 583-585.

⁴Philip Siebler, “Supporting Australian Defence Force Peacekeepers and Their Families: The Case of East Timor,” (Canberra: Directorate of Strategic Personnel Planning and Research, 2003), 82-83.

shock, battle fatigue, combat exhaustion and combat stress reaction. In recent times, as research into combat stress gathered momentum, the terminology widened to include the definitions of Operational Stress Injury (OSI) and Post-Traumatic Stress Disorder (PTSD). OSIs are non-physical injuries and generally of a temporary nature, yet their psychological impact is dramatic as they often render individuals combat ineffective.⁵ PTSD, on the other hand, is actually a manifestation that occurs after, and as a result of, combat stress.⁶

The collection of stress statistics over the last fifty years has demonstrated the importance of militaries understanding the impact of this condition upon their fighting forces. With just two examples quoting figures of 500,000 soldiers in need of emotional disturbance counselling post-Vietnam,⁷ and in excess of 20% of Australian Defence Force (ADF) soldiers returning from Somalia demonstrating significant psychiatric ailments,⁸ it is not surprising that prevention actions are more sought after than treatment reactions. Notwithstanding this focus, the original stress condition and symptomology arose, arguably, as a result of the person's insertion into a hostile environment without the accompanying unit cohesion or any sense of personal belonging. But, at the time,

⁵Peter Warfe, "Post-traumatic stress and the Australian Defence Force: lessons from peace operations in Rwanda and Lebanon," in *The Human Face of Warfare: Killing, Fear and Chaos in Battle*, ed. Michael Evans and Alan Ryan (St. Leonards, Australia: Allen & Unwin, 2000), 85-86.

⁶Dave Grossman, "Human factors in war: the psychology and physiology of close combat," in *The Human Face of Warfare: Killing, Fear and Chaos in Battle*, ed. Michael Evans and Alan Ryan (St. Leonards, Australia: Allen & Unwin, 2000), 12-13.

⁷Suellen Weaver and Nora Stewart, "Factors Influencing Combat Stress Reactions and Post-Traumatic Stress Disorder: A Literature Review," (Washington, D.C.: United States Army Research Institute, 1988), 2-3.

⁸William Ward, "Psychiatric morbidity in Australian veterans of the United Nations peacekeeping force in Somalia," *Australian/New Zealand Psychiatry*, no. 3 (1997): 184-193.

nobody knew that these were issues that could eventually unravel the bonds of human emotion and affect the mental stability of the soldiers on the ground. In fact, even those who had previously heard some of the anecdotal terminology that attempted to quantify the OSI condition also never really understood what the terms meant.

As a result, many soldiers struggled to comprehend why they had seemed to stop functioning as rational human beings, and certainly no one was taking, or had taken, the time to at least try to understand them or what they were going through. They entered a period of overwhelming personal and organisational isolation, and often failed to cope with their situation. To exacerbate this problem, the framework of conflict has changed and the enemy no longer behaves as the manual says he should. The threat comes from all quarters, the adversaries now rarely undertake battle on the same playing field, and the concept of mercy and compassion are ideological memories increasingly losing their meaning. The impact of conflict on “players and spectators” has always been harsh, and this is not likely to change as forces introduce new and potentially costly ways to gain the upper hand.

The thesis of this paper is that the post-Cold War⁹ move by the ADF to an expeditionary force construct places excessive responsibilities upon commanders and does not assist them in exercising command responsibility for their subordinate’s welfare. While commanders have a fundamental leadership requirement to protect the well being of their personnel, the speed of movement of today’s assigned forces and specialist

⁹Deutsches Historisches Museum Berlin website, “A concrete curtain: The life and death of the Berlin Wall,” [on-line]; available from <http://www.wall-berlin.org/gb/berlin/htm>; Internet; accessed 08 February 2004. The physical dismantling of the Berlin Wall commenced in November 1989. This act allowed citizens from the East and West full freedom of movement across borders, and signi

personnel occurs at such a rate that control can be lost. The impact of this personnel movement and “patchworking” together of units can come at a significant physical and mental cost to the individual, and a cumulative resource drain to the unit and the particular combat service.

Additionally, and arguably of more importance, is that commanders will be held responsible for failing to identify and treat psychological stress cases, even though they may not have had any contact with the individual, the situation or any other combination of events that led to the condition. The challenges of command are increasing as a result of public expectations and a future outcome may well be that the onus of responsibility becomes too wide for one person.

In considering this issue, this paper will firstly provide a brief historical examination of OSI, illustrating occasions of adverse psychological impact upon service personnel as a result of the speed of their return from overseas operations and their subsequent perceived loss of connection with their wartime commander. Secondly, the paper will examine the overall responsibilities of commanders and determine whether there are any failings in their general education and training cycle that are likely to cause, or may have caused, them to incorrectly appreciate the stresses upon personnel within their command.

The third part of the paper will investigate the current expeditionary structure of modern day forces and determine whether or not this construct is likely to decrease the visibility of OSI, yet increase the number of cases as a direct result of a fragmented command hierarchy. In concluding, the paper will confirm that the incidence of OSI is primarily related to the impact of the modern day expeditionary force structure.

Commanders in an operational environment are tasked with considerable demands and responsibilities. Despite their best results to look after the well being of their personnel, the impersonal process of constructing and de-mobilising an expeditionary force structure will always work against the commander. In drawing conclusions, the paper will compare and contrast additional relevant information from American and Canadian sources, and will occasionally cite pre-Cold War OSI research as a means to confirm the longevity of OSI cases in the military.

OSIs have had, and continue to have, a significant impact on thousands of individuals who have experienced war, Operations Other Than War (OOTW) or peace support operations around the world. The passing of time and the clinical manner in which nations prosecute their wars have not fixed this problem. As a counter argument, there are some observers who would contend that the current conduct of war exacerbates the OSI problem. As a result, approaches to the issues relating to OSI and the rationale for trying to understand the root cause of the condition have varied greatly over the years. This is despite the phenomenon of OSI having been functionally recognised at least since the American Civil War era,¹⁰ and medically acknowledged as a contributing factor to combat aversion by 17th century European troops.¹¹ Therefore, given that the incidence rate of OSI is probably higher in the military community as a direct result of being exposed to higher risk, and that medical specialists continue to seek solutions within their

¹⁰Shotgun's Home of the American Civil War website, "The American Civil War Overview," [online]; available from <http://www.civilwarhome.com/overview.htm>; Internet; accessed 31 January 2004.

¹¹Weaver and Stewart, *Factors Influencing Combat Stress Reactions* . . . , 1-2.

areas of expertise,¹² a legitimate question arises regarding what are the factors that contribute to the incidence of OSI.

Dr. Allan English writes “. . . we know that strength of leadership and unit cohesion are the only factors that have had a consistent impact on reducing operational stress casualties.”¹³ This is a defensible point and emphasises the importance of “prevention over treatment,” but is there any other factor to be considered that could contribute to an increase in the incidence of OSI? While commanders will always retain the ultimate responsibility for their people, has the conduct of current warfare and the structure of future forces now made it near impossible for a commander to meet their formal obligations? With less predictable future adversaries, many nations are now moving to an expeditionary force construct that relies upon the successful integration of task-tailored assets. Nations are seeking to generate a “force that can deploy quickly and on short notice, can operate in austere locations, and can remain independent of other organizations for extended periods.”¹⁴ However, in order to meet this requirement, forces can impose considerable demands upon their personnel, possibly triggering an earlier onset of negative psychological conditions.

¹²Further comment on the development of research data is available from the Australian Government Department of Veteran’s Affairs website (<http://www.dva.gov.au/health/younger/mhealth/policy/mhpolicy.htm>) and from the United States Government Department of Veterans Affairs: National Center for Post-Traumatic Stress Disorder website (http://www.ncptsd.org/facts/veterans/fs_help_for_vets.html).

¹³Terry Copp, “Stress Casualties and the Role of the Commander,” in *Generalship and the Art of the Admiral: Perspectives on Canadian Senior Military Leadership*, ed. Bernd Horn and Stephen Harris (St. Catharines, Ontario: Vanwell Publishing, 2001), 333.

¹⁴Rachel Lea Heide, “Maintenance Considerations for a Canadian Expeditionary Air Force,” in *Canadian Expeditionary Air Forces*, ed. Allan D. English (Winnipeg, Canada: Centre for Defence and Security Studies, 2004), 93.

But requiring all of these skill sets within one operational unit also requires the force to be put together as the situation demands. Specialists are brought in, the package is created, and the task is undertaken. While this is functional, it is also a “non-cohesive” approach that can be disruptive and does not afford commanders the time to acquaint themselves with their new responsibilities. Often, the mission is complete and the personnel have returned to their original units without either their peacetime or their wartime commander being aware of the dangers and stresses that their personnel were under at any given time. Later on, any persons emerging as OSI cases find they have little connectivity with their commander or their colleagues, and they can struggle to adapt to their situation.

This problem of successful re-integration into a unit or re-adapting to an environment is not new to OSI sufferers, but this paper contends that the situation will worsen as the expeditionary construct is more widely adopted. When considering the tools associated with OSI recovery then commanders will face difficulty. Generally, available data on mental health is fragmented and inadequate to assess the overall mental health status of, in this case, ADF personnel. However, mental illnesses were documented as being the second leading cause of medical invalidity retirement and constitute a significant component of reports to the Defence Compensation Authority. Mental disorders are a leading cause associated with working days lost from hospitalisation of personnel and the impact of these conditions on the ADF appears to be on the increase.¹⁵ Military managers must consider introducing processes and services that assist

¹⁵Disease and non-battle injury continues to be the major cause of personnel non-effectiveness during operational deployments, as cited in Department of Defence, *Australian Defence Force Health Status Report* (Canberra: Defence Publishing Service, 2000), chap. 9, paras. 7-11.

commanders to alleviate the competing demands of the expeditionary organisation versus command responsibilities.

A HISTORICAL EXAMINATION

The first important task to achieve is for people to better understand how it is that the OSI condition is discussed, explained and researched today. Needless to say, there is now ample evidence to verify the existence of OSI and there is adequate management to attend to those afflicted. Once again, the treatment procedures are developing, but how are preventive measures progressing, and how does one assess the success of those measures? Rather than being identical, each member of a defence force has a unique set of personal interests, commitments, skills and experience base from which they can contribute value to the organisation to some degree.

Additionally, the very social environment in which future defence force personnel are raised, their background and their family involvement can also contribute to their easier integration into such a structured workplace. It is the product of all of these elements that then ultimately determines what sort of person they each are, how they will respond to a set of circumstances, and how they will interact with other people. But, it is the sum total of what each of these people bring to the organisation that ultimately builds effectiveness, cohesion and the motivation to produce results. If this view is extrapolated further, then it could be argued that the nature and personality of the people within a force would eventually determine the future capability of that force. In summary, the strength of the people equals the strength of the force.

While, in the first instance, this view may present as a reasonable deduction, there are some over-arching variables that exert considerable influence upon “the sum total of

the package.” These variables include the calibre of the extant operational leadership, the strength of the human bond established within the command structure and the level of overall support available to combatants when it is required.¹⁶ These variables relate directly to the responsibilities of commanders, the cohesion within their units and the degree of the commander’s long-term interest towards the well being of their personnel. These issues will be addressed during the course of this paper, but first it is important to understand what is meant by the term “stress,” and what are its origins. All defence members would be aware that the stress of war will try them as no other test that they have encountered, or are likely to encounter, in civilised life. Therefore, the onus upon all military personnel is that they be as prepared as possible for the occasion of war, and accepting that nothing they face whilst engaged in war will remain static. The onus of the organisation is to provide a structure and a command chain that supports the personnel when it is most needed.

