

Military Funeral Honors Handbook

Unclassified
11 November, 2010

History

This is the first printing of this publication.

Summary

This publication prescribes the criteria, policies, processes, procedures and responsibilities for MFH.

Applicability

This publication applies military and civilians assigned to support the Army National Guard (ARNG) and Army National Guard of the United States (ARNGUS) when not in the service of the United States. Certain provisions of this publication may continue in effect after individuals and units are called into active Federal service (AFS) as may be stated in the call, order, or administrative instructions of the Department of the Army.

Proponent and exception authority

The proponent of this regulation is the NGB-SFS Division. The proponent has the authority to approve exceptions to this information that are consistent with controlling policies, laws, and regulations.

Table of Contents

Chapter 1 - Introduction

Purpose, 1-1
Mission Statement, 1-2
References, 1-3
Equal Opportunity, 1-4

Chapter 2- Responsibilities

Contracted State Coordinator, 2-1
Funeral Honors Technician, 2-2
Honor Guard NCOIC, 2-3
Area Coordinator, 2-4
Team Leader (Detail Leader), 2-5
Honor Guard Members, 2-6

Chapter 3- Training

Honor Guard SOP/Training Handbook, 3-1
ARNG Honor Guard Training Course, 3-2
NCOIC, 3-3
Training Records, 3-4
Area Coordinators, 3-5

Chapter 4 - Policy

Chapter 5 – Eligibility for Military Funeral Honors (MFH)

Eligibility Criteria, 5-1

Chapter 6 – Documentation of Military Service

Funeral Directors, 6-1

Chapter 7 – Military Funeral Honors Requirements

Three Soldier Detail, 7-1
Nine Soldier Detail, 7-2
Full Military Honors, 7-3

Chapter 8 – Funeral Request Processing, Database Entry, and Reporting Procedures

MFH Program Funeral Honor Request Form, 8-1
Team Assignment, 8-2
Military Funeral Honors Database, 8-3

Chapter 9 – Mission Preparation/Execution

Upon receipt of Mission, Prior to Departure from Office/Armory, 9-1
Arrival at Gravesite or Specified Service Location, 9-2
Upon Completion of the Mission, 9-3

Chapter 10 – Honor Guard Leave/Pass/Sick Policy

Purpose, 10-1

Authority, 10-2

Leave Accrual and Leave Program, 10-3

Emergency Leave, 10-4

Passes, 10-5

Sick-in-Quarters, 10-6

Sick-in-Hospital, 10-7

Dependent Illness, 10-8

Chapter 11 – Fitness Standards

Chapter 12 – Uniform Dress and Appearance

Military Funeral Honor Members, 12-1

Chapter 13 – Weapons and Ammunition/ Physical Security

Procedures and Responsibilities, 13-1

Chapter 14 – Supplies, Equipment and Funding

Funding, 14-1

Supplies and Equipment, 14-2

Chapter 15 – Transportation and Lodging

GSA Transportation, 15-1

Rental Vehicles, 15-2

Reimbursement of Expenses, 15-3

Chapter 16 – Traditional ARNG Drilling Soldiers

Public Law, 16-1

Honor Guard Member Duty Status, 16-2

Military Retirees, 16-3

Veterans Service Organizations, 16-4

Contract Bugler, 16-5

Appendix A – References

Appendix B – Draft Forms

Appendix C – Battle Drills

Appendix D – Glossary

Appendix E – Psychological First Aid

Appendix F – Resilience

Appendix G – Suicide Prevention

Appendix H – Yellow Ribbon Reintegration Program

Appendix I - Employer Outreach

Appendix J - Casualty Operations

Appendix K - Military Funeral Honors

Appendix L - Survivor Outreach Services

Chapter 1

Introduction

1-1 Purpose

This Military Funeral Honors Handbook outlines, but is not limited to, the basic operation of the Military Funeral Honors (MFH) Program. This Handbook prescribes policies, procedures, and responsibilities governing the utilization of Army National Guard (ARNG) resources, Military Decision Execution Package (MDEP) Veterans Military Burial Honors (VMBH), in support of MFHs for veterans and retirees. It provides program management and budget guidance for participation in the MFH Program.

1-2 Mission Statement

The Mission of the Army National Guard Military Funeral Honors program is to provide the ceremonial paying of respect and the final demonstration of the country's gratitude to those who, in times of war and peace, have faithfully defended our nation

1-3 References

- a. Department of Defense (DOD) Directive 1300.15 Military Funeral Honors Support.
- b. DOD 7000.14-R, "DOD Financial Management Regulation, "Volume 9, Chapter 4, Section 0409.
- c. Field Manual (FM) 3-21.5, Chapter 14:
<http://www.adtdl.army.mil/cgi-bin/atdl.dll/fm/3-21.5/chap14htm>
- d. RCMS Tribute Assistance and Planning Services (TAPS) Database User Handbook.
- e. Army Knowledge Online (AKO) User Group ARNG Honor Guard.

1-4 Equal Opportunity

Management actions will be developed to enhance ARNG/ARNGUS readiness for State and Federal missions. All actions will be consistent with the Army's policy on equal opportunity as set forth in National Guard Regulation (NGR) 600-21 and Army Regulation (AR) 600-20, paragraph 6-3.

Chapter 2

Responsibilities

2-1 Contracted State Coordinator.

Works for the contracted company under a national contract awarded by NGB IAW the Performance Work Statement (PWS), in support of the MFH Program. The State Coordinator will work with the state designated Military Authority for the day-to-day operation of the program and for matters regarding policy and fiscal issues. The coordinator will fulfill his/her requirements IAW the —Critical Task List, which accompanies the PWS and the below-listed items.

2-1.1 General supervision is provided by the Contracted Program Manger, the State Military Authority, and the ARNG Program Manager who will review program execution and operations in terms of accomplished objectives, adherence to the Task Order, and Performance Work Statement.

2-1.2 Coordinates, plans, and develops statewide operations for the military Funeral Honors Program.

2-1.3 Required to establish systems and databases to identify and track the level of support and fiscal cost associated with each MFH ceremony provided.

2-1.4 Responsible for the development of Area Coordinator and Funeral Honors team member training.

2-1.5 Ensures that payroll and travel claims for all team members are processed in an appropriate time frame.

2-1.6 Assists in the management and development of the annual budget for the Military Funeral Honors program.

2-1.7 Processes travel claims in the AFCOS system in order to issue travel orders and execute travel funds.

2-1.8 Drafts, reviews and staffs Military Funeral Honors Program policies, Standard Operating Procedures (SOPs), and objectives in coordination with the ARNG Program Manager and/or State Military Authority.

2-1.9 Advises the military authority on all budgeting and fiscal control functions.

2-1.10 Presents program information to civic organizations, state, and national government groups.

2-1.11 Ensures all honors are provided to Veterans and Service Members in accordance with state and federal law.

2-1.12 Coordinates with Veteran Service Organizations (VSO) and processes pay allowances, reimbursement, and stipends as required for VSO and National Guard member participation

2-1.13 Evaluates the performance of veterans' organization honors teams and Army National Guard teams, approves certification, and maintains accurate records of all state certified organizations.

2-1.14 Prepares and conducts program briefings and/or presentations for state and national government groups and civic organizations as requested.

2-1.15 Other duties as assigned by the Contract Program Manager that are within the Coordinator's PWS.

2-2 Funeral Honors Technician.

Duties and responsibilities listed are as prescribed by the position description for a Human Resources Assistant (Military), GS-0203-07, in most cases. For a full job description of this position refer to the appropriate Position Description and the Optional Form 8. The following section refers to related duties of this position within the Military Funeral Honors Program.

2-2.1 Serves as a point of contact, coordinator, and advisor for questions regarding Military Funeral Honors and/or Casualty Assistance.

2-2.2 Serves as a liaison between the family and funeral directors and their assistants, Veterans Services Organizations, Veterans Affairs Offices, National Guard Bureau (NGB), Regional Casualty Assistance Center (CAC), and other military services and/or members.

2-2.3 Provides assistance to the family members by advising them of the deceased member's entitlements and provides information or assistance with filling out required forms.

2-2.4 Maintains files and libraries of current funeral/casualty material including policies, procedures, and guidance from Department of Defense (DOD), NGB, Regional CAC, and the Veterans Administration (VA).

2-2.5 Coordinates with the Regional CAC, Funeral Home, Honor Guard, supporting military units, and each Casualty Assistance Officer/Casualty Notification Officer (CAO/CNO) to ensure all requests for MFH are supported.

2-2.6 Collects data from various sources for statistical purposes regarding Funeral Honors and Casualty Assistance, for projecting budgetary requirements.

2-2.7 Coordinates with NGB and Regional CAC for assistance and support in the conducting of training within the MFH program.

2-2.8 Serves as Military Funeral Honor Human Resource Assistant. Accepts missions for MFH, assigns missions to area coordinators throughout the state, and deals directly with funeral home directors to coordinate support.

2-2.9 Prepares pay documentation for MFH. Prepares TL's for pay, ensures pay is followed up and paid on time, and researches and corrects any pay errors.

2-2.10 Maintains IMPAC Credit Card. Makes necessary purchases for administrative support utilizing Government Credit Card, maintains transaction log of all purchases with credit card, and updates subprogram manager monthly after reconciliation process.

2-2.11 Maintains MFH Database. Logs all support requests into database as required NLT the 5th of every month. Tracks the number of services for MFH, tracks the completion of all missions, and ensures proper personnel are assigned to each funeral.

2-2.12 Tracks and maintains accountability of all MFH equipment. Submits help request and work orders for faulty office equipment. Maintain a working knowledge in using AFCOS to request orders, input budget reservations and obligations, and to track budget balances.

2-2.13 Performs other duties as assigned (ODA). Other duties and responsibilities are as designated by the state coordinator in conjunction with the Military Authority of the Honor Guard Program.

2-3 Honor Guard NCOIC.

The Honor Guard NCOIC must be able to manage the HG program in the absence of the State Coordinator. The NCOIC will assist the Honor Guard State Coordinator or other program leadership in the enforcement of Honor Guard- related regulations, policies, and procedures within this handbook and training SOP. The NCOIC must be able to effectively communicate with the Military Authority, the State Coordinator, the full time technician, and all HG personnel.

2-3.1 Schedule and ensure that members are trained in accordance with the ARNG Honor Guard Training SOP.

2-3.2 Supervises the regional trainers in regard to the training of all HG personnel.

2-3.3 Conducts regional training visits and inspections of training being conducted at area coordinator armories and certified VSOs.

2-3.4 Ensures proper decorum for MFH including: trained personnel, implementation of standardized MFH procedures, dignified and respectful honor guard details, professional dress and appearance, synchronization of movement, and regular quality control of funeral details.

2-3.5 Works with full time technician & Regional Coordinators to maintain a list of available M-Day volunteers, Technicians, AGR, Retirees, VSOs and other AP3 resources by region for the most efficient and effective use of personnel to fulfill missions.

2-3.6 Ensures all Honor Guard members are in compliance with AR 670-1 (Uniforms and Insignia), FM 21-20 (Physical Fitness Standards), and all other applicable regulations and policies governing the Honor Guard Program.

2-3.7 Enforces the utilization of the Chain of Command with all assigned MFH military personnel. Responsible for military actions involving all Honor Guard ADOS and M-Day personnel, this includes the approval of leaves, passes, and/or any other time off. Those actions will be coordinated with the full time technician, as well as the State Coordinator, and/or Area Coordinator.

2-3.8 Performs other duties as assigned (ODA) by the military authority.

2-4 Area Coordinators.

Appointed by the state's Honor Guard Military Authority in consult with the State Coordinator and placed on ADOS orders, preferably 90 – 180 day orders at a time, to manage an assigned region/area of the MFH Program while supporting and enforcing the regulations, policies and SOP governing the HG Program. Each Area Coordinator will have an appropriate number of Honor Guard teams to service their area of responsibility (AOR). Area Coordinators will be in the rank SGT through CPT (recommended).

2-4.1 Areas of Responsibility

2-4.1a Responsible for recruiting, training, supervising, and participating with Honor Guard teams within their geographic area of responsibility.

2-4.1b Coordinates, on a regional basis, the fulfillment of requests for MFH ceremonies for deceased veterans.

2-4.1c Manages all missions through the RCMS Military Funeral Honors Database (TAPS). Responsible for adding participants and completing the missions in the database within 24 hours after the mission is completed.

2-4.1d Coordinates program training requirements and exercises for performance of MFH ceremonies, in compliance with state and federal guidelines.

2-4.1e Assists the Honor Guard Program Manager or Technician in developing budget requests and participates in budget management and fiscal control functions.

2-4.1f Responsible for maintaining accountability for all Honor Guard team equipment, which can include, but is not limited to: GSA vehicle(s), training casket(s), Bugle(s), cell phone(s), IT equipment, etc.

2-4.1g Evaluates the performance of Veterans Service Organizations (VSO) Honors teams; approves certifications and maintains accurate records of all state certified organizations in their area of responsibility.

2-4.1h Prepares and conducts program briefings and/or presentations for local government and civic organizations.

2-4.1i Responsible for ensuring all pay related documents are submitted in a timely manner.

2-4.1j Responsible for other MFH duties as assigned.

2-4.2 Qualifications

2-4.2a Must be a current member of the Army National Guard.

2-4.2b Must possess the ability to obtain and maintain a valid state vehicle operator's license.

2-4.2c Must be capable of working independently with little supervision.

2-4.2d Should possess adequate computer skills.

2-4.2e Must possess a thorough knowledge of applicable military regulations, policies, and directives pertaining to MFH ceremonies.

2-4.2f Must possess a thorough knowledge of military drill & ceremonies techniques.

2-4.2g Must possess a thorough knowledge of the methods and techniques used in preparing and presenting training programs.

2-4.2h Must possess a skill in handling and using ceremonial weapons.

2-4.2i Must possess the ability to travel extensively in the performance of his/her assigned duties.

2-4.2j Must possess the ability to establish and maintain effective working relationships with VSOs, other elements within the ARNG, Funeral Directors, and the public.

2-4.2k Must possess the ability to communicate clearly and effectively.

2-4.2l Must be able to prepare and make informational presentations regarding the Honor Guard Program.

2.4.2m Must possess the ability to maintain accurate records and prepare complex reports.

2.4.2n Must possess the ability to work outdoors, in extreme weather conditions and irregular hours.

2-5 Team Leader (Detail Leader).

Team Leaders report to the Area Coordinator for funeral missions. Team Leaders are expected to ensure the mission is performed in the proper manner according to the ARNG Honor Guard SOP and current policies in place. Team Leaders will be in the rank of SPC through SSG.

2-5.1 Areas of Responsibility

2-5.1a Responsible for training, supervising, and participating with Honor Guard teams within their geographic AOR.

2-5.1b Responsible for the direct supervision of three (3) to seven (7) subordinates.

2-5.1c Coordinates the fulfillment of requests for MFH ceremonies assigned to their team.

2-5.1d Coordinates program training requirements and exercises for performance of MFH ceremonies, in compliance with state and federal guidelines.

2-5.1e Responsible for maintaining accountability and serviceability for all Honor Guard team equipment, which includes, but not limited to: GSA vehicle(s), training casket(s), Bugles(s), cell phone(s), IT equipment, etc.

2-5.1f Assists the Area Coordinator in the AOR recruiting effort.

2-5.1g Responsible for ensuring all pay related documents are submitted in a timely manner.

2-5.1h Responsible for other Honor Guard duties as assigned.

2-5.2 Qualifications

2-5.2a Must be a current member of the Army National Guard.

2-5.2b Must possess the ability to obtain and maintain a valid state vehicle operator's license.

2-5.2c Must be capable of working independently with little supervision.

2-5.2d Should possess adequate computer skills.

2-5.2e Must possess a thorough knowledge of applicable military regulations, policies, and directives pertaining to MFH ceremonies.

2-5.2f Must possess a thorough knowledge of military drill & ceremony techniques.

2-5.2g Must possess a thorough knowledge of the methods and techniques used in preparing and presenting training programs.

2-5.2h Must possess a skill in handling and using firearms.

2-5.2i Must possess the ability to travel extensively in the performance of his/her assigned duties.

2-5.2j Must possess the ability to establish and maintain effective working relationships with VSOs, other elements with the ARNG, Funeral Directors, and the public.

2-5.2k Must possess the ability to communicate clearly and effectively.

2-5.2l Must possess the ability to prepare and make informational presentations regarding the Honor Guard Program.

2-5.2m Must possess the ability to maintain accurate records and prepare complex reports.

2-5.2n Must possess the ability to work outdoors, in extreme weather conditions and irregular hours.

2-6 Honor Guard Members.

Team members will work directly for their respective Team Leaders within an assigned geographic area in the state. All members will abide by the provisions of this SOP and all the regulations and policies governing this SOP. Honor Guard Team Members will be in the rank of PVT and above.

2-6.1 Areas of Responsibility

2-6.1a Responsible for participating with Honor Guard teams within their geographic AOR.

2-6.1b Maintain proper military decorum and display appropriate professionalism.

2-6.1c Maintain Height and Weight standards; failing to do so could result in dismissal from the program.

2-6.1d Maintain neat and clean uniforms for all MFH missions, IAW HG SOP & AR 670-1.

2-6.1e Participate in all training requirements and exercises for performance of MFH ceremonies, in compliance with state and federal guidelines.

2-6.1f Maintain accountability and serviceability for all Honor Guard team equipment, which includes, but not limited to: GSA vehicle(s), training casket(s), Bugles(s), cell phone(s), etc. as assigned.

2-6.1g Assists the Area Coordinator and Team Leader in the AOR recruiting effort.

2-6.1h Coordinates with Team Leader regarding availability for missions.

2-6.1i Responsible for other MFH duties as assigned.

2-6.2 Qualifications

2-6.2a Must be a current member of the Army National Guard.

2-6.2b Must possess the ability to obtain and maintain a valid state vehicle operator's license and Defensive Driving Certificate.

2-6.2c Must be capable of working independently with little supervision.

2-6.2d Must possess the knowledge of applicable military regulations, policies, and directives pertaining to MFH ceremonies.

2-6.2e Must possess the knowledge of military drill & ceremonies techniques.

2-6.2f Must possess a skill in handling and using firearms.

2-6.2g Must possess the ability to communicate clearly and effectively.

2-6.2h Must possess the ability to travel extensively in the performance of their assigned duties.

2-6.2i Must possess the ability to work outdoors, in extreme weather conditions and irregular hours.

Chapter 3

Training

3-1 The development of this program, in part, was to ensure a professional, well-coordinated, and dignified rendering of Honors for a deceased veteran. To that extent, each member shall train to achieve excellence in the performance of a precise and professional ceremony IAW the ARNG Honor Guard SOP and Training Handbook.

3-2 Select personnel will be chosen to attend the ARNG Honor Guard Training Course at Camp JT Robinson, Professional Education Center, N. Little Rock, AR. Upon successful completion of this course these individuals will be certified to conduct the ARNG Honor Guard 40 hour In-State Training Course, as published by the ARNG Training Branch, in a train-the-trainer capacity.

3-3 The NCOIC will provide initial training and certification for the area points of contact (POCs), retirees, state militia members, ARNG, and VSO personnel assigned to their area.

Training will consist of the following:

3-3.1 Eligibility requirements

3-3.2 Setting up the squad/drill team

3-3.3 Graveside services for casketed and cremated remains

3-3.4 Firing of the volley (if firing party is present)

3-3.5 Bugler or proper use of the ceremonial bugle (or high quality CD of Taps)

3-3.6 Folding and presenting the flag

3-3.7 Defensive Drivers Training Course

www.safetyserve.com/arng

3-4 Training Records: Shall be maintained on all Funeral Detail personnel.

