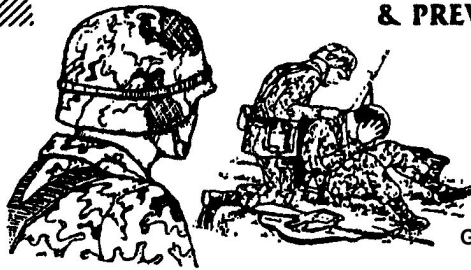


LEADER ACTIONS TO PREVENT BATTLE FATIGUE CASUALTIES

- Encourage **Unit Cohesion**:
 - Help new soldiers fit in: assign buddies; give time to adapt before action.
 - Use work details, drills, PT, sports to develop mutual reliance.
 - Bring whole unit together for awards, ceremonies.
 - Encourage unit-centered social activities off-duty (supervise to prevent alcohol/drug abuse, fraternization, divisive subgroups.)
- Help Soldiers **Stabilize the "Home Front"**:
 - Involve families in unit social activities; encourage support network.
 - Know each soldier's personal background.
 - Do all you can to get troops their mail, pay, etc.
 - Help get community support services; involve Chaplin/Mental Health Team.
 - Weigh personal factors when assigning tasks and missions.
- Impart **Unit Pride** (Teach history/traditions of the small unit, use examples of initiative, endurance, resiliency, self-sacrifice, overcoming odds).
- Ensure **Physical Fitness** (endurance, strength, agility).
- Conduct **Tough, Realistic Training**:
 - Hard, continuous operations in unpleasant weather, as much like combat mission/environment as possible (sights, sounds, smells, confusion).
 - Share discomforts/risks; challenge unit's skills and confidence.
- Practice **Effective Management**:
 - Learn each soldier's strengths, weaknesses.
 - Identify key, combat-essential tasks; assign qualified soldiers for these, cross-train backup soldiers and sustain cross-training in field practice.
 - Discuss possible loss of leaders/comrades; prepare juniors to take over.
 - Practice unit debriefings; keep information flowing.
- Practice **Casualty Care and Evacuation** routinely:
 - Ensure everyone knows lifesaving self aid/buddy aid.
 - Pick best qualified soldiers for "combat lifesavers".
 - Know your medical support personally; include them in planning.
- Plan and practice **Sleep Discipline**:
 - Don't allow sleep in unsafe places; SOP specifies guidelines.
 - If mission permits, allow everyone 6-10 hours/24 (preferably in one block); if not possible, give 4/24 (6/24 for those with key tasks).
 - Stockpile sleep before sustained operations; catch up afterwards.
 - Everyone catnaps during sustained ops (plan for slow awakening of those with key mental tasks, especially if nap is between 0000 and 0600).
 - Teach rapid relaxation techniques (and when to use/not use in combat).
- In combat, **Conserve Troops' Well-Being** by providing food, water, shelter, hygiene facilities. (Unlike training, don't deliberately seek hardship. If you must experience hardship, explain why.)

BATTLE FATIGUE

COMPANY LEADER ACTIONS & PREVENTION



GTA 21-03-006
June 1994

LEADERSHIP PREVENT BATTLE FATIGUE CASUALTIES

In combat, battle fatigue (BF) is inevitable, but battle fatigue casualties (BFC) are not. In heavy fighting, there has usually been one BFC for every three to five wounded in action (WIA). Company-sized units in battle under high risk conditions have, at times, had one BFC for every one WIA. Combat Service Support units usually have more BFCs relative to their WIA than do Combat Arms units. HQ staff and other troops can become BFCs even when not themselves under fire. However, highly trained and cohesive units have had fewer than one BFC for every ten WIA, even in very heavy fighting.

BFCs can be restored to duty quickly if rested close to their units and treated positively. This requires planning and coordination. If evacuated too far, many BFCs never recover. In continuous AirLand battle, even the short-term loss of such numbers of trained, experienced soldiers could be disastrous. Leadership plays the key role in preventing battle fatigued soldiers from becoming casualties, and also returning those who do become casualties quickly to duty.

This GTA (third in a series) outlines company-grade leader actions for treatment and prevention. You should also know GTA 21-3-4 (normal, common BF signs & what to do) and GTA 21-3-5 (warning signs & leader actions). The series is designed to use as aids in training your subordinates in peacetime, and as reminders ("checklists") in war.