OSI – In The Beginning

Historically, the term of OSI has had many previous labels. It is most probable that people have physically suffered from this condition for many years, but a link was never established between particular ailments or conditions to enable physicians to propose the formal conceptualisation of a new human disorder. Medical findings relating to war neuroses have been reported as early as the 490 BC Battle of Marathon between the Greeks and the Persians, but these were vague interpretations of ancient inscribings and could not be substantiated. Much later, during the 17th century, European troops

¹⁶Roy Grinker, M.D. and John Spiegel, M.D., *Men Under Stress* (New York, McGraw-Hill Book Co., 1963), 21-49.

experienced many cases of “nostalgia,” and this condition was characterised by feelings such as melancholy, insomnia, weakness, loss of appetite, anxiety and even fever and stupor. This was the first time that a link could be established between a recognised ailment and a group of acknowledged symptoms derived from combat conditions.¹⁷

Thereafter, once cases with similar psychiatric symptoms were identified, the observers were then able to refer a patient for specific treatment. Finally, base-grade corpsman were able to identify a tangible medical condition, they could give it a name, and to support this, they were able to offer further background information and patient history to assist the medical corps in their prognosis development. With the combined assistance of field medical orderlies, chaplains and fellow soldiers, the medical service was able to construct the functional aspects of the nostalgia disorder. From that point, while the ailment may have been acknowledged, there still remained minimal research into the condition except for some biological consideration by local doctors, and some hypothesising by medical researchers.¹⁸

The World Wars Era

The term “shell shock” was coined from the belief that soldiers suffered from the repetitive and concussive effects of exploding ordnance. This exposure, plus the accompanying inhalation of gases emitted from the exploding shells was thought to cause a physiological reaction that brought on various states of dysfunctional behaviour. While this hypothesis was later found to be incorrect, at least now there was some more

¹⁷J. Silverman, “Post-traumatic stress disorder,” in *American Journal Of Psychiatry* 16 (1986), 1310-1311.

¹⁸*Ibid*, 1310.

focussed investigation into the condition. The cynics might then have commented that with the British Army having to deal with approximately 80,000 cases of shell shock by the end of World War One (WWI) there could be said to be considerable visible evidence that further investigation was absolutely essential. The effect of shell shock was now a reality that required attention.¹⁹ However, the emphasis remained on treatment as opposed to prevention, with soldiers expected to cope as best as they could at the time, and to look to their mates first when required.

A successor to the shell shock of WWI was the term “battle fatigue”, which “. . . denoted the psycho-physiological state of Anglo-American soldiers in World War Two (WWII) who were no longer able to function in combat.”²⁰ Battle fatigue encompassed quite a range of symptoms, including the loss of one or more of the senses, various forms of paralysis, and loss of memory. There were other symptoms but these were the ones that were reported the most often. “Combat exhaustion” was a term that was also used to describe such cases however, this terminology really related to the resultant physical condition of the soldier following sustained combat operations. In early consideration of these cases, the belief that was firmly held was that these soldiers were genuinely physically exhausted and only needed an amount of sleep or a brief rest to restore their soldierly capacities. Once physically rested, they were then ready to return to the front.²¹

¹⁹Professor Joanna Bourke, “Shell Shock during World War One,” [on-line]; available from <http://www.bbc.co.uk/history/war/wwone.html>; Internet; accessed 02 March 2004, 1-6.

²⁰William S. Mullins and Albert J. Glass, ed., *Neuropsychiatry in World War II: The Overseas Theaters* (London: McGraw-Hill, 1978), 28.

²¹Ellis, *Journal of the Royal Navy Medical Service*, 174.

This response to a given set of prevailing symptoms was supported by a number of Western forces. For example, as a means of injecting this non-official rest period into the extant combat cycle, the Australian forces of 1941 who were defending Tobruk, adopted similar strategies to those of their WWI predecessors. At the time, the Australians were providing their medical staff with quite a steady stream of soldiers seeking help for their “jumpy” condition. So, in order to limit the amount of evacuations, a forward medical clinic was established where soldiers could seek a brief respite from combat before returning to their unit. This meant that the men were not considered outcasts, as their absence from the line was brief and they re-appeared with “a certain hardness of heart” and a willingness to get back to the fight. Showing further adaptation, following one period of intense fighting, the 9th Australian Division Headquarters required attendees to the medical clinic to donate a pint of blood before receiving treatment. This way the soldier felt like he had “atoned for his breakdown” and the other soldiers in the unit were also very appreciative as replenishment of the blood supply was always a priority requirement.²²

The end of WWII led to a rapid and, some would contend an ill-considered demobilisation of Western armed forces. The enthusiasm for soldiers to resume their civilian career plus the requirement for governments to reduce their payroll expenditure saw the loss of many of the personnel with medical and psychiatric experience. These people were not necessarily qualified specialists but rather, they were military people who had learned to recognise and treat various stress conditions through experience, and trial and error. As a result, during this period there was only limited progress made with

²²Copp, *Stress Casualties and the Role of the Commander* . . . , 323.

respect to documenting and understanding the impact of stress or stress-related ailments upon combat personnel.²³

Of note, is that during WWII, the Allied forces maintained a preference for only rotating complete fighting units in to and out of combat engagements. There were also many instances of individual supplementation to units but this was primarily applied only when a unit could not be withdrawn because of operational imperatives. For example, senior Allied commanders in Europe recognised the importance of unit cohesion and the need to rest and recuperate their units regularly. Their responsibilities towards their personnel were well defined, and with having no expeditionary force structure to contend with, could concentrate on unit cohesion and junior leadership development.²⁴

From Korea Through Vietnam

Some years later, when the Korean War concluded, it could be determined that the pattern of observed stress reactions were similar to those experienced by WWII veterans. Again, there was little in the way of formalised medical assistance that could be offered to stress sufferers, but recognition of the problem was becoming evident. By the time that combat operations began in Vietnam, western military forces were confident that they had learned some lessons from previous wars although this contention was yet to be tested. Surprisingly, the most accepted of the “lessons learned” but the least applied in future combat was that of the benefits of maintaining unit cohesion. Not only did this cohesion build valuable working and fighting relationships, but it also helped in the

²³Wilbur Scott, “PTSD in DSM III: A Case in the Politics of Diagnosis and Disease” in *Social Problems* 37 (1980), 296-299.

²⁴Major-General R.H. Barry, “Western Europe May 1940: The Military Balance,” in *The History of World War II*, ed. Brigadier P. Young (London: Orbis Publishing Ltd., 1972), 100-103.

grieving and coping processes when things went wrong.²⁵ Unfortunately, in Vietnam, political and community interests often overshadowed military requirements. A twelve-month personnel rotation system was introduced which proved to have a very destabilising effect on personnel. Personnel who were moved into the area of operations were most often sent in individually to fill vacancies as they arose, giving little or no opportunity for combat units to develop any positive operational cohesion.²⁶

During Vietnam, the conditions of combat fatigue and combat exhaustion were increasingly referred to as combat stress, from which affected personnel then suffered a “gross stress reaction.” At the time, this terminology was broadly accepted within the military, as it also provided a way of describing an event or emotion that was likely to occur among a minority of men regardless of their operational environment. Again, the condition was documented as “to diminish as a direct result of good, strong leadership and a brief period of rest and reassurance.” Thereafter, the soldier should be sent promptly back to their unit to ensure that cohesion and morale was not adversely affected. However, after setting up this new process, it was found to not enjoy the success that had been hoped for because, compared to previous wars, the Vietnam War reported an extraordinary low number of stress casualties.

Whereas the average was fifty casualties per 1,000 troops during WWII and Korea, in Vietnam the reported rate was only five per 1,000 troops. In reality, there would have been more stress casualties but they were not reported. United States (US) Army enlisted

²⁵Scott, *PTSD in DSM III* . . . , 299.

²⁶John Morris, “Short Time,” in *NAM: The Vietnam Experience 1965-75*, ed. Tim Page and John Pimlott (London: Orbis Publishing, 1988), 275-279.

personnel were required to serve twelve-month tours and any days taken, as “sick leave” was not counted towards reducing their tour length. So, the enlisted approach was “to put up with whatever demands came your way just to ensure that you were out of there on minimum time.”²⁷ Unfortunately, at the time, the US Army deemed the rate of five casualties per 1000 as acceptable and so the stress issue was now considered to be solved. Shortly afterwards, any remaining formal research work was postponed and the future statistical stress figures were thereafter included in the Division “manpower wastage” columns. In order to finalise this issue, in 1968, the American Psychiatric Association (APA) decided that the term gross stress reaction no longer needed to be included on the list of psychiatric disorders, and it was removed.²⁸

For the next few years, a “claim and counter-claim” environment persisted as psychiatrists debated the finer points of stress, the associated signs and symptoms, the best way to manage cases, and how to record their findings. Many saw this as a politically motivated process, intended only to placate the growing support for improvements to the support of Vietnam Veterans worldwide. Nonetheless, in 1980, after considerable lobbying, the term PTSD was included in the APA’s Diagnostic and Statistical Manual (DSM) but was more broadly defined to include “. . . individuals who had been traumatised by natural disasters and a broad range of man-made catastrophes.” As an aside, the reason for the strict definition of PTSD was later found to be a requirement to satisfy the insurance companies who, in effect, were trying to apply a

quantitative assessment to a qualitative condition and could see the potential of future appraisals being challenged.²⁹

The 1990s – A Period Of Awareness

Official recognition of PTSD was a turning point in the history of psychiatry.³⁰ By 1990, there were growing numbers of reports in the incidence of PTSD and these were coming from widely disparate social groups. People who had suffered physical abuse of all levels of description, sexual abuse cases, and also people who had treated the suffering were all placed under the PTSD umbrella. By this time, the lines of definition had become somewhat blurred, there was increasing discussion that both Combat Stress Reaction (CSR) and PTSD were normal reactions to trauma, and then in response to growing peacekeeping and peacemaking operations the term Critical Incident Stress (CIS) was born. The CIS term was used to depict “. . . events or circumstances outside the range of normal experience that disrupt one’s sense of control and involves the perception of a life threat.”³¹

In effect, the attempt was to attach the CIS title to peacekeepers, retain the term CSR for explaining the rigours faced by traditional combat soldiers, and use PTSD as the military and civilian psychiatric “catch-all” for long-term sufferers. Little wonder that during the early 1990s there was considerable societal apathy towards stress treatment and management, whatever title it went by, and it would take many years and much effort to raise the credibility of the condition and the legitimacy of those who were suffering.

²⁹*Ibid*, 303-307.

³⁰Copp, *Stress Casualties and the Role of the Commander . . .*, 331.

³¹*Ibid*, 331.

Eventually, to the layman, the terminology for stress or stress-related conditions would become inter-changeable and the signs and symptoms, and the preventative action and treatment required would apply equally to military and civilian casualties. There would be no differentiation of status when it came to resolution of a stress condition.

Organisational Accountability

With the OSI condition now identified, and the general acknowledgement that stress is a significant feature of modern warfare, where then does the onus of responsibility lie? Is it with the commander or is there an organisational structure problem that, in cases, naturally works against the commander's intent? For many years, the glorified image of the combat soldier is one who toughs out the big battles, who handles the stress and strain, and even when they are doing it hard, they help everyone else out first before themselves. Their commander is a leader, he looks after his people, and as a team, the unit gets the job done. Time and again the attributes of cohesion and leadership emerge to reinforce the belief that OSI is, if not fully preventable, then its frequency of occurrence can be minimised.