3-5 Area Coordinators will coordinate with the Honor Guard Coordinator or NCOIC to obtain a copy of the updated MFH training video, training flags, training certificates, and lapel pins for VSOs. The VSOs will be given a training certificate and lapel pin upon satisfactorily completing the training requirements and becoming AP3 certified. See the following website for information on the training certificates and lapel pins:

<http://www.mfhcmdrs.osd.mil/>

3-6 The ARNG is authorized to provide training to the VSOs or other authorized providers IAW DOD Directive 1300.15, dated 11 Jan 01

Chapter 4

Policy

4-1 It is DOD policy that a MFH ceremony shall be provided to eligible veterans and retirees upon request. Commanders at all levels must support rendering a final tribute on behalf of a Grateful nation to comrades in arms, and must respond expeditiously and sensitively to requests for military funeral support. Rendering MFH reflects the high regard and respect accorded to military service and demonstrates military professionalism to the nation and the world.

4-2 Upon request of the next of kin (NOK) or authorized representative, the military services shall provide MFH to an eligible veteran or retiree consisting of the ceremonial folding and presentation of the American flag and sounding of Taps.

4-2.1 Military Services are encouraged to provide elements of honors in addition to those listed in paragraph 3.2. (i.e. firing party, color guard) and use additional uniformed members or other Authorized Provider Partnership Program Guidance (AP3 Providers) to augment the funeral honors detail. The following web-site provides guidance on the implementation of AP3: <http://www.mfhcmdrs.osd.mil/>

4-3 The ceremony requires a minimum of two uniformed military persons, in addition to a live bugler or individual to provide ceremonial bugle. One of the uniformed military persons shall be a representative of the parent Service of the eligible beneficiary when available. This individual shall present the flag to the next of kin or other appropriate individual.

4-4 The provisions of Military Funeral Honors are designated a total force mission. The total force mission consists of Active Duty personnel, Reserve/National Guard component members, military retirees, and AP3 providers qualified by the active or reserve component honor guard personnel may perform this mission.

4-5 Specific Policy Guidance relevant to VMBH-funded programs within the Army National Guard can be found in Annex B.

Chapter 5

Eligibility for Military Funeral Honors

5-1 Deceased Active Duty personnel and Veterans.

5-2 The Office of the Secretary of Defense (OSD) has defined —Veterans as a decedent who:

5-2.1 Served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable by means of an honorable or under honorable conditions (general) discharge; or

5-2.2 Was a member or former member of the selected reserve; and

5-2.3 Completed at least one (1) enlistment as a member of the selected reserve or, in the case of an officer, completed the initial obligated service as a member of the selected reserve; or

5-2.4 Was discharged before completion of the person's initial enlistment as a member of the selected reserve or, in the case of an officer, period of initial obligated service as a member of the selected reserve, for a disability incurred or aggravated in line of duty; or

5-2.5 Died while a member of the selected reserve.

5-3 The state MFH coordinator is responsible for determining that the deceased is eligible for honors prior to providing a MFH detail. If the deceased is not eligible, the process stops.

5-4 Individuals who have, at any time, been discharged or released from military service with one of the following characterizations are not eligible for MFH: Only the Secretary of the service (ie Sec Army, Navy, etc) can deny honors.

5-4.1 Dishonorable discharge

5-4.2 Bad conduct discharge

5-4.3 Dismissal from the service awarded by a court-martial

5-4.4 Under other than honorable conditions discharge

5-4.5 An officer's resignation for the good of the service in lieu of court-martial, which results in a discharge of under other than honorable conditions.

Chapter 6

Documentation of Military Service

6-1 Funeral Directors will obtain service eligibility of the deceased Veteran from a DD Form 214, Military Discharge Papers or other acceptable evidence, and record this information. Families and Funeral Directors searching for documentation on deceased National Guard personnel will be directed to the Military Personnel Office for assistance. Listed below are other acceptable documents used to verify prior ARNG service:

6-1.1 NGB Form 22 (Report of Separation and Record of Service).

6-1.2 Memorandum, Notification of Eligibility for Retired Pay at Age 60.

6-1.3 NGB Form 55, Honorable Discharge from the Armed Forces of the United States America-Army/Air National Guard (certificate). This form does not indicate the period of service.

6-2 The following web-site will assist in locating documentation:
http://www.archives.gov/research_room/vetrecs/index.html

Chapter 7

Military Funeral Honors Requirements

7-1 Three Soldier Detail The three Soldier detail is authorized to provide MFH for Veterans. Detail will consist of the following positions: 1 NCOIC/OIC, 1 Soldier and a Bugler.

7-2 Nine Soldier Detail. The Nine Soldier Detail is authorized to provide MFH for the following: Retired Service Member, National Guard, Reserve and Active Duty Soldier not Killed in Action. The nine Soldier detail requires at a minimum; 1 NCOIC/OIC, 6 Soldiers, Bugler and Chaplain. Three weapons will be required.

7-3 Full Military Honors. Full Honors Funerals are authorized for the following: Service member's KIA, Medal of Honor recipient, General Officer and an E -9. Full Honor detail consists of 21 soldiers to perform the following:

1 Detail NCOIC/OIC

6 Pallbearers

1 Firing Party NCOIC

7 man Firing Party

1 Bugler

4 man Color Guard

1 Chaplain

Equipment needed: Ceremonial bugle, (7) M-14 or M-16 rifles, blank rounds, (2) ceremonial rifles, (2) flag holders, (1) American Flag, and (1) Army Flag.

Chapter 8

Funeral Request Processing, Database Entry, and Reporting Procedures

8-1 MFH Program Funeral Honor Request Form. The Honors request should be properly filled out by the participating funeral home and faxed/emailed to the MFH Program Honor Guard office. If a funeral home is not participating in the service; then a family member or a family representative may make the funeral honors request. Once the Military Funeral Honors request is received by the MFH Program it will be reviewed to ensure that it is properly filled out and accurate (i.e. deceased information, SSN, date, time, location, etc...) Contact **will be** made with the funeral home by the personnel handling the received request if further clarification is needed. The Honors request will then be immediately entered into the Reserve Component Manpower System (RCMS) TAPS Database. It will be the responsibility of the area coordinator to add the participants assigned to the mission and complete the mission data upon completion of the mission. An electronic request will then be completed and sent out to the appropriate area coordinator, either through the TAPS Database or email. The area coordinator will then be called and/or texted via cell phone with the mission information. The electronic request will be saved into the monthly file of the appropriate region, and entered onto the activity log.

8-2 Team Assignment. The Honor Guard State Coordinator or designated representative will assign funeral requests based on the regional area of the funeral. The area coordinator of the assigned region will be responsible for setting up the mission and making contact with the funeral home. If the area coordinator cannot support the funeral request; he/she should work with other area coordinators, VSOs, Retirees, and all available resources to include the central office, most likely located at the state JFHQ, to support the mission.

8-3 Military Funeral Honors Database. It is imperative the MFH Program accurately reports honors performed on the RCMS Military Funeral Honors Database website on a daily basis. The RCMS web site for reporting participation in MFH is: <https://minuteman.ngb.army.mil/>

8-3.1 The MFH report is essential for each state. Reports may be downloaded as often as required for tracking participation. DOD is mandated by Congress to provide an annual detailed report regarding MFH support for veterans. NGB requires monthly reports from the MFH Database.

8-3.2. MFH data will be entered into the database by a designated representative on a daily basis upon receipt of missions. Area Coordinators will be responsible for entering participant information into the MFH database upon the receipt and assignment of missions.

8-3.3. Area Coordinators will also be required to complete the mission requirements in the database within 24 hours of completing the mission. All missions will be completed in as timely a manner as possible in order to ensure the central office and the ARNG have the most current and up-to date data. Additionally, this information supports the processing of payroll paperwork for M-Day, Retiree, and VSO participants.

8-3.4. The MFH Database will be checked and monitored routinely by the State Coordinator, full time technician, and/or the HG NCOIC.

Chapter 9

Mission Preparation/Execution

9-1 Upon receipt of mission, prior to departure from office/armory.

9-1.1 Contact the funeral home and introduce yourself as the Team Leader.

9-1.2 Verify name of deceased, date, time, type of service, and any other information needed to ensure the success of the mission.

9-1.3 Location of cemetery, church, funeral home, or desired location MFH will be needed.

9-1.4 Ensure funeral home has the proper 5 x 9 ½ Internment Flag for the military member.

9-1.5 Verify funeral director in charge, other POC, and any alternate contact numbers needed.

9-1.6 Ensure all team members are made aware of mission date, proper uniform, departure time, as well as any other travel arrangements that need to be made.

9-1.7 Complete Arms, Ammunition and Explosives (AA&E) request for transportation of weapons (if necessary).

9-1.8 Complete Pre-operation PMCS when GSA vehicles will be utilized for transport and secure — Trip Packet, which will include the following:

- Copy of mission request
- Printed map and/or directions, POC contact information
- Vehicle folder with gas card
- Spare Flag (new)
- Ceremonial Bugle with extra 9-volt batteries
- Weapons, AA&E Form, and appropriate blank ammunition (if needed).

9-2 Arrival at gravesite or specified service location.

9-2.1 Team will arrive No Later Than (NLT) 1 hour prior to scheduled funeral time in uniform prepared to conduct MFH.

9-2.2 Upon arrival, Detail will recon the gravesite checking for obstructions at the gravesite, choose the direction to face at the conclusion of the flag- folding, and identify the route to be taken to the transportation, whenever possible taking the team behind the chairs/ tent and out of sight of the family.

9-2.3 Makes contact with funeral director as needed, introduces himself/herself as the Team Leader, and verifies the following details:

- the Mock Up for Casket Bearers
- The Next of Kin (NOK) and seating position of NOK
- Sequence of events for service. The Team Leader will confirm with the funeral director whether the flag gets folded before or after committal service is complete (Usually after committal service).

9-2.4 Ensure proper communication between you and funeral director / POC at all times.

9-3 Upon completion of the mission.

9-3.1 Ensure that brass is recovered and that weapons are properly cleared in accordance with SOP (if applicable).

9-3.2 Complete a mission debrief/After Action Review (AAR) prior to departing the cemetery or location of funeral.

9-3.3 Upon return to office or Armory ensure that vehicle is topped off, cleaned out, and that an After Operation PMCS is completed when GSA vehicles have been utilized for transport; weapons are secured (if appl.), complete entry of mission data within TAPS database, annotate payroll paperwork for M-Day Soldiers.

Chapter 10

Honor Guard Leave/Pass/Sick Policy

10-1 Purpose. This chapter prescribes the policies and procedures governing leave and passes for service members on extended Military Funeral Honors (MFH) duty.

10-2 Authority. The MFH leave program will be managed by the NCOIC or the full time technician of the MFH Program. He/she will manage and approve leaves that are forecasted at least two weeks prior to the leave start date. The NCOIC or the full time technicians are the only individuals assigned to this program that have the authority to approve/disapprove leave requests or to grant passes.

10-3 Leave Accrual and the Military Funeral Honors Annual Leave Program.

10-3.1 Funeral Honors personnel on 30 consecutive days or longer will accrue leave, IAW AR 600-8-10, at a rate of 2.5 days for each month of active duty.

10-3.2 The MFH Program annual leave program is designed to provide maximum opportunity for all MFH personnel to take leave. Advanced leave is strongly discouraged, but will be considered on a case by case basis. While Leave is an entitlement and not a privilege, situations may arise where a leave request is denied. If such a leave request were to be denied a valid reason would be provided in item 17 of the DA Form 31.

10-3.3 Funeral Honors personnel are not required to use their entire 30 days leave each **fiscal** year, but no more than 15 days may be carried over into the next fiscal year.

10-3.4 The individual must get their area coordinator's/supervisor's signature in Block 12 of the DA 31 prior to submitting the leave request to the central office. The leave request will then be submitted to the Leave Program Manager for scheduling and approval.

10-3.5 The Leave Program Manager will verify the requestor's leave balance through My Pay or a current LES.

10-4 Emergency Leave.

10-4.1 Emergency leave is chargeable leave and members are authorized to use accrued and advanced leave for emergency reasons.

10-4.2 Funeral Honors personnel may request emergency leave with Commanders approval.

10-4.3 The Leave Program Manager is the approval authority for emergency leave.

10-4.4 Funeral Honors personnel may be authorized Emergency Leave for any one of the following situations:

- Death of an immediate family member.

- Presence will contribute to the welfare of a terminally ill member of the immediate family.
- For a serious situation of an immediate family member involving an accident, illness, or major surgery that cannot be postponed due to the urgency of the medical condition.

10-4.5 Immediate family members are defined as the following members of either the Service member's or spouses family:

- Spouse
- Parents, including stepparents
- Children, including stepchildren
- Brothers & Sisters, including stepbrothers / stepsisters
- Grandparents when the relationship was one of loco parentis

10-5 Passes

10-5.1 A pass is a short, non-chargeable, authorized absence from one's place of duty. Passes are not a right to which one is entitled, but a privilege to be awarded to deserving Soldiers.

10-5.2 The Leave Program Manager is the approval authority for passes.

10-5.3 Passes may be granted for the following reason:

- As special recognition for exceptional performance of duty.
- Following duty on a public holiday. Such time off may be granted the first day after the public holiday, except in unusual circumstances.
- Other situations at the discretion of the Leave Program Manager.

10-5.4 Listed below are the steps for submitting a Pass Request on a DA Form 31:

- Complete blocks 2 - 11.
- In block 7, check other (Pass).
- Obtain first line supervisor's signature in Block 12 and forward to the Leave Program Manager for approval.

10-6 Sick-in-Quarters

10-6.1 If a MFH member becomes sick and that illness causes the individual to miss work, two things will occur: the individual will contact the MFH main office as soon as possible; and, secondly, the individual will contact their original place of duty (i.e. region office) to notify his/her chain of command of his/her illness.

10-6.2 If individual is unable to work for 3 consecutive days or more, the individual must provide a statement to the MFH office from an attending physician verifying the inclusive dates of illness. If a statement is not provided to the MFH office, the MFH member will be charged ordinary leave for the days missed and will be counseled by his/her Area/Regional Coordinator.

10-7 Sick-in-Hospital.

10-7.1 This status is used for personnel who are hospitalized due to illness or injury. The MFH member will be excused from assigned duties and will not be charged leave.

10-7.2 The MFH member will provide the MFH Office with the following as soon as possible given the situation and his/her ability to contact the Chain of Command:

- The date and place of treatment
- The nature of illness or injury
- The circumstances surrounding the illness or injury
- The name of attending physician.

10-8 Dependent Illness.

10-8.1 A MFH member who misses work due to the illness of an immediate family member (i.e. spouse or child) may be excused from duty for a 24-hour period and not charged with leave.

10-8.2 If the MFH member is unable to work for 2 consecutive days or more, the MFH member will be charged with leave for the Entire period missed.

10-8.3 If a MFH member misses work due to dependent's illness, two things will occur: the individual will call the Funeral Honors Office as soon as possible and secondly; the individual will contact their original place of duty (i.e. region office) to notify the proper chain of command of absence.

Chapter 11
Fitness Standards

11-1 Physical fitness and acceptable weight standards are critical factors in personal appearance. Soldiers on the overweight program will not perform in any ceremonial capacity.

11-2 All MFH Program members will comply with FM 21-20, Chapter 14 Army Physical Fitness Test standards, and may be tested at any time.

11-3 A normal fitness routine is highly encouraged for all HG personnel. A mandatory fitness program will be implemented if members fail their Record APFT, or a Record APFT administered by the Honor Guard.

Chapter 12

Uniform Dress and Appearance

12-1 The ARNG Honor Guard represents the entire United States Army and is judged in part by the manner in which individual Soldiers of this program wear their uniforms. A neat and well-groomed appearance for all Soldiers is fundamental to the Honor Guards mission accomplishment. It is the responsibility of the entire chain of command to ensure that Soldiers present a neat and soldierly appearance. It is the duty of all Soldiers to take pride in their appearance.

12-2 All MFH members will maintain their uniforms to a standard of excellence.

12-3 The only authorized uniforms for MFH details are the Class A uniform or the Dress Blue uniform. The Army Combat Uniform (ACU) **will not** be worn. All MFH members will be uniformed in the same attire when performing together. Mixing uniforms (A's /Blue's) while traveling and/or performing missions is not authorized.

12-4 MFH Program Honor Guard personnel will wear uniforms IAW Army Regulation (AR) 670-1 and in compliance with the ARNG Honor Guard SOP.

12-5 The travel uniform will vary depending on the duration of travel and may include the wearing of the polo shirt and windbreaker when deemed appropriate.

12-6 M-Day personnel will complete a minimum of prior to being issued a Dress Blue Uniform. M-Day personnel will be certified and approved by the Honor Guard State Coordinator/NCOIC before authorization is granted to buy or be issued a Dress Blue Uniform.

12-7 All VSO members should be professional in appearance during the rendering of MFH and should be similarly attired. VSO members will wear the uniform of that organization (matching slacks, jacket, tie, cap, and organizational pins). The BDU uniform will not be worn for MFH ceremonies.

Chapter 13

Weapons and Ammunition/Physical Security

13-1 All MFH participants must be in compliance with the safety and proper procedures of military firearms. The M-14 rifle is the **PREFERRED** weapon for use by ARNG MFH firing party details.

13-2 All Honor Guard personnel will be in compliance with AR 190-11 (Physical Security of Arms Ammunition, and Explosives) while transporting and possessing weapons.

13--3 All weapons used for Honor Guard Ceremonies must be handled in a professional manner at all times. An unloaded rifle will be carried at the appropriate Carry Arms position by the right side while walking. A loaded rifle will be carried at the appropriate Port Arms position by the Soldier.

13-4 All rifles will be unloaded and cleared by the Detail Leader or the Firing Party Commander in a professional manner as described by policy prior to departing the cemetery or place of service. Weapons will also be cleared by the individual and verified by the Detail Leader prior to entering the Arms Room or location of storage.

13-5 Blank ammunition for the M-14 and/or the M-16 rifle will be requested and forecast for by the unit full-time readiness NCO or NCOIC of the Honor Guard through the training ammunition coordinator of the state, based upon the estimated number of funerals supported by the unit.

13-6 The ARNG is not authorized to provide weapons or blank ammunition to any VSO. Reimbursement to VSOs for costs associated with the maintenance or use of their ceremonial weapons or blank ammunition is not authorized. VSOs can obtain information about the procurement of ceremonial weapons and blank ammunition from the U.S. Government at no charge at: <http://www.tacom.army.mil/ceremonial%5Frifle/>

Chapter 14
Supplies, Equipment and Funding

14-1 The use of government telephones and cellular phones for coordination, planning, training, and performance of MFH for veterans is authorized.

14-2 Organizational Maintenance National Guard (OMNG) Funding 2065 is used to purchase supplies/equipment required to provide a dignified military burial IAW congressional mandates.

14-3 The following is a list of supplies and equipment that can be provided if authorized funds by the Budget Authority for the performance of MFH. Any item not listed that the state deems necessary may be purchased using OMNG funding provided that the **ARNG MFH Program Manager authorizes the purchase:**

14-3.1 Flags

14-3.2 Ceremonial bugles

14-3.3 Contract buglers

14-3.4 Stipend for retirees and VSOs or Actual travel expenses for retirees and VSOs

14-3.5 Contract for printing supplies

14-3.6 Pins/patches

14-3.7 Travel expenses for M-day soldiers performing MFH in an IDT like status when the To & From mileage from the Soldier's residence exceeds 50 miles.

14-4. No purchases of the above listed items will be made without the approval of the MFH Program IMPAC Credit Card Holder/Budget Authority.

Chapter 15

Transportation and Lodging

15-1 GSA government transportation. GSA Transportation is dedicated to the Program or provided by the GSA Fleet Manager is for official military purposes only. The Fleet Manager will assign vehicles to the Program for MFH daily use. These GSA vehicles will be maintained IAW the guidelines monitoring military vehicles. Only military personnel are authorized to travel in a GSA vehicle.

15-1.1 The following are the only authorized persons in MFH to request additional vehicles in order to fulfill the mission: the State Coordinator, NCOIC, or the full time technician. The authorized person may acquire the use of GSA vehicles through the Transportation Motor Pool (TMP), J1, or other available resources as necessary.

15-1.2 Mileage will be recorded daily by the driver in the vehicle log, and the GSA folder will be properly maintained at all times. GSA vehicles should be inspected daily by the driver(s) to ensure that they are serviceable for use (i.e. oil, tires, and basic vehicle maintenance).

