MORAL INJURY

AND THE ROLE OF YOUR CHURCH

A Guide for Clergy and Lay Ministries

FOR MANY THE WAR GOES ON
“I have read with great interest your guide on Moral Injury. I think it is an excellent first start...This is a very good thing you’re trying to do and I commend you for it.”

“...this is a terrific document...”

Dr. Stanley Hauerwas, Gilbert T. Rowe Professor Emeritus of Divinity and Law, Duke University, Chair in Theological Ethics at the University of Aberdeen

“Clergy and mental/behavioral professionals very much need better information as provided in this document to deal with the aftermath of wars, including Post Traumatic Stress and Moral Injury.”

Phil Metres, Ph.D., Clinical Psychologist, CAPT USNR (Retired), Vietnam Veteran

“After reading and hearing about Moral Injury, I gained insight into what the Soldiers I served were struggling with after they had left the battlefield. During my four deployments and upon return to the Garrison environment Soldiers expressed a sense of loss. The loss that they shared dealt with the values and moral integrity that they had felt was compromised during their deployments. How to minister to a Soldier in pain that has been brought on by Moral Injury affected the entire health of the family.

How to heal the wounded soul of a Soldier who has suffered Moral Injury is essential to reintegration into civilian society...

Wonderful instrument for Pastors. Thank you for your time and efforts in putting this document together.”

Fr. Matt Foley, Pastor Saint James Parish, Army Chaplain, Afghanistan Veteran

"Fantastic work!! I believe this is a ground-breaking document that will lead the way to a new focus in how churches and people of faith minister to our veterans. This guide is presented in a way that has academic and theological integrity and great military relevance. Well done!"

Maj. Peter Strong, Army Chaplain, Iraq Veteran

“...at my Vet Center PTSD group a couple of the guys expressed that their churches just didn't get it when it came to their military experiences...”

Mark Brooks (atheist) Vietnam Veteran
Moral Injury: A Guide for Clergy and Lay Ministries

Written by: Joseph M. Palmer
Edited by: James H. Mukoyama, Jr.
Table of Contents:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Warrior Code and Military Culture</td>
<td>p.1</td>
</tr>
<tr>
<td>Historical Perspective</td>
<td>p.4</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>p.7</td>
</tr>
<tr>
<td>Conscience</td>
<td>p.15</td>
</tr>
<tr>
<td>Moral Distress</td>
<td>p.17</td>
</tr>
<tr>
<td>Moral Injury</td>
<td>p.18</td>
</tr>
<tr>
<td>Approaches to Resolution</td>
<td>p.22</td>
</tr>
<tr>
<td>Conclusion</td>
<td>p.26</td>
</tr>
<tr>
<td>Work Cited</td>
<td>p.27</td>
</tr>
</tbody>
</table>
Preface

According to the Department of Veteran Affairs (VA) the suicide rate among veterans of all wars averages almost one per hour. This is an underreported figure given that many veterans’ deaths are reported as accidental. Military Outreach USA believes that many of these suicides, of which almost 70% are committed by men and women over the age of 50, are either directly or partially attributable to the invisible wound of war known as moral injury.

The VA also believes PTSD is:

- In about 11-20% of Veterans of the Iraq and Afghanistan wars (Operations Iraqi and Enduring Freedom)
- In as many as 10% of Gulf War (Desert Storm) Veterans
- In about 30% of Vietnam Veterans

Source: http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp

These stark figures and the recognition that the faith-based community may need help in dealing with those who have served has led Military Outreach USA to develop this guide. In this Moral Injury: A Guide for Clergy and Lay Ministries©, Military Outreach USA provides information and suggested actions that you can utilize in your church and ministry to help serve those who suffer from the invisible wound of war known as moral injury. A more in depth definition of moral injury is presented in the following pages but in the simplest of terms, moral injury is the result of a violation of one’s moral code.

While the topic of moral injury in this document focuses on those who have served in the nation’s military, it can also be applied to numerous other occupations or individual circumstances. It is not uncommon for those in the field of law enforcement, firefighting or nursing to suffer from moral injury. In the case of an individual, a woman who had an abortion at an early age may suffer from moral injury in her later years when reflecting on her prior decision.

During our research, Military Outreach USA has noted that the medical community is increasing its efforts to address moral injury. Some of the treatments being discussed involve no clergy or religious authority figure. The concept of self-forgiveness is used as a replacement for involvement of clergy.

Military Outreach USA would submit that any concept to address moral injury that ignores millennia of diverse societal approaches to addressing moral injury that involved clergy and a spiritual community contains a fundamental omission, especially for predominantly faith-based society members.

The need to help our active military, National Guard and reserves, veterans, and their families is extremely urgent. It therefore becomes the responsibility of clergy and lay leaders to learn about and then help heal the invisible wound of war known as moral injury.
The Warrior Code and Military Culture

Before discussing moral injury or for that matter any issue that affects those in the Military Community, it is important to understand the makeup of those who have served and continue to serve.

While all citizens hold beliefs and values that bring a nation together, it is the military that must take action to protect the nation.

All who serve or have served in the military respond to, in today’s terminology, a “warrior’s code”. This code of conduct defines what warriors can and cannot do if they wish to continue to be regarded as warriors, rather than murderers or cowards. For the warrior who adheres to such an informal code or to more formal rules of engagement, certain actions are unthinkable, even in the most dire or extreme circumstances.

The warrior code is the thread through which all else flows in the culture of the military. Without it there can be no bonding, no cohesiveness, and no ultimate act of sacrifice. Service members who live the warrior code put the mission first, refuse to accept defeat, never quit, and never leave a fallen comrade behind. They have absolute faith in themselves and their team because they have common beliefs and values. (Wikipedia: Soldier’s Creed.)

Basic Training:

When a civilian enters the military they enter with a moral code that was formed by their family, church or community. Within months this moral code is replaced with the warrior code. The warrior code, because of some action, may result in ethical and moral distress or injury.

Military Service:

With the warrior code as part of their DNA, the military service member establishes new bonds, ethics and mores. It is this intense sense of an expanded family that creates a bond that will transcend the years.

