

Maintaining Combat Readiness in the Royal Netherlands Armed Forces: The Psychosocial Perspective

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ABSTRACT

The maintenance of combat readiness of an Armed Forces combat unit is determined by many factors, such as material readiness, training level, personnel readiness and combat exposure. From a study in the Royal Netherlands Navy among 8 seagoing units it appeared that personnel readiness is predicted by the quality and quantity of the personnel aboard and the time that they are aboard of the combat unit. Especially training and personnel readiness are the human factors in the maintenance of combat readiness. In 2004 an expert panel on the combat readiness of combat units in Iraq in showed that prevention of moral injuries by unit cohesion and leadership contributes to this combat readiness. From a systematic and systemic analysis of a deployment of Royal Netherlands Marine Corps battalions in United Nations Missions in Africa and Iraq it appears that psychosocial factors contribute to the maintenance of combat readiness as well, such as the assistance of military social workers before, during and after the deployment of the combat unit, including systemic interventions to the home front of the deployed personnel. From the analysis of the satisfaction with early interventions after deployments for these units and for a Landing Platform Dock, which deployed to Liberia in 2004, it appears that these interventions contribute to the maintenance of combat readiness as well. We conclude that human factors and systematic, systemic psychosocial interventions contribute the maintenance of combat readiness. Several recommendations are made to use these factors and interventions to maintain combat readiness.

1.0 INTRODUCTION: DEFINITIONS OF OPERATIONAL READINESS AND PSYCHOSOCIAL INTERVENTIONS

The ultimate goal of armed forces is to produce combat power, that enables them to secure, defend and if necessary attack with the potential or actual use of mass violence. This power is a potential, ready to be used in conflict situations. In order to create this potential, armed forces enlarge their combat readiness as much as they can. This combat readiness consists of material readiness, personnel readiness and training level (De Both, 1984). The time that military personnel are part of a military unit also contributes to operational readiness, especially by an increase of training level of the operational unit (Meijer, 1998).

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Psychosocial interventions consist of crisis-interventions, social system interventions and material service. By making the assumption that psychosocial interventions extend the time that military personnel can be part of a military unit, for instance by preventing compassionate leaves or replacements, psychosocial interventions maintain operational readiness. This increase comes from maintenance in training level, there is no need to train replaced personnel, and from maintenance of personnel readiness, because there are no vacancies. Figure 1 represents these contributions of psychosocial interventions to operational readiness by their influence on personnel readiness and training level.

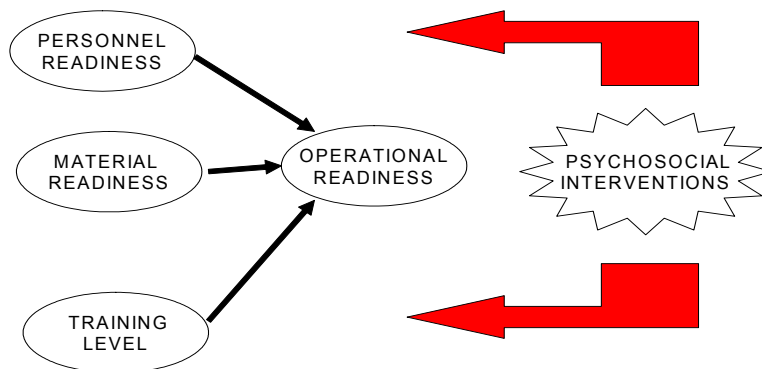


Figure 1. Contribution of psychosocial interventions to operational readiness by their influence on personnel readiness and training level.

By assuming that psychosocial interventions on the social system of military personnel also prevent compassionate leaves or replacements, it can be stated that psychosocial interventions to the home front also contribute to operational readiness. Figure 2 represents the contribution of psychosocial interventions to operational readiness, both by their influence on the personnel readiness and training level of the deployed unit as well as their influence on the home front.

