“Voices of Chaplaincy” Book Series – Your Stories Needed

The Military Chaplains Association is seeking short, personal stories of chaplain ministry from MCA members in the core ministry functions of nurturing the living, caring for the wounded, and honoring the fallen. Help the MCA share and preserve the inspirational stories of chaplains who served or currently serve in the U.S. Armed Forces, Civil Air Patrol and VA Chaplain Service.

Stories will be compiled, edited and published by MCA in paperback and e-book format and made available for worldwide distribution. All proceeds from book sales will benefit the MCA Chaplain Candidate Scholarship Fund. This new book series will expand the ability of the MCA to mentor and connect chaplains as we tell our story as personal advocates and voices of chaplaincy.

Stories should be limited to 500-1000 words (2-3 double-spaced pages) and specifically focus on one of the three core ministry functions. You may submit more than one story. All submissions are subject to approval by the editorial board. See below for more information and helpful guidelines for writing your story. If you have further questions, please send an email to: chaplains@mca-usa.org

Helpful Guidelines for Writing Your Story

1. Keep your story clear and concise. State the facts but avoid revealing any personal or confidential details (names of certain individuals, security sensitive info, etc.) that would detract from your story.

2. Limit your story to 500-1000 words or less (about 2-3 double-spaced pages if using 12 point New Times Roman font).

3. Select a title for your story based on a particular theme or topic (nurturing, caring, honoring) you are presenting.


5. Ask someone to proofread your story for clarity, spelling, and grammar. Make corrections as needed and put it aside for a few days. Pull it out again for a final proof and make corrections before submitting.

6. Email your story to chaplains@mca-usa.org If accepted we will email you a biographical background form and release form that entitles MCA to publish your story.

7. Stories will be accepted until this project is complete. Please submit your story as early as possible for consideration in this project.
The Cover
In the fog and friction of war, combatants experience much trauma, including moral injury. Chaplains help to guide warriors through the fog to find the light.

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The Military Chaplain • Spring 2016 1
I must confess that when I first entered active duty as a chaplain, I had no idea of what moral injury was. I was totally oblivious to the fact that a person could experience this type of trauma and assault on their moral character. Even when I first encountered it, I thought that it was nothing more than one of the battle scars of conflict and war.

In my third assignment as a chaplain, I was assigned to a submarine squadron; a group of ten fast attack submarines. As the chaplain, I spent a lot of time working hand in hand with the medical department as they treated the many ailments of our sailors. The leading chief petty officer for the department was a crusty old soul who had seen his share of combat and had served as an independent duty corpsman (IDC) in Vietnam. He and I got to know one another well during those two and a half years and although he was a great corpsman, there was something that always nagged at him; that often pulled him into a fit of depression that went on for days. He drank heavily and his relationships were many and often disastrous. He had gone for counseling and even went into a program for his alcoholism. His counselor suggested at one point that he come to me; that he needed something more than the doctor could provide... Something that medication would not cure.

His story went back to his early days in Vietnam and an assignment with a Marine unit as their IDC. They went out on many patrols and had lost track of the body count of the Vietcong killed. He took this all in stride as part of his responsibility and, after all, he was not doing the killing but was there to aid the Marines. All went according to plan until, in the early hours of a humid morning, they came across a group of enemies. The Marines were lucky in that they heard talking as they crept up on their adversaries. The Vietcong were fewer than the Marines and were easily overcome and all were killed.

As the Marines moved away from the carnage, the young IDC saw a wallet had fallen out of the pocket of one of the Vietcong. The IDC picked it up. He quickly stuck it in his pocket and the patrol moved back to camp. Later, he looked inside and saw a picture of the soldier in civilian clothes with his wife and two small children. When he saw the picture, he dropped the wallet as if it were on fire. In an instant the picture was burned into his memory. The enemy for the first time had a face, a family and a life. The IDC had joined in an action that deprived this family of their father and a wife of her husband.

The IDC’s whole moral compass had been rattled. After all of these years of running away, of trying to drown his memory in alcohol, of failing at relationships, of counsellors and medication what he really needed was forgiveness. He needed someone to help him to reconcile his past... Not to erase it... But to help him to restore his humanity... With the grace of God. Together, we walked on a journey of reconciliation, forgiveness and a restoration of wholeness.

This is what we as chaplains do. We don’t have all the answers but are willing to walk with the wounded on the journey offering care and the consolation of God.

Any chaplain who is serving now or has served in the past has seen it and will see more of it in the future. This issue of the Military Chaplain is not only important but the beginning of an ongoing dialogue and opportunity to enhance our tools for ministry. We have added eight pages this issue because the information is of such great importance.

Thank you for being part of our ongoing mission and as we grow through our strategic plan for the year. Please consider a regular donation to our efforts. We are making outreach to foundations to augment our efforts but that is only part of the answer. You are a vital part of our continued growth.
From the Executive Director

As chaplaincy is a profession we need a professional journal. This issue of the Military Chaplain is our first step in moving toward this goal. Now, please let me explain.

First – I do not seek here to establish the first premise, we are a profession, as such a discussion deserves time and consideration on its own. We can benefit from such a discussion as we seek to understand our vocation from a professional standpoint with all the implications, requirements, and consequences such a status has. But this must wait for another day.

Second – As a profession we need a professional journal. To make my point I rely on an article by David Brock, Huseyin Leblebici, and Daniel Muzio entitled Understanding professionals and their workplaces: The mission of the Journal of Professions and Organization; Journal of Professions and Organization, (2014) 1 (1):1-5, http://jpo.oxfordjournals.org/content/1/1/1.full

Brock et al state “Professionals also have great social significance, playing critical roles in the education, health, and justice fields. In fact, the emergence and dominance of professionals is one of the characteristics that distinguish contemporary society from its historical predecessors.” They go on to say “A study of the health care system in Alberta by Reay and Hinings (2009) shows competing logics can coexist within professional contexts. Indeed, the success of professional organizations may indeed rest on their ambidextrous ability to draw on and combine structures and practices from different logics (Adler, Kwon, and Heckscher 2008).”

And finally they make the following observation, “Parallel to the growing significance and the changes in professions and professionals, scholarly research dealing with the organizations in which professionals work—be they professional service firms (PSFs), professional organizations, or public service organizations—grew in prominence during the second half of the 20th century. This work began with understanding core issues that defined the nature of these organizations, including themes like autonomy, external control, collegiality, commitment to the client/patient, and professional dominance.”

Though the work of Brock et al deals with professional organizations from an economic perspective, the insights they supply apply to chaplaincy. We have grown in significance over the years and also grown in diversity. We have developed certain core competencies but also have seen the rising importance of specialization, external influence, organizational oversight, co-existence with other professions, and accountability to stakeholders and those served. All of these areas can and have sometimes led to friction and misunderstandings. Such concerns are not only unpleasant but also degrade the ministry we provide to those we are called to serve.

Third - With this issue of the Military Chaplain we take a step toward a more professional journal to serve the needs of chaplaincy. As you will see we have requested articles based on a theme – Moral Injury. We asked the excellent presenters at our recent National Institute (NI) to contribute. We thank Ed, Herm, and David for their contributions. We also accepted voluntary contributions on the subject. Many of the articles inside come from you, our members, engaged in the profession and seeking to enhance the quality of the ministry we provide.

In the charter granted us by Congress we are tasked to “– to perpetuate and deepen the bonds of understanding and friendship of our military service.” We believe enhancing our professional relationships and capacities through scholarly discourse is one means to accomplish this task.

We hope this is the first of many magazine issues which are more focused and provide the venue we need for professional discussions. Our next issue is themed on religious expression and practice within the military and other institutional settings. The discussion will hopefully build on the address given at the NI by Navy Chief of Chaplains Margaret Kibben. We look forward to your submission.

In the intermediate future we hope to move toward a fully peer reviewed on-line professional journal. Please let me know your thoughts on this journey and how you believe you may be able to assist.
Ben’s Story

Ben was an army tanker in the Iron Triangle in Viet Nam, serving during the height of the war. “I don’t know where I was in Viet Nam,” he says. “All we ever saw was deep, thick jungle.” Ben was in fierce firefights during which he saw both friends and enemy combatants injured or killed. His unit also fought in Cambodia, “the place we never were.”

During one incident Ben was sitting atop his track on the lookout for enemy combatants. As his mechanical beast rumbled through the jungle, Ben looked down at the ground next to his treads. A spider hole suddenly popped open off the jungle floor. He watched as a Viet Cong soldier tossed a hand grenade up toward him. Ben heard the clunk of metal hitting metal, then saw the grenade bounce off the side of his track. He watched the grenade fall backwards. His eyes met the Vietnamese soldier’s eyes. Ben saw his look of unspeakable disbelief and terror. Then the grenade exploded.

Shortly thereafter hostilities ceased. Ben came to a bunker and looked in. He found three unarmed and confused Viet Cong fighters. Ben’s sergeant told him to frag them. Ben declared that they were unarmed and had surrendered. Fraggling them would be murder, he said, and was against the laws of humane warfare.

But other squad members clambered for the opportunity. Some expressed willingness and glee to waste them. Ben walked off and listened in dismay as his comrades taunted the prisoners and one tossed a grenade for the execution.

“Even though one of their comrades had tried to kill me just twenty minutes earlier, I still knew that killing those unarmed prisoners was wrong and wouldn’t do it,” Ben said. “When enemies were armed and trying to kill me, I had to defend myself. But nobody has the right to kill unarmed prisoners. They were just sad and helpless human beings, a lot like us.”

We might think that, even though ordered to, Ben resisted doing wrong and therefore did not sustain moral injury. Is that the case?
Contemporary Interest in Moral Injury

In the last half decade there has been a flood of articles, books, radio programs, psychological tests for, and other explorations of moral injury. It is as if the concept of moral injury has been hiding in the bottom of humanity’s Pandora’s Box, waiting to be rediscovered. Why has it been so long ignored?

Directly put, we have not asked the right questions, studied the experiences of other cultures and times, used the right spiritual, ethical and cross-cultural frameworks, listened deeply to our warriors’ pain and to the ambiguities of their service, been honest about our country’s moral inconsistencies, or facilitated a complete practice of warrior spirituality and tending of invisible wounds that include attention to the soul and its deepest concerns.

We make war in ways that harm our own warriors. As a nation we want to continue these ways but without such harm. We maintain the belief that this is possible and that resiliency can be so strong as to resist moral breakdown and injury.

We rely on fear, mental illness and biologically based models of care. Issues like shame and guilt are not commonly addressed. We believe we can treat the brain and neurological functioning while ignoring the full human being before us. Medical and pathological models of war wounding dominate. As pioneering psychiatrist Karl Menninger once observed, challenged people today may be considered either mentally ill or criminal, but “whatever became of sin?”

Clinicians can feel helpless, unprepared, frightened or uncomfortable with their own responses, unprepared to deal with moral and spiritual issues, judgmental or repulsed by what they must witness. Chaplains may fear punishment or harm to their careers if they challenge the rules of engagement that produce moral injury.

Some practitioners contend that moral injury and Post-traumatic Stress Disorder, though manifesting similar symptoms, are actually different animals. Others say that moral injury is at the root of PTSD. And some say that they are different aspects of the wounding of the whole person – moral injury wounds the character and soul while trauma can also wound us biologically, physiologically, cognitively or psychologically. It seems to finally be accepted that doing what one judges to be wrong, even in life-threatening combat, harms the inner life, the psyche, the soul of the actor.

Jonathan Shay is credited with introducing moral injury into modern thinking by defining it as “a betrayal of what’s right in a high stakes situation by someone who holds power.” Such betrayal leads to “indignant wrath,” in which “the primary trauma [is] converted… into lifelong disability…” This rage is not the same as the berserker rage that can awaken on the battlefield when life is at stake, but arises from feeling mislead and betrayed by leadership such that it “impairs a person’s dignity…” Veteran Joe Michaud wrote in a poem called “Shame,” “now we’re the Four Horsemen/ of the Apocalypse…” Each indignity/ suffered at our hands, belittles/ me… each home invasion/ each kidnapping… causes me to die a little, causes me to feel/ ashamed for the crimes of others…” Our warriors, acting with little choice on other’s orders, may find them shameful or wrong. In the absence of leaders or society’s taking responsibility, the warriors ingest responsibility themselves and may carry it for life with crippling consequences. Veteran Glen Miller said, “As a LRRP team leader, I indeed prevented some cruel and immoral actions. On the other hand, I was nearby while witnessing two murders -- no weapon, no honor, all fear. Moral injury is inversely related to Just War.” When the cause is unjust, whether it is the immediate individual action or the pursuit of an entire war, moral injury is inevitable.

During the Vietnam War morality and legality were in constant question. Both veterans and anti-war activists protested all they judged as wrong – wrong war, cause, politics, enemies, actions, and interpretation of history. They felt betrayed by our country for committing these wrongs and sending them to enact them. Recall the early testimony of John Kerry who stated that the war and what we were asking them to die for was “a mistake.” Robert Jay Lifton’s seminal work on veteran wounding Home from the War came out toward the end of the war. That early he observed the “moral inversion” that occurred in some soldiers: their ethical standards reversed and they “killed without inner justification.” Shortly after the war Peter Marin wrote in Psychology Today that veterans live in “moral pain.” My veteran client Dick cried from his depths, “Medications don’t heal this kind of pain!” Marin declared that veterans and their helpers had to embark on a moral journey together that would be long and painful but could not be overlooked or therapy could prove “morally insufficient.” Likewise, William Mahedy served as a chaplain in Viet Nam. He wrote shortly after the war that the reality of war is sin and we were participants in it, that veterans knew that they had witnessed, participated in and perpetrated evil, this caused their suffering and was not reducible to stress. He also declared chaplains morally culpable for not naming that war what it truly was.

Inevitability of Moral Injury in Warfare

“The Golden Rule” is so common in world religious, spiritual and ethical traditions that it might be considered universal. “Do unto others as you would have them do unto you” has emerged through many traditions as a revelation meant to guide humanity’s behavior. Commandments to not cause others pain, to treat others as we want to be treated, to protect and improve our own souls by doing right, to never return harm for harm, have been voiced by the great religions and spiritual teachers for millennia. We find them in the teachings
of Hinduism, Zoraster, Confucius, Socrates, and the Old Testament. 2,000 years ago Jesus called us to not only love our neighbors as ourselves, but also to love our enemies and “do good to them that hate you…..” When directly hurt we are to “turn the other cheek.” The world’s root moral traditions indicate that we are wounded whenever we harm others.

It is a fundamental truth that killing another human being under any circumstances may be the most traumatic act a person can perform. My Afghanistan veteran client declared, “The business of war is killing and it makes everyone crazy.” As Lt. Col. David Grossman writes, “Killing is what war is all about, and killing in combat, by its very nature, causes deep wounds of pain and guilt.” Or as declared by Iraq veteran and poet Brian Turner: “…No matter what god shines down on you…/ it should break your heart to kill.” To kill is to entail moral injury. The question should be not whether but how severely impacted the troop is by the act of killing. Moses dictated in Numbers that purification after battle is necessary and required for all returnees. Indigenous cultures the world over have had extensive practices for cleansing and purifying the returned warrior after combat, including honoring and making amends for lives taken. But in our modern era we ignore most necessities of warrior return, leaving it up to the warrior to find his or her way home and diagnosing them as disordered if they cannot. The result – our warriors bring home invisible battle poisons still entrenched in their systems even from moral behavior during warfare.

In the modern era the Geneva and Hague Conventions were early international and secular attempts to define the laws of war, codify its moral behavior and attempt to preserve a humane code of conduct. The Mine Ban Treaty of recent years, signed by 162 countries but not the powerful big three of China, Russia and the United States, represents one recent such effort. In fact humanity has searched for millennia for principles and practices by which war can be rendered more humane, through which we might limit the emergence of the bestial.

We only need to contemplate the Ten Commandments and examine whether during our practice of warfare we keep those second five commandments that dictate humanity’s proper conduct toward others. Troops ask, and are tortured by, questions of whether our nation, our leaders, and they as our front line representatives, killed or murdered, stole, rendered false witness, coveted others’ possessions or committed adultery. They judge the leadership who sent them by these standards – were there WMDs? Am I fighting for someone else’s oil and profits? And what happens to our sexuality and intimacy under these conditions? Though we have all been trained in these core religious beliefs we see that to enflame a people to war leaders violate these principles. Then during warfare it is inevitable that warriors may betray them, especially during politically and economically motivated conflicts in which the troops may not believe or urban warfare when we cannot separate the innocent from the foe. About 2,700 years ago Deuteronomy attempted to present a code for humane behavior during times of war. Chapter 20 insists on faith and sacrifice and details what actions are or are not allowed before and during combat and who is fit for service under what conditions. King David begged God not to allow him to kill wrongly, and in Psalm 7 begged for death “if I have without cause done violence to my enemy.” St. Augustine offered the first theological defense of war in the Christian tradition and attempted to expel its pain, guilt and shame with divine approbations. Proponents of war have leaned on his Just War theory throughout the ages but have ignored Augustine’s warning in his Literal Commentary on Genesis that our sword blade thrust with envy and hatred cannot reach our neighbor unless it first passes through our own bodies.

We see that attempts to limit war’s brutality and define moral behavior under its dire conditions date to the beginnings of civilization. The concept of moral injury may be universal since instruction in moral behavior toward each other is at the foundation of the world’s major religions. Then to participate in war and to take life at all constitutes moral wrongdoing and causes suffering to the actor as well as to the victim. Chaplain Mahedy was correct. No matter how we justify our wars, our warriors are at once witnesses, perpetrators and victims of the inherent sinfulness of war making. And we must admit the truth of this together.

Whenever killing occurs moral injury is to some degree inevitable. And it is especially so under our modern conditions of war making that include impersonal and long distance killing, killing without being in danger ourselves, fighting in civilian sectors, the majority of casualties among civilians, destruction of infrastructures and environments, inadequate training in the impact of killing, sexual and other dangers from comrades, conditioned dehumanization of the foe, controversial wars without conclusions, lack of civilian support or involvement, neglect upon homecoming, and a host of other factors.