On the other hand, does the move to an expeditionary force structure work against the commander? Certainly, the United States Air Force (USAF) does not believe so, and over the last decade has been re-structuring itself into ten geographically separate, yet combat integrated Aerospace Expeditionary Forces (AEF). This was to remedy two serious concerns. The first revolved around impaired readiness due to the overtaxing of materiel and units in current operations, and the second involved inadequate personnel recruitment and retention. The US Joint Chiefs of Staff wanted a new way of doing business that “. . . improved predictability and stability in personnel assignments . . .” and

would allow the warfighters to “. . . align the location of capital assets with the needs of the commanders.”³² In the USAF case, it would appear that the symmetry between command responsibility and force structure is being upheld, but probably only because the size of the USAF will accommodate an operating construct that can cater to the requirements of two competing concepts.

In accepting OSI as a medical condition, it then becomes imperative that the quality of counselling to stress affected personnel is also reviewed. Until preventative measures are more readily accepted, the art of treating this condition must still be practiced. In the past, there are numerous anecdotes of soldiers being ostracised, being questioned as to their “low moral fibre,” being ordered back to the front and to “keep a stiff upper lip,” and despite their success still return to the unit feeling slightly the outcast. There is also another extreme example, related in recently surfaced commentary that describes how a number of British soldiers on the Western Front were executed. Unfortunately, at various times, some men had been observed wandering aimlessly across open fields of fire, or away from the Front, or cowering in trenches after yet another futile front-on assault. Now, they were thought to be suffering from shell shock but, at the time, they were charged as deserters and cowards. In the main, they were tried and executed within a twenty-four hour period and, in many cases, on the day of their execution they were still so dazed that they did not comprehend what was happening to them.³³ This again

³²Richard Davis, *Anatomy of a Reform: The Expeditionary Aerospace Force*, Report prepared for the Air Force History and Museums Program (Washington, D.C.: Government Printing Office, 2003), 11.

³³Sam Smith, ed. “Inside Out: Find out about the devastating impact of shell shock,” [on-line]; available from http://www.bbc.co.uk/insideout/southwest/prog_07.shtml; Internet; accessed 04 March 2004.

reinforces the prevention versus treatment conundrum, and the important inter-relationship of leadership and cohesion.

This historical overview has identified the turbulent road travelled by those people trying to validate stress-like conditions, and by those attempting to put in place a credible treatment program. At this point, with only a reliable, documented research history of the last 140 years, there is still not a lot known or understood about stress itself, and how best to apply coping strategies and treatment remains the subject of much discussion.

Nonetheless, at its most basic, there is evidence to suggest that treatment of operational stress casualties best occurs when the condition is identified at an early stage, and is undertaken in close proximity to the front-line. This allows the soldier to continue feeling as if he were still contributing in the operational environment, that he has not lost his link to his unit, and encourages the soldier to comment favourable about the benefits of using the forward medical facilities when required.³⁴

The Tyranny Of Distance

Moving to the modern era, one can reflect on the assumed benefits of today's technological world and how this may contribute towards the creation of individual stress. One of the more readily embraced benefits of modern time has been man's ability to transit vast amounts of space in a relatively short period of time. We can accept this technology because it is tangible, it works, and it continues to improve our way of life. Or, in the case of soldiers returning home from operations, does the speed of the return succeed in only fragmenting their integration back in to their work and family

³⁴Major G. Wardlaw, "Proposals for the management of Combat Stress Reaction in the Australian Army," Research Note 7/88, Directorate of Psychology, July 1988, 17-20.

environment? For example, post-Cold War, Australia has been actively involved in a number of peacekeeping operations, including operations on the African and European continents, in the Middle East and Central Asia, and closer to home in Southeast Asia and the Southwest Pacific.³⁵ In considering these operations, it is important to remember that, at any given point in time, Australian military personnel are never more than twenty-four hours from home. Also, while different levels of war and peacekeeping operations are occurring in one nation, the adjoining nations are often continuing their daily activities as if nothing was happening. This paradox of world events often only serves to further confuse the stability of the military mindset, as the notion of “black and white” loses its distinction.

On a daily basis, civilian aircraft fly around military air exclusion zones, often stopping in to some nearby airports to off-load passengers bound for tourist resorts in one direction, or soldiers off to war in another direction.³⁶ Just as quickly as the military can arrive in theatre, then they can also just as quickly depart. As an example, and with respect to the 1999 International Force for East Timor, this force was established rapidly and families had little time to prepare themselves for their separation. Deployment notification ranged from a matter of hours through to several weeks which, while seemingly accepted by most military personnel and their spouses as a “condition of service employment” still did not alleviate unnecessary stress caused by the poor

³⁵These operations will be discussed in more detail at a later stage in this paper. Specifically, I will draw upon case file examples that confirm the disruptive nature of expeditionary deployment, especially if those involved have been subject to, or have witnessed, instances of severe trauma and killings.

³⁶Of interest, is that a quick scan through the QANTAS and Kuwaiti Airlines web page shows that return flights for Sydney-Singapore-Kuwait are currently available three to four days per week. The flying time is sixteen and a half hours, which includes a ninety minute stopover in Singapore.

communication to those affected. On the return journey, the end date for the deployment was either unknown or kept changing, again contributing to significant distress, resentment and anger since it then became very difficult for personnel to prepare “psychologically and practically.”³⁷

Regardless of the frustrations, Australian military personnel could find themselves back “in-country” in under three hours and resting at home in under four hours from coming off duty. Initially this was thought to be great for morale but soon it was found best to slow the process down to allow an amount of time for re-adjustment. As the intensity of the conflict or the level of exposure to trauma grows, then so to does the time required for re-adjustment. It is not practical to expect a person to return to the comforts of their own home just hours or days after experiencing the suffering and helplessness of operations such as experienced in Rwanda, Somalia or Cambodia.

However, regardless of the campaign or operation, anecdotal evidence often contends that returning personnel initially find themselves as being the disruptive influence within the family. The daily routine of the home, the children and the family support network that has been developed all have to re-adjust to accommodate another person back into the house. In this new environment, there is often an unexplained tension that takes some time to smooth over and can require the combined efforts of family, friends, colleagues and superiors to share in that responsibility.³⁸ While deployed, a person will generally bond to some degree within a unit, but this will be more difficult in an expeditionary structure. Upon return to their originating unit after operations, that

³⁷Siebler, *Supporting Australian Defence Force Peacekeepers and Their Families . . .*, 75-80.

³⁸*Ibid*, 54-56.

unit cohesion and experience base is dissolved, leaving large gaps in the resources available to provide counselling. With personnel rotations effectively establishing a new cohesion in theatre every six months, and with family and friends back home not having shared the experience, it can be seen how expeditionary operations place additional strains on those deployed despite the best efforts of their commander.

Similarly, for those who had deployed individually or in small, specialised groups there is also the difficulty of re-integrating back into the work environment, back into an atmosphere of possible indifference and envy. These combatants are returned to a workplace where the people know very little of what it was like, of how people coped, or what they did. It can be very difficult to express emotions to people who were not there or who are not interested. The option of just being able to talk to someone, to be able to let others know that there were difficult times that need to be spoken about, is sometimes not possible. The organisation has returned people to their homes, sometimes too quickly and too under-prepared to cope with the situation. And others would like to get back and tell their commander about their experiences, get some support and if needed maybe convey an understanding of what it was really like, from a personal and professional viewpoint. But, the commander who really understands all that is still out there, he's still overseas, so the people are just left to move along, get on with life, their job, and start preparing for the next time. And the catch is that this type of force structure now places an additional burden upon the peacetime commander to re-integrate personnel back into the unit with as much care and responsibility as if they had deployed themselves.

THE RESPONSIBILITIES OF COMMAND

There is a simple answer to the question of ‘what are the responsibilities of command?’, and it is necessary to only briefly reflect upon the military expectations of leaders and commanders to understand that responsibility. Leadership is a complex area, but the exercise of leadership is a common and natural occurrence.³⁹ Throughout our society, where one person influences the behaviour of others for a purpose, we see the art of leadership being exercised. This leadership responsibility is immediately apparent when observing military leaders in the performance of their command duties. This is the environment where, in both peace and war, the expectation is that leaders will set the highest standards of conduct, where adherence to a military ethos ensures the profession’s continued legitimacy, and where the reward for maintaining professionalism is honour. Leaders and commanders are alike. They must set a direction, manage change and integrate their workforce. They must also be inspirational, enthusiastic and committed, and a leader of leaders.⁴⁰ Yet the transition to command demands even more, for effective command responsibility requires presence, trust and authority, and the skill to have subordinates put themselves in harm’s way because they want to, not because they have been ordered to do so.⁴¹

Military leadership, and ultimately the command of deployed operational forces, also imposes a moral obligation upon commanders of assuring the well being of their

³⁹Michael M. Chemers, “Leadership effectiveness: An integrative review,” in *Blackwell Handbook of Social Psychology: Group Processes*, ed. M. Hogg and R. Tindale (Maine, USA: Malden, 1998), 13.

⁴⁰W. Bennis and Bert Nanus, “Toward the New Millennium,” in *Leading Organisations: Perspectives for a new era*, ed. Gill Hickman (London: Sage Publications, 1998), 6.

⁴¹Royal Australian Air Force, AAP 1000, *Fundamentals of Australian Aerospace Power* (Canberra: Government Printing Office, 2002), 103 and 267.

subordinates, notwithstanding their acceptance of the obligation of unlimited liability.⁴² Being selected for command imposes an onus of responsibility that borders very closely on becoming “all encompassing.” It is very important for commanders to ensure they maintain their focus, their balance and their direction because their subordinates are relying upon them. Notwithstanding this, commanders are human and they do make mistakes. The best that a commander can hope for is to minimise the mistakes, minimise the effects, and minimise the impact upon personnel regardless of the particular force structure that is in use.

Unlike most other professionals, military commanders have a responsibility for the welfare of their subordinates twenty-four hours a day. In order to achieve this, commanders must establish a bond of mutual confidence and respect between themselves and their subordinates so that there is no question as to the commander’s availability to his subordinates whenever the occasion arises. A commander must know his subordinates and, in turn, they must know that their commander always has their best interests in mind. In becoming so personally involved in the welfare of their subordinates, a commander accepts an onus of responsibility that spans a considerable breadth of legal, moral and administrative issues and can also ultimately encompass the associated future care of their families.⁴³

Additionally, commanders accept a responsibility to ensure that, as best as can be arranged, their subordinates are provided with the necessary knowledge and tools to cope

⁴²Department of National Defence, “Duty With Honour: The Profession of Arms in Canada,” [online]; available from <http://www.cda-acd.forces.gc.ca>; Internet; accessed 08 January 2004, 11-21.

⁴³Royal Australian Air Force, *Defence Instruction (Air Force) ADMIN 1-2, Command, Leadership and Discipline in the Royal Australian Air Force* (Canberra: Government Printing Office, 2003), 1.

with the stresses of their duties. These stresses specifically peak during periods of military deployment, when separated from family and friends, when isolated from their normal community activities, and particularly when engaged in combat operations.⁴⁴ However, by having commanders accept responsibility for their subordinates does not mean that the subordinate can waive their personal obligations towards duty, even at the risk of their lives. This is not intended to imply that commanders should pamper their subordinates or make training easy or comfortable. In reality, training must be rigorous and simulate combat conditions as much as possible without broaching the bounds of safety, as training accidents only leave vacancies that can never be recovered. Hard training prepares subordinates for harsh and hostile conditions, and when complemented with modern technology and equipment gives them the necessary support and motivation to keep them alive in combat.

