

STATEMENT BY

**LIEUTENANT COLONEL-PROMOTABLE KENNETH N. BROWN
CHAPLAIN, UNITED STATES ARMY
STUDENT, ARMY WAR COLLEGE
CARLISLE, PA**

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**Positive Healing Aspects Of Applied Chaplain Pastoral Care To Post-Traumatic-
Stress-Disorder (PTSD) Victims: Pre-Combat, Combat, And Post-Combat**

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Congressman Simmons, it is a privilege to appear before you to discuss Army Chaplain's provision of combat pastoral care for our soldiers who experienced post-traumatic stress disorder (PTSD).

As Division Chaplain for the 101st Airborne Division (Air Assault) during combat operations in Afghanistan and later in Iraq I saw first hand the effects of PTSD on our fighting force. The beginning of this story though has its roots prior to the entry of soldiers into the combat arena. Pastoral ministry provided to our soldiers and families by U.S. Army Chaplains' begin post-combat, continuing throughout pre-deployment, deployment, reception/staging/onward-movement/integration (RSOI), combat operations, Phase IV SASO, redeployment, and reunion.

Chaplains of the 101st Airborne Division trained in accordance with the core principle of the U.S. Army Chaplain Corps as the centerpiece of preparation for combat. The core principles of the Corps are: "nurture the living, care for the wounded, and honor the dead." This framework for providing pastoral ministry/care enabled the 46 Chaplain's that went into combat in Iraq to focus on taking care of soldiers.

Chaplain's provided comprehensive pastoral care across the full spectrum of operations through out each phase and pushed forward with their assault units

in combat operations just as they had trained. Providing nurture, care, and honor in the face of enemy fire, traumatic wounds, battlefield-chaos, death, and fear. The Army Chaplain's unique positioning at the battalion level enabled chaplains to go forward with infantry and other maneuver units to provide first-line care in helping soldiers deal with immediate trauma producing events. Chaplains were trained to accomplish on-scene defusing which occurred within a few hours of the critical causation event, followed by a more formal debrief during breaks in the action, soldiers were recorded, and follow-up took place later, some during post-combat phase IV operations.

The Critical Incident Stress Management (CISD) framework that chaplains of the 101st Airborne Division (AASLT) trained to standard on proved to be an important tool in preventing some PTSD complications and certainly decreased the effects of PTSD in those who were identified and were cared for within a short period of the trauma.

An integral part of the chaplains success directly correlate to their well-developed spiritual preparedness and their certainty of their "calling" to provide this ministry to soldiers. Furthermore, the majority of the chaplains theologically integrated combat into that sense of call and as a result did not compartmentalize combat as an aberration from pastoral ministry, but saw combat as a (albeit traumatic) though key element of their calling to the military chaplaincy and their responsibility and privilege as a soldier-minister.

Probably the most critical role of the chaplain in providing pastoral care in a combat situation is the sense of bringing with them the presence of God into

the most horrific situations, reviving hope in the face of unspeakable horrors, sights, sounds, and smells; the intangibles become reality in the presence of such courage and fortitude. U.S. Army Chaplains wrote another storied page of selfless service, courage, and honor “For God and Country.” They did this alongside thousands of courageous soldiers who faced the uncertainty of combat, the specter of death, and wounds comforted by the steadfast presence of “their chaplain.”

The chaplains provided sustainment, encouragement, and spiritual strength during operations involving enemy body recovery and burial and hereto were critical in keeping the fighting strength of our force emotionally, mentally, and spiritually healthy. PTSD is a pernicious depression that is both acute and chronic. The intentional presence and battlefield circulation of the chaplain is critical for infusing hope, encouragement, and counsel for the victims of this scourge.

The unearthing of mass grave sites and the prayers and pastoral care given to the mass grave site teams was another area where the presence of chaplains was indispensable in providing immediate defusing and pastoral sensitivity,

Mass casualty incidents occurred where there were many wounded, some traumatic wounding, and death – chaplains were on-hand or arrived within minutes because of their strategic positioning on the battlefield and proximity to the event. Again, they provided the utmost care, professionalism, empathy, situational awareness, and appropriate counsel to soldiers and leaders alike.

Due to the close relationships that chaplains fostered with their soldiers before combat and building on those relationships during the hardships of deployment and hostilities enabled chaplains to be a unique “go-to” person for soldiers who were experiencing PTSD or other problematic dysfunctions. As well this close bond helped the chaplain identify quickly those who were experiencing the lingering effects of PTSD and provide them personal immediate counsel and assistance.

As part of the their overall mission chaplains continued to provide suicide intervention and prevention training, family and marital issues counsel, personal problems intervention, screenings of home-ward bound soldiers, and PTSD follow up of chronic occurrence or “flare-ups” as always chaplains referred soldiers assessed at risk to appropriate health care professionals.

My personal experience and observation during OIF leads me to unequivocally state that the Army chaplain remains a constant force of good on the battlefield, one who brings a dynamic healing, comfort, and care to soldiers and leaders they cannot get from any other. The 46 chaplains of the 101st Airborne Division (AASLT) during OIF remained steadfast in providing nurture, care, and honor they never wavered. The 101st Airborne Division (AASLT) ultimately lost more soldiers to death than any other combat unit in Iraq. The specter of death cuts a huge wound across the hearts of fellow comrades, these scars will forever remain, but the soothing of the wounds can be rejuvenating and the healing process can bring a real sense of new life to the survivors and instills in many a renewed desire to live lives that honor the sacrifice of their friends.

Chaplains' are the catalyst, beginning with their thorough pastoral relationship establishment with their soldiers, right up to the moment of their initial defusing intervention. The pastoral care chaplains render, not the least of which is their significant pastoral role in the corporate healing process that begins with the memorial services, and concomitantly post-wound ministry, funerals, family care, grief processing assistance, and sustained pastoral ministry that continues long after return to home station.

There is a Latin axiom; "*nemo dat quod non habet*," that is, you cannot give what you do not have. The chaplains of the 101st Airborne Division (AASLT) were prepared and they gave of themselves in such a way that many soldiers benefited tremendously because their chaplain was there and was prepared.

The critical combat pastoral care provided by chaplains to soldiers decreased acute PTSD significantly. The follow on care effectively reduced chronic episodes of PTSD. Once soldiers return to home station the post-combat relationship between chaplain and unit soldiers continues to be pastoral, a pastor is a shepherd, the shepherd takes care of the sheep, those that are well, and those that are wounded – the healing continues, no soldier or family member is left to struggle with PTSD alone. An integral network of support organizations, family care groups, chapel communities, and a host of other service agencies welcome back and reintegrate their soldiers.

It's imperative that the lessons learned about PTSD during this conflict are correctly understood, templated, and applied so as to improve on early intervention techniques and prevention of chronic PTSD, the best hope for

accomplishing this objective in my opinion is exemplified in the first-line defender in this battle – the well-trained, uniquely “called,” and fully prepared battalion chaplain.

The health and welfare of the soldier is safeguarded by the presence of a well-trained and equipped chaplain who is deployed to the battlefield. The training of chaplains to this level of expertise happens in the training base environment and cannot be accomplished post-deployment. Similarly, chaplains returning from the battlefield must be recipients of post-combat support the same as other returning combat soldiers. This underscores the absolute need for a strong base ops environment of experienced green suited chaplains who understand the military. Pro Deo Et Patria.