Moral Injury and Spiritual Wounding

When we honor the soul as that droplet of divinity planted in each of us, and observe the demands of military service and combat upon the soul, we are forced to conclude not only that moral injury is inevitable and especially so under contemporary conditions, but also that it is the tip of the iceberg of spiritual wounding. Not only may we be invisibly wounded in our moral frame and collapse in despair or dysfunction, but we may also suffer other dimensions of wounding that is registered in our deepest and most influential places, in the core of the self that shapes how it will function, or refuse to function, in our world.
Thus we must consider all dimensions of spiritual wounding. Troops endlessly express these in their confessions, counseling and therapy, discussions with each other, public protests, and in their breakdowns and symptoms that are actually disguised and indirect communications. We must not just try to squash the symptom but always ask, “What is the symptom trying to say?”

We can declare these additional dimensions of spiritual wounding to warriors. All are possible. All can result from participation in warfare and acts of destruction. All are rendered far worse by neglect, ignorance, and bombardment by medications that cannot heal such pain. All can have disastrous consequences when veterans try to take their place in society. Warriors may feel soiled, polluted, unworthy of participation among the rest of us. They may feel that society and leadership has so misled, abandoned and betrayed them that they choose not to be part of it – even unto choosing suicide. As army veteran Nate Bethea recently wrote, “The common thread [among veterans] was not a tendency toward violence but rather toward self-hate… a fear of being permanently broken.”

Here are aspects of spiritual wounding to which I have heard our warriors testify and we have labored to heal. Each of these should be considered in the arena of invisible spiritual wounding:

* Broken faith
* Shattered trust
* Fall from Grace
* Denied Honor
* Unjust sacrifice
* Lost hope
* Lost innocence
* Shattered belief system
* Broken unity – with self, family, others, civilians, nation, life
* Nostalgia – the painful loss of the soul’s true home
* Anesthesia – inability to appreciate beauty
* Amythos – the loss of a cosmological, universalistic, mythological and historical vision and context into which to fit one’s personal story.

All of these traits are ideally strong, well and part of the healthy warrior identity. All these aspects of spiritual wounding constitute abandonment, harm to and betrayal of the individual soul and its spiritual warrior archetype. All, and not just moral injury, must be treated with a transcendent spiritual vision and profound resolve. Or else.

**Conclusions**

If we are honest, listen to the testimonies of our warriors without diagnosis, spin or obfuscation, practice empathy so that we feel with them what is torturing them inside, then we see that moral injury even occurs to those who do right. Ben, whose story opened this discussion, was severely wounded in heart and spirit. He functioned and held a job, but he retreated into isolation and alcohol abuse and did not believe he could ever again be a member of a caring community. And he kept his story to himself for over 40 years because he did not want to cause pain or shame to his old military comrades. Finally he said, “I wanted to stop the execution but I couldn’t. The most moral act I could perform was to refuse and walk away.” Similarly Tommy, who stopped three atrocities in Viet Nam, Michael, who saved children his squad was ready to kill in Afghanistan, Joe, who killed unarmed prisoners in Iraq when he discovered that they had committed atrocities, all testified to dimensions of suffering that was of the heart and soul and for which medication and conventional counseling were useless. Only by fully tending to the spiritual dimensions of their invisible wounding were we able to purify, reconcile, heal and rejoin society.

These good warriors’ stories demonstrate that it is possible for a soldier to do right and resist moral injury even in the combat zone. Very many do. Yet that does not necessarily protect troops from moral injury. He or she may feel sad, bad, wrong about the entire war, comrades’ actions, leaderships’ spin or society’s abdication of responsibility. Resist moral injury in the modern combat zone and it may still hurt and haunt. Moral courage may be the right choice but it may get you killed. It hurts when comrades betray the right and it is a deep invisible wound when one’s courage goes unrecognized. Though Ben, Tommy and Michael all did right and preserved innocent lives, each felt banished from society because they judged the society to be immoral in what it had asked of them and what some of its warriors did. Each felt they had to keep their stories secret in order to protect their comrades and also themselves from being judged for “unsoldierly” behavior.

We can take radical steps to alleviate the suffering caused by moral injury.

Troops could be recognized for moral courage, for doing the right thing under difficult and life-threatening conditions. We could award a Medal for Moral Courage just as we do for combat valor. We could give our warriors more incentive to make moral choices, to struggle with themselves as Ben did at the decision point, to take moral stands that may be contrary to contemporary rules of engagement but consistent with the highest spiritual, religious and moral tenets.
of humanity. But Ben said, “All I could do was turn my back and walk away.” He has been walking away and grieving it for over forty years.

Finally, chaplains can and should play a special role in the recognition, evaluation, treatment and response to moral injury. Just as we have medical and psychological evaluations for wounded warriors performed by specialists in those fields, we could have spiritual evaluations. Chaplains may be best, and can certainly be trained and prepared, for recognizing and addressing issues such as those listed above that are in essence moral and spiritual wounds, wounds and disorders to our souls, our cores, our deepest selves. Only in this way can we hope to offer our warriors holistic healing and a vision and practice that can indeed bring them home in body and soul.

Notes

3 Ibid., 21.
The accelerating campaigns for the presidency, passionate rhetoric is swirling around the issue of war and specifically how to handle the conflicts raging across Afghanistan, Syria, and Iraq. Already, the phrase “boots on the ground” has become common vernacular for committing American ground troops to the fight.

It’s an ugly phrase, for it deepens the distance we put between ourselves and those young Americans we send into the morally treacherous maelstrom of war. “Boots on the ground” is a particularly cold, mechanistic way to avoid acknowledging the human element of combat. After 15 years of war, we should know better. I like the phrase, “our kids on the ground,” which helps restore our personal connection to the military and suggests the vulnerability of those we send into combat.

In covering wars on the ground for more than 35 years, I have seen young Americans at their very best. I understand why they return proud of their service, grateful for the binding love they’ve shared with comrades -- but too often troubled by their experiences. We are beginning to recognize their disquiet as moral injury, the wound caused by damage to our understanding of who we are and what we stand for, and how things are supposed to be; when our sense of “what’s right,” in the words of psychiatrist Jonathan Shay, has been violated. I think of the young Marine, for instance, who found himself in Afghanistan in a firefight facing a ten or twelve year-old child blasting away with an AK-47 at him and his fellow Marines. No one could find fault with that young Marine who shot and killed the child -- except the young Marine himself. In that awful situation, his action was tactically and legally correct, even morally justifiable. But he himself struggles with the fact that he killed a child. What kind of person, he wonders, kills a child?

In the alternate moral universe of war, many of the rules and values we grew up with are revoked. Thou shalt not kill, cancelled. Do unto others, suspended. The high moral principles and values hammered into young recruits often are little help in situations where there are no easy answers. “I was doing what I was supposed to be doing,” a Marine veteran of Iraq told me, “and bad things still happened.” All wars and especially our most recent wars are alien worlds where complex moral puzzles like confronting a child killer demand instant decisions by those who are least fit, for reasons of incomplete neurological development and life experience, to make. The old signposts that delineated “what’s right,” the Law of War (recently updated and reissued by the Pentagon), the Geneva Conventions, the Just War tradition, seem increasingly irrelevant in a world in which women and children emplace IEDs and spot for snipers and the enemy declares the divine right to enslave girls and behead prisoners.

Although few noticed it at the time, the struggles of our troops to navigate these tricky moral dilemmas cost heavily. In the decade after the terrorist attacks of 9/11, the rate at which service members were hospitalized for mental illness rose 87 percent. By 2011 roughly a quarter million Army soldiers were receiving outpatient mental health therapy; 10,000 were hospitalized for mental health treatment. Suicide rates skyrocketed. For all the American military who were medically evacuated from Iraq and Afghanistan between 2001 and the end of 2012,
The most frequent diagnosis was not gunshot wound or blast injury; it was “adjustment disorder,” a diagnostic code for anxiety, depression and acute stress. Also high on the medevac list were patients with episodic mood disorders and dissociative somatoform disorders.

Half a million troops were diagnosed with Post Traumatic Stress Disorder, causing the Army to declare an “epidemic.” In retrospect, though, it seems likely that the emotional storms they were feeling came not from the involuntary re-experiencing of terror that is PTSD, but from moral injury: the guilt and anger of the corpsman who couldn’t save a mortally wounded Marine; the sorrowing soldier who didn’t see the sniper who killed his buddy; the shattering remorse of the paratrooper who tried desperately to stop an oncoming car at an Iraqi checkpoint and ended up shooting into a carload of innocent civilians; the chaplain sickened by carnage and death. The military families whose sacrifices went unnoticed by a public that had turned against the war.

Despite some impressive advances in the understanding of moral injury and some breakthrough therapies that hold promise of helping those most afflicted, my sense is that many veterans -- like the Marine who shot the child -- carry their regret and sorrow and self-accusation and heartache on into life and rarely speak of them. Doubtless, some cannot find peace after a moral injury, and therapists say it is common for them to react with cynicism or bitterness, to distrust authority, to be more prone to anxiety and depression, to seek comfort in isolation. One consequence is to deprive their families and their communities of the full extent of their emotional commitment, energy and talent. Despite this uncounted loss, there is no official national recognition of moral injury nor a strategy or the resources to deal with its effects.

That means it’s up to us. As I have interviewed many of those at war and those returned from war, it’s become clear that in the telling of their stories there is healing and the beginning of forgiveness. We must listen to them with validation: not excusing the Marine who shot a child; not dismissing his remorse as an unavoidable part of war; but accepting him as a good person caught in an impossible situation with no good outcome. And helping him see that his life need not be defined by that one act.

And to those young volunteers now eagerly trying on their new uniforms at Parris Island and other recruit training facilities, we might make this promise: we will better prepare them to operate in morally treacherous conflicts; we will take the time when they return to listen to them. And we will never again refer to them as “boots on the ground.”

David Wood, a former conscientious objector, is a staff correspondent for The Huffington Post and a fellow at New America, a Washington D.C. think tank. His series on American soldiers and Marines severely wounded in Iraq and Afghanistan won the 2012 Pulitzer Prize for national reporting. He was one of three presenters at the MCA’s 90th Anniversary National Institute in 2015.
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Since 2001, over 2.2 million men and women have served in the Afghanistan and Iraq conflicts. Because of the unique characteristics of these wars and our advanced medical and scientific knowledge, we have become aware of a significant number of our veterans returning with physical and psychological injuries. Similarly, many of these brave individuals have also suffered spiritual injuries. Many spent their childhoods learning to value and respect human life and property. However, in every war, no matter how just, military service personnel are asked to destroy both life and property. Even though they may understand intellectually why they are fighting, many are left with feelings of guilt and shame.

In 2009, clinical researchers from the Department of Veterans Affairs (VA) wrote a think piece raising some questions that came from their work with the men and women suffering from Post-Traumatic Stress Disorder. Their observations pointed to the need for other interventions after persons were in control of their PTSD symptoms and experiences. It was then that the questions became ethical and moral. So they suggested this definition, “Moral injury is a disruption in an individual’s confidence and expectations about his or her own moral behavior or others’ capacity to behave in a just and ethical manner…The lasting impact of (moral injury) in war remains chiefly unaddressed.” The neurologists and psychotherapists can do little to treat these moral injuries. Instead, the clergy from most spiritual traditions have the rituals and the authority to assist in healing these wounds.

I found this VA paper to be an invitation from these experts to the religious community to accept the fact that they had language, knowledge and skills that were needed in helping men and women to be fully reintegrated into their communities and families. Many of us in the religious community celebrated this invitation, because it acknowledged a more holistic approach to the wounds of war, especially those hidden wounds.

This paper became part of the resources and discussions of The Truth Commission on Conscience and War that was led by Dr. Rita Nakashima Brock and Dr. Gabriella Lettini. I was asked to be the guest host for this year-long effort of commissioners and staff. The report of this Truth Commission was presented to the religious
leadership in the United States and to the world-wide religious community represented by the Reverend Mpho Andrea Tutu, the daughter of Desmond Tutu. The Report addressed two major moral issues: recommendation to make “Selective Conscientious Objection” law and to urge the further study of Moral Injury. This report was also sent to the Senate and House Armed Services Committees for their information.

The next major event was the publication of Soul Repair: Recovering from Moral Injury after War by Rita Nakashima Brock and Gabriella Lettini. This book gave new visibility to the subject of Moral Injury and became the “go-to” book when beginning to study this issue. Next was the dedication of the Soul Repair Center at Brite Divinity School sponsored by a Grant from The Lilly Foundation. Rita and I were the Co-Founding Directors of the Soul Repair Center. We began to do research and public education on this Hidden Wound of War. What was most astonishing in the beginning was an intuitive acceptance of the term and the complexity of addressing it. We often got remarks like, “What do you mean it’s a new subject and that we need to study it more deeply?” or “This makes so much sense, how come we are so slow in calling it what is really is?”

That war affects the moral, ethical, and spiritual dimensions of the human soul is not new. World literature tells many stories of how warriors came home deeply wounded by the act they had done or witnessed. In each of our American wars we called these wounds by a host of different names. Many of us remember stories of “Shell-shock” from World War II, “PTSD” from Vietnam, and “The Gulf War Illnesses” from Desert Storm. But somewhere along the way we lost our moral voice and the moral terms that made the entire community responsible for the effects of war. The language of the clinical world and the medical model made the pathologized individual soldiers suffering from the hidden wounds of war. The clinical community used a wide variety of procedures and therapies to address PTSD: psychotherapy, medication therapy, EMDR (eye movement desensitization and reprocessing), behavioral change, etc. While some of these worked, they were not able to get at the deeper moral questions associated with the conduct of war.

Many of us who served as chaplains in the VA and many of the VA clinicians experienced our military members almost immobilized by their experiences in war. I had done some reading on trauma and had asked clinical psychologists and psychiatrists for supervision of my interactions with soldiers and families. That was very helpful. They opened me up to reading some very important works on the subject. My first deep dig was Jonathan Shay. He authored Achilles in Vietnam: Combat Trauma and the Undoing of Character (1994) and Odysseus in America: Combat Trauma and the trials of Homecoming (2002). Jonathan and I first met at the Truth Commission on Conscience and War and have become friends in subsequent meetings and presentations. These books are an exercise in a multiple discipline address to a human situation. Going back to the classics is a demonstration of the existence of Moral Injury as an ancient injury of war. Other books worth reading are Trauma and Recovery: The aftermath of Violence-from domestic abuse to political terror by Judith Herman, War and Redemption by Larry Dewey, Afterwar by Nancy Sherman, On Killing by Dave Grossman, and a new book I highly recommend, The Body keeps the Score by Bessel Van Der Kolk. I also recommend reading many personal accounts of soldier and other servicemen and women.

There is one very important lesson that I have learned during my last 12 years working on Moral Injury; it is difficult keeping away from the medical model. We need to stop talking about cures or healing or diagnosis. I want to assert that people experiencing Problems of Conscience are not ill but are on a healthy journey to make moral sense of their world. The only people who do not suffer conscience problems are sociopaths and psychopaths; they have already killed or silenced their consciences.

This is very important, because helping those morally injured does not require a host of new skills. Most soldiers are looking for a dialogue with a benevolent moral authority. Some person who can listen to their story with non-judgmental warmth, keep holding them with positive regard, honor their struggle, and become their friend or confidant. I think these things are difficult for religious folks but careful and deep listening can help keep the person struggling with conscience working to return to his or her moral clarity.

The second thing that I relearned is the power of training for war. Training people to take the life of another human being requires owning up to a new and different moral universe. A moral universe that has its own code of ethics, rules for the conduct of war, and realistic training. So we need to be aware of some of the morally disrupting aspects of war: reflexive fire training, actual killing usually is accompanied by dehumanizing the enemy, the guilt of surviving while others do not, encountering and handling human remains (especially those badly mangled), participating in or witnessing torture or atrocities, doubting or being uncertain about the goal or the mission, betrayal by those in authority, anger concerning equipment or food. Military training is a rite of passage like no other that we experience. We also know how to put the warrior in the person, but we do not know how to get the warrior out.

I am amazed at the number and types of loss warriors experience when they leave the service of their country. These losses are most manifest in those who serve in the Guard and Reserve community. Unlike those of us who stay in the military, the reserve component returns to a community that has no idea what they have been through.
They have experienced the loss of some of their closest friends so many feel a sense of isolation. They mourn the loss of the unit and a predictable community so many feel lost and unnerved. The loss of a defined role, the identity of rank and uniform, and a switch in careers cause many to struggle to find a place in the community. Other losses include loss of home or relocation off base; loss of their weapon and sense of security; loss of capacity for intimacy leading to discord or divorce; loss of a very supportive community; loss of faith and meaning; and for some, the loss of a reason to live.

I think that the research on Moral Injury calls our faith communities to action. Moral injury takes place in a Total Institution – a community with all-encompassing tendencies. The military has its own language, special in-sider/ out-sider experiences, control of time and activity, installations with many of the same features and community activities. The religious communities are similar kinds of institutions: language, music, liturgy, strict roles and clear boundaries on behavior. Most religious communities also have a path that leads to some better and healthier life styles. They acknowledge that the members of the community are flawed and are seekers of ways to make amends for their flawed behavior. That sounds to me like a good community for a sufferer from moral injury. When our veterans come back to our communities having experienced the devastation of war and the ambiguities in the fog of war, we owe it to them and we owe it to ourselves to support them in their transition into civilian life. These people often experience despair. Feeling negative self-judgments can torment the soul for a lifetime. With no moral meaning and integrated moral coherence, their life has been made meaningless to them and they become silent, suffering where the bonds of intimacy and care seem a distant possibility. Jonathan Shay says “Religious and cultural therapies are not only possible, but may well be superior to what mental health professionals conventionally offer.”

When I was in the Vietnam War, I served communion at every service. I explained how God participates in their suffering with the broken body and the hope given with the cup that is the new testament in his blood which is a sound of hope. I also used the Psalms in counseling, especially the Psalms where anger is expressed to God. The soldier read them aloud they were surprised by the language, but it matched what they were feeling. The Psalms of Lament follow a similar pattern of a complaint to God, a remembrance of God’s help in the past, and then a sense of a new relationship with God, remembering his long suffering love and faithfulness. I recommend that chaplains read some good material on the Psalms. Walter Brueggemann is one of my favorites on the Psalms.

I also needed to look at the entire process of forgiveness, especially self-forgiveness. I found *Embodying Forgiveness: A theological Analysis* by L. Gregory Jones, to be a helpful read. I highly recommend it. I still am trying to sort out all the implications of self-forgiveness, especially because I need to hear words of forgiveness from others and from God. How does one forgive themselves for what they have done when the one to whom they did it is dead? But having helped some morally wounded work through this long process, I know when they feel forgiven and have no illusions about what they have done. Being forgiven and forgetting are very different things.