Military to Civilian Transition:

It is the transition from military to civilian life that can often be the most difficult. The warrior code reverts to the moral code of the community. It is a transition that can often lead to conflict.
Warrior creeds, such as the Ranger’s famous creed, have been around for over a century to guide the actions of operators on and off the battlefield. The creed is a code of conduct and inspirational daily reminder of the “reason we train and fight” and will sacrifice for their fellow warriors. Many outside observers point to the mission of the units and preparation of the teams when describing who these people are. Warriors know better. It is the Warrior Ethos [character] that best describes who they are, an ethos that has been shared, albeit with different words, with the Samurai, the Spartans, the Marines and other Special Operations forces and services around the world.

The “Band of Brothers”

The bonding that takes place in a unit is as strong, if not stronger, than what the service member may have ever experienced. It may even be stronger than that of their immediate family. For what was started in basic training and carried forward in all future training is the development of unit cohesiveness, bonding and reliance. One member of the unit will rely on the other, in many cases for each other’s lives. This reliance transcends the unit as well. A pilot relies on the mechanic to insure the plane will fly properly. An infantry unit at a remote base relies on the supply depot soldier to keep them stocked with an adequate amount of food, clothing and ammunition. This sense of reliance permeates every job within the military…all creating the bond and sense of family.

This sense of bonding has been portrayed in movies but the term “band of brothers” was perhaps first used in Shakespeare’s play The Life of Henry V when prior to battle King Henry said:

“This story shall the good man teach his son;
And Crispin Crispian shall ne'er go by,
From this day to the ending of the world,
But we in it shall be remember'd;
We few, we happy few, we band of brothers;
For he to-day that sheds his blood with me
Shall be my brother; be he ne'er so vile,
This day shall gentle his condition:
And gentlemen in England now a-bed
Shall think themselves accursed they were not here,
And hold their manhoods cheap whiles any speaks
That fought with us upon Saint Crispin's day.”

As this bonding is so strong, one can then begin to appreciate why some service members or veterans suffer from the invisible wounds of war. The guilt or shame one feels from leaving a fallen comrade, the sense of betrayal if one suffers sexual abuse from a member of one’s same unit or from surviving a battle while others were killed. These and other events can lead to issues affecting the veteran or service member.
The family bond created in a military culture is strong and in many cases unbreakable. It must be addressed when the service member transitions to civilian life and the "military family" no longer is available.

Richard Gabriel observes that "in military writings on unit cohesion, one consistently finds the assertion that the bonds combat soldiers form with one another are stronger than the bonds most men have with their wives. (Grossman, On Killing: The Psychological Cost of Learning to Kill in War and Society)

In understanding the Warrior Code and the bonding that occurs within the military we can begin to understand how a violation of either can lead to a moral injury.

These issues all can be causes of shame or guilt as a result of violating the warrior code:

- Failing to act
- Surviving when others did not
- Failing to save or protect others
- Killing or injuring others
- Helplessness
- Loss of control
- Even just having stress symptoms of any kind

Finally, it is the transformation from a “civilian code” to the “warrior code” that creates in the individual perhaps the greatest moral injury, the sacrificing of one’s unwillingness to kill to that of willing to kill when ordered. The service member will always carry the thought of killing or another moral transgression with them throughout their lives.

The moral healing for these transgressions can only be found in faith-based organizations.
Historical Perspective

Ancient Warrior Code and Moral Injury

Numbers 31:13-24

From the Old Testament we have reference to the warrior code and purification rituals. In this interpretation of scripture by Matthew Henry (1652-1714) we are told of how the Israelites had to “purify” themselves before entering their camp after battle. It is important to note that Moses and all the leaders of the community went out to meet them (v.13).

With the triumphant return of the army of Israel from the war with Midian, Moses prescribes the need for purification not only of the body but of possessions as well.

I. They were met with great respect, (v. 13.) Moses himself, notwithstanding his age and gravity, walked out of the camp to congratulate them on their victory, and to grace the solemnity of their triumphs. Public successes should be publicly acknowledged, to the glory of God, and the encouragement of those that have jeopardized their lives in their country's cause.

II. They were obliged to purify themselves, according to the ceremony of the law, and camp seven days, till their purification was accomplished.(v.19.)

1. They had imbrued [stained]their hands in blood, by which though they had not contracted any moral guilt, the war being just and lawful, yet they were brought under a ceremonial uncleanness, which rendered them unfit to come near the tabernacle till they were purified. Thus God would preserve in their minds a dread and detestation of murder. David must not build the temple because he had been a man of war, and had shed blood, (1 Chr. 28:3.)

2. They have touched dead bodies, by which they were polluted, and that required they should be purified with the water of separation, (v. 19, 20.)

III. They must likewise purify the spoil they had taken, the captives (v. 19) and all the goods, (v. 20-23.) These things had been used by Midianites, and, having now come into the possession of Israelites, should be sanctified to the service of that holy nation and the honor of their holy God.

http://www.blueletterbible.org/Bible.cfm?b=Num&c=31&t=KJV

The significance of Numbers 31 is that more than 2500 years ago the need to care for returning warriors was recognized, though in a different way, and purification of the body was a ritual used to cleanse the body of war and guilt.
In her book, *Code of the Warrior: Exploring Warrior Values Past and Present*, Dr. Shannon E. French reviews various ancient cultures and the effects of war on the warrior.

In reviewing such works as the *Iliad* we learn of the shame that Achilles feels after desecrating the body of Hector by dragging the body around the walls of Troy. The shame that Achilles feels cannot be seen by his fellow Greeks but remains with him till his death. Even in the earliest of Greek writings the suppressed guilt and shame of a warrior is identified and mentioned. Homer describes in his other writings more about moral shame and injury. (21)

Moving forward one cannot exclude the rule of the Roman Empire over the then known world. Much has been made about the ruthlessness of the Roman soldier. While the Roman soldier was ruthless in battle they had a warrior code that provided the cohesiveness and strength for the Roman Legion. All their duties were performed with the same discipline, the same safety precautions, and the same method of encampment. Roman soldiers never ate alone, they ate together. Trumpets would signal the hours of sleep, guard duty and when to wake. There was absolute obedience to their officers. All this training and discipline led to “unit bonding” so that they were an army that was well behaved in peacetime and which moved as a single body in battle. But the Roman leaders knew of the pains of war and how the loss of a comrade would affect the legionnaire. French describes how the soldiers would be bathed by Vestal Virgins to wash away the impurities of battle and war. This concept of purification is seen in other cultures throughout history. (63)

As Bernard J. Verkamp explains in his book, *The Moral Treatment of Returning Warriors in Early Medieval and Modern Times*, in the early Middle Ages, Christian knights returning from war were required to do penance for acts committed during wartime that were seen as “sinful” (including injuring and killing other humans), even if the war had been judged to be a just war by the Church.

