GETTING REAL ABOUT RESILIENCY: TWO APPROACHES

by

Kenneth P. Woodcock, Lt Col, USAF

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Advisor: LtCol John R. Siary, USMC

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Biography

Lt Col Kenneth P. Woodcock is a student of class AY13 at the Air War College, Maxwell Air Force Base, Alabama. His experiences span all aspects of the Security Forces career field, including nuclear security, protection level 1, 2, and 3 aircraft security, law enforcement operations, deployed operations and logistics, air base defense, antiterrorism, force protection, and staff experience at the Major Command, Air Staff, and Office of Secretary of Defense levels. He has held multiple squadron commands in both Air Combat Command and Air Mobility Command and served two tours in Iraq. He came to Air War College from the Pentagon, where he performed duties as the first Security Forces officer on the Installation Support Panel, a key component of the Air Force Corporate Structure.
ABSTRACT

As our military forces withdraw from over a decade of prolonged deployments in Iraq and Afghanistan, we face significant challenges as we reset, reconstitute, and prepare for our future missions. Unlike any conflict in our history, our recent operations have been conducted exclusively by our All-Volunteer Total Force, putting the security of 100% of our population on the shoulders of the 0.45% in uniform.

The stress of multiple deployments, separations, and continued fiscal and resource constraints challenge our forces as never before and we must take active steps to ensure the trained, capable, combat-prove force we spent a decade building does not return home to face more challenges than they did in the field.

This paper compares two approaches to resiliency efforts, one by the United States Marine Corps modeled after an operations order with a mission to ensure readiness and resiliency for every Marine on a consistent basis with the United States Air Force’s Comprehensive Airman Fitness initiative, a set of resources and goals established for individual commanders to use as resiliency tools.

The comparison results in a finding that the more effective program operated by the Marine Corps is adequately resourced, emphasized, and directed rather than one that provides tools for commanders to use in achieving yet another goal without priority, resources or inspection criteria. We possess the necessary resources to operate a program similar to the Marines if our leaders can overcome the internal cultural challenges and issue directives with force and resources to fulfill this critical mission.
Introduction

Many articles cite our entering a new “interwar period” with the withdrawal of our forces from Iraq and Afghanistan and this paper does not purport to dispute the wisdom of talking about things as if they are over when we still have thousands in harm’s way. Regardless of our future involvement in the Middle East, the fact remains we have thousands who have come and are coming home. However, this homecoming is not like most.

For centuries, civilizations have raised armies, sent them off to fight, and after the fight, the warriors returned to farm or village to take up their previous occupation. Our own militias in the Revolutionary War, the ranks of both Union and Confederate armies, and the Greatest Generation that liberated Europe in World War II returned to home and hearth once the guns fell silent. Even as recently as Vietnam, we discharged far, far more of our uniformed personnel than we retained in uniform after the conflict ended. But no more.

Our decades-long deployments in the Middle East ranging from Desert Shield through Northern and Southern Watch to Iraqi and Enduring Freedom took place without conscription. Our all-volunteer force has fought without the need to compel our citizenry to take up their own arms or lay aside their daily occupations to assist in achieving national goals. In fact, the percentage of our population deployed to fight our enemies has shrunk to a staggering level. In World War II, it was 12%, in Vietnam, 4%, and today, an astounding 0.45% of our population has answered the nation’s call.

Unlike after World War II, Korea, or Vietnam, the majority of those who have fought the past twenty years will not be leaving the service when they return home. Retention rates are
higher than ever for all our services and components.\textsuperscript{3} With this in mind, much has been made of “resilience” for our forces. The need to ensure those who have fought, and those who remained in garrison, are cared for and given the assistance needed to ensure they are ready to fight again when the call comes. Each service attempts to do this differently with different programs and success rates. Nevertheless, nothing can be more important as we reset our armed forces for what comes next. By examining the scope of the issue and comparing the United States Marine Corps Force Preservation Campaign with the United States Air Force resiliency efforts, recommendations for improvement to the USAF program emerge.

**The Issue**

Depending on how we measure conflicts, our current War on Terror ranks as either the longest or second longest active combat action for the United States. However it is measured, one thing is inarguable: this conflict differs from all past endeavors for three main reasons: who fought it, how many fought it, and how many returned.

