



DEPARTMENT OF THE ARMY
HEADQUARTERS 6TH AIR DEFENSE ARTILLERY BRIGADE
1611 RANDOLPH ROAD
FORT SILL, OK 73505

REPLY TO
ATTENTION OF:

ATSA-TPP-CH

1 April 2011

MEMORANDUM FOR SEE DISTRUBUTION

SUBJECT: Care Teams Standard Operation Procedures

REFERENCES:

- a. AR 600-20, Army Command Policy, The Total Army Family, 15 Jul 99.
- b. DA Pam 608-47, A Guide to Establishing Family Support Groups, 16 Aug 93.
- c. TCFE Pamphlet 608-2, Personal Affairs: Family Planning Guide for Deployment, 7 Dec 92.
- d. USARC Reg 608-1, Family Readiness Handbook, 1 Aug 00.
- e. 6th Air Defense Artillery Smart Book.

PURPOSE: This memorandum of instruction establish polices and procedures for activation of Care Teams.

APPLICATION: This policy applies to units assigned or attached to 6th Air Defence Artillery Brigade of Fort Sill. Tenant units are encouraged to follow the guidelines set forth in this policy.

OBJECTIVE: This policy standardizes the use of Care Teams and Care Team Training for 6th Air Defence Artillery Brigade of Fort Sill.

GENERAL: The Brigade Commander activates a Care Team to assist a family when trauma in the family occurs. The purpose of the Care Team is to offer short-term care and support to families of deceased or seriously wounded Soldiers and or family members until the Soldier/family's own support structure is in place. It is important to note that the Care Team will only be utilized at the request of the family and should not be assumed to be needed in all traumatic events. Care Teams are not mandatory, but an additional way the unit can provide valuable support to families.

DEFINITIONS:

1. CARE TEAMS is an official command-sponsored organization of pre-assigned 2 to 4 trained individuals per team that consist of family members, volunteers and soldiers belonging to 6th ADA Brigade, that together provide an avenue of mutual support and assistance, and a network of communications among family members, the chain of command and community resources to support Soldiers and/or family members for a short period of time after a crisis of death, serious health injury or health impairment. One person on the team is the leader.

2 CARE TEAM LEADER: The member of the Care Team who is over all in charged of the care team and reports directly to the designated commander (Brigade or Battalion).

3. CARE TEAM MEMBER: A part of the team, who falls directly under the supervision and guidance of the Care Team leader.

4. CARE TEAM MEAL CORDINATOR: A part of the team who cordinates with the CMDR and the FRG Leader for the needs of the familly for food. This person usually is the designated member of the team who does go to the home but is the resourse for the commander and the Care Team Leader to cordiante the process of bring food into the home as needed and other like services.

RESPONSIBILITIES:

1. Brigade Commander:

a. Is responsible for the overall structure of Care Team Program. He will ensure all selcted members of the Care Teams receive proper training and will hand pick those whom he deams to be emotionally mature, discreet individual and who can hold confidentiality. He may direct the Care Team to either report directly to him or give responsibility to the Battalion Commander. The size of the Care Team depends on the family's needs. Once the Brigade Commander has selected a team, the appropriate volunteers will be notified. Care Team members and FRGs may not be notified of a soldier's death or injury until after notification has been made to the family. Care Teams may not accompany the CNO to the house or wait outside the house while notification is being made.

b. Help the Care Team determine their role and how long to assist a family.

c. Provide guidance on what family requests are appropriate or inappropriate to handle.

d. Ensure the Care Team has support to perform the Care Team tasks.

e. Identify resources for Family and visiting Family.

f. Arrange back brief from Care Team volunteers with the Brigade Commander and unit Chaplain.

2. Battalion Commander: Battalion Commander will request to the Brigade Commander the need for the Care Team.

3. Battery Commander: Battery Commanders will advise and assist the Battalion Commander.

4. Family Readiness Support Assistant (FRSA) :

a. Coordinate Care Team Training at the request of the Commander/Rear Detachment Commander. Training may be provided through the unit chaplain, ACS or another trained professional.

b. Maintain a list of Trained Care Team Volunteers.

c. Coordinate with other unit Care Teams if necessary.

d. Prepare and replenish the Care Team Kit as needed. See enclosure 1 for contents.

e. Serve as a resource for Care Team/CDR

5. Care Team Volunteer:

a. Maintain complete confidentiality of the family being helped and all others involved.

b. Keep the CDR informed of family requests and support provided.

c. Take offers of help from individuals who want to help the family and coordinate that assistance when needed.

d. Meet with unit Chaplain after completion of Care Team responsibilities to debrief and complete the after action brief.

e. Provide assistance that complements the assistance provided by the CAO, Chaplain, and Commander. The focus of Care Team volunteers' efforts is on providing practical assistance and emotional support to the Soldier/family on a short term basis so that the family can continue to function while dealing with a traumatic event.

f. The actual support provided depends on family needs and command guidance but can include:

- Call support
- Home care assistance
- Childcare support
- Meal support

- Transportation
- Assistance to visiting family
- Other family support

b. A Care Team does **NOT**:

- Prepare death notices for newspaper
- Arrange donations to organizations or charity in lieu of flowers if family wants to make this arrangement.
- Make funeral arrangements (which includes transportation for family, childcare arrangements for children)
- Arrange emergency financial assistance or give money to family
- Brief family on benefits or entitlements
- Serve as a grief counselor or offer any type of counseling.

PROCEDURES:

1. The Care Team will be notified by the Brigade Commander when a family requests assistance. The Brigade Commander or Battalion Commander will meet the Care Team at the unit to brief the situation and review procedures. The Care Team will collect the Care Team Kit to take with them. Upon entering the home and determining the family needs, the Care team will inform the Commander of what additional assistance or volunteers will be needed. Care Teams are the arm of the Brigade Comander and it is the comamnder who will enact the Care Team and Retire the Care Team

2. Battalin Commander upon seeing the need for the Care Team will contact the Brigade Comamnder requesting to enact the Care Team.

4. Care Teams will first report to the Brigade and/or the Battalion Commander to receive a Commander's Brief on who is in need and the size of the team. All Care Team members work at the discretion of the commander. At the end of every cycle of each Care Team there will be a debriefing by the comander and the Chaplain followed by a quick AAR.

- a. Appendix A contain information for each member on the Care Team.
- b. Appendix B contains Care Team Heirchy Chart
- c. Appendix C conains Care Team Smart Book for training

//Original Signed//

WILLIAM STACEY
COL USA
6 ADA Brigade Commander

Appendix “A”

6th Air Defense Artillery Brigade Care Team Leader

POSITION TITLE: Care Team Member

RESPONSIBLE TO: Care Team Leader, FRG Leader, FRG Advisor, and Commander

PURPOSE: Offer short-term emotional and logistical support to the families of deceased or injured soldiers. Trained to train other Care Team members.

POSITION DESCRIPTION:

- Support the Commander's Family Readiness Goals.
- Part of "First Response Team" for families of deceased or injured soldiers as requested.
- Provide comfort to survivors.
- Assess the need for meals, child care, home care and pet care for families.
- Maintain contact logs as required.
- Maintain confidentiality and stays within the purview of the position.
- Participate in After-Action Reviews of the Care Team following activation.

TIME REQUIRED:

- As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

- A desire to assist others during trauma.
- Knowledge of community resources and crisis intervention.
- Concern and empathy for others; calm under stress.

RECOMMENDED TRAINING:

- Care Team Training

Confidentiality Agreement

I agree to the above listed duties and understand that while working as an FRG Care Team Member, I may become privy to a family member's personal problems and situations. Therefore, by executing this form, I agree to hold all information in strict confidence.

Volunteer Signature

Date

**6th Air Defense Artillery Brigade
Child CARE Coordinator Position Description**

POSITION TITLE: Childcare Coordinator

RESPONSIBLE TO: Care Team Leader and FRG Leader

PURPOSE: When activated, you could be asked to coordinate childcare for families during Time of illness or life changing event, such as the birth of a baby or death of a family member. If asked to serve as Childcare Coordinator, your duties could involve any of the following:

POSITION DESCRIPTION:

- Coordinates “Help Team” the group that provides assistance during a time of need. This would be the group of people willing to ensure child/children makes it and from school and activities until family is able to make necessary arrangements.
- Provides status updates
- Controls access
- Communicates easily

TIME REQUIRED:

- As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

- A desire to assist others during trauma
- Knowledge of community resources and crisis intervention
- Concern and empathy for others; calm under stress

RECOMMENDED TRAINING:

Care Team Training

Confidentiality Agreement

I agree to the above listed duties and understand that while working as an FRG Care Team Member, I may become privy to a family member’s personal problems and situations. Therefore, by executing this form, I agree to hold all information in strict confidence.

Volunteer Signature

6th Air Defense Artillery Brigade
Administrative CARE Position Description

POSITION TITLE: Administrative Care Team Member

RESPONSIBLE TO: Care Team Leader and Commander

PURPOSE: When activated, you could be asked to fill an administrative function. If asked to serve in an administrative capacity, your duties could involve any of the following:

POSITION DESCRIPTION:

- Making deliveries
- Giving directions
- Message running
- Baggage handling
- Taking inbound/making outbound calls
- Information management
- Security
- Clerical assistance (copying, faxing, collating)
- Word processing
- Hotel assignments
- Escorting families
- Transportation coordination
- Agency liaison (i.e: assisting the ARC with badging)
- Data entry
- Airport meeter/greeter
- Supply runner (pharmacy items, office supplies)
- Driver

TIME REQUIRED:

- As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

- A desire to assist others during trauma
- Knowledge of community resources and crisis intervention
- Concern and empathy for others; calm under stress

RECOMMENDED TRAINING:

Care Team Training

Confidentiality Agreement

I agree to the above listed duties and understand that while working as an FRG Care Team Member, I may become privy to a family member's personal problems and situations. Therefore, by executing this form, I agree to hold all information in strict confidence.

Volunteer Signature

POSITION TITLE: Meal Coordinator

RESPONSIBLE TO: Care Team Leader , Commander and works with the FRG leader

PURPOSE: When activated, you could be asked to coordinate with the Care Team leader, and Commander the meals as need for the Soldier and or Family member/s If asked to serve in an administrative capacity, your duties could involve any of the following:

POSITION DESCRIPTION The Meal Person/Team:

- When providing meal support, designate one person as the overall coordinator. It is helpful if the coordinator is a friend of the family as he/she will be the liaison between the family and those wanting to provide meals.
- Are there special needs, food allergies, religious restrictions or dietary restrictions?
- Are out-of-town family members or friends coming? This will affect the food amounts needed.
- Consider asking for snack items too, especially if there are children or out-of-town family in the house.
- There should be a single person who drops off all parts of the meal so the family is not overwhelmed with well-meaning visitors each dropping off a separate course of the dinner.
- Ask the individual cooks to tape any heating/refrigeration directions to the item so the dish can be enjoyed in the manner intended as well as prevent food from spoiling.
- The coordinator needs to make sure all individuals preparing a meal know time and location for dropping off their portion of the meal. The coordinator's goal should be to ensure the meal gets to the family at a time that works best for them and is mindful of their schedule.
- If there are children in the family, please remember most children are not big fans of gourmet meals. It is appropriate for the coordinator to ask the family if they have been receiving many of the same type meals. Please remember lasagna, tater-tot casserole or some other favorite can lose its appeal night after night, for weeks on end, even if it's from the best restaurant in town. It is also a good idea to ask if there is something the kids might like.
- Ask the family if the meals provided are too much. Maybe they don't want a meal every night, but rather at specific intervals. Maybe they would prefer to have a meal or two they could put in the freezer and pull out as needed.
- Consider providing meals for the families handling childcare or offering support in other ways.
- Disposable pans, plates and zip-type bags are a must so the family does not have to worry about returning dishes to proper owners.