Deployed Environment Command

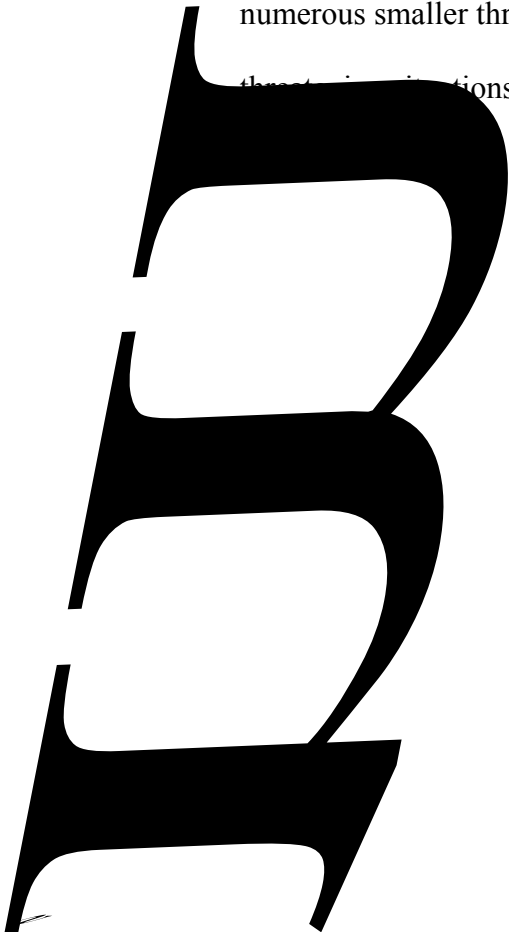
Deployment to an operational theatre involves an individual overcoming a range of fears, some of which may become overwhelming despite comprehensive preparation, training and debriefing. An individual's personal motivation towards deploying on military operations will vary; however, it will most often be as a direct result of one or more of the following circumstances. The person could be "just obeying orders," or they may have such a belief in what the nation is asking of them that they volunteer their commitment, or they may have undertaken specialist training that prepares them for particular tasks, and are now looking to exercise their skills. Alternatively, the person may have been employed within a unit and culture that has inculcated a strong desire to

⁴⁴*Ibid*, 16.

participate in these types of activities, or finally, the person may just not be able to cope with the consequences of not going where they are told to go. Irrespective of the person's rationale for becoming involved, it is most likely that they will only have a vague idea of the potential horrors to be faced and the strain that they will be placed under given such circumstances.⁴⁵

ADF Command Objectives

Regardless of how they got there, individuals in hostile situations can experience the most devastating and traumatic actions and images from which their psychological recovery can never be assured. It is in these situations that the responsibilities of military commanders take on immense proportions, for it is the commander who must be able to identify and understand their subordinates' responses to their unique combat situation and respond accordingly.⁴⁶ Much like the changing global environment, no longer can subordinates be protected from a single, major threat. Instead, everyone now faces numerous smaller threats and situations, any of which can quickly escalate into life-threatening situations. The military imperative has now changed. Initiative at active248r8.15997 Tm(e 295.0



commander is unable to recognise this, or fails to correctly interpret the situation, or are themselves unable to cope with their own stresses, then the operational effectiveness of that group in that environment must surely be eroded.

In an attempt to protect itself against such occurrences, the ADF promotes a command philosophy that encourages initiative by providing freedom of action for subordinates at each level. It is a flexible, dynamic approach, further tailored by the *in-situ* commander in order to meet their particular circumstances. Command in the ADF relies on decentralised decision making, and with boundaries or constraints being applied to subordinates only when and where they are considered essential. The Australian approach to command practices to capitalise on the chaos and uncertainty of modern conflict and relies heavily on ADF personnel fully understanding the intent of their superior commanders, and then working cohesively to achieve those intentions.⁴⁸

This approach continues to reinforce the importance of the leadership qualities of flexibility, adaptability and judgement. Training future commanders to apply these qualities is thought to arm them with the understanding of the importance of unit cohesion, discipline and morale. The Australian commander will always aim to achieve the higher commander's intent, but will aim to achieve this such that their personnel are informed, are considered and are supported. Achieving these combined aims must surely then reduce the incidence level of "OSI through isolation" and assist in strengthening unit cohesion and the effectiveness of the unit commander.

⁴⁸Brigadier Meecham, AM (Ret'd), *Command: The Australian Way* (Canberra: Centre for Defence Command, Leadership and Management Studies, 2000), 10-25.

To achieve this philosophy requires the development and utilisation of appropriate leadership and training courses. Accordingly, each Service within the ADF operates courses to prepare successful candidates for the rigours of command. Along the way, these leaders are exposed to a number of generic and specialist courses in which the subjects of Command, Leadership and Management comprise a significant element of the curriculum. Incoming commanders are specifically instructed in such areas as: human factors in performance, people management, and organisational considerations. In addition to the subjects offered, the current training continuum adopted by each Service uses an incremental approach to leadership development. From day of entry, officers follow a structured and co-ordinated training cycle that ultimately delivers them to the rank of Lieutenant-Colonel (equivalent) armed with the knowledge, skills and attitudes to be able to carry out future command duties. Of particular note is the inclusion of specific training in the areas of: occupational health and safety, abuse of alcohol and mental health awareness; none of which figured in command training programs as recent as 1995.⁴⁹

Subordinate Welfare

As stated earlier, commanders have, *inter alia*, the responsibility for overseeing the welfare of their subordinates. This is an on-going responsibility, which is just as important in peacetime as it is in wartime. What then becomes of a subordinate who, through carrying out their assigned duties, becomes emotionally destabilised and, for a period of time, is unable to function as they are known to be capable of doing? As is

⁴⁹The training cycle program and associated curriculum can be found by accessing single Service links [on-line]; available through <http://www.defence.gov.au>; Internet; accessed 11 January 2004.

often espoused, “people are valuable assets,” and the correct long term care and treatment of their stress-related problems is just as important as the treatment of a gunshot wound. Accordingly, the ADF “. . . requires commanders to be able to maintain a balanced focus between mission accomplishment and personnel welfare.”⁵⁰ This approach is not at odds with the direction of many Western nations although, for example, some nations such as the Canadian Forces (CF) seem to prioritise the mission first, with personnel as Enablers. Interestingly, the CF Operations manual promotes the importance of Personnel Services and how these services “. . . can alleviate hardships encountered by members of an expeditionary force and enkindle [sic] greater attention to duty and skill-at-arms,” but only if this can occur “. . . without prejudice to operations . . .”⁵¹

Over the years, rapid technological developments and the associated emphasis on replacing humans with machines makes it easy to lose sight of the fact that “man” is, and will remain, a thinking, feeling and responsive being. The effective and efficient commander will remember this point and will be the one who understands the relationship between man and machine, and that the human behaviour, the motivating needs, and the well being of the subordinates under their command are of the highest priority.⁵² If a commander is not successful in maintaining that balance between the success of the mission and the well being of their personnel then, while they may have achieved their mission they may have failed in the performance of some of their

⁵⁰Professor D. Horner, *Towards a Philosophy of Australian Command* (Canberra: Centre for Defence Command, Leadership and Management Studies, 2002), 21.

⁵¹Department of National Defence, B-GG-005-004/AF-000 *Canadian Forces Operations* (Ottawa: DND Canada, 2000), 18-2.

⁵²Mullins and Glass, *Neuropsychiatry in World War II . . .*, 32.

command responsibilities. The ultimate success of current and future missions depends on many inputs; not the least being those of the personnel who are charged with the responsibility of enacting the operational plan.

All military personnel have their limit to the fear and anxiety caused by military operations. Instinctively, those fighting know this as their desire to fight weakens with increasing exposure to combat,⁵³ but how do they explain or justify these emotions to their superiors, peers and subordinates? To some, their emotional anguish never diminishes as they wrestle to come to terms with their condition, and can only explain their state from a distance. The following comment from a WWII pilot confirms this, when he writes “ . . . you know that fighting is becoming harder for me to bear as every day goes by and of course the true test is yet to come as to whether one can go through to the bitter end without wavering in purpose”.⁵⁴ This personal letter indicates a high level of concern and emotion as this pilot struggles to come to grips with the situation. One can only guess the physical condition of this person and how he must appear to his colleagues. Unfortunately, with the pace of this battle, it would not be unreasonable for the majority of the squadron’s pilots to share this dilemma, and so nobody would take notice of the building pressure.

Non-Combat Stressors

OSI can also be exacerbated by stress not connected with combat, and it is these instances that are most difficult for commanders to identify. General life stresses have been found to pre-dispose personnel to being a psychological casualty, without even

⁵³E. Dinter, *Hero Or Coward* (London: Frank Cass, 1985), 45.

⁵⁴B. Cotton, *Hurricanes Over Burma* (Oberon: Titania Publishing Company, 1988), 255.

considering the additional excesses experienced during operations. For example; up until the late 1970s, the Israelis found that civil stresses were prevalent in nearly 80% of combat stress cases, with approximately 50% of cases reporting examples of their wives being pregnant or had given birth in the preceding twelve months, and 23% having experienced a recent death in their extended family.⁵⁵ Therefore, short and long term approaches are needed to prevent life stress contributing to combat stress. But, does this additional responsibility fall under the command umbrella?

If the short-term, or immediate, approach of screening out personnel with significant personnel problems before deployment is achieved, then gaining deployed commanders would not then receive officers or enlisted people who are unsuitable for operational duty. In summary, by preventing the problem from developing alleviates the need for expensive and time-consuming treatment. In the long term, defence forces must ensure that personnel with continuing problems are not retained. After appropriate medical and psychological treatment, they should be appropriately compensated, and processed for early retirement. The community would then recognise that the military is thinking of their people, which could later contribute to reducing retention problems. When these actions are seen to occur, commanders benefit from the efforts of motivated personnel, in turn a necessary requirement in dealing with expeditionary operations.

The Way Ahead

To complement this process, and to reduce the effects of the unknown, a commander must initiate deliberate confidence building measures during pre-deployment build-up that would include realistic training and careful information dissemination. This

⁵⁵A. Kellett, *Combat Motivation* (Ottawa: Canadian Department of Defence, 1982), 184.

can be difficult for a commander to achieve, especially if the unit is constituted only days or weeks before deployment, but there must be an attempt to instil some early signs of motivation and enthusiasm. Confidence training must focus on ensuring that the subordinate is skilled in the use of their personal equipment, that their knowledge of the enemy's weapons and capabilities is current, and must also reinforce the effectiveness of the casualty evacuation process. Specific executive leadership training also enables the personnel to share an understanding of the difficulties to be overcome when moulding together a fragmented force, and encourages collective involvement to develop cohesion. Commanders who are successful in this endeavour will personally and professionally benefit from the unit outcomes. The final element to this package is the encapsulating post deployment briefings and counselling that will assist in reducing the negative effects of stress, or in the case of redeployment, will aid readjustment to returning home.⁵⁶

Strong unit cohesion and a sense of belonging appear to be the most important factors in avoiding combat stress. A commander who is able to relate positively to a group of highly specialised people, to share with them the responsibilities of their assignments, and to show them that they have the training and experience to support their activities will reduce the number of sufferers of combat stress in the unit.⁵⁷ What then becomes an issue of most importance is the commander's ability to be able to recognise the psychological condition of their personnel. By doing this, the commander can take steps to ensure that these people can continue to personally cope with the traumatic

⁵⁶E. Black, *Human Performance in Combat* (Quebec: Canadian Forces Mobile Command Headquarters, 1998), 20-23.