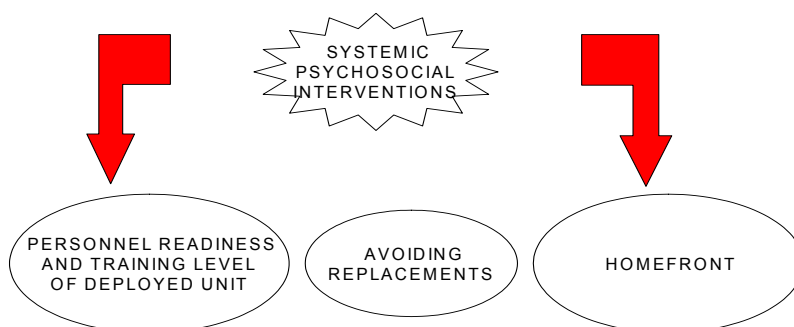


Figure 2. Contribution of systemic psychosocial interventions to operational readiness by their influence on the deployed unit and the home front of military personnel.

From figure 2 it appears that a systemic approach in psychosocial interventions to a deployed unit contributes to operational effectiveness of that unit. The division of these interventions into the stages of pre-deployment, deployment and redeployment defines the systematic approach in these interventions (Mylle, 2003). Figure 3 represents this division of psychosocial interventions in the stages of pre deployment, deployment and redeployment of an operational unit.

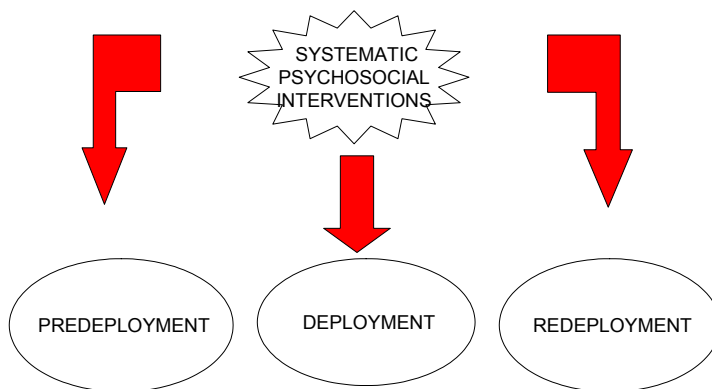


Figure 3. Contribution of systematic psychosocial interventions to operational readiness during the pre deployment, deployment and redeployment stage.

In this paper we explore how systemic and systematic psychosocial interventions contribute to the operational readiness of combat units. First we introduce three research questions, then we describe the methods used to answer these questions. We will present data from the Royal Netherlands Navy and operational units that were deployed in Africa and Iraq. After discussion of these data we will draw conclusions on the effects of psychosocial interventions on combat readiness and end with recommendations how to make effective use of such interventions.

2.0 Research questions

The first research question is: **Which psychosocial factors contribute to combat readiness?** In the previous introduction it is assumed that training level and unit cohesion do contribute to combat readiness. Some research among operational units of the Royal Netherlands Navy and some analysis on recent deployment of troops in Iraq might reveal the underlying mechanisms of these contributions. The next question is: **What is the implication of a systematic and systemic approach to combat readiness factors?** For answering this question we will review examples of psychosocial interventions in deployed units of the Netherlands Armed Forces.

The last question to be examined in this paper is: **How can the Ministry of Defense use a systematic and systemic approach to enhance combat readiness?** Answers to these questions will provide recommendations for improving and maintaining operational readiness in deployed combat units by systemic and systematic psychosocial interventions.

3.0 Methods

To answer the previous research questions, we use a multi method approach to the different questions. To explore the psychosocial factors that contribute to combat readiness, a survey among 8 seagoing units of the Royal Netherlands Navy is used, as well as an expert panel on psychosocial factors of combat readiness.

To explore the systemic and systematic approach in psychosocial interventions for maintaining combat readiness we describe three recent deployments of operational units of the Netherlands Armed Forces. The first deployment is to describe in a case study format is the United Nations Mission in Ethiopia and Eritrea in 2000 and 2001, in which almost 1000 Netherlands troops deployed, as well as 200 Canadian troops (Rakesh and Fox, 2004).

The second deployment is the United Nations Mission in Liberia in 2004, in which the Landing Platform Dock of the Royal Netherlands Navy provided sea based medical care to British land forces. A survey among more than 200 military personnel on board of this LPD evaluates the systematic psychosocial intervention of the end of deployment debriefing. The Stabilization Forces Iraq in 2003 till 2005 is the third deployment to be described. Two battalions of the Royal Netherlands Marine Corps and three battalions of the Royal Netherlands Army and Air Force deployed in this operation. The systematic psychosocial intervention of the end of deployment debriefing is surveyed among the Marine Corps battalions.

