Resources for Soldier health

By Kimball Johnson

NCO Journal

April 11, 2018



The Ready and Resilient Performance Center staff at Fort Drum, New York, led Soldiers from the 210th Brigade Support Battalion, 2nd Brigade Combat Team, through six stations that combined a physical workout with cognitive tasks during a physical training performance training session Feb. 6, 2018, at the Monti Physical Fitness Center. The Center is a resource for learning how to reduce stress in Army life. (U.S. Army photo by Michael Strasser, Fort Drum Garrison Public Affairs)

The Army, unlike the Navy and the Air Force, which are platform-centric, is a personnel-centric force. And its readiness is a direct reflection of the health and discipline of the men and women serving in its ranks.

Army 2020: Generating Health & Discipline in the Force (https://www.army.mil/e2/c/downloads/233874.pdf)

While deployed in support of Operation Iraqi Freedom as a sergeant major in the 7th Calvary Regiment, retired 14th Sgt. Maj. of the Army Raymond F. Chandler III was working late when a rocket exploded in his office.

"If I had not gotten up from my desk, I would have been killed," he said.

Chandler's traumatic event severely affected his life.

"When you're in that circumstance, [there are] different ways you can deal with that experience. For me, it was to turn my feelings off and deny the fact that even I could be killed," Chandler explained. "I think [it] started me on a process that was really destructive. I [drank] more, I was not connected to my family, didn't have a relationship with my children, my marriage was failing, and I really got to a point where I started to make some really bad personal decisions."¹

In 2012, as the Army reduced its presence in Iraq, and realizing that Soldiers deployed to combat areas deal with unresolved physical and mental health issues like Chandler's, the Army conducted a service-wide survey on the state of Soldiers' health.

The survey results, Army 2020: Generating Health & Discipline in the Force (https://www.army.mil/e2/c/downloads/233874.pdf), served to focus Army leaders' attention on policy gaps that needed fixing. The survey also showed "many health and disciplinary issues, ranging from

post-traumatic stress to illicit drug use to suicide, are interrelated."² The report also made recommendations for ways to improve institutional health support for Soldiers and their families and outlined resources leaders could turn to for help in alleviating discipline issues.

Related: "New Study Shows PTSD as Physical Rather than Psychological (http://www.armyupress.army.mil/Journals/NCO-Journal/Archives/2018/March/PTSD/)" by Crystal Bradshaw

New Approaches to Army-wide Health

Chandler's story is not uncommon; unfortunately, his response to his health's downward spiral isn't common enough.

"I started to make some bad personal decisions and felt I needed to do something different, and that's when I chose to get help"³ Chandler said.

Recognizing the importance and need for individual counseling for Soldiers returning from the combat zone, Medical Command established the first Army Wellness Centers in 2012. Designed around the concept of preventative medicine, the centers provide health education and coaching in sleep, physical activity, and nutrition. These three areas, known as the Performance Triad (https://p3.amedd.army.mil/), emphasize the Army's focus on training Soldiers to better direct and control external influences as a way to improve their overall resilience and readiness.

This whole-person, or holistic, approach moves Soldiers away from a sick-care system towards a health system which emphasizes a preventative approach to healing and staying well through healthy habits, rather than a response-based approach to sickness dependent on doctor visits and prescription medicines.

Realizing there is more to maintaining a healthy force than preventative practices, the Army developed the "Move to Health (https://usaphcapps.amedd.army.mil/HIOShoppingCart/Uploads/DownloadableProds/766_Move%20to%20Health%20workbook_June2016.pdf)" program. This program emphasizes the importance of the Performance Triad for Soldiers and their families and recognizes a Soldier's need for healthy relationships at home and in the community, the importance of fulfilling spiritual needs, and the essential role that emotions and physical environment play in maintaining one's health.

The program site includes videos and self-evaluation questionnaires that help Soldiers and family members get an overall picture of their health status. It also provides goalsetting sheets and suggestions to monitor and improve personal and family mental, physical, and emotional well-being.

Institutionally, updated medical responses to Soldiers' health needs now include the use of acupuncture, yoga, meditation, and biofeedback, along with psychological therapy, physical therapy, and other forms of alternative and complementary medicine to reduce the use of painkillers to avoid addiction. Integrated behavioral health care is now a common practice as well, ensuring Soldiers receive treatment for all their medical concerns at the same location.⁴

An update to Army Regulation 600-63

(https://www.army.mil/e2/downloads/rv7/r2/policydocs/r600_63.pdf), *Army Health Promotion*, and the Enduring Personal Readiness Executive Order (https://www.army.mil/standto/2017-01-05) were issued as oversight for these programs, mandating senior commanders organize and lead an Army Community Health Promotion Council at each installation.