⁵⁷Wesbrook, *The potential for...*, 240.

nature of combat operations, that they can re-adjust into their peacetime organisational role, and that they can successfully re-integrate with their family and local community. In the aftermath of operations, commanders are expected to monitor their people, not necessarily personally, but through their own internal command structure that they have established. A failure to do so, in any of these areas, means that commanders have not successfully fulfilled their responsibilities to their subordinates. Yet, is this really the fault of the commander who has to work within limitations and constraints, or is it because the expeditionary force organisational structure imposed upon the commander works against their best efforts, de-stabilising unit cohesion and internal confidence?

THE EXPEDITIONARY FORCE STRUCTURE

Modern warfare is continually changing as technological improvements transform the ways that wars are fought, and might be fought in future. This is particularly important to consider as the character and type of future belligerents also reflects the wants, needs and frustrations of today's global society. The changes in technology affect the weapons of war and also the general conditions in society under which a war is fought. By way of example, these conditions include the state of a society's transport and communications networks, and the health and education systems. The political environment is also changing continuously over time and this can affect how the provider systems are structured and what they can provide to the military in times of conflict. However, if the conflict is off-shore, and the military must initially rely upon its own internal structure to provide support services to the war-fighters, then the military must establish a full capability expeditionary structure to ensure provision of these services.

The USAF Model

In February 1998, General Ryan, USAF Chief of Staff proposed to the USAF senior leadership his plan for the evolution of AEFs. His contention was that “. . . the period of [USAF] self examination and strategic reassessment must give way to the need to focus on execution of the vision.”⁵⁸ In other words, the time had come for the USAF to adapt to the new resource-constrained economic realities, and the AEF structure was presented as the way ahead. Ryan’s plan required the utilisation of “. . . the unique aspects of air and space power – range, speed, flexibility and precision to their fullest capacity . . . not where we live, but where we are needed.” There was nothing new here and this was easily accepted; however, Ryan then also contended that “Most importantly, being expeditionary means having a force that is mentally prepared, procedurally sound, technologically advanced, appropriately organized, adequately supported and competently led.”⁵⁹

General Ryan’s expeditionary concept proposal was accepted and gathered momentum during the rest of 1998, but there were difficulties. In short, his presentation had recommended primarily that the people must come first, they must be supported, they must have quality leadership and equipment, and finally, there must be a force restructure to rationalise resources. He vetoed the idea of different sized AEFs with different rotation lengths. He did not want to create the perception that bigger AEFs were better, that there were first and second-string teams in the USAF Order of Battle, or that any one AEF was working harder than the rest. Ryan’s consideration of affect went right to the most

⁵⁸Davis, *Anatomy of a Reform* . . . , 41-45.

⁵⁹*Ibid*, 45.

common denominator, his base grade airman, and he refused to have more expected of one airman over another, especially if their spouses happened to live next door to each other. This approach was to become the start of a “personnel well-being ethos” in the USAF that would see a reduction in the annual number of personal and domestic issues reported as previously affecting enlisted performance and productivity.⁶⁰

The ADF Example

Following the introduction of the USAF’s EAF concept, in late 1998 the Royal Australian Air Force (RAAF) formed Combat Support Group (CSG). The CSG charter was to provide the ADF with an expe

the swift and decisive application of air and space power in joint operations or as a part of a larger coalition force."⁶³

CSG consists of a number of specialist, operational wings and squadrons, who also support deployed operations of Navy and Army personnel through the provision of bed-down security to their rotary-wing fleets. A headquarters Wing considers the expeditionary combat support tasking and then, from the wider ADF, plans and structures a specific support organisation to fit the operational requirement. Key determinates for the size and capability of the force to be deployed include the nature of the operational tasks to be undertaken; the flexibility of the Rules of Engagement; whether the location is local, regional or global; the aircraft type or types to be supported; the level of assessed threat and risk; the availability of external support and infrastructure; and the anticipated duration of the deployment.⁶⁴

The nature of the expeditionary capability requires the deploying unit to oversee or control the performance of many roles and sub-roles. First and foremost, when Australia deploys to a region as the lead nation, the ADF's senior airman in location is designated the Airbase Commander (AC).⁶⁵ In these circumstances, the AC is tasked with some fifty-three responsibilities in the areas of command and control, operations support,

⁶³Royal Australian Air Force, "Vision Statement: Our Vision," [on-line]; available from <http://www.defence.gov.au/raaf/vision.html>; Internet; accessed 13 March 2004.

⁶⁴Royal Australian Air Force, 395 Expeditionary Combat Support Wing Concept for Operations (Townsville, CSG, October 2003), 5-7.

⁶⁵Command of the airbase does not include command of non-CSG units; however, the non-CSG units would be assigned under operational control of the Airbase Commander for force protection, security and administration services. Health services, encompassing medical, dental, environmental health and psychology fields, would also be provided if requested.

supply support, health and safety, administration, and airbase protection.⁶⁶ All CSG elements, headquarters and units alike, are flexible in construct and are structured according to the task at hand. The deployed organisation is varied according to the airbase services to be provided, the level of support available in the Area of Operations, whether it be from joint, combined or coalition forces, the number of units supported, their rate of effort and the threat environment. The capability provided by CSG is such that the elements of CSG may be used by the ADF for combat support of operations not requiring ADF aerospace assets.

The ADF concept of the expeditionary unit's area of responsibility places more demand on the people within the unit. As the level of unit diversity increases, so too does the level of specialist demand upon the individuals and the level of responsibility of the commander. The increasing lethality of modern weapons and the increased intensity of operations have significantly increased the levels of stress faced by combatants.⁶⁷ Generally, this demand is acceptable provided that the future combatants see themselves as appropriately trained, are educated as to the overall tasking of the unit and what is expected of them, and have access to effective support systems to assist them in coping with the application of their duties.

During the 1990s, the ADF experienced some inertia towards embedding stress management guidance into its military doctrine. In some fairness, this was probably due to a lack of understanding of the generic OSI condition and its causes. But, it was also a somewhat "head in the sand" approach to the extent of the problem, resulting in the

⁶⁶Royal Australian Air Force, *Combat Support Group* . . . , 6-8.

⁶⁷Wardlaw, *Proposals for the Management of Combat Stress Reaction* . . . , 5.

situation where no action could be taken where awareness does not exist. Therefore, it became vital for all members of the ADF, not just the leaders and the medical staff, to be aware of the impact of stress, what it is, and how it manifests itself. Also, because of the ability of this condition to illustrate the health of unit cohesion, it was important to understand the effects of OSI and what can be done to prevent its onset. Prevention not treatment, awareness not ignorance, and openness not secrecy became the message to all ADF commanders. While it was acknowledged that command responsibilities were increasing, the ADF senior leadership were endeavouring to provide additional resources to address community mental health concerns.⁶⁸

Expeditionary Operations

The organisation of expeditionary forces is significantly influenced by the availability of certain airbases, and their ability to meet requirements for fuel, weapons storage, adequate runways and aprons, and the infrastructure to support the personnel. There are also political issues to consider, as the nations adjoining the conflict are often able to dictate how the operation might flow. Some countries will contribute towards the support of an allied or coalition force, but only if it is in their best interests. For example, in past conflicts, some nations have been willing to support tankers or intelligence collection assets but not armed combat aircraft. These *ad hoc* contributions often produce an end result that impacts negatively upon other unit's personnel. While military personnel are anecdotally renowned for their ability to adapt to changing circumstances,

⁶⁸Since the mid-1990s, successive Chiefs of the Defence Force and single Service Chiefs have campaigned to raise the awareness and importance of the health and well being of service personnel. As a result, the Australian government has committed extra funds to the programs, all service personnel have received additional specialist training and education on Stress and Occupational Health & Safety, and commanders receive continuing education on their Commanding Officer's course.

they do so because it is their responsibility and their job. But, the cost of imposing this reaction immediately affects unit *esprit de corps*, which in turn, places additional responsibilities upon a commander.

Another important consideration relates to an expeditionary force's ability to support aircraft at multiple locations. Some bases that are offered may only be able to support a limited number of assets, therefore increasing the overall number of support personnel and services. Having to contend with this arrangement means that there are more personnel exposed to the hostile environment than is necessary, and this is not what commanders like. Here it can be seen how the USAF AEF construct can be tampered with to result in a scenario where a formed unit, deploys as one, but then later is required to disperse specialists to remote locations to perform their mission. In this situation, if command and control arrangements are not flexible enough to support this situation, it is probably unavoidable that these detached persons will have to be assigned under operational control to yet another commander.

As an example, in modern day operations, Explosives Ordnance Technicians could travel extensively in the course of their duties, crossing theatre, campaign and national boundaries on a regular basis. As each day passes, the person drifts further away from their original command structure and support base, but the technician's command structure does not shed its responsibility. While the person's task may be completed successfully, they are left somewhat isolated because they are displaced from their commander. These instances will continue to escalate as the movement of personnel around the battlefield increases in speed and frequency, and the exploration of expeditionary warfare continues. The operational objective of the expeditionary structure

has been met, in that the specialist has deployed and provided their services, but the individual loses touch with the unit and the commander's ability to concentrate effort is relinquished.

Planned movement to the forward operating base is the next critical phase of expeditionary operations, particularly when base-operating support is not available, or if there is no identified host nation support. The ADF has practised this type of deployment since 1988 and, while smaller than deployments than what the USAF would initiate, they have still proven the effectiveness and efficiency of basic expeditionary operations. In doing this, the importance of establishing a stable command structure has been highlighted, as has the importance of maintaining links back to the originating and supporting units. This brings the expeditionary requirements back to ensuring defined and responsible leadership, and unit cohesion as the primary obligations of any service to provide to its people. Anything less and the expectation should be for the force-in-being to suffer a reduced level of capability.⁶⁹

Expeditionary commanders may also have to adjust their thinking in regard to the issue of sustainment, and how it is to be achieved. In the past, some commanders have developed a habit of "home-unit reach-back" to sustain their aircraft, and provide supplies and luxuries to their people when they are deployed. This is all well and good to promote small unit morale and cohesion but it is not effective when trying to ensure long-term sustainment of multiple units in a large contingency. If allowed to develop, this form of reach-back places additional demands upon commanders. Eventually, it will require

⁶⁹The Australian Centre for Posttraumatic Mental Health, "Managing Personal Reactions to War," [on-line]; available from <http://www.acpmh.unimelb.edu.au.html>; Internet; accessed 04 February 2004.

them to choose between completing a task procedurally correctly against allowing the alternative of approving personnel direct liaison with the parent base. While technological advances support direct contact between operators and suppliers from almost any part of the world, the de-centralisation of inventory accountability spreads the support staff too thin and does not allow commanders the necessary governance of their capital assets.