4.0 Results of systemic and systematic psychosocial interventions

An expert panel of military psychiatrists and psychologists explored the psychosocial factors that contribute to combat readiness during the 20th Annual Meeting of the International Society of Traumatic Stress Studies in New Orleans in 2004 (Shay et al, 2004). This panel reached consensus on the following three factors: unit cohesion, training level and leadership. This panel also reviewed an example of a systemic intervention of an US Army chaplain, who deployed during Iraqi Freedom and was leading an initiative for recovery of marital relation for the redeployed personnel. He observed that the moral wounds of those of the deployed personnel, who acted in overkill actions against lightly armoured Iraqi or who caused many civilian casualties in nightly fights at roadblock, were also causing wounds in their marital relations after redeployment. During the deployment he systematically intervened during a three days wipe out by a reddish sandstorm, which blocked the invasion on the road to Baghdad for days. The junior leader of the unit he deployed with was asking for his help to motivate the personnel, which was reflecting on its recent combat experiences and was almost blocked by feelings of alienation, shame and guilt (Meijer, 2005). The panel concluded that such interventions during deployments, carried out by military chaplains and their colleagues, were also contributing to combat readiness.

A survey among 8 seagoing units of the Royal Netherlands Navy revealed that the average job longevity of military personnel aboard was 18 months. Operational units in which this average job longevity was higher, also had a better training level and a higher level of operational readiness. It was concluded that high levels of operational readiness are fostered by personnel readiness and training level (Meijer, 1998). This conclusion concurs with the outcomes of the expert panel, which revealed the contribution of unit cohesion and training to combat readiness.

In 2000 and 2001 almost 1000 Netherlands Military Personnel deployed in the United Nations Mission Ethiopia and Eritrea (UNMEE). From the after action report it appeared that this mission was well planned by a very effective fact finding mission that went into theatre before deployment. Two senior military officers of the Marine Corps, who had commanded battalions in earlier deployments, were in theatre almost a year before the actual deployment took place. After a realistic pre-deployment training, the cohesive unit of the Second Marine Corps Battalion was augmented with Army and Air Force units and deployed for 6 months, reaching its operational goals to the full extent. The social worker of this battalion deployed also and was present in the Field Dressing Station, where he carried out many early systemic interventions, in which he connected very well to social workers of the home front. During the redeployment, that took place per company, personnel participated in a 72 hours 'third location decompression' on an Air Force Base in Belgium. Social workers and officers with deployment experience from other deployments carried out a professional end of deployment debriefing for groups of

12 deployed personnel. It is assumed that such a professional end of deployment debriefing contributes to operational readiness as the debriefed personnel will be ready for another deployment. Also the lessons identified during the debriefing contribute to the readiness for the next deployment, according to the principle of 'education permanente'. The overall exploration of this UNMEE case endorses the contributions of unit cohesion, training, leadership and psychosocial interventions to operational readiness. A Dutch Landing Platform Dock deployed in the United Nations Mission in Liberia in 2003 and 2004. In the pre deployment stage, the lingering of (inter) national political decision making prolonged this stage to the limit that motivation for the mission decreased. It decreased even further by the setting of very limited responsibilities, defined in the Rules of Engagement. After being deployed for in the Liberia littorals, an officer of the Social Worker Department of the Ministry of Defense embarked in the transit home. During this transit he and the ships padre carried out a group wise end of deployment debriefings in groups of 12 crewmembers at a maximum. Analysis of the evaluation forms showed clearly that the lingering of the decision making and the limited rules of engagement were main dissatisfiers. However, the mission was carried out effectively and there was no concern about the operational readiness of the unit whatsoever. After the deployment of various operational units of the Netherlands Armed Forces to the Stabilization Forces in Iraq from 2003 till 2005. Engineers of the Royal Netherlands Army created three compounds on different locations in the province of Al Muthanna (see photo 1).



Photo 1. Compound of an operational unit of the Netherlands Armed Forces, deployed in Stabilisation Forces Iraq.