HEADQUARTERS, DEPARTMENT OF THE ARMY
Supersedes GTA 21-3-6, June 1991

BATTLE FATIGUE IS RATED IN TERMS OF WHERE IT CAN BE MANAGED

- **DUTY BATTLE FATIGUE** is any amount or kind of BF symptoms which **can** be rested and restored to duty in the small unit, including:
 - Common, normal, uncomfortable, but 100% effective.
 - Warning signs and may be partially ineffective.
 - Warning signs and completely ineffective, but **not** an unacceptable risk or burden in the tactical situation.
- **REST BATTLE FATIGUE** has warning signs **and** soldier is too much of a risk or burden to stay with own unit given its tactical mission,
 - **and/or** own unit **cannot** provide a safe, stable environment for rest/replenishment,
 - **and** soldier is **not** too disruptive, or potentially dangerous for a unit with a less demanding mission,
 - **and** soldier does **not** need urgent medical evaluation.
- **HEAVY BATTLE FATIGUE** is any warning BF symptom which needs urgent evaluation by a Physician or Mental Health Officer because:
 - Soldier is too burdensome, disruptive, or potentially dangerous to keep in your unit, or any nonmedical support unit at this time,
 - **and/or** the soldier's symptoms **could** be due to a physical cause which may need urgent medical/surgical treatment.

NOTE: Drug use, malingering, self-wounding, atrocities, AWOL, etc. may be misconduct combat stress behaviors, but are not BF.

LEADER ACTIONS FOR A "REST" BATTLE FATIGUED SOLDIER

- Treat until 1SG or NCOIC can take over or send soldier back to Bn Aid Station, where they will find him a place to rest.
- 1SG (NCOIC) finds soldier temporary place to rest/work 1-3 days, such as:
 - Bn HQ Spt Co or Field Trains.
 - Another unit in same battalion which has less dangerous missions.
 - Medical Clearing Company.
- 1SG coordinates temporary placement with Bn S1 and takes soldier back to unit when better. (If not better, get medical exam or reassignment).

LEADER ACTIONS FOR HEAVY BATTLE FATIGUE

- Take actions for "warning" signs in GTA 21-3-5.
- Evacuate to Bn Aid Sn, Med. Clrg. Co. or dispensary in your area.
 - Heavy BF may still improve in hours, or soldier may need to be held (or evacuated) for brief medical or mental health treatment.
 - 1SG (NCOIC), leader, and buddies visit soldier, if possible.
- Soldier is still likely to recover fully. (65-85% return to original units in 1-3 days; 15-20% more return to own/other units in 1-2 weeks).

FACTORS WHICH CONTRIBUTE TO BATTLE FATIGUE CASUALTIES

NOTE: Individual personality make up does NOT predict who may get BF Anyone can become a temporary BFC if too many risk factors occur.

- Problems and Uncertainties on the "Home Front."
 - Stressful personal relationships (break-ups, new marriages, etc.).
 - Rapid mobilization and/or family in the combat zone.
 - Lack of popular support for the war.
- New in Unit (hasn't yet established trust, buddies), also:
 - New replacement with no combat experience.
 - Combat veteran (recovered from wound, or "survivor")
 - New job responsibility (promoted to acting NCO).
- First exposure to Combat Conditions
 - Noise, confusion, death, surprise enemy weapons, tactics, attacks.
 - Strange, hostile terrain or climate.
- Casualties in Unit (especially if many in short time):
 - Maybe lost a trusted leader, or buddies.
 - May feel left alone, guilty, or angry.
- Under Attack and Can't Strike Back (or not trained to):
 - Surprise attacks, snipers, booby traps, partisans, accidents.
 - Enemy weapons seen as superior to ours.
- Lack of Mobility:
 - Pinned down in bunkers, trenches, and fighting in close quarters day after day.
- Lack of information; Failure of Expected Support:
 - Feel isolated, forgotten, pessimistic; lose perspective of mission.
- High Threat of (or Actual Use of) NBC Weapons:
 - Invisible, pervasive danger; false alarms; rumors.
- Sleep Loss (a major contributor):
 - Makes soldier easily confused, overly suggestible.
 - Can by itself cause misperceptions and hallucinations.
- Run-Down Physical Condition; Lack of Physical Fitness:
 - Dehydration, poor diet/hygiene, environmental illnesses.
 - Sudden muscle overuse causes days of aching and stiffness.