

UNIT RECONSTITUTIONS: COMBAT STRESS AS AN
INDICATOR OF UNIT EFFECTIVENESS

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ABSTRACT

UNIT RECONSTITUTIONS: COMBAT STRESS AS AN INDICATOR OF COMBAT EFFECTIVENESS, by Major Stoney L. Portis, 69 pages.

What is the role of combat stress control in Army unit reconstitutions that follow traumatic events? US Army doctrine on reconstitutions, which dates back to 1992 but was most recently revised in 2014, now fails to incorporate combat and operational stress control (COSC) as a key component of the regeneration process. With an eye toward the role commanders play in planning, preparing, and synchronizing reconstitutions after traumatic events, I examine reconstitution and COSC manuals to produce a theory positing that unit effectiveness varies with the steps military leaders take to incorporate COSC into reconstitution plans. I then test my theory using three historical cases, while also reflecting on one personal case (to wit, my experience reconstituting B Troop, 3-61 CAV after the Battle of COP Keating).

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ACRONYMS

ADP	Army Doctrine Publication
ADRP	Army Doctrine Reference Publication
BICEPS	Brevity, Immediacy, Contact, Expectancy, Proximity, Simplicity
COP	Combat Outpost
COSC	Combat and Operational Stress Control
COSR	Combat and Operational Stress Reaction
FM	Field Manual
FOB	Forward Operating Base
GPS	Global Positioning System
KIA	Killed in Action
LZ	Landing Zone
MWR	Morale, Welfare, Recreation
NBC	Nuclear, Biological, Chemical
OP	Observation Post
RPG	Rocket Propelled Grenade
RTD	Return to Duty
RTF	Regenerating Task Force
SOP	Standing Operating Procedures
TTP	Tactics, Techniques, and Procedures
UAV	Unmanned Aerial Vehicle
ULO	Unified Land Operations
WIA	Wounded in Action

CHAPTER 1

BACKGROUND

On October 3, 2009, a Taliban force of more than 350 fighters attacked my reconnaissance troop of 76 cavalry scouts. B Troop, 3rd Squadron, 61st Cavalry (B/3-61CAV) occupied Combat Outpost (COP) Keating in Kamdesh District, Nuristan Province, Afghanistan. The outpost lay at the bottom of a bowl in the Hindu Kush, surrounded by 360-degrees of mountains. At daybreak, Taliban forces massed in the high ground above the COP and initiated a complex attack with concentrated fire from B10 recoilless rifles, rocket propelled grenades (RPGs), heavy machine guns, mortars, and small arms.

For the first three hours of the attack, mortar rounds and RPGs impacted on the COP every 15 seconds. The COP's six M1151 gun trucks withstood several direct hits by multiple RPGs, half of the trucks sustaining as many as eight RPGs each. The American mortar teams were pinned down, the COP was outside the range of 155mm artillery support, and air support was an hour away. Within the first two hours the enemy breached the perimeter defenses and ran through the camp. Simultaneously, the Afghan National Army unit that jointly held the outpost abandoned its battle positions.

The troop tactical operations center, helicopter landing zone, aid station, mess hall and living quarters were hit by multiple weapon systems, and the Taliban set fire to 70 percent of the structures on the COP. Among the buildings destroyed were the command post, arms room, supply room, ammunition supply point, and headquarters and third platoon barracks. Despite this scene, the B Troop soldiers did not give up. Instead, the platoons conducted an immediate reorganization in an Alamo-like situation, cross-

leveling remaining weapons, supplies and personnel. During the course of the 18-hour fight, B Troop held their ground, counterattacked, and retook the outpost—killing over 100 enemy fighters and injuring an estimated 150 more. In the process though, eight American soldiers died and an additional 19 were wounded.

By all measures, B Troop won the battle, but the combat ineffectiveness of the unit warranted a deliberate reorganization and regeneration. The troop lacked the personnel, equipment, and fortifications necessary to continue fighting in the austere mountainous conditions of northeast Afghanistan. Of the 27 American casualties, eight were killed in action (KIA) and three were non-return-to-duty (non-RTD). Most of the losses were concentrated between first platoon and third platoon, making them unable to conduct operations independently. For such instances, doctrine advises combining the two platoons to form a composite unit that is mission capable, which we did (Department of the Army 1992, 1-2). The two platoons combined to reach 60 percent of their collective personnel strength with 24 of 39 soldiers available.

Despite barely meeting the doctrinal standard for personnel strength, the troop was combat-ineffective. B Troop's equipment strength hovered at around 30 percent—well below the 70 percent recommended in the reconstitution manual (Department of the Army 1992, 4-2). The troop lost every vehicle at the outpost, all additional ammunition (excluding mortar rounds), a command post (full of computers, maps, monitors, and sensors), two platoons worth of personal gear, and reserve stores of various supplies (to include night vision goggles, GPS, UAVs, thermal devices, NBC equipment, and more).

For the next few weeks, 3-61CAV disengaged B Troop from combat in order to conduct reconstitution operations. While the battle was over, seven months of the

deployment remained. It would not be long before 3-61CAV needed B Troop back in the fight. Upon arriving to their reconstitution site, Forward Operating Base (FOB) Bostick, B Troop soldiers received hearty meals, hot showers, mail, phones to call home, and time to rest, pray, and decompress from the battle.

In the weeks that followed, support elements from within the squadron and brigade formed a regeneration task force to reconstitute B Troop. As the commander, I had the task of integrating and synchronizing much of the effort. Our responsibility was to reconsolidate, re-man, re-equip, resupply, and retrain the troop for our new mission in Kunar Province.

While making the reconstitution plan, the regeneration task force incorporated personnel replacement, equipment maintenance, and resupply, but we also focused on combat and operational stress control. Despite the fact that our higher headquarters provided unwavering support, this was still very challenging. In a letter written at the time, I discussed how the psychological stress from combat operations complicated this process:

The difficult battle for me has been the month following the attack. My men continue to grieve the loss of eight close friends, endure significant changes in mission, overcome the loss of their equipment and personal belongings, and persist despite many personal wounds. With six months of the deployment remaining, my troop transitioned from an entirely dismounted fight to a mounted one, requiring overwatch and security from a new OP at 6,000FT elevation. After going through the fire on October 3, my troop's bond and performance are stronger than ever. (Portis 2009, 1)

The personal struggles after the battle—grieving the loss of soldiers and friends and responding to posttraumatic stress—proved to be the predominant challenge. On October 11, we said goodbye to our fallen brothers with a memorial ceremony. For the days and weeks that followed, the brigade tasked a combat and operational stress control

(COSC) team—including a psychiatrist, a psychologist, and internal chaplain support—to the troop to oversee the grieving and debriefing processes.

To earn the trust of the troop, the COSC team interacted with individual soldiers and leaders everyday. They even took the time to join B Troop on combat missions, a critical factor to “lower the walls” built by many of the troopers. During the process, the team conducted critical incident stress debriefs and treated combat stress reactions of multiple soldiers (Department of the Army 2006, 6-1).

While the COSC team continued to work with several soldiers, 3-61CAV needed B Troop for combat operations. The sustained fighting in our new area was of little comfort, and this further frustrated the psychological conditions of the soldiers and the combat effectiveness of the troop. Almost every line platoon soldier experienced enemy contact on a weekly basis. As the deployment continued, so did the rate of enemy attacks. Throughout our last forty days in country the troop was in enemy contact every single day.

As B Troop endured more and more combat, their psychological stress increased. This byproduct of war is not uncommon among combat soldiers. A 2007 study of Afghanistan veterans supports this fact by reporting a “strong positive correlation between the number of firefights and the severity of traumatic stress symptoms” (Nash 2007, 52). Further analysis shows that “17% of heavily engaged infantrymen” with combat experience in Iraq or Afghanistan, reported “significant stress symptoms” in the months following the deployment (Nash 2007, 35).

Given the intensity of the attacks and length of combat during and after the battle, it is understandable that the troop suffered from combat stress. During B Troop’s

recovery, COSC became a critical component of the overall reconstitution effort, and this was unexpected. We were fully prepared to resupply, re-man, and retrain the force, but the necessity to address psychological stress presented unique challenges to the success of our reconstitution efforts.

The most profound decisions I made as a troop commander during reconstitution were those relating to the combat and operational stress of my soldiers. Successful COSC efforts increased RTD rates among veteran troopers, which improved B Troop's personnel status in terms of unit strength and mission capable personnel. When I could not prioritize COSC efforts due to mission constraints, the conditions of my soldiers declined, which was adverse to unit strength.

Interestingly, I sometimes observed that combat stress interrelates with intangible indicators of unit effectiveness, such as cohesion and morale. For example, as the conditions of my soldiers improved, "intangibles" like individual and unit morale increased. Furthermore, the strong bond between soldiers within the same platoon seemed to serve as coping mechanisms for those who suffered from combat stress. Each of these dynamics supports the conclusion that the combat effectiveness of B Troop varied with the steps we took to incorporate COSC into the reconstitution plan.

Purpose

The purpose of this paper is to determine if my inclination about the role of COSC in B Troop's reconstitution is applicable to other regeneration efforts. To do this, I posit the theory that the combat effectiveness of a unit varies with the steps military leaders take to incorporate COSC into reconstitution plans that follow traumatic events. I developed this theory based on the following logic:

Premise 1: If the unit experiences a traumatic event that necessitates reconstitution, and

Premise 2: If the purpose of reconstitution is to restore unit effectiveness, and

Premise 3: If COSC is a determinant of unit effectiveness, then

Conclusion: Unit reconstitution efforts that are necessitated by traumatic events should incorporate COSC (as a component of the reconstitution plan) to restore unit effectiveness.

The latest round of doctrinal revisions to the reconstitution manual disassembles a once well-rounded approach to regeneration efforts. Whereas the old manual, FM 100-9, *Reconstitution* (1992), included elements of COSC, the new manual, FM 4-95, *Logistics Operations* (2014), lacks them. The same is also true for assessing unit effectiveness: the old manual provided criteria for such an assessment, including unit strength, cohesion, and condition of soldiers, while the new manual does not. In short, the first two premises are stated in doctrine governing reconstitution efforts, but the third is not.