As Verkamp explains:

[T]he Christian community of the first millennium generally assumed that warriors returning from battle would or should be feeling guilty and ashamed for all the wartime killing they had done. Far from having such feelings dismissed as insignificant or irrelevant, returning warriors were encouraged to seek resolution of them through rituals of purification, expiation, and reconciliation. To accommodate these latter needs, religious authorities of the period not infrequently imposed various and sundry penances on returning warriors, depending on the kind of war they had been engaged in, the number of their killings, and the intention with which they had been carried out. (11)
The penance and reconciliation performed by the returning knights was important for their reintegration into the community from which they left. Even in the earliest days of the church it was thus recognized that moral injury needed to be addressed, albeit not by that term.

Dr. French also notes the importance of the ritual in reviewing Native American tribes. Almost without exception Native American tribes had a rite of passage for their young to the position of warrior. These tribes also recognized the need to heal the returning warrior before they could be assimilated back into the tribe after a battle. By entering a sweat lodge the warrior would cleanse himself of the wounds of battle and be purified so that he could return to the tribe—his community. By today’s terms, they were able to successfully reintegrate into the community.

There are countless examples of how the warrior code existed in every culture. Whether it is the ancient samurai, Chinese monk warrior, or citizen soldier of today, in these and other cultures a common theme runs throughout. That being the warrior has a warrior code by which they function and a purification process or ritual by which those coming from battle would become participants.

The accounts of ancient warriors need to be understood as we discuss moral injury and its effects on the warrior. Moral injury is not unique to our current warriors—it has been with us for centuries. Clinicians and psychologists review various ways to treat moral injury as if it were a new phenomenon. Perhaps they should look back to ancient times when, albeit in an intuitive manner, the wound was recognized and healed. And like moral injury that is now being investigated by clinicians and researchers, another ancient invisible wound of war is also being addressed—that being Post-Traumatic Stress Disorder (PTSD).

It is important to consider that moral injury may not exist by itself. Moral injury may also be an underlying cause of Post-Traumatic Stress Disorder (PTSD) or a result thereof and it is here where the clinician and psychologist have entered into the discussion of moral injury.
Mental Disorders

It is impossible to adequately address moral injury without considering, in brief, the history of the many mental issues that occur as a result of military service.

As described in the review of ancient cultures the issue of moral injury was recognized and in one manner or another it was dealt with by rituals of purification (inclusive of penance and reconciliation).

Post-traumatic Stress Disorder (PTSD) is defined by the American Psychiatric Association as an anxiety (emotional) disorder which stems from a particular incident evoking significant stress. PTSD can be found among survivors of the Holocaust, of car accidents, of sexual assaults, and of other traumatic experiences such as combat. The fact is, PTSD is a new name for an old story. War has always had a severe psychological impact on people in immediate and lasting ways. PTSD has a history that is as significant as the malady itself. It’s been with us now for thousands of years, as incidents in history prove. (Adapted from the Encyclopedia of Psychology)

The Evolution of PTSD: Many Names

As described by Charlie Jane Anders in the article “From Irritable Heart to Shellshock: How PTSD Became a Disease” one can trace the history of PTSD from the 17th Century to today.

“Nostalgia
This is the diagnosis given to Swiss soldiers in 1678 by Dr. Johannes Hofer. In 1761, Austrian physician Josef Leopold Auenbrugger wrote about the widely diagnosed condition of nostalgia in his book Inventum Novum, writing that soldiers "become sad, taciturn, listless, solitary, musing, and full of sighs and moans. Finally, these cease to pay attention and become indifferent to everything which the maintenance of life requires of them. This disease is called nostalgia." French physicians in the Napoleonic wars believed soldiers were more likely to suffer nostalgia if they had come from a rural, rather than urban, background. They prescribed such cures as listening to music, regular exercise, and "useful instruction."

Homesickness
Around the same time, German soldiers were calling the same condition heimweh, and the French called it "maladie du pays" — both terms basically mean "homesickness."

Estar Roto
Spanish physicians came up with this term for PTSD, which means "to be broken."

Soldier's Heart
Internal medicine doctor Jacob Mendez da Costa studied Civil War veterans in the United States, and discovered that many of them suffered from chest-thumping (tachycardia), anxiety, and shortness of breath. He called this syndrome "Soldier's Heart" or "Irritable Heart." But it also came to be called "Da Costa Syndrome."
Neurasthenia/Hysteria
These classic Victorian descriptions for anybody who suffered from excessive neurosis or nervousness included many symptoms that would now be considered signs of PTSD, judging from James Beard's definitive text on neurasthenia, published in 1890.

Compensation Sickness or Railway Spine
As railroad travel became much more common in the late 19th century, so did railroad accidents — and psychologists started noticing a lot of cases of trauma among survivors of those accidents. Psychologist CTJ Rigler coined the term "compensation neurosis" to describe these cases — with the "compensation" part referring to a new law that allowed people to sue for compensation for emotional suffering. Rigler believed people were more likely to report their traumatic symptoms — or possibly exaggerate them — if they were going to get paid. Victims of railway accidents were also referred to as having "Railway Spine," as if their spinal cords had suffered a concussion that caused them to be more nervous or traumatized afterwards.

Shell Shock
Dating from World War I, "shell shock" is probably the most famous term for PTSD. By December 1914, up to 10 percent of officers were suffering from shell shock, and 40 percent of casualties from the Battle of the Somme were shell-shocked.

Combat Exhaustion
“Shell shock” became “combat exhaustion” during World War II and the Korean War. People also called it "combat fatigue." The Army studied the problem, and decided that "unit cohesion" was a crucial factor in surviving this syndrome, and replacement soldiers were more prone to it because they were new to their units.
**Stress Response Syndrome**

This is the name "battle fatigue" was given in the Diagnostic and Statistical Manual of Mental Disorders (DSM-I) in 1952. It is the condition that Vietnam War veterans were diagnosed with. In the DSM-II this syndrome was filed with diagnoses in a new category called "situational disorders."

