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MASTER OF MILITARY STUDIES

**A SOLDIERS' JOURNEY
AND
BATTLE FOR MORAL REDEMPTION**

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
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Executive Summary

Title: “A SOLDIERS’ JOURNEY AND BATTLE FOR MORAL REDEMPTION”

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Thesis: To preserve military manpower and reduce the debilitating impact of moral injury on soldiers and families, the United States Army must provide training and recovery programs to ensure soldiers understand the difference between PTSD and moral injury, what spiritual fitness is, and identify the triggers and decisions that may cause moral injury.

Discussion: As stated by the Chief of Staff of the US Army, General Raymond Ordierno, “The strength of our nation is our Army. The strength of our Army are our soldiers. The strength of our soldiers are our Families.”¹ After spending two decades at war, United States soldiers have been deployed to fight a two front war in the Middle East, which has resulted in soldiers not only suffering from physical and psychological injuries, but also spiritual injuries. Individuals such as Dr. Johnathan Shay, Dr. Brett Litz, and Dr. Nancy Sherman, have named this type of injury a “moral injury.” In order to evaluate a soldier suffering from PTSD or a moral injury, it is important to understand and distinguish the difference.

In an attempt to improve soldiers’ mental, physical, and spiritual fitness, the US Army has implemented an annual Comprehensive Soldier and Fitness (CSF) Test and an annual Army Global Assessment Tool (GAT) survey. Both the CSF and GAT survey have not solved the issue of addressing moral injuries and strengthening the spiritual foundation of soldiers.

When a soldier returns from a deployment and has suffered a moral injury, the road to recovery begins. The three-stage description of recovery, developed by Dr. Judith Herman has proven to be the most effective and is also used by Shay in his work with soldiers. Similar to Herman’s recovery plan, Shay has stated that the prevention of psychological and injury has three axes - cohesion, leadership, and training.

Conclusion: Upon experiencing a traumatic event during a deployment, a soldier must be able to return home, confident in knowing that there are treatment and recovery programs available to help them; treatment programs and trained professionals that can help soldiers battle the internal conflict of moral injury and remain combat effective. Despite the shame, anger, and guilt that some soldiers feel after they have returned from a deployment, there are civilian programs that the US Army should implement such as the Brite Divinity School Center: Soul Repair that address the issues of moral injury and provide seminars and instruction on how to recover.

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Table of Contents

	Page
EXECUTIVE SUMMARY	i-ii
DISCLAIMER	iii
PREFACE	2
REPORT DOCUMENTATION PAGE.....	3
INTRODUCTION	4
BACKGROUND	6
FROM CIVILIAN TO SOLDIER	12
TRAINING THE SOLDIER FOR COMBAT.....	16
THE BREAKDOWN OF A SOLDIERS MORALITY IN COMBAT	19
THE SOLDIERS JOURNEY TO RECOVERY.....	25
CONCLUSION.....	28
BIBLIOGRAPHY.....	42
APPENDIX A.....	44

Preface

With the US Army at war for over a decade, it is imperative that soldiers receive the help they need in recovering from Post-Traumatic Stress Disorder (PTSD), moral injury, and other tragedies that affect them morally, mentally, and spiritually while in a combat zone. This paper explains the importance of the US Army identifying the concept of moral injury and allowing it to be used to diagnose soldiers in their recovery from traumatic experiences they have endured in war. It distinguishes the difference between PTSD and moral injury as well as different recovery programs that can assist.

I received assistance from the Gray's Research Library on Quantico, VA and utilized updated Army regulations and surveys that addressed the topic.

I would like to thank Dr. Rebecca Johnson, my mentor throughout the research and writing process, for keeping me focused in identifying the problem and coming up with a viable solution; all the United States soldiers, marines, airmen, sailors, and coast guardsmen, past and present, for having the courage to tell their stories and share their experience in the literature, interviews, and journal entries that were researched in writing this paper. Your stories are what will help future generations of Soldiers receive the help they need when they suffer from a moral injury.