TIME REQUIRED:

- As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

- A desire to assist others during trauma
- Knowledge of community resources and crisis intervention
- Concern and empathy for others; calm under stress

RECOMMENDED TRAINING:

Care Team Training

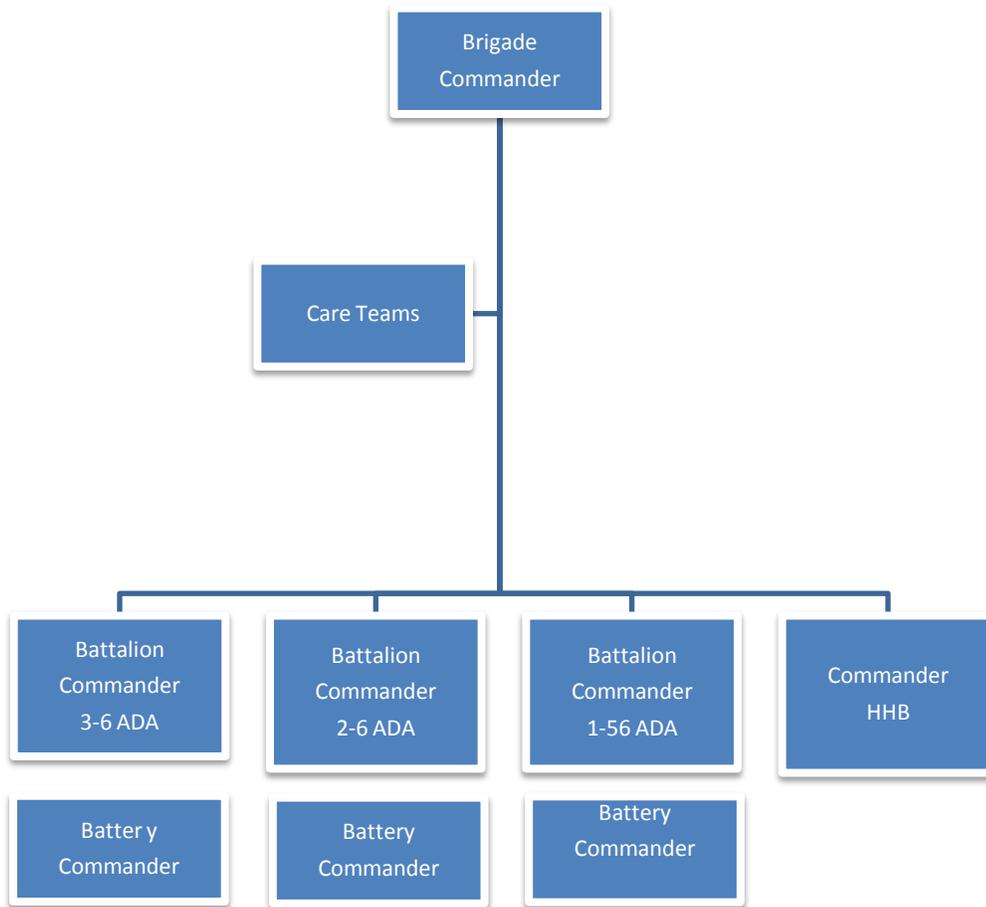
Confidentiality Agreement

I agree to the above listed duties and understand that while working as an FRG Care Team Member, I may become privy to a family member's personal problems and situations. Therefore, by executing this form, I agree to hold all information in strict confidence.

Volunteer Signature

Appendix “B”

6th Air Defense Artillery Care Team Hierarchy



Appendix “C”



6TH AIR DEFENSE ARTILLERY Care Team Smart Book

April 2011

FORWARD

This guide is intended to assist the members of the Care Team in their support to the families affected by tragedy. This guide is not all-inclusive as grief is a very personal event and touches individuals in different ways. Please feel free to add any of your own personal experiences and share them with other Care Team members, as well.

ACKNOWLEDGEMENTS

This document utilizes a variety of resources. This Smart Book incorporates information from the Army War College Spouse's Project, A Leader's Guide to Trauma in the Unit; the AFTB "Crisis and Coping" course; and the Society for Traumatic Stress Studies.

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INTRODUCTION

“Spare nothing in your efforts to assist the survivors in every way.” --Gen. Maxwell Thurman

Trauma in the unit is arguably the most difficult situation to deal with. It is natural to have feelings of inadequacy and anxiety and to be concerned that others are looking to you for example and leadership. There are many ways a unit can pull together to assist the bereaved family, and many people in the unit will want to help. No one ever can be prepared completely for a crisis, but advance planning can ease some of the stress and frustrations of the family and those who support the family in their time of need.

As a Care Team member during times of crisis, surround yourself with others who also want to help. Never lose sight of the short-term goal of clearly identifying how you can best help the bereaved family members as well as the long-term goal of helping them to take back full responsibility for their lives. Let the family maintain control over what they can reasonably do for themselves. Get ongoing feedback from the family. Don't contribute to their problem by becoming part of it.

A death in the unit is an overwhelming experience. As a Care Team member, you can play a vital role in the healing process by being yourself, being prepared and being focused on the family in need.

Death of a Soldier

DEATH OF A SOLDIER

THE PROCESS CASUALTY NOTIFICATION AND ASSISTANCE

“Transforming the sacrifice of the soldier and his family into the honor of a grateful nation.” --CPT Keith Cerci, 2004

WHY IT MATTERS

Official casualty notification and assistance is not a Family Readiness Group (FRG) function. However, having a general understanding of the process helps the Care Team see how their role fits into the bigger picture and how to better offer and organize effective support.

MILITARY ROLE

What is a Casualty?

A casualty is any person who is lost to an organization by reason of having been declared beleaguered, captured, deceased, diseased, detained, injured, ill, interned, missing in action or wounded.

Casualty Status

Casualty status is a term used to classify a casualty. Casualty status determines if or how notification takes place. There are seven casualty statuses:

- (1) Deceased
- (2) Duty Status — Whereabouts Unknown (DUSTWUN)
- (3) Missing in Action (MIA)
- (4) Very Seriously Ill or Injured (VSI)
- (5) Seriously Ill or Injured (SI)
- (6) Incapacitating Illness or Injury
- (7) Not Seriously Injured (NSI)

Reporting a Casualty

If a service member's status is deceased, DUSTWUN or MIA, personal notification will be made. If the service member is VSI or SI, telephonic notification will be made. Some units may notify personally; check your local unit for their policy. Telephonic notification is not usually made for service member's NSI due to hostile action. Casualty reports are not generated for non-hostile NSI service members. For further information see DODI 1300.18.

The following is the usual order of reporting a casualty:

- Casualty Area Command (CAC) is notified of an incident by:
 - Unit Commander or Representative
 - Police (civilian or military)
 - Medical Treatment Facility
 - Another CAC
- CAC confirms incident.
- CAC collects personnel information.
- CAC produces initial casualty report.
- CAC/DA Casualty Operations coordinates all actions.
- Casualty Notification Officers (CNO) notifies Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK). This information is found on the casualty's DD Form 93 (Record of Emergency Data). Accurate information on the DD Form 93 is one of the most important factors in a timely notification. The Casualty Notification Officer is generally accompanied by a Chaplain, but the process is not stalled if a Chaplain is not available.
- Casualty Assistance Officer (CAO) visits PNOK and provides assistance as appropriate.
- If requested, the Care Team may visit to offer emotional and logistical support.
- The Public Affairs Office (PAO) should contact the family members to see if they require information or assistance in dealing with the expected media interest.

Who Is the Primary Next of Kin (PNOK)?

The term PNOK is used to identify one person who will receive notification of the death of the service member and from whom the military will request instructions for the transportation, preparation and interment of the deceased. The PNOK will also receive the member's personal effects in most cases. The designated PNOK is in order of precedence; that is, the first living survivor highest on the following list:

- Member's surviving spouse.
- If there is no spouse, then the eldest child over the age of 18, including those by prior marriage.
- If there are no children over the age of 18, then father or mother of the deceased.
- If there are no parents, then the eldest brother or sister or another blood relative.

ROLES AND RESPONSIBILITIES

Casualty Notification Officer (CNO)

Duties

- Represents the Secretary of the Army.
- Notifies PNOK and SNOK as listed on the casualty's DD Form 93.
- Will pass only confirmed information.
- Informs the PNOK of the following:
 - A Casualty Assistance Officer will be assigned to them and will make contact as soon as practical, ideally within 24 hours of notification.
 - They will receive a telegram/mailgram confirming the information provided by the CNO.
 - A letter, which will provide more details, will be coming from the soldier's commander.
 - They should not make any disposition/funeral arrangements until a Casualty Assistance Officer has briefed them.
 - Personal notification will be made to the SNOK.
- PNOK will be notified prior to SNOK whenever possible.
- Personal notification will be made to:
 - PNOK.
 - Children not living with PNOK or from a previous marriage. If children are minors, notification must be made through the legal guardian.
 - Parents.
 - Those listed in the "Other" box on DD Form 93 are usually notified by phone call.

Commander

- Ensures the notification process occurs in accordance with established standards.
- Provides a Casualty Notification Officer (CNO) and Casualty Assistance Officer (CAO) as necessary.

Chaplain

- Will be a part of the official Casualty Notification Team.
- Serves as a point of contact between the commander, unit and family.
- During a time of casualty is a source of comfort to the family and to the unit.
- Chaplains are prepared to offer assistance in a variety of ways: prayer, spiritual counsel, and/or as a source of information about funeral services, memorials or other religious observances.
- As a staff officer, the Chaplain is a great coordinator of the helping agencies in the community.
- Chaplains represent various religious traditions, but are trained to assist those in need whatever their faith background. If the family feels the need to speak with a Chaplain from their own church or faith, that request should be made through the Chaplain who is present.

Casualty Assistance Officer (CAO)

Duties

- Represents the Secretary of the Army.
- Assists next of kin during the period immediately following a soldier being declared missing or deceased.
- Provides emotional support to the next of kin.
- Eliminates delays in settling claims and paying survivor benefits.
- Assists next of kin in resolving other personnel-related matters.
- Protects the family's privacy and interacts with the media as necessary.