After the Vietnam War, countless veterans were diagnosed with "stress response syndrome" but the VA declared that if the problem lasted more than six months after the soldiers returned home, then it obviously was a pre-existing condition and had nothing to do with their wartime service. And thus, it was no longer covered for treatment by the VA.

It wasn't until DSM-III in 1980 and ICD-10 in 1992 that the clinical guidelines started to acknowledge that these problems could be chronic. And that this problem could be an "anxiety disorder" rather than a short-term adjustment. This change came in the wake of researchers working with a large number of Vietnam veterans. Like World War II, the Vietnam War was a huge boost to PTSD research, and psychologists could find a large number of people suffering from the same symptoms within the same city, so sources of ready data existed.

A big proponent of reclassifying PTSD as an anxiety disorder, rather than an adjustment disorder, was Boston University's David H. Barlow. He theorized that when people who have psychological and physiological vulnerability get exposed to a stressful event, they develop the belief that these stressful events are unpredictable and uncontrollable — and they will become fearful about the repetition of this stress. This leads to a cycle of "chronic over arousal" and "anxious apprehension." These, in turn, lead to people being excessively vigilant, with shortened attention spans, and the way people process information gets distorted.

In short, they have major stress as a result of a trauma they've experienced. Hence, PTSD.”

(Anders, Charlie Jane, “From Irritable Heart to Shellshock: How PTSD Became a Disease”)
The Continuing Evolution

Since the Vietnam War other terms have come into our lexicon. Their relation to *moral injury* is not as connected as that of PTSD but is no less relevant.

**What Are the Differences Between PTS and PTSD?**

It’s easy to confuse post-traumatic stress (PTS) and post-traumatic stress disorder (PTSD). In addition to sharing similar names, there’s considerable overlap in symptoms between the two conditions. Both PTS and PTSD are associated with feeling fearful and/or nervous, avoiding the activity or place associated with the traumatic event, and nightmares. However, there are significant differences in symptom intensity, duration, and treatment.

**Post-traumatic Stress**

“PTS is a common, normal, and often adaptive response to experiencing a traumatic or stressful event. Common occurrences, like car accidents, can trigger PTS as well as more unusual events like military combat or kidnapping. Almost everyone who experiences a scary situation will show at least a few signs of post-traumatic stress. That’s because our brains are hard-wired to tell our bodies to tense our muscles, breathe faster, and pump more blood when we’re under intense stress. This is the “fight-or-flight” response that prepares your body to deal with a threat or challenge in the environment by pumping more blood and oxygen to your muscles, and it shuts down non-critical functions like digestion. This fight-or-flight response is a normal reflex during and sometimes even after a traumatic event, which is why PTS is considered a normal reaction and not a mental illness.

**PTS Symptoms and Behaviors**

In experiencing post-traumatic stress, the heart may race, hands shake, and one may sweat or feel afraid and nervous. After the stressful event, one might avoid or be leery of engaging in that activity again, may have a bad dream about the event just experienced, or may feel nervous in a situation that reminds them of the unpleasant event.
Although they can be momentarily intense, symptoms of PTS usually subside a few days after the event and won’t cause any prolonged meaningful interference with your life. One positive outcome of experiencing PTS may be that one may behave more carefully in a potentially dangerous situation in the future.

**PTS Treatment**

Since post-traumatic stress is not a mental disorder, treatment is not required as the symptoms will likely improve or subside on their own within a month. However, one should talk to a healthcare provider if they feel troubled by their symptoms — if they’re interfering with their work, school, or relationships or if engaging in reckless behavior such as drinking or using drugs to cope with symptoms.

**Post-Traumatic Stress Disorder**

PTSD is a clinically-diagnosed condition listed in the Diagnostic and Statistical Manual of Mental Disorders, the recognized authority on mental illness diagnoses. The fifth revision, released May 2013, includes the latest diagnostic criteria for post-traumatic stress disorder.

Anyone who has experienced or witnessed a situation that involves the possibility of death or serious injury, or who learns that a close family member or friend has experienced a traumatic event, can develop post-traumatic stress disorder, although most people don’t. It’s still not completely understood why some people who are exposed to traumatic situations develop PTSD while others don’t.

**PTSD Symptoms and Behaviors**

Common symptoms of post-traumatic stress disorder include reliving a traumatic event through nightmares, flashbacks, or constantly thinking about it. One might avoid situations or people that remind them of the event, have only negative thoughts or emotions, and constantly feel jittery, nervous, or “on edge.” Although some of these symptoms sound similar to PTS, the difference is the duration and intensity. Symptoms that continue for more than one month, are severe, and interfere with daily functioning are characteristic of PTSD.

Behaviors that indicate professional intervention is needed may include drinking or smoking more than usual as attempts to reduce anxiety or anger, and aggressive driving. Service members who have experienced combat can be especially nervous driving under overpasses and past litter on the roadside — behavior learned in Iraq and Afghanistan where insurgents hide improvised explosive devices in garbage and use overpasses to shoot at vehicles. Other behaviors that indicate that help may be needed can include being wary of crowds, showing reluctance to go to movie theaters, crowded stores, or nightclubs, and avoiding news that addresses overseas combat or getting angry at the reports.
PTSD Treatments

Certain medications and therapies are widely accepted by healthcare providers as effective treatments for post-traumatic stress disorder. Sertraline and Paroxetine are two medications the U.S. Food and Drug Administration approved for treatment. Trauma-focused psychotherapy techniques such as prolonged exposure therapy and cognitive processing therapy have also been proven to be effective and widely used.

Overall Key Points

- PTS symptoms are common after deployment and may improve or resolve within a month. PTSD symptoms are more severe, persistent, can interfere with daily functioning, and can last for more than a month.
- Most people with PTS do not develop PTSD. You can develop PTSD without first having PTS.
- PTS requires no medical intervention, unless symptoms are severe. However, you may benefit from psychological healthcare support to prevent symptoms from worsening.
- PTSD is a medically-diagnosed condition and should be treated by a clinician.”
  (brainline.org)

Traumatic Brain Injury

Traumatic Brain Injury (TBI) is generally the result of a sudden, violent blow or jolt to the head. The brain is launched into a collision course with the inside of the skull, resulting in possible bruising of the brain, tearing of nerve fibers and bleeding.