I test my theory by exploring three historical vignettes in which the US Army conducted reconstitutions. Each case provides support for the third premise above. In the First World War (Vignette 1), the reconstitution of the Second Infantry Division following their battle near Chateau-Thierry, France illustrates how the treatment of combat stress reactions increased RTD rates. With more veterans returning to duty, the unit strength grew stronger. This infused the personnel status and improved unit effectiveness.

During the Second World War (Vignette 2), the 28th Infantry Division's reconstitutions before and after the Battle of the Huertgen Forest show how a lack of regard for COSC can damage military preparedness. The reconstitution effort before the battle compromised the conditions of the soldiers by not disengaging from enemy

contact. The reconstitution after the battle failed to adequately treat many soldiers who suffered from combat and operational stress reactions. Both instances demonstrate how an inattention to the conditions of soldiers weakens combat effectiveness.

For the Vietnam War (Vignette 3), the individual replacement system provides an example of how a strategic level program weakened unit cohesion and exacerbated combat stress reactions. By creating a personnel policy that favored individual morale at the expense of unit cohesion, incidence of neuropsychiatric conditions increased. The sacrifice of cohesion, combined with an increase in psychological stress, negatively influenced effectiveness.

Research Questions

The primary research question of this thesis is: What is the role of combat stress in Army unit reconstitutions that follow traumatic events? To answer this, secondary research questions include:

1. What is the Army's current reconstitution doctrine?
2. How does the current reconstitution manual differ from older versions?
3. How have units integrated elements of forward psychiatry and combat and operational stress control during past reconstitutions?
4. Has COSC influenced unit effectiveness during other reconstitutions? If so, how?

Secondary research questions one and two focus the literature review. Questions three and four contextualize historical vignettes during the analysis in chapter 4.

Assumptions

This paper makes several assumptions about various elements of reconstitution doctrine and combat and operational stress control (COSC):

1. To focus on the personnel and COSC aspects of reconstitution, this paper assumes a neutral influence regarding the effectiveness of supply chain management and other sustainment functions (except personnel replacement and COSC). This includes those details pertaining to each historical vignette.
2. Historical accounts of COSC and reconstitution efforts are comparable, though they are situated among different eras of American military culture (and in times of different resources).
3. Command responses to COSC measures are from a military and unit perspective only, and not from a behavioral health or medical perspective.
4. The purpose of unit reconstitution is to restore combat effectiveness for continued combat operations.
5. “The key concern to combat commanders is to maximize the return-to-duty (RTD) rate of Soldiers who are temporarily impaired or incapacitated with stress-related conditions or diagnosed behavioral disorders” (Department of the Army 2006, 1-1).
6. There are many causes of stress-related conditions or behavioral disorders, but those not related to combat are held constant and neutral for this study.
7. “The purpose of COSC is to promote Soldier and unit readiness by-
 - A. Enhancing adaptive stress reactions.
 - B. Preventing maladaptive stress reactions.

- C. Assisting Soldiers with controlling combat and operation stress reactions.
 - D. Assisting Soldiers with behavioral disorders” (Department of the Army 2006, 1-1).
8. COSC “is the commander’s responsibility at all levels” (Department of the Army 2006, 1-1).
9. “COSRs have [historically] accounted for up to half of all battlefield casualties. . . . In today’s operational environment, leaders can expect to retain and have returned to duty over 95 percent of the Soldiers who have COSRs” (Department of the Army 2009, 1-1).
10. Combat and operational stress influence morale and unit cohesion.
11. The term “forward psychiatry” is synonymous with COSC.
12. Though they originated in different eras and areas of expertise, the following terms fall under what is now doctrinally “Combat and Operational Stress Reactions:”
- A. Shell shock
 - B. War neurosis
 - C. Battle fatigue
 - D. Combat exhaustion
 - E. Combat stress
 - F. Posttraumatic stress
 - G. Psychological stress
 - H. Neuropsychiatric Conditions (cause by combat and operational stress)

13. The latest version of FM 4-02.51, *Combat and Operational Stress Control* (6 July 2006) is the basis for COSC in the US Army. It also informs FM 6-22.5, *Combat and Operational Stress Control Manual for Leaders and Soldiers* (March 2009).
14. When using the term “reconstitution,” this paper refers to the “total process,” which in 1992 included “reorganization, assessment, and regeneration,” and in 2014 comprises “reorganization, regeneration, and rehabilitation” (Department of the Army 1992, 1-2; Department of the Army 2014, 4-18). In either case, the term “reconstitution” is categorical in nature, meaning that the aforementioned elements are each a “type of reconstitution effort” (Department of the Army 2014, 4-18). Therefore, reorganization, assessment, regeneration, and rehabilitation are each a type of reconstitution. Thus, I use “reconstitution” as a term that is descriptive rather than prescriptive (unless otherwise specified).

Definitions of Terms

Assessment:

The commander’s assessment draws on both tangible and intangible factors. The bases of the objective portion of his assessment are the tangible factors. These include strength reports, casualty figures, length of time in combat, and planned missions. Subjective factors include such intangibles as morale, fatigue, and leadership effectiveness. (Department of the Army 1992, 1-1)

Combat and Operational Stress Control (COSC): “A coordinated program for the prevention of and actions taken by military leadership to prevent, identify, and manage adverse combat and operational stress reactions in the unit” (Department of the Army 2006, G-5).

Combat and Operational Stress Reaction (COSR): “The expected, predictable, emotional, intellectual, physical and/or behavioral reactions of Service members who have been exposed to stressful events in combat or military operations other than war” (Department of the Army 2006, G-5).

Combat effectiveness: “a unit’s capability to perform its mission” (Department of the Army 1992, 1-2).

Conditions of Soldiers: “Among the factors which influence the soldiers’ condition are the following:”

1. Total length of time the soldiers have been in combat.
2. Number and locations of any intervening rest periods
3. Nature and intensity of the most recent combat experience.
4. Physical condition of the soldiers. This includes their nutritional status, number and status of minor and environmental injuries, and accumulated radiation dose.
5. Psychological condition of the soldiers.
6. Number, experience level, fitness, and positions of replacements. (Department of the Army 1992, 4-2)

Effectiveness areas: “Four broad areas provide indicators key to determining the ability of a unit to continue assigned missions” (Department of the Army 1992, 4-1).

1. Personnel status
2. Logistics and health service support status
3. Combat service support
4. Subjective indicators.

Forward Psychiatry: For the purpose of this paper, forward psychiatry falls within the purview of COSC. It involves “actions taken to return soldiers suffering from stress-related reactions to their fighting units and to limit the tide of psychologically precipitated evacuations” (Helmus and Glenn 2005, xiv).

Influencing factors: Factors that influence effectiveness indicators, which determine unit effectiveness:

1. Condition of Soldiers
2. The Battle's Physical Environment
3. Expectations of the Unit's Soldiers Before the Battle
4. Nature and Intensity of the Battle as Perceived by the Soldiers
5. Loss of Key Formal and Informal Leaders and Unit Veterans. (Department of the Army 1992, 4-2)

Intangible indicators of effectiveness: See—Subjective indicators.

Reconstitution: “In-theater reconstitution is extraordinary actions that commanders take to restore degraded units to combat effectiveness commensurate with mission requirements and available resources” (Department of the Army 2014, 4-18).

Rehabilitation:

Rehabilitation is the processing, usually in a relatively quiet area, of units or individuals recently withdrawn from combat or arduous duty, during which units recondition equipment and are rested, furnished special facilities, filled up with replacements, issued replacement supplies and equipment, given training, and generally made ready for employment in future operations (JP 1-02). (Department of the Army 2014, 4-19)

Subjective indicators: “The commander considers a number of subjective factors that affect his unit's ability to continue its mission. Among the most important are:”

Effectiveness of unit leadership (all leaders, not just chain of command).

Soldier morale and personnel readiness.

Esprit de corps.

Commitment.

Unit history.

Training.

Discipline.

Cohesion. (Department of the Army 1992, 4-2)

Reorganization:

Reorganization is action to shift resources within a degraded unit to increase its combat effectiveness. Commanders of all types of units at each echelon may conduct reorganization. Reorganization may be conducted when the operational tempo is such that the risk for removing a unit from the operation may jeopardize the mission. Depending on METT-TC factors there are two types of reorganization operations, immediate and deliberate.

Immediate Reorganization is the quick and usually temporary restoring of degraded units to minimum levels of effectiveness . . . [It] consists of cross leveling personnel and equipment, matching weapon systems to crews, or forming composite units.

Deliberate reorganization is conducted when somewhat more time and resources are available. It usually occurs farther away from hostile activity than immediate reorganization. Procedures are similar to those for immediate reorganization. However, some replacement resources may be available. Also, equipment repair is more intensive and more extensive cross-leveling is possible. (Department of the Army 2014, 4-19)

Regeneration:

Regeneration is the rebuilding of a unit. It requires large-scale replacement of personnel, equipment, and supplies. These replacements may then require further reorganization. Regeneration involves reestablishing or replacing the chain of command and conducting mission essential training to get the regenerated unit to standard. Because of the intensive nature of regeneration, it occurs at a designated regeneration site after the unit disengages from operations. The regeneration site is normally situated in a relatively secure location. (Department of the Army 2014, 4-19)

Tangible indicators of effectiveness: Measureable indicators of effectiveness like personnel status, logistics and health service support status, etc. See a more complete list as proposed in 1980 under “BDM Report” in chapter 2 of this thesis.

Traumatic Event (also known as a Potentially Traumatic Event, or PTE):

A PTE is an event which causes an individual or group to exercise intense feelings of terror, helplessness, and/or hopelessness. It is an event that is perceived and experienced by as a threat to one’s safety or to the stability of one’s world. (Department of the Army 2009, 1-3)

Unit Cohesion: “The binding force that keeps Soldiers together and performing the mission in spite of danger and death” (Department of the Army 2006, 1-5).