Summary Court Officer

- Officer appointed to secure and dispose of personal effects of a deceased soldier.

Public Affairs Officer (PAO)

(see **Media** section)

Care Team

- If requested, the Care Team allows for a pre-established plan that may offer short term emotional and logistical support to the families of deceased or injured soldiers, being sure not to duplicate any assistance or services provided officially through the Army and Army service agencies.
- Establishes a “first response call team” to assist families when requested.
- Coordinates with other Care Teams to provide collateral support when needed.

Unfortunately, the casualty notification process does not always work smoothly. You may receive a call from an FRG member who has heard about a casualty in your unit before you have received word from Command Group. If this occurs, it is important to let the caller know that you have no official information about the incident and that the notification process takes time. Contact Command Group immediately with any information that you were given, and let them work on it through the proper military channels.

RESOURCES

Army Casualty Website: www.perscomonline.army.mil/tagd/cmaoc/cmaoc.htm

THE CARE TEAM

The Care Team is a group of pre-assigned Family Readiness Group volunteers, usually from the same Battalion as the Soldier and Family.

The team offers short term care and support to families of deceased soldiers and can also assist with the families of seriously wounded soldiers. The Care Team is designed as temporary transitional assistance until the survivor's own support structure is in place.

Care Team Assistance Plan

0 - 2 Hours: Initial Assessment

- On-Site Leader: Care Team Leader
- Participants: Care Team Members and/or FRG Leader
- Provide Initial Comfort
- Assess the need for Meals, Childcare, Pet Care & Home care
- Commander or FRG Leader may contact other FRG Leaders for mutual support and/or to initiate other Call Teams
- Coordinate with unit Commander and Chaplain

2 - 24 Hours: Initial Assistance

- On-Site Leader: Care Team Leader or FRG Leader
- Participants: Care Team Members, FRG Leader or FRG Members
- Provide Continuous Assistance for Meals, Childcare, Pet Care & Home care
- Assist with phone calls and visitors. May be asked to be the "gatekeeper".
- Maintains a contact log
- Coordinate with unit Commander, Chaplain, and Casualty Assistance Officer

24 – 72 Hours: Subsequent Assistance

- On-Site Leader: Care Team Leader or FRG Leader
- Participants: Care Team Members, FRG Leader or FRG Members
- Provide Consistent Assistance for Meals, Childcare & Home care
- Assist visiting family and friends with Installation access, lodging, and/or transportation
- Coordinate with unit Commander, Chaplain and Casualty Assistance Officer

72 Hours Forward: As Needed Assistance

- On-Site Leader: Care Team Leader or FRG Leader
- Participants: Care Team Members, FRG Leader or FRG Members
- Provide as-needed assistance for meals, childcare & home care
- Provide comfort and assistance for funeral, memorial or closure ceremony
- Coordinate with unit Commander, Chaplain and Casualty Assistance Officer

Elements of the Care Team

THE “First Response Team”

The Go Team is a group of the first responders after notification. Whether you arrive days, hours or even minutes after the notification, the grieving process has begun. A minute ago life was in order, but now it will never be the same. No one can predict how he or she will react when they are given such devastating news, but those who grieve almost always seem out of character. Shock, anger and denial are common. It is important that you do not take anything personally. You should have an understanding of the grief process.

Each death is life changing and different and each needs to be handled delicately according to the spouse's/family's needs. Since every situation is different, you will need to think on your feet and adjust to the situation. These are some things that you might consider:

- Upon entering the home for the first time, you can expect great emotion. Tell the family member that you are sorry about their loved one's death. Use the deceased soldier's name soon and often. Doing so makes it easier for everyone to talk about the deceased. This is a great gift to the spouse.
- Do not answer any questions about the death. Refer those questions to the CAO.
- Respect the spouse's need for privacy. Sometimes, this does not mean leaving but rather going to another room. You may want to stay until family or a close friend arrives. Be sensitive to the needs of the situation and respond accordingly.

Team Breakout:

The Call Person/Team:

- Screens calls and visitors according to survivor's wishes. Do not give any information unless they are sure whom they are talking to and the family member agrees. Often, the media will call and try to elicit information about the death.
- Keep one phone log. Write down all calls and associated telephone numbers. It may mean a lot to the spouse later to see who called. Also, you can use it to call back those who wanted information on the services.
- Ask if there is anyone the spouse would like you to call. Help the spouse make calls to other family members, *but let him/her tell them of the death.*
- Check with the immediate family to see if there are extended family, friends and neighbors that need to be contacted.
- Is the spouse employed? Has the employer been contacted?
- Does the family attend church off post and has the pastor been notified?
- Are there appointments to be canceled?
- Ask that any phone calls of condolence that the chain of command receives are noted and that this information is passed on to the family member (in writing is best). Often, VIPs will express their sympathy to the Command Group and the family member does not know that they called. Add these calls to the phone log.

The Homecare Person/Team:

- It is very helpful to have a notebook to write down any and all questions that the spouse/family has. Remind the spouse of the questions when the CAO is there so that the CAO can answer them. Remember that no matter how rational the spouse appears, he/she often remembers very little about this time. Include FRG rosters and other important numbers in this book.

- Keep a record of who sends flowers and a brief description of the arrangement. Keep all cards.
- Get a guest book for visitors to sign at the house and take it to the memorial service.
- Is English the first language of family members, or do they need assistance with translation?
- Are bills due?
- Is assistance needed with housecleaning or lawn care? Are there errands that can be run?
- Is pet care required?
- Will visiting family and friends need gate access to the installation, lodging and/or transportation?
- Are there any immediate shopping needs; i.e. diapers, medications, etc.?

The Childcare Team:

- What are their ages?
- Is childcare required?
- Are there any medical issues caretakers need to be aware of?
- Make sure anyone who is babysitting the children knows how the death was explained.
- Have arrangements been made with schools?
- Do they have friends who may be willing to offer support? (especially good for teenagers)
- Are there children residing elsewhere?
- Are there extracurricular activities the children are involved in? Do teachers/coaches need to be notified? Or do the children want to maintain their schedule to some extent? Is transportation required?

The Meal Person/Team:

- When providing meal support, designate one person as the overall coordinator. It is helpful if the coordinator is a friend of the family as he/she will be the liaison between the family and those wanting to provide meals.
- Are there special needs, food allergies, religious restrictions or dietary restrictions?
- Are out-of-town family members or friends coming? This will affect the food amounts needed.
- Consider asking for snack items too, especially if there are children or out-of-town family in the house.
- There should be a single person who drops off all parts of the meal so the family is not overwhelmed with well-meaning visitors each dropping off a separate course of the dinner.
- Ask the individual cooks to tape any heating/refrigeration directions to the item so the dish can be enjoyed in the manner intended as well as prevent food from spoiling.
- The coordinator needs to make sure all individuals preparing a meal know time and location for dropping off their portion of the meal. The coordinator's goal should be to ensure the meal gets to the family at a time that works best for them and is mindful of their schedule.
- If there are children in the family, please remember most children are not big fans of gourmet meals. It is appropriate for the coordinator to ask the family if they have been receiving many of the same type meals. Please remember lasagna, tater-tot casserole or some other favorite can lose its appeal night after night, for weeks on end, even if it's from the best restaurant in town. It is also a good idea to ask if there is something the kids might like.
- Ask the family if the meals provided are too much. Maybe they don't want a meal every night, but rather at specific intervals. Maybe they would prefer to have a meal or two they could put in the freezer and pull out as needed.

- Consider providing meals for the families handling childcare or offering support in other ways.
- Disposable pans, plates and zip-type bags are a must so the family does not have to worry about returning dishes to proper owners.

THE “SUBSEQUENT TEAM”

- Will visiting family and friends require any support? A basket to include snacks, local maps, important phone numbers and local contact information may be a nice gesture.
- Try to meet with out-of-town family members when they arrive. A brief visit by the Commander and/or the Commander’s spouse is usually appreciated.
- Help the family members meet and talk to soldiers who knew the deceased if possible.
- Are clothes needed for the funeral or memorial service?
- Do they wish help in organizing condolence letters and gifts so notes of thanks may be sent later?
- Is the funeral to be local, or does the family need assistance preparing for departure?
- Consider having a guest book at the memorial service.
- Does the family require assistance writing the death notice for the newspaper?
- Does the family prefer donations to a particular organization or charity in lieu of flowers?
- The unit may consider giving a memorial of a plant, bush or tree (something that is living). They also may consider giving the family the soldier’s framed medals.
- Is someone available to housesit during the funeral?
- Does the family need help getting ready for the funeral?
- Are their young children who may need childcare during the funeral? Make sure the childcare providers know how the death was explained to the children.
- Keep in touch with the family. Remember them with quick calls, notes or whatever is the most appropriate to the situation.
- Pass on names and numbers of appropriate support groups. Bring a book that the family may now be able to find comforting or supportive.

CARE TEAM ACTIVATION AAR

Approximately 72-96 hours following the activation of a Care Team, an After-Action Review (AAR) will be scheduled. This will provide a process for members of the Care Team and Command Group to discuss the Care Team activation and make notes on what went well, what could have been changed, etc. The AAR will serve as a tool for future Care Teams and your input is very valuable.

DEATH OF A SOLDIER

SUPPORT

“Do small things with great love.” --Mother Teresa

WHY IT MATTERS

Responding to a tragedy is an overwhelming experience. We will always feel inadequate when faced with the emotions and the enormity of what has happened. That is why we must think about it now. We must be as prepared as possible.

MILITARY ROLE

The Casualty Assistance Officer and the Chaplain are key individuals in the command who help the family during this time of trauma. The “green suiters” and community support agencies are trained to handle these situations. As spouses we should focus on the practical, caring means of support or the “heart side.”

HOW TO APPROACH IT

Being prepared for a crisis is crucial to your being able to cope and to help others cope with the unexpected. After the casualty occurs, it is too late to prepare.

The casualty notification process can and does differ in each case. Factors that can impact the process are: time of day, location of the death and the location of the person to be notified. Be realistic about your involvement. If your unit sustains more than one casualty, it is very important to be consistent with your support. Remember that neither you nor any spouse will be a part of the Notification Team.

If you have agreed to help, you must be prepared to receive a phone call at any time. Therefore, you might want to think about the following:

- Who will take care of your children? Who can help with transportation to and from school and after-school activities? What information will you give your children? If your children are old enough, tell them that in the event of a tragedy you may be called upon to offer support.
- Can a grandparent, friend or other family member come and stay with them for a few days? If your children are older, can someone check in with them and/or provide a place for them to go after school?
- Be sure you have all your FRG rosters updated and ready to grab and go. It is also important to have a list of unit and support agency numbers (include after-duty-hours phone numbers). Consider preparing a bag ahead of time of items you may need.