“Problems with TBI vary depending on the location and severity of the injury to the brain and may include the following:

- Trouble concentrating when there are distractions (e.g., carrying on a conversation in a noisy restaurant or working on a few tasks at once).
- Slower processing or "taking in" of new information. Longer messages may have to be "chunked," or broken down into smaller pieces. The person may have to repeat/rehearse messages to make sure he or she has processed the crucial information. Communication partners may have to slow down their rate of speech.
- Problems with recent memory. New learning can be difficult. Long-term memory for events and things that occurred before the injury, however, is generally unaffected (e.g., the person will remember names of friends and family).
- Executive functioning problems. The person may have trouble starting tasks and setting goals to complete them. Planning and organizing a task is an effort, and it is difficult to self-evaluate work. Individuals often seem disorganized and need the assistance of families and friends. They also may have difficulty solving problems, and they may react impulsively (without thinking first) to situations.”

(American Speech Language Association)
Military Sexual Trauma

“Military sexual trauma (MST) is the term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. It includes any sexual activity where someone is involved against his or her will – he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities.

Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person’s body or sexual activities; and/or threatening or unwelcome sexual advances.

MST is an experience, not a diagnosis or a condition in and of itself. Because of this, Veterans may react in a wide variety of ways to experiencing MST. Problems may not surface until months or years after the MST, and sometimes not until after a Veteran has left military service. For some Veterans, experiences of MST may continue to affect their mental and physical health, work, relationships, and everyday life even many years later.

Sexual assault is more likely to result in symptoms of posttraumatic stress disorder (PTSD) than are most other types of trauma, including combat. Also, the experience of MST can differ from the experience of other traumas, and even from the experience of sexual trauma in the civilian world.

“Going through a sexual assault is bad enough. Then to have this happen to me in my job as a soldier; it was really difficult because what happened to the unit support? Your fellow soldiers are supposed to have your back.” (Ed. Note: This is the breaking of the “Band of Brothers” bond.)

Factors that may be unique to MST include:

- One may have had to continue to live and work with your perpetrator, and even rely on him or her for essential things like food, health care, or watching your back on patrol
- One may have been worried about damaging the team spirit of your unit if your perpetrator was in the same unit
- One may have been worried about appearing weak or vulnerable, and thoughts that others would not respect you
- One may have thought that if others found out, it would end your career or your chances for promotion

For these and other reasons, the experience of MST can put Service members in some no-win situations and be emotionally difficult for them to resolve as Veterans.” (va.gov)
As is often the case in a sexual assault case, the victim can often be made to feel to be the guilty party. It is important to understand the relationship between this feeling of guilt and shame when working with a victim of MST as those feelings can result in a moral injury.
Conscience or Moral Code

“Always let your conscience be your guide” (Jiminy Cricket, from the movie Pinocchio, 1940).

Conscience may be defined as nothing more or less than the human mind itself uttering its judgments upon matters that pertain not to speculation but to action and more particularly to action that is imminent action to be performed here and now and not at some future time.

Rev. James Gillis stated, "But let no one think that since a man is justified if he acts in accordance with conscience, he is therefore excused from the duty of enlightening his conscience.”
("The Argument for Conscience.”)

Cardinal Newman cited authorities in Catholic moral theology that "conscience must always be obeyed whether it is a true conscience or an erroneous conscience and whether the error is the fault of the person thus erring or not." "If," they add, "a man is to blame for being in error, which he might have escaped had he been more in earnest, for that error he is answerable to God, but still he must act according to that error while he is in it, if in full sincerity he thinks the error to be truth." In other words, a bad action becomes good in the mind of the person, and a good action with a bad conscience becomes bad.
(newmanreader.org (246))

For example we read that Robin Hood stole from the rich to give to the poor. He counted that a virtue. It was therefore no sin to him. A head hunter in the wilds of Borneo, who is raised on his tribe’s mores and culture, considers it no crime to creep through the jungle, catch a man from a neighboring tribe unawares, lop off his head and carry it home as a trophy. He knows no better. In his mind he commits no sin.

An ancient Spartan or a Roman philosopher, who, tired of life, deliberately fell upon his sword, or the modern Japanese who commits hara-kiri, is not guilty of sin if, forming his conscience on the moral code of his country or on his religion, he thinks his action virtuous.

If Oliver Cromwell, the English politician of the 17th century, was such a fanatic as to imagine God had chosen him to obliterate the Irish off the face of the earth, the butcheries he committed in Ireland were not considered by him to be murder.

And finally, if Pontius Pilate, in condemning Jesus Christ to death was conscious of no wrong, he felt no commission of a crime. Christ Himself alludes to the absence of guilt when he states in John (16:2) “…in fact, a time is coming when anyone who kills you will think he is offering a service to God.”
"Deep within his conscience man discovers a law which he has not laid upon himself but which he must obey. Its voice, ever calling him to love and to do what is good and to avoid evil, sounds in his heart at the right moment. . . . For man has in his heart a law inscribed by God. . . . His conscience is man's most secret core and his sanctuary. There he is alone with God whose voice echoes in his depths."

(vatican.va/archive/ccc_css/archive/catechism/p3s1c1a6.htm)

In any discussion of moral injury the relevance of conscience must be considered. Conscience can be overridden or suppressed by circumstance or emotional condition. While one knows it is wrong to steal, stealing can be justified if to feed one’s starving family. In the case of a military service member the “rush of battle” may cause conscience to be “blanked out” as the fight continues. It may be only after the battle is over that one’s conscience will play on the mind and begin to cause guilt or shame. This can be the beginning of a moral injury.

By accepting that conscience is in fact based on one’s moral code we can now begin to see how it interacts and can perhaps conflict with the Code of the Warrior.
**Moral Distress**

Moral distress occurs in all professions and in all walks of life.

**Ethics** and **morals** both relate to “right” and “wrong” conduct. However, **ethics** refer to the series of rules provided to an individual by an external source, e.g. their profession or religion.

**Morals** refer to an individual’s own principles regarding right and wrong.

Moral distress occurs when one knows the ethically or professional prescribed action to take but in doing so violates their moral code. While this term has not been applied as yet to those with military service it has been studied and applied to those in the field of nursing though it is important to understand that moral distress is not solely a nursing problem.