15-1.3 Mileage will be reported via email by the Area Coordinator or a designated representative to the State Coordinator/Technician NLT the 9th day of every month so that it can be reported to the Transportation Motor Pool (TMP) no later than the 10th.

15-1.4 The Voyager card issued to the vehicle is to be used for gas **only** unless otherwise authorized by the GSA Fleet Manager. Receipts for gas will be saved and entered into the GSA vehicle folder.

15-1.5 The driver and/or the Team Leader are ultimately responsible for the vehicle. Trash must be cleaned out of the vehicles daily if driven, and vehicles should be further cleaned on the exterior and interior as needed. These vehicles should present the same professional military image as the uniformed Soldier performing military honors.

15-2 Rental vehicles for government use.

Honor Guard rental vehicles are to be used only for official military purposes. The rental vehicles will be kept up according to the guidelines monitoring military vehicles. Only military personnel are authorized to travel in the rental vehicles.

15.2.1 Mileage will be recorded daily by the driver in the vehicle log, and the GSA folder will be properly maintained at all times. GSA vehicles should be inspected daily by the driver(s) to ensure that they are serviceable for use (i.e. oil, tires, and basic vehicle maintenance).

15-2.3 The Voyager card, if provided, issued to the vehicle is to be used for gas **only** unless otherwise directed or authorized. Receipts for gas will be saved and entered into the vehicle folder.

15-2.4 The driver and/or the Team Leader are ultimately responsible for the vehicle. Trash must be cleaned out of the vehicles daily, if driven, and vehicles should be further cleaned on the exterior and interior as needed. These vehicles should present the same professional military image as the uniformed soldier performing military honors.

15.3 Reimbursement of Expenses: MFH Program support personnel may be reimbursed for the use of privately owned vehicles (POV) at the standard Joint Travel Regulation (JTR) rate of \$.485 per mile, directly to and from the duty location when the distance travelled is in excess of 50 miles, roundtrip, from the service member's domicile.

Reimbursement for lodging and per diem may be authorized, when identified and authorized in advance, for overnight travel required in support of the MFH for a veteran.

Chapter 16

Pay and Duty Status

16-1 Weekly Pay. Pay will be generated once a week by the Full Time Technician using the TAPS Database/NGB 105.

16-2 Traditional ARNG Drilling Soldiers

16-2.1 Public law allows traditional Soldiers to receive a day's base pay or a \$50 stipend, whichever is greater, for preparation and performance of MFH. The Soldier must perform a minimum of four (4) hours per day in order to receive the base pay/stipend. The Soldier will also receive a retirement point for each day of training and/or performance of MFH. The number of days paid or retirement points earned for MFH cannot exceed 365 in a single year. The Soldier cannot receive more than one day's base pay/stipend and retirement point regardless of the number of MFH performed per day.

16-2.2 There is a National Guard Pay and Allowances (NGPA) open allotment funding Army Management Structure Code (AMSCO) (1C11.0200 and 1C31.0200) available for these Soldiers who participate in an M-Day status.

16-2.3 Soldiers may be in a MFH status to train, maintain equipment, and perform MFH as needed.

16-2.4 All training man-days will be annotated on a MFH duty record by the MFH coordinator or designated representative and reported to NGB on the monthly report (TAPS).

16-3 Honor Guard Member Duty Status for AGR and Technicians

16-3.1 Military Technicians may be granted administrative leave for up to four hours in any one-day while participating as a member of an MFH drill. Technicians in the proper leave status may perform MFH and receive one day base pay. Technicians must take either four (4) hours of annual leave (LA), or military leave (LM), to be paid if during their duty day.

16-3.2 In accordance with a legal determination AGR status soldiers will not be used to perform MFH; although they may provide training, equipment maintenance, administration, and observation of MFH.

16-3.3 State employees who participate in MFH in a paid status will be required to be charged a minimum of four (4) hours annual leave.

16-4 Military Retirees

16-4.1 Military retirees may receive a \$50 stipend for performing MFH. The \$50 stipend must be processed using 2065 OMNG funds. The AMSCO for the funding is 133G92.FO.

16-4.2 The stipend for military retirees will be processed using SF 1164, Claim for Reimbursement for Expenditures on Official Business. The request for payment will be processed through the USP&FO and completed IAW state guidance. The payment for services/stipend will be made through Commercial Accounts Payable System (CAPS). CAPS will automatically produce an SF 1099 for anyone who earns more than \$600 during a tax year. CAPS will not collect state or federal taxes from any earnings.

16-5 Veterans Service Organizations. There is a \$50 stipend authorized for VSO organizations/posts, not individuals, which are certified IAW AP3 Program Guidance mandated by DOD to perform MFH in accordance with the ARNG SOP.

16-6 Contract Bugler. A contract bugler may be paid for his/her services using 2065 OMNG funds. If the bugler is to perform multiple funerals, a contract may be established through the Purchasing and Contracting Office at the USP&FO using DA Form 3953, Purchase Request and commitment. If the services provided are not ongoing, the bugler may be paid using the SF 1164.

Appendix A – References

[Use this appendix to list applicable regulations, pamphlets, and resources. Do not forget websites that will help the user do their job. See the example below.]

Army Deployment Cycle Support (DCS): <http://www.armyg1.army.mil/dcs/default.asp>

Army Forces Generation Model (ARFORGEN):
http://www.army.mil/aps/06/maindocument/print/Text_addendum_E.html

Army Family Team Building (AFTB): www.aftb.org

Employer Support for the Guard and Reserve: www.esgr.org

AR 380-67 - Security Clearance

AR 340-21 - The Army Privacy Program

AR 350-1 - Army Training and Leader Development

AR 380-67 - Personnel Security Program

Appendix B– Draft Forms

Honor Guard Burial Request Form

Retiree Pay Form

State Active Duty Payroll (SAD)

Request for Orders

Amendment of Orders

Request for Travel Orders

Commander's Questionnaire

Honor Guard Burial Request Form

Appendix C – Battle Drills

[Outline the tasks (collective and individual) conditions (including the initiating cue which is explained below), and standard for performance. Following the standard list each performance step to complete the drill. Number the battle drills 1, 2, 3, and so on. The following definitions from TRADOC regulation 350-7 may assist in developing this appendix. See the sample battle drill on the following page for additional guidance.]

Collective task

A clearly defined, discrete, and measurable activity, action, or event (i.e., task) which requires organized team or unit performance and leads to accomplishment of a mission or function. Task accomplishment requires performance of procedures composed of supporting collective or individual tasks. A collective task describes the exact performance a group must perform in the field under actual operational conditions.

Condition

The task condition describes the **field conditions** under which the task will be performed. The condition expands on the information in the task title by identifying when, where and why the soldier performs the task and what materials, personnel, and equipment the soldier must have to perform the task

Cue

A word, situation, or other signal for action. An initiating cue is a signal to begin performing a task or task performance step. An internal cue is a signal to go from one element of a task to another. A terminating cue indicates task completion. (This is further explained in the example on the following page.)

Drill

A disciplined, repetitious exercise to teach and perfect a skill or procedure (action), i.e., a collective task or task step.

Individual task

The lowest behavioral level in a job or duty that is performed for its own sake. It should support a collective task; it usually supports another individual task.

Standard

This is a statement which establishes criteria for how well a task or learning objective must be performed. The standard specifies how well, completely, or accurately a process must be performed or product produced. (This is further explained in the example on the following page.)

[Sample Battle Drill]

Battle Drill -1

Task: Provide referral service to prevent suicide.

Condition: A family member of a deployed Soldier indicates they are contemplating suicide. You are in a Family Assistance Center and have access to local SOPs and The Family Assistance Center Handbook.

[The cue to initiate action – or initiating cue - is stated by the family member contemplating suicide.]

Standard: A connection is made between the behavioral health care professional and the at-risk individual in accordance with Suicide Prevention Program Handbook.

[Use the standard outlined within the handbook as the standard.]

Performance Steps:

[Performance steps are the actions the person must conduct to execute the task. Be aware that this may include multiple people to accomplish a collective task as a Battle Drill. All the information contained within the performance steps need to be addressed within the handbook.]

1. Identifies indication of at-risk family member.
2. Supports the family member by establishing rapport and building trust.
3. Identifies local resource availability
4. Makes connection between behavioral health care professional and the at-risk individual.
5. Ensures physical hand-off (transportation, telephonic introduction, etc.)
6. Reports the situation through the SFS Division reporting system.

[Although there is no limit to the number of steps, tasks such as battle drills are normally performed within a short period of time as well as for their own sake. If the performance measures seem to become complex consider breaking the task into separate drills.]

Appendix D – Glossary

Authorized Providers (AP3) – Individuals or groups recognized by a Secretary of a Military Department who are not members of the Armed Forces or employees of the United States and who augment the uniformed members of a MFH detail. Authorized providers may include, but are not limited to, VSOs, members of the ROTC, and other appropriate individuals and organizations which support the rendering of MFH.

Authorized Representative – A person chosen by the NOK to represent them in matters dealing with the loss of the eligible veteran/retiree.

Personnel Eligible for Military Funeral Honors – Deceased active duty personnel and veterans (as defined in 10 U.S.C. 1491), which includes members and former members of the selective reserve (as defined in 38 U.S.C. 2301(f)).

Funeral Director – A state-licensed individual responsible for arranging all details of the burial, to include requesting Funeral Honors when appropriate.

Military Funeral Honors – The ceremonial paying of respect and the final demonstration of the country's gratitude to those who, in times of war and peace, have faithfully defended our nation. The MFH ceremony consists of, at a minimum, the folding and presentation of the American flag and the sounding of Taps by a detail of two uniformed members of the Armed Forces. At least one of the detail's members shall be from the parent service of the eligible veteran or retiree.

Military Funeral Honors Program – The military office of the ARNG, as directed by The Adjutant General (TAG), responsible for arranging the delivery of MFHs.

Service Representative – Uniformed member of the parent service of the eligible veteran or retiree who leads the honors detail and presents the flag to the NOK.

Taps – The traditional lights out musical composition played at military funerals and memorials. The official version of Taps is played by a single bugle.

Under Dishonorable Conditions – For the purposes of determining eligibility for MFH under 10 U.S.C., individuals who have at any time been discharged or released from military service with any of the following characterizations of service or under any of the following circumstances shall be considered to have been discharged or released under dishonorable conditions and MFH shall not be provided:

- A Dishonorable Discharge

- A Bad Conduct Discharge

- A Dismissal from the Service awarded by courts-martial

- An Under Other Than Honorable Conditions Discharge

An Officer Resignation for the Good of the Service in Lieu of courts-martial which results in a discharge characterization of Under Other Than Honorable Conditions.

Veteran – A decedent who served in the active military, naval, or air service (as defined in 38 U.S.C. 101(24) and was discharged or released there from under conditions other than dishonorable by means of an honorable or under honorable conditions (general) discharge; or was a member or former member of the selected reserve described in 38 U.S.C. 2301(f).

Selective Reserve – Includes Soldiers, Marines, Sailors, and Airmen who are or were drilling members of a RC or ARNG unit.

Appendix E – Psychological First Aid [SFS Division Standard Appendixes]

What is Psychological First Aid?

Psychological First Aid is designed to reduce the initial distress caused by traumatic events, and to foster short- and long-term adaptive functioning. Principles and techniques of Psychological First Aid meet four basic standards. They are: (1) consistent with research evidence on risk and resilience following trauma; (2) applicable and practical in field settings; (3) appropriate to developmental level across the lifespan; and (4) culturally informed and adaptable.

Strengths of Psychological First Aid

- Psychological First Aid includes basic information-gathering techniques to help mental health specialists make rapid assessments of survivors' immediate concerns and needs and to tailor interventions in a flexible manner.
- Psychological First Aid relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- Psychological First Aid includes the use of handouts that provide important information for youth, adults, and Families for their use over the course of recovery in contending with post-disaster reactions and adversities.

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught survivors.
- Help survivors to articulate immediate needs and concerns, and gather additional information as appropriate.
- Offer practical assistance and information to help survivors address their immediate needs and concerns.
- Connect survivors as soon as possible to social support networks, including Family members, friends, neighbors, and community helping resources.
- Support positive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and Families to take an active role in their recovery.
- Provide information that may help survivors to cope effectively with the psychological impact of disasters.
- Facilitate continuity in disaster response efforts by clarifying how long the Psychological First Aid provider will be available, and (when appropriate) linking the survivor to another member of a disaster response team or to indigenous recovery systems, mental health services, public-sector services, and organizations.

Guidelines for Delivering Psychological First Aid

- Politely observe first, don't intrude. Then ask simple respectful questions, so as to be able to discuss how you may be of help.
- Initiate contact only after you have observed the situation and the person or Family, and have determined that contact is not likely to be an intrusion or disruptive.

- Be prepared to be either avoided or flooded with contact by affected persons, and make brief but respectful contact with each person who approaches you.
- Speak calmly. Be patient, responsive, and sensitive.
- Speak in simple, concrete terms; don't use acronyms. If necessary, speak slowly.
- If survivors want to talk, be prepared to listen. When you listen, focus on learning what they want to tell you and how you can be of help.
- Acknowledge the positive features of what the person has done to keep safe and reach the current setting.
- Adapt the information you provide to directly address the person's immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate and age-appropriate for your audience, and correct inaccurate beliefs. If you don't know, tell them this and offer to find out.
- When communicating through a translator, look at and talk to the person you are addressing, not at the translator.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

Some Behaviors to Avoid

- Do not make assumptions about what the person is experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have personally experienced. Do not label reactions as _symptoms, ' or speak in terms of —diagnoses,|| —conditions,|| —pathologies,|| or —disorders.||
- Do not talk down to or patronize the survivor, or focus on their helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to help others in need, both during the disaster and in the present setting.
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people to feel safer and more able to cope.
- Do not —debrief|| by asking for details of what happened.
- Do not speculate or offer erroneous or unsubstantiated information. If you don't know something that you are asked, do your best to learn the correct facts.

Psychological First Aid Core Actions:

1. Contact and Engagement

Goal: To respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner.

2. Safety and Comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if needed)

Goal: To calm and orient emotionally-overwhelmed/distraught survivors.

4. Information Gathering: Current Needs and Concerns

Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

5. Practical Assistance

Goal: To offer practical help to the survivor in addressing immediate needs and concerns.

6. Connection with Social Supports

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including Family members, friends, and community helping resources.

7. Information on Coping

Goal: To provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning

8. Linkage with Collaborative Services

Goal: To link survivors with needed services, and inform them about available services that may be needed in the future.

These core goals of Psychological First Aid constitute the basic objectives of providing early assistance (e.g., within days or weeks following an event). These objectives will need to be addressed in a flexible way, using strategies that meet the specific needs of children, Families and adults. The amount of time spent on each goal will vary from person to person, and with different circumstances according to need.

There are three types of posttraumatic stress reactions:

Intrusive reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or images of the event (e.g., picturing what one saw), or dreams about what happened. Among children, bad dreams can occur that may not be specifically about the disaster. Intrusive reactions also include upsetting emotional or physical reactions to reminders of the experience. Some people may act like one of their worst experiences is happening all over again. This is called —a flashback.¶

Avoidance and withdrawal reactions are ways people use to keep away from, or protect against, intrusive reactions. These reactions include efforts to avoid talking, thinking and having feelings about the traumatic event, and to avoid any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, to protect against distress. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities.

Physical arousal reactions are physical changes that make the body react as if danger is still present. These reactions include constantly being "on the lookout" for danger, startling easily or being jumpy, irritability, or experiencing outbursts of anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention.

Trauma Reminders can be sights, sounds, places, smells, specific people, times of the day, situations, or even feelings, like being afraid or anxious. Trauma reminders can evoke upsetting thoughts and feelings about what happened. Examples include the sound of wind, rain, helicopters, screaming or shouting, and specific people who were present at the time. Reminders are related to a specific type of event, such as hurricane, earthquake, flood, tornado or fire. Over time, avoidance of reminders can make it hard for people to do what they normally do or need to do.

Loss Reminders can also be sights, sounds, places, smells, specific people, the time of day, situations, or feelings. Loss reminders bring to mind the absence of a loved one. Missing the deceased can bring up strong feelings, like sadness, feeling nervous, feeling uncertain about what life will be without them, feeling angry, feeling alone or abandoned, or feeling hopeless. Examples include seeing a picture of a lost loved one, or seeing their belongings, like their clothes. Loss reminders can also lead to avoiding things that people want to do or need to do.

Change Reminders can be things (people, places, things, activities, or hardships) that remind us of how our lives have changed from what they used to be as the result of a disaster. This can be something as simple as waking up in a different bed in the morning, or going to a different school, or being in a different place. Even nice things can remind us of how things have changed, and make us miss what we had before.

Hardships often follow in the wake of disasters, and can make it more difficult to recover. Hardships place additional strains on children and Families, and can contribute to feelings of anxiety, depression, irritability, uncertainty, and mental and physical exhaustion. Examples of hardships include: loss of home or possessions, lack of money, shortages of food or water, separations from friends and Family, medical or physical health problems, the process of obtaining compensation for losses, school closures, being moved to a new area, and lack of fun things for children to do.

Grief Reactions

Grief Reactions will be prevalent among those who survived the hurricane but have suffered many types of losses – including loss of loved ones, home, possessions, pets, schools, and community. Loss may lead to feelings of sadness and anger, guilt or regret over the loss, missing or longing for the deceased, and dreams of seeing the person again. These grief reactions are normal, vary from person to person, and can last for many years after the loss. There is no single —correct course of grieving. Importantly, personal, Family, religious and cultural factors affect the course of grief. Although grief reactions may be painful to experience, especially at first, they are healthy reactions and reflect the ongoing significance of the loss. Over time, grief reactions tend to include more pleasant thoughts and activities, such as positive reminiscing or finding positive ways to memorialize or remember a loved one.

Grief occurs when children and adults have suffered the traumatic loss of a loved one, and often makes grieving more difficult. In traumatic death, there is a tendency for the mind stay focused on the circumstances of the death, including preoccupations with how the loss could have been prevented, what the last moments were like, and issues of accountability. Traumatic grief reactions include intrusive, disturbing images of the manner of death that interfere with positive remembering and reminiscing, delay in the onset of healthy grief reactions, retreat from close relationships with Family and friends, and avoidance of usual activities because they are reminders of the traumatic loss. Traumatic grief changes the course of mourning, putting individuals on a different time course than may be expected by other Family members. Often, traumatic grief reactions can clash with the timing of religious rituals and other cultural expressions of mourning.

Depression can be an additional major concern. Depression is associated with prolonged grief reactions and strongly related to the accumulation of post-hurricane adversities. Reactions include: persistent depressed or irritable mood; loss of appetite; sleep disturbance, often early morning awakening; greatly diminished interest or pleasure in life activities; fatigue or loss of energy; feelings of worthlessness or guilt; feelings of hopelessness; and sometimes thoughts about suicide. Demoralization is a common response to unfulfilled expectations about improvement in post-disaster adversities, and resignation to adverse changes in life circumstances.

Physical Reactions may be commonly experienced, even in the absence of any underlying physical injury or illness. These reactions include: headaches; dizziness; stomachaches; muscle aches; rapid heart beating; tightness in the chest; loss of appetite; and bowel problems.

Provide Basic Information on Ways of Coping

The aim of discussing positive and negative forms of coping is to:

- Help survivors consider coping options
- Identify and acknowledge their coping strengths
- Explore the negative consequences of maladaptive coping actions
- Encourage survivors to make conscious choices about how to cope
- Enhance a sense of control over coping and adjustment

Positive coping actions are those that help to reduce anxiety, lessen other distressing reactions, and improve the situation. In general, coping methods that are likely to be helpful include:

- Talking to another person for support
- Getting adequate rest, diet, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible
- Scheduling pleasant activities
- Eating healthy meals
- Taking breaks
- Spending time with others
- Participating in a support group
- Using relaxation methods
- Using calming self talk
- Exercising in moderation
- Seeking counseling
- Keeping a journal

Negative coping actions tend to perpetuate problems. Negative coping actions include:

- Using alcohol or drugs to cope
- Withdrawing from activities
- Withdrawing from Family or friends
- Working too many hours
- Getting angry or violent
- Blaming others
- Overeating
- Watching too much TV or playing too many computer games
- Doing risky or dangerous things
- Not taking care of yourself (sleep, diet, exercise, etc.)