Scope

This study assesses how COSC influences unit effectiveness as a function of reconstitutions following a traumatic event. To do this, the paper accounts for historical

reconstitution efforts by examining vignettes from World War I, World War II, the Vietnam War, and Operation Enduring Freedom. It determines whether there are links between specific factors, including COSC, conditions of soldiers, intangible factors, personnel strength, and combat effectiveness.

This study does not take into account the supply and logistical elements of reconstitution operations. Additionally, while the topics of this paper closely relate to posttraumatic stress among veterans and soldiers after redeploying home, those aspects are not taken into account.

Significance of Study

This study could be used to improve military doctrine and tactics, techniques, and procedures for unit reconstitutions. By incorporating COSC into the reconstitution process, commanders can strengthen the systemic approach to unit reconstitutions. By adding to the body of knowledge, future commanders will be better prepared to wrestle with the complexities of regeneration. With a more informed understanding of reconstitutions, units and leaders can more thoroughly wargame and theorize about additional elements that might emerge from improved reconstitution operations.

The results of this thesis advance scholarship in the field of military art and science because this study serves as a source to help account for the deliberate reorganization and regeneration of B Troop in 2009. Battles similar in nature occurred in the years before and after the Battle of COP Keating. The study of those battles, to include Bari Ali, the Korengal, Ranch House, Tarmiyah, Wanat, and more, could serve to further contextualize reconstitution and COSC efforts in contemporary warfare. Armed

with such knowledge, additional comparisons would better prepare future leaders, commanders, and staffs for future battles and reconstitution efforts.

CHAPTER 2

LITERATURE REVIEW

The purpose of this research is to determine the role of combat and operational stress control (COSC) in unit reconstitutions. A small number of studies, as well as the now-obsolete 1992 reconstitution manual, FM 100-9, *Reconstitution*, do take some elements of psychological stress into account. The current manual, FM 4-95, *Logistics Operations* (2014), does not include COSC as part of the regeneration process. This gap becomes evident during the following review of the evolution of reconstitution doctrine. First, to become familiar with combat and operational stress control, I include a brief overview of FM 4-02.51, *Combat and Operational Stress Control*.

FM 4-02.51, *Combat and Operational Stress Control* (2006)

Combat and operational stress control consists of “programs developed and actions taken by military leadership to prevent, identify, and manage adverse COSR in units” (Department of the Army 2006, 1-1). It operates under the concept that some stressors of combat can be “avoided or counteracted by wise command actions” (Department of the Army 2006, viii). The manual outlines recommendations to manage combat stress reactions, which makes up the acronym “BICEPS:”

Brevity (usually less than 72 hours); immediacy (as soon as symptoms are evident); contact (chain of command remains directly involved in the Soldiers recovery and return to duty), expectancy (combat stress control unit personnel expectation that casualties will recover); proximity (of treatment at or as near the front as possible); simplicity (the use of simple measures such as rest, food, hygiene, and reassurance). (Department of the Army 2006, G-5)

By implementing the tenets of BICEPS, leaders and medical professionals work together to stem the tide of combat stress reactions in the wake of traumatic events.

Combat and operational stress control teams—which include a psychiatrist, a psychologist, as well as support from chaplains and others—help treat individual soldiers with combat and operational stress reactions. A valuable component to COSC team is the chain of command, which supports and implements elements of COSC at the subunit level. In 2009, the Army published FM 6-22.5, *Combat and Operational Stress Control Manual for Leaders and Soldiers*. This handbook, informed by the 2006 manual, operationalizes many of the COSC approaches that soldiers and leaders might find helpful when treating COSRs. Unfortunately, even though COSC doctrine exists as a field manual and a handbook for leaders and soldiers, many elements of the topic are not integrated within a single-source reconstitution manual to restore unit effectiveness after traumatic events.

Reconstitution Literature

In the 1980s, the Army set out to codify a manual on reconstitution. The BDM Corporation published a 1980 study on how US Army warfighting doctrine necessitated a proficiency in reconstitution operations. In 1983, the Combat Studies Institute published a historical perspective on reconstitution. In the years that followed, practitioners attending professional military education or writing for trade journals supplemented the brief “reconstitution renaissance” with scholarly excursus. This literature combined to inform TRADOC PAM 525-51 (1986), which the Army later formalized into FM 100-9, *Reconstitution* in 1992. During the reconstitution of B Troop, 3-61CAV, FM 100-9 was considered doctrinally current, and it informed many aspects of the regeneration process. In 2014, the Army superseded FM 100-9 with FM 4-95, *Logistics Operations*.

“New Approaches to Reconstitution”

In 1980, the BDM Corporation completed a study that concluded the US Army required a proficiency at reconstitutions. The BDM study, “New Approaches to Reconstitution in High Intensity Conflict on the Modern Battlefield” (from now on referred to as the BDM Report) set a baseline for doctrine by instantiating indicators of combat effectiveness and elements of the reconstitution process. Indicators of combat effectiveness aid a commander in determining if a unit needs to undergo some type of reconstitution effort. They, in turn, inform the focal points of the reconstitution plan and serve as metrics to gauge whether the unit’s effectiveness is in fact restored (Turbiville et. al. 1980, I-3–I-5).

Indicators of Combat Effectiveness

Tangibles

1. Command and Control
2. Accentuated personnel attrition
3. Accentuated equipment attrition
4. Cumulative attrition over time
5. Personnel resources
6. Logistics resources

Intangibles

1. Leadership (commanders, NCOs and staff)
2. Morale
3. *Esprit de corps*
4. Motivation
5. Training. (Turbiville et. al. 1980, V-4)

The BDM study categorized indicators of combat effectiveness into “tangibles” and “intangibles.” Tangibles are relatively easy to quantify, but intangibles are more difficult because they must be ascertained through “judgments” based on “experience and

observations” (Turbiville et. al. 1980, V-4). Thus, intangible indicators served as an immediate departure from the idea that personnel and equipment were the only components necessary for restoring unit effectiveness.

Next, the BDM report identified six “elements of the reconstitution process,” which include procedures and sustainment functions necessary to rehabilitate a combat ineffective unit.

Elements of the Reconstitution Process

1. Maintenance Support
 2. Medical Support
 3. Resupply
 4. Replacement Actions
 5. Damage Assessment
 6. Decision-Making, Information Flows, and Command/Staff Responsibilities.
- (Turbiville et. al. 1980, II-7)

The elements reveal the complex nature of unit reconstitutions, while they also condensed many disparate variables into specific disciplines, enabling further study. Furthermore, BDM cleared the ground for others to add granularity to the understanding of reconstitutions. For example, with the possible exception of medical support (based on historical accounts of neuropsychiatric treatment and evacuations), the only “element” that covered intangible indicators is the sixth—“decision-making, information flows, and command/staff responsibilities.” However, the identification of the sixth element enabled the Combat Studies Institute to expound upon leader responsibilities.

While the BDM authors focused on tangibles because they provided a “solid foundation” for analysis, the study did include a chapter on “human psychological stress and combat effectiveness” (Turbiville et. al. 1980, V-4, VI-1). The report asserts that unit cohesion is (1) a “determinant” of combat effectiveness and is (2) vulnerable to

psychological stress (Turbiville et. al. 1980, VI-3). Psychological stress is caused by a number of factors, including length and intensity of the battle and number of KIAs. To maintain unit cohesion and mitigate combat stress, leaders should demonstrate a genuine concern for the welfare of their soldiers (i.e.: provide adequate food, rest, healthcare, etc.). These concepts informed FM 100-9, particular during what the manual identified as the “Phase I Assessment” (Department of the Army 1992, 4-1).

Although it is limited in scope, the chapter on psychological stress acknowledges the role of COSC in the reconstitution process. It highlights the fact that even though intangible indicators are difficult to quantify, there are ways for leaders to gauge and influence them. This becomes particularly important when leaders are assessing combat effectiveness or designing a reconstitution plan. A plan that does not include such indicators is incomplete in its approach to restore individual and unit effectiveness. This identified at least two imperatives for the forthcoming reconstitution manual—first, it had to provide commanders with an understanding of subjective variables, and second, it needed to operationalize the factors during the regeneration process (which chapter 4 of FM 100-9 accomplishes). In sum, the 1980 BDM Report was a seminal document that informed US Army reconstitution doctrine. It prioritized analysis by tangible indicators of effectiveness, but it also acknowledged the need to incorporate psychological stress as a factor.

“Unit Reconstitutions—A Historical Perspective”

In 1983, the Combat Studies Institute (CSI) published a complimentary work to BDM’s report to contextualize precepts of unit reconstitution through a historical perspective. The study compared reconstitution efforts from World War I through the

1973 Arab-Israeli War, and delivered an overarching critique of US doctrine. The text concluded that a primary error of US reconstitution policies is the assumption that “men and machines are interchangeable and can be replaced as individual spare parts without affecting the overall performance of a vast war machine” (Drea 1983, 62). The CSI report then accentuated its findings with a set of criteria that served to correct the flawed premise and improve future reconstitution efforts:

Criteria Used for Unit Reconstitution

1. The condition of troops at the beginning of the engagement
2. Terrain
3. Weather
4. Expectation of the troops entering battle
5. The intensity of combat
6. Loss of key leaders
7. Physical conditions of the men and equipment
8. Casualties
9. Support expected and received
10. Isolation
11. Intangibles: morale, *esprit de corps*, unit pride, unit cohesion. (Drea 1983, 46)

The CSI criteria contain redundancies to many aspects of the BDM report, but they also provide leaders with additional considerations to gain understanding of the combat stress reactions that follow traumatic events. Hence what now appears to be obvious: people are emotive; machines are not.

The CSI criteria, which parallel the “mission variables”—mission, enemy, terrain, troops, time available, and civilian considerations (METT-TC)—add an element that remedy the alleged misconception that men and machines are interchangeable. To do this, it coopts the variables that shape a mission, reorients them with a people-centric focus, and supplements them with additional criteria that inform the link between man and machine, rather than conflate the two. Thus, the CSI text offers a critique and

recommendations that are situated in a historical perspective and add variety to BDM's robust analysis. While CSI's historical perspective did focus on intangible indicators explicitly, it lacked emphasis on COSC. Thus, it advanced the importance of intangibles, but minimized the potential role of combat stress.