FOR THE LEADER

As a leader, you may have several groups with different emotions to deal with. This is especially true in combat. Your main effort is with the family of the deceased, but you will also be looked to for help, guidance, information and support from spouses whose soldiers have been injured and those whose soldiers are still in harm's way. Remember that you are not the only one who has to plan, organize and do. Let the people responsible (the Commander, CAO, and Chaplain) do their job. Be sure to take offers of help. If someone offers to help, take their name and number and call them when a need arises.

Remember that the unit is grieving and you are grieving. This is especially true if the soldier was your friend. It may be harder to support your friend due to your own grief. Lower your expectations that you may have of yourself. Allow yourself to grieve.

"One who has no time to mourn, has no time to mend." --John Dunn

Helpful Tips:

- Use discernment when contacting another spouse in the unit to provide emotional support to the bereaved. Depending on the circumstances and the maturity of the person, this could hurt more than it helps. This is especially true if the supporting spouse's soldier is still in a combat situation.
- Identify volunteers within the unit who are willing to assist with required needs of the family.
- How is unit morale being affected? Is there a need for grief counseling, and do unit members and their family members know where to go to get it?
- Realize that discomfort and awkwardness occur for all concerned. People who want to help may feel guilty because they haven't suffered this particular tragedy, or they simply may not know what to say or do.
- It is helpful if the Chaplain can talk with the unit about the grief process and appropriate responses.
- Remember to support the supporter with an occasional meal and childcare.
- Please don't hesitate to ask for help. Look outside your unit for support. Consider letting others provide meals for those in your unit who are supporting the grieving family. After the local memorial service, other units may provide food for your unit and families.
- During this very hectic, emotional and stressful time, be sure to take the time to let your own family know how much they mean to you.
- How trauma is handled in the unit has long-term effects on the unit family. The unit, as a family, may grow as members see how they care for one another.

Trauma Support

SUDDEN TRAUMATIC LOSS

What is a sudden traumatic loss?

Few things in life are as painful as the sudden, traumatic death of a loved one, or a friend, coworker, or neighbor. Causes of such losses include war, combat, disasters, and terrorism, as well as medical catastrophes, airline crashes, suicide, and homicide. In some of these situations, multiple traumatic losses occur. Each of these affects individuals as well as their communities.

Sudden traumatic deaths can include:

1. Deaths that occur without warning, providing no opportunity to anticipate, prepare, or say goodbye.
2. Deaths that are otherwise untimely, including the death of one's child at any age.
3. Deaths that occur as the result of violence and deaths that result in violent harm to the body.
4. Deaths of more than one person.
5. Deaths that occur as a result of the willful misconduct of others, carelessness, or negligence.

Many individuals experience the sudden traumatic loss of a loved one at some point in their lives. And some communities share these traumatic losses. In each case, many additional losses in a unit multiplies this experience.

What symptoms typical following a sudden, traumatic loss?

The range of people's reactions can vary a great deal from person to person and from culture to culture. Survivors often experience reactions that may include two kinds of symptoms -- trauma symptoms and grief symptoms -- which sometimes can overwhelm their capacity to cope.

Trauma symptoms may include feelings of horror and anxiety on the one hand and emotional numbness and a sense of disconnection on the other. Some people cannot remember significant parts of what happened, while others are plagued by memories or feel as if they are re-experiencing or reliving the event through painful flashbacks. Traumatic deaths often cause extreme distress over an extended period of time that can significantly interfere with daily functioning.

Many people develop symptoms of a psychological condition called post-traumatic stress disorder (PTSD). There are three groups of symptoms that indicate PTSD:

1. Re-experiencing of the traumatic event as indicated by painful, intrusive thoughts or nightmares about the death.
2. Avoidance, as indicated by marked efforts to stay away from activities, places, or things related to the loved one's death, and emotional numbing, as indicated by feeling detached from others.
3. Increased arousal, as indicated by difficulty sleeping, irritability, difficulty concentrating, and a tendency to become startled easily.

Aside from the typical symptoms of PTSD, surviving loved ones sometimes experience self-blame and guilt. People may imagine ways they could or should have prevented these experiences from occurring or how they could have rescued the person, and they may experience guilt surrounding events prior to the death. Whether someone is present at or far from the site at which others were killed, survivor guilt can be common.

Symptoms of grief involve an overwhelming sense of loss with strong feelings of yearning or longing for the loved one. Survivors may feel a profound sense of emptiness and a sense that a part of them has died. They often speak of generalized pain or heaviness in their chest. They may feel depressed and hopeless about the future. Things that were once important may not seem to matter so much anymore. In addition, they may cry easily, lose interest in eating, or experience stomach upset, headaches, and feelings of restlessness.

Traumatic losses often threaten the survivor's sense of personal safety, security, and ability to trust others. It can take a significant amount of time to accept the reality of sudden traumatic loss. Survivors may know intellectually that their loved one is dead, but find themselves expecting the loved one to walk through the door or call on the telephone. It can be particularly hard to part with the loved one's possessions. It may be especially difficult when a loved one's body is not recovered. Sudden traumatic losses often raise existential and spiritual issues as well, such as difficulty making sense of these losses or feeling betrayed by God.

How long will the feelings last?

Because survivors of sudden traumatic death must come to terms with the loss of their loved one, as well as the manner in which it occurred and the additional or secondary losses, it can take time for the painful feelings and thoughts to diminish. Traumatic deaths are particularly likely to result in intense and prolonged distress if the death was violent or if the death was brought about deliberately. Following such deaths, it is also common for survivors to agonize about what their loved ones experienced during their final moments of life. Particularly if harm was intended, the survivor must grapple with the realization that others can and will commit malevolent acts. This awareness can result in many reactions. It may provoke intense feelings, including denial, fierce protection of survivors, or powerful rage toward those perceived to be responsible. In addition, survivors may be more vulnerable if they witnessed the death or were also threatened with death. Finally, the death of a child poses unique problems for recovery. People expect to die before their children and so it seems profoundly wrong when a child dies first.

It may also take longer to deal with the loss if the survivor (1) has previously experienced psychological problems, such as major depression; (2) has experienced previous trauma or traumatic loss, especially if it is similar in some way to this loss; (3) has few friends or relatives who are supportive, or (4) is simultaneously coping with other serious concerns, such as dislocation, major health problems, psychosocial stresses, or other losses.

As the initial shock of the death diminishes, there may be intervals when the survivor is able to focus on other issues and not feel the pain of the loss so intensely. Gradually, these intervals will become longer, and there will be good days and bad days. Over time, the proportion of good days to bad days typically increases. However, people can experience setbacks during the process. On a relatively good day, the bereaved person may encounter a reminder of the loved

one, and this may cause the reemergence of painful feelings of loss. People often have difficulty dealing with occasions such as holidays, birthdays, the anniversary date of the death, or other times of meaning.

What can survivors do to help themselves?

Because physical health may be affected by grief, it is important for survivors to try to maintain adequate nutrition, sleep, and exercise. It's especially important for individuals with any chronic health problems, such as heart disease, if at all possible to stay in contact with a physician to ensure proper monitoring of their condition. Survivors are often preoccupied by their grief and may be prone to other sorts of mishaps, such as accidents, so extra caution is important. Similarly, it may be more difficult if survivors must make major decisions during the first several months after a loss, since life changes may bring on additional stress.

Most experts recommend that survivors confide in someone about the loss and find a support system like a TAPS peer mentor. This can be a friend, a clergy person, or another person who has experienced similar loss. It may take some time to identify friends who can be good listeners. Not everyone knows what to say or do to be helpful. Some survivors withdraw from social contact because of the possibility of hurtful comments. This is unfortunate, because it can cut people off from interactions that could be healing.

Grieving is a long and difficult process because it involves slowly remembering what happened. Sometimes the memories may seem like more than the survivor can bear. It can be helpful for survivors to learn ways to calm themselves. These might include such things as taking a walk, being with people, or participating in a distracting activity. Some survivors find it useful to write or to read.

When is it a good idea to seek professional help?

It is important for an individual to know they can ask for help. If they continue to experience frequent or severe trauma symptoms, as described above, for more than several months after the death, and if these reactions interfere with other parts of normal life, such as being able to care for one's children or hold a job, asking for support from a professional can be helpful. In addition, any of the following experiences suggest that professional help may be needed:

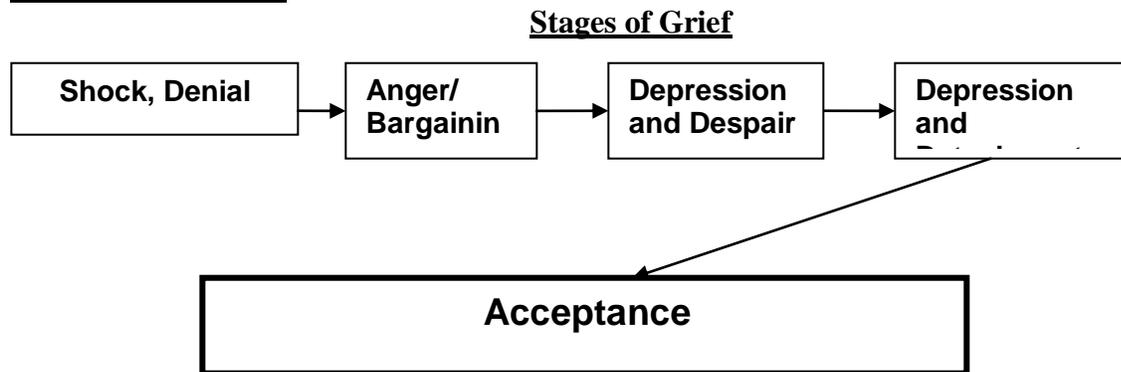
- Continuing to experience intense yearning for the deceased that does not diminish over time.
- Struggling with substantial feelings of guilt or uncontrolled rage.
- Becoming severely depressed and feeling hopeless about the future.
- Harboring persistent suicidal thoughts.
- Abusing alcohol or other drugs or increasingly greater tobacco use.

GRIEF

DEFINITIONS

- **Grief** – The intense suffering we experience when there has been a severing of an attachment that has great significance. Grief results in physical, emotional and spiritual pain and is often an unconscious response. Grief is a process that is both natural and normal.
- **Mourning** – Is the period of time in which we are processing our loss/grief and attempting to adjust to its reality.