FM 21-11, First Aid for Service Members - Extract

First Aid for Psychological Reactions

Introduction

During actual combat, military operations continue around the clock at a constant pace, and often under severe weather conditions. Terrible things happen in combat. During such periods the Soldier's mental and physical endurance will be pushed to the limit. Psychological first aid will help sustain the Soldier's mental/physical performance during normal activities, and especially during military operations under extremely adverse conditions and in hostile environments.

8-1. Explanation of Term "Psychological First Aid"

Psychological first aid is as natural and reasonable as physical first aid and is just as familiar. When you were hurt as a child, the understanding attitude of your parents did as much as the psychological effect of a bandage or a disinfectant to ease the pain. Later, your disappointment or grief was eased by supportive words from a friend. Certainly, taking a walk and talking things out with a friend are familiar ways of dealing with an emotional crisis. The same natural feelings that make us want to help a person who is injured make us want to give a helping hand to a buddy who is upset. *Psychological first aid* really means nothing more complicated than assisting people with emotional distress whether it results from physical injury, disease, or excessive stress. Emotional distress is not always as visible as a wound, a broken leg, or a reaction to pain from physical damage. However, overexcitement, severe fear excessive worry, deep depression, misdirected irritability and anger are signs that stress has reached the point of interfering with effective coping. The more noticeable the symptoms become, the more urgent the need for you to be of help and the more important it is for you to know HOW to help.

8-2. Importance of Psychological First Aid

First aid can be applied to stress reactions of the mind as well as to physical injuries of the body. You must know how to give psychological first aid to be able to, help yourself, your buddies, and your unit in order to keep performing the mission. Psychological first aid measures are simple and easy to understand. Improvisation is in order, just as it is in splinting a fracture. Your decision of what to do depends upon your ability to observe the Soldier and understand his needs. Time is on your side, and so are the resources of the Soldier you are helping. Making the best use of resources requires ingenuity on your part. A stress reaction resulting in poor judgment can cause injury or even death to yourself or others on the battlefield. It can be even more dangerous if other persons are affected by the judgment of an emotionally upset individual. If it is detected early enough, the affected Soldier stands a good chance of remaining in his unit as an effective member. If it is not detected early and if the Soldier becomes more and more emotionally upset, he may not only be a threat to himself and to others, but he can also severely affect the morale of the unit and jeopardize its mission.

8-3. Situations Requiring Psychological First Aid

- Psychological first aid (buddy aid) is most needed at the first sign that a Soldier cannot perform the mission because of emotional distress. Stress is inevitable in combat, in hostage and terrorist situations, and in civilian disasters, such as floods, hurricanes, tornadoes industrial and aircraft catastrophes. Most emotional reactions to such situations are temporary, and the person can still carry on with encouragement. Painful or disruptive

symptoms may last for minutes hours, or a few days. However, if the stress symptoms are seriously disabling, they may be psychologically contagious and endanger not only the emotionally upset individual but also the entire unit. In such situations, you may be working beside someone who cannot handle the impact of disaster. Even when there is no immediate danger of physical injury, psychological harm may occur. For instance, if a person is unable to function because of stress, it may cause that person to lose confidence. If self-confidence cannot be restored, the person then may become psychologically crippled for life.

- Sometimes people continue to function well during the disastrous event, but suffer from emotional scars which impair their job performance or quality of life at a later time. Painful memories and dreams may recur for months and years and still be considered a normal reaction. If the memories are so painful that the person must avoid all situations which arouse these memories or if he becomes socially withdrawn, or shows symptoms of anxiety, depression, or substance abuse, he needs treatment. Experiences of police, firemen, emergency medical technicians, and others who deal with disasters has proved that the routine application of psychological first aid greatly reduces the likelihood of future serious post-traumatic stress disorders. Thus, applying psychological first aid as self-aid and buddy aid to all the participants, including those who have functioned well, is beneficial.

8-4. Interrelation of Psychological and Physical First Aid

Psychological first aid should go hand in hand with physical first aid. The discovery of a physical injury or cause for an inability to function *does not rule out* the possibility of a psychological injury (or vice versa). A physical injury and the circumstances surrounding it may actually cause an emotional injury that is potentially more serious than the physical injury; both injuries need treatment. The person suffering from pain, shock, fear of serious damage to his body, or fear of death does not respond well to joking, indifference, or fearful-tearful attention. Fear and anxiety may take as high a toll of the Soldier's strength as does the loss of blood.

8-5. Goals of Psychological First Aid

The goals of psychological first aid are to--

- Be supportive; assist the Soldier in dealing with his stress reaction.
- Prevent, and if necessary control, behavior harmful to him and to others.
- Return the Soldier to duty as soon as possible after dealing with the stress reaction.

8-6. Respect for Others' Feelings

a. Accept the Soldier you are trying to help without censorship or ridicule. Accept his right to his own feelings. Even though your feelings, beliefs, and behavior are different, DO NOT blame or make light of him for the way he feels or acts. Your purpose is to help him in this tough situation, not to be his critic. A person DOES NOT WANT to be upset and worried; he would "snap out of it" if he could. When he seeks help, he needs and expects consideration of his fears, not abrupt dismissal or accusations. You may be impressed with the fact that *you* made it through in good condition. You have no guarantee that the situation will not be reversed the next time.

b. Realize that people are the products of a wide variety of factors. All persons DO NOT react the same way to the same situations. Each individual has complex needs and motivations, both conscious and unconscious, that are uniquely his own. Often, the "straw that breaks the camel's

back" the one thing that finally causes the person to be overloaded by the stressful situation is not the stressor itself, but some other problem. Thus, an injury or an emotional catastrophe will have a personal meaning for each individual. Even though you may not share the reactions or feelings of another person and even though the reactions seem foolish or peculiar, you must realize that he feels as he does *for a reason*. You can help him most by accepting this fact and by doing what you can for him during this difficult time. He is doing the best he can under the circumstances. Your positive assistance and trust may be what he needs to do better.

8-7. Emotional and Physical Disability

a. Accept emotional disability as being just as real as physical disability. If a Soldier's ankle is seriously sprained in a fall, no one (including the injured man himself) expects him to run right away. A Soldier's emotions may be temporarily strained by the overwhelming stress of more "blood and guts" than he can take or by a large-scale artillery attack. DO NOT demand that he pull himself together immediately and carry on without a break. Some individuals can pull themselves together immediately, but others cannot. The person whose emotional stability has been disrupted has a disability *just as real* as the Soldier who has sprained his ankle. There is an unfortunate tendency in many people to regard as real only what they can see, such as a wound, bleeding, or an X-ray of a diseased lung. Some people tend to assume that damage involving a person's mind and emotions is just imagined, that he is not really sick or injured, and that he could overcome his trouble by using his will power.

b. The terms "it's all in your head," "snap out of it," and "get control of yourself" are often used by people who believe they are being helpful. Actually, these terms are expressions of hostility because they show lack of understanding. They only emphasize weakness and inadequacy. Such terms are of no use in psychological first aid. A psychological patient or a physical patient with strong emotional reactions to his injury does not want to feel as he does. He would like to be effective, but he is temporarily overcome with either fear, anxiety, grief, guilt, or fatigue. He feels lost and unable to control his emotions. Reminding him of his failure to act as others do only makes him feel worse. What he needs is calm, positive encouragement, such as reminding him that others have confidence in his ability to pull together and are also counting on him. Often this reassurance combined with explicit instruction and encouragement to do a simple, but useful task (that he knows how to do), will restore his effectiveness quickly.

8-8. Emotional Reaction to Injury

Every physically injured person has some emotional reaction to the fact that he is injured.

a. A minor injury such as a cut finger causes an emotional reaction in most people. It is normal for an injured person to feel upset. The more severe the injury, the more insecure and fearful he becomes, especially if the injury is to a body part which is highly valued. *For example*, an injury to the eyes or the genitals, even though relatively minor, is likely to be extremely upsetting. An injury to some other part of the body may be especially disturbing to an individual for his own particular reason. *For example*, an injury of the hand may be a terrifying blow to a baseball pitcher or a pianist. A facial disfigurement may be especially threatening to an actor.

b. An injured person always feels less secure, more anxious, and more afraid not only because of what has happened to him but because of what he imagines may happen as a result of his injury. This fear and insecurity may cause him to be irritable, stubborn, or unreasonable. He also may seem uncooperative, unnecessarily difficult, or even emotionally irrational. As you help him, always keep in mind that such behavior *has little or nothing to do with you personally*. He needs

your patience, reassurance, encouragement and support. Even though he seems disagreeable and ungrateful at first, ensure that he understands you want to help him.

8-9. Emotional Reserve Strength of Distressed Service Members

Realize that distressed Service Members have far more strength than appears at first glance. An injured or sick person may not put his best foot forward. The strong points of his personality are likely to be hidden beneath his fear, anguish, and pain. It is easy to see only his failures even though he worked efficiently beside you only a short time ago. With your aid he will again become helpful. Whatever made him a good Soldier, rifleman, or buddy is still there; he is needed.

8-10. Battle Fatigue (and Other Combat Stress Reactions [CSR])

Battle Fatigue is a temporary emotional disorder or inability to function, experienced by a previously normal Soldier as a reaction to the overwhelming or cumulative stress of combat. By definition, battle fatigue gets better with reassurance, rest, physical replenishment and activities which restore confidence. Physical fatigue, or sleep loss, although commonly present, is not necessary. All combat and combat support troops are likely to feel battle fatigue under conditions of intense and/or prolonged stress. They may even become battle fatigue casualties, unable to perform their mission roles for hours or days. Other negative behaviors may be CSRs, but are not called battle fatigue because they need other treatment than simple rest, replenishment and restoration of confidence. These negative CSRs include drug and alcohol abuse, committing atrocities against enemy prisoners and noncombatants, looting, desertion, and self-inflicted wounds. These harmful CSRs can often be prevented by good psychological first aid; however, if these negative actions occur, these persons may require disciplinary action instead of reassurance and rest.

8-11. Reactions to Stress

Most people react to misfortune or disasters (military or civilian, threatened or actual) after the situation has passed. All people feel some fear. This fear may be greater than they have experienced at any other time or they may be more aware of their fear. In such a situation, they should not be surprised if they feel shaky, become sweaty, nauseated or confused. These reactions are normal and are not a cause for concern. However, some reactions, either short or long term, will cause problems if left unchecked. The following are consequences of too much stress:

a. Emotional Reactions.

(1) The *most common* stress reactions are simply inefficient performances, such as:

- Slow thinking (or reaction time).
- Difficulty sorting out the important from all the noise and seeing what needs to be done.
- Difficulty getting started.
- Indecisiveness, trouble focusing attention.
- A tendency to do familiar tasks and be preoccupied with familiar details. This can reach the point where the person is very passive, such as just sitting or wandering about not knowing what to do.

(2) Much *less common* reactions to a disaster or accident may be uncontrolled emotional outbursts, such as crying, screaming, or laughing. Some Service Members will react in the

opposite way. They will be very withdrawn and silent and try to isolate themselves from everyone. These Service Members should be encouraged to remain with their assigned unit. Uncontrolled reactions may appear by themselves or in any combination (the person may be crying uncontrollably one minute and then laughing the next or he may lie down and babble like a child). In this state, the person is restless and cannot keep still. He may run about, apparently without purpose. Inside, he feels great rage or fear and his physical acts may show this. In his anger he may indiscriminately strike out at others.

b. Loss of Adaptability.

(1) In a desperate attempt to get away from the danger which has overwhelmed him, a person may panic and become confused. In the midst of a mortar attack, he may suddenly lose the ability to hear or see. His mental ability may be so impaired he cannot think clearly or even follow simple commands. He may stand up in the midst of enemy fire or rush into a burning building because his judgment is clouded and he cannot understand the likely consequences of his behavior. He may lose his ability to move (freezes) and may seem paralyzed. He may faint.

(2) In other cases, overwhelming stress may produce symptoms which are often associated with head injuries. *For example*, the person may appear dazed or be found wandering around aimlessly. He may appear confused and disoriented and may seem to have a complete or partial loss of memory. In such cases, especially when no eye witnesses can provide evidence that the person has *NOT* suffered a head injury, it is necessary for medical personnel to provide rapid evaluation for that possibility. **DO NOT ALLOW THE SOLDIER TO EXPOSE HIMSELF TO FURTHER PERSONAL DANGER UNTIL THE CAUSE OF THE PROBLEM HAS BEEN DETERMINED.**

c. Sleep Disturbance and Repetitions. A person who has been overwhelmed by disaster or some other stress often has difficulty sleeping. The Soldier may experience nightmares related to the disaster such as dreaming that his wife, father, or other important person in his life was killed in the disaster. Remember that nightmares, in themselves, are not considered abnormal when they occur soon after a period of intensive combat or disaster. As time passes, the nightmares usually become less frequent and less intense. In extreme cases, a Soldier, even when awake, may think repeatedly of the disaster, feel as though it is happening again, and act out parts of his stress over and over again. For some persons, this repetitious re-experiencing of the stressful event may be necessary for eventual recovery; therefore, it should not be discouraged or viewed as abnormal. For the person re-experiencing the event, such reaction may be disruptive and disturbing regardless of the reassurance given him that it is perfectly normal. In such a situation, a short cut that is often possible involves getting the person to talk extensively, even repetitiously, about the experience or his feelings. This should not be forced; rather, the person should be given repeated opportunities and supportive encouragement to talk in private, preferably to one person. This process is known as *ventilation*.

d. Other Factors. In studies of sudden civilian disasters, a rule of thumb is that 70 to 80 percent of people will fall into the first category (*a* above). Ten to 15 percent will show the more severe disturbances (*b* and *c* above). Another 10 to 15 percent will work effectively and coolly. The latter usually have had prior experience in disasters or have jobs that can be applied effectively in the disaster situation. Military training, like the training of police, fire, and emergency medical specialists in civilian jobs, is designed to shift that so that 99 to 100 percent of the unit works effectively. But sudden, unexpected horrors, combined with physical fatigue, exhaustion, and distracting worries about the *home front* can sometimes throw even well-trained individuals for a temporary loss.

e. Psychiatric Complications. Although the behaviors described (*a* through *c* above) usually diminish with time, some do not. A person, who has not improved somewhat within a day, even though he has been given warm food, time for sleep, and opportunity to ventilate, or who becomes worse, deserves specialized medical/psychiatric care. Do not wait to see if what he is experiencing will get better with time.

8-12. Severe Stress or Battle Fatigue Reactions

You do not need specialized training to recognize severe stress or battle fatigue reactions that will cause problems to the Soldier, the unit, or the mission. Reactions that are less severe, however, are more difficult to detect. To determine whether a person needs help you must observe him to see whether he is doing something meaningful performing his duties, taking care of himself, or behaving in an unusual fashion or acting out of character.

8-13. Application of Psychological First Aid

The emotionally disturbed Soldier has built a barrier against fear. He does this for his own protection, although he is probably not aware that he is doing it. If he finds that he does not have to be afraid and that there are normal, understandable things about him, he will feel safer in dropping this barrier. Persistent efforts to make him realize that you want to understand him will be reassuring, especially if you remain calm. Nothing can cause an emotionally disturbed person to become even more fearful than feeling that others are afraid of him. Try to remain calm.

Familiar things, such as a cup of coffee, the use of his name, attention to a minor wound, being given a simple job to do, or the sight of familiar people and activities will add to his ability to overcome his fear. He may not respond well if you get excited, angry, or abrupt.

a. Ventilation. After the Soldier becomes calmer, he is likely to have dreams about the stressful event. He also may think about it when he is awake or even repeat his personal reaction to the event. One benefit of this natural pattern is that it helps him master the stress by going over it just as one masters the initial fear of jumping from a diving board by doing it over and over again. Eventually, it is difficult to remember how frightening the event was initially. In giving first aid to the emotionally disturbed Soldier, you should let him follow this natural pattern. Encourage him to talk. Be a good listener. Let him tell, in his own words what actually happened (or what he thinks happened). If *home front* problems or worries have contributed to the stress, it will help him to talk about them. Your patient listening will prove to him that you are interested in him, and by describing his personal catastrophe, he can work at mastering his fear. If he becomes overwhelmed in the telling, suggest a cup of coffee or a break. Whatever you do, assure him that you will listen again as soon as he is ready. Do try to help put the Soldier's perception of what happened back into realistic perspective; but, DO NOT argue about it. *For example*, if the Soldier feels guilty that he survived while his teammates were all killed, reassure him that they would be glad he is still alive and that others in the unit need him now. If he feels he was responsible for their deaths because of some oversight or mistake (which may be true), a non-punishing, non-accusing attitude may help him realize that accidents and mistakes do happen in the confusion of war, but that life, the unit, and the mission must go on. (These same principles apply in civilian disaster settings as well.) With this psychological first aid measure, most Service Members start toward recovery quickly.

b. Activity.

(1) A person who is emotionally disturbed as the result of combat action or a catastrophe is basically a *casualty of anxiety and fear*. He is disabled because he has become temporarily

overwhelmed by anxiety. A good way to control fear is through activity. Almost all Service Members, *for example*, experience a considerable sense of anxiety and fear while they are poised, awaiting the opening of a big offensive; but this is normally relieved, and they actually feel better once they begin to move into action. They take pride in effective performance and pleasure in knowing that they are good Service Members, perhaps being completely unaware that overcoming their initial fear was their first major accomplishment

(2) Useful activity is very beneficial to the emotionally disturbed Soldier who is not physically incapacitated. After you help a Soldier get over his initial fear, help him to regain some self-confidence. Make him realize his job is continuing by finding him something useful to do. Encourage him to be active. Get him to carry litters, (but not the severely injured), help load trucks, clean up debris, dig foxholes, or assist with refugees. If possible, get him back to his usual duty. Seek out his strong points and help him apply them. Avoid having him just sit around. You may have to provide direction by telling him what to do and where to do it. The instructions should be clear and simple; they should be repeated; they should be reasonable and obviously possible. A person who has panicked is likely to argue. Respect his feelings, but point out more immediate, obtainable, and demanding needs. Channel his excessive energy and, above all, DO NOT argue. If you cannot get him interested in doing more profitable work, it may be necessary to enlist aid in controlling his over activity before it spreads to the group and results in more panic. Prevent the spread of such infectious feelings by restraining and segregating if necessary.

(3) Involvement in activity helps a Soldier in three ways:

- He forgets himself.
- He has an outlet for his excessive tensions.
- He proves to himself he can do something useful. It is amazing how effective this is in helping person overcome feelings of fear, ineffectiveness, and uselessness.

c. Rest. There are times, particularly in combat, when physical exhaustion is a principal cause for emotional reactions. *For the weary, dirty Soldier, adequate rest, good water to drink, warm food, and a change of clothes, with an opportunity to bathe or shave may provide spectacular results.*

d. Group Activity. You have probably already noticed that a person works, faces danger, and handles serious problems better if he is a member of a closely-knit group. Each individual in such a group supports the other members of the group. *For example*, you see group spirit in the football team and in the school fraternity. Because the individuals share the same interests, goals, and problems, they do more and better work; furthermore, they are less worried because everyone is helping. It is this group spirit that wins games or takes a strategic hill in battle. It is so powerful that it is one of the *most effective tools* you have in your "psychological first aid bag." Getting the Soldier back into the group and letting him see its orderly and effective activity will reestablish his sense of belonging and security and will go far toward making him a useful member of the unit.