"Reorganization During Combat"

In 1985, Raymond Livingston wrote "Reorganization During Combat—Considerations for a Mechanized Infantry Company," a thesis that incorporates the company-level perspective into the development of reconstitution doctrine. Livingston extrapolated data from a 1981 technical report, authored by members of the US Army Combined Arms Combat Development Activity and Combined Arms Studies and Analysis Activity. Authors of Technical Report (TR) 7-81, *Criteria for Reconstitution of Forces*, surveyed a group of officers from the Command and General Staff College to establish indicators of combat effectiveness from the tactical leader perspective. The factors published by TR 7-81—which included personnel status, weapons and equipment, status of support, and intangible factors—resonated with the BDM report, but the respondents' written comments pointed to something more. The responses revealed a distinct difference between the factors that inform the decision to reconstitute and the factors that influence the success of reconstitution efforts (Livingston 1985, 41, 22).

Officers with company command experience identified status of personnel, followed by status of equipment, as the top two indicators of combat effectiveness—hence, those two factors were the leading determinants of unit reconstitution. However, Livingston garnered that even though intangibles had "little impact" on reconstitution

decisions, they were likely “the most important” factors affecting the reorganization process (Livingston 1985, 22, 114). Livingston observed:

Effective leadership and the confidence of soldiers in that leadership, especially during times of stress, can go far in developing the cohesion that a unit needs to be fully effective. Morale may also be a determining factor as to how well a unit can implement reorganization actions. (Livingston 1985, 114)

In sum, while intangible factors remain difficult to quantify, Livingston’s reading adds a measure of weight to concepts like leadership, cohesion, and morale. They are not necessarily considered to be primary determinants of reorganization, but they are seen as compelling elements once the process begins. This perspective informs leaders as to when finite resources might be best applied toward intangibles, regardless of whether it is a preventative measure or a rehabilitative one. For example, a company football tournament intended to raise morale may be best employed after replacement soldiers arrive so the unit can capitalize on the team-building qualities of the event. Livingston’s interpretation of the significance of intangibles actually elucidates an important role for combat and operational stress. By determining that intangible factors are most important once reconstitution begins, Livingston supports integrating COSC into the reconstitution process.

Field Manual 100-9, *Reconstitution* (1992)

For more than a decade, TRADOC developed and assimilated a wide-ranging program to provide commanders with guidance on rebuilding units during war. In 1992, the Army published FM 100-9, the first reconstitution field manual to join the family of doctrine initiated by the 1976 revision of FM 100-5. The manual was a stand-alone document. It began with a general overview of reconstitution, but then it provided

specific guidelines on duties and responsibilities, planning and preparation, and execution of the operation. The reports, papers, and studies that preceded FM 100-9 undoubtedly influenced the contents of the Army's reconstitution manual.

Field Manual 100-9 differentiated reconstitution from "day-to-day sustainment actions" by clarifying that reconstitution efforts "transcend" the day-to-day (Department of the Army 1992, 1-1). It defined reconstitution as "extraordinary action that commanders plan and implement to restore units to a desired level of combat effectiveness commensurate with mission requirements and available resources" (Department of the Army 1992, 1-1). In conjunction with this definition, the authors concurred with Livingston's assertion that such extraordinary actions necessitated standing operating procedures and deliberate planning.

Major elements of reconstitution included "reorganization," "assessment," and "regeneration" (Department of the Army 1992, 1-2). Reorganization efforts can be done immediately or deliberately, both of which consist of measures taken within a unit to cross-level resources and personnel to sustain a higher level of effectiveness. Assessments determine if a unit requires restoration, but they are also used to identify specific reconstitution needs and gauge subsequent effectiveness. Regeneration encompasses external assets that assist in replacing personnel and equipment. The regeneration process also includes reestablishing the chain of command and training on individual and unit level tasks (Department of the Army 1992, 1-3).

In 1980, the BDM Corporation determined that "the ultimate combat effectiveness decision rests with commanders," and FM 100-9 confirmed this by ascribing the commander with the decision-making capability to initiate reconstitutions

(Turbiville et. al. 1980, I-4). In addition to basing his decision off of tangible indicators of combat effectiveness, the commander also considers:

- Knowledge of his soldiers
- Conditions and effectiveness of subordinate
- Previous, current, and anticipated situations and missions. (Department of the Army 1992, 2-1)

Once the commander decides to regenerate the unit, a multitude of complex tasks coalesce into a unified reconstitution effort conducted by the regenerating task force (RTF).

Chapter 2: Responsibilities categorizes the myriad duties and responsibilities into three distinct areas: “the unit directing regeneration,” “the unit being generated,” and the “RTF” (Department of the Army 1992, 2-1). The extensive list spans nearly every staff section, function and enabler, and the responsibilities vary widely:

Personnel staff officer: Anticipate increased need for battlefield promotions and impact awards.

Operations staff officer: Coordinate with the rear operations commander to integrate a unit undergoing regeneration into the rear operations security plan.

Chemical officer: Coordinate nuclear/chemical route and regeneration site reconnaissance. (Department of the Army 1992, 2-1 - 2-6)

The planning process is described as “paramount,” and this is partly because it contains specific mechanisms to preserve or repair intangible indicators of combat effectiveness (Department of the Army 1992, 3-1). Recommendations for standing operating procedures (SOPs) include, among other “key points,” the need to incorporate “techniques to maintain unit cohesion” (Department of the Army 1992, 3-1). Battle planning furthers this by emphasizing a list of actions that enable commanders to “reduce the impact of the battle and preserve his force” (Department of the Army 1992, 3-1).

Chapter 3: Planning and Preparation continues with detailed planning considerations that highlight the necessity to deliberately think through multifarious logistical and operational components like integrating support units, decontamination, security, RTF composition, and site selection. Furthermore, FM 100-9 provides a sample regeneration site layout, templates for SOPs, and planning considerations for combat service support assets (i.e.: 24-hour capability, MWR assets, coordination with host-nation, etc.). Finally, the section offers guidance on training for reconstitution operations.

The final chapter in FM 100-9, chapter 4: Execution, organizes reconstitution efforts into a six-step process. Informed by the previous three chapters, as well as a consortium of papers and studies, chapter four incorporates the many varying factors into a unified, logical process. Like the other chapters, there is too much to list to reflect the comprehensive nature of the document. The outline below serves as an adaptation of chapter four's table of contents to exhibit the manual's application of the aforementioned indicators, criteria, and elements.

1. Phase I Assessment

a. Effectiveness Areas (four broad areas that provide indicators)

i. Personnel Status

1. Unit strength.
2. Level of training.
3. Mission capable personnel.

ii. Logistics and Health Service Support Status

iii. Combat Support Status

iv. Subjective Indicators (“intangibles”)

1. Soldier morale and personnel readiness.
 2. *Esprit de Corps*.
 3. Training.
 4. Discipline.
 5. Cohesion.
- b. Influencing Factors (factors that affect the above indicators)
- i. Condition of soldiers
 1. Total length of time in combat.
 2. Number and locations of any intervening rest periods.
 3. Nature and intensity of the most recent experience.
 4. Physical conditions of the soldiers.
 5. Psychological conditions of the soldiers.
 6. Number, experience level, fitness, and positions of replacements.
 - ii. The battle's physical environment
 - iii. Expectation of unit soldiers before the battle
 - iv. Nature and intensity of the battle
 - v. Loss of key formal and informal leaders and unit veterans
2. Movement to and establishment of the regeneration site
 3. Phase II Assessment (Provides extensive details on resources required to regenerate the unit)
 4. Command and control establishment
 5. CSS Activities
 6. Training of the regenerated unit (Department of the Army 1992, 4-2).

Combat and Operational Stress Control Elements

While COSC is not explicitly stated in FM 100-9, many of its tasks and principles are applied in the chapter 2: Responsibilities. These tasks include:

Personnel Officer: Anticipate increase in battlefield stress . . .

Medical staff officer/surgeon: Advise commanders on preventative medicine aspects of regeneration. This includes the availability and use of combat stress/mental health teams . . .

Chaplain: Provide ministry support, particularly for cases of battle fatigue . . .

Chaplain: Coordinate needs for worship and memorial services, sacramental acts, pastoral counseling. (Department of the Army 1992, 2-2—2-4)

When integrating these plans into reconstitution, commanders inherently incorporate COSC elements into the process. These explicit tasks demonstrate how FM 100-9 incorporated COSC as a component. By anticipating increased battlefield stress, the personnel officer prepares enablers like COSC teams, chaplain support, and MWR facilities. By advising commanders on the availability and use of combat stress/mental health teams, the medical staff officer signals to the commander the ability to control those reactions to help restore unit effectiveness. By providing ministry support and memorial services, the chaplain's tasks acknowledge the importance of having time to decompress and grieve.

For the commander, chapter 4 identifies that COSC influences the ability to restore combat strength. This is most evident during the Phase I Assessment. The purpose of the assessment is to determine the unit's effectiveness. To do this (as listed above), commanders consult four "effectiveness areas" as well as several "influencing factors" (Department of the Army 1992, 4-1). These two information sets provide commanders

with clear criteria that link psychological stress to tangible and intangible indicators of unit effectiveness. Commanders can extrapolate that the “psychological conditions of the soldiers” influence “subjective indicators” like cohesion, and tangible indicators like “personnel strength” (Department of the Army 1992, 4-1). In sum, a commander could be completely unfamiliar with reconstitution operations, but after reading FM 100-9 he would have the guidance necessary to understand, prepare, and execute reconstitution operations. Importantly, among the criteria and indicators that aid in reconstitution planning, he would also understand that combat and operational stress control plays a prominent role.