Nurses are often confronted with the dilemma of determining and then doing what is right either from an ethical or a moral perspective. Fortunately they have training and guidance from their supervisors and administrators as to what course of action is open to them. In the case of a nurse, they will have the time to make a conscious decision as to what course of action they will take. In the case of a warrior there may not be that “luxury of time”.

In a combat situation there may not be the time to “think about” the action one is about to partake. A study of soldiers during the early period of the Iraq war showed that they soon began to question the process of “kicking in a door” to a home and only finding a family. These “minor moral wounds or distresses” soon got to a point where some could no longer justify the policy of their commanders. Eventually, the policy was changed.

The closest clinical relationship to **moral distress** is **PTS** where there is an incident or conflict that is experienced and not permanently inhibiting. However, if there are enough **distresses** that go unresolved the consequence can result in **moral injury**. Moral distress is like Pandora’s Box, full of many demons or incidents that remain captured and unreleased…until a traumatic event occurs!

One professional example of ethics conflicting with morals is the work of a defense attorney. A lawyer’s moral code may be that murder is reprehensible and that murderers should be punished, but their ethical code as a professional lawyer, require defending the client to the best of their abilities, **even if knowing that the client is guilty**.

The lawyer or service member, confronted with moral distresses, must find resolution to their conflicts or ultimately their **moral distresses will be elevated to a moral injury**.
Moral Injury

“An act of serious transgression that leads to serious inner conflict because the experience is at odds with core ethical and moral beliefs is called moral injury.”
(PTSD Quarterly Review (Volume 23/No 1-ISSN: 1050-1853-2012))

Just War Doctrine

Those in the military profession have one main duty, that being to defend their nation against all foreign and domestic enemies. In many cases they may be asked to kill in defense of their nation. Wars that the United States have fought through Korea have typically been fought under what is termed the Just War Doctrine. It is important to understand this doctrine as it establishes the moral code by which the military commands its members:

*All citizens and all governments are obliged to work for the avoidance of war.*

Despite this admonition of the Church, it sometimes becomes necessary to use force to obtain the end of justice. This is the right, and the duty, of those who have responsibilities for others, such as civil leaders and police forces. While individuals may renounce all violence those who must preserve justice may not do so, though it should be the last resort, "once all peace efforts have failed."

As with all moral acts the use of force to obtain justice must comply with three conditions to be morally good. First, the act must be good in itself. The use of force to obtain justice is morally licit in itself. Second, it must be done with a good intention, which as noted earlier must be to correct vice, to restore justice or to restrain evil, and not to inflict evil for its own sake. Thirdly, it must be appropriate in the circumstances. An act which may otherwise be good and well-motivated can be sinful by reason of imprudent judgment and execution.

In this regard Just War Doctrine gives certain conditions for the legitimate exercise of force, all of which must be met:

1. the damage inflicted by the aggressor on the nation or community of nations must be lasting, grave, and certain;
2. all other means of putting an end to it must have been shown to be impractical or ineffective;
3. there must be serious prospects of success;
4. the use of arms must not produce evils and disorders graver than the evil to be eliminated. The power of modern means of destruction weighs very heavily in evaluating this condition.
The responsibility for determining whether these conditions are met belongs to "the prudential judgment of those who have responsibility for the common good." The Church's role consists in enunciating clearly the principles, in forming the consciences of men and in insisting on the moral exercise of just war.

The Church greatly respects those who have dedicated their lives to the defense of their nation. "If they carry out their duty honorably, they truly contribute to the common good of the nation and the maintenance of peace. However, the Church cautions combatants that not everything is licit in war. Actions which are forbidden, and which constitute morally unlawful orders that may not be followed, include:

- Attacks against, and mistreatment of, non-combatants, wounded soldiers, and prisoners;
- Genocide, whether of a people, nation or ethnic minorities;
- Indiscriminate destruction of whole cities or vast areas with their inhabitants.

("Just War Doctrine" Catholic Answers)

Given acceptance of the Just War Doctrine, those serving in the military have the moral authority given to defend and take lives if necessary. However, since the beginning of the Vietnam War and through today, it is extremely difficult if not impossible to honor all the moral conditions set forth in the Just War Doctrine.

Terrorism, guerilla warfare, "collateral damage", wars without borders or defined battle lines, electronic and remote killing all may challenge the moral code set forth in the Just War Doctrine. As such, the code of the warrior becomes more and more difficult to follow.

“It is important to appreciate that the military culture fosters an intensely moral and ethical code of conduct and, in times of war, being violent and killing is normal, and bearing witness to violence and killing is, to a degree, prepared for and expected. Nevertheless, individual service members and units face unanticipated moral choices and demands and even prescribed acts of killing or violence may have a delayed but lasting psychosocial–spiritual impact (e.g., guilt and shame). For example, it makes sense that most service members are able to assimilate most of what they do and see in war because of training and preparation, the warrior culture, their role, the exigencies of various missions, rules of engagement and other context demands, the messages and behavior of peers and leaders, and the acceptance (and recognition of sacrifices) by families and the culture at large. However, once redeployed and separated from the military culture and context (e.g., with family or after retirement), some service members may have difficulty accommodating various morally conflicting experiences.” (Litz et al 2009)
**Thou Shalt Not Kill (Murder):** It is important to know, in military parlance, the difference between murder and killing. As an example, the massacre that took place in a village in Vietnam called My Lai can only be described as murder. However, if that same unit that did the murders in My Lai was involved in a firefight in another village where the enemy had a position and women and children died as a result of battle that would be termed justified killing. While both take lives, one is acceptable by society and the military while the other is offensive and a violation of the law. However, in either case *moral injury* can occur.

The direct act of killing is not the only cause of *moral injury*. As an example, flyers who conducted bombing missions during WW2 or Korea have suffered from *moral injury* when they later reflected on the killing of innocent noncombatants in the course of their military service. It can be hypothesized that those airmen who loaded bombs on B-52’s during the Vietnam War may, many years later, reflect on the death and destruction to noncombatants as a result of their actions; no matter how far removed they have been from the actual event.

Those that witness death or handle body parts or operate triage centers can all suffer from *moral injury*.