8-14. Reactions and Limitations

a. Up to this point the discussion has been primarily about the feelings of the emotionally distressed Soldier. What about your feelings toward him? Whatever the situation, you will have emotional reactions (conscious or unconscious) toward this Soldier. Your reactions can either help or hinder your ability to help him. When you are tired or worried, you may very easily become impatient with the person who is unusually slow or who exaggerates. You may even feel resentful toward him. At times when many physically wounded lie about you, it will be

especially natural for you to resent disabilities that you cannot see. Physical wounds can be seen and easily accepted. Emotional reactions are more difficult to accept as injuries. On the other hand, will you tend to be overly sympathetic? Excessive sympathy for an incapacitated person can be as harmful as negative feelings in your relationship with him. He needs strong help, but not your sorrow. To overwhelm him with pity will make him feel even more inadequate. You must expect your buddy to recover, to be able to return to duty, and to become a useful Soldier. This expectation should be displayed in your behavior and attitude as well as in what you say. If he can see your calmness, confidence, and competence, he will be reassured and will feel a sense of greater security.

b. You may feel guilty at encouraging this Soldier to recover and return to an extremely dangerous situation, especially if you are to stay in a safer, more comfortable place. Remember though, that if he returns to duty and does well, he will feel strong and whole. On the other hand, if he is sent home as a *psycho*, he may have self-doubt and often disabling symptoms the rest of his life.

c. Another thing to remind yourself is that in combat someone must fight in this Soldier's place. This temporarily battle fatigued Soldier, if he returns to his unit and comrades, will be less likely to overload again (or be wounded or killed) than will a new replacement.

d. Above all, you must guard against becoming impatient, intolerant, and resentful, on one hand, and overly solicitous on the other. Remember that such emotion will rarely help the Soldier and can never increase your ability to make clear decisions.

e. As with the physically injured Soldier, the medical personnel will take over the care of the emotionally distressed Soldier who needs this specific care as soon as possible. The first aid which he has received from you will be of great value to his recovery.

f. Remember that every Soldier (even you) has a potential emotional overload point which varies from individual to individual, from time to time, and from situation to situation. Because a Soldier has reacted abnormally to stress in the past does not necessarily mean he will react the same way to the next stressful situation. Remember, any Soldier, as tough as he may seem, is capable of showing signs of anxiety and stress. No one is absolutely immune.

PHYSICAL SIGNS	EMOTIONAL SIGNS
<ol style="list-style-type: none"> 1. Trembling, tearful 2. Jumpiness, nervous 3. Cold sweat, dry mouth 4. Pounding heart, dizziness 5. Nausea, vomiting, diarrhea 6. Fatigue 7. "Thousand-yard stare" 	<ol style="list-style-type: none"> 1. Anxiety, indecisive 2. Irritable, complaining 3. Forgetful, unable to concentrate 4. Insomnia, nightmares 5. Easily startled by noises, movement 6. Grief, tearful 7. Anger, beginning to lose confidence in self and unit 8. Difficulty thinking, speaking, and communicating
SELF AND BUDDY AID	
<ol style="list-style-type: none"> 1. Continue mission performance, focus on immediate mission. 2. Expect Soldier to perform assigned duties. 3. Remain calm at all times; be directive and in control. 4. Let Soldier know his reaction is normal, and that there is nothing seriously wrong with him. 5. Keep Soldier informed of the situation, objectives, expectations, and support. Control rumors. 6. Build Soldier's confidence, talk about succeeding. 7. Keep Soldier productive (when not resting) through recreational activities, equipment maintenance. 8. Ensure Soldier maintains good personal hygiene. 9. Ensure Soldier eats, drinks, and sleeps as soon as possible. 10. Let Soldier talk about his feelings. DO NOT "put down" his feelings of grief or worry. Give practical advice and put emotions into perspective. 	
<p>* Most or all of these signs are present in mild battle fatigue. They can be present in any normal Soldier in combat yet he can still do his job.</p>	

<i>Table 8-2. More Serious Battle Fatigue</i>	
PHYSICAL SIGNS	EMOTIONAL SIGNS*
<ol style="list-style-type: none"> 1. Constantly moves around 2. Flinching or ducking at sudden sounds and movement 3. Shaking, trembling (whole body or arms) 4. Cannot use part of body, no physical reason (hand, arm, legs) 5. Cannot see, hear, or feel (partial or complete loss) 6. Physical exhaustion, crying 7. Freezing under fire, or total immobility 8. Vacant stares, staggers; sways when standing 9. Panic running under fire 	<ol style="list-style-type: none"> 1. Rapid and/or inappropriate talking 2. Argumentative, reckless actions 3. Inattentive to personal hygiene 4. Indifferent to danger 5. Memory loss 6. Severe stuttering, mumbling, or cannot speak at all 7. Insomnia, nightmares 8. Seeing or hearing things that do not exist 9. Rapid emotional shifts 10. Social withdrawal 11. Apathetic 12. Hysterical outbursts 13. Frantic or strange behavior
TREATMENT PROCEDURES	
<ol style="list-style-type: none"> 1. If Soldier's behavior endangers the mission, self or others, do whatever necessary to control Soldier. 2. If Soldier is upset, calmly talk him into cooperating. 3. If concerned about Soldier's reliability: <ul style="list-style-type: none"> • Unload Soldier's weapon. • Take weapon if seriously concerned. • Physically restrain Soldier only when necessary for safety or transportation. 4. Reassure everyone that the signs are probably just battle fatigue and will quickly improve. 5. If battle fatigue signs continue: <ul style="list-style-type: none"> • Get Soldier to a safer place. • DO NOT leave Soldier alone, keep someone he knows with him. • Notify senior NCO or officer. • Have Soldier examined by medical personnel. 6. Give Soldier tasks to do when not sleeping, eating or resting. 7. Assure Soldier he will return to full duty in 24 hours; and, return Soldier to normal duties as soon as he is ready. 	
<p>*These signs are present in addition to the signs of mild battle fatigue reaction. **Do these procedures in addition to the self and buddy aid care.</p>	

<i>Table 8-3. Preventive Measures to Combat Battle Fatigue</i>
<ol style="list-style-type: none"> 1. Welcome new members into your team, get to know them quickly. If you are new, be active in making friends. 2. Be physically fit (strength, endurance, and agility). 3. Know and practice life-saving self and buddy aid. 4. Practice rapid relaxation techniques (FM 26-2).

5. Help each other out when things are tough at home or in the unit.
6. Keep informed; ask your leader questions, ignore rumors.
7. Work together to give everyone food, water, shelter, hygiene, and sanitation.
8. Sleep when mission and safety permits; let everyone get time to sleep.
 - Sleep only in safe places and by SOP.
 - If possible, sleep 6 to 9 hours per day.
 - Try to get at least 4 hours sleep per day.
 - Get good sleep before going on sustained operations.
 - Catnap when you can, but allow time to wake up fully.
 - Catch up on sleep after going without.

Appendix F - Resilience

What is resilience?

Resilience is the ability to grow and thrive in the face of challenges and bounce back from adversity. When someone is resilient, they bend under pressure but do not break. Showing Service Members different avenues of success in areas like social and financial health and anger and stress management reinforces their ability to be more resilient when the inevitable pressures come.

Why is this important to the Army?

Enhanced resilience, achieved by a combination of specific training and improved fitness in the five domains of health, can decrease post-traumatic stress, decrease the incidence of undesirable and destructive behaviors, and lead to a greater likelihood for post-adversity growth and success. It ensures continuity of effort among the disparate organizations which currently provide education and training, intervention, or treatment programs to Service Members and their Families.

The CSF will ensure Service Members and Family members have the opportunity to enhance their resilience throughout their careers. The CSF program will maximize available training time, by equipping Service Members with the skills to become more self-aware, fit, balanced, confident, and competent. Service Members with these attributes will be better prepared to meet ambiguous and unpredictable challenges and help restore balance to the Army.

Army Chief of Staff Gen. George Casey Jr., said that the goal is to have one Master Resilience Trainer (MRT) at every Brigade and Battalion. Additionally, the ARNG will also have MRTs at each State JFHQ teach resilience skills to our Service Members and Families. The MRT course incorporates a variety of teaching methods, including lectures, classroom discussion, small group break-outs and role-playing. The break-outs, during which Service Members actively apply material discussed in the lectures, are most effective at preparing the students to become trainers themselves.

What continued efforts does the Army have planned for the future?

With execution of the CSF plan, all Service Members will undergo an assessment as they begin their military service, and periodically throughout their careers. The results of their assessment will be linked to a customized menu of training modules and services for areas that need strengthening. Additionally, CSF will evaluate the impacts of a resiliency training program in Basic Combat Training and build CSF instruction into all OES and NCOES curricula. Once a program's success is validated, it will be distributed to the entire training base. With recognition that strong, resilient Families are essential to the Army, a parallel tool is being developed for spouses, who will be encouraged to undergo assessment and strengthening as well.

Delivering Resiliency Training

The Army is continuing to enhance its war fighters with something more powerful than new artillery weapon systems, night vision scopes and expensive gadgets.

Master Resilience Training - developed in collaboration with the University of Pennsylvania - is part of the Army's Comprehensive Soldier Fitness program, which encompasses the five dimensions of strength: physical, emotional, social, Family and spiritual.

The Service Members and civilians who attended the training are all seasoned veterans of their crafts and have previous deployment experiences. Those traits prove invaluable to the program that continued to teach even the most experienced Service Members something new about themselves.

Army Chief of Staff Gen. George Casey Jr., has said the goal is to have one master resiliency trainer per battalion. The first goal is to ensure that each state has Master Resilience Trainers to teach resilience skills to our Service Members and Families.

The MRT course incorporates a variety of teaching methods, including lectures, classroom discussion, small group break-outs and role-playing. The break-outs, during which Service Members actively apply material discussed in the lectures, are most effective at preparing the students to become trainers themselves.

Resiliency training will also be added to pre- and post-deployment briefs. So those Service Members who weren't able to get to the class will be able to receive a part of the training. Moreover, the leaders will in turn be able to instill the training in their Service Members just as they did for the Warrior Ethos and Army Values.

INFORMATION PAPER

NGB-SFS
10 June 2010

SUBJECT: Army National Guard Resilience and Risk Reduction Branch

1. **Purpose.** To provide information pertaining to the Resilience and Risk Reduction Branch (R3B), which is located in the Soldier and Family Support (SFS) Division of the Army National Guard (ARNG).

2. **Mission.** As a strategic partner with the fifty-four States and Territories, we develop and deliver innovative human resources programs and services designed to support their resilience, risk reduction and intervention efforts.

3. **Vision.** The Resilience and Risk Reduction Branch is committed to improving the quality of life of all Service Members and their Families in the Army National Guard by providing responsive, efficient, timely, and high quality support programs and services that promote and sustain self-care, Family well-being, and a ready and resilient force.

4. Resources for States and Territories.

a. Programs.

(1) Comprehensive Soldier Fitness. Comprehensive Soldier Fitness (CSF) is the Army's long-term strategy to expand the assessment and training of every member of the Army, ARNG, and Army Reserve. It provides instruction on specific mental and physical skills that Service Members can be used to enhance performance when facing challenges, regardless of whether those challenges are in their personal/professional lives, in garrison, or in combat. First line leaders (FLLs) are taught how to instill qualities in their subordinates as part of their leadership training. There will be continuous, progressive, and sequential sustainment training of both Service Members and Leaders.

(a) Global Assessment Tool. Beginning at accession, each Soldier and Family member can confidentially assess their psychological strength using the Global Assessment Tool (GAT). Ideally, individuals will complete GAT reassessments every year throughout their careers in order to allow time for measurable growth, maturity, and learning. The importance of this assessment-reassessment process is to enable Service Members to monitor their personal growth, leadership to determine the effects of professional and environmental factors, and the ARNG to analyze the efficacy of training through the aggregate data. Additionally, the GAT contains components to enable individuals to increase their strengths in any of the five dimensions of holistic fitness—physical, social, Family, emotional, and spiritual.

(b) Master Resilience Trainer. CSF trains subject matter experts known as Master Resilience Trainers (MRTs) in both the operating and generating forces to oversee resilience

programs within their units. The priority for ARNG selection criteria to attend the programs within their units. The priority for ARNG selection criteria to attend the course is to mobilizing units and States with suicidal incidents. Since the first class in August 2009, the ARNG has trained 70 MRTs—66 Service Members, 2 Family members and two civilians. The end state will be at least one CSF-trained MRT at each Battalion, Brigade and Joint Force Headquarters (JFHQ), which will provide over 1,200 MRTs to meet the growing needs of the ARNG to remain a ready and resilient operational force. The ideal candidate to attend the training and become an MRT is the Master Gunner-type Noncommissioned Officer.

(2) **Military OneSource.** Military OneSource is helps with just about any need. Available by phone or online, our free service is provided by the Department of Defense for active-duty, Guard, and Reserve Service Members and their Families. The service is completely private and confidential, with few exceptions. Military OneSource provides free help and information, by phone with a professionally trained consultant or online, on a wide range of issues that affect you and your Family -- from budgeting and investing to relationships and deployment. It's available whenever you are -- 24 hours a day, 365 days a year. Whether you're single or married, a parent or not a parent, Military OneSource can help with the issues that are important to you. If we don't know the answer, Military OneSource does not have the answer, a representative will find it. Military OneSource also provides free counseling services (up to 12 sessions per person, per issue), face-to-face in the local community, by telephone, and online.

(3) In addition to Department of the Army programs, many States and Territories have developed programs to promote the health of their forces.

(a) **Peer-to-Peer Support Program.** The goal of peer support is to provide ARNG members with the opportunity to receive emotional and tangible peer support through times of personal or professional crises and to help anticipate and address potential difficulties. The Peer-to-Peer Support Program was developed in California and is geared toward the "First Line Treatment" approach. A Peer Support Person (PSP), Enlisted, Warrant Officer or Commissioned Officer, is a specifically trained colleague—not a counselor or therapist. PSPs should be chosen from volunteers who are currently in good standing with their unit and who have received recommendations from their superiors and/or peers. Considerations for selection of PSP candidates include but are not limited to previous education and training, resolved traumatic experience, and desirable interpersonal qualities, such as maturity, judgment and personal and professional credibility.

(b) **Buddy-to-Buddy Volunteer Veteran Program.** For those who have served, adjusting to civilian life can be tough. Many veterans encounter only minor, manageable issues when adjusting to life outside of military community. But some face more serious challenges, including Family concerns, financial struggles, or emotional issues such as depression, post-traumatic stress disorder (PTSD), substance abuse or traumatic brain injury (TBI). It can be difficult to ask for help, know where to go or who to talk to. No one knows more about the issues facing a veteran than a fellow veteran. The Buddy-to-Buddy Volunteer Veteran Program was developed in Michigan to train veterans on how to help Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans adjust to life outside the military community. From concerns to financial struggles to emotional challenges, trained Buddy-to-Buddy volunteer

veterans are there to listen and to help OEF/OIF veterans access the community resources and care they need.

(c) Life Ties Family Resiliency Course. The —Life Ties Course provides comprehensive training that instills the tools necessary for National Guard Families to handle the stresses associated with military life. In addition, it's designed to help develop the basic individual and Family skills to allow them to function throughout life as a resilient Family unit. Key learning objectives that Family members receive an understanding what Family resilience is, learning about challenges that impede our ability to function as a resilient Family unit, understanding personal Family strengths and how to achieve a cohesive/unified Family , identifying support networks within your community, and knowing how to ask for assistance or support when needed.

b. Personnel.

(1) Suicide Prevention Program Manager. Suicide Prevention Program Managers (SPPMs) have been authorized at the JFHQ level. The SPPM serves as the subject matter expert for all issues related to suicide prevention. He or she works with the State or Territory command group to develop suicide prevention and outreach training that is tailored to the demographic requirements of their respective State or Territory. SPPM develops community partnerships and relationships that support prevention efforts and training capabilities. Each SPPM collaborates with the Army National Guard Suicide Prevention Program Manager to synchronize the State/Territory suicide prevention program with the ARNG suicide prevention strategic plan. The SPPM has knowledge of all regulations and policies and provides recommendations for changes and policy refinement. He or she is responsible for reporting suspected and confirmed suicides to ARNG suicide prevention program, monitoring suicide data, and identifying trends within the respective State or Territory.

(2) Substance Abuse Prevention and Treatment Coordinator. The ARNG has 27 Substance Abuse Prevention and Treatment Coordinators (SAPTCs) assigned to the States and Territories. The program goal is to eventually have one SAPTC in each State or Territory. The SAPTC promotes a culture of responsible choices, compatible with core National Guard values, through the use of Substance Abuse Prevention and Awareness training. He or she serves as the subject matter expert for all issues related to prevention, treatment and outreach. The SAPTC works with the Substance Abuse Program Officer to develop outreach training that is tailored to the demographic requirements of their respective State or Territory. He or she develops community partnerships and relationships that support prevention efforts and training capabilities. Additionally, the SAPTC has knowledge of all regulations and policies, provides recommendations for program changes and policy refinement, and is responsible for monitoring substance abuse data, and trend analysis.

(3) Sexual Assault and Response Coordinator. The Sexual Assault and Response Coordinator (SARC) serves as the designated program manager of victim support services who coordinates and oversees State/Territory implementation and execution of the Sexual Assault Prevention and Response Program. He or she ensures overall local management of sexual assault awareness, prevention, training, and victim advocacy. For the purposes of public safety

and command responsibility, the SARC will report information concerning sexual assault incidents, without information that could reasonably lead to personal identification of the victim, to the installation Commander within 24 hours of the incident. With the victim's consent, the SARC assigns a Unit Victim Assistance (UVA) to assist the victim immediately upon

notification of the incident and ensures victims of sexual assault receive guidance and emotional support during administrative, medical, investigative, and legal procedures, and that victims understand the processes involved. Data will be collected, reported, and maintained on cases involving victims, subjects, and installation victim advocates and/or UVAs assigned to the case. The SARC will also track, at a minimum, what subordinate units require UVAs and deployable SARCs, a roster of those UVAs and deployable SARCs, status of their training, and rotation dates (that is, PCS and ETS). Furthermore, he or she ensures that sexual assault prevention, education, and victim advocacy services are available for all Service Members both on and off post by providing essential coordination and conducts senior leader training at installation level to increase awareness of sexual assault issues, high-risk behavior, and victim assistance programs (for example, off post rape crisis centers). He or she assists commanders in meeting annual sexual assault prevention and response training requirements and training UVAs and deployable SARCs.

(4) **Director of Psychological Health.** The role of the Director of Psychological Health (DPH) is to provide clinical assessment, consultation to leadership, briefings for all levels and stakeholders of the National Guard, and a referral service to both military and civilian mental health resources. From a standards-of-practice perspective, the DPH focuses clinical services on their clients, Service Members and their Families. As such, the relationship between the DPH and their clients is based on both local licensing laws and regulations and the federal Health Insurance Portability and Accountability Act (HIPAA). As independently licensed mental health professionals, DPHs are limited by contract to provide the above services, but cannot provide treatment services beyond crises and emergencies. In addition, DPHs typically cannot cross state lines to provide mental health services, as their licenses are limited to the states within which they are licensed.

5. **Partnerships.** Many States and Territories share their best practices and form partnerships with national and community entities, such as Easter Seals, American Red Cross, Substance Abuse and Mental Health Services Administration (SAMHSA), and local faith based organizations. They also use webinars and social media to increase awareness and communicate with Service Members and Family members. State Adjutants General, Governors, and legislative bodies have responded with funding and agency support to meet state, community, and local needs.

6. Resources.

a. Comprehensive Soldier Fitness and Global Assessment Tool, <http://www.army.mil/csf>

b. Military OneSource, <http://www.militaryonesource.com/MOS/Army.aspx?MRole=Member&Branch=Army&Component=NationalGuard>

c. California National Guard's —Peer-to-Peer Support Program,
http://www.calguard.ca.gov/j1/Pages/Peer_support.aspx

d. Michigan National Guard's —Buddy-to-Buddy Volunteer Veteran Program,
<http://www.buddytobuddy.org>

e. Kansas National Guard's —Life Ties Family Resiliency Course,
<http://kansastag.ks.gov/RESIL.asp?PageID=343>

f. Army National Guard's Resilience and Risk Reduction Branch,
<https://gkoportal.ngb.army.mil/sites/G1/SFSS/SSB/default.aspx>

Action Officer: MAJ NAME / 703-601-1111

Approved By: COL NAME

Appendix G – Suicide Prevention

Suicide prevention, like all leadership challenges, is a Commander's program and every leader's responsibility at all levels. The success of the Army Suicide Prevention Program rests upon proactive, caring and courageous people who recognize the imminent danger and then take immediate action to save a life. Active engagement of everyone can help to minimize the risk of suicide within the Army to stop this tragic and unnecessary loss of human life. Suicide prevention is everybody's business in The Army.