**Who Fought**

After Vietnam, the military rebuilt itself on a foundation of an all-volunteer force. This construct markedly differed from the traditional militia model. It departed from tradition as much as the standing military created after World War II did from the previous aversion of the United States to having standing armies. The all-volunteer force organized itself into active duty, national guard, and reserve units, with critical combat capabilities in each component so any major combat action would require participation and contribution from all the components, thereby, at least in theory, ensuring widespread political support for any significant military
The Total Force Concept became a critical component of planning across the full spectrum of operations.

In Desert Storm, critical mission sets fell to the reserve components to execute and the participation of thousands of citizen soldiers ensured mission success. Similarly, the Presidential Selective Reserve Call-up after the attacks of September 11, 2001 resulted in mobilization of over 335,000 reserve component personnel. Subsequent operations in Afghanistan and Iraq required continual rotation of active duty, reserve, and National Guard personnel to execute a wide range of operations. In this, a conflict that spans over a decade, our Total Force concept proved itself in action on a daily basis unlike never before. Moreover, unlike any conflict that preceded it, the burden fell on a shockingly small proportion of our population.

**How Many Fought**

World War II saw a draft implemented that put 16.1 million, or 12.2% of the population, in uniform. The draft continued and in Vietnam over 9 million, 4.4% of the population at the time, served in uniform. While those may seem to be a shrinking percentage, when you take into account the period of those conflicts, with four years for World War II and less than a decade for significant combat operations in Vietnam, we see that proportionally an average of 4.025 million served per year in World War II and 1 million in Vietnam. For our current War on Terror, 1.4 million, or 0.45% of our population have served. Over the course of eleven years, that means on average, 127,272 members of our nation served each year, the lowest number for the longest conflict. Churchill’s words apply now more than ever: “Never in the field of human conflict was so much owed by so many to so few.”
Our 0.45% advanced to the sound of the guns with much lower casualty rates. World War II saw 291,557 total casualties, averaging 72,889 per year.\textsuperscript{9} In Vietnam it was 58,202, or approximately 5,820 per year.\textsuperscript{10} In the War on Terror, 4,487 have lost their lives, an average of 448 per year.\textsuperscript{11} For individuals who were medically evacuated to the hospital at Balad Air base in Iraq, the survival rate for those who arrived alive was better than 95% as opposed to Vietnam where the survival rate was 33%.\textsuperscript{12} The advances in medical technology, surgical techniques, and combat search and rescue resulted in almost all those who deployed in our defense returning home.

Coming Home

And returning home may be where some of our forces will face their toughest and most relentless foe. Estimates are as high as 30% of returning veterans will experience serious mental health problems within three to four months of returning home.\textsuperscript{13} Regardless of deployment location or military specialty, each deployer experienced some level of combat operational stress (COS).\textsuperscript{14} Following Vietnam, longitudinal studies revealed COS did not always manifest in the same way in some cases, it could take years to appear, if ever.\textsuperscript{15} The implication for our current conflict should cause us to pause as we consider the effects of COS on Vietnam veterans, most of whom deployed for one tour and extrapolate that to our forces returning from Iraq and Afghanistan who have performed five, six, or seven tours.\textsuperscript{16}

Multiple Tours

The fact we are only beginning to understand the affect of multiple tours on our forces couples with the nature of combat in Iraq and Afghanistan that differs significantly from previous conflicts. This generates a need for careful, close attention to our returning warriors
and their behaviors because, quite frankly, we do not know how the last decade of war has affected them. The nature of the conflict may actually have generated more COS and even more Post Traumatic Stress. An individual is susceptible to traumatic stress when they experience something terrifying or disturbing while in a situation where they either have no control or perceive they have no control. For individuals who spend months under constant threat of indirect mortar, rocket, or small arms fire, there can be a perception of lack of control, especially among support personnel. In previous conflicts where individuals could take active offensive measures against those who were seeking to do them harm, in our current conflicts we often do not know who is attacking and the majority of our forces do not or cannot take action against them, even when they are identified. In addition, for individuals operating “outside the wire” in Iraq and Afghanistan, the pervasive use of improvised explosive devices disguised in soda cans, piles of refuse, or even buried in a pothole can cause a feeling of lack of control when doing a mundane task, driving. Add that to the randomness of the attacks and the potential for Post Traumatic stress increases significantly compared to previous force on force conflicts.