Disposition and redeployment are tasks that expeditionary unit commanders must personally see through to the end. From deployment to disposition and/or redeployment of supplies, people, and equipment, expeditionary units are living, functioning organisations with a commander responsible for all activities of the unit. In contrast to the deploying and employing forces, the disposition and redeployment of personnel requires carefully synchronised planning to ensure success. And they come at a time when everybody, including the commander, just wants to get out of that environment and be back home with their family. However, this is a time when commanders must be present on duty, visible to their people, and co-ordinating the movement as professionally as possible. Although the commander may not be the very last person to leave a deployed location, it is a basic command responsibility to oversee people and equipment as the redeployment continues.⁷⁰

To be seen, and to be available to their people right up until the last operational day can often psychologically “settle” subordinates as they observe their commander also staying until the end. Of similar importance is that this allows commanders to consider

⁷⁰United States, Air Force Doctrine Document (AFDD) 2-4 Combat Support (Washington, D.C.: U.S. Government Printing Office, 1999), 15.

the well being of their people until the end, and to prepare counselling and assistance at their home unit if required. Obviously, a telephone call to the originating unit commander should then follow as this bridges the gap created through any transition of command. By way of illustrating this process, at the concluding phase of Operation ALLIED FORCE, the Commander, USAF Europe instructed his unit commanders that they or their unit were not to depart their deployed location until he had approved their redeployment plan. This simple demand made sure that commanders put in place basic personnel management plans to cater for the medical health requirements of their people. This was still somewhat of a token effort but it at least highlighted senior command concerns about the dangers of military personnel returning to their home command virtually within hours of departing an operational theatre.⁷¹

The Impact Of Expeditionary Deployment

The importance of educating present and future commanders about the unique nature and responsibilities associated with an expeditionary structure cannot be understated. Some commanders will find themselves in a very unfamiliar command environment and while initially uncomfortable, they will eventually develop into sound commanders. Others, however, will not cope well with this arrangement and, if they also lack the ability to deal with people, then this is when problems escalate. In addition to the peculiarities of the deployed location, some commanders will find themselves responsible for oversight in areas with which they have little or no experience. Specifically, when commanders find themselves involved in personnel or medical issues, there is sometimes

⁷¹Colonel B. Hall, "Air Expeditionary Access," [on-line]; available from <http://www.airpower.maxwell.af.mil/airchronicles/apj/apj03/hall.htm>; Internet; accessed 10 March 2004.

a preference to immediately defer to the “local area specialist.” But, commanders must also include themselves in this loop, for they too have also become specialists in the own right. As the commander of an operational unit, they must apply themselves to their responsibilities and as a future preventative measure, look further afield to rectify the organisational deficiencies that have created the problem in the first place.

From a commander’s perspective, there are a number of actions that can be taken to assist in the prevention of OSIs. Often, these actions are required to be implemented earlier than would be thought necessary, but this is primarily because personnel are moved into the battlespace without proper indoctrination or training. While personnel believe that they know what they are to be involved in, the shock and impact of what they experience from the first day can be overwhelming. Deployed commanders, charged with the responsibility for generating unit cohesion into a group of people who may have not seen or worked with each other before, face a very difficult task. But this is an essential task; especially if the deployed unit has been created, or built upon, using specialist forces from other dispersed locations.

Most would concur that the will to survive is bigger than the will to fight,⁷² and so making unit personnel aware of each other’s reliance upon one another becomes paramount as a management tool for commanders. Through the conduct of tough, realistic training, the constant practising of casualty care and evacuation, and imparting unit pride through the teachings of history and traditions, this process builds unit cohesion that will overcome a majority of circumstances that ordinarily would have

⁷²United States Department of the Army, FM 22-100 Army Leadership: Be, Know, Do (Washington, D.C.: U.S. Government Printing Office, 1999), 8-9.

resulted in stress casualties. In the expeditionary construct, this is much more difficult to achieve for forces can be dispersed throughout an area of operation and the command function can be delegated to geographical commanders unfamiliar with the demands of a person's particular speciality or their individual set of circumstances. This is an example of where fragmented command chains contribute to the production of dysfunctional personnel, and increase the likelihood of OSI occurrence.

Despite having commented earlier about the changing nature of modern warfare, some aspects of warfare are constant in that many of the generic causes of war are as old as history itself. Warfare always requires the application of planning, military skills, organisation, communication, logistic support, leadership and courage, and will still invariably involve the characteristics of chaos, suffering, dislocation and destruction.⁷³ Friction in armed conflict could be considered the variable within a constant. No amount of training or formal planning can completely eliminate the elements that cause operational plans to go awry. Ultimately, combatants will find themselves relying upon friends and colleagues to get them through a tough time, and at this point, a commander's injection of sound judgement can often result in the resolution of internal stress and/or external conflict and diffuse an emotional issue entirely. Leadership is what builds unit cohesion and command is what reinforces it, both essential pre-requisites to succeed as an expeditionary commander.

⁷³Australian Defence Force, Foundations of Australian Military Doctrine (ADDP-D) (Canberra: Defence Publishing Service, 2002), 3-7.

Securing Support To The Expeditionary Force

Military operations may be hampered by a number of factors such as harsh terrain, severe climate and weather patterns, restrictive rules of engagement, and indecisive leadership. Since friction could almost be considered a necessary evil, or an integral part to the conduct of warfare, then as best as possible any planning for war must consider all approaches. Internal issues can be minimised by thorough plans, attention to detail, and strong leadership and discipline. Friction arising from external sources can be overcome by persistence and perseverance through hard work and “toughing out” the conditions. But, more practically, can be the utilisation of flexible and adaptable command practices, derived from experience and lateral thought that mould an armed force to a particular set of operational circumstances. This is the commander’s domain, and it is here that an ability to adapt a given force structure with a given operational tempo and environment can result in the release of considerable internal personal pressures that often trouble returned personnel from many months or years after their return. In the expeditionary world, solid leadership can make the difference between personnel coping with the demands of conflict or succumbing to its excitement. This is highly unfortunate because the expeditionary structure itself does not naturally support a commander in the practice of considering emotional well being.

In considering the personnel aspects of expeditionary deployment, since WWI there has been on-going research in relation to the enduring toll of combat on the mental health of combatants. However, it is only in the last fifteen years that a medical understanding of stress associated with military Operations Other Than War (OOTW) has been developed. Depending on the type of mission and the location of that mission, then this

can also contribute towards the effect that it has on the combatants. For example, the early 1990s deployments to Somalia, Rwanda and Cambodia were characterised by unexpected combat casualties, brutal civilian uprisings and exposure to a completely inhospitable environment. These environments were particularly inhospitable and left many ADF military personnel struggling to come to grips with their experiences. As an example, 79 per cent of the 311 ADF members deployed in the 1995 second Rwandan contingent reported experiencing a severe traumatic and life threatening incident. Afterwards, those same personnel then reported social isolation, lack of social support and individual loneliness as primary factors contributing to their stress symptoms and the sole factors for their request for counselling and support.⁷⁴ This is another example of the impact, positive or negative, of leadership and cohesion upon a group of deployed expeditionary combatants.

Throughout the 1990s, the on-going commitment to peacekeeping operations in the Middle East in some ways initially lulled the military personnel into a false sense of security. As a result, the increasing use of asymmetric offensive action plus the introduction of suicide bombers sharply redefined to the combatants that while war itself and OOTW may have some similarities, their differences were in extremes. In the late 1990s, the ADF involvement focussed on Bougainville, East Timor and the islands of the south-west Pacific, operations which continue through to this day.⁷⁵ The US military also deployed to a number of overseas operations; some where ADF personnel were also

⁷⁴Warfe, *Post-traumatic stress and the Australian Defence Force . . .*, 87-92.

⁷⁵Australian War Memorial, "Timeline of Australian Peacekeeping Operations," [on-line] available from <http://www.awm.gov.au/timelines/peacekeeping/timelines.htm>; Internet; accessed 28 February 2004.

serving, and some like Haiti and Bosnia where ADF involvement was minimal. To support these contingents, the US deployed small numbers of mental health personnel initially to research the impact of expeditionary deployment but then, as a result of requests, to provide in-theatre assistance to those suffering an OSI.

A poor comparison to the efforts put forward by the US is to be found during Australia's involvement in Somalia where there were no dedicated mental health support units, creating a PTSD situation that came back to haunt ADF leadership some years later. For example, nine hundred Australian soldiers served in Somalia, with at least 20% showing significant psychiatric morbidity fifteen months after their return.⁷⁶ In Rwanda, Australia was tasked to specifically provide medical support to the 5,500 strong United Nations force, a specialist niche-like role provided through an expeditionary structure. This was achieved but with a focus of primarily supporting the physical medical requirements of the indigenous population and at a cost to the mental health requirements of both military and local personnel. The 1995 Kibeho massacre resulted in extensive physical and mental injuries to the warring clans. But also, ADF personnel suffered considerable mental anguish through frustration, helplessness and anger at not being able to intervene. It has now been suggested that there could still be as much as a 3% incidence of OSI among the Australian contingent, some nine years after the deployment.⁷⁷ Members of this expeditionary force suffered because their immediate command structure was fragmented, over-tasked and constantly under diplomatic

⁷⁶Ward, *Psychiatric morbidity in Australian veterans . . .*, 184-193.

⁷⁷Mark Barnett, "Peacekeepers face special kind of stress," *Veteran's Health*, no. 62 (July 1998): 18-21.

challenge, thereby not allowing the personnel the opportunity to work through their emotions as a cohesive group.

The ADF Network Approach

The ADF recognises that war and OOTW will expose their personnel to significant risk, and place them under significant stress. Therefore, the ADF has committed itself to providing appropriate mental health operational support to assist personnel to deploy, to perform their operational duties effectively, and then return to work and their private lives with the minimum of disruption.⁷⁸ This is indeed a continuing challenge, for the ADF increasingly finds itself participating in numerous engagements right across the globe, and sometimes in elements of only two or three personnel. The ADF has established a structure of Service Providers, who have a responsibility to provide mental health support to deployed forces. These include the military psychology and health services, the Defence Community Organisation (DCO), the ADF chaplains, fellow unit personnel, and finally, in listing only, the operational commanders. The concept is that this unofficial chain of command will work with the designated commander to monitor, counsel and support unit personnel when they need such help. Early detection and prevention has been proven time and again to overcome the costs and agonies of reactive treatment to the OSI condition.⁷⁹ While the formal command chain and therefore, the commanders, have overall responsibility for the health and welfare of their personnel, there are also several parallel responsibilities. These can be found within the unit

⁷⁸Australian Defence Force, Director-General Defence Health Service, *Health Bulletin No 11/2003: Mental Health Support to Operationally Deployed Forces* (Canberra: Defence Publishing Service, 2003), 2-5.

⁷⁹A. Marin, "The DND/CF Ombudsman: Five Years Later – Commentary and Questions," *Canadian Military Journal*, vol. 4, no. 3 (Autumn 2003): 35-42.

supervisory structure, or as internal friendships, or as developed through consultation with health, legal or chaplaincy services. These unofficial chains of command are bound by their respective morality and ethics, yet they complement the formal chain of command in such a way that provides the maximum assistance to personnel when required.

As a result of the progress with PTSD and OSI research, common to all ADF operational deployments is the requirement for personnel to receive a full series of pre- and post-deployment psychological briefings. This mandated education program ensures that all ADF personnel are made familiar with standardised information on mental health care but stops short of mandating treatment. The briefing packages are designed to assist personnel with making up their own mind about whether or not to seek treatment, although commanders retain the right to recommend personnel for treatment should they have concerns about the person's suitability for initial or continuing deployment.⁸⁰ This process has proven invaluable with respect to determining the "frame of mind" of a person about to deploy. Early exposure to briefings that explain the probable circumstances to be encountered have encouraged some people to step forward and acknowledge that they are unsure of their suitability for armed conflict. Again, the emphasis on prevention through education is assisting to minimise the number of personnel instabilities and relieving this particular onerous responsibility from commanders.