Suicide in the Military

Suicide in the military is not just a mental health problem; it is a public health problem. Nearly 20 percent of suicides each year are completed by veterans, and the number of suicide attempts by Army personnel has increased six-fold since the wars in Afghanistan and Iraq began. The keys to improving these statistics are reducing the stigma associated with mental illness, encouraging help-seeking behavior, and being aware of warning signs and treatment options.

What to Look for: Risk Factors

- Depression
- Substance abuse
- Difficulties in an intimate relationship
- Post Traumatic Stress Disorder
- Anxiety over financial hardship
- Family discord, loss of a loved one
- Access to firearms

Protective Factors/Interventions

- Regular consultation with primary care physician
- Effective clinical care for mental and physical health, and substance abuse
- Strong connections to Family and community support
- Restricted access to lethal means of suicide

Seeking Help is a Sign of Strength

Consulting a healthcare professional for a mental health condition does not in and of itself preclude an individual from obtaining a security clearance. In 2007, General David Petraeus wrote, —If you feel such stress, do not hesitate to talk to your chain of command, your chaplain, or a medical expert.¶

What Military Families Should Know to Help Loved Ones Who May Be At Risk

Suicide has increased dramatically in the military since the start of the global war on terrorism. Family members and military leaders are all working together to address the needs of our Service Members, and to get them the help and care that will restore their hope and relieve their stress.

Suicide is the 11th leading cause of death among Americans. While suicide is a difficult topic to discuss, it is an important one for military Families because the number of suicides is rising within the military population. The increased operational tempo, redeployment, combat exposure injury, and the impact on marital and Family relationships create extreme stress and are contributing factors. Additionally, the reluctance of Service Members to seek treatment plays a role in the delay in getting care.

Suicide, by definition, is fatal — a loss to the Family and the nation. Those who attempt suicide and survive can be left with serious injuries such as broken bones, brain damage, organ failure, and permanent physical disability. Suicide affects one's Family and community and leaves feelings of despair, grief, and anger. Like any health problem, it is important to educate oneself about suicide. *The more you know, the more likely you are to identify warning signs and to help prevent the loss or injury of a loved one.*

Warning Signs

Thinking about suicide and making suicide plans are the most serious signs and require immediate assistance. These include:

- Talking about, threatening, or wanting to hurt/kill self
- Obtaining means to kill/hurt self (e.g., obtaining firearm, pills)
- Conveying thoughts of death (e.g., such as —others being better off without me, —never wanting to wake up again)
- Other warning signs include:
 - Increase in alcohol or other substance use
 - Hopelessness (e.g., does not see way the situation will change)
 - Helplessness (e.g., feeling trapped, —there is no way out of this)
 - Worthlessness (e.g., feeling that he/she is not valued, —not one would miss me)
 - Withdrawal (e.g., from hobbies, Family, friends, job)
 - Irritability, anger

Risk Factors

Men are 4 times more likely than women to die from suicide. However, 3 times more women than men attempt suicide. In addition, suicide rates are high among young people and those over age 65.

Several factors can put a person at risk for attempting or committing suicide, but having these risk factors does not always mean that suicide will occur.

- Prior suicide attempt
- Family history of mental disorder
- Alcohol or other substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Firearms in the home, the method used in more than half of suicides

Action Steps

If you are experiencing any of these signs/symptoms, please seek help. If someone you know is experiencing these symptoms, please offer help. If you think someone is suicidal, *do not leave him or her alone*. Try to get the person to seek immediate help from his/her doctor, bring them to the nearest hospital emergency room, or call 911. If possible, try to eliminate access to firearms or other potential means for self-harm.

Resources

The Suicide Prevention Action Network USA has resources available to assist military personnel and their Families with finding appropriate care:

- Call 1-800-273-TALK (8255) for the National Suicide Prevention Lifeline. To speak with a Veterans Affairs (VA) counselor, press —11 after being connected.
- For SPAN USA's local suicide prevention resources, visit www.spanusa.org/states.
- Conduct an online mental health screening assessment at <http://www.militarymentalhealth.org/>
- Contact your local VA office, community mental health clinic, or religious institution.

Army Suicide Themes and Trends

1. Theme: Service Members Fall Through the Cracks During Transition

- Vulnerable Periods: PCS, ETS, Departure to / Return from Professional Military Education Courses, Deployment / Redeployment, and Changes of Leadership
- Service Members are not aggressively integrated / sponsored and end up feeling alone and without support
- Commanders are not aware of new Soldier "problems"
- Senior leaders worry that disclosing problems —brands
- Commanders and Service Members are unfamiliar with support resources available at their location
- Commanders and Service Members are unsure how to access support services at new location
- Service Members have not established social support at new location
- Stigma remains a major barrier to seeking help
- Coming home from deployment is not always a positive time
- Leaders assume —all is well as long as there are no performance changes noted
- When personal problems have been identified the impact is minimized.

2. Theme: Behavioral Health / ASAP Short Circuits

- First-line supervisors should have personal involvement with Soldier's behavioral health and Soldier's accountability toward behavioral health
- Health Care providers limited sharing of Soldier's behavioral health and Soldier's accountability toward behavioral health
- Emphasize importance of Behavior Health (BH) Care follow-up and monitoring patient, especially in regard to Service Members with prior suicide attempts
- Develop procedures — account for BH no-shows especially high-risk Service Members
- Signs of no depression or mental health issues do not outweigh high risk Service Members
- Chain of command vigilant toward BH changes and stress in Service Members

- BH professionals be aware of challenges as they relate to the Soldier's job
- BH providers should optimize lessons learned to create new opportunities to change and/or adjust practices toward Service Members
- Accessible BH professional doesn't mean Soldier will seek the needed assistance
- Existing BH professionals should be comparative to number of Service Members down range
- Black-box prescription warning; BH obligated to notify Soldier's Chain of command
- Educate Service Members to understand BH is real

3. Theme: Pseudo-Battle Buddies

- Battle Buddies are reluctant to inform the chain of command when they know a Soldier is having problems
- Buddies and lower-level unit leaders are not adequately trained to recognize and identify that changes in behavior may be indicative of a problem
- Isolated duty positions increase risk

4. Theme: Soldier Speed Bumps

- Decreased performance
- Loner with little unit support
- Loss of or perceived negatives in relationship
- Financial or legal problems
- Separation proceedings
- Loss of status for senior Service Members
- Enhanced stigma concerns for leaders
- Feelings of loneliness or depression

5. Theme: Reserve Component Eccentricities

- Inconsistent unit and battle buddy support
- Inability to consistently monitor changes in behavior

- Economic challenges such as civilian unemployment
- Failure to follow-up with Service Members who miss battle assemblies
- Failure to initiate separation proceedings for repeated A & D rehab failures
- Leaders have limited active duty time to address Soldier needs

6. Theme: Lost Art of Garrison Leadership

- Leaders know your Soldier; maintain contact both on and off duty
- Commanders connect the dots; Service Members keep problems to themselves
- As commanders, leaders and Service Members, come back to Garrison level and focus on basics (i.e. Soldier AWOL, inventory their barracks room and secure the belongings; if a Soldier has a positive Urine Analysis, initiate a command referral to ASAP).
- Challenges in understanding and executing command/garrison responsibilities
- Command climate: Support your Service Members seeking help

7. Theme: Family Members “Integral” In Identifying Risky Behavior

- Suicide Prevention Training - informed Family members are a must
- Better education of spouse and close personal —off-the-job friends
- Service Members exhibit —out of the ordinary redistribution of personal affects
- Family members need to know —stigma is not associated when identifying Family member who seek mental health/counseling assistance

8. Theme: Work Signals

- Report to Chain of command any Soldier exhibiting suicidal warning signs
- First-line supervisors may not know their Soldier’s stressors but, peers/friends do
- Ensure peers and friends are accountable to Soldier and first-line supervisor
- Service Members isolated from a traditional military unit encounter a civilian workforce with a need for a more intense and informed audience
- Emphasize suicide prevention training throughout the workforce

Extracted from AR 600-63, Army Health Promotion, dated 7 May 2007

Chapter 1

1-26. Suicide Prevention Program Manager

- a.* Administers the suicide prevention program for both military and Civilian members with a goal to reduce suicides.
- b.* Serves as the presiding officer of the Suicide Prevention Task Force and coordinates the efforts of task force members.
- c.* Serves as a member of the CHPC representing suicide prevention issues and providing input into related programs.
- d.* Tracks the training of all ACE-certified personnel and ACE training for the installation, state, and RSC.
- e.* Serves as the point of contact for program information and advice to the Commander and to major subordinate commands.
- f.* Integrates suicide prevention into community, Family, and Soldier support programs as appropriate.
- g.* Coordinates with internal and external organizations to share information, trends, best practices, lessons learned, and training developments.

Chapter 2

Community Health Promotion Program

2-1. Implementation guidance

a. The success of the Army Health Promotion Program is determined by the combined efforts of community, garrison, State Joint Forces Headquarters and Army Reserve DRUs, and Major Subordinate command (MSC) leaders. An effective, comprehensive, and integrated program at the installation, community, and garrison leader levels is the key to achieving overall goals.

(Intentional omissions - see regulations for full text)

- c.* Health promotion programs increase unit readiness, combat and organizational efficiency, and productivity by maximizing human resources. Health promotion activities encompass physical, behavioral, spiritual, and social dimensions and are positive actions. The total effect of health promotion activities and health education improve unit and organizational performance by enhancing individual well-being. Suicide prevention is one aspect in enhancing one's well-being. The major health promotion functional areas are outlined in paragraph 2-1d(5) below.
- d.* The garrison commanders will establish a Community Health Promotion Council (CHPC). Noninstallation based commands will establish a CHPC where practical. When supporting elements and resources are too geographically dispersed to support a CHPC, no installation

based commands will develop and implement strategies to accomplish similar goals. The CHPC may be combined with other similar established programs on the installation.

(1) The CHPC will be organized to provide a comprehensive approach to health promotion, and be concerned with the environment and its relationship to people at the individual, organizational, and community levels.

(2) All tenant organizations fall under the CHPC for health promotion policy and programs.

2-2. Community Health Promotion Council membership

a. The garrison Commander, community leader, TAG or USAR DRU/MSC Commander administers and controls the health promotion program through the CHPC and the Community Health Promotion Coordinator; these are the Commander's primary advisers. The presiding officer of the CHPC is the Commander or designee from the command group.

b. The Commander will ensure the goals, objectives, and purposes of the Health Promotion Program are well publicized throughout the command to keep Service Members, Army Civilians, Family members, and retirees aware of program benefits. This includes the relationship and interaction with CHPC members and overall program components.

c. The CHPC will be a multidisciplinary team appointed on orders by the installation Commander or community leader. The CHPC members act as advisors to the installation Commander or community leader on health promotion programs, to include program procedures, community health education, health risk assessments, and program evaluation efforts.

d. Principal CHPC tasks are to—

(1) Assess community needs.

(2) Analyze data resulting from program assessments or evaluations.

(3) Inventory resources.

(4) Develop, implement, and evaluate courses of action to address identified community needs.

(5) Integrate existing health promotion programs with other similar installation and community programs.

(6) Develop a comprehensive marketing plan based on existing resources and demographics.

(7) Report progress, challenges, and successes to the Well-Being Council, as defined by IMCOM.

e. The Community Health Promotion Coordinator will provide logistical and advisory support to the Commander and the CHPC.

f. The CHPC members normally serve for a minimum of 1 year, subject to reappointment at the end of the year. Members should have authority and responsibility to provide resources to assist with achievement of CHPC goals. The CHPC membership will include the following:

- (1) Garrison Commander, community leader, TAG or USAR DRU/MSC Commander, CHPC chair.
- (2) Suicide Prevention Program Manager.
- (3) Health Promotion Coordinator.
- (4) Garrison command sergeant major.
- (5) Director, Human Resources Directorate (Civilian Personnel Advisory Center, Military Personnel Services, Education).
- (6) Family Advocacy Program Manager (FAPM).
- (7) Commander, MTF.
- (8) Director of Logistics.
- (9) Director for Plans, Training, and Mobilization.
- (10) Commander, Dental Activity/Director of Dental Services.
- (11) Staff Chaplain.
- (12) Public Affairs Officer.
- (13) Major tenant commanders.
- (14) Health Promotion Coordinator (HPC), if available to command.
- (15) Alcohol and Drug Control Officer.

g. Consultants, as needed.

Chapter 4

(Intentional omissions - see regulations for full text)

4-4. Suicide prevention and surveillance

This paragraph establishes policy and guidance for the Army Suicide Prevention Program (ASPP). The success of the ASPP is predicated on the existence of proactive, caring, and courageous Service Members, Family members, and Army Civilians who recognize imminent danger and take immediate action to save a life.

a. ASPP purpose. The ASPP—AR 600-63 • 7 May 2007 13

(1) Supports the Army's goal to minimize suicidal behavior by reducing the risk of suicide for Active Army and Reserve Component Service Members, Army Civilians, and Army Family members. Suicide-prevention programs implement control measures to address and minimize risk factors for suicide while strengthening the factors that mitigate those risks.

(2) Establishes a community approach to reduce Army suicides through the function of the CHPCs. The CHPC integrates multidisciplinary capabilities to assist commanders in implementing local suicide-prevention programs, and establishes the importance of early identification of, and intervention with problems that detract from personal and unit readiness.

b. ASPP applicability. The ASPP applies to all Service Members (Active Army and Reserve Components) and Army Civilians. CHPCs will direct the implementation of suicide prevention programs on installations and for no installation based commands where establishment of a CHPC is practical. For no installation based commands without CHPCs, the program will be implemented by the SPTF under the direction of the Suicide Prevention Program Manager. Suicide prevention programs at this level will—

(1) Secure the safety of individuals at risk for suicide.

(2) Minimize the adverse effects of suicidal behavior on unit cohesion and other military personnel.

(3) Preserve mission effectiveness and war fighting capability.

c. The strategy and supporting elements of the ASPP are based on the premise that suicide prevention will be accomplished by leaders through command policy and action. The key to the prevention of suicide is positive leadership and deep concern by supervisors of military personnel and Civilian employees who are at increased risk of suicide.

d. The ASPP, proponent of DCS, G-1, has an Army-wide commitment to provide resources for suicide intervention skills, prevention, and follow-up in an effort to reduce the occurrence of suicidal behavior across the Army. The ASPP develops initiatives to tailor and target policies, programs, and training in order to mitigate risk and behavior associated with suicide. A function of the ASPP is to track demographic data on suicidal behaviors to assist Army leaders in the identification of trends.

e. It is the Army's goal to prevent suicide for Service Members, Family Members, and Civilian employees. However, it must be recognized that in some people, suicidal intent is very difficult to identify or predict, even for a behavioral health professional. Some suicides may be expected even in units with the best leadership climate and most efficient crisis intervention and suicide prevention programs. Therefore, it is important to redefine the goal of suicide prevention as being suicide risk reduction. Suicide risk reduction consists of reasonable steps taken to lower the probability that an individual will commit acts of self-destructive behavior.

f. The ASPP provides a systematic framework in which commanders may work to lower the risk of suicide for Service Members, Family Members, and Civilian employees. This will lead to lower suicide rates in the Army and will impact significantly on the loss of life and productivity that can result from suicidal behavior. See DA Pam 600-24, paragraph 2-2 for specific information regarding the ASPP.

g. ASPP responsibilities. Suicide prevention is a Commander's program and is the responsibility of every leader. Leaders care for their personnel and create an environment that encourages help-seeking behaviors. Garrison, Army Reserve DRU/MSO commanders, and TAGs are responsible for integrating and administering suicide prevention programs for their organization.

(1) Program administration on installations is vested with the garrison Commander, who requires the director of human resources to manage the program and community initiatives, in conjunction with the CHPC. The CHPC will ensure a proactive, coordinated, and synchronized local program. It is the responsibility of each CHPC to ensure that suicide prevention activities are carried out in accordance with guidance provided in this chapter. The CHPC chairperson may designate a subcommittee of CHPC members to manage suicide prevention activities, or the CHPC may elect to have the Installation Suicide Prevention Task Force manage suicide prevention activities.

(2) Program administration for no installation based organizations without a CHPC is managed by the Suicide Prevention Task Force (SPTF) under the supervision of the Suicide Prevention Program Manager. The SPTF will develop a proactive, coordinated, and synchronized program that spans all geographically dispersed Service Members and builds relationships to leverage local agencies to meet needs normally met by installation-based services.

h. Suicide prevention strategies. Army suicide prevention focuses on maintaining individual readiness through five overarching strategies.

(1) Developing positive life coping skills.

(a) All leaders must encourage and support various life coping skills programs available at the installation and within the local community. These programs should focus on developing life resiliencies, such as improving personal relationships, managing finances, dealing with stress or conflict, and preventing alcohol and drug abuse.

(b) The CHPC SPTF will ensure these programs are promoted and well-advertised to all leaders, organizations, and tenant units.

(2) Encouraging help-seeking behavior.

(a) All leaders will create a command climate which emphasizes and encourages help-seeking behavior. Senior commanders will send periodic messages of concern, announcements, or statements that emphasize promoting the health, welfare, and readiness of the military community, encouraging help-seeking behaviors, and providing support for those who seek help.

(b) Commanders at all levels will eliminate any policy which inadvertently discriminates, punishes, or discourages any Soldier or Army employee from receiving professional counseling.

(c) All commanders will monitor Soldier access to services and programs that support the resolution of mental health, Family, and personal problems that underlie suicidal behavior.

(d) The CHPC SPTF will increase visibility and accessibility to all local helping agencies, to include promotional campaigns to publicize various services and the proper protocols for their use.

(e) The CHPC SPTF will monitor use of such helping agencies to ensure prompt and easy access and identify any usage trends. This should include ensuring that these agencies are properly resourced and identifying possible obstacles for use.

(f) The CHPC SPTF will coordinate with various local Civilian health and/or social services outreach programs that incorporate BH services and suicide prevention.

(3) Raising awareness of, and vigilance towards suicide prevention.

(a) Commanders will ensure suicide awareness and suicide prevention training is provided to all Service Members and offered to Army employees.

(b) Commanders will coordinate training events for all noncommissioned officers (NCOs), officers, and Army Civilian supervisors on recognizing symptoms of mental health disorders and potential triggers or causes of suicide and other harmful, dysfunctional behavior.

(c) Medical command and TRADOC will develop programs of instruction to educate all Army health care providers in suicide risk surveillance to assist them in determining when injuries are self-inflicted.

(d) Leaders will ensure those within their command that are experiencing a major life crisis or that have experienced a significant loss will have an appropriate level of supervision and assistance.

(e) Leaders will ensure all UMT members and Family Life chaplains within their command receive suicide prevention training which includes recognizing potential danger and warning

signs, suicidal risk estimation, confidentiality requirements, how to conduct unit suicide prevention training, and intervention techniques to employ when it is known that a person they are counseling is at risk for suicide.

(f) The CHPC SPTF will ensure all installation gatekeepers are properly trained on recognizing behavioral patterns that place individuals at risk for suicide. Gatekeepers will be trained on suicide intervention techniques to effectively reduce the immediate risk (see table 4-1 for primary and secondary gatekeepers).

(g) The CHPC SPTF will identify any installation-wide events that might increase the risk of suicide and take appropriate measures. These events could include a major deployment or redeployment, or a highly publicized suicide on the installation or in the local community.

(4) Synchronizing, integrating, and managing the ASPP. Army suicide prevention is managed at the installation/community level by the CHPC SPTF. To integrate all available resources within an installation and local community and synchronize these resources throughout the unit, suicide prevention programs require a central controlling agency, the CHPC SPTF. The CHPC SPTF's primary responsibilities related to suicide prevention are to establish, plan, implement, and manage the installation ASPP. It will maximize and focus available resources and ensure unit ASPPs are nested within the overall installation plan.

(a) The CHPC SPTF will implement suicide prevention strategies and objectives for all assigned or attached installation tenant units, regardless of service or ACOM.