THE GRIEF PROCESS



Each of the stages may last varying amounts of time. Be aware that the grieving process proceeds in the above order, however a person may regress to an earlier stage and must then, go through the subsequent stages again. A comforting friend may go through these stages as well. The normal grief cycle can last as long as three (3) years, but it is important to note that professional help may be necessary if someone remains entrenched at any one stage. These stages have the following symptoms and feelings:

Denial, Anger, Bargaining

- **Symptoms** – crying, pain, weakness, loss of appetite, nausea, sleep disturbances, numerous physical changes/difficulties
- **Feelings** – shock, protest, anger at self, lowered self-esteem

Depression/Despair

- **Symptoms** – inactivity, sadness, difficulty concentrating, feelings of hopelessness and dejection, suicidal tendencies
- **Feelings** – agony, grief, anguish, despair

Depression/Detachment

- **Symptoms** – absent spontaneity, hesitancy for new friendships, “bland expressions,” decreased socialization
- **Feelings** – apathy, indifference, loss of interest, desire to withdraw and give up

CARING BEHAVIORS

THE DOs

- Let your genuine concern and caring be visible. Accept that it is not possible for you to make the grieving person feel better. Be accessible, but not pushy.
- Acknowledge the loss with a call, card or letter (letters can be read and reread).
- Do express your sorrow for the deceased and the family. Say you are sorry about the griever's pain and the situation. Simply say, "I'm sorry" or, "Words fail me." It is alright to mention the deceased by name.
- Allow the griever to express as much grief as they are feeling at the moment and are willing to share. The griever needs "permission to grieve."
- Allow the grieving person to talk about the endearing qualities of the person that has died.
- Remember to extend condolences to forgotten mourners: grandparents, siblings, stepchildren, aunts and uncles, and cousins. Be observant of the children. Children mourn too.
- Assure the griever that he/she did everything they could at the time they could.
- Be an "active" listener, and allow the griever to take the lead in conversation.
- Be aware of special and meaningful dates and holidays, especially during the first year.
- Do be patient. Avoid judgments about the bereaved family and the tragic situation.
- Know that it is difficult for grieving people to reach out for help.
- Know that nothing you say will stop the grieving person's pain. Words are not always necessary.
- Do keep in mind that pain is okay to feel; be aware of your own feelings and how the loss affects you.
- Be aware that usually the most difficult time is 5 to 9 months after the death. The grief process may take at least 18-36 months.

THE DON'Ts

- Don't let your own sense of helplessness or discomfort keep you from reaching out to the bereaved.
- Don't try to solve problems. Don't try to answer the question, "why?"
- Don't say anything that implies a judgment about their feelings: "You ought to be feeling better now." or, "You'll be feeling better in a month or so." or, "I know how you feel."
- Don't change the subject when the griever mentions the deceased. Don't try to avoid using the deceased person's name in conversation.
- Don't suggest, in any way, that the care given to the deceased was inadequate. Don't make statements or ask questions that induce guilt or affix blame.
- Don't be afraid of silence. Don't be afraid of tears.
- Don't inhibit open communication.
- Don't be too direct or give advice. (For example, don't make suggestions regarding packing up clothes, photos, etc.)
- Don't try to find something positive in the death. Don't make statements, such as: "God knows best."
- Don't discount the loss of a baby through miscarriage, still-birth or early infant death.
- Don't encourage the grieving person to "get over it" for any reason.
- Don't impose your own religious beliefs or discount those of the bereaved family.

*Illness/Injury
in the
Unit*

ILLNESS/INJURY IN THE UNIT

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”

--Martin Luther King, Jr.

WHY IT MATTERS

When illness or injury strikes the unit, the impact can be almost as devastating as a loss. Because of the varying degrees and seriousness of illnesses and injuries, those in support roles may be confused about, or have questions concerning, the best way to give support. Knowing what to do and, sometimes, what not to do, can make a world of difference in the lives of the injured or ill person and their family.

MILITARY ROLE

If a soldier is injured or taken seriously ill while deployed, the spouse will be notified according to the unit/installation policy. Usually, if the service member is Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), telephonic notification will be made. Telephonic notification is not usually made for service members not seriously ill/injured (NSI) due to hostile action. Casualty reports are not generated for non-hostile NSI service members. For further information see DODI 1300.18.

If illness/injury requires in-home assistance from a person who is not an ID card holder, this person may need the following to function in the military system:

- Gate access to installation.
- Important phone numbers (emergency and non-emergency, unit and civilian).
- Permission to access PX/commissary.
- If OCONUS, a special driver's license to drive on post and in the surrounding area.
- Maps of post/surrounding area.
- Phone number to, and location of, the MP station.
- Passports/visas/credit cards/military ID/proof of insurance.

HOW TO APPROACH IT

For those in the supporting role, be sure that the items listed above (in Military Role) have been addressed.

Some additional things to consider:

- Does the family need someone to stay with any children at home prior to the departure so the adult(s) can attend to pre-departure needs if traveling to medical facilities?
- Do errands need to be run (i.e., bank, JAG, employer, make travel arrangements, school, chaplain, hospital records office, vet/kennel, etc.)?
- Will the house/quarters be sitting empty?
- Does the family want the MP/civilian police notified to check on the property?
- Does the family want the mail stopped/picked up? Newspaper(s) stopped/picked up? Plants inside/outside watered/cared for? Will the lawn need mowing or watering?
- Will snow removal be needed?
- Will the family be gone for an extended period of time (refrigerator items/spoilage)?
- Are there pets that will need to be boarded/cared for?
- Are there other minors/aged parents/special-need individuals still living at home not traveling to the medical facility? If so, who will care for them and what is needed?
- Are there personal appointments/meetings that need to be cancelled? Does the family want someone to handle it for them? Is there someone specifically the family wants to do this for them?

- Has someone been given permission to contact agencies, such as a civilian employer or the schools, on behalf of the family? Many times, schools and daycare centers require more than identification. They may require prior written notification.
- Most importantly, what information does the family want shared? What do they not want shared?

MEDEVAC INFORMATION

When the local military or civilian hospital cannot adequately treat the individual, the patient will be medically evacuated (MEDEVACed) to a Military Medical Treatment Facility (MMTF) if authorized by the attending physician.

If a VSI or SI soldier is MEDEVACed from his/her home duty station to an MMTF, the Joint Federal Travel Regulations (JFTR) authorizes up to two relatives of the patient to travel to and from the hospital at government expense on Invitational Travel Orders (ITO).

If a soldier is injured or taken seriously ill while deployed, the service member may be MEDEVACed to the nearest MMTF. In medically serious cases, the government may provide ITOs for up to two relatives of the soldier for travel and per diem in the area of the MMTF where the service member is located if authorized by the attending physician.

The spouse/relative on ITO needs to bring:

- Copy of ITO.
- Military ID card.
- Power of Attorney.
- Living Will.
- Immunization records for traveling child(ren) needing daycare.
- Name and phone number for the active duty patient's parent unit.
- Valid passport if traveling overseas (if a family member does not have a passport, one can be obtained quickly through the CAC).
- Enough money to sustain yourself for at least 15 days for food and lodging.

A soldier who is MEDEVACed will arrive at the MMTF in pajamas and a robe. Therefore, it is a good idea to bring the service member:

- A pair of sweatpants and shirt (ones that can be cut off for casts, etc.).
- Underwear.
- Sneakers and socks
- Jacket/hat, if weather is cold.

If you do not qualify for government-funded travel, the Fisher House Foundation, Inc. may be able to provide, at the soldier's request, a no-cost, round-trip airline ticket for a family member or friend to visit the soldier. There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses.

The Fisher House is a "home away from home" for families of injured/ill servicemen and women. There are 33 Fisher Houses on 19 military installations. Families can stay for \$10.00 per day and the fee may be waived. For more information, go to www.fisherhouse.org.

Know where your Major Medical Treatment Facility is located. Contact your local military hospital for the Information number, the Patient Representative number and information on billeting available. Provided below are some commonly used MMTFs:

- Landstuhl Regional Medical Center (LRMC) is ten minutes from Ramstein Air Base. It is the largest American hospital outside of the United States. LRMC provides medical treatment to casualties of Operation Iraqi Freedom and Operation Enduring Freedom.
 - Landstuhl Regional Medical Center
Information Desk: Commercial – 011-49-6371-86-8106

DSN – 486-8106

- Fisher House at LRMC: Commercial – 011-49-6371-61-83311
DSN – 486-6630
- Walter Reed Army Medical Center (WRAMC), Washington, D.C.
 - Information Desk: (202) 782-3501
 - Patient Representative (202) 782-6866
 - Website: www.wramc.amedd.army.mil
 - Fisher House (on the installation): (301) 295-7374
 - Mologne House Hotel: (202) 726-8700 (\$65/night if not on orders)
- Wilford Hall Medical Center
Lackland AFB, TX
 - Hospital Operator: (210) 292-7100
 - Website: www.whmc.af.mil
 - Fisher House (210) 671-6027
- Brooke Army Medical Center
Fort Sam Houston, San Antonio, TX
 - Information Desk: (210) 916-4141/3400
 - Patient Representative (210) 916-2330
 - Burn Center: (210) 916-2876 (916-BURN)
 - Website: www.bamc.amedd.army.mil
 - Fisher House: (210) 916-6000
- National Navy Medical Center
Bethesda, MD
 - Patient Admissions: (301) 295-2126/2139
 - Website: www.bethesda.med.navy.mil
 - Fisher House: (301) 295-5334
- Madigan Army Medical Center
 - Patient Administration: (253)968-1795
 - Website: www.mamc.amedd.army.mil/mamc/mamcexthome.htm
 - Fisher House: (253)964-9283
 - Email: fhmamc@aol.com
jodi.land@amedd.army.mil

PRACTICAL IDEAS

The following should be considered when providing support for a family dealing with an illness or injury:

- Do the out-of-town family/friends need transportation to or from the hospital/airport/train/bus station?
- If service member is MEDEVACed, will the family need to be picked up on their return? Are they aware of transportation needs on the other end (car rental available, train/bus/taxi)?
- If the soldier is MEDEVACed from the home duty station, can the spouse travel with the soldier?
- Will the family member be put on TDY orders so that lodging, travel and per diem will be reimbursed? Who is the point of contact to arrange this?
- Where will the spouse stay? Who will make the arrangements? Is billeting available at or near the medical facility?
- Meal support is very helpful when illness or injury strikes; however, there are several aspects that need to be considered. See the section below:

MEAL SUPPORT

See Meal Support guidelines on page 14.

HELPFUL HINTS

For long-term support, consider creating a web page with current information on how the family is doing and how to help. Make sure the family is comfortable with this idea and you know the parameters of information to be shared. The web page could include a calendar of meals that can and will be provided, transportation needs and best times to visit the family. It could also feature a guest book so the family knows who is thinking of them. The web page could also provide the family the opportunity to write a short update or a note of thanks for support they have received.

A coordinator for thank you notes is often a great way to help the family. Early on ask the family if they would like a coordinator to keep a list of individuals who have helped (meals, services, etc.); if they would like someone to write notes for the family (family can sign notes); or if it is a private matter they wish to handle on their own. If the family does want help writing thank you notes, try to write notes in a timely manner so that those who have helped know that their effort was appreciated by the family.

IMPLICATIONS

The key to providing valuable support is to take cues from the family you are supporting; to be flexible and adaptable as the situation changes and to never lose sight of the fact that the family is the primary focus. The family is going to have good days and bad days. So please remember not to take things personally, and encourage others also to be tolerant and kind. The family is going through a difficult situation, and your role is to help make it a little easier, not add to it in any way.