I also think we need to develop new rites and rituals that involve the entire community in the process of dealing with Moral Injuries from war. Google ‘rituals’ to find some excellent resources for your use. Other countries, cultures, and peoples have extended rituals which we have lost with our ethnicity merging into the ethos of America. We need them both in the military services and in the religious communities we serve.

Finally, we in the religious community need to begin a new conversation about war. We need to take a serious look at Just War Theory and Laws of War fighting. We need to learn from the pacifist religious community methods of conflict resolution and other peace making and keeping strategies. We need to hold our politicians responsible for financing wars without totally supporting the war effort. We need to help our military services think through the issues of moral agency in war. So many Morally Injured have taken all the moral agency and responsibility upon themselves, because the leadership in our nation has failed to take its moral responsibility seriously. I think we need to examine what “last resort” means before we go to war. I am convinced that the religious communities must do this work and also work on the third part of the Just War Doctrine – Justice after War. Maybe then we can discover what PEACE means.

Every community has the responsibility of welcoming and supporting our returning veterans. However, medical personnel, social workers, psychologists and clergy as well as the general public often do not understand the role of each professional. Furthermore, community resources are often unknown and therefore are not utilized. It is each of our responsibilities to participate in Public Education about this Hidden Wound of War.

Chaplain (COL) Herman Keizer, Jr served 40 years in the Army; 34 as a chaplain. He retired from the Army in 2002 with his last assignment being the Military Advisor to the Ambassador at Large for International Religious Freedom at the Department of State. Upon retirement he was the endorser for the Christian Reformed Church in North America. He was president of NCMAF for three years. He is also Co-Founding Director of the Soul Repair Center at Brite Divinity School, Fort Worth, TX.
Why Weepest Thou?

First the angels ask the question of Mary bereft.
Her tears are shed for the master who saves and has gone, she knows not where.
It is for love and salvation, torment borne in courage, kind words to a sinner and forgiveness.
Her sins were great, and so are ours. He washed them away and healed her.
Once freed of bondage to her body, does she fear sin again?
We are hard men who endure and meet death not as a stranger. What have we to fear?
Why should a word, a song a story told in flickering lights, thoughts of a comrade gone these many years, move us to a tear and throat constricted?
Why weepest thou?
Or, have we lost the master, too?
We weep for love and valor past, friends and courage, youth and comrades here and gone, and the tears wash away the years, and we are young again and promise we will find what we have lost.
He is not here. Where have they taken him?

Don Bowman
October 7, 2014

What is Truth

Johnny Cash

A little boy of three sittin’ on the floor
Looks up and says, “Daddy, what is war?”
“Son, that’s when people fight and die”
The little boy of three says “Daddy, why?”
A young man of seventeen in Sunday school
Being taught the golden rule
And by the time another year has gone around
It may be his turn to lay his life down
Can you blame the voice of youth for asking “What is truth?”

This song, released in 1970, was a rare country music protest song which was a not-so-subtle criticism of the Vietnam War. This particular verse points to one of the origins of moral injury – young people being taught the Golden Rule, being told not to harm their siblings, not to bully others, not to break other kids’ toys – then at 18 or so being sent to war to kill and to destroy. “What is truth?” is the question Pilate asked as he tried to wash his hands of guilt as he condemned Jesus to crucifixion. In this issue of The Military Chaplain we present several articles exploring the nature of moral injury and its aftermath, including forgiveness and reconciliation.
Soul Care for Veterans and Families

By Chaplain David Smith

*I tell you the truth, I have not seen faith like this in all the land of Israel.*  
— Matthew 8:10

Jesus makes this emphatic statement about the faith of a Roman Centurion, a warrior.

*On the day I cried out, you answered me. You encouraged me with inner strength.*  
— Psalm 138:3

The Hebrew scripture reveals the importance of faith for David, another warrior.

Faith and the Armed Forces

Faith, defined as confidence, trust, belief, reliance, loyalty, commitment, and dedication is central to the character of Soldiers, Sailors, Airmen, Marines, and Guardians. Whether it is the commitment to one’s country, belief in the mission, loyalty to one’s battle buddies, reliance in training, or trust in God, faith has significance for the men and women of the U.S. Armed Forces.

Much of what we hear about veterans today is related to Post Traumatic Stress Disorder (PTSD). Politicians, media, and advocacy groups have recently focused on veterans who return from war with difficulties adjusting to civilian life. Still, many veterans who have been diagnosed with PTSD contribute importantly and effectively in their communities.

Also, it seems that American society has labeled our veterans as either heroes or broken. Neither of these considerations brings us close to understanding our veterans and their challenges.

For me, understanding our veterans and the challenges they face centers around faith.

A spiritual crisis

War’s violence evokes questions of faith. When a warrior steps onto the battlefield he or she is immediately confronted by the kinds of hardships and horror that have moved humanity through the centuries to reach for the Holy. The battlefield becomes a test of the soul.

Returning veterans often face a deep spiritual crisis, unknown to the casual observer. There is a cadence that we use in the Army when marching or running in formation. “When I get to hell Satan’s gonna say, ‘How’d you earn your livin’?’ ‘How’d you earn your pay?’ I replied with a boot to his chest, ‘Earned my living laying souls to rest.’ ”

It is paradoxical that countless warriors describe their war experience with the word “hell.”

Many veterans suffer their hellish experiences in isolation and silence that further deteriorates their relationships.

Soul wounds feel like a hell that strikes at the core of the warrior’s well-being. The experiences may lead to confusion about God or a shattered faith in God, others, and self.

Soul wounds

I lived through hell while serving in Iraq.

From mid-December 2003 until the second week of February 2004, I experienced four near-death events.

I returned from war a changed man. For a period of time I exhibited the spiritual symptoms of soul wounds: shattered self-esteem; difficulty in praying; and I had no spirit of thankfulness. I also saw no value in Scripture.

People of faith can be changed by trauma. They may be so wounded by the violence of war that they lose their faith or adopt destructive behavior as an escape from war. Many warriors have lingering fear and guilt from their experiences. Some struggle with ethical and moral challenges. Severe soul wounding can result in a diminishment of everything meaningful and a loss of faith in God.

War is a gross result of human failure — sin. The violence and brutality point to our inhumanity. Even if the outcome brings peace, the broken and shattered lives along the way become a reminder of the impact on those who have engaged war’s merciless realities.

As a result, many warriors experience grievous wounds to their souls.

Healing journey

How can the returning veteran journey toward healing of the wounded soul?

It took me a 10 year-long spiritual quest to find healing. That process included repentance, forgiveness, mourning, lamenting, and reconciliation.

I shared my story with several who understood the sacred story and they listened without judgment. Additionally, as I began to develop the Soul Care Initiative, a ministry with veterans and families, I looked beyond my own soul wounds into the needs of others. This has had a deep healing power.

I am still on the journey and the church has been a partner.

The role of church

The church is no stranger to such spiritual quests.

Here are some important factors for clergy, lay leadership and congregations to consider.

The journey toward healing may begin with repentance and forgiveness. Some veterans do not like the person they have become and are stuck in guilt and shame. Some carry deep rage — reasoning they can never forgive or be forgiven. Some veterans do not realize they need forgiveness until much later. Therefore, forgiveness from violence or trauma can be complicated and elusive. The church has rich liturgy and traditions that can be offered to the veteran.

Another critical step in the veteran’s spiritual journey may be remembering and grieving.
Survival and the mission come first while in harm’s way so grief and memorializing get put on hold. The warrior may find comfort in remembering and solace in mourning the loss of friends, or safety, or physical health, or innocence, or possibly their faith. Lamentations, such as the Psalms, can help one know that lament is being totally honest with God and can provide a path through the pain.

There is power in story. The warrior’s story is “sacred.” Members of the church can be a great resource through compassionate listening. The church can live out the sacred story through the liturgy during worship, following spiritual disciplines, and using the seasons within the church calendar.

Often, it is in service to others that the veteran begins to see the positive connection with others, and see this as a restorative path. Members of our congregations include companion veterans and families of veterans that can be key links in this ministry.

The church is uniquely positioned to give attention to the spiritual health of our veterans—an underserved component of a veteran’s well-being. Churches have distinctive strengths and capacities for care. The church is the sacred community called forth for life, faith and healing.

A 30-year chaplain in the U.S. Army, the Rev. David Smith serves as coordinator of the Soul-Care Initiative of JustPeace. The initiative provides resources and collaborates on the cultivation of spiritual care and resiliency of veterans and their families. While in the Army, Smith served as Command Chaplain with NATO Supreme Headquarters Allied Powers Europe, Mons, Belgium; Division Chaplain, 82nd Airborne, Command Chaplain, US Army Africa, Vicenza, Italy; and the Command Chaplain of U.S. Forces, Kabul, Afghanistan.

If you desire more information on training, awareness, and resources to assist your church in developing or sustaining a mission and ministry for veterans and their families, contact Chaplain David Smith at dsmith@justpeaceumc.org or visit the Soul Care Initiative website at www.soulcareinitiative.org
Healing Soul Wounds

By Larry Malone, CAPT, CHC, USN, Retired

In the preceding pages, Chaplain Dave Smith has written a compelling article about his personal experiences in war, and their effect on his life. The healing in his life helps the church provide care and healing for veterans and their families through the Soul Care Initiative and Just Peace. Dave and I are friends, with similar experiences that result from combat, death, and the violence of war.

I am committed to helping veterans care for their souls in personal quiet time and healing relationships with individuals and their communities. On Monday mornings, I have the honor of leading a soul-care workshop at “Operation Stand Down Tennessee,” a Nashville center for homeless veterans. My primary qualification for leadership is that I am a Vietnam War wounded soul in the process of healing and recovery.

PTSD, moral injury, and soul wounds

Post-Traumatic Stress Disorder (PTSD) is widely recognized and diagnosed based on symptoms that follow exposure to traumatic events, especially those likely to occur in combat and military operations. PTSD is a disorder with both psychological and physiological roots. Treatment for veterans with PTSD is often a combination of counseling, therapy and medications, provided by medical and counseling professionals associated with VA healthcare facilities.

Moral injury is a recent area of study that is receiving a lot of attention because it is closely linked with PTSD symptoms and suicides. Moral injury is a complicating overlay to the traumatic events that initiate PTSD. When moral injury joins with the toxic power of trauma triggered by violence, death and human suffering, the pain becomes intense and relentless.

Trauma can induce traditional PTSD symptoms that can be treated effectively by traditional therapy and professional caregivers. Moral injury can be understood as a wound of conscience that has somehow violated internal principle codes and beliefs.

Moral injury is often the bridge that carries physical and emotional experiences available to traditional healthcare treatment, into the spiritual realm. Once the wound becomes hosted in the spiritual domain of the soul, the rules change about the kinds of medicine and therapy that can treat and heal it.

The soul

The soul is the spiritual essence of a human being, and it is not available to healing through traditional, clinical or psychological therapy, even by the most competent professionals. Soul-wound symptoms include a distortion of identity, absence of perceived worth, deep sadness, spiritual despair and a sense of hopelessness. A soul wound will frequently defy all forms of therapy and relief-seeking methods, both prescribed and self-inflicted. The pain might subside or be subdued, but then it’s back.

The tragic veteran suicide rate of nearly one every hour can often be traced to a sense of utter hopelessness by persons who have tried everything, finding no lasting healing relief. In such cases, despair becomes total, and death becomes a viable—too-often tempting—option.

The healing agent

The sole healing agent for wounds that harm the soul is love. Love is the oxygen the soul was made to breathe, inhaling first from its divine source, and then exhaling into the lives of others in the completion of its purpose. This is true for all human beings, regardless of their faith, beliefs or religious practices. Love is delivered in two ways: 1) directly from the divine source and 2) through human connection and relationships. But the origin of this love is divine, even when received through acts of human kindness.

Three churches

Soul Church happens only when alone. It is where a soul gets to breathe a pure form of love as its oxygen, together with its source. Soul Church is indispensable for soul healing and wellness. It’s also rarely attended, even by devout persons.

Little Church happens in a growing relationship with another person, empowered by the love received and exchanged at Soul Church. People don’t have relationships with groups; they have personal relationships with individuals in multiple numbers.

Big Church is a special form of community that is centered in common faith, beliefs, service, worship and prayer. The “golden triangle” of two people and God heals both souls. Big Church is composed of these triangles, operating together in common purpose and unity.
Resources

There is a special role for church in the outreach to our veterans and their families. Chaplain Dave and the Soul Care Initiative are focused on the development and distribution of excellent and effective resources for churches at www.soulcareinitiative.org

*Soul fitness* expands a soul’s capacity to receive, hold and pass love to others. It begins with a decision by a person to make soul fitness a priority. Community resources to aid the healing of wounds carried by our military, police, and others who serve in harm’s way are being developed. The healing of deep soul wounds happens incrementally over time, with regular doses of love as the primary medicine of the soul. Other medications and treatments may be effective for lesser wounds, but they cannot heal the soul. Only love does it. Soul fitness is a daily conditioning practice that provides intentional care for the soul, sustains healing as an ongoing process, and builds resiliency for future wounds of life.

*Soul healing* happens in very quiet environments where the soul can be heard, and direct communication and relationship can be established between the soul and its source: love.

Begun in solitude, *soul care* enables the experience of grief, confession, forgiveness, and reconciliation.

*Shared sacred story* becomes a primary means of compassion and understanding, and is the foundation of relational depth that gives love a bridge for passage. The soul and its divine love source share a sacred story, and it passes forward with humans, one by one.

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Larry Malone is the former director of men’s ministry with the General Commission on United Methodist Men. He served as a U.S. Navy pilot during the Vietnam War.

The articles by Chaplain Smith and Malone are reprinted by permission of the General Commission on United Methodist Men. Originally published in the Fall 2015 issue of UMMen.
Introduction:

"Going in Harm's Way" in military service may prove hazardous to one's health: Physically, mentally, or spiritually.

There are no military recruiting offices located next to a Veterans Affairs (VA) hospital or VA Cemetery, giving away the inherent dangers of military service. Veterans, the longer they have served, become awakened to the reality of the dangers of service: Losing friends in battle, seeing good people get injured and disabled, or being injured themselves in the line of duty.

However, veterans are much less aware of the moral injuries that they can experience in war or in peacetime service. This includes many of the symptoms similar to PTSD over something they did or did not do, while under military authority in a high stakes situation that has filled them with guilt and shame. These veterans are not proud of their service and are filled with feelings of remorse when a well-meaning citizen merely says to them, “thank you for your service.”

This malady often surfaces after veterans return home, sometimes years after they have hung up their uniforms, haunting them and interfering with their lives in a myriad of ways, often leading to co-morbid mental health and chemical abuse problems…and in some cases, suicide.

The Problem of Moral Injuries

In a 2009 article in the Journal of Traumatic Stress, a team of experts defined moral injury as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”

Dr. Jonathan Shay, a VA Psychiatrist who worked at the Boston Veterans Affairs Medical Center, is credited with coining the phrase “moral injury” among returning veterans, defining it as “when there is a betrayal of what is right by someone who holds legitimate authority in a high stakes situation.”

This moral injury, in an orders driven/orders following society of the military, often surfaces in the heart and mind of a veteran when they reflect upon their service and remember when they were not their best selves, triggering all kinds of negative emotions and behaviors. The more one’s actions (or inactions) in a high stakes situation while in military service, violates one’s conscience, the more severe the reaction and the longer the recovery for the veteran.

Several years ago I interviewed a former Marine infantryman who regularly ran patrols through fields of opium poppies in Afghanistan and stood check point duty on roads where vehicles laden with this heroin producing crop that produced 90% of the world’s heroin, passed. As a low ranking Marine, he had figured out that all that heroin was going to the streets of American cities and small towns, to ruin many people’s lives and then the profits would be used to buy weapons and IED’s to kill his buddies and other American troops. He said, “I just supported a foreign government, which was up to their ears in the drug trade…and I did nothing to stop that evil business. I just followed orders, which was to do nothing and look the other way. Then I came home and family and friends…even total strangers…say to me, ‘thank you for your service’ and I want to run and hide and get very drunk. I can’t tell my family what I did over there…I’m deeply ashamed and angry about my service and the person I’ve become while in the service. I can’t get on with my life. I am now constantly cynical and distrustful of anyone in authority over me at work or school and that has gotten me in trouble on jobs and in my relationships.”

This is one of many stories of veterans being placed in morally challenging circumstances that, while under orders, violated the conscience and morals of a veteran in morally conflicting circumstances…and which has seriously wounded a veteran’s spirit, leading to life-long often hidden injuries of war.

The scenarios are endless: Seeing evil done and being unable or unwilling to intervene, corrodes the human spirit and sets off a cascading series of negative emotions and behaviors in the veterans who are morally injured.

All of this stuff sticks like glue to your spirit long after your service, especially when you hear “thank you for your service”…and your mind races back to things you did… or did not do; what theologians call “sins of omission or commission.” These are acts, while one is under military authority, that a veteran hopes will never see the light of day; yet they remain an ongoing spiritual burden interfering with
LTC Douglas Pryor, writing on moral injury in a 2014 article in Army Times writes: “Most people enter military service with the fundamental sense that they are good people and that they are doing this for good purposes, on the side of freedom and country and God. But things happen in war that are irreconcilable with the idea of goodness and benevolence, creating real cognitive dissonance – ‘I’m a good person and yet I’ve done bad things.’”

Most veterans with moral injury, “self-treat (often with drugs or alcohol) or don’t treat it at all”; often developing attending co-morbid mental health problems, with some committing suicide over moral conflicts during their service.

Most of these veterans experiencing moral injuries have frozen in time the morally conflicting circumstance they viewed or participated in while in the service, which they can easily recall and is often triggered by some reminder of the event that interferes with their functioning and relationships. For some it finds its way nightly into their dreams. One veteran in hospice said, “I’m looking forward to dying so I can finally get a good night’s sleep.”

Moral injury is as old as war itself. Betrayal, grief, shame and rage are the themes that have afflicted warriors down through centuries.

Shay said, “Moral injury is an essential part of any combat trauma that leads to lifelong psychological injury. Veterans can usually recover from horror, fear, and grief once they return to civilian life, so long as ‘what’s right’ has not also been violated.”