Effects on Forces

With this in mind, we see increased rates of domestic abuse, suicide, substance abuse, emotional constriction, anxiety, and alcohol abuse in our returning veterans. In addition, a statistic often overlooked is the rise in divorce rates. Many return to hearth and home with feelings and emotions they do not understand and a heightened sense of arousal that requires an outlet. Some turn to alcohol, others drugs. Many do not understand why they are so angry and rather than turn their anger against their spouse, they choose to leave rather than hurt the ones they love. Even more tragic, some turn their anger inward and take their own lives, especially those who experience feelings of survivor’s guilt. These incidents continue to rise year after
year. This trend would likely continue after we fully withdraw from the current conflict, so we must design programs to monitor our returning warriors and intervene when and where possible to prevent these tragedies.

But the burden is not only carried by those who take up arms against the enemies of our Republic. Families left behind experience stresses as well, although in different ways. So too, the members of our military who did not deploy but had to stay behind in garrison to maintain the reachback capability, perform the critical home station missions, or were left behind for medical or administrative reasons also experienced stress. These stresses mainly stem from the fact that despite the fact many bases had 50% or more of their personnel deployed, the mission requirements at the base remained at 100%. The simplest analogy would suggest that means each person left behind would have to do twice as much work as they did previously, but reality would suggest that workload is even higher. With the forces deployed gone, not only did the garrison requirements remain steady, but the support provided to the deployed forces added to it. The stress on those who remained, while not necessarily the same type as combat stress, impacts the resiliency of the force because even though they did not experience combat, burnout, loss of cohesion, and even feelings of resentment could and do exist. These feelings are exacerbated in those who were left behind for medical or administrative reasons that create doubt, guilt, and shame, especially if someone who deployed in place of a medically or administratively stay-behind was killed or injured.21

**Domestic Pressures**

As our forces return home, we are shrinking. This means that even though we should be experiencing less stress and strain on our forces as we reconstitute, the opposite occurs. We are
simultaneously attempting to reset, reconstitute, strategically pivot to a new geographic area, and draw down the force. Combat veterans may return home to find they are no longer needed, and some of our most experienced personnel are undergoing reviews and reduction in force drills, which can add considerable stress to an already stressful situation. We must have programs to effectively address the resiliency of our force if we expect our reconstitution to succeed and prevent the individual human tragedies we have witnessed and the hollowing of the force as a whole.

We must be forthright in examining the problems and challenges. We cannot expect the levels of funding to continue during the reconstitution process as they did during the height of combat operations. We will have fewer resources. We must be attentive to balancing our combat capability with forces trained and ready to operate modernized equipment. As this reconstitution moves forward, endstrength caps will result in loss of some of our personnel, especially as the modernization will require dollars to finance and personnel cuts typically are offered on the block first. However, we must be cognizant of the lessons post-Vietnam when we had equipment without trained personnel to operate it, the “hollow force.” We must undergo a comprehensive examination of our mission sets to ensure we are not overpromising what our overextended, exhausted forces cannot deliver.

Present State of the Force

Our forces have become tired, worn, and yet incredibly proficient. At no other time in our history have we had such a trained, combat hardened, battle proven force as we do now. As we face fiscal challenges, we must keep in mind the cost of creating today’s fearsome fighting force took a decade of war and over $6.536 trillion. We could never buy such a capability
again in such a time frame. Regardless of how an auditor or accountant may view the social science advocacy for resiliency, there is no denying the cost-benefit analysis of putting in place programs to preserve the capability of our existing combat force.

Despite public pronouncements of “whole of government” approaches to contingencies and disasters, the Total Force is the only true “force in readiness” the United States possesses. We must remain sharp and capable because we continue to be whom and what the nation relies on to exercise influence when possible and power when necessary. As valued partners, the Department of State, USAID, the Peace Corps, Doctors Without Borders, the Red Cross and many others seek to respond to disasters. However, none are resourced adequately and all rely on the United States military for safety and security. When tornadoes or floods strike, the National Guard gets the call. Regardless of their status as either Title 32 or Title 10, if these members of the Total Force are sidelined or incapacitated due to ineffective resiliency programs, no one will be there when our nation needs us, at home or abroad. Resiliency is not an option.