FM 4-95, *Logistics Operations* (2014)

In April 2014, the US Army rescinded FM 100-9, *Reconstitution* and superseded it with FM 4-95, *Logistics Operations*. On the whole, the new manual does cover logistics operations as they might generally apply to reconstitutions, but in the process it marginalizes the many wide-ranging details covered in its predecessor. In fact, the new manual’s section on “In-Theater Reconstitution” covers little more than a page (Department of the Army 2014, 4-18). Furthermore, at no point does the manual discuss combat and operational stress, psychological condition of the soldiers, or the need to conduct memorial ceremonies—let alone basic concepts like the regeneration task force and the reconstitution process.

The 2014 update occurred in conjunction with “Doctrine 2015,” a major restructuring of manuals that followed the 2011 publication of the new capstone, *Unified Land Operations*. The new warfighting doctrine affirms that Army units “seize, retain, and exploit the initiative” in operations that are characterized by tenets of “flexibility,

integration, lethality, adaptability, depth, and synchronization” (Department of the Army 2011a, 1, 7).

Unfortunately, the Army’s revised reconstitution manual represents the potentials of underpreparing for the tenets of unified land operations (ULO). Field Manual 4-95 goes far to discuss logistics operations as a function of sustainment, but it generally lacks reconstitution guidelines. It covers some of the same definitions as FM 100-9, but it revises the elements of reconstitution, which fundamentally change how commanders measure unit effectiveness.

Table 1. FM 101-9 and FM 4-95 Comparison

<u>FM 100-9 (1992)</u>	<u>FM 4-95 (2014)</u>
Reconstitution	Reconstitution
Reorganization	Reorganization
Assessment	Regeneration
Regeneration	Rehabilitation

Source: Created by author.

A key difference between sustainment and reconstitution is sustainment occurs when the unit is combat effective, whereas reconstitution occurs when the unit is not (Department of the Army 1992, 1-3). Unit effectiveness is a crucial variable in the reconstitution process. The 1992 manual goes far to expound upon indicators, influencers, and metrics of effectiveness, but the 2014 version hardly broaches the topic at all. This shortfall is no surprise since the role of combat effectiveness was defined during the “assessment” phase in 1992, but it no longer exists in the 2014 version.

The key difference between sustainment and reconstitution is no longer clear because the new field manual conflates the two. The assessment phase was superseded by a “rehabilitation” phase in FM 4-95. The new section on rehabilitation implies a process that rebuilds unit effectiveness, but it lacks the breadth and details necessary to develop a robust plan. These differences, in sum, belie FM 4-95 as a reconstitution counterpart to the Army’s new warfighting doctrine, and the tenets of ULO affirm this assertion.

The new doctrine abuses “flexibility” because it lacks a systems-based approach to planning for, and executing, reconstitution operations. Field Manual 4-95 requires an extraordinarily high level of “adaptability” because it offers little to provide “an understanding of the operational environment” (Department of the Army 2011a, 8). The 60-plus pages of the 1992 reconstitution manual were far from consummate, but they at least covered the elements, process, principles and measures of unit effectiveness. The one-and-a-half pages that cover reconstitution in the 2014 manual offer only a cursory definition of the elements and a truncated list of necessary sustainment functions.

According to ADP 3-0, leaders can add “depth” within their units by developing resilience “in the face of friendly casualties and a determined and adaptive enemy” (Department of the Army 2011a, 9). Field Manual 100-9 addressed this concern by incorporating SOPs to “reduce the impact of the battle and preserve [the] force” (Department of the Army 1992, 3-1). Field Manual 4-95 ignores intangible indicators altogether and does not even reference the Army Ready and Resilient Campaign, let alone the importance of creating an SOP.

“Synchronization” in ULO “produces maximum relative combat power at a decisive time and place,” but the new manual offers few guidelines on the necessary

“arrangement of actions in time, space and purpose” (Department of the Army 2011a, 8). While FM 100-9 provided a gamut of responsibilities and incorporated them into a regeneration process, FM 4-95’s “in-theater reconstitution” section lacks individual tasks or an overarching schema. Most importantly, if one were to operationalize the new manual, synchronization would be the chief concern.

What doctrinal source would a commander go to for guidance if she were facing reconstitution? Assuming she started with her unit METL, one potential sequence of events would reveal the following:

FM 7-15, *The Army Universal Task List* (29 June 2012) cites “reconstitution” as Tactical Task 5.1.3.6, and it still refers readers to FM 100-9.

FM 100-9, *Reconstitution* (13 January 1992) is a stand-alone publication on the topic, but it is obsolete and has been rescinded.

FM 1-02, *Operational Terms and Graphics* (2 February 2010) references FM 100-9 under “reconstitution,” but again, FM 100-9 is obsolete.

According to CASCOM, USACAC, and the Army Publishing Directorate, FM 100-9 (1993) was superseded by FM 4-95.

FM 4-95, *Logistics Operations* (1 April 2014) incorporates strategic, operational, and tactical logistic elements of the sustainment function; although its section on reconstitution is limited to less than two pages.

FM 4-95 incorporates a new element of reconstitution, “rehabilitation,” for which it references JP 1-02 as the source.

JP 1-02, *DoD Dictionary of Military and Associated Terms* (14 March 2014) does not list “rehabilitation” because the term was rescinded in the latest version.

FM 4-95’s preface states that the publication is the “doctrinal bridge” between ADP 4-0 and ADRP 4-0, so perhaps the commander would look to those sources for answers.

ADP 4-0: *Sustainment* (31 July 2012) does not mention “reconstitution.”

ADRP 4-0: *Sustainment* (31 July 2012) mentions reconstitution once, but only as a component of terminating joint operations.

ADRP 3-90 (31 August 2012) lists reconstitution as a basic tactical concept, provides a brief overview, and it cites, “See ADP 4-0 for reconstitution doctrine.”

ADP 4-0 does not explicitly mention “reconstitution.”

FM 3-90: *Offense and Defense* (31 August 2012) references ADP 4-0 as the source for reconstitution.

ADP 4-0 does not explicitly mention “reconstitution.”

FM 3-0: *Unified Land Operations* (10 October 2011) references ADP 4-0 as the source for reconstitution.

ADP 4-0 does not explicitly mention “reconstitution.”

By consulting CASCOM, the proponent for reconstitution and the author of FM 4-95, the commander would also find that plans to make FM 100-9 an ATP do not exist and as of right now FM 4-95 is the sole publication that supersedes FM 100-9.

After arriving at this point in her search, the commander would realize that the Army no longer offers cohesive guidance on reconstitution. While many of the principles in the 1992 manual are inherent throughout unified land operations in the form of the operations process, unified action, and mission command, the lack of a coherent reference source for tactical reconstitution deprives the breadth necessary to inform such a complex operation.

In 1980, when the BDM Corporation first completed “New Approaches to Reconstitution in High Intensity Conflict on the Modern Battlefield,” they articulated the need for a coherent reconstitution doctrine. The authors wrote,

These factors point to the need for a comprehensive and intensive peacetime training program to train unit commanders and staffs to deal with the many logistical and operational elements integral to accomplishing the reorganization of an attrited maneuver unit. (Turbiville et. al. 1980, I-10)

In 1992, the Army was well on its way to fulfilling that need with FM 100-9, but the latest round of revisions frustrated the process. While much of the guidance in the 1992

manual upheld the tenets of ULO, the 2014 version compromises reconstitution operations in terms of flexibility, adaptability, depth, and synchronization.

While the removal of FM 100-9 problematizes the synchronicity of reconstitution doctrine, the concept of mission command enables a solution. Unified land operations are founded in mission command philosophy and executed through the mission command warfighting function. Three of the six guiding principles of mission command philosophy are:

- Build cohesive teams through mutual trust
- Create a shared understanding
- Exercise disciplined initiative

The mission command warfighting function includes:

- The related tasks and systems that develop and integrate those activities enabling a commander to balance the art of command and the science of control in order to integrate the other warfighting functions. (Department of the Army 2012b, iv)

Thus, mission command provides a solution that obviates the omission of a single-source reconstitution doctrine by empowering commanders and staffs to assemble the multitudes of disparate doctrinal publications that are relevant to reconstitution efforts. In doing this, they exercise initiative to create the requisite understanding of the operation. Upon developing the plan and integrating activities, they construct a cohesive team to reconstitute the unit. This process would be easier if the Army had left much of FM 100-9 intact during revisions, and hopefully the manual's proponent will reverse the discontinuities that the current doctrine creates. In the meantime, by taking a step back and consulting the available literature that implicitly pertains to unit reconstitutions, leaders can create a much more informed and comprehensive plan than existed before.

There are numerous publications and programs that enable the tangible and intangible indicators of unit effectiveness. Command and control, personnel, equipment, and logistics are informed and developed by ADRP 7-0: *Training Units and Developing Leaders*, ADRP 6-22, *Army Leadership*, ADRP 6-0: *Mission Command*, and ADRP 5-0: *The Operations Process*. Despite my critiques, FM 4-95, *Logistics Operations* and ADRP 4-0: *Sustainment* go far to incorporate capabilities that relate in terms of joint interdependence, logistics, personnel services, and health service support. These are just the publications from Doctrine 2015, and are by no means anywhere close to a comprehensive list.

Chief among the literature oriented towards intangible indicators are the Army Ready and Resilient Campaign, FM 4-02.51, *Combat and Operational Stress Control*, and seminal works from military professionals like Lieutenant Colonel Dave Grossman's *On Killing: The Psychological Cost of Learning to Kill in War and Society*. Should commanders and staffs continue searching, they would find such a deluge of literature that they would reach a saturation point—the point at which there is so much to read that they must pick and choose between available texts. This is not an excuse to not read widely and deeply on professional topics; the intention is to articulate the challenge of taking the initiative to conduct reconstitutions without a thoughtful rubric of guidance. The existence of literature is one thing, but the availability of doctrine informed by that literature is something completely different.