In our era, many mental health studies have concluded that warriors’ moral distress can cause enduring problems. Studies of Vietnam veterans linked guilt to PTSD, depression, violent actions and such self-handicapping behaviors as drinking and suicide. Such studies are supported by a staggering amount of anecdotal evidence.

Some stories have gained much media attention. There is, for example, the sad tale of Alyssa Peterson, a young intelligence analyst who committed suicide in 2003 after being reprimanded for refusing to participate in “torture-lite” interrogations. Peterson’s case points to an important truth about moral injury: Unlike PTSD and traumatic brain injury, it is sometimes preventable. If Peterson had not felt tortured by what she had been ordered to do, she might not have felt so distressed as to take her own life.

Pryor stated: “Human beings are creatures of passion, and war displays this passion at its noblest and cruelest extremes. It stands to reason that our nation will not always choose only just wars to wage and that service-members will not always perform just combat actions. Nevertheless, human beings are also governed by moral forces. The great cost of underestimating these forces in the information age is surely too great to go long unnoticed and inadequately addressed. Our nation will not always be able to wage just wars justly, but we must try much harder to do so.”

Political and military leaders, not just mental health professionals, play the key role in reducing moral injury. Adopting a morally grounded approach to war would reduce dissonance by causing service-members to align “who we say we are… and who we often believe we are… with who we actually are.”

In our highly pragmatic political and military culture, we constantly ask in our strategic and tactical planning: “Can we achieve this objective?” or “Does what we are planning really work?”; rarely is heard a moral question being raised about “Is it right for us to be doing this?” Is there a good moral frame work for what we are doing that reduces moral injuries among our troops?

**What are the Symptoms of Moral Injury…how do you know it when you see it?**

Shay explains the fundamental difference between PTSD and moral injury using a shrapnel wound as an analogy. “Whether it breaks the bone or not, a PTSD wound is the uncomplicated — or primary — injury. That doesn’t kill the soldier; what kills him are the complications — infection or hemorrhage. Moral injury is the infection; it’s the hemorrhaging.”

Guilt and shame are at the center of moral injury. Shay describes it, as a shrinking of what he calls “the moral and social horizon.” When a person’s moral horizon shrinks, he says, so does a person’s ideals and attachments and ambitions.”

Shay explains that PTSD is singularly known for startle reflex,
memory loss, fear, and flashbacks... while moral injury is singularly known for sorrow, grief, regret, shame and alienation.

What PTSD and moral injury share in common as symptoms are feelings of anger, depression, anxiety, insomnia, nightmares, and self-medication with alcohol & drugs.

In short, one can have PTSD as a result of combat action trauma and moral injury regarding action or inaction that violates their morals in that combat situation.

Veterans can also become morally injured apart from combat action anywhere and at any time in their service where “there is a betrayal of what is right by somebody holding legitimate authority in a high stakes situation in which they were involved.”

Moral injury is a “spiritual wound” that needs to be addressed at the level of the human spirit, which may, and often does... have attending mental health issues, especially in its chronic form.

Those who suffer from PTSD can be helped by such physiological remedies as drugs and rapid eye movement treatment, but the morally injured require counseling and spiritual interventions.

What Can Be Done to Help Morally Injured Veterans?

Therapists and researchers are recognizing more and more cases of service members who are returning from war with moral injuries, wounds caused by blows to their moral foundation, damaging their sense of right and wrong and often leaving them with traumatic grief.

Moral injuries aren’t always evident. But they can be painful and enduring. One soldier said, “Guilt is the root of it. Asking yourself, why are you such a bad person? I have a hard time dealing with the fact that I’m not me anymore.”

For most veterans with moral injury, there has been little help. The Defense Department and the VA have almost nothing specifically for the moral wounds that endure after they return home. Presently it is often addressed and treated as “complicated PTSD.”

Only one small program, based at the San Diego Naval Medical Center, routinely provides therapy designed for moral injury. Several clinicians launched the program early in 2013 after realizing that many of their PTSD patients needed a different kind of help.

The therapies and drugs developed to treat PTSD don’t get at the root of moral injury, experts say, because they focus on extinguishing fear.

“Medication doesn’t fix this stuff,” said Army psychologist John Rigg, who sees returning combat troops at Fort Gordon, Ga. “Instead, therapists focus on helping morally injured patents accept that wrong was done, but that it need not define their lives forever.”

A few academic researchers and therapists scattered across the country are experimenting with new forms of therapy. The Pentagon has quietly funded a $2 million clinical trial to explore ways to adapt PTSD therapies for Marines suffering from moral injury.

Former Navy psychiatrist William P. Nash, MD, has developed a Moral Injury Events Scale self-evaluation for troops that asks them to respond to statements such as “I saw things that were morally wrong,” or “I am troubled by having acted in ways that violated my own morals or values,” or “I feel betrayed by leaders I once trusted.”

To reach these veterans, Dr. Nash and others have used a technique they call “adaptive disclosure.” In this therapy, patients are asked to briefly discuss what caused their moral injury. As in the San Diego program, Boston VA patients are asked to imagine they are revealing their secret to a compassionate, trusted moral authority – a coach or priest. “The assumption here is if there is someone in your life who has your back, cares for you, is compassionate... and you have felt their love for you, then you are safe in disclosing what you did or failed to do. If there is that compassionate love, that forgiving presence, it will kick-start thinking about, “well, how do I fix this, how can I lead a good life now after doing all of that?”

Patients are asked to make a list of everyone, every person and institution that bears some responsibility for their moral injury. They then assign each a percentage of blame, to add up to 100 percent. If a Marine shot a child in combat, he might accept 30 percent of the blame. He might award the Taliban 50 percent, the child himself 5 percent and the Marine Corps 5 percent. God, perhaps, 10 percent. When patients are helped to recognize their true share of the blame, “you can begin to make amends, until you get to a point where you can forgive, and that’s the ultimate challenge.”

For others who have a strong faith community background, seeking spiritual counsel from a priest, pastor or rabbi, they can receive help to forgive and be forgiven and appropriate grace for sins of omission or commission that are retarding spiritual healing of moral injuries.
experienced while in military service. Religious rituals of absolution have reportedly proved helpful for the religiously observant veteran.

**What can we personally do?**

We all can start in this effort to lend an ear to fellow veterans who may be suffering from unresolved moral injuries from our wars, listening in a non-judgmental way to their war story that injured their spirit and help them change the things they can change… accept the things they cannot change… and to have the wisdom to know the difference.

For some, with strong religious backgrounds, we can steer them toward a clergyperson who may be able to help them come to grips with their past and find forgiveness and grace so badly needed to get on with healthy living.

We can also become smart about mental health resources in the VA and in our community that we can introduce a morally injured veteran to, who can help them find peace in their heart and mind… and really come all the way home from war… years after the guns have been silenced.

**Conclusion:**

Moral challenges are a fact of life. In the military context, veterans are often placed in morally ambivalent circumstances, under military authority, forced to often “choose the lesser of two evils” in a high tempo & high stakes combat environment.

We want to reduce such moral injuries by encouraging our political leaders to make good policy decisions based on solid moral foundations that, in a preventive manner, reduces moral injuries and allows their troops to feel proud about their service when they come and hear someone say to them, “Thank you for your service.”

For VA chaplains and hospice professionals dealing with end of life issues with veterans, it is important to be aware of moral injuries among veterans that may hamper some veterans from doing the necessary work to come to terms with moral injuries of their past and find some resolution to these issues that may be preventing them from having “a good death.”

For clergy, an increase awareness of moral injury among veterans, may afford opportunities to help a veteran find forgiveness and grace for sins of omission or commission, helping them to recover spiritually from this hidden wound of war.

Where moral injuries occur, we need to clearly let it be known to veterans that this does not have to become a permanent disability which interferes with a good life, but that there is forgiveness to be had, that can lead to new beginnings for them… and they can finally come all the way home from war and find grace and peace in life.

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**Women’s Scholarship Fund**

For over twenty-five years the Air Force women chaplain’s non-profit organization, Women United in Ministry (WUIM), provided assistance to women in military ministry to attend training in support of their professional development. This year WUIM voted to dissolve and to provide its remaining assets to the MCA. Their only request: that these monies be placed in a designated fund to provide assistance in accord with the original intent for which they were given.

The National Executive Committee received this gift with gratitude and established a special fund in August of this year. The purpose of the fund is to enable women chaplain candidates, military chaplains, and Veterans Affairs chaplains to receive needed scholarship assistance to attend training to include future MCA conferences.

This fund is now open for further contributions and can be used to assist women involved in military ministry as they seek professional development in support of their ongoing service. Our hope is the initial generous gift will multiply many times over and help advance ministry to all who serve our great nation. Thank you members of WUIM for your vision, spirit of generosity, and service.
By Chaplain Robert A. Sugg, USAF (Retired)

I received a phone call from our Mental Health office asking if I would see one of their patients. ‘Mark’ was a twenty year old Airman serving in a combat support role. He grew up in a Christian home, attended his local high school and by all accounts was the poster boy for the average young American. On Mark’s recent deployment he was assigned as the lead driver in a convoy. Normally the front position is quite stressful due to the increased possibility of striking a buried Improvised Explosive Device; but not this day. On this day Mark’s convoy was slowed to a crawl by a gathering of women and children on the road ahead of him. Fearing a trap in which the convoy would be vulnerable to rocket propelled grenades, the convoy commander ordered Mark to increase speed and run over the women and children. Mark increased speed and ran over the women and children. Mark has been diagnosed with Post Traumatic Stress Disorder (PTSD), but his presenting illness is Moral Injury.

Moral Injury is caused by overwhelming guilt or shame; often unwarranted. It is the result of an ethical belief system driven beyond its developed capacity to assess issues of right and wrong, good and bad, and to incorporate mercy, grace and forgiveness. Moral Injury results in spiritual gridlock, i.e., a persistent ‘loop’ of guilt, shame and self-punishment. As is often the case, Mark’s childhood religious schooling and limited life experience did not adequately prepare him to choose between bad and worse. In Mark’s insufficient worldview there are only choices between good and bad, and by choosing “bad” his conscience declares him “Guilty!” Other sources of Moral Injury include survivor’s guilt, participating in the death of civilians, giving orders that lead to death of a fellow service member, failing to provide medical aid, following illegal orders, failure to report a sexual assault and situational conscientious objection. In a nutshell, Moral Injury results in any loop of self-blame that includes the ethical phrases ‘I could have, I should have or I would have…’

PTSD is a neurological disorder caused by extreme stress, resulting in recurring fear-based “fight or flight” responses. Classic PTSD is triggered by issues of safety. The often used adage is “What fires together, wires together.” If at five o’clock every day a church bell rang and a cinder block dropped on someone’s foot, it wouldn’t take long before that someone was breaking into a sweat every time a bell rang, regardless of the kind of bell or time of day. What fires together (crisis and neurologic response) wires together (memories of the crisis and neurologic response). Mark has PTSD but the cause of his distress is not past issues of safety but ongoing issues of moral conflict. Mark believes he is guilty.

Moral Injury is caused by overwhelming guilt or shame; often unwarranted. It is the result of an ethical belief system driven beyond its developed capacity to assess issues of right and wrong, good and bad, and to incorporate mercy, grace and forgiveness. Moral Injury results in spiritual gridlock, i.e., a persistent ‘loop’ of guilt, shame and self-punishment. As is often the case, Mark’s childhood religious schooling and limited life experience did not adequately prepare him to choose between bad and worse. In Mark’s insufficient worldview there are only choices between good and bad, and by choosing “bad” his conscience declares him “Guilty!” Other sources of Moral Injury include survivor’s guilt, participating in the death of civilians, giving orders that lead to death of a fellow service member, failing to provide medical aid, following illegal orders, failure to report a sexual assault and situational conscientious objection. In a nutshell, Moral Injury results in any loop of self-blame that includes the ethical phrases ‘I could have, I should have or I would have…’

A military chaplain describes his own struggle with classic PTSD and Moral Injury in this way:

“The difference between the physical responses I have, i.e. tingling in my shoulders/arms, physically bracing for a fight, the jaw clenching that I am about to see pieces of people I know rather than those people whole as I last saw them. All these have a physical component based in neurology, or so I have been told. This is all part of what the med folks call PTSD. This doesn’t begin to grapple with the dilemma of guilt, either abandoning or being abandoned by God because the framework of my spiritual identity has been at least partly destroyed, or self-hatred because I’m not who I thought I was or at least who I presented myself to be. Man, what a mess.”

Though Mark and our chaplain struggle with their understanding of a holy God in a broken world, moral injury is not limited to organized religion. In fact, because people of faith have at least a rudimentary theology of moral behavior they often fare better than the non-religious when under ethical duress. In contrast, spirituality without comprehensive religious values offers no functioning ethical system. The spirituality of watching sunsets, pursuing good feelings and ‘doing unto others’ is absolutely useless for processing real world problems. Regarding his hellish deployment to Forward Operating Base Restrepo, SGT Brendan O’Byrne relates:

“I started to think that God hates me. And like I said I’m not religious or anything but I felt like there was this hate for me, cause I did… sins. You know I sinned. And although I would have done it the same way…everything the same exact way…I would still feel this way. I would still…and that’s the terrible thing of war. You do terrible things.”

Both the religious and the non-religious suffer from Moral Injury. They are trapped by underdeveloped ethical systems that have given them insufficient instruction for living a moral life in a broken world. They are missing pieces of their ethical puzzles, trapping them in false guilt, or true guilt without forgiveness. Moral Injury may result in classic PTSD symptoms but the etiology is completely different…and so is the treatment.

In my office, I asked Mark to describe his dilemma, i.e., his moral conflict. At an appropriate time I asked him if he knew that Jesus commanded his disciples to carry swords for self-defense. Mark’s head popped up and looking directly at me, he stated –“no.” I then described the passage where Jesus sent his disciples out into a hostile world and told them to buy swords for the journey. Mark’s disposition changed immediately. The gridlock was broken. In an instant I could see him grab the new information and process it;
integrating it into his existing belief system. I did not have to explain how it fit, he did it all by himself. Mark left my office very different than when he came in—hopeful. He had a new piece to his moral puzzle and a more sophisticated understanding of himself and the world around him. He also left strengthened in the knowledge that he was loved, valued and bore no condemnation other than his own.

The medical community is the subject matter expert for the treatment of classic PTSD; prescribing medications and administering cognitive-behavioral techniques to alleviate neuro-biological trauma. But Moral Injury is not primarily neuro-biological; it is spiritual. Moral Injury is a belief system under duress; an area of expertise not normally practiced by secular therapists. Treatment for spiritual trauma requires an environment of interpersonal safety and unconditional positive regard. But most of all, the treatment of spiritual trauma requires a respected moral agent and an expert in belief systems. Moral Injury requires a different kind of healer; one who carries truth, grace, mercy and forgiveness. Moral Injury requires a chaplain.

Chaplain Rob Sugg is a retired USAF Chaplain, and an Army Family Life trained chaplain. In addition to his Master of Divinity, he holds a Master of Counseling Psychology, 8 units of Clinical Pastoral Education and is a Fellow, American Association of Pastoral Counselors.

Notes
4. Anonymous; Quoted with permission
6. Sergeant Brendan O’Byrne on life after deployment; Restrepo Preview: https://www.youtube.com/watch?v=IPmpKRcEb3k
7. The Holy Bible, Luke 22:36; *scholars disagree on the intent of this statement.
The renewal period for annual membership in the Military Chaplains Association for 2016 is open for a few more weeks. Use the enclosed envelope or go online to www.mca-usa.com to renew your membership or join today. Annual and Life Members may use this same envelope to make charitable gifts to the work of our association.

While the work we do benefits thousands of military members, veterans, and their families, the association we have with each other benefits us and makes us stronger. Because we are MILITARY, our focus is on the Armed Forces of the United States, veterans, and their families. Because we are CHAPLAINS, our focus is on those whose unique position is to bring God to service members, and service members to God. As an ASSOCIATION, our focus is to be a professional organization that addresses and represents the needs of military, Veterans Affairs, and Civil Air Patrol chaplains – active, retired, and former.

1. The MCA makes a difference in these ways
2. Provides a way for military, VA, and CAP chaplains of all faiths to work together
3. Publishes articles of concern to chaplains in *The Military Chaplain* magazine
4. Invites other chaplains and supporters to join us
5. Strengthens our voice and our ability to represent the chaplaincy
6. Shapes MCA’s policies and positions
7. Maintains current information on the chaplaincy and the issues affecting it
8. Participates in professional growth
9. Assists and supports the programs and work of the association.
10. Prays for the ministry of all chaplains and the people they serve

Through annual conferences, print and electronic media, and local chapters we educate, train, and mentor

- Chaplains at all stages of development
- Chaplain candidates during theological training
- Deployed and returning chaplains
- Congregations served by National Guard and Reserve chaplains
- Civilian congregations seeking to welcome military members, veterans, and their families
- American faith communities to recognize each other as facets of the same jewel - the family of God on earth
- Lay people - military members, veterans, and their families - wherever we find them
- Military members where uniformed chaplaincy resources are not available.

The MCA connects chaplains, military members, veterans, their families, and faith communities to each other

- Through conferences, print and electronic media and local chapters
- Citizens inquiring about religious expression in the Armed Services and Department of Veterans Affairs
- Military families seeking appropriate access for information and issue resolution
- Old friends looking for chaplains who have touched their lives
- Chaplains to each other to promote ministry to military families
- Agencies and organizations sharing concern for armed forces

Membership – Strengths and Benefits
Mr. Wilfredo Solis, Fort Jackson Red Cross Station Chief, receives a $200 check from the South Carolina Chapter to assist in the on-going relief efforts from the October 2015 floods.

From Left to Right: Chaplain Phil Fain (USAF - Ret); Mr. Wil Solis; Chaplain Mike Langston (USN - Ret) Chapter President; Chaplain Sam Boone (USA - Retired) Chapter Secretary/Treasurer.

Chaplain Mike Langston, President of the SC Chapter of the Military Chaplains Association, presents a check to Mrs. Carol Davis, local coordinator of the Wreaths Across America for the Fort Jackson National Cemetery. The SC Chapter has an active ministry at the National Cemetery and as a group has conducted 142 Graveside Honors since the Cemetery opened in 2009. Chapter members will join members of the Columbia Chapter of the Military Officers Association of America and other military organizations in placing over 4,400 wreaths at the cemetery.