The ADF has also introduced a system of mandatory post-operational screening in an attempt to help identify personnel who are having difficulties readjusting, or are

⁸⁰ Australian Defence Force, *Health Bulletin No 11/2003* . . . , 3.

unsure as to who they should contact if they feel that later counselling may be of personal value. Ideally, this screening will complement prior advice received from the person's commander.⁸¹ Military personnel generally manage the strain of deployed operations quite well, and this a reflection of the success of the recruiting process. However, there still remain those who will experience problems in the weeks or months following their return to Australia. For example, there may be problems with their reintegration back into the family, the civilian community and routine military duties following the higher tempo and differing priorities and experiences of deployed operations. In these cases, the ADF medical system conducts post-operational screening, with the primary aim being "... to provide a mental health surveillance and feedback mechanism to commanders and the general health planning community . . ."⁸²

Introduction of this policy has closed the loop with respect to providing commanders with a direction for guidance and an understanding of what issues are affecting their personnel. Also, the DCO has now been brought closer into the counselling environment and has been successful in earning the necessary credibility that encourages personnel to come forward. The biggest problem in the beginning was to overcome prejudice about mental illness, and the perceived repercussions on a service career. Mental illness, its signs, symptoms and treatment are now not kept locked away because the growing incidence of operational deployments demands that the best medical services be provided to the personnel. Failure to do so would jeopardise the future

⁸¹*Ibid*, 4.

⁸²*Ibid*, 5.

strength and capability of an armed force. This is not acceptable for a force such as the ADF that is primarily structuring itself to conduct expeditionary warfare.

In many cases, people voluntarily join the armed forces to serve their country.⁸³ They achieve this by being involved in the provision of local humanitarian assistance in times of natural crisis, by contributing towards United Nations' peacekeeping missions, or by deploying as part of Coalition fighting against a specified injustice. Regardless of the activity, there is an excitement there that often clouds the mind to the horrors of a hostile environment and anecdotal examples exist of these people, about to deploy, being over-joyed with their selection to participate. Examples of this outcome were expressed by personnel from all three ADF services who, when de-briefed upon their return from East Timor, commented favourably about being involved. Comments such as “. . . this gives me the opportunity to put my training into practice . . .” and “. . . it was my job, I signed to say I'd do it.” were common. However, for future reference they must be treated with caution for it is not in anyone's interest to have combatants with a reckless attitude.⁸⁴

This above example highlights the difficulties for a commander when trying to “shape a force package” without having had the time or support necessary to develop cohesion and trust. Without dampening enthusiasm, commanders must quickly focus their personnel, prepare them for the unexpected, and have them understand the responsibilities that are shared within the unit. These extra demands have come about as a

⁸³Australian Defence Force, *A Guide to Recruitment for the Australian Defence Force*, 3rd edn. (Canberra: Defence Force Recruiting Branch, 1998), 3-4.

⁸⁴Siebler, *Supporting Australian Defence Force Peacekeepers . . .*, 25.

direct result of the ADF's increasing involvement in deployed operations. Of note, is that a number of personnel have also stepped forward to express their concerns about deployment, and their ability to cope with the demands. This illustrates the success of engendering confidence and cohesion within the command structure. These first few steps by some has confirmed earlier anecdotal evidence which suggested that the visible encouragement offered by current commanders is encouraging personnel to step forward.⁸⁵ As a point of interest, mental health in the civilian community is also recognised as a problem and the national averages for receiving healthcare between ADF and civilians are similar. Therefore, it could be surmised that combat and non-combat stress factors are both just as damaging to the community, yet the new willingness for people to seek treatment is positive and probably a direct result of wider education and awareness training.⁸⁶

A fundamental goal of the ADF Medical Health Service (MHS) is to provide commanders with the appropriate tools to assist them in the effective management of their personnel. To do this, the MHS has introduced a number of training programs to better prepare personnel to manage the challenges of service life. This requires the collection of data on mental health issues to inform command decisions, the provision of easier access to mental health professionals, and improved collaboration between commanders and mental health professionals. This is being achieved through integrated initiatives that will deliver to commanders an initial education campaign describing the scope of mental health problems, and a mental health promotion and prevention program

⁸⁵Department of Defence, *Australian Defence Force Health Status Report . . .*, chap. 9, paras. 17-19.

⁸⁶*Ibid*, 22.

for all ADF personnel that will identify preventive and management strategies to cope with mental health conditions. Once completely developed, the program will consider the different pressures associated with undertaking combatant and non-combatant roles in a deployed environment.

All commanders will benefit from this approach because, for the first time, they will be able to draw upon the collective information from an ADF perspective, and not just data gleaned from a handful of isolated incident cases. This database will enable conclusions to be drawn from the experiences of personnel from all services, and from those who have deployed into a war zone or an area where peacekeeping operations have been undertaken. These conclusions will be compared against global trends in an effort to provide commanders with valuable guidance. Unit commanders, with assistance from medical specialists, will then be able to better determine whether the inherent danger of the environment, or the particular command and organisational structure that they are operating under is wholly or partly responsible for contributing towards the poor mental health state of their personnel.⁸⁷

Commanders have responsibilities to their subordinates, of that there is no question. Similarly, it could be accepted that everyone will suffer from the stresses imposed during operations; it is only a matter of degrees. So if stress is always to be there, and commanders have their responsibilities, preventative measures such as can be distilled from research and study offer the better option over reactive treatment programs. This valuable approach to the mental health well being and treatment of ADF personnel

⁸⁷Australian Defence Force, *A Guide for Commanders: ADF Mental Health Strategy* (Canberra: Defence Publishing Service, April 2002).

cannot be understated. In dangerous and stressful situations, there will always be a number of personnel who do not mentally cope well with the situation. However, while these stress cases may be inevitable, it is not inevitable or acceptable that they be allowed to develop into stress casualties. OSIs occur in response to different sets of circumstances there does not need to be any relation between them. Before arrival into theatre, a combatant may have left behind unresolved problems or may not have sufficient information to put them at rest. Couple these pressures with an unknown environment, maybe an indifferent leader, being the new guy in the unit or a host of other combinations and this becomes a deadly cocktail of emotion. Unfortunately without the initial awareness of available support, and the confidence of knowing that unit personnel are around, commanders will always struggle to fulfil the bounds of their command responsibilities in an expeditionary construct.⁸⁸

CONCLUSION

As is the case in all military operations, the need to adapt rapidly to a changing environment is a continuing challenge that all commanders must overcome. The wide variety of situations confronting deployed forces in the current global campaigns have highlighted some responsibilities of unit command that are peculiar to, and sometimes magnified by, the expeditionary environment. These responsibilities are appropriately summarised by Kenyon, in his reminder to commanders to consider who and what to deploy, the timings to ensure a phased arrival of forces, and how to ensure effective force protection as the deployed forces consolidates itself. Also, if the area already has allied

⁸⁸United States. Department of the Army, GTA 21-3-6 Battle Fatigue: Company Leader Actions and Prevention (Washington, D.C.: U.S. Government Printing Office, 1994), 2-3.

forces *in-situ*, then there could also be the need to establish a working relationship with the host-nation commander. If implemented correctly, the establishment of this relationship will last for the duration of the deployment and will assist the new commander's forces in more easily adapting to the rigours of the expeditionary environment.⁸⁹

The first section of this paper provided a brief historical examination of the stress condition, and attempted to illustrate occasions of how military personnel suffered from adverse psychological situations as a result of their speedy return from overseas operations. Specifically, this section introduced the notion that the level of responsibilities faced by commanders and the state of the internal morale of the deployed unit played were directly linked to the mental well being of the personnel. In discussing the responsibilities of commanders, the level of training and education provided to the commanders was considered, as were the expectations of general society and the military community. Across all services it could be accepted that commanders are receiving sufficient professional training and education and are therefore providing an appropriate command service. However, if there was to be recorded a flaw, then it might best be initially directed at the individual commander; that is, to assess whether or not they have the inherent skills and experience necessary for command, and how they go about applying those skills to their command structure.

The discussion on the current expeditionary structure of modern day forces suggests a few possibilities with respect to the level of expectation placed upon a commander. On the one hand, a commander is charged with certain tasks that

⁸⁹Henry Kenyon, "Logistics Directorate Takes Wing," *SIGNAL Magazine*, September, 2002: 17-21.

cumulatively account for the bulk of the working day. On top of this there are the additional tasks and responsibilities that require a commander to fulfil the role of counsellor, mentor, confessor and friend. By trying to provide an acceptable personnel service, this often infringes upon the commander's military demands, creating another fine balancing act between that of achieving the aim and satisfying the people. When made aware of the incidence of stress casualties, a commander's priority should not be to undertake some form of witch-hunt, but rather to apportion effort and resources to promote resolution of the matter, thus maintaining unit cohesion and strength. The focus must always be upon the prevention of stress injuries as opposed to the treatment, for in managing the treatment only, the service and the commander have failed in establishing an acceptable operating environment.

In theory, the expeditionary force structure should work well as its main tenet is to maintain a national, rolling plot of forward deployable units at the correct state of readiness and sustainability. In doing so, this should increase the level of individual satisfaction of military personnel, with their ability to plan ahead addressing historical retention and recruitment concerns. However, in practice, this has not worked due to the increasing operational tempo experienced throughout the world. Conflicts arising from asymmetrical and conventional sources continue to appear, and continue to place unparalleled demands upon commanders and service personnel alike. Despite the best efforts of the best-trained and best-educated commanders in any service, the expeditionary force construct continues to work against them. The nature of work associated with the expeditionary structure often erodes unit cohesion and places unreasonable demands upon commanders to pull it all together. The continuing

employment of expeditionary forces without due consideration to the accompanying personnel support requirements places excessive demands upon commanders. As a result, commanders find themselves considerably hindered with respect to their capacity to exercise command responsibility for their subordinate's welfare.

BIBLIOGRAPHY

- Australia. Australian Defence Force. *A Guide to Recruitment for the Australian Defence Force*, 3rd edn. Canberra: Defence Force Recruiting Branch, 1998.
- Australia. Australian Defence Force. *Foundations of Australian Military Doctrine (ADDP-D)*. Canberra: Defence Publishing Service, 2002.
- Australia. Australian Defence Force Single Service Training Commands. On-line; available from <http://www.defence.gov.au>; Internet; accessed 11 January 2004.
- Australia. Department of Defence. *ADF Mental Health Strategy: A Guide for Commanders*. Canberra: Defence Publishing Service, 2002.
- Australia. Department of Defence. *Australian Defence Force Health Status Report*. Canberra: Defence Publishing Service, 2000.
- Australia. Department of Defence. Director-General Defence Health Service. *Health Bulletin No. 11/2003 – Mental Health Support to Operationally Deployed Forces*. Canberra: Defence Publishing Service, 2003.
- Australia. Department of Veterans' Affairs website. On-line; available from <http://www.dva.gov.au/health/younger/mhealth/policy/mhpolicy.htm>; Internet; accessed 17 December 2003 – 11 April 2004.
- Australia. Royal Australian Air Force. *AAP 1000, Fundamentals of Australian Aerospace Power*. Canberra: Government Printing Office, 2002.
- Australia. Royal Australian Air Force. *Defence Instruction (Air Force) ADMIN 1-2, Command, Leadership and Discipline in the Royal Australian Air Force*. Canberra: Government Printing Office, 2003.
- Australian War Memorial. "Timeline of Australian Peacekeeping Operations." On-line; available from <http://www.awm.gov.au/timelines/peacekeeping/timelines.htm>; Internet; accessed 28 February 2004.
- Barnett, Mark. "Peacekeepers face special kind of stress," *Veteran's Health*. no. 62, July 1998: 18-21.
- Barry, Major-General R.H. "Western Europe May 1940: The Military Balance." In *The History of World War II*, ed. Brigadier P. Young, 100-103. London: Orbis Publishing Ltd., 1972.
- Bennis, W. and Nanus, B. "Toward the New Millennium." In *Leading Organisations: Perspectives for a new era*, ed. Gill Hickman, 5-8. London: Sage Publications, 1998.