After reviewing past and current Army reconstitution manuals, it is evident that there is a gap in current reconstitution literature. Field Manual 4-95 does not incorporate COSC as a component of reconstitutions; in fact, it does not even mention psychological

condition of soldiers or even various indicators of effectiveness. It is beyond the scope of this study to determine why the latest reconstitution manual does not maintain these aspects, but it does make one wonder why. In the following section, I lay out the methodology I use to show that COSC should be incorporated into reconstitutions because it is a determinant of unit effectiveness.

CHAPTER 3

RESEARCH METHODOLOGY

The primary research question of this thesis is: What is the role of combat stress in Army unit reconstitutions that follow traumatic events? I theorize that the combat effectiveness of a unit varies with the steps military leaders take to incorporate COSC into reconstitution plans that follow traumatic events. This is based on the logic that:

Premise 1: If the unit experiences a traumatic event that necessitates reconstitution (Department of the Army 1992, 4-1), and

Premise 2: If the purpose of reconstitution is to restore unit effectiveness (Department of the Army 1992, 1-1), and

Premise 3: If COSC is a determinant of unit effectiveness, then

Conclusion: Unit reconstitution efforts that are necessitated by traumatic events should incorporate COSC (as a component of the reconstitution plan) to restore unit effectiveness.

If the aforementioned premises are true (in accordance with doctrine), then the conclusion supports my theory. However, this should not yet be taken for granted. While premises one and two are explicit in doctrine, premise three is only implied. Therefore, I explore three historical vignettes to test premise three. If substantiated, then evidence would show how combat effectiveness varies with the steps leaders take to incorporate COSC into reconstitution plans after traumatic events.

The regeneration of B Troop, 3-61CAV after the Battle of COP Keating (October 3, 2009) induced the theory for this paper. The doctrine that guided that effort was FM 100-9, *Reconstitution*. Because FM 100-9 was the contemporaneous doctrine, and because it is the only reconstitution field manual that incorporates factors to assess unit effectiveness, I have chosen to use it as the basis for my historical cases. To further

define the third premise, FM 100-9 lists determinants of unit effectiveness that include “personnel status,” “conditions of soldiers,” and “subjective indicators” (Department of the Army 1992, 4-2). Accordingly, I incorporate the following sub-premises to articulate specifics of premise three:

Premise 3.a.: If COSC influences personnel status, and
Premise 3.b.: If COSC influences conditions of soldiers, and
Premise 3.c.: If COSC influences subjective indicators, then

Conclusion (Premise 3): COSC is a determinant of unit effectiveness.

I test Premise 3.a., 3.b., and 3.c. using three case studies of units that recovered from traumatic events. In the First World War (Vignette 1), the reconstitution of the Second Infantry Division provides an example of how the treatment of combat stress reactions improves unit effectiveness. In the Second World War (Vignette 2), the 28th Infantry Division’s reconstitutions before and after the Battle of the Huertgen Forest exhibit how insufficient care regarding conditions of soldiers negatively influences unit effectiveness. For the Vietnam War (Vignette 3), the individual replacement system provides an example of how an action that compromises cohesion negatively influences effectiveness. The first two case studies follow the same general organization: the event, the reconstitution effort, and COSC as a component of the reconstitution effort. The third case study focuses on strategic level policies and varies slightly due to scope.

The primary research question of this thesis is: What is the role of combat stress in Army unit reconstitutions that follow traumatic events? During each of these studies, I focus on the primary research question by answering the following secondary research questions:

SRQ 3. How have units integrated elements of forward psychiatry and combat and operational stress control during past reconstitutions?

SRQ 4. Has COSC influenced unit effectiveness during other reconstitutions? If so, how?

To inform historical accounts of forward psychiatry, neuropsychiatric rates, and treatment techniques, I accessed US Army medical studies for each time period. Each volume was edited and authored by senior Army medical personnel, most of which had Doctor of Medicine degrees. I also found RAND's report, *Steeling the Mind: Combat Stress Reactions and Their Implications for Urban Terrain*, very useful as a general accounting of forward psychiatry techniques that eventually evolved into "BICEPS."

For journals and reports, I determined that academic and peer-reviewed sources were most credible. A limited number of scholarly papers informed relevant practices for restoring combat effectiveness after each of the battles. Chief among these were works from the US Army's Combat Studies Institute (CSI), as well as monographs from the School of Advanced Military Studies and theses from the Command and General Staff College.

In conclusion, I researched historical accounts of unit reconstitutions from three modern wars in which the United States played a role. This research helped me devise three vignettes that incorporate the role of psychological stress in each war. The historical cases serve three interrelated purposes. First, they provide a brief history of unit reconstitution efforts, to include COSC. Second, they test whether COSC influences unit effectiveness. Third, they help determine the role of combat stress in unit reconstitutions that follow traumatic events.

CHAPTER 4

ANALYSIS

The purpose of this analysis is to demonstrate that combat and operational stress control (COSC) is a determinant of unit effectiveness and should therefore be incorporated as a component of reconstitutions. Given that determinants of unit effectiveness include “personnel status,” “conditions of soldiers,” and “subjective indicators,” I show that COSC also determines effectiveness by the way in which it relates to each of these parameters (Department of the Army 1992, 4-2). I do this by exploring reconstitution efforts from World War I, World War II, and the Vietnam War, which contextualize the role of COSC in unit effectiveness and test the following sub-premises:

Premise 3.a.: If COSC influences personnel status, and
Premise 3.b.: If COSC influences conditions of soldiers, and
Premise 3.c.: If COSC influences subjective indicators, then

Conclusion (Premise 3): COSC is a determinant of unit effectiveness.

This chapter is organized into three historical case studies:

Vignette 1: World War I (1918): 2nd Infantry Division’s reconstitution after the Battle of Belleau Wood near Chateau-Thierry.

Vignette 2: World War II (1944): 28th Infantry Division’s reconstitutions before and after the Battle of the Huertgen Forest.

Vignette 3: Vietnam War (1965-73): Influence of individual replacement policy on morale and unit cohesion.

Each section is organized by the battle, the reconstitution, and COSC as a component of the reconstitution effort.

Vignette 1: The Belleau Wood Reconstitution (1918)

In June 1918, the Second Infantry Division (2ID) endured nearly three weeks of intense fighting in the Battle of Belleau Wood near Chateau-Thierry, France. The division replaced a depleted French 43rd Division. Upon their arrival, the Americans set a defensive line along the Paris Road and integrated artillery and machineguns to halt the German's momentum (Spaulding and Wright 1989, 41, 50). As the battle unfolded, the dire need for more troops became evident as casualties mounted. However, the Second Infantry continued to fight, and they ultimately kept the Germans from reaching Paris via the Clignon Valley. The victory came at a price of 4,400 American combat losses (Drea 1983, 7). After the battle, the division underwent significant reorganization and replacement operations.

In the days that followed, the Second Infantry set out to recover their force by providing rest to soldiers (Spaulding and Wright 1989, 96). Most units during World War I followed a similar timeline for rest and recovery, which included weapons maintenance, arms inspection, and drill in the morning. After morning tasks, units were given the afternoon to play team sports, which provided physical fitness training and an opportunity to build unit cohesion among surviving and replacement soldiers. In the evening they were given free time to decompress, write home, talk amongst friends, read, or pray.

In addition to rest and recovery, leaders (from the most senior on down) visited soldiers to acknowledge the bravery, sacrifice, and contributions they made. The commander-in-chief of the American Expeditionary Force, General John J. Pershing, visited Second Infantry Division troops after the battle, as did several other flag officers

from the American and French armies (Spaulding and Wright 1989, 96). The daily routine, combined with time with fellow soldiers and recognition from leaders, most certainly kept the survivors from “dwelling on the enormity of the calamity which had befallen their units” (Drea 1983, 4).

The “enormity of the calamity” must have weighed heavily on the Second Infantry Division in the midst of battle. On June 11, a young lieutenant recorded in his diary that his men were tired, hungry, and sick with the flu. He went on to record the “good” influence of a leader, Major Bischoff, who exclaimed to the soldiers:

I know you are all sick. Any physician would have you put on the sick list. But will you allow the successes won with the blood to be jeopardized or even lost? A man can endure anything so long as he has the will to do so. Clench your teeth, then! Pull yourselves together! When we get out of this place we will have time to recuperate. (Asprey 1965, 287)

Still, the tenuous physical and emotional state of the soldiers, combined with the staggering losses across the division, is telling of the likelihood that a soldier might report himself sick and unable to fight. That some men were simply not able to “clench their teeth and endure anything” is a testament to the need for leaders to provide an element of recuperation to sustain their soldiers between combat operations. Furthermore, the incident highlights the challenge a leader faces when soldiers seem physically capable to fight but lack the “will” to do so.

By 1918, leaders had already recognized that soldiers have emotive and sometimes debilitating reactions to the horrors of combat. Initially deemed “shell shock,” and later called “war neurosis,” symptoms included paralysis, blindness, depression, and anxiety (Helmus and Glenn 2005, 11). To address these symptoms, rehabilitate their soldiers, and stem the loss of much-needed infantrymen in country, the Army evolved in

its treatment of stress casualties. Medical professionals and leaders came to realize that a crucial element to the aforementioned routine (rest, military drill, physical activity, personal time) was that it needed to occur as close to the line as possible. For those that suffered from combat stress to such a degree that it rendered them non-mission capable, they were evacuated and treated close to the front (when feasible) with the expectation that they would soon return to duty. Thus, not only was the proximity important, but also was the expectancy that they would soon rejoin their comrades.

Expectancy was good for two reasons. First, it aided in the potential recovery of soldiers that suffered from combat stress reactions. Second, higher return-to-duty rates was good for unit effectiveness. This is particularly the case during World War I when units were categorically short on infantrymen. During the planning stages of the war effort, original designs for replacement and rotation systems did not anticipate high enough casualty rates. Consequently, 16 of the 58 American combat divisions deployed to France were stripped of their soldiers and converted for replacement operations. The shortage persisted well into the war and took a toll on the Second Infantry Division's personnel strength in 1918. After the battle, the division reported 4,400 losses (99 officers and 4,301 enlisted), yet they only received 2,740 replacements (34 officers and 2,706 enlisted) (Drea 1983, 7).