(b) Risk Management Team (RMT) – formerly, the Suicide Risk Management Team (SRMT).

1. Army divisions and other large activities with adequate support should consider establishing a risk management team (RMT) IAW AR 600-63. This is an optional element of the ASPP. The RMT will actively monitor the progress of Service Members identified as at risk. The team is charged with the responsibility of addressing the medical and administrative needs presented by high risk cases.

2. The RMT will not become involved in rescue or emergency lifesaving operations with respect to suicide attempts. These activities will be left to military police and medical personnel who are trained in emergency procedures. It is the role of the RMT to address those problems and issues that precipitated the suicide attempt and to deal expeditiously with them.

(c) In managing installation suicide prevention activities, the CHPC SPTF may choose to create one or more subcommittees that meet on a more frequent basis. Separate subcommittees might take responsibility for training programs, monitoring and reporting requirements, unit and community outreach, and so forth.

(5) Conduct suicide surveillance, analysis, and reporting that keeps senior leaders aware of the problem of suicidal behavior, track demographic trends that could be helpful in developing or

refining ASPP objectives, and immediately identify events that could potentially raise the level of risk for a segment of the Army.

i. Suicide prevention phases. The ASPP comprises three principle phases or categories of activities to mitigate the risk and impact of suicidal behaviors: prevention, intervention, and —postvention.¶

(1) Prevention focuses on preventing normal life "stressors" from turning into life crises. "Prevention Programming" focuses on equipping the Soldier, Family member, and Army Civilian with coping skills to handle overwhelming life circumstances. Prevention includes early screening to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs. Prevention is dependent upon caring and proactive small unit leaders who make the effort to know their subordinates, including estimating their ability to handle stress, and who offer a positive, cohesive environment which nurtures and develops positive life-coping skills.

(2) Intervention attempts to prevent a life crisis or mental disorder from leading to thoughts of suicide to help someone manage suicidal thoughts and take action to intervene when a suicide appears imminent. It encourages and/or mandates professional assistance to handle a particular crisis or treat a mental illness. Early involvement is a crucial factor in suicide risk reduction. Intervention includes alteration of the conditions that produced the current crisis, treatment of underlying psychiatric disorder(s) that contributed to suicidal thoughts, and follow-up care to assure problem resolution. This also could include controlling a person's environment such as removing the means and enacting watchful care from a buddy. commanders play an integral part during this phase, as it is their responsibility to ensure a particular problem or crisis has been resolved before assuming the threat has passed.

(3) —Postvention¶ is required when an individual has attempted or completed a suicide. After an attempt, commanders, NCOs, and installation gatekeepers must take steps to secure and protect such individuals before they can harm themselves and/or others. —Postvention¶ activities also include unit-level interventions following completed suicidal acts, to minimize psychological reactions to the event, prevent or minimize potential for suicide contagion, strengthen unit cohesion, and promote continued mission readiness.

j. Training. Suicide prevention training will be specialized and multi-tiered, and geared towards five specific groups, each with different responsibilities within the ASPP. The ASPP Program Manager will issue annual guidance on content and method. See AR 350-1 for frequency of training, and refer to DA Pam 600-24.

(1) *Approved Army Training Packages.* The ACE training developed by USACHPPM is the Army-approved prevention training for Service Members, Leaders, Families, and Civilians. The Army ACE Peer Intervention Training is the approved intervention training for junior leaders and front line supervisors. Trainers must be certified by attending a train-the-trainer session approved through USACHPPM.

(2) *Service Members and Army Civilian employees.*

(a) *Service Members.* All Army Service Members will receive yearly basic suicide awareness and prevention training focusing on the identification of suicide warning and danger signs, and what lifesaving actions they should take. Wherever practical, training shall be conducted in person and in small groups, rather than using large groups, video teleconference, or web-based training. Specific training modules are to be developed for military medics and medical personnel focusing on the review of clinical protocols for responding to crisis situations involving Service Members who may be at high risk for suicide, and clinical tracking requirements and protocols for those known to be at increased risk of suicide. The following topics will be included in training: the importance of mental health, stress reduction, and life-coping skills, such as alcohol/drug abuse avoidance; financial, stress, and conflict management; and marriage and Family -life skills. The Army-approved training for Service Members is the ACE Suicide Prevention Training for Service Members developed by USACHPPM. This is required annual training for all Service Members. Commanders should seek assistance from the SPTF, UMTs, brigade or division mental health sections, combat stress control units, or local community mental health organizations for trainers. For qualified instructors, Army units should seek assistance from UMTs, brigade or division mental health sections, installation combat stress control units, or local community mental health organizations. Unit commanders also should encourage spouses to take suicide prevention training, such as those that are available through Family Readiness Groups.

(b) *Army Civilian employees.* Army Civilian employees will also receive yearly suicide training. Army Civilian employees may be excused from the Army Suicide Prevention Training if they believe the training is offensive or may be emotionally or psychologically stressful to them. Managers and supervisors who excuse DA Civilians from the scheduled training will offer those employees alternatives to the training, such as written materials on suicide prevention. commanders and supervisors are reminded to meet all applicable labor relations obligations in implementing the Suicide Prevention Training. Commanders/Supervisors should coordinate with their local civilian personnel advisory center prior to scheduling training. The Army-approved training for Civilians is the ACE Suicide Prevention Training for DA Civilians. Civilian supervisors should arrange training directly through the installation chaplain office or local mental health department. Wherever practical, training shall be conducted in person and in small groups, rather than using large groups, video teleconference, or web-based training. The following topics will be included in training: the importance of mental health, stress reduction, and life-coping skills, such alcohol/drug abuse avoidance; financial, stress, and conflict management; and marriage and Family -life skills.

(3) *Leadership training.* All Army leaders will receive training on the current Army policy toward suicide prevention, suicide risk identification, and early intervention with at-risk personnel. This includes how to refer subordinates to the appropriate helping agency, and how to create an atmosphere within their commands that reduces stigma and encourages help-seeking behavior. All Leaders will receive the ACE Suicide Prevention Training for Leaders on an annual basis. All Junior and First-Line Leaders will receive the 4-hour Army ACE Peer Intervention Training for additional training in suicide intervention. These are the Army-approved training programs for leaders. Both of these were developed by USACHPPM. Civilian

supervisors also will receive training that focuses on referral techniques/16 AR 600–63 • 7 May 2007/RAR 20 September 2009 protocols for their employees. Sequential and progressive suicide-prevention and crisis-intervention training will be integrated into every Army leadership-development course.

(4) *Gatekeepers.* Gatekeepers are individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to Service Members and Civilians in need. Gatekeepers will receive training in recognizing and helping individuals with suicide-related symptoms or issues. Gatekeepers can be identified either as "primary gatekeepers" (whose primary duties involve assisting those in need who are more susceptible to suicide ideation) or "secondary gatekeepers" (who may have a secondary opportunity to come in contact with a person at risk).

(5) *Deployment cycle support.* The DCS, G-1 will define suicide prevention training requirements for the different phases of the deployment cycle. The checklist for these requirements is found in DA Pam 600-24, Chapter 6-2.

(6) *Unit ministry teams.* Chaplains and their assistants in UMTs will assist commanders to provide suicide prevention and awareness training for Service Members, Army Civilians, and Family members in their respective units and communities. All chaplains and assistants will receive basic and advanced suicide prevention/awareness training as determined by the Chief of Chaplains. Chaplains and UMTs will consult with local BH assets to ensure that information provided to units is scientifically and medically accurate.

(7) *Behavioral health professionals.*

(a) Behavioral health professionals provide health promotion, prevention, and clinical services to address suicidal and self-injurious behaviors. Behavioral health professionals also provide UMTs and other installation/community organizations with medically and scientifically supported information on suicide and suicide prevention. As such, BH professionals will receive training on state-of-the-art techniques and information sources pertaining to suicide prevention. The MEDCOM will ensure that uniformed BH professionals receive initial training as part of residency and fellowship programs sponsored by MEDCOM and/or as part of the advanced training portion of the Basic Officer Leadership Course. Refresher and update training will be provided to uniformed BH professionals through the biannual Behavioral Science Short Course. Army Civilian and contract BH providers will ensure they remain current on suicide prevention information.

(b) Army mental health officers will provide the technical expertise for all suicide prevention education/awareness training. It is the role of mental health officers to —train the trainers‡ in all suicide prevention programs.

(8) *Family members.* Garrison commanders will provide suicide prevention training to Family members using chaplains as primary trainers. ACS personnel may assist as required. In-service training in suicide prevention for the staffs of ACS, CYS, and youth activities will be

coordinated by the ACS officer/director and may be conducted by mental health officers or chaplains. ACS personnel will not be used to conduct suicide prevention training for Army units.

k. Family Member Suicide Prevention Program (FMSPP).

(1) Installation-based FMSPP.

(a) The FMSPP will be executed by the installation Suicide Prevention Program Manager in coordination with the CHPC. The FMSPP is intended to promote an understanding of the potential for suicide in the community. The installation chaplain office will conduct an education awareness program for Family members to help them recognize the signs of increased suicide risk and to learn about referral sources for friends and Family members. Educational programs will focus on three groups: parents, teenagers, and spouses.

(b) Programs that include suicide prevention efforts will be coordinated with installation and Army suicide prevention efforts. Suicidal individuals will not receive crisis intervention services by installation supporting agencies. Crisis intervention by ACS for persons who may be suicidal is limited to referrals to the MTF or Community Mental Health Service (CMHS). Agencies will not provide counseling or clinical services to any individual where suicide may be a concern. Such Family members will be referred to the MTF or CMHS. Persons for whom suicide is not an immediate concern also may be referred to the UMT or the Chaplain Family Life Center.

(2) The no installation based FMSPP is unique in that it must address the needs of units, Service Members, and Families that are geographically dispersed and not normally in close proximity to Army-based services and support.

(a) The no installation based FMSPP will be coordinated at the local unit level between the Commander and the unit Family Program Coordinator. The SPTF in conjunction with the State or Army Reserve DRU/MSF Family Program will provide support as requested. The SPTF, with the support of local unit commanders, will develop memorandum of agreements (MOAs) to leverage community services for crisis intervention and referral and ensure that commands are publicizing these resources to their Service Members and Families.

(b) The SPTF will ensure that training programs tailored to Families are available and that units have access to qualified trainers to conduct the training. At a minimum, training will include suicide awareness to help recognized signs and symptoms of increased suicide risk and information on referral resources.

l. Suicide prevention programs for deployments.

(1) Deployed unit commanders will address suicide prevention efforts for extended deployments greater than 90 days. This includes incorporating suicide prevention training before, during, and after deployment. The additional stress on deployed Service Members and their Families, separation from available community resources, and possible access to firearms places deployed Service Members at increased risk. Deployed unit commanders should recognize this risk and take appropriate measures that increase awareness and vigilance, and that builds

resiliencies. This could include coordinating with assigned Combat Stress Control (CSC) Teams, which offer classes and practical exercises on combat-stress management and other life skills. Classes are taught by CSC unit mental health officers and enlisted specialists in a military (not patient care) atmosphere.

(2) Deployed commanders also will adapt existing community-based objectives of the ASPP for deployed Service Members and units. Strategies of the ASPP will be applied to a forward-deployed force through actions in the following areas: designating proponents to manage the suicide prevention program; leader and Soldier-peer vigilance; conducting training; surveillance of completed suicides and suicide attempts; and establishing a command climate that encourages appropriate help-seeking behavior by distressed Service Members.

(3) Unit commanders will provide suicide prevention training to Service Members before and after authorized absences while deployed (e.g. mid-tour leave, rest and recuperation)

(4) Deployed commanders will convene quarterly Suicide Prevention Review boards in theaters at the corps/division TF/JTF level HQ, and report findings to DCS, G-1.

m. Army suicide behavior surveillance. Army suicide surveillance is crucial to understanding the magnitude of various suicidal behaviors and in identifying trends, factors, and reasons for such behaviors that can be applied to preventive measures. Surveillance will be accomplished through the following:

(1) Serious Incident Report (SIR), as the primary means of initial notification of all deaths to include possible suicides, will be sent up the chain of command in accordance with AR 190-45.

(2) Investigations will be conducted to inform determination of death and to support data gathering for analysis.

(a) Active duty suicide determination will be made by the Armed Forces Medical Examiner. Non-active duty suicide determination will be from local coroners as recorded on the formal death certificate.

(b) AR 15-6: commands from all components will conduct an AR 15-6 investigation on every suicide or equivocal death which is being investigated as a possible suicide. (See chap 1, paragraph 1-24 of this document for commanders' responsibilities.)

(c) The criminal investigation division (CID) conducts investigations on active duty equivocal deaths to determine if criminal activity was involved. For non-active duty deaths, CID has limited legal authority to conduct investigations, but can leverage professional relationships to liaise with local authorities where appropriate under the guidelines of AR 195-2 to support local commanders in obtaining police reports, coroner's reports, and death certificates.

(d) Line of duty (LOD) investigations are conducted on all deaths of Service Members who at the time of death were on active duty, in an inactive duty training (IDT) status, or where the death is suspected to be connected to a previous duty incident. The LOD investigations are

conducted in accordance with AR 600-8-4. Commands from all components will provide initial serious incident reports per AR 190-45 and subsequent reports on every suicide or equivocal death, which is being investigated as a possible suicide no later than 30 days from the date of the incident. See DA Pam 600-24 for procedural guidance for subsequent reports.

(e) Psychological autopsies will ascertain the manner of death for active duty deaths only in cases where there is an equivocal cause of death (such as, death cannot be readily established as natural, accidental, suicide, or homicide.)

(Intentional omissions - see regulations for full text)

INFORMATION PAPER

NGB-SFS
10 May 2010

SUBJECT: Director, Army National Guard Preparation Regarding Army National Guard (ARNG) Health Promotion, Risk Reduction, and Suicide Prevention Efforts

1. Purpose: To provide information pertaining to the status of the ARNG Health Promotion, Risk Reduction, and Suicide Prevention efforts.

2. Facts:

a. The ARNG suffered 65 deaths by suicide in calendar year 2009. To date, the ARNG deaths by suicide are 39. The majority of these suicides were committed by young, white males who had relationship issues and/or financial issues. Twenty-five of the 39 had not yet deployed. As such, the ARNG has taken several actions to focus on health promotion, risk reduction, and suicide prevention.

b. To counter these trends, we recently provided the authorization of a Suicide Prevention Program Manager at the JFHQ level. Additionally, we continue to promote increased collaboration among the States/Territories through sharing of best practices, partnerships with national and community entities (ex. American Red Cross, Substance Abuse and mental Health Services Administration, and local faith based organizations), webinars and use of social media. The ultimate goal is to have a set of standards, practices and resources that will be used to intervene and prevent a suicide before it happens. We are also developing a Resilience and Risk Reduction Team (R3T) concept; these teams could be comprised of individuals trained to provide resiliency training and crisis intervention skills. The ARNG's goal is to prevent all negative behaviors, not just suicide. NGB-SFS continues to provide training products and strategic communications materials to educate our force that every Soldier's life is important and that none of life's struggles justify suicide as an option.

c. In accordance with the Army Suicide Prevention Task Force's Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention Program Assessment, the Army National Guard has conducted a program assessment review of existing programs.

d. In addition to Department of the Army programs, many States and Territories have developed local programs to promote the health of the force including functions such as Suicide Prevention, Soldier Resilience, Risk Reduction, and Family Support Programs. State Adjutants General, Governors, and legislative bodies have responded with funding and agency support to meet local needs. The ARNG has also had success with initial utilization of social networking sites and Peer to Peer training to identify potential at-risk Service Members and mitigate / treat risk factors as the earliest opportunity.

e. Desired Army National Guard capabilities in terms of health promotion, risk reduction, and suicide prevention include:

- (1) Additional base funding to sustain / enhance Army National Guard Soldier and Family efforts to ensure enduring Army Family Covenant type services are accessible in the reserve component community.
- (2) Behavioral health / emergent care for Service Members and Families regardless of status.
- (3) Substance abuse treatment for Service Members and Families regardless of status.
- (4) Additional behavioral health providers available to the ARNG with expanded clinical and administrative case manager capabilities.

Action Officer: MAJ NAME / 703-601-1111
 Approved By: COL NAME

Year	Suicides
2007	59
2008	56
2009	65
2010	39 (as of 10 May 2010)

Gender (2010)	Number
Male	34
Female	5

Deployment History (2010)	Number
Never Deployed	25
Died During Deployment	1
1-120 Days Post Deployment	1
121-365 Days Post Deployment	4
365 Days + Post Deployment	9

Age (2010)	Number
15-19	3
20-24	17
25-29	6
30-34	5
35-39	3
40-44	3
45-49	1
50-54	1

Marital Status (2010)	Number
Single	24
Married	10
Divorced	5

Duty Status (2010)	Number
M-Day	35
Title 10 AD	1
Title 32 AD	2
AD ADOS	1
ADT	0

Years of Service	Number
0-3	15
4-6	11
7-9	6
10-12	2
13-15	1
16-18	2
19-21	1
22-24	0
25-27	1
28-30	0
30+	0

Appendix H – Yellow Ribbon Program

Mission Statement: Take care of Service Members and their Families; make them self-reliant and resilient throughout the entire deployment cycle: Pre-Deployment, Deployment, Demobilization, and Post-Deployment / Reconstitution.

Yellow Ribbon Reintegration Program (YRRP) Framework: A cooperative network of military services, veteran service organizations, state governmental departments and other agencies that provide information, resources, referral and proactive outreach to Service Members, Spouses, employers and youth throughout all mobilization phases. Additionally, it is a flexible Family support system focused on meeting the needs of mobilized Service Members and geographically dispersed Families.

Why Yellow Ribbon?

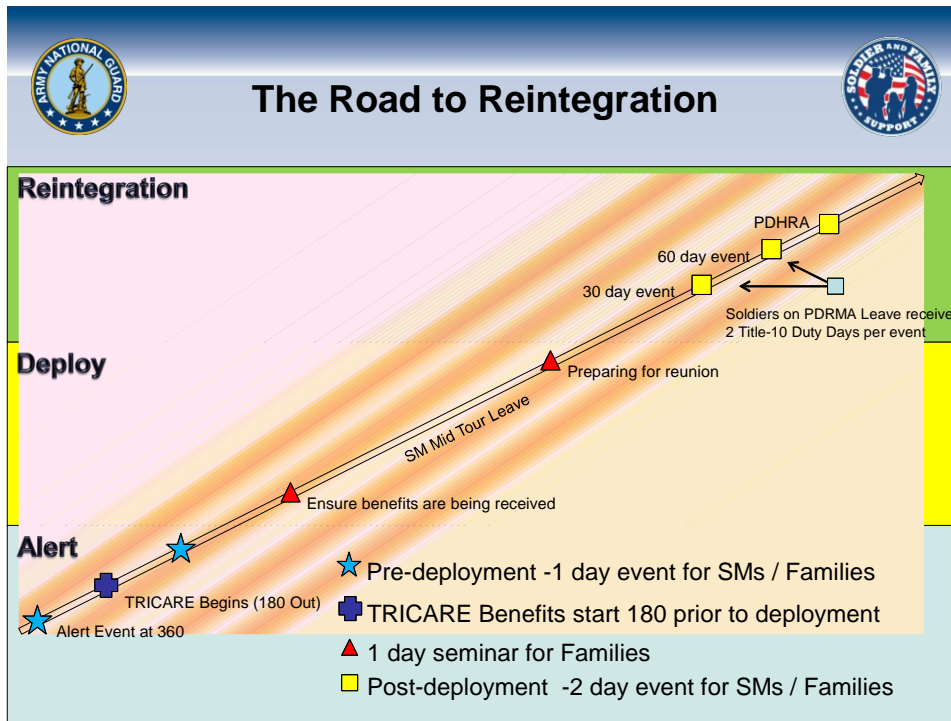
- Huge disparity in the services available for Guard and Reserve when compared to those available to active component Service Members
- Most Guardsmen do not live within commuting distance of an active installation. Yellow Ribbon brings the services and the information to them.
- Technology complicates the battlefield and the home front. Issues on both fronts are known more quickly.
- The Yellow Ribbon helps prepare both the Service Members and the Families for issues that may arise; before, during, and after deployment
- Service providers are now more familiar with Guard specific issues
- Family members required training to identify Soldier issues early

“Before, During and After” Events

Before Event: These events are attended by both Service Members and their Families. Typical topics addressed at this event include Family Counseling, Single support, Military One Source, TRICARE, Financial planning, DEERS update, Family care plans.