I also would like to thank my beautiful wife, Kendal, and my kids, Avree, Elijah, and Jaylen, for being my rock and motivation throughout my 12 year military career. Your sacrifice and dedication does not go unnoticed and I love you all very much!

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INTRODUCTION

Since the September 11, 2001 terrorist attacks, many United States Army soldiers have deployed and fought to defend the United States in support of the Global War on Terrorism (GWOT). For the American soldier, multiple deployments, family separation, and combat fatigue have led to many veterans suffering, not only physical and psychological damage, but spiritual and moral damage as well. The current Chief of Staff of the Army, General Raymond Ordierno, has made it one of his top priorities to ensure commanders are taking care of their soldiers at every level. When traveling in or around an Army base, it is very rare to not see Ordierno's statement of "The strength of our Army are our soldiers. The strength of our soldiers are our families."² The Army has made it a commitment to ensure soldiers are prepared for deployment as well as get them the help they need during combat operations and when they return home to their families.

The US Army offers a wide variety of counseling programs and services to help soldiers and their families overcome physical and mental wartime injuries such as PTSD; however, the Army has failed to address the damage to a soldiers' moral fabric or spiritual foundation. When using the word "soul" or saying a word like "spiritual," most people assume that it has a religious connotation to it; however, the Army has identified it quite differently:

Identifying one's purpose, core values, beliefs, identity, and life vision define the spiritual dimension. These elements, which define the essence of a person, enable one to build inner strength, make meaning of experiences, behave ethically, persevere through challenges, and be resilient when faced with adversity. An individual's spirituality draws upon personal, philosophical, psychological, and/or religious teachings or beliefs, and forms the basis of their character.³

Despite the fact that the Army has clearly defined the word "spiritual" as something that has meaning to an atheist or a non-believer, why is there no emphasis on repairing a soldiers' spirituality or moral foundation upon return from combat?

This paper will explore the United States Army's failure to recognize moral injury as an injury sustained by American soldiers during combat. It will examine the effectiveness of the

Army mandated Comprehensive Soldier and Fitness (CSF) Test and the annual Army Global Assessment Tool (GAT) survey. This paper will also address some causes of moral injury in a deployed environment, distinguish the difference between PTSD and moral injury, the struggle that soldiers go through when they return home, and the programs and services that are and should be available to them to assist in the recovery process. To preserve military manpower and reduce the debilitating impact of moral injury on soldiers and families, the United States Army must provide training and recovery programs to ensure soldiers understand the difference between PTSD and moral injury, what spiritual fitness is, and identify the triggers and decisions that may cause moral injury.

BACKGROUND

The United States Army along with civilian doctors and psychologists have made great strides in defining PTSD and the effect it has had on soldiers when returning from combat; however, the Army fails to recognize moral injury as an injury of war, despite there being a big contrast and difference between the two. After a decade of war, the United States military has been deployed to fight a two front war in the Middle East, resulting in soldiers not only suffering from physical and psychological injuries, but also from injuries to their spirituality. Over the last decade, 60% of soldiers in the U.S. Army have deployed to Afghanistan to fight in Operation Enduring Freedom (OEF) or to Iraq to fight in Operation Iraq Freedom (OIF).⁴ In 2007, Army and civilian psychiatrists from the Walter Reed Army Institute of Research anonymously surveyed more than 18,000 soldiers who served in both active duty and National Guard army units and found that “around 8 to 14 percent of infantry soldiers who have deployed to either Iraq or Afghanistan returned home with either post-traumatic stress disorder or depression.”⁵ Both mental injuries and depression have been the aftermath of war, as well as physical injuries that have changed soldiers’ lives forever.