The Ninth Infantry Regiment of the Second Infantry Division struggled to find a balance between treating the wounded at forward aid stations and evacuating them to the rear. The Ninth's extremely high number of casualties complicated this challenge because they had limited resources to treat troops close to the front. As a result, the regimental surgeon set up medical reserve posts, which injected "elasticity" into the evacuation

system and “kept wounded from congregating at any station” (Asprey 1965, 315). In the midst of so many casualties, one could understand how the division might include a “shell shock” patient in the “constant stream of evacuations to the rear” (Asprey 1965, 315). Still, the level of evacuation had a direct effect on whether the soldier would (or could) return to duty, particularly if he were suffering a “non-physical” wound.

Division psychiatrists found a distinct negative correlation between the distance soldiers were evacuated and their propensity to return to duty (RTD). For example, divisional hospitals that were further from the front saw RTD rates at around 65 percent, but forward field hospitals achieved rates at 80 percent (Helmus and Glenn 2005, 13). Many factors could explain the causes for such staggering differences in RTD rates—to include level of trauma, type of care, and social pressure from leaders and providers—but what is clear is that the Army used these lessons to develop a combat stress treatment program. This program eventually adopted the treatment methods that psychiatrists employed during and after the Battle of Belleau Wood (Helmus and Glenn 2005, 12).

The Second Infantry Division incorporated forward psychiatry, now known as combat and operational stress control, to heal soldiers suffering from war neurosis. The approach that evolved—proximity, immediacy, and expectancy—was a formula that incorporated some of the best practices to increase the success of the treatment. The metric of success was in RTD rates, which directly translated to an indicator of unit effectiveness—personnel status (Department of the Army 1992, 4-2; Helmus and Glenn 2005, 12).

For a reconstituting force, the evacuation and hopeful return of veteran soldiers can be a pivotal variable. The arrival of veterans ideally equates to a more experienced

force (particularly in light of receiving untrained replacements). Furthermore, a unit that cares for the wounded, regardless of the type of injury, is one that builds trust between leaders and subordinates. The positive results of such actions can build cohesion and strengthen morale.

By responding to the combat stress of their soldiers, the Second Infantry Division improved the personnel status by at least four different metrics: “unit strength,” “level of training,” “mission capable personnel,” and “impact of individual replacements on unit cohesion” (Department of the Army 1992, 4-2). Thus, the combat and operational stress control in 2ID’s 1918 reconstitution likely improved at least four of the eight metrics of personnel status. This, in turn, would have indicated a higher level of unit effectiveness than had they not implemented forward psychiatry.

Vignette 2: The Huertgen Forest Reconstitutions (1944)

In the fall of 1944, Lieutenant General Courtney Hodges, the First Army commander, ordered a corps to cross the Siegfried Line—a movement that initiated an Allied push for the Rhine River and beyond. When a German division halted the corps in vicinity of Aachen, a border city in western Germany, the Allies called for reinforcements. Before continuing the offensive through Aachen, Hodges decided it was necessary to clear a nearby forest to prevent a suspected enemy counterattack.

The Huertgen Forest was dense with trees and vegetation, and it measured twenty miles wide and ten miles deep. On November 2, the 28th Infantry Division began a major offensive to seize the town of Schmidt in the Huertgen, which held key terrain in the high ground above First Army’s flank (MacDonald 1990, 171). The division entered the fight

with 13,932 combat-effective soldiers, and they lost 5,028 personnel during ten days of fierce fighting. After losing more than 30 percent of the unit in less than two weeks, the 28th Infantry was “destroyed as a fighting force” (Drea 1983, 32).

As the regiments disengaged from the battle and moved to the division’s rear, the soldiers were given time alone to “sort out their experience at Schmidt” (Drea 1983, 50). Similar to the First World War, food and sleep went a long way to repair the damage of the previous weeks. In the days that followed, the soldiers were given comfort items to aid their rehabilitation—coffee and doughnuts in the morning, music from the band, time for chapel, and a tent in which to read, write, and receive mail (Drea 1983, 50).

Unit cohesion was reestablished when the replacements were divided among the unit so platoons and companies could hold formations, dine, bunk, and socialize together. Since they were still forward but now in a “quiet sector,” companies established rotations between the platoons so while one platoon deployed, the other two could train. As morale improved and the units bonded, combat effectiveness increased.

World War II military units adopted many of the treatment characteristics developed during World War I, including proximity, immediacy, expectancy, and now simplicity (which incorporated sleep and nutrition). Additionally, divisions were authorized psychiatrists that served in treatment centers at the corps level (Helmus and Glenn 2005, 13-15). After four months of continuous combat, soldiers were more susceptible to being evacuated due to “combat exhaustion,” for which there were too many soldiers and too few psychiatrics. Combat exhaustion, which was another label for “battle fatigue” and “war neurosis,” caused “increased irritability, loss of interest,

decreased efficiency, and carelessness on the part of the individual as to personal safety” (Rush 2001, 317).

During the Battle of the Huertgen Forest, soldiers with neuropsychiatric conditions were evacuated to higher-level treatment centers where medical providers induced them to sleep for a period of three days (Astor 2000, 208). While in a “subconscious” condition, the suffering soldiers were “horrible to behold” as they “lived over and over again the most terrifying events of combat” (Astor 2000, 209). A 1946 US Army study on “ground force casualties” determined that the typical case of combat exhaustion required six months to recover for duty in a “noncombat assignment” (Drea 1983, 18). Unfortunately, many battle-fatigued soldiers could not stay at the treatment centers that long.

Psychiatrists had no place to send an exhausted soldier if he was not “physically disqualified or mentally unstable” (Astor 2000, 209). As an unfortunate consequence, many unfit soldiers returned to the front lines, only to suffer from combat stress, be evacuated, treated, and returned to duty again and again (Astor 2000, 209). This was a byproduct of having too few soldiers and even fewer resources to support them.

The inability to treat soldiers suffering from combat stress is one thing, but forwarding them back to the front lines while they were not fully recovered could exacerbate unit effectiveness. This would have been detrimental to personnel status, since it increased “the number and type of casualties including battle fatigue” and reduced the proportion of “mission capable personnel,” both of which are metrics of effectiveness according to the manual (Department of the Army 1992, 4-2).

The 28th Infantry Division lost 5,028 soldiers (Drea 1983, 31). The November 1944 statistics from the First U.S. Army (to which the 28th Infantry Division belonged) indicate that 10.6 percent of soldiers were admitted to the hospital for “neuropsychiatric” reasons. Of those evacuated with neuropsychiatric dispositions, roughly 39 percent returned to duty (Mullins and Glass 1986, 286). Accordingly, 533 28th Infantry Division soldiers would have suffered neuropsychiatric conditions, and 207 would have returned to duty. Given the terms of the 1946 study, one can only wonder how many of those 207 were actually combat-ineffective.

Incidences of combat fatigue were likely influenced by the conditions of the soldiers, which is a factor that, according to FM 100-9, affects various indicators of effectiveness. The 1992 version of the Army’s field manual on reconstitution emphasizes the most important consideration for a commander is the “knowledge of his soldiers,” which includes their condition, effectiveness, and previous and anticipated missions (Department of the Army 1992, 2-1). Perhaps this concept was developed after the battle at Schmidt when the condition of the men played a large role in the unit’s ineffectiveness. Individual soldiers were exhausted from weeks of fighting without sleep and supplies. They were exposed to the cold and rain without overshoes, coats, or even food. Soldiers stood in foxholes filled with water, relieved themselves in ration containers, and were exposed to an onslaught of German artillery and direct fire, day after day and night after night.

In theory, units would rotate from the front as they had during the First World War, picking up replacements and giving veteran soldiers a routine to recuperate from combat: rest, food, physical activity, and personal time. However, instead of fully

disengaging from the enemy, divisions rotated the troops to a “quiet” sector—a euphemism for an area that contained relatively less enemy contact (Drea 1983, 18). As a result, divisions were sometimes forced to defend themselves when they should have been getting adequate time to rest and decompress from the stressors of combat.

A case in point is the 28th Infantry Division’s rotation to a quiet sector the month before the Battle of the Huertgen Forest. In October 1944, while reconstituting from intense fighting in August and September, the 28th Infantry Division incurred 993 battle casualties, 106 of which were killed in action (Drea 1983, 18). As the division moved onto to the Aachen operations, they were still reeling from significant losses, minimal rest, and what was most likely a reconstitution in name but not substance.

Given the above details, one can assume that psychological stress influenced the conditions of the soldiers. First Army neuropsychiatric rates of roughly 10 percent support this conclusion (Mullins and Glass 1986, 286). Furthermore, combat and operational stress would have affected the overall success of the 28th Division’s October reconstitution effort by influencing tangible indicators (like personnel strength) as well as intangible ones (like unit cohesion). This exemplifies how inattention towards COSC could be damaging to unit effectiveness—whether in terms of returning soldiers to duty who were not mission capable or by keeping soldiers under enemy fire when they should have been recovering.

While soldier conditions and unit cohesion influence combat effectiveness, one must also consider that these factors are difficult to balance. This was almost certainly the case with the 28th Infantry Division’s October reconstitution. During the Second World War, 89 out of 90 divisions saw combat, and once a division was committed to a

campaign it remained “in or near the front line” until its completion (Drea 1983, 17).

Under such conditions, reconstitution operations are not easy to come by.

Such factors go far to explain why the 28th Division did not disengage from enemy contact. In a war of limited resources, commanders must sometimes choose to do one thing or another, but not both (i.e.: defend with attrited elements or disengage to conduct a thorough reconstitution). Defending against the enemy may seem like an obvious choice, but it highlights the challenge of balancing soldier conditions (psychological condition, physical condition, etc.) with restoring enough combat strength to continue the fight. The purpose of this vignette, however, is to illustrate the potentially deleterious impacts that come with operations that do not afford any reprieve for the psychological conditions of the soldiers (Department of the Army 1992, 4-2). Ultimately, this occurred in two ways for the 28th Infantry in World War II. First, soldiers suffering from “combat exhaustion” were likely returned to duty with minimal support in terms of combat and operational stress control. Second, this problem was only exacerbated by a reconstitution that deprived soldiers of much needed rest and recovery when they instead stayed in contact with enemy forces.