This very effective joint effort was a lesson, already identified in UNMEE, where these Engineers also created the unit locations. The overall combat readiness of these units was sustained by cutting out the Rest and Recuperations leaves and also shortening the deployment with 2 months. Before that time, deployments lasted for 6 months, but the time in theatre in SFIR was reduced to 4 months because of work overload, severe dangers of heat and unacceptable risks for having Rest and Recuperation (R&R) in theatre or on the way out and in theatre. At the end of the deployment it appeared that political decision

making on prolongation of the deployment of an already deployed unit will have devastating effects on maintenance of combat readiness. Military leaders know from their experience that falling short to the planned time is an excellent way for motivation of units, as extension of planned periods of deployments does the opposite. After the deployment the marine corps units participated in a 'third location decompression' that was carried out during a stop of 72 hours on Cyprus. The Marine Corps units were debriefed group wise as in the UNMEE end of Deployment debriefing (see photo 2).



Photo 2. Group wise end of deployment debriefings for Marine Corps Units of the Dutch Stabilization Forces in Iraq.

Army and Air Force units were debriefed individually by senior clinical psychologist (see photo 3) during the same third location decompression on Cyprus too.



Photo 3. Individual end of deployment debriefing for Army and Air Force Personnel of the Dutch Stabilization Forces in Iraq.

A survey on the satisfaction with the group wise end of deployment debriefing of the marine corps units shows that a vast majority of these units is satisfied with these systematic psychosocial interventions (Meijer, 2004, De Vries 2004). To date, research on the satisfaction with the individual debriefing is almost lacking. There are items on debriefing issues in the questionnaire that is send 6 months after deployment, but the response on these surveys is critically low. Given the necessity of joint operations, the need for joint psychosocial interventions increases, that has been the reason for harmonizing the policy of the Ministry of Defense on these interventions recently (Gersons, 2005).

So far, the exploration of recent deployments of the Netherlands Armed Forces showed a variety of examples of systematic psychosocial interventions: phased in pre deployment, deployment and redeployment there is a wide variety of professional psychosocial interventions. These cases also show a variety of examples of systemic psychosocial interventions: military personnel are part of family systems that have to be cared for before, during and after deployment.

5.0 Discussion

This study has some severe limitations, coming from methodological and concept connected constraints. The multi method approach is limited because the expert panel only convened one time, in the case study there was only one case and the surveys were carried out in a cross sectional design. Also the concept of combat readiness implies constraints, because this concept is rather ill defined. It is connected to a somewhat similar ill defined concept of unit morale. In a British documentary, called 'Realities of War' it is cited 'that the best way to lower the unit morale of the enemy is to kill them in large numbers'. The same might apply to combat readiness. We assume that the concept of combat readiness is on the same continuum as operational readiness, which is defined better. However, in this study there were only data available on operational readiness of seagoing units of the Royal Netherlands Navy.

Also the psychosocial interventions are not measured in a clear cut way, and neither their effects. Recommendations have to be made to measure these interventions more accurately and store them for analysis in records of unit deployments.

6.0 Conclusions and recommendations

Although this study is open for critique, it can be concluded that unit cohesion, training and leadership foster combat readiness. It is recommended to enable unit cohesion by unit stability and enough job longevity. Systemic and systematic psychosocial interventions contribute to unit stability and job longevity, especially when they prevent or postpone replacements of personnel in a deployed unit. It is recommended to enable realistic training by an effective fact finding mission. Senior and experienced officers should participate in the advance party for the deployment as a part of effective leadership. General leadership in the deployed unit should be supported by an open and professional attitude of a padre, a chaplain and a social worker, whom will be part of the unit in the pre deployment stage already. For fostering unit cohesion it is also recommended that a well trained and cohesive unit should be the nucleus of the deployed unit, augmented with other units.

As it can be concluded that systematic and systemic psychosocial interventions contribute to the maintenance of combat readiness, it is recommended that social workers are part of the deployed unit before, during and after deployments. Attaching a social worker to the unit will also foster the contact and cooperation with the social workers that support the social system and home front of the deployed military personnel. Planning early interventions in the redeployment stage should be based on a review of best practice in end of deployment debriefings. This implies the last recommendations to conduct longitudinal research on the effects of psychosocial interventions on maintenance of combat readiness. Only on that research a harmonization of psychosocial interventions to real tri-service social care can be realized. When, for instance on NATO initiative, this research will be conducted in more countries, it will even be possible to prepare for combined care.

7.0 References

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