But serving in our military is, one many have chosen since Vietnam. However, constant rotations in and out of combat without relaxation of garrison requirements have caused significant burnout among our forces. And while those who remain are sharp, experienced, and capable, many have become dependent on the deployment cycle for their sense of worth and existence. When the author was a squadron commander, a significant majority of his troops would say they were stationed at Balad Air Base in the theater and were only TDY to their actual CONUS unit.

Who Needs the Help?
This constant rotation, while necessary to conduct operations, has left us with a requirement to not only reconstitute and reset the force, but to ensure its resiliency as well. In addition, these programs must apply to those who have deployed, those who remained behind, and families. Moreover, our resiliency programs cannot be confined to active duty units. Our reserve component partners contributed at one point 40% of the forces in Afghanistan and Iraq, with over 63 percent of the reserve component having deployed once and over 37 percent serving multiple tours.\textsuperscript{25} Those who have returned may not have access to the same kinds of care as active duty and yet because they are isolated from those with whom they served in combat, they may be the most in need of such care. Active duty personnel can often find at least one person in their own unit who deployed with them or deployed to the same location. This gives them someone with whom to share a story or experience with on a daily basis, a technique that enhances resiliency and promotes healing after returning home. For reserve component members, once they return, they may have no contact for weeks with anyone in uniform, potentially deepening feelings of isolation that can lead to further complications during reintegration.\textsuperscript{26}

**What Can We Do?**

The 0.45% have borne the burden to answer Freedom’s call. We must demonstrate as strong a level of commitment to their care as they demonstrated to their country. It is more than a moral imperative; it is also a practical one. If we fail to implement and execute resiliency programs and operations to care for our returning warriors, their families, and those who stood watch at home, we may find ourselves lacking for volunteers when next the clarion call to arms sounds.
Two Approaches

The emphasis on resiliency first began appearing in 2010 in speeches and public affairs releases by the various leaders in the military and its services. Although each service approaches the resiliency challenge differently, two approaches appear worthy of further comparison, that of the United States Marine Corps and the United States Air Force.

The Marines

“The Few, the Proud, The Marines” slogan adorns billboards along highways across America. For over 237 years, United States Marines have conducted operational maneuver from the sea in support of national objectives. By its very nature an elite force where every Marine is first a rifleman, resiliency takes a prime seat as an area of concern for the Corps because they believe in equipping the man for the mission, and without a robust resiliency program, the equipment will go without manning.

The following statement sums up the intent of the program: “Due to the high number of incidents that have led to serious injury or death, the Commandant of the Marine Corps (CMC) and Commanding General, II Marine Expeditionary Force (CG, II MEF) initiated a Marine Corps Mentoring Program (MCMP) and Force Preservation Campaign Plan (FPCP). The goal of these programs is to reduce senseless injury and the tragic loss of our Servicemembers' lives.”

The program is designed so each Marine is assessed on a regular basis with an eye toward behaviors that may indicate a need for intervention to prevent reckless, self-destructive, or harmful actions or activities. The guidance for the program derived directly from a message sent by the Commandant of the Marine Corps (CMC), giving the program the force of an order. Associated messages, publications, and orders codify the program into a comprehensive effort to
give commanders and sub-unit leaders the necessary resources to execute the program to maximum effect. Marine Corps leadership includes not only the expectations and intent, but also the resources and guidance for how to achieve the intent and mission objectives.

The Process

In a unit, what happens is a monthly review of every Marine by the unit leadership. The Human Factors Council (HFC) “shall be chaired by the Commanding Officer or Executive Officer…Recommended composition includes the squadron Commanding Officer and/or Executive Officer, Sergeant Major, Medical Officer, Director of Safety Standardization (OSS), the Substance Abuse Control Coordinator (SACC), and the service member's OIC and SNCOIC. The council shall review the personal and professional issues of all assigned personnel "by exception" meaning a service member with no risk factors needs no further elaboration. No other business shall be discussed at this meeting.” Not a regular staff meeting or review, the HFC convenes for one purpose only, to conduct a review of the health and mental state of the Marines in their trust. Checklists, report templates, and other materials provide unit leaders the tools they need to carry out the mission given them. In short, this means each Marine around the world is evaluated and assessed by his or her leadership, medical, and safety professionals each month to ensure anyone who may need help is getting it and anyone currently receiving help is making progress.