Vignette 3: Vietnam War and the Individual Replacement System (1965-1973)

Combat and operational stress control also influences unit effectiveness as a result of strategic level policies. An example of this is the individual replacement policy during the Vietnam War. The personnel rotation system ensured that troops stayed fresh during their 12 months at war, but it did so at the expense of unit cohesion and combat effectiveness. According to General William C. Westmorland, the Army Chief of Staff

during Vietnam, the individual rotation system was “good for morale,” provided soldiers with a “goal,” and benefitted individual health (Westmorland 1980, 295).

However, General Westmorland also conceded that the policy posed “problems of continuity,” which drastically understated its effect on reconstitution efforts (Westmorland 1980, 295). The individual soldier rotation policy negated unit cohesion and effectiveness, and many scholars maintain that it “may have created more problems than it solved” (Helmus and Glenn 2005, xv).¹ High turnover rates ensured that the most experienced veterans continually departed, and this was complicated by the fact that units often lacked adequate time to train and form a cohesive bond before the next round of rotations (Armstrong 1993, 62).

The individual replacement system even affected the most proven units during the Vietnam War, as can be seen with the 1st Squadron, 7th Cavalry (1-7CAV) during the Battle of the *Ia Drang* Valley. On November 14, 1965, 1-7CAV arrived by helicopter into Landing Zone (LZ) X-Ray of the *Ia Drang* Valley. What began as a search and destroy operation turned into a fierce, three-day battle against a numerically superior force of the People’s Army of Vietnam (PAVN). By the time 1-7CAV left the *Ia Drang*, they had killed or injured an estimated 2,000 enemy fighters, but in the process 71 American troopers lost their lives and another 121 were wounded. While 1-7CAV was reinforced during the battle, the total number of casualties represented 44 percent of the battalion’s initial strength of 431 personnel (Moore 1965, 1-18).

First Battalion, 7th Cavalry entered the *Ia Drang* Valley in November 1965 with 68 percent of their authorized personnel (431 actual vs. 633 authorized). In the after

¹For support of this perspective, see Krepinevich 205, Drea 57, and Armstrong 61.

action report from the battle, the battalion commander clarified that the shortage of soldiers were “primarily due to malaria and ETS discharges” (Moore 1965, 2).

In October 1965, one month prior to the Battle of the *Ia Drang* Valley, Task Force Alpha—the corps-level command in Vietnam that controlled the 1st Air Cavalry Division and 1-7CAV—projected a turnover rate of roughly 15 percent per month within its own headquarters (Headquarters Field Force Vietnam 1965, 2). Given such a high volatility, units could change out 100 percent of their personnel within seven months. One can imagine the incoherence of a rifle company whose commander rotated every six months and whose enlisted ranks regularly departed because of illness, R&R rotations, taskings (oftentimes to infuse other units with experienced soldiers), combat losses, and a rotation system that replaced soldiers on an individual basis.

As the war progressed so did rates of neuropsychiatric conditions. General Westmorland observed, “It was only after 1969 that the psychological stresses and strains of an apparently endless war was beginning to show” (Westmorland 1980, 295). The former Army Chief of Staff was quite accurate. In 1965, neuropsychiatric conditions composed just 1.9 percent of all causes for hospital admission among active duty soldiers in Vietnam. This is relatively low considering venereal disease caused 46.9 percent and wounded in action made up 10.3 percent. By 1970, rates of neuropsychiatric conditions doubled to 4.7 percent, while venereal diseases fell to 41.9 percent and wounded in action held steady at around 10 percent (Neel 1973, 36).

Due to diagnosis practices and classifications, it is difficult to compare Vietnam War neuropsychiatric rates with the aforementioned World War II rate of 10.6 percent. However, it is worth noting that occurrences of behavioral health conditions in World

War II co-varied with battlefield injuries, while this was not the case in Vietnam (Neel 1973, 47). Importantly, even though psychological stress was one of the smallest causes for medical treatment, it accounted for a substantial component of the approximate number of man-days lost. By 1970, cases of “psychosis, psychoneurosis, [and] character and behavior disorders” surpassed malaria and venereal disease to make up the second-leading group of ailments attributed to personnel vacancies (accounting for 21 percent of man-days lost) (Neel 1973, 34, 47).

Forward psychiatry in Vietnam was structured similarly to that of wars past, treating the wounded as close to the unit as possible with the expectation that they would return to duty (Helmus and Glenn 2005, 19). With advancements in medical care that reduced KIAs, individual rotations that supposedly improved morale, and forward psychiatry that treated combat stress, how does one explain the exponential growth of neuropsychiatric conditions during the war? In his in-depth analysis, *Medical Support of the U.S. Army in Vietnam, 1965-1970*, Major General Spurgeon Neel, M.D., advances the idea that a lack of unit cohesion increases an individual’s predisposition to psychological stress as a result of combat:

For Vietnam, it has also been suggested that identity with another peer group, such as one based upon race, political affiliation, or drug use, at the unit level has threatened the integrity of the squad as the sole reference point for the soldier in combat. This tendency in turn resulted in rising neuropsychiatric rates among individuals who, presented with alternatives, lack the certainty in the stress of combat that confidence in the squad gave the World War II infantryman. (Neel 1973, 47)

The BDM Corporation’s study on reconstitution compliments Neel’s assertion by expounding upon the relationship between psychological stress and unit cohesion. The study finds the reciprocal of Neel’s hypothesis to also have merit, where “the

maintenance of unit cohesion” will “exert the strongest influence on countering the impact of human psychological stress” (Turbiville et. al. 1980, I-6).

The nature of the association between the two variables seems interdependent, as the BDM report indicates that unit cohesion contains an “apparent vulnerability to the aggregate consequences of human psychological stress experienced by individual members of units in combat” (Turbiville et. al. 1980, VI-3). This relationship is further supported by a 2007 report in the *American Journal of Public Health*. In “War and Mental Health: The US Psychiatric Response in the 20th Century,” Hans Pols, PhD and Stephanie Oak, BMed report how cohesion is “an essential factor in maintaining morale” and that morale is “inversely related to [the] breakdown incidence” of soldiers (Pols and Oak 2007).

As mentioned before, it is clear that incidence of neuropsychiatric conditions during Vietnam were relatively lower than World War II, but Neel’s assertion complicates this notion by highlighting the role of unit cohesion. Vietnam wartime policies appear to have favored morale at the expense of unit cohesion. Thus, while such programs may have reduced the initial frequency of neuropsychiatric conditions, over time, the lack of unit cohesion seems to have been deleterious to behavioral health as well.

The nexus at which combat and operational stress compounds unit cohesion is a powerful concept for reconstitution operations. When units are teetering on the minimum personnel strength needed to remain combat effective (60 percent), command decisions that affect cohesion can tip the scale of unit effectiveness in one direction or the other (Department of the Army 1992, 4-2). Given that unit cohesion is greatly influenced by

the conditions of soldiers, to include their psychological stress levels, the manner in which commanders respond to individual combat stress reactions can be the proverbial straw that breaks the camels back.

For example, assuming a 100-man company sustained 35 non-RTD casualties (10 KIA and 25 WIA), the unit would have 65 percent personnel strength. If during reconstitution operations a handful of soldiers begin to suffer from psychological stress, making them ineffective as individual infantrymen, then the unit would rapidly approach the 60 percent threshold of combat strength. As the unit reaches this tipping point, the commander must carefully weigh the multifarious factors influencing unit effectiveness, to include cohesion, personnel strength, and the mission (Department of the Army 1992, 4-2).

The implications of combat and operational stress on unit cohesion can greatly influence the success of reconstitution operations. As discussed above, one can see how the variables could combine to influence future operations. If planners and analysts were to study historical cases to better understand reconstitution, then leaders might be able to mitigate potentially damaging effects instead of mismanaging tenets of unit effectiveness. To better understand the complexities of the relationship between psychological stress and unit cohesion, one must also understand the decisions a commander must make as his unit approaches the threshold of personnel strength to remain combat effective.

Sometimes, as was the case during the Vietnam War, strategic level policies influence tactical level decision-makers. In this case, the individual replacement system negated unit cohesion and exacerbated combat and operational stress—both of which eroded unit effectiveness. This demonstrates how, even at the strategic level, military

leaders should be mindful of how their decisions implicate the psychological health of soldiers and the military strength of their units.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

The purpose of this paper is to show how combat and operational stress control influences a number of indicators of unit effectiveness. These include factors like “unit strength,” “mission capable personnel,” “cohesion,” “psychological condition of soldiers,” and “number and type of casualties including battle fatigue”—all of which are considered indicators of unit effectiveness in FM 100-9 (Department of the Army 1992, 4-2). In demonstrating that COSC is a determinant of unit effectiveness, particularly for those units recovering from traumatic events, this paper clarifies the role of combat stress in unit reconstitutions. This is significant because it shows how the combat effectiveness of a unit varies with the steps military leaders take to incorporate COSC into reconstitution plans that follow traumatic events.

This results in two recommendations. First, reconstitution doctrine should incorporate combat and operational stress control as determinant of unit effectiveness. Commanders should take COSC into account when composing a reconstitution plan—just as they would any other sustainment function. Second, the reconstitution manual should be revised to incorporate at least a “roadmap” of the various literature that commanders and staffs might need to consult when planning and conducting reconstitution operations. This includes FM 4-95, FM 40-2.51, and current warfighting doctrine. Furthermore, CASCOM should consider revising FM 4-95, or another publication, to reassess many of the processes, responsibilities, and criteria that were revised out of doctrine when the Army rescinded FM 100-9.

This project can be supplemented with further studies in modern reconstitution from battles like Falluja, Tarmiyah, Bari-Ali, Ranch House, and Wanat. Those studies will offer additional perspective to contextualize other challenges (and TTPs) of doctrine, technology, force structure, and leadership.

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