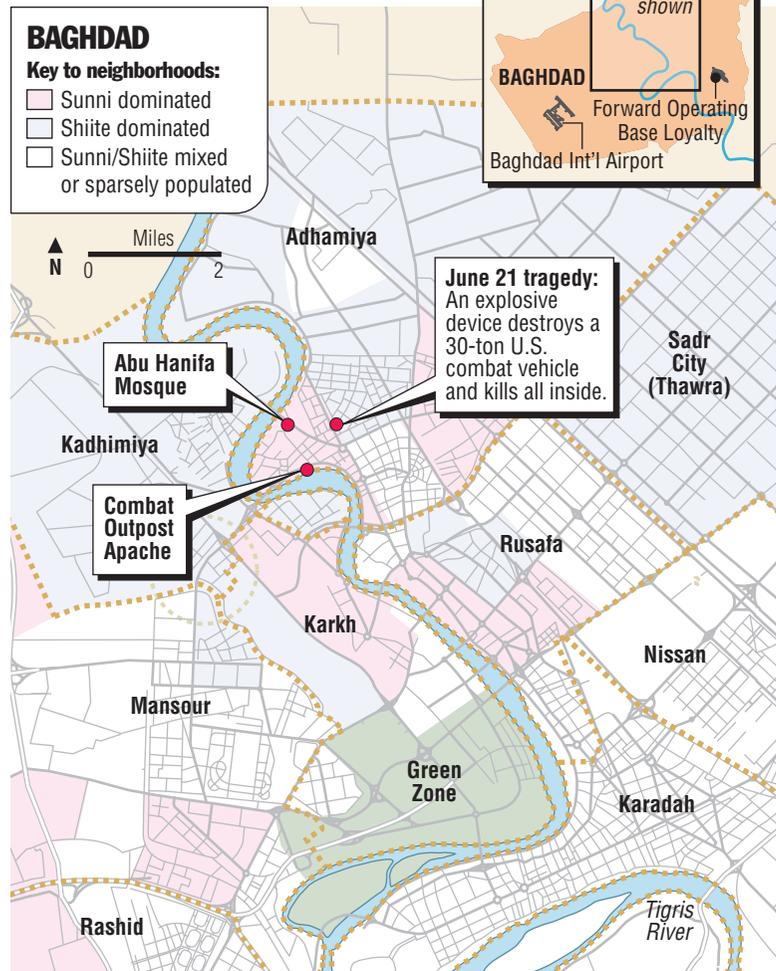


ROADSIDE BOMB'S HEAVY TOLL

Five soldiers and an Iraqi interpreter died when an explosion flipped their Bradley Fighting Vehicle. The deaths devastated their buddies in Charlie 1-26.



feel like going on this street,” Chagoya said. “I know this mission I’m not going to come back.’ When it’s more than one of the guys saying it, we knew something was going to happen.”

And it did. The explosion killed Garcia, 23, and left Richardson and Chagoya heartbroken.

Like Garcia, Chagoya played guitar, but soon stopped. “I quit playing over there because I feel when I play,” he said. “I decided to block everything and not feel so much. But when you stop yourself from feeling, it goes all the way around: You don’t feel good. You don’t feel bad.”

Chagoya said he tried to combat his angst by getting to know his friends better. “When you go outside the wire, you don’t know if you’ll see them again.”

The IEDs only grew more frequent — and bigger. At first, they’d just blow out the tire of a Humvee. Now the guys waited for the big one — the one that would count as a catastrophic loss. A catastrophic

loss is the military term for a vehicle destroyed with loss of its crew. On May 14, they moved closer to that gruesome mark when yet another Humvee hit an IED.

The IED hit the fuel tank, causing it to erupt in flames. Staff Sgt. Juan Campos and his men leaped from the vehicle, but they were ablaze. Other soldiers dodged small-arms fire to try to put the flames out as the men screamed. Pfc. Nicholas Hartge died that day. Campos died two weeks later at the burn center at Brooke Army Medical Center in Texas. Three other soldiers suffered burns over 70 percent of their bodies.

After that, Charlie Company patrolled in Bradleys. But now, anger motivated them as much as the mission. Anger made them fearless — and sometimes reckless. It made them not themselves.