The process assigns each Marine a mentor as well. Mentors are responsible for the health and welfare of their mentee and fellow Marine. This relationship is the strength of the program because a mentee will more likely share his/her issues with a peer or immediate supervisor (mentor) who in turn monitors their progress and provides “rudder steers” or informs higher of issues that their mentee may be having. Such a relationship demonstrates small unit leadership at
its finest and in the context of the overall program extends the basic tenets of solid squad leadership to the Corps writ large. Mentor/mentee relationships and interactions take place prior to the HFC meeting, ensuring a productive, active process on a cyclical basis. The Marines promote resiliency through proactive leadership, monitoring, and mentoring.

The program, because it comes from the CMC, contains checks and balances to ensure it functions as intended. As part of the bi-annual Inspecting General’s inspection, the Major Command Inspecting General team reviews the unit’s Force Preservation Campaign as part of the inspection of the unit’s Sergeant Major. Such inspections demonstrate the importance of the program and the emphasis it receives from top to bottom contributes to its effectiveness.

Comparing 2009 to 2010 will be instructive to evaluate overall effectiveness. The most drastic behavior the program seeks to prevent is suicide, and the average number of suicides in the Marine Corps in 2009 was 24 per 100,000, the highest among the military services.\(^{30}\) However, in 2010 the rate fell to 16.5 per 100,000, a drop of almost 33%, matching the 2007 rate and second to the Army’s rate of 21.8.\(^{31}\) The program, at least from what can be seen on what is inarguably the most important measure, saving the lives of our forces, works.

With its smaller size, incredibly tight-knit warrior ethos, and emphasis on the individual Marine as a weapon, the nature and structure of the USMC program comes as no surprise. However, the individual unit leadership attention and focus on the health of its personnel could translate to other services. To examine how it might function, it is useful to examine the current program in the Air Force.

**The Air Force**
The United States Air Force operates a very different resiliency program. Unlike the Marines, no message went from the Chief of Staff (CSAF) to commanders directing them to execute a specific type of resiliency or mentoring program. Instead, the CSAF and Chief Master Sergeant of the Air Force made numerous speeches, conducted town hall meetings, and issued Public Service Announcements (PSAs) where they emphasized resiliency, but only as it related to readiness. “The PSAs are part of ongoing Air Force strategic communications efforts geared toward ensuring Airmen are aware of the numerous resources at their disposal and to promote help-seeking behavior.”32 The program became part of the Comprehensive Airman Fitness initiative, an over-arching effort to improve overall Airman readiness and wellness as related to mission accomplishment. It advocates resiliency as an individual responsibility built through physical, social, spiritual, and mental fitness.33 This initiative relies on individual unit commanders to emphasize among many competing priorities.

Although the Air Force demonstrates commitment to caring for its returning warriors, the level of effort does not mirror that of the Marines. The Air Force established a Deployment Transition Center (DTC) to give care to those most at risk. In fact, in Public Affairs guidance to commanders, the DTC is discussed: “The DTC uses a resiliency-building, strength-based approach to empower Airmen at high-risk for traumatic exposure to decompress and successfully progress through the reintegration process before returning home. It employs leader, peer, chaplain, mental health and medical staff to provide enhanced deployment support. Identified service members attend a two-day decompression program, which provides recreational and decompression activities. The objectives of this two-day program are to provide these Airmen with time to refocus, increase knowledge of available resources for support and decrease the stigma associated with mental health issues. Ultimately, the program prepares Airmen for the
upcoming reintegration with their families, coworkers and communities.”34 However, as we have seen, many of the challenges do not manifest until weeks, months, and sometimes years after a warrior’s return, so a two day transition, while extremely valuable and certainly the beginnings of an effective long term care program, is not nearly enough. The Comprehensive Airman Fitness Program is, in theory, designed to support the reintegration and transition process over the long term. Practically this translates into another website-based program with a link on the Air Force Portal that provides commanders information, but not much more in terms of resources. The program exists, but like other programs, it does not come with specifically associated resources and so commanders and units must, on their own, determine how, and sometimes if, to execute this mission set. For commanders with responsibilities to train aircrews, maintain aircraft, repair runways, respond to broken sewer lines in housing, or a host of other daily requirements, the resiliency program often becomes something done by exception rather than as an integral part of command.