Michael McCoy, National Director of VA Chaplains

On Monday, November 30, 2015, Chaplain Michael L. McCoy was sworn in as the 18th National Director of VA Chaplains at the National Chaplain Center in Hampton, Virginia. McCoy is the second African American Director of Chaplain Service in the agency history. He is a former U.S. Navy Chaplain. He has served as a chaplain in the Department of Veterans Affairs since 1990. McCoy is endorsed by the National Baptist Convention USA, Inc. and was the first African American Chaplain to serve in the VA National Chaplain Headquarters.

Prior to becoming Director, McCoy provided oversight of chaplain programs in VA hospitals in the southern areas of the United States and championed diversity development. He is a graduate of the Morehouse School of Religion, Interdenominational Theological Center, Atlanta, GA, having obtained a Master of Divinity Degree in 1976. McCoy is also a graduate Paine College Augusta, Georgia having received a Bachelor of Arts Degree in 1973. He is also a graduate of Leadership VA, 1999 and a certified mediator and trainer.

Among McCoy’s other achievements are being a Champion of Diversity Development; past President of the Military Chaplains Association of America; and Executive Director of the National VA Black Chaplains Association. McCoy serves as the manager of project 213 (military chaplain stories) of the Library of Congress Veteran History Project. McCoy is the recipient of numerous awards, including a recent recipient David E. White Leadership Award of the Military Officers Association of America, The Military Chaplains Association USA Outstanding Leadership Award, the U.S. Congress ‘Veterans Braintrust Award’, and the Secretary of Veterans Affairs Hero Award.

In his new role McCoy will be responsible for the ongoing integration of spiritual/pastoral care into the multidisciplinary spectrum of VA health care. He manages and directs the National Chaplain Center, with responsibility for: developing policies, guidelines, and professional standards for the practice of chaplaincy in the VA; liaison and collaboration with internal and external stakeholders; directing the VA national spiritual care training program; evaluating the spiritual/pastoral care given at VA facilities; and managing recruitment and examining of chaplain candidates.
The Landstuhl Regional Medical Center (LRMC) is the largest American hospital outside the United States and is located in the German state of Rheinland-Pfalz, 11 kilometers west of Kaiserslautern and five kilometers south of Ramstein Air Base. In the summer of 2006, I deployed to LRMC to provide emotional and spiritual care to our wounded warriors in transition back to the USA. In addition to greeting countless buses of wounded warriors at the ER entrance, I was assigned to cover several floors at LRMC. Part of my duty assignments included facilitating a weekly Spiritual Wellness group at the inpatient psychiatry ward on 9C. This ward consisted of a 16 bed adult psychiatric unit and employed psychiatric therapeutic modalities such as individual and group therapy, recreational therapy, initiation and evaluation of medication to include patient and family teaching. During my first few weeks leading the Spiritual Wellness group, I decided to introduce a different approach to wellness by reflecting on inspirational song lyrics in the form of music therapy. I was first introduced to music therapy during a Clinical Pastoral Education (CPE) residency at a civilian mental health clinic six years prior to this deployment and was amazed at how persons of many different backgrounds—both religious and non-religious—opened up and participated in the discussions.

According to the Mayo Clinic, music has the ability to change moods, soothe nerves, and energize your life. Much research has been done on the physical and emotional effects of music. (Sheryl M. Ness, RN, 2011). Some of the benefits that have been noted in research include:

- Improves communication
- Enhances memory
- Reduces pain sensation
- Counteracts depression
- Promotes activity (i.e., dancing, exercise)
- Encourages feelings of relaxation
- Calms and sedates (promotes sleep)

Melodies have the power to heal and comfort. The written word can bring hope and strength. Just think about the many inspirational Psalms which have delivered many souls from pain and mental anguish (Psalms 23, 37, 40, 46, 62, 91, 121). Inspirational words combined with healing melodies and sung in harmony can certainly soothe the warrior’s soul. In 1 Samuel 16:23, we learn about how David would take up his lyre and play and relief would come to Saul. Have you ever listened to a favorite song and taken time to close your eyes and meditate by letting the music transport you to another place and time? I am a first-hand witness to the power of music therapy as a tool in nurturing the living who had previously lost hope in God, themselves, and their fellow service members during their deployment. In the following paragraphs, I will briefly explain the process I used in the Spiritual Wellness group. Perhaps you will find it useful to adapt for your own particular situation.

The object for each patient was to discuss how their personal or spiritual journey related to inspirational music and lyrics. No one was forced to participate; they were simply invited and those who did, discovered a new resource of untapped strength in their transition from the combat zone on the journey back home. While there are many inspirational artists and music genres to choose from, I selected music by singer and songwriter Jeremy Camp as I was most familiar with his music. According to his official website, Jeremy Camp has 12 years of accolades and accomplishments as a songwriter and recording artist, including four million albums sold, four RIAA Gold albums, a multi-platinum DVD, three American Music Award nominations and a GRAMMY nomination. He’s been a part of more than 25 tours (headlining 18 of those) in the U.S. and has performed in more than 32 countries. Jeremy describes himself as “a minister who happens to play music as a way to minister.” However, it’s not the accolades that make him the person he is today.

Jeremy often finds that God teaches him through song. For example, the first single off his newest record, “He Knows,” is one
in which God spoke comfort over Jeremy’s past. As he shares in his book, I Still Believe, Jeremy lost his first wife (Melissa) to cancer at age 21 and in recent years, lost a baby to miscarriage with his wife, Adrienne. There are a lot of people hurting in this world, and they often turn to songwriters like Jeremy Camp because of his platform. In fact, his lyrics have brought comfort to my soul during my darkest times in life and ministry. Below are the lyrics to the song “Even When” from his 2004 album Restored. This was one of the most powerful songs that evoked service members to open up and share during the Spiritual Wellness group sessions.

**You know and You see**
The times of my defeat
When I fail to realize
Your kindness reaches
Through all my fragile fears
Of wasting many years
And I see You go beyond
My silent feelings

**[Chorus]**
Even when I wrote my life away
You still receive me

**You took this fading heart**
And softened every part
I’ll rest in light of what
You’ve promised to me

**[Chorus]**

**[Bridge]**
I’ll always stay strong
Because I feel You holding on now
To You I belong and I know
And You heal me, and You heal me,
and You heal me
Cause I feel Your forearms around me
And I know that I’ll never escape from You

**Spontaneous Wellness Group – Music Therapy / Lyric Discussion Outline**

**Introduction:** In today’s world, there are many genres (styles) of music available. Music has become a very powerful means of communicating thoughts, feelings, and messages. Inspirational music often tries to convey a particular theme or message. Today, we’re going to discuss how our personal or spiritual journey relates to inspirational music and song lyrics. I ask that each person keep an open mind and heart as we experience a different approach to connect with ourselves and our spiritual journey.

**Instructions:** Each one of you has been given a copy of the lyrics to a song. As you listen to the song, be thinking of ways that you relate to these lyrics. You may want to close your eyes as the song is played or follow along with the lyrics on the sheet. At the end of the song, you will be invited to process your thoughts and feelings if you wish to participate in a discussion.

**Reflection Questions:** Now that you’ve heard the song, we will discuss the following questions:

1) What event or situation do you think inspired this song to be written?

2) What message(s) are being conveyed to you in this song?

3) What feelings did you experience while listening to this song?

4) What words or phrases seem to speak to you directly? Explain.

5) What part(s) of the song do you relate with the most? Explain.

6) How does this song address your faith, personal beliefs or spirituality?

7) Explain what you learned about yourself by participating in the activity.

**For Further Reflection:** Spend some time writing a song or poem that conveys your personal or spiritual journey. Try listening to one of your favorite songs and use these reflection questions to get in touch with your spirituality and faith journey.

In June 2007, I met Jeremy Camp after a concert he performed on the campus of Columbia International University. During our brief conversation I thanked him for his gift of transparency as a songwriter and explained how I had used his music as a therapeutic tool with service members in the psych ward. He responded with great humility and was inspired to learn how God used his music and lyrics to nurture the lives of wounded Iraq and Afghanistan combat veterans at LRMC. I will never forget my tour of duty at LRMC and how God opened the hearts and minds of the broken warriors who crossed my path and allowed music to soothe their soul on their journey home from war.

**Notes:** Jeremy Camp’s song lyrics are copyrighted. “Even When” song lyrics are provided for educational purposes for this informational ministry article. To learn more about this artist, visit JeremyCamp.com

**About the Author:** Chaplain, Lt Col Brian Bohlman is a life member of the Military Chaplains Association and served on the MCA National Executive Council from 2010-2013. He is an active member of the South Carolina MCA Chapter and serves as the editor for the Voices of Chaplaincy book project. He is currently assigned as the Wing Chaplain, 169th Fighter Wing, McEntire Joint National Guard Base, Eastover, SC. He also serves as a chaplain at a behavioral health center, as an adjunct seminary professor, and executive director of Operation Thank You. He is the author of So Help Me God: A Reflection on the Military Oath and For God and Country: Considering the Call to Military Chaplaincy. To learn more, visit his website at OperationThankYou.org
Moral Warriors, Moral Wounds

By Wollom A. Jensen and James M. Childs

Over the last decade, beginning in 1990 with the first Gulf War, ABC News estimates that more than 2 million Americans have been deployed overseas.1 Due to the development of weaponry and the tactics of asymmetrical warfare, and thanks to advances in the medical treatment of combat injuries warriors have survived significant injuries that in past wars would have been fatal. However, the trade-off has been that many of these injuries are physical, emotional, psychological, and most recently, a new category moral injury.

There is little doubt that one of the leaders in the development of the topic of moral injury is Dr. Jonathan Shay. Prior to his retirement from the Veterans Administration Out Patient Clinic in Boston in 2008 Shay was a Clinical Psychiatrist treating veterans initially in neuropathology and then shifting to treating veterans suffering from Post-Traumatic Stress. Recently, however, Shay has come to realize that there is more going on with combat veterans than Post-Traumatic Stress. Combat veterans experience an injury that does not respond to a “medical” treatment plan and one which has significance for the combat veteran. That injury, according to Shay, is a moral injury. Moral injury, Shay says, can happen when “there is a betrayal of what’s right by someone who holds legitimate authority in a high-stakes situation.”2

That person who’s betraying “what’s right” could be a superior — or that person could be the individual warrior. Maybe it’s that the warrior killed somebody or was ordered to kill. Or maybe it was something tragic that the warrior could have stopped, or believes that he or she could have stopped, but didn’t. Guilt and shame are at the center of moral injury. These twins, Guilt and Shame, are not medical conditions that respond to a medical model of treatment. Rather they are injuries to the core values of the individual combatant and they demand a different approach to treatment and healing. Moral injuries, not unlike physical and psychological injuries, can be catastrophic but, like physical and psychological injuries, they are not necessarily mortal.

Moral injury involves guilt and/or shame depending on the situation. Brock and Lettini emphasize shame.3 Guilt may be understood in terms of experiencing the contradiction between who we are and what we should do. Shame can be understood as the contradiction between who we are and what we want to be.4 The themes of lost trust and betrayal, of being cut off from one’s self and one’s relationships surface in the accounts of moral injury. “People often describe moments of intense shame with the words, ‘I wanted to die,’ as if to say that shame is so painfully confusing to one’s existence that non-existence would be preferable.”5 Guilt and shame are rooted in our innate relationality as human beings. That is, their power is in their capacity to damage or virtually destroy our capacity for relationship and, thus, rob us of our very selves.

Moral Injury is not the same as Post Traumatic Stress and therefore must be treated differently. The good news is that warriors who suffer moral injury have a religious or spiritual core that provides a lens through which they view the event that resulted in their moral wound. Shay makes a distinction between Post Traumatic Stress and Moral Injury that is instructive. He asserts that medically there are two aspects of any injury. First there is the uncomplicated or primary injury. This is the physical assault on the body causing the trauma whether or not it breaks bone. This injury, Shay asserts, does not kill the soldier; what kills the soldier are the complications – infection or hemorrhage. Post Traumatic Stress is the primary or uncomplicated injury. Moral Injury is the complication which, left untreated, can result in death. The reality of this complication, moral injury, is that every day, on average, 22 veterans will die at their own hands.6

Most commonly veteran suicides have been viewed and treated as medical or psychological conditions requiring treatment regimes based upon a medical model that includes diagnosis and treatment protocols. If Shay is correct, however, moral injuries to the combat veteran resulting in death by suicide are not medical or psychological complications of Post Traumatic Stress, they are spiritual and require a different approach to restoring health and wholeness to the individual.

Nancy Sherman in her book, Afterwar: Healing the Moral Wounds of Soldiers, has a different definition of moral injury that is also helpful in understanding the concept. Sherman says, “Roughly speaking, it (Moral Injury) refers to experiences of serious inner conflicts arising..."
from what one takes to be grievous moral transgressions that can overwhelm one’s sense of goodness and humanity.”

America has long taken pride in the citizen soldier concept and make-up of our armed forces. Even after conscription was ended following the Vietnam conflict and the notion of an “all-volunteer force” was adopted, America has asked its citizens to answer the call to serve in defense of the nation for a season. Women and men enter the military for varying lengths of service ranging from an initial enlistment to a full career of 20 years or more. However, it is always expected that these men and women will return to civilian life and will resume their lives as participating, healthy, and productive citizens. What, then, about those who suffer moral injuries as a result of having been deployed to and having served in a combat area of operations?

There is good news and bad news for us and for our combat veterans resulting from a decade and a half of war. The good news is that our women and men in the uniformed services of the United States frequently experience moral injuries. The bad news is that our women and men in the uniformed services of the United States frequently experience moral injuries. How so?

Without a set of basic moral standards or core values, there can be no moral injury. In spite of the religiously grim statistics claiming precipitous declines in American religious culture, the reality doesn’t seem to bear this out. A Gallup Poll on Religion shows only an 8% decline from 1992 to 2014 in response to this question: “How important would you say religion is in your own life – very important, fairly important, or not very important?” What is changing significantly, however, is the pattern of Americans’ participation in religion. The conclusion is that while in very slow to near stable decline, Americans remain deeply religious while less participatory in organized religions. This certainly implies that the young women and men serving in the military over the past decade and a half have a moral core that impacts and snaps their experience of and participation in combat operation. Overall, those serving in the armed forces of the United States are people who have core values consistent with the core values stressed and inculcated in each of the armed services. It is because of these core values that our combat veterans are experiencing moral injuries. Our service men and women are moral individuals.

The bad news is that our service men and women are experiencing moral injuries. Alienation and isolation are the complications resulting from moral injury. Moral injury makes an individual feel dirty, soiled in such a fashion that the individual can hardly stand to be around other people. Lady Macbeth expresses the feeling well in Act 5, scene 1 of Macbeth:

Out, damn’d spot! Out, I say! – One; two; why, then ‘tis time to do’t. – Hell is murky. – Fie, my Lord, fie, a soldier, and afraid: What need we fear who knows it, when none can call our pow’r to accompt? – Yet who would have thought the old man to have had so much blood in him?

Lady Macbeth is sleep walking about the castle speaking fragments of an imaginary conversation with Macbeth after they had murdered Duncan the King. Try as she might, Lady Macbeth is unable to wash the blood from her hands as she struggles to rid herself not of guilt, but of shame. Her soul had been tainted by the stain of an act that violated one of her core values. Hand washing, symbolic or actual, will not, and cannot cleanse her of the stain of her deed. This is what it is like for a warrior whose soul has been injured in combat. In addition to Post-Traumatic Stress, guilt, physical injury combat veterans also suffer the secondary wounds of soul injury.

St. Francis of Assisi as a young man in his early 20s had been raised in an upper class merchant’s family filled with the privileges of wealth. Rebellious, profligate Francis left home and joined the cavalry riding off to fight with his fellow Assisians in a war with rival city Perugia. In one of his first battles, Francis was wounded and taken prisoner by the Perugians. He was held for over a year before his father was able to raise enough money to buy his parole.

Upon his return to Assisi Francis continued to heal physically and emotionally, but what is not factually known but highly likely, from his moral wounds also. Francis’ change of life, giving all of his possessions to the poor, unable to reconcile with his father, his return to the church with a passionate intensity are quite likely indicators of
his struggle to find resolution to his moral injury. What Francis found was a spiritual resolution to the moral injury which is increasingly being recognized as shame.

Shame is more complex than guilt. Guilt can usually be traced to a specific, identifiable act or cause which, in turn causes one to feel remorse. Shame, however, frequently cannot be traced to any specific action and rather than cause one to feel remorse, causes one to feel deeply soiled. It is a deeply distressing feeling which causes a person to feel personally soiled to the point of being no longer acceptable to oneself, to others, and to God. Shame is profoundly religious and spiritual in nature and requires a religious resolution. Spiritual community support can be rich in resources and in opportunities for restoration, growth, and deepening of faith. Spiritual counseling by a clergy person can be a productive way of finding a path to self acceptance. It can also enable the individual to express strong and difficult feelings, including confusing feelings towards God as part of the journey back to spiritual wholeness and relief from the overwhelming sense of shame. Whether or not a person finds a way to experience forgiveness influences their emotional distress. The identified religious and spiritual factors provide a guideline for preventive and restorative care for those affected by trauma and the ensuing sense of shame.

In the just war tradition the principle that a war to be just must be declared by a legitimate authority, means for a democratic society that the citizenry take ownership for the declaration and responsibility for its casualties, whether physical or spiritual, including all who share in the losses of war. Faith communities have a special opportunity to lead the way in their own witness of caring.

Philosopher and psychologist, Nancy Sherman, insists that, “We have a sacred moral obligation to those who serve … we have duties to each other for care and concern: normative expectations and aspirations that we can count on each other, we can trust and hope in each other, and we can be lifted by each other’s support.”

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**Authors:**

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**Notes**


* *This and other concerns of military ethics are discussed in the forthcoming book by Wollom A Jensen an James M. Childs, *Moral Warriors, Moral Wounds: The ministry of christian ethic* (Cascade Books)*
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Final meeting:
“We’re NOT going to apologize!”

(How a National Guard Special Forces unit worked through a tragedy that threatened to derail their mission training the first brigade of the New Afghan Army.)