Related: "Medics save Lives with Newly Developed Medical Technology (http://www.armyupress.army.mil/Journals/NCO-Journal/Archives/2018/March/Medics-Tech/)" by Crystal Bradshaw

An NCO's Duty

"You have to have the personal courage to make the decision that you're going to seek help," Chandler said⁵

The Army established a support system known as Ready and Resilient, with more than 31,000 NCOs trained as master resilience trainers to support the 26 Ready and Resilient Training and Performance Centers (https://www.army.mil/readyandresilient/) across the Army. The site includes phone numbers for the military crisis line, sexual assault helpline, and the psychological health and traumatic brain injury center.⁶

As much support as these centers and NCOs provide, it may not always be enough. Chandler points out that it is the responsibility of every NCO to oversee and support his or her fellow Soldiers' health.

"If you're a leader or a battle buddy of another Soldier who may be in crisis or may just have some challenges, you've got a duty; that's one of our values. You've got a duty to try and help your brother or sister," Chandler said. "It's about being loyal, that's another one of our values. Loyalty is extremely important, and if you say you're part of the Army and part of something larger than yourself, that loyalty, it means



something."7

According to Hank Minitrez, public affairs officer for the Office of the Deputy Chief of Staff, NCOs are the first line of defense in recognizing serious risk behaviors in their Soldiers, doing whatever it takes to counsel and point them to the appropriate resources for professional guidance.⁸

"NCOs have been at the forefront of improving the overall health of the force," Minitrez said.⁹

Health and Career

"The most important thing to remove the stigma from PTSD is for people to talk about it but in talking about it, not falling to the stereotypes," said Dr. Harold Kudler, Veteran Administration's chief mental health consultant.⁹

Chandler made it clear where the Army stands on this issue when he recounts his interview with Army Chief of Staff, Gen. George W. Casey, Jr., for the position of Sergeant Major of the Army.

I said, "Sir, I've been in behavioral health counseling for the past two years. And that could be an embarrassment."

Gen. Casey said, "That's not an embarrassment, Sergeant Major. That's actually a great news story, and if you can talk about it, then you'll make a difference."¹⁰

Openness and honesty with oneself, self-discipline, courage, and taking advantage of offered Army programs, are vital for Soldier recovery.

"If I can be the Sergeant Major of the Army, and my boss, who was the Chief of Staff of the Army, accepts the fact that I'm in behavioral healthcare counseling and can still do this, and do it fairly well, then I think it's okay for any Soldier in behavioral healthcare counseling to do their job," Chandler said.¹¹

Healthy Conclusions

Chandler's story has a successful conclusion, but only because he chose to draw on available resources.

"In hindsight, [counseling] probably saved my life. It saved my marriage and helped me to reestablish a relationship with my children," Chandler said. "I believe I am a better human being. I'm a better husband, and I'm a better father, and at the end of the line, I'm also a better Soldier."¹²

NCOs should help fellow Soldiers understand and take advantage of the Army resources that support physical and mental health for themselves and their families.

Notes

- 1. "Retired Sgt. Maj. of the Army Raymond Chandler," interview by realwarriorscampaign.com, March 20, 2015, video, 5:04, https://www.youtube.com/watch? v=BR_R947Tf8A.
- 2. Army 2020: Generating Health & Discipline in the Force, 4.
- 3. "Retired Sgt. Maj. of the Army Raymond Chandler."
- 4. Hank C. Minitrez, Public Affairs Officer, Asst. Sec. Army, Manpower & Reserve Affairs Deputy Chief of Staff for Army Personnel, the Pentagon, Washington D.C., in response to interview questions from the author, January 2018.
- 5. "Retired Sgt. Maj. of the Army Raymond Chandler."
- 6. Hank C. Minitrez, Public Affairs Officer, January 2018.
- 7. "Retired Sgt. Maj. of the Army Raymond Chandler."
- 8. Army 2020: Generating Health & Discipline in the Force, 4.
- 9. Hank C. Minitrez, Public Affairs Officer, January 2018.
- 10. "The stigma that stops veterans from getting help for PTSD," pbs.org, March 29, 2017. https://www.pbs.org/newshour/show/stigma-stops-veterans-getting-help-ptsd.
- 11. "Retired Sgt. Maj. of the Army Raymond Chandler."
- 12. "Retired Sgt. Maj. of the Army Raymond Chandler."