RESOURCES

Fisher House Website:
www.fisherhouse.org

Special Circumstances

SPECIAL CIRCUMSTANCES

DEATH, ILLNESS, INJURY OF A LEADER

“You make a living by what you get. You make a life by what you give.”
--Winston Churchill

Emotions run high in a unit when a leader is killed. Somehow no one expects the leader to be vulnerable. Since the leader's spouse is usually the one helping others, it is often hard for the unit to know how to help him/her. It can also be hard for the leader's spouse to accept help from the unit. Being aware of the uniqueness of this situation can help.

PRACTICAL IDEAS

- Make sure that the S1 or Command Group has, at all times, a complete and updated roster of the unit.
- As with all grieving spouses, a leader's spouse will often act out of character. Everyone should be aware of this and not take anything personally. It is important that you do not put your own expectations on how a person is grieving.
- When a leader dies, often groups outside the unit help (sister Battalions, the Brigade and the Corps). Whichever group the spouse is most comfortable with should take the lead in support. Again, do not take this personally. Keep in mind what is best for the spouse.
- It is helpful if the Executive Officer's (XO) spouse, or if unable the S3's spouse, coordinates the unit's efforts of support.
- Someone will be appointed as acting Commander. Usually at a later date there will be a change of command. This can be a very difficult time for the leader's spouse.
- The unit may have difficulty accepting the new leader and his spouse. Though this is normal, other leaders in the unit should be sensitive to this and try to set the example. It may be helpful to have a social function for the unit as soon as possible after the change of command.
- In the case of injury or illness, a leader may or may not be returned to duty. The leader may even be medically discharged.

When a leader dies, suddenly the unit has lost its leadership on both the active duty and family side of the unit. Though all soldiers are equally important, the death of a leader creates a significant change to the unit. Being aware of this can help the unit cope with these changes.

SPECIAL CIRCUMSTANCES

SUICIDE

“When you allow your friend to talk about the one who died, you are a healer...”

--Paula D'Arcy

For surviving family members dealing with the aftermath of a suicide, the grieving process can be compounded by feelings of failure, shame and guilt. Being sensitive to the unique nature of their loss will better enable you to provide comfort and support.

PRACTICAL IDEAS

- Family members may be heavily burdened by a sense of failure and responsibility, as well as a loss of self-esteem. Added to all the trauma and grief is a deep sense of shame for the way death has occurred.
- Don't pull back or be afraid to approach the bereaved. Be willing to listen.
- Typically a family will bond more cohesively when there has been a death in the family, however, in this case there could be a tendency for family members to point blame at each other.

SPECIAL CIRCUMSTANCES

MIA/POW

“For those who fight for it, freedom has a flavor the protected will never know.”

--Found written on a C-ration box after the siege of Khe Sanh, 1968

Families of MIAs and POWs are forced to deal with the “not knowing.” This highly emotional and painful ordeal is exacerbated by the fact that the suffering might have to be endured for an indefinite period of time.

PRACTICAL IDEAS

- The government reserves the right to change the member’s status. Be prepared to assist if the status of the soldier changes.
- The POW/MIA is considered for promotion along with their contemporaries.
- A service member’s spouse and children are eligible for fees, supplies, books and all expenses incurred while attending an educational institution after the soldier is held for 90 days. Assistance is effective beginning on date held captive.
- The Defense POW/Missing Personnel Office (DPMO) has an excellent website:
www.dtic.mil/dpmo.

Providing ongoing emotional, spiritual and logistical support to the families of MIAs/POWs presents a unique challenge. Keep in mind each family’s needs and wants will reflect their particular situation. Encourage the family to let you know the type and amount of assistance they prefer.

SPECIAL CIRCUMSTANCES

MASS CASUALTIES

"Where there is sorrow there is holy ground." --Oscar Wilde

Multiple injuries and/or deaths are certainly one of the most difficult situations a military unit might face.

As a Care Team member, it is important to consider the following:

1. For those killed:
 - Visit each spouse and try to meet all out-of-town family members.
 - As with most casualties, the FRG will provide the main support for the grieving families. If there are multiple casualties in one unit, plan how to divide the support efforts. Take all offers for help. Be sure to allow the appropriate agencies and/or the military to handle all issues they are responsible for. Your focus should be on the "heart side."
 - Be consistent. Try to provide the same level of support for each family.

2. For those injured:
 - Be aware that if the injury did not occur locally, a main concern of the spouse is usually the current and projected location of the soldier.
 - Will the spouse travel to that location? If yes, he/she will need the correct documents/orders (see the **Illness/Injury** section).
 - Visit or call each spouse and family.
 - If family comes from out of town, try to meet with them and provide them with local information/maps and the phone number of someone in the unit who can offer assistance if needed.
 - Visit the soldiers in the local hospital and, if they are agreeable, encourage others to make a short visit.
 - Cookies, books, magazines, videos and socks are some ideas of items that might be appreciated by the injured.
 - Be consistent and try to provide the same level of support for each soldier and family.

Even when tragedies occur at the same time, no two are ever the same. Each process, each reaction and each emotion is different. Each and every one is incredibly difficult.

DEATH OF A SPOUSE OR CHILD

“There are no books that will do it for us and there are no magic ‘right’ words to say. It’s the trying, the sharing, and the caring—the wanting to help and the willingness to listen—that says ‘I care about you.’ When we know that we do care about each other, then, together, we can talk about even the most difficult things and cope with even the most difficult times.” (Hedda Bluestone Sharapan, *Talking with Young Children About Death*, 1979, Family Comm., Inc.)

WHY IT MATTERS

In many instances military units adopt the cohesive characteristics and nurturing tendencies of a “family.” When a crisis or trauma occurs within a unit, the potential for impact on many or all members of the “unit family” can be far-reaching. This can be especially true if the trauma relates to the death of an active-duty member’s spouse or child.

The loss of a spouse or child in any circumstance is traumatic, but when it occurs within the typically close-knit atmosphere of a military unit, the effects can be compounded. But the same circumstances that make a loss such as this so painful for a military unit are the very sources of opportunity for rallying support, providing comfort and creating a healing environment for those left behind.

MILITARY ROLE

The official role of the military in the death of a dependant is in the form of assisting the service member in the notification of primary next of kin and secondary next of kin, if requested by the service member. If the service member is deployed, the military will also make personal notification to the service member and make arrangements to get the service member out of theater and back to his or her family as soon as possible.

Unofficially, units provide support to the family in many different ways; however the primary support role tends to be through the Family Readiness Group (FRG). Your Chaplain is a valuable resource during trauma in the unit. He or she may be the coordinator of helping agencies on post, may serve on the crisis team, and may assist/perform memorials, services, funerals, etc. He or she can serve as a point of contact between the unit and the family and offer ongoing pastoral care, spiritual resource and counseling.

Listed below are some useful facts to know regarding available benefits and resources in the event of the death of a service member’s spouse or dependent child:

- Army Emergency Relief (AER) will provide “bridge loans” for the cost of a funeral. AER funeral loans will provide reasonable funds to cover a modest yet dignified funeral based upon current national average costs for funerals. (Refer to www.aerhq.org.)
- Dependents of military personnel are entitled to some mortuary benefits. These benefits vary depending on location of the dependent (CONUS/OCONUS). Some are provided on a reimbursable basis. AR 638-2 Table 2-1 and subsequent chapters outline these benefits. (Refer to www.apd.army.mil to view the regulation.)
- The Army does have a Casualty Reporting System for family members located with their sponsor overseas and family members who become a casualty in CONUS when the sponsor is overseas. This also includes family members who become a casualty OCONUS while their sponsor is in another OCONUS location. AR 600-8-1 details this system.
- Spouses and minor/handicapped children are eligible for burial in National/Post cemeteries. For information refer to DA PAM 290-5, available online at www.apd.army.mil.
- Spouses and dependent children of military personnel insured under the SGLI program can obtain insurance through the Family Servicemembers’ Group Life Insurance (FSGLI) program. The Fort Lewis CAC will assist the service member with the application for benefit upon the death

of a dependent. For more information visit www.insurance.va.gov or call toll-free 1-800-419-1473.

HOW TO APPROACH IT

When you reach out, you will be doing so because you care about members of the unit. The unit as a family will grow as members see your concern for others in a difficult situation.

1. It is important to remember that, as family members, we can choose to participate in this process to whatever extent we feel most comfortable. As difficult as it is to contemplate, reflecting in advance on what level of involvement you feel able to provide will make it easier to assist the FRG should the need arise. Any assistance you can provide will be appreciated by the chain of command, but look to the Commander for guidance and direction as he/she will be cognizant of all the necessary rules and regulations that must be adhered to at this difficult time.
2. There exists a Plan-of-Action in the case of the death of an active duty member. However, in the case of the death of a spouse or child, there is no preparation — the unthinkable has occurred. The better you know your unit, the family members, the unit dynamics and the resources available to your installation, the better prepared you will be to deal with any tragedy that may befall anyone in that unit.
3. Be sure to utilize subject matter experts in the unit chain of command (JAG, Personnel unit, housing and AER) to make sure you are dealing with the most current and accurate information.
4. Two extremely helpful regulations are AR 638-2 and AR 600-8-1. Both are available online through www.apd.army.mil.

HELPFUL HINTS

- Do not give advice. Instead, be familiar with community resources so you can direct them to professionals and experts who can best answer their questions and serve their needs. Have contact phone numbers organized and handy.
- Taking courses dealing with grief and trauma that are offered in your area may help to better prepare you for dealing with this unfortunate eventuality.
- There are no right words to take away the pain, but you being there and showing you care are more important than any words you can ever say.

Some suggested comments to make:

- “I’m sorry that (name) died.”
- “I can’t know how you feel, but I want to help you in any way I can.”
- “Would you like to talk about (spouse’s or child’s name)?”
- “You do not need to go through this alone. I know you are doing the best you can to get through this, and I want to help you.”

Some suggested comments not to make:

- “You are young, you can have another child.”
- “At least you have the rest of your family.”
- “It could have been worse.”
- “I know just how you feel.”
- “You’ll get over it.”
- “Time heals all wounds.”
- “If there is anything you need just call me.”
- “It’s a blessing.”
- “Life goes on.”

Burnout is a very real possibility among caregivers. Take the lead in modeling for others the necessity to empathize, not sympathize, and the importance of sharing the many tasks the family may need assistance with.

When we find ourselves under stress, our abilities to reason, problem-solve and make good decisions are impaired. By keeping this in mind, we can allow ourselves to revisit decisions made under stress at a later date. Reminding the grieving family of this may be of assistance to them as well.

RESOURCE ITEMS

Army Casualty Website:

www.hrc.army.mil/site/active/TAGD/CMAOC/cmaoc.htm

Human Resource Command Website:

www.hrc.army.mil

FSGLI Information:

1-800-419-1473 or www.insurance.va.gov

Media

MEDIA

MEDIA AND COMMUNICATIONS

*“Four hostile newspapers are more to be feared than a thousand bayonets.”
--Napoleon Bonaparte*

WHY IT MATTERS

Americans are particularly proud of their servicemen and women. Today news coverage is instantaneous to audiences throughout the world. Whenever a service member is killed or injured, Americans want to know the “who, what, when, where and why” issues of the incident, and the media is eager to report it.