By Chaplain (COL) Andy Meverden, USA, Retired & Master Sergeant Dave Martinez, USA, Retired

On December 14, 2002, four Afghan teenage boys were accidentally killed and one seriously injured in the first live-fire exercise conducted with a battalion of the New Afghan Army. The unit was being trained by US Special Forces (The Green Beret). The incident occurred after a group of ten local schoolboys from the nearby village of Polycharky were chased from the area where the military exercise was to be held. The firing range was on the slope of Ghar Mountain, outside the Kabul Military Training Center (KMTC). Apparently intent on recovering metal from expended munitions and semi-precious stones like lapis lazuli potentially dislodged from impact, the boys circled around the back of the mountain, climbed up and over descending down a draw, partially covered by a low cloud.

When the range was finally cleared, mortars fired onto an objective mid-point on the mountain slope, unwittingly, right where the ten boys had gathered. The first mortar volley struck, knocking down six of the boys, injuring five seriously. The remaining four ran back over the mountain into the village, reporting the tragedy. A village man in a taxi, raced to the range, and ran through the checkpoint, causing the exercise to halt. Explaining that there were injured on the mountain, an immediate medical response occurred. Despite the heroics of the many medics on site and immediately called to the scene; by day’s end, four boys were dead and one seriously injured but expected to recover.

After the boys’ bodies were autopsied, cleaned, and returned to their families, the shock of what transpired that day settled in. The entire battalion of Special Forces Soldiers was struck a severe blow. As the chaplain, I was involved in the receiving of the male family members who came to retrieve the lifeless bodies of their sons, brothers or nephews. Following this, I spent time with the soldiers involved in the incident. In the midst of the chaos, I visited our senior Afghan interpreter, Colonel Sammy. I asked for words of condolence to share with the families, and wisdom on how to deal with the tragedy.

He told me of the Afghan custom of “Maharamona,” a cultural process with a ceremony used to facilitate reconciliation when unintended tragedies occur. It involved communicating with the offended parties, through the village elders, that this was an unintentional accident and that we wanted to make things right – do “Maharamona.” If the offended parties accepted the offer to reconcile, they would respond by hosting a meal – with salt in it. The offending party would come, eat the meal (with salt) and present a sheep to the family.
who had suffered the loss. If the offended family accepted the sheep, “Maharamona” (reconciliation) would occur.

The Maharamona meal was set up by the Polycharky elders. In addition, Task Force 180 Commander, Lieutenant General Daniel McNeill, authorized funds to restore the Polycharky Village School. I was appointed coordinator and actions began.

As spring approached, and our deployment was drawing to a close, I was amazed that all the recommended projects at Polycharky were coming to pass. The Maharamona meal was eaten with salt, and the sheep were accepted, along with burial assistance. A death gratuity was processed expeditiously by the JAGs of Civil Affairs. School renovation was progressing nicely with newly built outdoor latrines. A well was sunk, the aluminum pump was installed and functioning well. The Medical Civil Action Program clinic treated over 1,200 local Afghan patients. In all six official meetings were held with the fathers of the boys killed. Still I felt there was one thing missing.

Having served during the Vietnam Era, I was aware of the emotional struggles of some returning veterans, especially those involved in close combat and “collateral damage,” with innocent non-combatants. Though I couldn’t see into the hearts and minds of my soldiers, I could look into their eyes and hear their words in private conversations. The death of the four boys was probably the most devastating incident of the deployment. It’s one thing to fire on and kill enemy combatants – those who are trying to kill you. It’s another, to accidentally kill innocent young boys hunting for scrap metal or semi-precious stones. I pondered and prayed for a way to help those most closely involved with the incident process their personal pain and feelings of guilt.

Talking with one of our docs who worked in the Emergency Room on an Indian Reservation Hospital back home, he mentioned the benefits of debriefing – processing the incident by reviewing what happened and how it made those involved feel. Though we had done that with those involved immediately after the incident – within 24 hours, I thought we needed to do more. As we dialogued, the idea of a face-to-face meeting was brought up. Having our Soldiers who were leading the live fire exercise meet with the bereaved fathers to simply sip tea and express sorrow over the loss of their sons lives, seemed like a “bridge too far.” Still, I felt like I had to at least try something for the sake of the Afghan fathers and our US Soldiers.

Later, I went to see MSG (Commander) Moses, one of the team sergeants. A stocky, olive-skinned Hispanic, he was a respected leader in the battalion. His reaction frankly was not surprising: “I’m not going to sit with those fathers and apologize for what happened! We didn’t do anything wrong. It was their fault for coming around back into the firing range. No one knew they were there. We’ve got nothing to apologize for!” I agreed. We didn’t know they were there. We DID chase them off. Still, they were accidentally killed during an exercise we ran. “I’m not asking you to apologize. I’m
simply asking you to sit, man-to-man, father to father, and tell them that you regret their loss – that’s all.” Then I said. “In the long run, I think it will do well for both you and your men and these fathers. Just think how you would feel in their place.” I knew I had said enough. Moses agreed to think about it and talk with his men, so I left. I had another team sergeant to visit.

SFC (Commander) Dave was the other team sergeant running the range with his team. A unique blend of discipline and sensitivity, he was initially more open to the idea, but still wanted to know the expected “end state” of the meeting. When I explained it was intended to help bring closure to both the Afghan fathers and the soldiers most directly involved with the incident – more conciliation than reconciliation, he agreed to speak with his team. Though I understood from my soldiers’ perspective, it was a totally unintended accident, resulting from the boys own natural curiosity, I believed that having tea with the bereaved fathers, would go a long way to bringing closure.

Why did I think so? Upon reflection, it probably came from the time my youngest brother, Luke, was hit by a car driven by a local farmer who had come to town to do business. Only four or five years old, Luke broke from our mother’s grasp and ran into the street in front of a parked car. I know because I was watching from our front yard across the street, when I heard the thud and our mother’s scream. The driver slammed on the breaks as soon as he saw Luke. After he stopped, he picked up my brother, put him in his car along with our mother and rushed them to the local hospital emergency room. A day later, the farmer stopped by to see how little Luke was doing. Though it was Luke’s fault, the farmer felt bad and cared enough to respond, try to save his life, and even later check up on him. As a result, there was never any animosity or ill feelings between our families. Though linguistically and culturally different people, I had found the Afghans to be not that different from us in our basic humanity. The meeting would be as much for our benefit as theirs.

After a couple days, I checked with both team sergeants for their decisions. I knew I couldn’t force them, but I prayed they would participate. SFC Dave said his men were “all in.” They would have tea and express condolence over the death of the four boys and explain their efforts to save them afterwards. MSG Moses was less sure of the purpose and benefit of the event. “We’ll go.” He said. “But I am not apologizing for something that was not my fault!” I assured him that he was free to express his sentiment in any way he chose. I went back to the village elders, some of whom were members of the KMTC military staff, and they set up an afternoon meeting in one of their homes.

When the day came, we set up our departure time and location on our compound. Several Toyota pickups and my Land Cruiser loaded with two Special Forces teams, a public affairs officer, and a senior interpreter convoyed to the village of Polycharky. Arriving at the designated home, we left a couple of guards with our vehicles and proceeded to enter the home. We were led by a KMTC officer in civilian Afghan dress, followed by me and the team members. I took off my shoes at the door, as was custom. Inside, the fathers were waiting, as we shook hands, we placed our hands across our chests and greeted them in Dari and Pashtu. As we sat, I removed my body armor, as did my soldiers, most placing their weapons on the floor and then covering their long guns with their body armor.

As was custom, a teenage boy came in with warm water in a tea pot, a basin and a towel. It reminded me of Jesus and the Last Supper; how Jesus washed his disciples feet, but when he came to Peter, he refused to allow Jesus to wash him. My men initially refused my proposal, but were now committed. How it would turn out, I would soon see. I prayed it would be positive for both parties.

The boy poured warm water over our fingers and offered the towel, as he went around the room. Cookies, nuts and Jalalabad oranges were already laid out on the floor before us. When all hands were washed, he brought out hot tea. For a few minutes we snacked, drank tea, grunted and nodded approval of the delicacies and hospitality provided. After a nod from our trusted public affairs officer, I explained the purpose of our visit.

“One day soon, we will be leaving to return to our homes. Before we do, we wanted to come, one last time to sit with you and mourn the loss and injury of your sons. As their chaplain, I am concerned about the burden my men will carry with them as a result of this terrible accident.” Our interpreter conveyed my opening remarks. All the fathers present nodded, acknowledging the hopeful intent of my words. I continued, “Many of us are fathers too, and if our sons were taken from us in this tragic way, we would be broken beyond belief.” I prayed for just right few words of transition. “We’ll never know what they might have grown up to be, a teacher, an engineer, a medical doctor, a general, a president; but we have come for a few moments to share your pain.” Looking over to Team Sergeant Moses, I saw a tear trickle down his cheek. His opening words broke the invisible dam of emotions in
the hearts of everyone in the room. “Please forgive us, we didn’t know they were up there. We couldn’t see them, and didn’t know until it was too late!” Blurring out the very words he insisted he’d never say, caused the eyes of every man present, Afghan and American, to well up with tears.

Following his lead, Soldier after Soldier, every Green Beret team member present spoke similar words of sorrow, regret, and even apology for the incident that unintentionally claimed the lives of four of their sons, and wounded a fifth. The men of both teams who had primary responsibility for that live-fire training exercise, as well as the emergency medical response exposed their hearts. All spoke in gentle, humble words, conveyed through an interpreter, himself an Afghan medical doctor, specially chosen for this event because of our confidence in his linguistic skill, intelligence, and maturity. During much of the time, he, too, had tears in his eyes.

Up to this point, the Afghan fathers had said little, beyond the theologically correct Islamic assertion that “Allah had willed them to die as martyrs.” When the last US soldier had shared his words, the fathers spoke. They thanked the men for coming and having tea with them. One confirmed that retaliation was never an option in their minds, as such an attempt would have been suicide on their part. They did express concern that no American official came to their homes during the mourning period, if it was, indeed, an accident. My previous fruitless conversation with the battalion commander came to mind.

Near the end of the hour-long conversation, the Afghan father-spokesman who had lost both his son, and his nephew, motioned with his hand that he wanted to speak a concluding word. All eyes turned to him. “We know that you did not intend to kill our sons – that it was an accident. Allah willed that they should die as martyrs. You have done your jobs well. Now go home with no heaviness of heart. We forgive you.” I let his words sink in.

Unsure of what would be the outcome of this risky encounter, I believed I had just heard the best words and sensed the best emotional responses possible. Though unimaginable at the outset, I witnessed humility, genuine sorrow, sympathy, brokenness and forgiveness – all the essential elements of not only conciliation, but reconciliation. In my pastor’s heart I was satisfied that this was a healing moment for both our Soldiers and the bereaved Afghan fathers.

I thanked them for their time and hospitably, this and the many times prior – this was meeting number seven for me – and I asked if we could take a group picture outside to commemorate this special gathering. We filed out, put on our boots and leaving body armor aside, we took a group photo through the cracked lens of my digital camera. After many strong, lingering, culturally appropriate, manly Afghan hugs, and even kisses on the cheeks of these American warriors – including my own -- we boarded our vehicles and returned to base.

As part of our daily routine, I reported my significant actions in the Commanders Update Brief. No questions were asked and few comments were made, but I knew that one of the most important missions of our deployment had just been accomplished.

It’s been twelve years since those events. When I saw the call for articles on moral injury, I thought of this incident and the Soldiers it impacted. I called “Commander Dave,” now, like me, retired and living post-military productive lives. I asked Dave to give his Warrior perspective on the incident and the follow-on event described above.

Master Sergeant Dave’s input…..

“This was by far the most tragic incident in my military career. In a land of few resources and fewer opportunities the loss of a child is devastating. I had seen traumatic injuries and death before. It’s never easy to see but it drives into your soul that you have to do everything you can to prevent tragedies and be prepared for what to do should it happen. In the 3rd world the concept of safety is drastically different than what would be normally acceptable to any military operation. You make detailed plans, review and revise them and do everything possible to make sure they are carried out efficiently and without incident.

Training and building the Afghan army was a huge responsibility. It wasn’t possible to train in Afghanistan at the same level like US military ranges. We didn’t own or control the land. We rolled in, posted guards and security, set up targets and conducted the days training. It was a constant struggle to keep the locals off the range. If they could have caught the hot brass directly out of the weapon they would have been there with a basket in hand. After training we rolled everything up and took it with us. Safety measures couldn’t be the same - anything left in the area was gone 15 minutes after we left.

We experienced mixed feelings for locals who came to watch our every move. We wondered if they were gathering information for the Afghani’s. We liked the children because they were happy and playful but we also had to be stern with them to keep them safely out of our training. With no school or jobs we were the entertainment. It was
common for the boys to be trusted to wander and explore their world - it is part of their culture to be curious at what they observed. The expended brass left after training was valuable to them, it could be sold by the pound in town.

The day of the incident was one I will never forget. The coordination and movement of a few hundred proud soldiers is something to see. We made sure the guards on the perimeters were in place and given strict orders to allow nobody into the area. The Ghar was a mountain ridge that dominated the landscape. The objective of the day was a combined arms assault of a compound at the base of the Ghar. Mortars, crew-served machine guns, and recoilless rifles would prepare the target then the ground assault would rush through the compound. This day was the day of live fire.

All seemed to go as rehearsed. The soldiers moved in line with discipline up to the compound. Once the mortar fire died, we could see a car racing across the valley floor. It drove past the posted guards and into the line of fire at the compound. A cease fire was quickly called. The driver stopped his car at the base of the mountain and ran up the mountain disappearing into the steep rocks. We followed him to the base of the Ghar from our observation point. Shortly after we learned why he would risk driving past the guards and in front of a live firing line. The boys had climbed over the Ghar from the backside to watch and be ready to rush down from the mountain after the assault. The concept of mortars firing at high angle and dropping down wasn’t something they would have thought of. The mortars were going to be dropping danger close to the soldiers on the assault line, so they had to be knowingly fired beyond the target and walked in to the target. Beyond the target meant distance but it also meant altitude. The boys may have thought they were safely above the compound but didn’t know what was about to happen.

Seeing the bodies as we loaded them into the ambulance was heartbreaking. Young lives were ended, I was a leader and initially I felt personally responsible. Within hours an officer from the command was flown in to investigate. Myself and the three other leaders gave him the plans and explained everything that happened. He reassured us that we had done everything possible. That didn’t stop the sorrow. It was then that we had to process the loss and gather ourselves to be capable of continuing our mission.

There was no refusing a request from Chaplain Andy - he provided the means for good work that was more than the defined orders from our command. The meeting with the parents was after all of the official acts of reconciliation. Some time had passed and I still felt an honest remorse. These men had lost sons that they loved and expected them to care for them as they aged. I knew nothing I could have said would have changed what happened but I needed to look them in the eyes and express how sorry I felt for their loss. The words they spoke accepting my sorrow meant so much to me. I know that I am better today because of their forgiveness – “maharamona.”

Looking back I can recognize that training and experience make all the difference in how an individual is affected by tragedy. It doesn’t lessen your emotions but how you process them internally makes the difference between normal sorrow and a moral injury that can result in PTSD. I can thank Andy for being part of my armor. He was there with encouragement, and to give you a look at a moral compass.

When I think about that day I can sleep at night because of training, past experience and the forgiving words the parents expressed. That is what prevented a moral injury to me.”

Dave and I both agree that we have been able to sleep well since that day, due in large part to the opportunity we made to meet with the fathers of the boys unintentionally killed on 14 December, 2002.

Writers’ Background Notes:

Master Sergeant (Ret) David L. Martinez, served with the 5/19th Special Forces Group, Airborne, (“The Green Berets”) of the Colorado Army National Guard in Haiti, Afghanistan, Iraq, and many other places around the world. A Special Forces Operator with six military specialties; he was qualified in weapons, intelligence, and operations. He retired in 2013 and was recognized as 2014 Outstanding Volunteer for Trips for Kids Foundation in Denver, Colorado.

Chaplain, Colonel Andrew C. Meverden, USA, Retired deployed with the 5/19th Special Forces Group, Airborne, (“The Green Berets”) in Afghanistan in 2002/3. He retired in 2014 from the Colorado Army National Guard and now serves as Director of Chaplaincy and Endorser for CBAmerica, located in Longmont, Colorado. He resides in Aurora, Colorado, and continues to support the State’s large veteran community.
The Military Chaplain • Spring 2016

Book Review

god is not here:
A Soldier’s Struggle with Torture, Trauma, and the Moral Injuries of War

By Bill Edmonds, Lt Colonel, USA.

Reviewed by Chaplain Scott Jimenez, VA.

LtCol Bill Edmonds, USA, was a Special Forces advisor to the Iraqi counterinsurgency forces during this current conflict. His job was to advise and oversee the actions of Iraqi interrogators. On the one hand, his job as an American soldier was to eliminate resistance and kill terrorists. On the other hand, once these same terrorists surrendered or were captured, his job as an American soldier was to interrogate them - in other words, to keep them alive. This sets up a tension he finds difficult, which leads to difficult decisions and even more tension.

One of the tensions he finds is in the desire for more information, more Humint, that is, intelligence information derived from human sources. He says, “… there are two types of information that I seek… information for the confession and information used for more and better Intelligence.” He reminds us that better Intelligence may save lives from being targeted. This is not an armchair exercise, but one made in the midst where lives are being targeted, and time can mean lives lost. This sets up a question: when is torture justified? And yet, if he chooses to condone torture, “I’m afraid of where I’ll go, and that I’ve lost myself.” Here, in this dilemma, is where he feels God is not. Edmonds feel s there is no right nor wrong, only gray.

He talks about his changing feelings about his role, and that of the American presence. While he discusses overall strategy in that type of environment, he realizes it boils down to feelings that are provoked by the American presence, “When we leave a neighborhood, there is only one measure of success: do the residents feel better, or worse?”

The experiences and moral tension change him, “When I returned home from Iraq, I blocked everything out. Once his civilian job is in turmoil and his family hurt, he finally realizes he has PTSD and seeks help. I would say that he has more: he suffers from moral injury, also known as spiritual injury. One therapy is for him to write about his experiences. This book is the result. He writes, “The never-ending search for redemption is how I survived my purgatory.” Reflecting and writing have allowed him to search for God, and find Him, of sorts.