Black, E. *Human Performance in Combat*. Quebec: Canadian Forces Mobile Command Headquarters, 1998.

Biographies: Ivor Gurney. On-line; available from <http://www.departments.colgate.edu/peacestudies/core310/Poetry.htm>; Internet; accessed 12 January 2004.

Bourke, Professor J. "Shell Shock during World War One." On-line; available from <http://www.bbc.co.uk/history/war/wwone.html>; Internet; accessed 02 March 2004.

Canada. Department of National Defence. B-GG-005-004/AF-000 *Canadian Forces Operations*. Ottawa: DND Canada, 2000.

Canada. Department of National Defence. *Duty With Honour: The Profession of Arms in Canada*. Kingston, Ontario: Canadian Defence Academy, 2003.

Chemers, M. M. "Leadership effectiveness: An integrative review." In *Blackwell's Handbook of Social Psychology: Group Processes*, ed. M. Hogg and R. Tindale, 7-19. Maine, USA: Malden, 1998.

Copp, Terry. "Stress Casualties and the Role of the Commander." In *Generalship and the Art of the Admiral: Perspectives on Canadian Senior Military Leadership*, ed. Bernd Horn and Stephen Harris, 333. St. Catherines, Ontario: Vanwell Publishing, 2001.

Cotton, B. *Hurricanes Over Burma*. Oberon: Titania Publishing Company, 1988.

Davis, Richard. *Anatomy of a Reform: The Expeditionary Aerospace Force*. Report prepared for the Air Force History and Museums Program. Washington, D.C.: Government Printing Office, 2003.

Deutsches Historisches Museum Berlin website. "A concrete curtain: The life and death of the Berlin Wall." On-line; available from <http://www.wall-berlin.org/gb/berlin/htm>; Internet; accessed 08 February 2004.

Dinter, D. *Hero Or Coward*. London: Frank Cass, 1985.

Grinker, M.D., Roy and Spiegel, M.D., John. *Men Under Stress*. New York: McGraw-Hill Book Co., 1963.

Grossman, D. "Human factors in war: the psychology and physiology of close combat." In *The Human Face of Warfare: Killing, Fear and Chaos in Battle*, ed. Michael Evans and Alan Ryan, 12-13. St. Leonards, Australia: Allen & Unwin, 2000.

- Hall, Colonel B. "Air Expeditionary Access." On-line; available from <http://www.airpower.maxwell.af.mil/airchronicles/apj/apj03/hall.htm>; Internet; accessed 10 March 2004.
- Heide, Rachel L. "Maintenance Considerations for a Canadian Expeditionary Air Force." In *Canadian Expeditionary Air Forces*, ed. Allan D. English, 93. Winnipeg, Canada: Centre for Defence and Security Studies, 2004.
- Horn, Lieutenant-Colonel B. "Complexity Squared: Operating in the Future Battlespace." *Canadian Military Journal*, vol. 4, no. 3 (Autumn 2003): 7-15.
- Horner, Professor D. "Towards a Philosophy of Australian Command." Canberra: Centre for Defence Command, Leadership and Management Studies, 2002.
- Kellett, A. *Combat Motivation*. Ottawa: Canadian Department of Defence, 1982.
- Kenyon, Henry. "Logistics Directorate Takes Wing," *SIGNAL Magazine*. September 2002: 17-21.
- Kerr, Greg. *Private Wars: Personal Records of the Anzacs in the Great War*. Melbourne: Oxford University Press, 2000.
- Marin, A. "The DND/CF Ombudsman: Five Years Later – Commentary and Questions." *Canadian Military Journal*, vol. 4, no. 3 (Autumn 2003): 35-42.
- Meecham, Brigadier AM (Ret'd). "Command: The Australian Way." Canberra: Centre for Defence Command, Leadership and Management Studies, 2000.
- Morris, John. "Short Time." In *NAM: The Vietnam Experience 1965-75*, ed. Tim Page and John Pimlott, 275-279. London: Orbis Publishing, 1988.
- Mullins, W. and Glass, A. *Neuropsychiatry in World War II: The Overseas Theaters*. London: Houghton Muffin Company, 1978.
- Page, Tim and Pimlott, John. ed. *NAM: The Vietnam Experience 1965-75*. Hong Kong: Orbis Publishing Ltd., 1988.
- Royal Australian Air Force. *395 Expeditionary Combat Support Wing: Concept for Operations*. Townsville: CSG, October 2003.
- Royal Australian Air Force. *Combat Support Group: Concept for Operations*. Townsville: CSG, September 2003.
- Royal Australian Air Force. "Vision Statement: Our Vision." On-line; available from <http://www.defence.gov.au/raaf/vision.html>; Internet; accessed 13 March 2004.

- Scott, Wilbur. "PTSD in DSM III: A Case in the Politics of Diagnosis and Disease," *Social Problems*. no. 37, 1980: 296-299.
- Shotgun's Home of the American Civil War website. "The American Civil War Overview." On-line; available from <http://www.civilwarhome.com/overview.htm>; Internet; accessed 31 January 2004.
- Siebler, Philip. *Supporting Australian Defence Force Peacekeepers and their Families: The Case of East Timor*. Report prepared for the Director of Strategic Personnel Planning and Research. Canberra: Directorate of Strategic Personnel Planning and Research, 2003.
- Silverman, J. "Post-traumatic stress disorder." *American Journal Of Psychiatry*, no. 16 (1986): 1310-1311.
- Smith, Sam ed. "Inside Out: Find out about the devastating impact of shell shock." On-line; available from http://www.bbc.co.uk/insideout/southwest/prog_07.shtml; Internet; accessed 04 March 2004.
- The Australian Centre for Posttraumatic Mental Health. "Managing Personal Reactions to War." On-line; available from <http://www.acpmh.unimelb.edu.au.html>; Internet; accessed 04 February 2004.
- United States of America. *Air Force Doctrine Document (AFDD) 2-4 Combat Support*. Washington, D.C.: U.S. Government Printing Office, 1999.
- United States of America. Department of the Army. *FM 22-100 Army Leadership: Be, Know, Do*. Washington, D.C.: U.S. Government Printing Office, August 1999.
- United States of America. Department of the Army. *GTA 21-3-6 Battle Fatigue: Company Leader Actions and Prevention*. Washington, D.C.: U.S. Government Printing Office, 1994.
- United States of America. Department of Veterans' Affairs: National Center for Post-Traumatic Stress Disorder website. On-line; available from http://www.ncptsd.org/facts/veterans/fs_help_for_vets.html; Internet; accessed 14 January 2004 – 06 April 2004.
- Ward, William. "Psychiatric morbidity in Australian veterans of the United Nations peacekeeping force in Somalia," *Australian/New Zealand Psychiatry*. no. 3, 1997: 184-193.
- Wardlaw, Major G. "Proposals for the management of Combat Stress Reaction in the Australian Army," Research Note 7/88, Directorate of Psychology, July 1988.

Warfe, Peter. "Post-traumatic stress and the Australian Defence Force: lessons from peace operations in Rwanda and Lebanon." In *The Human Face of Warfare: Killing, Fear and Chaos in Battle*, ed. Michael Evans and Alan Ryan, 87-92. St. Leonards, Australia: Allen & Unwin, 2000.

Weaver, S. and Stewart, N. *Factors Influencing Combat Stress Reactions and Post-Traumatic Stress Disorder: A Literature Review*. Washington, D.C.: United States Army Research Institute, 1988.

Wesbrook, S. "The potential for military disintegration." In *Combat Effectiveness*, ed. C. Sarkesian, 233-268. Beverly Hills: Sage, 1998.

Additional Reference List (not cited)

- Australia. Department of Defence. *ADF Mental Health Strategy: Post-traumatic Stress Disorder Fact Sheet*. Canberra: Defence Publishing Service, 2002.
- Australia. Department of Veterans' Affairs. "Towards Better Mental Health for the Veteran Community – DVA Mental Health Policy and Strategic Directions." On-line; available from <http://www.dva.gov.au/health/younger/mhealth/policy.htm>; Internet; accessed 04 February 2004.
- Canada. Department of National Defence. "Operational Stress Injury Social Support Project." On-line; available from http://www.forces.gc.ca/site/newsroom/view_news; Internet; accessed 02 December 2003.
- Creamer, Professor M. "Managing Personal Reactions to War in Iraq." On-line; available from <http://www.acpmh.unimelb.edu.au/iraq.html>; Internet; accessed 04 February 2004.
- Evans, M. and Ryan, A. ed. *The Human Face of Warfare: Killing, Fear and Chaos in Battle*. Sydney: Allen & Unwin, 2000.
- Haas, Major Karl L. "Stress and mental health support to Australian Defence Health Service personnel on deployment: a pilot study." On-line; available from <http://www.defence.gov.au/dhs/infocentre/publications/journals.htm>; Internet; accessed 14 January 2004.
- Horn, B. and Harris, S.J. ed. *Generalship and the Art of the Admiral*. St. Catharines, Ontario: Vanwell Publishing Limited, 2001.
- Johns, Padre Joseph. "PTSD, Depression and Spiritual Healing – One Padre's Journey." *Trident*. 17 November 2003.
- Jumper, General John J. "Leadership in a Changing Environment." *Command Chief Master Sergeants Conference, Bolling Air Force Base*. Washington, D.C.: U.S. Government Printing Office, April 2003.
- McFarlane, Wing Commander A.C. "Military mental health in the 21st century." On-line; available from <http://www.defence.gov.au/dhs/infocentre/publications/journals.htm>; Internet; accessed 14 January 2004.
- Marin, Andre. *Off the Rails: Crazy Train Float Mocks Operational Stress Injury Sufferers*. Report to the Minister for National Defence Pursuant to the Ministerial Directives. Ottawa: DND Canada, 2003.

- Nordland, R. and Gegax, T. Trent. "Stressed Out at the Front," *Newsweek*. January 12, 2004.
- Reisweber, Major D. "Battle Command: Will We Have It When We Need It?" *Military Review* LXXVII, no. 5 (September-October 1997): 49-58.
- Solomon, Zahava. *Combat Stress Reaction: The Enduring Toll of War*. New York: Plenum Press, 1993.
- Starr, B. CNN Washington Bureau. "Fort Bragg killings raise alarm about stress." On-line; available from <http://cnn.com/2002/US/07/26/army.wives>; Internet; accessed 02 February 2004.
- Ward, John. "Soldiers Suffering From Stress Don't Get The Help They Need: Ombudsman." On-line; available from <http://ca.news.yahoo.com/020205/ihm7.html>; Internet; accessed 28 January 2004.
- Weaver, S.F. and Stewart, N.K. *Factors Influencing Combat Stress Reactions and Post-Traumatic Stress Disorder: A Literature Review*. Report prepared for the Director, Manpower and Personnel Research Laboratory. Virginia, USA: U.S. Army Research Institute for the Behavioral and Social Sciences, 1988.
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