Three weeks after the Humvee explosion, 2nd Platoon went looking for a high-value target: the

See **BROTHERS** next page

Getting the pain out in the open

Debriefings, therapy help soldiers grieve

After an improvised explosive device demolished a 30-ton Bradley, killing six men, Chaplain (Capt.) Ed Choi gathered the men of Charlie Company, 1st Battalion, 26th Infantry Regiment, for a Critical Incident Stress Debriefing.

When a unit experiences a catastrophic event, a chaplain or mental health professional talks them through what they’ve experienced in the belief that reliving the event right away will help them deal with it better later. The debriefings also help chaplains discern which soldiers may need more attention.

“At first they’re hesitant, and then everyone starts talking,” said Maj. Scott Riedel, brigade chaplain for 4th Brigade, 2nd Infantry Division, to whom Charlie Company was attached when the June 21 tragedy occurred. “It may seem cruel, but in all honesty, they’re all thinking about it anyway. We are the healthy way of getting this out.”

Chaplains perform the debriefing, but Riedel said it’s more of an additional duty than part of their religious duties.

“We don’t pray before and we don’t pray after,” he said. “It’s just the chaplain who does the CISD.”

Some chaplains perform an immediate “diffusing” session — within hours of an incident — that consists of just a quick “what happened,” with no major detail.

“I don’t think diffusings work as well,” he said. “Their minds are not there — they’re not ready. You have to give them one day to grieve.”

Riedel said the most effective way to debrief the men is to feed them, let them sleep, and then talk with them eight to 72 hours after the event.

He said he then leads them through every second of the day — from waking up in the morning to when they knew they had lost a friend.

“I help them talk about it,” Riedel said. “What did you smell? What did you see? Did it remind



Chaplain (Maj.) Scott Riedel describes how he helps soldiers talk about the horrors of seeing friends killed and wounded.

you of music? Of anything from your childhood? I take them through it like I don’t even know what a Stryker is.”

Often, as they talk, the men comfort each other. For example, one guy might be upset he didn’t move quickly enough to cover a man who had been shot. But another guy may have seen the incident and can say, “There’s no way you could have made it in time,” releasing some of the guilt reactions that inevitably occur.

Riedel said that as he leads the debriefings, he takes silent notice of anyone who seems quiet or distant. He later works one-on-one with those soldiers or refers them to a unit psychiatrist.

During 1-26’s 2004 deployment to Samarra, Iraq, Lt. Col. Graham Hoffman embedded with them as their unit psychiatrist, going out on patrols and gaining their trust so they would allow him to help. At first, he said, he tried to avoid medicating the men who needed extra help. But the anger issues that arose, as well as the fear of going back out made it nearly impossible for the unit to operate. So he started prescribing medications — Prozac or Celexa.

“Thirty-one guys of 100 were on anti-depressants by the end,” Hoffman said. “We kind of pushed it a little. We stretched it because that’s what they’re doing in the civilian world.”

The meds, he said, helped. After seeing five men killed and 22 wounded in one day, Hoffman himself went on Celexa after

being diagnosed with post-traumatic stress disorder. When he stops taking it, he said, his own anger bubbles to the top. But with it, he feels calm.

“It’s like you’re Teflon-coated,” he said. “It’s still a bummer to be over there, but they can go back on patrol.”

But Hoffman doesn’t rely entirely on medication: He talks to the soldiers about how many missions they’ve been on in which nothing happened, or about how well their vehicles protect them.

Maj. Patrick Brady, 4-2’s brigade psychologist, said 1-26 leaders encouraged their guys to seek help after five of their buddies were killed by a roadside bomb June 21.

Thirty soldiers in the brigade came to see him regularly, and dozens more came in for just one appointment.

“I try to challenge their beliefs about an incident,” Brady said. “For example, if they say, ‘I can’t get through this anymore,’ we talk about alternative beliefs.”

That can be particularly hard when a soldier has just watched his friends die, but Brady tries to lead him back to times when a situation went well.

“The other day, I had a guy come in upset because an IED had hit his Stryker, but he came out fine,” Brady said. “Now he’s having trouble getting back in the Stryker because he’s afraid. I might talk to him about how the Stryker saved him.” □