Imagine the drone pilot sitting at a console at an air base in Nevada watching for hours a potential target and then launching a missile to kill them and actually sees the literal obliteration of the enemy target in real time. Then he/she goes home to family or friends, unable to say what they did during that day.

Even in the case of the service member who was in a justified killing or action there may still be, on his/her part, the perception of having committed an unjustifiable killing. They *may perceive that they have committed a sin*. It is this perception of sin that can cause a *moral injury* to that person.

**The Medical Community Steps In**

Because there is sufficient evidence that morally injurious events produce adverse outcomes, developing treatments that target *moral injury* is an important next step. Research investigating a new intervention for military personnel and Veterans that targets *moral injury*, life-threat trauma, and traumatic loss is underway (Gray et al., in press; Steenkamp et al., 2011). The treatment, *Adaptive Disclosure*, consists of eight 90-minute sessions, each of which includes imaginal exposure to a core haunting combat experience and uncovering beliefs and meanings in this emotionally evocative context. In cases where traumatic loss or *moral injury* are present, patients also engage in experiential exercises that entail either a charged imaginal conversation with the deceased or a compassionate and forgiving moral authority in the context of *moral injury*. In an open trial, Adaptive Disclosure resulted in reductions in PTSD symptoms, depression symptoms, and negative posttraumatic appraisals, and increased post-traumatic growth (Gray et al., in press).
During the 5th Session in Adaptive Disclosure

“In service of promoting new growth-promoting and hope-inducing learning, our treatment model employs a modification of an empty-chair dialogue in imagination with a caring and benevolent moral authority. The goal is to have patients verbalize what they did or saw, how it has affected them, and what they think should happen to them (or others) over their life course as a result, to someone who does not want them to suffer excessively and who feels that forgiveness and reparation is possible.

Patients are guided through an imaginary conversation with another person who they have great respect for and who can weigh in as a relevant and generous moral authority. The requirement is that the service member or veteran thinks of someone who has always had his or her back and who has been and will be in his or her corner no matter what. If the patient cannot think of someone, he or she is asked to dialogue with a service member or veteran who he or she cares about. In this context, the patient is asked to provide guidance and recommendations for moving forward to someone who is convinced that he or she is irredeemable and deserves to suffer.

In the first phase, the goal is to get the patients to disclose the transgression, articulate their attributions and how they have been feeling about themselves since the experience, and what they think should happen to them in their life course as a result (their plans and goals in light of their moral injury). To enhance engagement and the intensity of the exchange, patients are also encouraged to share their remorse and sorrow and what they would like to do to make amends if they could.

After the patient sits with the emotions arising from this exercise, the therapist asks him or her to verbalize what the moral authority figure would say to him/her after hearing all of this. If necessary, the therapist is instructed to introduce content that is forgiveness-related, tailored to the specifics of the case. At the end, the therapist elicits feedback about the experience, by asking questions such as “What was that like for you?” and “What are you going to take from this?” This process may need to be repeated during multiple sessions.”” (Source: Litz et al 2009)
**Approaches to Resolution of Moral Injury**

Military Outreach USA makes no determination as to the validity of *Adaptive Disclosure* as a method of treating PTSD or for any other related disorder. We do question, as stated in *Session 5*, the empty chair and patient concept where one has a “…imaginary conversation with another person who they have great respect for and who can weigh in as a relevant and generous moral authority.”

The reliance on *self-forgiveness without the presence of a moral authority*, such as a priest, pastor or rabbi, to bring the forgiveness of a loving and caring God to the person suffering from *moral injury* is a surrendering of faith-based teachings and values to the medical community. It is imperative that clergy and lay ministers address this concern immediately.

Military Outreach USA also recognizes that, particularly in the VA Health Care system that many veterans are and will be treated by methods such as Adaptive Disclosure and others which will include medication. It is critical to recognize that while these treatments may be temporarily effective, when the veteran leaves the VA facility, they leave their support system.

After the [self] forgiveness has been received the veteran needs a support system and a method to provide service to others. They need a support system providing them the opportunity to rebuild their self-esteem, sense of worth and purpose. Providing service to others is a key component of the healing process of *moral injury*. These two elements in approaching *moral injury* are critical to successful reintegration of the veteran back into their community. There is one “system” that can offer:

- Forgiveness
- Support
- Service Opportunities

*and that is the faith-based community!*
Steps to Resolution

So how does the clergy or lay ministry work with a service member who suffers from *moral injury*?

*The simplest answer is by sharing the love of a merciful and forgiving God.*

However, given the uniqueness and cultural background of military service, clergy and lay ministry must educate themselves on military culture and the effects of military service. We have shown that throughout history cultures and religions have recognized the need to provide “rituals” for their warriors to help them overcome experiences of combat and to transition back into the community. While it may not be practical to have “sweat lodges” on a church campus or have returning service members “purify” themselves by a ritual bath there are ways the church can act in dealing with those who return.

Accordingly, Military Outreach USA provides a number of tools in its *Just Reach One Program* that assist clergy and lay ministries. Examples of suggestions and methods of implementation found in *Just Reach One* include:

1. **Understand military culture.** You cannot know where to go if you have no understanding of where they have been. An extensive explanation of military culture is provided.
2. **Never prejudge.** Accept the individual for who are, not for who they were.
3. **Learn to listen.** Effective listening will allow you to learn what is really at the heart of their problem. Examples of effective listening are provided.
4. **Be empathetic.** While you may have no direct military service you can be empathic in listening
5. **Be aware.** The situation may arise where referral to outside agencies is required. Know your VA Chaplain, VA facilities or related care facilities in the area. Contact information to key individuals, agencies, and programs are provided.
Spiritual Rituals

While it is not practical to re-create ancient rituals, there are “rituals” that can be conducted within the church. Spiritual exercises can be used throughout the year. Consider planning a series of spiritual exercises and events that correspond with the church calendar and national calendar; i.e. such as birthday of a service.