In our most stressful hours of coping with a trauma in the unit, you or other family members from the unit may be approached by the media for a formal interview, an informal comment or a gut reaction.

MILITARY ROLE

- During pre/post-deployment briefings, the Public Affairs Office will explain to service members and their family members the media guidelines, interview “dos and don’ts” and command information assets (website, unit newspapers).
- If there is a death of a service member, the Public Affairs Office should contact the family members to see if they require information or assistance in dealing with the expected media interest.
- Most local reporters know they are to go through the Public Affairs Office when dealing with sensitive issues such as a death of a soldier. However, this is not necessarily true for national and international media outlets. If the family resides on post, the media cannot get access without assistance. However, this situation does not hold true for those families residing off the installation. The media may or may not telephone the bereaved family before showing up on their doorstep.
- When a death of a service member occurs, the Ft. Lewis Casualty Area Command initiates the Next of Kin (NOK) notification. Simultaneously, the unit or the Joint Task Force (JTF) Public Affairs Office will disseminate an initial press release. The initial press release will briefly explain the incident, note that the incident is under investigation, and state that the soldier’s name is being withheld until NOK notification has been completed.
- While the NOK procedure is being worked, policy and proprietary restrictions protect the family from further personal data or information concerning the incident from being publicly released.
- After the NOK procedure has been completed, the Service personnel office will notify the Department of Defense (DoD) J1 office and the unit personnel office. This information is then passed to the Public Affairs Office.
- If the NOK is not immediately found, the system/process slows down. Nothing can be done until the NOK is found and notified.
- In accordance with DoD guidance for Operation Enduring Freedom and Operation Iraqi Freedom, the Department of Defense Public Affairs Office is responsible for publishing the initial news release which confirms the names of U.S. service members killed in action.
- Following the DoD news release, the unit/base Public Affairs Office will then publish a news release with updated information of the incident, including the soldier’s name, hometown, when/where the memorial will be, etc.
- Current policy states that there be a 24-hour “grace period” of respect for families of service members killed in action. During that time the media should refrain from contacting the family members.

HOW TO APPROACH IT

Decide in advance whether speaking to the media under these special circumstances involving trauma in the unit is right for you. Mentor the affected family members by encouraging them to use the PAO for any media interaction. Contact your command whenever you or a unit family member is approached by the media.

PRACTICAL IDEAS

When being interviewed or approached by any media representative, ask for press credentials. Take note of the person's name and the media represented.

Don't be intimidated by the media. You may politely refuse to cooperate with the interviewer. Stay in control and do not let anyone treat you like a puppet.

Anticipate questions the reporters may ask. Better yet, prepare a written statement with the help of the PAO, and stick to the statement.

When answering questions:

- Don't say anything you don't want printed, heard or seen.
- Put your conclusions or main points up front.
- Think before you speak. Take your time in considering your answer to a question, then answer in 8 second 'sound bites' with concise, positive statements.
- Do not be afraid of silence. Often the media will use this as a tool to make you feel uncomfortable or to say more than you intended.
- Use simple language, avoiding military jargon and acronyms.
- Do not speculate or attempt to answer "What if..." questions.
- Keep your answers within your sphere of responsibility.
- Never say, "No Comment." If you do not know, say so.
- Answer in the first person. Use "I" rather than "we."
- Be completely truthful! Do not shade the truth or exaggerate.
- Be sincere about how you feel. If it upsets you, or you are frustrated, say that.
- Be courteous and diplomatic. Suggest that the reporter contact the PAO for clarification.

HELPFUL HINTS

The Public Affairs Office should be available to offer information or assistance in dealing with the media to any military family member at any time. For example, a widow may be contacted for comments and reflections by the media at national holidays like Memorial Day, or at the anniversary of the death, or even when a similar accident occurs involving another unit. The PAO can provide guidelines and assistance during these instances.

Remember you are the Army when you are doing an interview. Know your audience.

Politely stop all rumors.

Before the media embedding process, the Public Affairs Officer and the media agree to operation ground rules. It is up to the journalist to abide by those "rules of engagement" and maintain the degree of credibility he or she wishes to have with the military. If you think the "rules of engagement" are in question, contact your command and the PAO.

MEDIA

TECHNOLOGY AND MEDIA COVERAGE

WHY IT MATTERS

Fatalities become special reports on the evening news. Add to this, embedded reporters who may provide immediate coverage of your spouse's deployed unit.

HOW TO APPROACH IT

- Remind fellow spouses that first reports are often inaccurate. Reporters often are not savvy to the unit designation name and can report misinformation. Are the facts straight? It could look and sound worse than it is. Half truths are often reported for sensationalism.
- Refer any questions from parents, spouses or the media to the proper military channels: Public Affairs Office (PAO), Commander, etc. Official information must flow from the military side, then to the media if appropriate. The commander decides how to use the FRG, if necessary.
- Wait for the official notification process to take place before taking personal action or initiating any FRG role.
- Politely stop all rumors.

PRACTICAL IDEAS

- Develop a scripted response for answering inquiry calls. Have the script approved and initiated by the commander. Stick to the script. Do not use your imagination.
- Once all NOK for the deceased or VSI soldiers are notified through the official channels, all Battalions within the Brigade are informed, "Notification is complete for the incident occurring on date XX/ XX /XX." This enables you to update your families, indicating that the notification process is complete, thus lowering the stress levels of the rest of the families in the unit.
- If you cannot remain calm with all the coverage: turn it off. Advise others to do the same. Get the day's recap of the story on the internet or headline news.
- Do not cause a panic. If the reported news is not yet confirmed, continue with any FRG or personal family plans.
- Do not become an emotional casualty of the war as a result of too much media exposure.
- If you hear a rumor, stop it politely.

MEDIA

TECHNOLOGY - CELL PHONE/SATELLITE PHONE

WHY IT MATTERS

With the presence of cell and satellite phones, it is possible for the news of the death of a soldier to leapfrog over the normal channels of notification.

HOW TO APPROACH IT

- Always rely on the command structure. Wait for the official notification process before taking any action; then proceed with your chosen course of action.
- For any inquiry calls, reiterate the process of notification. No names are released until the Next of Kin (NOK) is notified. Do not even assure anyone that their spouse is safe.
- Even if you do know the specific details of an incident, it is not your place to divulge information. Refer any questions from parents, spouses or the media to the proper military channels: PAO or Commander.

PRACTICAL IDEAS

- Develop a scripted response for answering inquiry calls. Have the script approved and initiated by the Commander. Stick to the script. Do not use your imagination.
- Politely stop all rumors.
- Wait for the military to determine all the facts of the situation and conduct the official notification. Then encourage assistance to the spouse and family from within the unit.

Resources

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)

National Military Survivor Seminar and Good Grief Camp: A four-day event held each Memorial Day Weekend in the Washington, D.C. area. This healing weekend allows survivors to come together for grief education and to learn skills that assist them in their grief journey. Casualty personnel, commanders, family support personnel and chaplains also come to learn more about the grief process and to strengthen skills that assist them in supporting survivors.

Peer Mentor Program: A national network of trained Peer Mentors who have lost a loved one in the armed forces and are able to reach out to and support others who are affected by a similar tragedy. Mentors are available for family, friends and co-workers of fallen service members.

Community Survivor LINK Program: Organized groups of survivors, volunteers and professionals in various locations around the country. These groups are designed not only as support groups, but also to give all those interested in supporting military families, opportunities to do so through the mission of TAPS.

TAPS Chat: Each Tuesday evening at 9 PM Eastern Standard Time, the TAPS Chat forum is open. It brings together survivors from across the country and is facilitated by a survivor volunteer and/or TAPS Staff. Participants are encouraged to share their hearts with those who can truly understand their grief journey. www.taps.org

TAPS Hotline: A toll-free crisis and information line that receives calls 24 hours a day everyday. 1-800-959-TAPS (8277)

Resources Library: This program maintains a collection of materials on grief, trauma and a variety of related topics of interest to survivors. A selected few of these resources are available to survivors at no fee.

Counseling Resources and Casework: This program provides survivors with contacts and information regarding counseling resources in their local area, including local support groups and professional counselors. It also provides problem-solving assistance for survivors who have difficult questions or situations that need to be resolved.

Quarterly TAPS Magazine: This publication focuses on military survivor topics that are both informative and inspirational. Also included is a book review section for printed grief materials. The magazine is sent free of charge to survivors, commanders, chaplains, casualty staff and caregivers around the world.

Crisis Response Plan: This plan allows TAPS to network and deploy Trained Crisis Responders during traumatic events involving military personnel.

Crisis Intervention: This program provides "Coping and Casualty" briefings to military commands around the country. This educational briefing approaches casualty from a survivor perspective. The goal of this presentation is to prepare casualty and family services personnel to respond to a wide variety of emotional issues presented by survivors.

Volunteer Program: This program coordinates the efforts of volunteers nationwide. Interested persons are able to volunteer their time and services administratively, professionally or with special events. Applications may be requested by calling (800) 959-8277 or e-mailing info@taps.org.

RECOMMENDED BOOKS

BOOKS FOR PARENTS WHO HAVE LOST A CHILD

After the Death of a Child: Living With Loss Through the Years by Anne K. Finkbeiner

Help Your Marriage Survive the Death of a Child by Paul C. Rosenblatt

The Bereaved Parent by Harriet Sarnoff Schiff

The Worst Loss: How families heal from the death of a child by Barbara D. Rosof

BEREAVEMENT BOOKS FOR CHILDREN

Young Children

Last Week My Brother Anthony Died by Martha Hickman

Mum, will Dad ever come back? by Paula Hogan

Remembering Mum by G. Perkins & L. Morris

School-Age Children

How Do I Feel When People Die by Sarah Levette; Copper Beach Publishing: 1997

I'm Fine...I'm With the Angels (ages 5-10) by TAPS Director of Peer Support Joyce Harvey

I Remember You Today by Casey Curry

Learning to Say Goodbye When a Parent Dies by Eda LeShan. Offers understanding for youngsters who have suffered personal trauma. Adults who have "catch-up" grieving to do from childhood are provided with helpful ways of dealing with this problem.

Losing Someone You Love by Elizabeth Richter. Young people share their experiences about the death of their sibling.

My Memory Book: A Journal for Grieving Children by Gretchen Gaines-Lane, LCSW-C, Gaithersburg, MD

Sad Isn't Bad: A Good Grief Guide Book for Kids Dealing with Loss by Michaelene Mundy and R.W. Alley

Talking about Death by Karen Bryant-Mole

What on Earth Do You Do When Someone Dies? (5-10) by Trevor Romain

With Dad Alone by Jerrold Beim. In this story it is the mother who dies. The boy must now assume some new duties, such as helping with his younger brothers.