This book about his experiences, and responses to his experiences, is thought-provoking. He writes of that time of questioning, “What is unhappiness? It’s emotion using reason to understand this world.” This book is of moral and spiritual interest because it resides in the gray area between black and white rules of behavior, moral codes, and duty. I would like to say that he comes out the other end with a spiritual awakening and commits himself to a faith journey. But that is not the case. I recommend this book if only to study the trauma that one goes through when one is put in moral dilemma where there is no black and white, only gray. That is where many of our veterans are stuck. We as chaplains can accept that fact, and if they allow us, choose to walk that journey with them.
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www.gordonconwell.edu/militarychaplains
By Kerry N. Haynes

Moral injury is a spiritual problem. Michael Orban paints a vivid picture of its spiritual undertones in his own personal account: “Everything spiritual that had formed the foundations of my soul and guidance in life felt like a lie, as did my social teachings. My soul had been scooped and cleaned out just as one scrapes a pumpkin to make a jack-o’-lantern. Every seed, every strand of pulp of my beliefs was gone. I was souled out, and the windows of my soul...[the thousand-yard stare apparent in the eyes] were positive proof.”

A spiritual problem requires spiritually-oriented treatment. William Mahedy writes of Vietnam veterans, “Men who ‘fired up villages,’ ‘blew away mama-sans and kids,’ or fragged their own leaders use similar language in their attempt to sort out what happened. At root, the dilemma that has become the dividing point of their lives is a moral one. Therapy may reduce some clinical symptoms, but it does not resolve the ache in the deepest regions of the soul.”

Jonathan Shay repeatedly stresses the role of community in moral repair. Yet the greater civilian community often struggles to relate to returning warriors other than a “thank you for your service” and a military discount. Mental health groups to date are largely psychologically-based rather than spiritually-based. Meanwhile chaplains remain underutilized as experts in guilt, shame, and forgiveness.

Several researchers have noted a link between religion and forgiveness, including self-forgiveness. Everett Worthington and Diane Langberg began their therapeutic process toward “responsible self-forgiveness” with an appeal to God (or higher power) for divine forgiveness and favor. Julie Hall and Frank Fincham found that “decreases in guilt, perceived transgression severity, and conciliatory behavior toward a higher power were associated with increases in self-forgiveness.” They also noted a positive link between increases in perceived forgiveness from that higher power and increases in self-forgiveness. Daniel Escher examined this link, seeking to understand whether religious activity was enough to help people move toward forgiveness or whether a certain mindset toward God was also important. He concluded, “Holding a collaborative orientation toward God, subscribing to a pervasive role of religion, and believing God forgives are primary factors promoting one’s propensity to forgive both oneself and others.” John McConnell and David Dixon added that one’s view of God’s forgiveness personally (versus generally) also strengthens one’s ability to forgive oneself.

Thus, simply “having religion” is not enough. One receives help toward self-forgiveness specifically by envisioning a God who believes in forgiveness and who collaborates personally with us, pervasive throughout our lives.

If a relationship with a personal God helps in finding forgiveness, and self-forgiveness facilitates healing from the guilt and shame of moral injury, then who better than a military or Veterans Affairs chaplain to assist service members or veterans toward healing? Larry Graham writes, “Spiritual caregivers are uniquely positioned to help veterans settle moral accounts.” Warren Kinghorn notes, “Christian moral theology can offer depth of context to moral injury that clinical psychology cannot.” He talks of how faith communities and chaplains can offer languages of lament, confession, pilgrimage, community, and final destination.

John Fairbank writes, “An individual’s response to a traumatic event is more than a medical problem. It is more than a mental health problem. It touches at the very fabric and fiber of who we are. And it touches on issues that are of direct relevance to the work that chaplains do ... issues related to a just world, faith, and spirituality.”

Carrie Doehring speaks of a spiritual caregiver’s role to “help morally-distressed trauma survivors find spiritual practices that help them experience a sense of self-compassion and/or a transcendent experience of the compassion of God or the goodness of creation.”

A chaplain trained in responding to moral injury can help service members and veterans draw on the compassion of God to find compassion for themselves.

Chaplains may be effective as healing agents alone or in concert with mental health professionals. Some researchers stress a need for greater collaboration between spiritual leaders and mental health providers in moral repair work. Kent Drescher and colleagues urge more study of spirituality within the mental health community as well as improved collaboration between health professionals and chaplains.

A group setting for moral repair work promotes the community aspect
Why Chaplains Should Lead

referred to earlier. Rita Brock and colleagues write, “Moral injury is not a clinical condition that can be medicated or cured by psychology. It requires the reconstruction of a moral identity and meaning system with the support of a caring, nonjudgmental community that can provide a way for veterans to learn to forgive themselves.”

Nancy Sherman notes that “veteran support groups may ... enable self-empathy through the validating experience of empathizing and being empathized with.”

Group settings work well with moral injury for reasons other than mutual support. Reasons also include: time efficiency—being able to work with several veterans or service members at once—and the group dynamic of members helping other members, encouraging one another to open up and realizing they are not alone. The very nature of moral injury asks for a community response to help bring healing and self-acceptance. A group format provides that sense of community. Shay believes, in fact, that the path to recovery entails a “cohesive group of veterans who ... are empowered to support each other, to know and to carry each other’s narratives.”

Of course, a group setting has its drawbacks. Discussion of moral injury may bring to the surface intense feelings of guilt and shame, and a group setting may intimidate some from sharing openly. Yet J. C. Dagley warns, “If comfort is achieved at the expense of possible exclusion of the anxiety that sometimes accompanies or produces change, then it is too costly.”

Dealing with moral injury is not easy, but is worth the cost.

My own design of a moral injury group included both biblical and psychological content. The God of the Bible is a forgiving and restoring God. Moreover, God wants us to accept forgiveness and restoration and live victoriously. Several stories in scripture speak to God’s desire to bring forgiveness, healing, and restoration. Three well-known stories are King David’s adultery, murder, and forgiveness (interestingly in the context of a military deployment); the Parable of the Prodigal Son; and Jesus’ restoration of Peter. Certainly the Judeo-Christian community does not hold a monopoly on forgiveness and restoration. Yet, the biblical narrative points to a loving, forgiving, and restoring God, thus fostering self-forgiveness.

In addition to biblical stories, the curriculum included psychological concepts. The group reviewed Worthington’s REACH model of forgiveness, including his own account of self-forgiveness work following the suicide of his brother. Individual assignments included writing a letter to oneself from a trusted benevolent authority, using the Responsibility Pie to share responsibility more accurately, and finally, disclosing one’s story and receiving group affirmation. These constructs built upon the biblical narratives to practice self-forgiveness in the context of healing community.

I measured self-forgiveness progress with before- and after-assessments using the “State Self-forgiveness Scales” (Wohl, et al., 2008). Participants averaged a 26 percent increase in self-forgiveness over the course of the six weeks. Yet, beyond assessments, Veterans’ narratives, body language, and facial gestures indicated healing. One Vietnam Veteran remarked, “I wish we had had a group like this 40 years ago.”

With the relative newness of the term, this group was the first Moral Injury Group offered within our health care system. The fact that a chaplain led it sent a message that chaplaincy is integral to moral repair. Since the group concluded, several mental health providers have referred Veterans for future groups.

The project also validated the concept of a specialized chaplain’s group, closed to newcomers after the first session and focused on spiritual healing within a certain area. Future groups may focus on military sexual trauma, childhood sexual trauma, forgiveness of others, crisis of faith, and prolonged grief. The moral injury group illustrates the payoff not only of a closed format but also high expectations for homework completion and session attendance.

Many who suffer from moral injury value religion and spirituality. Here chaplains may play a key role in healing. A chaplain-led group provides a conducive environment for moral repair work in the context of community. Group members build trust in each other over time. The chaplain facilitator displays a nonjudgmental attitude and—as an implicit spokesperson for the divine—models God’s loving forgiveness and acceptance of others. Jewish and Christian scriptures contain many illustrations of God’s love, acceptance, and forgiveness. Psychological self-forgiveness models prove useful, particularly when paired with biblical examples of divine forgiveness. Through the group lessons, interaction, and homework, veterans and service members move toward recovery.

To date, the mental health community has led the research effort into moral injury and moral repair. Yet, it is time for chaplains to participate more in the discussion. Members of the clergy specialize in guilt, shame, and forgiveness and are uniquely positioned to develop trust quickly, especially with those open to religion and spirituality.

The stakes are high. Suicidal rates are skyrocketing. Families are hurting. Much work remains to be done. Chaplain-led moral injury groups provide an avenue for significant healing and restoration for those open to a faith perspective.
Notes
3 Jonathan Shay, “Moral Injury” (lecture, Spiritual Care Grand Rounds, Veterans Affairs National Chaplain Center, January 12, 2016).
10 John Fairbank, “PTSD” (lecture, Mental Health Integration of Chaplain Service, Veterans Affairs Center for Mental Health and Chaplaincy, February 12, 2015).
15 Shay, “Moral Injury – Part I” (lecture, Mental Health Integration for Chaplain Service, Veterans Affairs Center for Mental Health and Chaplaincy, January 5, 2015).
16 Drescher, “Overview and Evolution of PTSD” (lecture, Mental Health Integration for Chaplain Service, Veterans Affairs Center for Mental Health and Chaplaincy, December 26, 2014).
18 Doehring worked with five Buddhist veterans struggling with moral injury. Focusing on models for redemption other than the Judeo-Christian understanding of suffering, she concluded, “Buddhist worldviews helped them accept their moral agency in complex ways that allowed them to incorporate distressing memories into an integrated sense of who they are.” Doehring (lecture, “An Intercultural Approach to Research and Spiritual Care of Morally Injured Veterans,” Defense Centers of Excellence Chaplains Working Group, October 2012).
19 Why Chaplains Should Lead
By Rev. Theodore E. Bowers, CDR, CHC, USN, Retired

I can only describe my life and ministry by the words of the Proverb that was probably a paraphrase from the poem written by the 18th century poet and hymn writer, William Cowper, “God moves in mysterious ways, His wonders to perform”.

From 1987 to 1990, I was assigned as Group Chaplain for MAG-49, NAS, Willow Grove. My responsibilities were to supervise and inspect the Religious Programs of the MAG-49 chaplains on the East Coast. In August 1990 several events occurred that altered and changed my life. Iraq invaded Kuwait on the 2nd, (2 AM local time) and declared it the 19th Providence of Iraq. On the 9th, President Bush ordered troops (230,000) to Saudi Arabia to take defensive action against Saddam Hussein’s army.

On the 21st through the 23rd I attended the Marine Corps Wing Chaplains’ Workshop in New Orleans. During the Conference I received a call from Philadelphia Navy Base asking if I was interested in transferring to Navy Fleet Hospital 20 at the Philadelphia Navy Hospital. I made the decision to apply for the billet. I received my orders to report to the Navy Hospital, effective 01 October 1990 as the Senior Chaplain of Fleet Hospital 20. (The Navy had purchased 17 ($30 million dollar) Fleet Hospitals and stored them in warehouses, ships and caves around the world.) Fleet Hospital 20 was a 500-Bed Combat Zone Hospital, pre-deployed in the Philippines.

I attended my first all-staff meeting at the Philadelphia Navy Hospital 27 October 1990. During the meeting, Rear Admiral Kirstein from BUPERS addressed us and stated that our hospital would be mobilized for active duty to somewhere in the Persian Gulf. I really could hardly believe what I was hearing. I was 53…isn’t that too old to go to War?
Then I began to realize what God had been preparing me for in my military ministry. I had spent a lot of time in desert training with the Marines. Over the course of several years I had been twice assigned to 29 Palms, CA for major Exercises (in 1989, I was the CAX chaplain responsible for 13 chaplains) and once with my assigned unit. Then I had two duties at MCSC, Barstow, CA.

The question in minds of our hospital personnel was, “When…before Christmas or after?” In December, the senior staff members were sent for eight days of training at the Fleet Hospital Training Site at Camp Pendleton, CA. We had a couple of surprises. Our CO was replaced due to a heart problem and our hospital was re-designated as Fleet Hospital 15. The Navy wanted us to have the most updated hospital supplies. FH 15 was stored in a cave in Norway and was the last Fleet Hospital collected and placed in storage.

All FH 15 members finally received orders to report to Ft. Dix for training 19 January 1991. We then deployed to Saudi Arabia on three separate flights. I arrived in Saudi Arabia 30 January somewhere on a runway with only the sand surrounding us. We were then transported to a former foreign workers’ camp a few miles northwest of Al Jubail. Our hospital consisted of 150 pieces of rolling stock and 450 ISOs (Conex boxes to the Army). All hospital personnel (around 1,000) were involved in assembling the hospital on 42 acres of sand. Although the Navy had never assembled a complete 500-Bed Combat Zone Hospital, they expected the hospital to be assembled and operational in ten days. We assembled our hospital in twelve days, the same length of time as the other two Fleet Hospitals deployed to the Persian Gulf.

My staff consisted of two other chaplains (LCDR Hazel Thomas and LT Stan Dombroski) and five Religious Program Specialists. Our CO was Captain Loren Leslie who was a great supporter of our Religious Program and a fine Christian gentleman. It was my understanding that most chaplains were told not to wear their cross or tablets outside their compound. Captain Leslie permitted me and my staff to wear them at all times and wherever we had to go.

24 FEBRUARY 1991 - The Ground War began at 0400 local time. Our hospital handled over 80% of the Marine casualties, plus US Army personnel and Senegalese Army personnel during our period of operation.

We named our Chapel/Office Tent, “Oasis of Peace Chapel”. We conducted religious services, including Roman Catholic Mass, Protestant Service, and Bible Study. Father Donroski conducted Mass for civilian Philippine workers disguised as a picnic. I attended a Christian Communion Service at the home of some American and Lebanese employees of a local Saudi plant. (Our “wine” was orange juice.) Since it was also a forbidden service, in order not to attract the attention of the authorities, they restricted the personnel in attendance to only eight individuals.

One of the blessings I received was the fellowship and interaction between our coalition forces. We developed a close working relationship with the Norwegian chaplain whose hospital (45 beds) was about three kilometers from our hospital located in a building. The British hospital (300 beds) was approximately fifteen kilometers from our hospital located in a Goodyear warehouse. We became close friends with the British “Salvationists” (Salvation Army). Their Army Band members, during war become ambulance drivers and attendants. They had not played their instruments since November so they brought their instruments to our service and played for our hymns. We also had our own Gospel Choir directed by one of our RPs.

Since we were deployed during the Lenten Season and Easter, we developed a theme and conducted joint Catholic and Protestant Lenten Services. Our CO permitted us to conduct an outside Easter Sunrise Service which he attended.
The Islamic Hajji (the 5th Pillar of Islam and the highest of all Islamic practices, conducted during the 12th month of the Islamic lunar calendar) occurred during our deployment. A plane carrying 95 Senegalese army personnel returning from the Hajji in Mecca crashed at the remote landing site, probably the same site we had landed. Only three survived the crash but one died on the way to our hospital. They were badly burned and our hospital was the only hospital in the Middle East that had a burn unit. My CO came to me and asked if I could contact the Saudi Hospital to see how we could minister to these Muslims. This began a very interesting and educational experience for me. Two representatives came and advised us what we should do. I became a friend of “Mohammad” that led to those “interesting and educational experiences”. (I will not use his full name to protect his identity.)

Ramadan Fast was another important Islamic event that affected our movement and actions. Outside our compound, we could not be seen eating or drinking anything, including water. The Saudi Religious Police (Mutaween, also known as the Committee for the Promotion of Virtue and the Prevention of Vice) was charged with enforcing Sharia law.

After the war when our hospital began to stand down, (reducing our hospital to 200 beds), a couple of our doctors approached me and asked if I would look into finding someone or organization to accept our hospital supplies (medicines and etc.). The other two Fleet Hospitals had taken all their supplies to the dump. This began another adventure for me. Mohammad had visited me at our hospital several times and even brought his family for a visit. I contacted him regarding our hospital supplies. He was very excited and began picking me up several evenings to speak before Kuwaiti princes and a Kuwait hospital administrator (wearing my cross). One evening we were stopped and questioned by the Religious Police. Mohammad and the Religious Policeman discovered they were members of the same tribe and so they had a “reunion” while I waited anxiously in the car.

The British Salvationists (Salvation Army) were very interested in obtaining our supplies for a hospital in Africa but did not have the means to transport the supplies to Africa. Mohammad received permission from my command to receive the supplies and transport them later to Kuwait when the Kuwaitis were permitted to return to their homeland.

As I was departing Saudi Arabia for Philadelphia, via Frankfurt, Germany, Mohammad and I exchanged gifts (Kuwaitis are a very generous people when they like you). His parting words to me were: “I will see you again.” My response was: “You will visit me in the United States? … “No, you will be back here again. We cannot get along.” Of course his prophecy came true and continues to be true. After our liberation of Kuwait, our troops have returned to Iraq and now again, to Iraq with forays into Syria. The Middle East is a quagmire that continues to draw us into conflicts. Is it the culture or religion? I believe it is a combination of both.

Yes, I believe God leads and guides and works with us to various types of ministries and into various situations…in mysterious ways…and He has wonders to perform!
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By Chaplain Dick Millspaugh, DVA

“Why wasn’t I taught this years ago? It would have saved me years of headaches and heartache.” Quote from a service member’s partner.

The Warrior to Soul Mate (W2SM) Program equips and empowers veterans and their partners for healthy relationships. Veterans and their loved ones are provided outcomes and research-based relationship building skills training. Veterans and their partners consistently report that this pro-active and prevention intervention dramatically increases their sense of health and well-being.

In 2010, the W2SM Program was established and sponsored by the Chaplain Service of VA San Diego Healthcare System using the PAIRS Essential Curriculum. Through September 2013 the program has been funded by grants from the VA Office of Patient Centered Care & Cultural Transformation. The demand for relationship based education was so profound the program grew from two VA Sites to 25 sites in four short years and other sites have been added since. A study at one of those sites indicates a 50% reduction in veteran psychiatric admissions and a 25% reduction in those flagged as potentially suicidal. The program has received the international Spirit of Planetree Family, Friends and Social Support Award, as well as a VA National Chaplain Center Best Practice Award.

In 2014 and 2015 the VA San Diego W2SM Program was supported through Veterans Integrated Service Network (VISN) 22 and then Mental Health Lag funding from the Veterans Association Central Office, respectively.