- New Year’s Eve/Day…Sponsor alcohol-free evening/gathering
- Lent………………….Bring help, healing and reconciliation through worship
- Good Friday………….Identify and connect experiences of one’s suffering to the suffering of others
- Easter………………C. Celebrate rebirth
- Memorial Day………..Share the burden of those who have gone to war and share their grief
- Independence Day……Provide an opportunity for fun, food and sharing
- All Saints Day……….Remind us of our unity with those who have died in faith
- Veterans Day…………Facilitate the healing of veterans as the congregation honors them
- Advent………………Experience peace and reconciliation as family members forgive and heal
- Christmas…………..Celebrate the opportunity for birth and healing

Advent or Lent may be an appropriate time for a heart-cleansing program to identify and heal a moral injury. It can be a time to let go of past wounds and find comfort and offer forgivingness. These exercises and events should be intended to provide a means for healing and restoration.

Spiritual exercises can take many forms. On the Sunday closest to July 4th or Veterans Day invite veterans of different generations to lead in a processional as they carry, for example, a cross, a Bible, the baptismal pitcher or communion cup and plate at the beginning of worship service.

("Welcome Them Home” 80)
Service Projects

*Moral injury* is often accompanied by depression, shame and suppressed guilt. It often can create a sense of worthlessness in the victim. Once the church helps provide forgiveness and establishes continuing support programs through spiritual exercises then the need to provide service projects arises. Furthermore, the church is the perfect organization that can offer the victim of *moral injury* more opportunity to serve through any one of numerous ministries that may exist within the church.

Following are just a few examples of ministries in which a veteran would be well suited to serve:

- **Prison ministry:** Outreach to the incarcerated and their family members. Many veterans are incarcerated and need contact with fellow veterans.
- **Caring ministry:** Often called peer-to-peer support, a caring ministry can be invaluable in helping veterans reach others who are victims of the invisible wounds of war.
- **Military ministry:** Outreach to those who serve in the armed forces and their family members. Veterans seek to serve fellow veterans and are excellent in peer-to-peer support groups.
- **Disability ministry:** While all churches are called to minister to those in physical need, serving those affected by disability provides life-changing help to those often neglected by others. Having many fellow service members’ disabled gives a veteran a unique perspective in working with the disabled.
- **Youth and young adult ministries:** Teenagers and college-age students represent a strategic ministry opportunity and in turn can serve as ministers and missionaries to others. Youth need moral role models. Veterans can provide a moral figure to emulate.
- **Senior adult ministries:** All churches are called to care for their older members, yet there are many components of this ministry that can be developed. In-home visitation, hospital visitation, holiday outreach activities, and much more can benefit those who often feel isolated or alone.
- **Arts-related ministries:** Many artists involved in music, painting, dance, etc., feel a special connection with other artists that is often not found within the local church. Many will work with veterans in providing help to overcome the invisible wounds of war.
- **Workplace outreach:** Since most adults spend the majority of their weekday hours at work, outreach in the marketplace offers connections to people the church might otherwise miss.

No matter the service project or ministry it must be sustainable and continuing. Through participation in and the rejoining of community the victim of *moral injury* can overcome their invisible wound of war and rejoin society healed, forgiven and ready to serve.

Support Services

The church or ministry does not have to work alone. By utilizing the resources of the Veterans Administration, Veteran Service Organizations and state or county agencies, a church will be able to fully develop a “*support services*” resource area with free printed materials dealing with many of the issues faced by our Military Community. Beyond the utilization of agencies is the equally importance of working with VA and military chaplains. In approaching moral injury these men and women will prove an invaluable aide in helping to heal those who suffer.
Conclusion - For Many the War Goes On

In ancient Sparta a mother would say to her son, “Come back with your shield or on it.” If a warrior came back without his shield, it meant he had laid it down in order to break ranks and run from battle. He was supposed to use his shield to protect the man next to him in formation, so to abandon his shield was not only to be a coward but also to break faith with his comrades. To be carried on it would mean he was either wounded or killed in battle, returning with his body and his honor intact. He had held true to his “warrior code”.

The warrior’s code is the shield that guards warriors’ humanity. Without it they may find no way back from war and the invisible wounds incurred. It is the transformation that our men and women evolve through--from a “civilian moral code” to that of a “warrior code” and then back to a “civilian moral code”--which can result in moral injury.

When a warrior begins to reflect and bring into conflict with their moral code the actions they either took part in or witnessed while serving in the military it is then that their suppressed guilt or shame can rise to the surface and cause moral injury. Whether it is a WW2 veteran in hospice care remembering his fallen comrades, a Vietnam Veteran trying to decide if tomorrow is another day worth living or a new veteran from Iraq or Afghanistan living with the memory of the woman or child they had to kill, moral injury can affect them all.

The call for more research has passed. We have shown that for more than 2000 years nations and cultures have faced and found ways to serve their warriors who came home from war. It is now the task of the faith-based community to continue what the ancient church began.

For some, and perhaps the majority of veterans who served in combat, their wars may never end. The dark demons of a Pandora’s box may rise to haunt and cause them pain. Military Outreach USA believes that it is only through the faith-based community that those who suffer from moral injury will find relief. These wounded warriors, of all eras, deserve no less.
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Joseph Palmer is the Executive Director for Military Outreach USA. He graduated from Southern Connecticut State University in 1974 with a degree in Political Science. He served in the United States Air Force from 1966-1972 as a Security Police K-9 handler with service in Okinawa, Vietnam, the Philippines, and F.E. Warren Missile Base, Cheyenne, WY. He has been active in developing programs for veterans and has been an All American VFW Post Commander as well as attaining the prestigious honor of being an All American District Commander. Most recently Joseph wrote and had unanimously passed by the VFW a national resolution addressing veteran suicide. Joseph lives in Medinah, IL with his wife Shirley and attends Trinity Lutheran Church where he has been active as a member of their church council and board of elders.

James H. Mukoyama, Jr., Major General, United States Army - Retired, is the founder and President of Military Outreach USA. He received his B.A. in English ('65) and M.A. in the Teaching of Social Studies ('66) from the University of Illinois. His thirty-year Army career included two combat tours and he is a wounded and disabled veteran. He served both on active duty and in the Reserves. He is a life member of numerous Veteran Service Organizations and served pro bono at the Department of Veterans Affairs for five years at a national level addressing Veteran issues. He has been a volunteer for over a decade with the Military Ministry of CRU, formerly Campus Crusade for Christ, at the Great Lakes Naval Recruit Training Center, and leads a men's small group and men's breakfast at his church, Willow Creek Community Church, where he helped start a military ministry program. He and his wife, K.J. live in Glenview, IL.

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