Teens

By the Highway Home by Nancy Stoltz. A thirteen-year-old girl's adjustment to her brother's being killed in Vietnam.

Chicken Soup for the Grieving Soul by Jack Canfield & Mark V. Hansen; Deerfield Beach, FL: Health Communications, Inc., 2003

How it Feels When a Parent Dies by Jill Krementz

I Will Remember You: A Guidebook Through Grief for Teens by Laura Dower; New York: Scholastic, 2001

Mark Love; Hope for the Bereaved by Mark Scivani. A magnificent set of handwritten letters for grieving youth will help them gain insights into how to live through their pain.

Straight Talk About Death for Teenagers: How to Cope with Losing Someone You Love by Earl A. Grollman

GENERAL RESOURCES

Recovering From the Loss of a Sibling by Katherine Fair Donnelly

Talking About Death: A Dialogue Between Parent and Child by Earl A. Grollman

Someone Special Died by Joan S. Prestine

Loss and How to Cope with It by Joanne Berstein

Why Me? Coping with Grief, Loss and Change by Pesach Krauzz, and Morrie Goldfischer

SURVIVOR SUPPORT RESOURCES

| <u>Associations</u> | <u>Telephone #</u> |
|---|---------------------------|
| Defense Finance and Accounting Service | 800-321-1080 |
| Department of Veterans Affairs | 800-827-1000 |
| Memorial Programs Service | 800-697-6947 |
| Montgomery GI Bill/VEAP Refund | 888-442-4551 |
| National Cemetery System | 800-827-1000 |
| Presidential Memorial Certificate Program | 202-565-4964 |
| Gold Star Wives of America, Inc. | 888-751-6350 |
| North West Region, Marian Davis | 253-584-6232 |
| Military Medical Support Office, TRICARE, North | 877-874-2273 |
| Military OneSource | 800-342-9647 |
| National Military Family Association | 800-260-0218 |
| National Association for Uniformed Services | 800-842-3451 |
| Office of Service Members' Group Life Insurance | 800-419-1473 |
| Society of Military Widows (ext. 3009) | 800-842-3451 |
| Social Security Administration | 800-772-1213 |
| Tragedy Assistance Program for Survivors (TAPS) | 800-959-8277 |

DEATH OF A SPOUSE RESOURCES

www.hrc.army.mil

U.S. Army Human Resources Command. Good source for Army regulations and publications. Also provides a direct link to the Army Casualty Website.

www.lifelines.navy.mil

This website provides good information about financial preparation, coping with trauma and many other topics associated with death of a family member as well as death of the active-duty member.

www.usaedfoundation.org

This website provides invaluable information on topics ranging from coping with the emotional loss of a loved one to practical advice on dealing with financial and legal issues. It also provides a checklist for What to Do If Your Spouse Dies.

www.insurance.va.gov

Provides information and contact numbers for Family Servicemembers' Group Life Insurance.

www.goldstarwives.org

This military survivors organization has been serving war widows from all conflicts and service connected disabilities since 1945.

www.taps.org

TAPS offers peer support and assists survivors through a wide variety of programs.

www.oeffamilyfund.org

Provide for the Families of those who have been killed or severely disabled during Operation Iraqi Freedom and Operation Enduring Freedom with funds for immediate or long-term needs. Fund a National Memorial dedicated to the men and women who lost their lives in our country's War on Terror.

www.operationthankfulnation.com

We would like to send a free keepsake package to every family who has lost a loved one.

www.afsc-usa.com/societies.html

The Relief Societies have partnered with AFSC to sponsor membership in AFSC for widows of active duty deaths after 9-11 (effective dates vary by service). The Relief Society pays the lifetime membership fee in AFSC for the widow. We have developed a webpage in our site that specifically addresses eligibility and services under that program.

www.killedinactionfund.org

The pursuit of liberating these victims of oppression in Afghanistan and Iraq, the ultimate sacrifice is being made by hundreds of America's finest young military personnel. Many leave behind a spouse and small children. It is the goal of the Enduring Freedom KIA Fund to give financial aid to those needy and deserving families. Enduring Freedom Killed in Action Fund has recently increased their grants but you will need to contact them. JoAnne Miller is the contact person: email: jmiller@thirdstone.net; telephone: (949) 719-9678; address: 405 Vista Roma, Newport Beach, CA 92660.

www.operationensuringchristmas.org

For children of soldiers killed in Iraq and Afghanistan.

www.specialops.org

The Special Operations Warrior Foundation (SOWF) provides college scholarship grants, based on need, along with financial aid and educational counseling to the children of Special Operations personnel who were killed in an operational mission or training accident.

www.fallenheroesfund.org

The Fund provides unrestricted grants to the families of military personnel who have given their lives in the current operations in defense of our country. The gifts, \$10,000 to each dependent family and an additional \$5,000 per child, are intended to help these families through any immediate or long-term financial difficulties they may face.

www.orgsites.com/ga/projectlinus

Provides handmade blankets to the children who have lost a parent in the war on terror. Please go to the "contact us" section on our Home Page and give us the name of your fallen hero, the age and gender of the children, and the address where the blanket is to be mailed.

<http://groups.msn.com/SSPSoldierPortraits/>

Set up to honor the families of the fallen heroes of Operations Iraqi Freedom and Enduring Freedom with a custom designed and hand-crafted wooden portrait of their loved one.

www.michaelgreaganartist.com/fallenhero.htm

Using the family's favorite photo, professional custom hand-drawn portraits are available free of charge to the families of all servicemen and women who have been killed in Iraq and Afghanistan in America's war against terrorism from portrait artist Michael Reagan.

www.childrenoffallensoldiersrelieffund.org

A means of providing College assistance to surviving children of our U.S. military service members who have lost their lives in the Iraq and Afghanistan wars. We now are able to provide College Grants to the spouses as well as emergency funds to those families with children under 18 who need assistance with rent, utilities, groceries, clothing, food and other necessary items.

www.neverforgetflag.us

The Armed Forces Memorial Tribute Flag was designed to honor and remember those who have made the ultimate sacrifice for us. All profits from sales go to the Armed Forces Family Aid and Relief Fund (administered by the USO of Metropolitan NY), a resource to help ease the burden for active duty personnel, their families and their survivors facing sudden financial crisis due to deployment or death. The fund is available to members of all branches of the armed forces.

www.lastwishfoundation.org/news

The objective of this foundation is to grant the last wish of the U.S. service members who have been lost in Operation Iraqi Freedom: to provide for their children.

www.westpascoquilters.org/ohfq.htm

Operation Homefront Quilts provides memorial quilts to every military family who has lost a loved one in Iraq and Afghanistan. (Recipients include parents OR widows and children presently living with them). You may contact us at: Porterfamilyandskip@msn.com

www.bmtfoundation.com/bfa/us/public

The Beaumont Foundation of America is giving one laptop Toshiba computer and backpack to all the families with children under the age of 18, if the child was listed as the soldiers dependent (natural, step or adopted child).

www.goldstarmoms.com

The membership of American Gold Star Mothers, Inc. is composed of American Mothers who lost a son or daughter during World War I, World War II, the Korean War, the Vietnam War, Beirut, Grenada, Panama, the Persian Gulf, Somalia, Bosnia, Saudi Arabia, all Strategic Areas, or while in service to our country.

SURVIVOR RESOURCES

Federal Survivor Benefits

Defense Finance and Accounting (DFAS): www.dod.mil/dfas

Department of Defense: www.defenselink.mil

Department of Veterans Affairs: www.va.gov

Military Funeral Honors: www.militaryfuneralhonors.osd.mil

National Cemetery Administration: www.cem.va.gov

Social Security Administration – Survivor Benefits: www.ssa.gov/ww&os2.htm

Survivors and Eligible Dependents VA Benefits: www.vba.va.gov/survivors/index.htm

Financial Assistance for Survivors

Armed Forces Children’s Education Fund: www.afcef.org

Fallen Heroes Last Wish Foundation: www.lastwishfoundation.org

Fallen Patriot Fund: www.fallenpatriotfund.org

Freedom Alliance Scholarship Fund: www.freedomalliance.org/scholarship.htm

Intrepid Fallen Heroes Fund: www.fallenheroesfund.org/fallenheroes

Operation Family Fund: www.oefamilyfund.org

United Warrior Survivor Foundation: www.frogfriends.com

Grief Support Resources

AARP Grief and Loss Programs: www.aarp.org/griefandloss

Aircraft Casualty Emotional Support Services (ACCESS): www.accesshelp.org

Bereaved Parents of the USA: www.bereavedparentsusa.org

Center for Loss & Life Transition: www.centerforloss.com

Compassionate Friends: www.compassionatefriends.org

Grief Dreams: www.griefdreams.com

Hospice Foundation Grief Resources: www.hospicefoundation.org/griefAndLoss

Journey of Hearts: www.journeyofhearts.org/jofh

Parents of Murdered Children, Inc.: www.pomc.org

Sons and Daughters in Touch: www.sdit.org

The National Center for Grieving Children and Families: www.dougy.org

The Centering Corporation: www.centering.org

Widow Net: www.widownet.org

Support Groups and Services - by State

American Association of Suicidology: www.suicidology.org

Bereaved Parents of the USA: www.bereavedparentsusa.org/BP_Chapters.htm

Compassionate Friends: www.compassionatefriends.org/states.shtml

Grief Education and Certification

Association for Death Education and Counseling (ADEC): www.adec.org

Grief, Inc.: www.griefinc.com

GriefRecovery®: www.grief-recovery.com

The American Academy of Grief Counseling: www.aihcp.org/aagc.htm

Trauma Education and Certification

Association for Traumatic Stress Specialists: www.atss.info

International Critic Incident Stress Foundation, Inc.: www.icisf.org

National Center for PTSD: www.ncptsd.va.org

The American Academy of Experts in Traumatic Stress: www.aaets.org

The International Society for Traumatic Stress Studies: www.istss.org

Military Interest Links

Military.com: www.military.com

MilitaryCity.com: www.militarycity.com

Special Operations Warrior Foundation: www.specialops.org

The National Gulf War Resource Center: www.ngwrc.org

Vietnam Veterans Memorial Wall: www.thewall-usa.com

VietnamWall.org: www.vietnamwall.org

Military Organizations and Services

American Gold Star Mothers: www.goldstarmoms.com

Armed Forces Insurance: www.afi.org

Disabled American Veterans: www.dav.org

Gold Star Wives of America, Inc.: www.goldstarwives.org

Military Officers Association of America: www.moaa.org

National Guard Association of the United States: www.ngaus.org

National Military Family Association: www.nmfa.org

Society of Military Widows: www.militarywidows.org

The American Legion: www.legion.org

The Army and Air Force Mutual Aid Association: www.aafmaa.com

The Association of the United States Army: www.ausa.org

The Reserve Officers Association: www.roa.org

The Retired Enlisted Association: www.trea.org

Uniform Services Benefit Association: www.usba.com

Veterans of the Vietnam War: www.vvnw.org

Vietnam Veterans of America: www.vva.org