The Air Force core tenet of centralized command, decentralized execution appears to be strongly at work in this instance.35 The Air Force typically grants commanders significant leeway in terms of leading their units, so mandated, rigorous programs are few. However, a program without resourcing that relies on individual unit commanders to prioritize it runs the risk of it not making the cut in our constrained environment. This does not mean to imply commanders do not want to improve the resiliency of their personnel or they do not feel it is important. It simply becomes a matter of “what gets checked gets done,” as the old AFN commercial says. In addition, the Comprehensive Airman Fitness program looks more at physical fitness statistics than it does mental fitness or high-risk behaviors and only as it relates to ensuring readiness to execute the mission, not reintegration or healing from combat stress. In
fact, on the most current Inspector General Checklist inventory published for Air Combat Command, wing level evaluations contain 132 checklists.\textsuperscript{36} None specifically identify resiliency as a topic for inspection and no Special Interest Item relating to the Comprehensive Airman Fitness Program exists.\textsuperscript{37}

To evaluate the effectiveness of this program, we will again look to the most critical statistic of concern: suicide rates. In 2009, the Air Force had a suicide rate of 12.5 per 100,000, a slight increase from the previous year and in keeping with the overall increased rates since 2007.\textsuperscript{38} In 2010 the rate increased by 25\% to 15.7, almost double the low of eight per 100,000 in 2002.\textsuperscript{39} It seems simply having a program may not be enough.

**Recommendation**

The more rigorous, intense, and focused Marine program generates better results according to the data. The question remains: can its success be replicated in the very different Air Force? While understanding it must be modified and any change may generate its own challenges, the answer is yes.

The Marine program takes the format of an operations order. The Air Force, as a rule, does not issue orders or directives in the same way the other services do. After all, in the early 1990s the Air Force eliminated having regulations and went to having instructions.\textsuperscript{40} This provided commanders with the leeway to bend, deviate, and even contradict published guidance more freely since the legal distinction between a regulation (a law) and an instruction (a policy) made it less a crime and more a mistake to go against the rules, or so it was perceived. This type of thinking lends to a culture where even when something requires an order, rarely is one given.
The Air Force relies on “the bro network” and its peer pressure to achieve lasting change. Enhanced resiliency requires more than peer pressure. It will require senior commanders to intervene and give clear, unequivocal orders to squadron commanders to execute the program.

Most squadrons in the Air Force have an assigned Chaplain and most Medical Groups across the Air Force separate their providers into subunits assigned to specific squadrons. Air Force squadrons have safety representatives and all have commanders and senior enlisted. With this in mind, Wing commanders already have the resources available to them to replicate the HFC of the Marines. Air Force members can also be assigned mentors, just as in the Corps. The true difference in the two programs is in how the program has been transmitted. In the Marines, it is an order coming from the CMC himself. In the Air Force, it is an initiative, one that as of now does not appear on an inspection checklist, so it does not have the emphasis. Wing commanders can, and should, provide written orders detailing the situation, the tasked mission, their concept of execution, the support provided, and the communication requirements to their subordinate units. This written documentation will codify the thinking, enable prioritization among subordinates, and ensure when the program is up and running, the word will flow back to the commander on its status.

While adopting an HFC type structure may appear invasive and violate privacy, it does not, as the Marine program demonstrates. Those involved already have access to the information and unit leaders already discuss such matters when necessary. The formalization of the review is the change and the review and the insight it provides is needed.

The Air Force continues to lose Airmen at an increasing rate. The current program will not stem this tide because it is just that, a program. We need guidance, direction, resources, and
most of all, leaders who prioritize resiliency as a necessary and essential mission. It seems tragic that Air Force commanders need to be ordered to prioritize the care of their returned warriors and families, but the research indicates they do. Otherwise, we will continue to see commanders who prioritize equipment readiness over personnel health.

Conclusion

The need for a real resiliency program is a reality that will not go away. If we truly want to reconstitute and be ready for the next conflict, we must have a force that is ready as well. While many dismiss resiliency programs as “touchy-feely” and unnecessary wastes of resources, no time spent ensuring the health and welfare of our most precious resource, our people, is ever wasted. Even the most cynical will agree that if we do not have ready, rested, and capable forces, we cannot project power. If we as an Air Force are serious about reconstituting and resetting, we need to get serious about resiliency and put together a program similar to that of the Marine Corps to address the reality of the situation, not just talk about it and hope talking works.
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(All notes appear in shortened form. For full details, see the appropriate entry in the bibliography.)

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