The W2SM Program is an educational program focused on four specific areas: communication skills, emotional literacy, bonding skills, and constructive conflict tools. Veterans and their partners are educated on different communication stress styles and asked to identify their preferred style. Couples are then taught an alternative communication style to facilitate emotional bonding. Good listening and good speaking skills are taught and practiced, enabling deeper, more intimate communication.

Each exercise builds on the one prior, leading to an exploration of assumptions that often cause dysfunction in relationships. Couples then explore a means to identify and resolve such assumptions. Couples develop a tool box of outcomes and research-based competencies to use for an entire life time, not only for themselves but for other family members as well.

The W2SM Program provides tools for basic relationship bonding, gaining emotional literacy, identifying problematic fighting practices and enabling constructive conflict resolution. Stronger relationships provide the veteran increased hope and a greater capacity to deal with complex issues ranging from PTSD, TBI, depression and the feeling of isolation or loneliness. This veteran’s relationship building not only impacts their health, but reduces stress, and increases their sense of wellbeing. Every class several couples state that the curriculum has “saved our relationship.” For hundreds in San Diego and thousands across the nation the W2SM Program has been a “friend indeed” to so many couples in need.

Anyone who has followed the news is aware that thousands of troops continue to transition from the military to veteran status as we draw down from overseas involvements and as the nation seeks to reduce the costs of the military. However, the needs of those who have served and the troubling impact that service has had upon intimate relationships continues to mount, as some have said, “like a tidal wave.”

The dilemma has become how to sustain the W2SM Programming in the midst of increased demands on funding streams which become more and more constricted. Current W2SM funding in San Diego ended in September of 2015. The need is for funding to support meals, materials, and retreat or hotel rooms or in kind services for couples. The VA is not allowed to solicit funding from sources outside the VA. However, the Chief of Chaplain Service is authorized to make needs for programming within the Chaplain Service known to the public. Any organization or person interested in learning more about the program or in becoming a friend of the W2SM Program to offer support to veterans and their partners in San Diego or at other sites across the nation is encouraged to contact Chaplain Dick Millspaugh, 3350 La Jolla Village Drive, San Diego CA 92161, email: dick.millspaugh@va.gov or call 858-552-7599.
In my youth, I learned much about civic responsibility and patriotism through Boy Scouts, earning the rank of Eagle Scout. Enlisting in the Army came naturally. I joined at age 17 and initially served as a military intelligence analyst with a Top Secret-SCI clearance. In 2004, I found myself approximately ten miles west of Fallujah serving as the Battalion Intelligence Sergeant in Operation Iraqi Freedom. During that time, I began toying with the idea of moving on with civilian life after deployment and attending college. Then my cousin died. Chief Warrant Officer Lawrence “Shane” Colton was shot down by an SA-16 rocket west of Baghdad on Easter Sunday 2004 while providing gunship support to an ambushed convoy with his AH-64D Apache helicopter. Shane and his co-pilot, Chief Warrant Officer Chuck Fortenberry, allowed the trapped and outgunned soldiers to escape by eliminating the threat, consequently saving the lives of every person in the convoy. Posthumously awarded the Distinguished Flying Cross, Shane and Chuck gave the ultimate sacrifice that Easter morning for their fellow soldiers. Following Shane’s footsteps became my mission. I became a Warrant Officer, attended flight school, and deployed for a second time to Iraq in 2010 as a UH-60 Blackhawk pilot.

However, something interesting and unexpected occurred on my journey to Army Aviation. I realized in flight school that I had received the call to become an Army Chaplain. In a panic, I consulted two wise chaplain friends. They informed me to calm down – it was quite normal to receive a call to ministry long before actually stepping into an official role, and I should just obtain wisdom along the way until the Lord informed me of the right time. The Lord granted me the opportunity to fly helicopters and serve in the same capacity as my cousin Shane, but I have always known my next step in service was chaplaincy. Military chaplains helped me through some very challenging times and helped form me into the man I am today – as a Christian, as a husband, as a father, and as a Soldier. Throughout my career, I have witnessed how chaplains can help bring order and peace to soldiers’ lives during chaotic circumstances.

As it turns out, the sage advice of those two chaplains has served me well. Since receiving the call, I have sought out opportunities to gain ministry and leadership experience, which has intensified my sense of calling. This summer, I had the distinct privilege of serving as the class leader at the Chaplain Basic Officer Leadership Course in Ft. Jackson, SC. I was quite impressed by the phenomenal mentorship of our cadre and especially excited about the peers with whom I will serve. The chaplaincy of the United States military will remain relevant because it is in such good hands.

Of all things I learned this summer, perhaps none stands out as significantly as the ecumenical nature of the chaplaincy. One Saturday, a group of us candidates went out exploring the greater Fort Jackson area. We had a priest wearing his habit, a rabbi wearing his yarmulke, myself (a United Methodist) wearing business casual clothes and a cross necklace, and another United Methodist minister in business casual. We dropped in to check out a tactical military equipment store. Behind the cash register, a former Special Operations soldier sleeved with tattoos and a full beard said, “Is this some kind of a joke? It is not a joke. It is the United States chaplaincy: a group of spiritual leaders from a whole host of different backgrounds with a common mission to serve both God and Country. I have a heart for Soldiers. I know what it means to be in a ground convoy, and I know what it means to fly through moonless nights on air assault missions. I have cried over lost comrades, and I have celebrated the triumphal return to the United States. I have endured mortar attacks, and I have dealt with the stress of being unable to save someone’s house from burning down in domestic wildfire relief missions. And now I know that I am called to serve those who serve. I am called to be a Chaplain.
### Holy Days and Holidays

#### APRIL

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>6</td>
<td>Army Day</td>
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<tr>
<td>8</td>
<td>Hindu New Year ** - Hindu</td>
</tr>
<tr>
<td>8-15</td>
<td>Ramayana ** - Hindu</td>
</tr>
<tr>
<td>9</td>
<td>Former POW Recognition Day</td>
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<tr>
<td>11</td>
<td>Persian Gulf War Cease Fire (1991)</td>
</tr>
<tr>
<td>14</td>
<td>Baisakhi (Vaisakhi) ** - Sikh</td>
</tr>
<tr>
<td>15</td>
<td>Ramnavami ** - Hindu</td>
</tr>
<tr>
<td>21</td>
<td>First Day of Ridvan * - Baha’i</td>
</tr>
<tr>
<td>22</td>
<td>Hanuman Jayanti * - Hindu</td>
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<tr>
<td>22-23</td>
<td>Theravadin New Year ** - Buddhist</td>
</tr>
<tr>
<td>22</td>
<td>Earth Day</td>
</tr>
<tr>
<td>23-30</td>
<td>Pesach (Passover) * - Jewish</td>
</tr>
<tr>
<td>23</td>
<td>St. George’s Day - Christian</td>
</tr>
<tr>
<td>24</td>
<td>Palm Sunday - Orthodox Christian</td>
</tr>
<tr>
<td>27</td>
<td>Administrative Professionals Day</td>
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<tr>
<td>29</td>
<td>Holy Friday - Orthodox Christian</td>
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#### MAY

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Pascha (Easter) - Orthodox Christian</td>
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<td>1</td>
<td>Beltane - Samhain * - Wicca/Pagan</td>
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<tr>
<td></td>
<td>Northern and Southern Hemispheres</td>
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<tr>
<td>2</td>
<td>Law Day</td>
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<td>3</td>
<td>Loyalty Day</td>
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<td>4</td>
<td>Twelfth Day of Ridvan * - Baha’i</td>
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<tr>
<td>5</td>
<td>Saints Philip &amp; James - Christian</td>
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<tr>
<td>6</td>
<td>National Day of Prayer - USA - Interfaith</td>
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<tr>
<td>5</td>
<td>Lailat al Miraj * - Islam</td>
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<tr>
<td>1</td>
<td>Yom HaShoah * - Jewish</td>
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<tr>
<td>7</td>
<td>National Day of Prayer USA - Interfaith</td>
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<tr>
<td>8</td>
<td>Ascension of Jesus - Christian</td>
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<tr>
<td>9</td>
<td>Nurses Day</td>
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<tr>
<td>10</td>
<td>Unconditional Surrender of all German Forces Signed (1945)</td>
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<tr>
<td>11</td>
<td>V-E Day declared (1945)</td>
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<tr>
<td>12</td>
<td>MOTHER’S DAY</td>
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<tr>
<td>13</td>
<td>Yom Ha’Atzmaut * - Jewish</td>
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<tr>
<td>15</td>
<td>Visakha Puja ** - Buddhist</td>
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<tr>
<td>16</td>
<td>Pentecost – Christian</td>
</tr>
<tr>
<td>17</td>
<td>Women’s Army Corps Founded (1942)</td>
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<td>18</td>
<td>Peace Officers Memorial Day</td>
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<tr>
<td>19</td>
<td>Lailat al Bara’ah * - Islam</td>
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<tr>
<td>20</td>
<td>Armed Forces Day</td>
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<td>21</td>
<td>Trinity Sunday - Christian</td>
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<tr>
<td>22</td>
<td>National Maritime Day</td>
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<tr>
<td>23</td>
<td>Declaration of the Bab * - Baha’i</td>
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<tr>
<td>24</td>
<td>Lailat al Bara’a * - Islam</td>
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<td>25</td>
<td>Lag B’Omer * - Jewish</td>
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<tr>
<td>26</td>
<td>Corpus Christi - Catholic Christian</td>
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<tr>
<td>29</td>
<td>Ascension of Baha’u’llah * - Baha’i</td>
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<tr>
<td>30</td>
<td>MEMORIAL DAY</td>
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#### JUNE

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Ascension of Jesus - Orthodox Christian</td>
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<tr>
<td>2</td>
<td>Sacred Heart of Jesus - Catholic Christian</td>
</tr>
<tr>
<td>3</td>
<td>Ramadan begins * - Islam</td>
</tr>
<tr>
<td>6</td>
<td>D-Day: Allied Invasion of Europe (1944)</td>
</tr>
</tbody>
</table>

**Notes:**
- Holy days of all faiths are included
- 1* Holy days usually begin at sundown the day before this date.
- 2** Local or regional customs may use a variation of this date.
- Bold titles are primary holy days of a tradition.
- Italicized titles designate US holidays and/or military anniversaries.

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### Thank You

**Marine Corps Base Camp Pendleton ROF**
- Mary Martha Society of St Mark Lutheran Church

**In memory of Chaplain Robert Barrie**
- Ch. Edward Sensenbrenner

**90th Anniversary Fund**
- Ch. Thomas Benedum
- Ch. James Doffin
- Ch. Richard Poindexter

**Emerson Fund**
- Ch. Thomas Johnson
- Ch. Jeff Saville

**Operating Fund**
- Ch. David Crocker
- Ch. John Crotty
- LTC Noel Dawes
- Ch. Lewis Dawson
- Ch. David DeDonato
- Ch. Stephen DeGweck
- Ch. David Dobes
- Ch. John Joslin
- Ch. Bruce Kahn
- Ch. Orris Kelly
- Ch. Mr. John Knight
- Ch. Douglas Lee
- Ch. Harry MacCall
- Ch. Jerry Martin
- Ch. James McConnell
- Ch. Donald Muchow
- Ch. Shelia O’Marra
- Mr. Harry Stine
- Mr. Robert Sugg
- Mr. Marvin Sweezy
- Mr. Cassandra Thomas
- Mr. William Thompson
- Mrs. Patricia Toombs
- Mr. Carol Van Schenkhof
- Mr. William Wildhack
- Mr. Bruce Williams
- Mr. Fred Zobel

**In memory of Hal Barnes**
- Elizabeth Barnes
- Marjorie Fitzsimons

**In honor of Hal Barnes**
- In memory of Chaplain William Rhoads

**In honor of Greg Caiazzo**
- Precious Blood of Christ Catholic Church
- Saint James Catholic Church
- Saint Michael Church

**In honor of Greg Caiazzo**
- Mr. Gregory Blackwell

**Emerson Fund**
- Ch. Thomas Johnson
- Ch. Jeff Saville
Since the Winter 2015 issue of The Military Chaplain, we have heard about some of our chaplains who have gone to their greater reward.

Welcome

Chaplain O. Dean Nelson
BG, USA, Retired
The Episcopal Church
Deceased September 16, 2012
Tucson, AZ

Mr. Milford F. Krch
Associate Member
Baptist
Joined 2013
Deceased May 24, 2015
Friendswood, TX

Chaplain Ernest Lee Stevens, Jr.
LTC, USA, Retired
Episcopal Church
Deceased August 16, 2015
Cheyenne, WY

Chaplain Martin Marvin Ford
LTC, USA, Retired
Lutheran (ELCA)
Deceased September 23, 2015
Tucson, AZ

Chaplain Thomas M. Babington
MAJ, USA, Retired
United Methodist Church
Deceased October 2, 2015
Maumelle, AR

Chaplain Diana McNeil James
USA, Retired
Interdenominational Christian
Deceased December 9, 2015
Columbia, SC

Chaplain H. Lamar Hunt
COL, USA, Retired
United Methodist
Joined 1965
Life Member 2000
Deceased December 11, 2015
Candler, FL

Chaplain Maury Hundley Jr.
COL, USA, Retired
Disciples of Christ
Joined 1971
Deceased December 28, 2015
Salem, VA

Chaplain Jefferson E. Davis, Jr.
Lt. Col., USAF, Retired
United Methodist Church
 Joined January 1956
Life Member January 1968
Deceased December 29, 2015
Sulphur Springs, TX

Chaplain Whitfield M. McMillan
COL, USA, Retired
Lutheran Church Missouri Synod
Joined 1992
Deceased January 10, 2016
San Antonio, TX

Chaplain Emil Louis Dinkel
COL, USA, Retired
Lutheran (ELCA)
Deceased January 12, 2016
Sierra Vista, CA

Chaplain Paul W. Ludwig
Lt. Col., USAF, Retired
Lutheran, Missouri Synod
Joined 1972
Deceased February 4, 2016
Columbia, SC

Chaplain Fannalou Guggisberg
LTC, USA, Retired
Southern Baptist Convention
Sun City West, AZ
Joined MCA January 1982

Chaplain Herman Keizer, Jr.
COL, USA, Retired
Christian Reformed Church
Caledonia, MI
Joined MCA 1995

Chaplain Alvin B. Koeneman
RADM, CHC, USN, Retired
Evangelical Lutheran Church in America
Tucson, AZ
Joined MCA January 1989

Chaplain Michael Trachtenberg
VA, Retired
Jewish
Cooper City, Florida
Joined MCA 2013

Chaplain Roger C. Welsh
LTC, USA, Retired
Evangelical Free Church of America
Aptos, CA
Joined MCA January 1996

Chaplain James Buckman
Lt. Col., USAF
Lutheran Missouri Synod
Bridgewater, NJ
2015 Distinguished Service Award

Chaplain James Crawford
Lt. Col, CAP
Free Methodist
Gold River, CA

Chaplain Geoffrey Haber
LTC, USA, Retired
Jewish (Conservative)
Toronto, Ontario

Chaplain William Holiman, Jr.
CDR, CHC, USN
Reformed Episcopal Church
Beaufort, SC

Chaplain Ralph Singleton
1LT, USA
National Baptist
Bishopville, SC

Chaplain Val Sutter
LTC, USA, Retired
National Association of Congregational Churches
Elk Grove, CA

Chaplain Paul Ward
Lt. Col., CAP
International Ministerial Association
San Luis Obispo, CA

Chaplain Nevalon Mitchell
LTC, USA, Retired
National Baptist USA, Inc.
National Ecclesiastical Endorser
Bowie, MD

New Life Members

Chaplain Robert A. Brown
LCDR, CHC, USN, Retired
Evangelical Congregational Church
Plymouth Meeting, PA
Joined MCA in 2013

Chaplain Ronald Cok
VA, GS 13
Christian Reformed Church in North America
Albuquerque, NM
Joined MCA in 2011

Chaplain Jason Constantine
LCDR, CHC, USN
United Methodist
Camp Lejeune, NC
Joined MCA January 2013

Chaplain Ivan R. Fuller
CAPT, CHC, USN, Retired
Christian Church (Disciples of Christ)
Melbourne, FL
Joined as Life Member January 2016

New Regular Members

Chaplain James Buckman
Lt. Col., USAF
Lutheran Missouri Synod
Bridgewater, NJ

Chaplain James Crawford
Lt. Col, CAP
Free Methodist
Gold River, CA

Chaplain Geoffrey Haber
LTC, USA, Retired
Jewish (Conservative)
Toronto, Ontario

Chaplain William Holiman, Jr.
CDR, CHC, USN
Reformed Episcopal Church
Beaufort, SC

TAPS

Since the Winter 2015 issue of The Military Chaplain, we have heard about some of our chaplains who have gone to their greater reward.
Recognizing Our Donors

Life Giving Societies
The National Executive Committee has adopted these Life Giving Societies for all contributions to the MCA over time. Each level will be acknowledged and awarded at the National Institute Awards Banquet. Our individual giving records begin in 2010, so life giving levels start with that year.

$5,000
- Ch. William Thompson
- Ch. Richard Baker
- Mr. James Leith
- Ch. Ed Brogan
- Ch. Robert Certain
- Ch. Arthur Pace
- Ch. Jan McCormack

$10,000
- Women United in Ministry

$15,000
- Ch. Gregory Ciazzo

$20,000
- Estate of the Rev. H. Earl Morris, Jr.
- V L & J H Robinson Charitable Foundation

$25,000 +
- Embree Robinson

Emerson Foundation

The National Executive Committee has adopted these Recognition Levels for the Emerson Fund of the MCA.

1. First $1,000 – Emerson Medal
2. Each additional $1,000 – Oak Leaf Cluster to be worn on ribbon
3. Emerson Donation in another person’s name –
   a. Emerson Medal to named person
   b. Silver Service Star to be worn on ribbon of donor

Emerson Foundation
Michael W. Langston
150

Emerson Foundation
Kathy Langston
151
(funded by Michael Langston)

Emerson Foundation
Lyman M. Smith
152

Emerson Foundation
Julie Ann Howell
153
(funded by Jim Howell)

Emerson Foundation
Roy Ludlow
154

Emerson Foundation
Mary E. Johnson
155
(funded by Thomas Johnson)
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For program details contact Dr. Ken Botton, Coordinator of Chaplaincy Studies at kbotton@tiu.edu or visit teds.edu/chaplain