During Event: This event is unique as it is only attended by the Family Members during the deployment. The main purpose is to ensure Families are coping and to prepare for reintegration. Topics discussed at this event include youth counseling, Battle Mind Training and financial management.

After Event: These events are attended by Service Members and their Families. Typical topics addressed at this event include anger management, substance abuse, educational benefits, marriage counseling, reconnecting with children, single Service Member workshop, and Chaplain Briefings.



Attendees at YRRP events depart with:

- Health and Counseling Services awareness including an understanding of medical benefits
 - TRICARE
 - Veterans Administration
 - Service Members group life insurance (SGLI)
- Reference materials to assist them in making future contacts
 - Websites for National Guard, Government, and Community resources
- Training
 - Installation services
 - Commissary (Groceries)
 - Post Exchange (PX)
- Provide linkage to:
 - Family Assistance Centers (FACs)
 - Family Readiness Groups (FRGs)
 - Military Family Life Counselors (MFLCs)
- Marriage enrichment training
 - Strong Bonds
- Anger / stress management training
- Military legal and financial services
- Substance abuse / Domestic violence prevention training
- Childcare services points of contact and program utilization information
- Employer Support of the Guard and Reserve (ESGR)
- Employment support

- Traumatic Brain Injury awareness and points of contact
- Suicide prevention training and awareness
- Anger / stress management training
- Military legal and financial services
- Substance abuse / Domestic violence prevention training
- Childcare services points of contact and program utilization information
- Employer Support of the Guard and Reserve (ESGR)
- Employment support
- Traumatic Brain Injury awareness and points of contact
- Suicide prevention training and awareness

Service Member and Family Benefits

- Family Counseling
- Legal Counseling
- Financial Counseling
- Community Relations
- School Support
- Child Care Services
- Informational meetings and briefings
- Preparations for Reintegration
- Marriage Enrichment before the Deployment to help better understand the anxieties associated with their upcoming separation.
- Child Behavioral Counselors to help the children of our Service Members better understand and better deal with their parent's deployment.
- Veterans Affairs Information
- Employment opportunities

Yellow Ribbon Contractors

Staff positioned to support the Yellow Ribbon Events and complete the following tasks:

- Help plan, facilitate and execute Yellow Ribbon Events
- Correspond with Families and ensure they are informed of Yellow Ribbon Events
- Make direct contact with Families and Service Members and refer them to assistance programs (based on need)
- Track attendance and provide input to After Action Reviews to show trends, provide analysis and continually improve the Yellow Ribbon Program

Best Practices:

- Host Yellow Ribbon events at Community Colleges
- Involve the community in your Yellow Ribbon Events
- Church facilities (for events) – tend to have IT assets and rooms
- Blue Star Mothers provided childcare at Yellow Ribbon events
- State Childcare Associate support
- Involve the employers of your Service Members and Families in your events
- Begin employment outreach before your units return
- Have Service Members and Family members that have been through a deployment speak at your events
- Raffle off a Gas Card for all attendees that complete an after event survey
- Bring in law enforcement to provide a safety briefing and share new laws with returning troops
- Establish a Virtual Family Readiness Group (FRG)

Facts:

1. The ARNG YRP currently provides information, services, referral, and proactive outreach opportunities for Service Members, Families, employers, and youth. In addition, the YRP has formed partnerships with multiple state level military services such as: major veteran service organizations and government departments and agencies in addition to civilian organizations established to assist military Families, and community service organizations. The program covers the entire deployment cycle for the Soldier and Family: pre-alert, alert/pre-deployment, deployment, post-deployment, and reconstitution.
2. The ARNG has established the Deployment Cycle Support Branch within the recently formed Soldier and Family Support Division dedicated to assisting all 54 states and territories with coordinating and executing the multiple cycles of the YRP. In order to successfully launch the program, the NGB provided initial guidance and requested states and territories provide program plans and budgetary estimates so resources could be allotted according to the operational tempo of deployments.
3. The design of the program not only allows support for the ARNG, but also facilitates support for Service Members from all reserve components. ARNG has established a coordinated effort for states and territories that will allow unified support to deployed Service Members and their Families for a safe, healthy, and successful deployment cycle.

4. For FY08 the YRP serviced over 50,000 Service Members and 60,000 Family members. To date, the program has serviced 36,694 Service Members and 44,251 (29,401 spouses, 2,026 parents, 8,988 children, 3,836 other) Family members, and currently projecting to service a total of 64,490 Service Members and 73,751 Family members at the close of FY09. There are 156 YR contractors servicing all 54 states and territories.

Appendix I - Employer Outreach

Employer Support for the Guard and Reserve (ESGR)

1. Employer Support for the Guard and Reserve (ESGR) is a Department of Defense organization. It is a staff group within the Office of the Assistant Secretary of Defense for Reserve Affairs (OASD/RA), which is in itself a part of the Office of the Secretary of Defense.
2. The nation's Reserve components (referring to the total of all National Guard members and Reserve forces from all branches of the military) comprise approximately 46 percent of our total available military manpower. The current National Defense Strategy indicates that the National Guard and Reserve will be full partners in the fully integrated Total Force. Our Reserve forces will spend more time away from the workplace defending the nation, supporting a demanding operations tempo and training to maintain their mission readiness.
3. In this environment, civilian employers play a critical role in the defense of the nation by complying with existing employment laws protecting the rights of workers who serve in the Reserve component. ESGR was established in 1972 to promote cooperation and understanding between Reserve component members and their civilian employers and to assist in the resolution of conflicts arising from an employee's military commitment. It is the lead DOD organization for this mission under DOD Directive 1250.1.
4. Today, ESGR operates through a network of hundreds of volunteers in all 50 states Guam, Puerto Rico, the Virgin Islands and Europe. ESGR Mission Gain and maintain active support from all public and private employers for the men and women of the National Guard and Reserve. Customers ESGR Organization Media Kit Leadership Executive Director National Chairman Fact Sheets ESGR Info ESGR FAQ USERRA FAQ Tips for Employers Tips for Military Patriot Award Contact Info Employer Support of the Guard and Reserve (ESGR) 1555 Wilson Blvd, Suite 200 Arlington, VA 22209-2405 1-800-336-4590
5. The primary emphasis for a comprehensive employer outreach program is directed towards known employers of the Guard and Reserve, as identified by the Civilian Employment Information (CEI) initiative through the Office of the Under Secretary of Defense for Personnel & Readiness. To that end, ESGR conducts the —5Star Employer Program.
6. Five-Star employers are those who have completed the following steps: Sign Statement of Support – demonstrable compliance with the law Review HR policy Train supervisors and managers on USERRA Provide —Above and Beyond HR policy Advocate for Guard/Reserve
7. The primary means of assistance in preventing, resolving, or reducing employer and/or employee problems and misunderstandings that result from National Guard or Reserve

membership is done through a nationwide Ombudsman Program. ESGR has a national network of over 900 volunteer ombudsmen who help resolve issues between employers and their employees who serve in the National Guard and Reserve. These volunteers, each of whom receives extensive training on USERRA and dispute resolution techniques, serve as informal mediators between the employer and employee and inform and educate the employer and employee on what the law requires and assist in finding a mutually agreeable solution. ESGR Ombudsmen have successfully mediated over 95 percent of cases in the past year.

Army Guard Works to Help Service Members Find Jobs

1. Because of the current slow economy, some Guardsmen are returning from deployments to find their civilian job has been downsized or completely done away with. So, the Army National Guard has implemented several employment initiatives to help Service Members during this time of transition.
2. First, the ARNG partnered with the Army Reserve in the Employer Partnership Initiative, an online database that functions similar to a job fair and helps to match Service Members with employers, who have openings for specific jobs.
3. Currently, the program has more than 700 partnered businesses that have listings throughout the country. And since it is Web-based, that means that Service Members can access it from anywhere and at any time, including during deployments.
4. The intent is to be proactive and provide those resources for Service Members while they are deployed. Service Members can get online and start building those relationships with employers and perhaps send their resumes out. While the site maintains a partnership with businesses with possible job openings, Service Members still must be qualified for the jobs they are seeking.
5. For those that may need assistance with resume writing and brushing up on interview skills and techniques, the Job Connection Education Program may be able to help with that. The program includes a network of resources that provides answers to questions submitted online via the EPI Web site. It also provides face-to-face assistance with resumes, interviewing skills and other items needed to better prepare the Soldier, who is seeking new civilian employment.
6. In addition to these programs, Service Members may also be able to take advantage of the Veteran's Administration's Hire-a-Vet program, and many individual states offer employment resources for Service Members.
7. For more information, and to access the Employer Partnership Initiative Web site, go to: <http://www.usar.army.mil/arweb/EPI/Pages/default.aspx>. While searching for jobs at this site, a page will ask you to verify your membership in the Army Reserve and complete a referral form. To continue on and see the job listing, just fill out the form as a Guard member.

Employer Partnership Office

1. **Purpose:** To provide background information on The USAR Employer Partnership Office (EPO).

2. **Facts:**

a. Recognizing the need for a more effective and organized Soldier employment initiative, the Chief of the Army Reserve, Lt. Gen Jack C. Stultz, created the EPO program for Army Reserve Service Members. The goal of the EPO program is to create employment opportunities for Service Members by establishing a good working relationship with the private sector. The EPO serves as a mechanism for Service Members and employers to meet and identify mutually beneficial career employment possibilities.

b. The Army National Guard (ARNG) began partnering with the U.S. Army Reserve in June 2009 and brought the program to ARNG Service Members in October 2009. This collaboration is essential to sustaining the Operational Reserves, the vitality of the all-volunteer force, while providing corporations some of the best-trained and dependable professionals our nation has to offer.

c. The EPO program website provides the initial interface between employers and Service Members. Resume advice, job listings, and the —employer chat room, are among the tools available through the website located at <http://www.usar.army.mil/arweb/EPO/Pages/default.aspx>.

d. The EPO program thus far has signed partnership agreements with more than 985 employers in nearly every State. Currently, over 190,000 employment opportunities exist with Fortune 500 companies. Various career field opportunities exist at healthcare centers, with law enforcement agencies, transportation companies, and the depth and breadth of State and Federal agencies. These partners recognize the value of hiring a skilled labor force with the potential to reduce the private sector's recruiting and training costs.

e. The EPO program is open to all Service Members in a drilling status with the ARNG. The ARNG continues to focus on diverse industries to increase and provide quality opportunities for our Service Members and their Families.

Apprenticeship Program Initiative

1. **Purpose:** To provide background information on the Guard Apprenticeship Program Initiative (GAPI).

2. **Facts:**

a. ARNG is partnering with the Department of Labor (DOL) and coordinating with Veterans Administration (VA) Offices to provide opportunities to Service Members to earn national certification through GAPI. This collaboration is essential to the sustainability and vitality of ARNG Service Members.

b. GAPI is a vehicle to facilitate the accreditation of military training with the requirements set by the DOL and the VA. GAPI will allow traditional Reserve Service Members to get the most value out of their military training by applying it to apprenticeship training.

c. Apprenticeship is a training program in which trainees earn wages while learning a skilled profession in a specific field. Of 212 MOSs, there are 107 trades that offer registered apprenticeship programs. These apprenticed occupations include mechanics, installation and repair specialists, medical technicians, therapists, truck drivers, construction engineers, computer networking engineers, website developers, law enforcement, culinary artists and many more.

d. Apprenticeship combines classroom studies with on-the-job training (OJT) supervised by a trade professional or supervisor. Apprenticeship requires one to five years or 2000 documented work hours to become qualified in the occupation or trade.

e. GAPI leads Service Members to civilian careers that align with military careers. This program will help reduce employer's recruiting and training costs and assist with overall ARNG retention.

Job Connection Education Program

1. **Purpose:** To provide background information on ARNG Job Connection Education Program (JCEP).

2. **Facts:**

a. The JCEP employment initiative was established to develop a more effective and organized approach to working directly with Service Members, local businesses and leading industries. The purpose of JCEP is to improve ARNG force stability by improving its members' ability to seek, obtain, and retain civilian employment.

b. Although Army, DOD, and Federal funds (VA, DOL) have been directed to establish various programs to serve Service Members, few programs focus on the specific challenges faced by Reserve component Service Members.

c. Activities (classroom, practical exercises, etc.) will result in improved employment and reemployment rates for laid-off, under-employed and unemployed Reserve Component Service Members. Key components of the program include:

- Proactive approach to coordinating job expositions and fairs, conducting seminars, webinars, and workshops.
- New and existing local, State, Federal and DOD programs & resources
- Employers who need trained workforce candidates for position openings in their businesses.

d. The goal of the JCEP pilot is to establish a baseline of services and capabilities necessary to institutionalize an enduring program of a scalable structure, content and format. The JCEP pilot is currently operating out of the Sandage Armory in Fort Worth, Texas.

e. The goal of the fully-funded future JCEP program is to be staffed to provide services to not only Service Members but also to their Families, as well as wounded warriors, retirees, and veterans of all branches of the Armed Services in each participating State.

Best Practice Success Story: WA ARNG Enhancement Project

The following content represents a success by the WA ARNG in an effort to overcome a clear problem facing its Soldier during reintegration.

Problem: Full reintegration will not be achieved after deployment without robust employment opportunities.

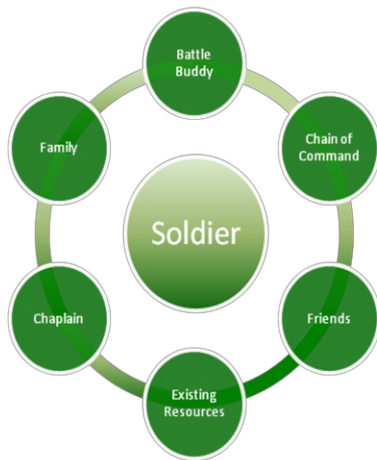
National Guard Specific Employment Challenges:

- Focus on Combat Mission prevents in-depth future planning including training potential and career exploration
- Minimal coping skills for reducing reactions to trauma based experiences; stress management
- Dealing with Family dynamic changes resulting from deployment
- Building new support systems – even those members previously employed find jobs lost due to a shrinking economy, or changes in the workplace.

Solution Considerations -

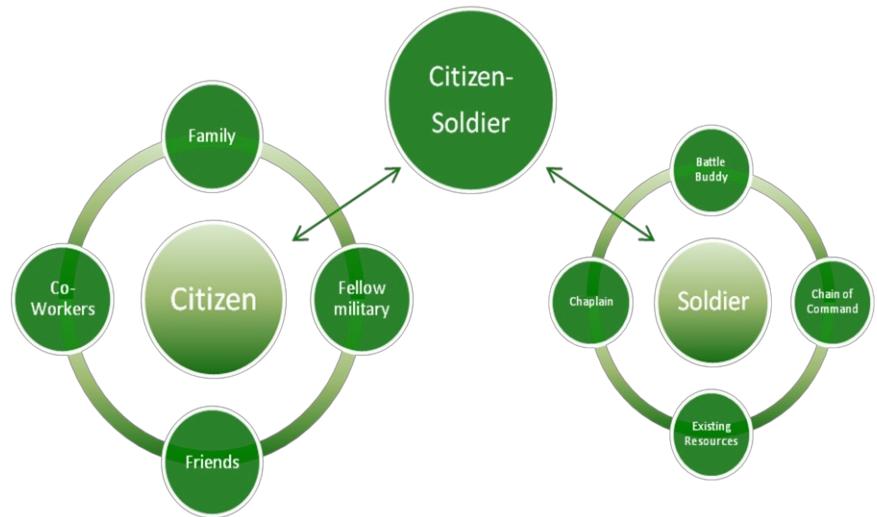
Differences that Persist between Active Military and National Guard

Active Duty



- **Up to 6 months transition after deployment and prior to discharge**
- Full pay and allowances during transition preparation
- Very strong, robust military support network on the installation
- Contained Behavioral Health Resources within military community

National Guard



- **5 days transition before Release from Active Duty**
- No military pay after release during transition to employment
- ARNG Soldiers geographically dispersed, limited contact w/military installation

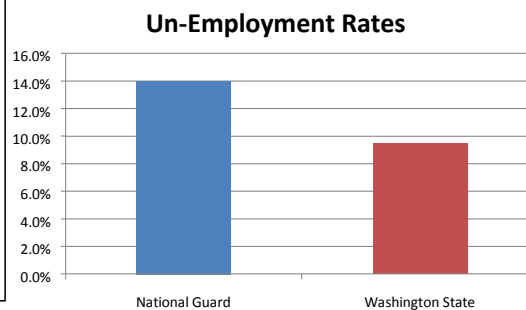
- ARNG military support network is not as strong as active duty – therefore stronger citizen support network required
- ***Services must be delivered where Soldiers & Airmen live after deployment***

Washington State Employment Comparison

- WA lost 174,000 jobs Dec 2008 -Dec 2009
- Washington Unemployment rate = **9.5%**

WA National Guard Employment Picture

- *WA Army Guard Strength approx: 6,200
- *WA National Guard known Unemployment Rate **14.1%**
- 875 on Unemployment Insurance in Dec 09
- 2,100 earn less than HUD VLIL (Poverty line)
- 1,590 requested Employment Assistance in 2009



Washington National Guard Employment Enhancement Project Purpose:

- Created a two-year demonstration project for enhanced employment for the Washington National Guard
- Document results that could be implemented nationally.
- Focus on filling gaps found in current federal programs (VA GI Bill, UI, Yellow Ribbon Education Program) surrounding short-term training programs (e.g., trades apprenticeships for pipe-fitting, construction, welding)
- Provide support, fees and resources to access and sustain the individual throughout the training resulting in a living-wage career and a skilled work force for the Washington State Economy.
- Provide resources for mitigating factors contributing to hopelessness

Partner Support from State, Federal, County, and Private Organizations

- DOL VETS (to provide training to WA NG Employment Transition Coaches)
- WA Dept of Veteran Affairs
- Helmets to Hardhats
- International Brotherhood of Electrical Workers (IBEW)
- South Sound Community College
- Bates Technical College
- Intl Union of Painters and Allied Trades
- University of Washington
- McKinstry Electric
- Evergreen Power Systems
- Sequoyah Electric and Network Services
- VECA Electric
- LEAP Coordinator, City of Tacoma
- Puget Sound Chapter, NECA
- Jormac Electric
- Workforce Development, State Board Community and Technical Colleges
- United Association Plumbers, Pipefitters, Steamfitters, and Piping Professionals
- WA Employment Security Department
- Aerospace Joint Apprenticeship Committee (AJAC)
- Pierce County Building and Constructions Trades Council
- Clover Park Technical College
- University of Mississippi
- Holmes Electric
- Titan Electric
- Western WA Cement Masons
- CHS Pharmacy
- The Pacific Institute

A Proven Prototype

- United Association initiated program with WA NG to train members in the Piping Professions
- 18 week —basic training course prior to entering apprenticeship
- UA paid cost of training for 16 individuals @ \$15,000 per trainee
- Generated frequent contact with employers prior to graduation to ensure placement
- Careful attention paid to financial needs during training
- Course began with 16 students
- Graduation scheduled for 18 December 2008
- 9 students accelerated graduation, began apprenticeship 1 December 2008
- 7 remaining students passed final exam on 13 December with immediate placement
- ALL STUDENTS ARE 2ND YR APPRENTICES

Demonstrated Results! – 6 Month Test of Employment Enhancement Pilot Project

Total new employment: 583

- 449 Service Members direct-hire to living-wage jobs
- 66 graduated Pre-Apprenticeship Programs & Indentured
- 33 currently in Pre-Apprenticeship Training
- 35 scheduled for Pre-Apprenticeship Training Feb – Apr 2010
- \$21,827,500 per year in new taxable income within Washington State
- 583 citizens earning average \$18 per hour
- \$2,182,750 per year in new tax dollars - revenue