Combat injuries to soldiers is a life altering experience. “As of October 2010, there have been nearly 45,000 reported casualties in the OIF and OEF war, including more than 2500

moderate-severe traumatic brain injuries, 1250 limb amputations, 150 spinal cord injuries (SCI), and 550 burns.”⁶ These numbers do not reflect all service members who have had injuries bad enough to require emergent or urgent care and removal from the battlefield.⁷ Despite these numbers being extremely high, they pale in comparison to the numbers of soldiers returning from battle with symptoms and disability related to mild brain injury, combat-related stress, and musculoskeletal pain.⁸ Nearly three-quarters of all military casualties in OEF and OIF have been caused by explosive weaponry, which consists of exploded ordinance or improvised explosive devices (IEDs).⁹ This has led to a whole host of complex “physical and mental” injuries, often involving multiple organ systems including the brain, which has resulted in the overall volume of traumatic brain injuries (TBIs), PTSD, amputations, pain, and ultimately, post deployment syndrome (PDS).¹⁰ Despite the drastic number of soldiers that have been affected physically by combat, the incredible ability of the US military’s trauma teams to rapidly treat, stabilize, and evacuate the severely injured out of the battle zone has resulted in a field survival rate of greater than 95%.¹¹

Soldiers are more than twice as likely to survive in today’s battles as compared to Vietnam and ten times more than World War II.¹² Despite the large number of explosive injuries that soldiers sustain in combat, followed by the immediate effects of these blasts to the human body, the cutting edge technology and systems of the military have allowed for an incredible survival rate.¹³

Given these statistics that illustrate the physical and mental aftermath of war, there is no data listed or collected that support those soldiers that have suffered a moral injury. Despite Iraq and Afghanistan being two different theatres of battle, they share something in common with one another when it comes to injuries that soldiers sustain on the battlefield.

Whether from physical, mental, or spiritual injuries, combat has taken its toll on all soldiers. There are many factors in combat that trigger these injuries such as the killing of enemy combatants

who threaten fellow soldiers, being in a convoy when an IED detonates, and being directed to do something that was against their moral compass. When suffering a moral injury, some examples of situations that soldiers face while deployed that contribute to the injury were:

- A soldier giving his squad an order to open fire on a vehicle that had refused to stop at a checkpoint and suddenly spotting a young child in the front seat.
- An Army medic trying desperately to save the life of his fellow Soldier; however, he did not and the guilt of not saving his life haunts him every day.
- A soldiers' family member back home becomes sick and dies while they are deployed and the guilt of not being there to support them haunts them.
- A commander or first sergeant lost soldiers on a deployment and when faced with that soldiers' wife or family members when they return home, "survival" guilt settled in.

There is also the story of a corporal in the Marine Corps, who was a devout Catholic, who gave the order to his subordinates to gun down 15 enemy combatants after his commander had given the instruction "we do not need prisoners." Years later, this same corporal is experiencing flashbacks of the incident and thinks of himself as a killer, who cannot forgive himself because the people that can forgive him are all dead. When talking to an Army psychologist, most would directly correlate this corporal's thought process and feelings of guilt to PTSD; however, this corporal's guilt presides more over his violation of his values and moral code that was instilled upon him as a devout Catholic.

PTSD is not an illness but the persistence of adaptive behaviors needed to survive in a stressful environment.¹⁴ A soldier is diagnosed with PTSD when having witnessed or experienced a traumatic event. PTSD not only affects soldiers but also has an effect on families when they return home.¹⁵ Since the wars in Iraq and Afghanistan began, Army researchers have found that nearly one in five of the more than two million U.S. service members who have been deployed have returned with an array of signs and symptoms of PTSD."¹⁶ Conservative estimates have shown that nearly 400,000 soldiers have been diagnosed with PTSD.¹⁷ The three groups that PTSD is divided up into

are reliving, avoiding, and increased arousal. When soldiers suffering from PTSD goes through the “reliving” stage, they repeatedly relive the ordeal through thoughts, hallucinations, and flashbacks.¹⁸ Second, when a soldier suffers from “avoiding” he/she avoids people, places, or situations that remind him/her of the traumatic event.¹⁹ Third, when a soldier who suffers from “increased arousal” experiences excessive emotions and problems relating to others, including feeling or showing affection.²⁰ Given this definition and the three groups - reliving, avoiding, excessive arousal - that fall under PTSD, the US Army must develop a diagnosis or medical term for damage to a soldiers’ spirit or morale foundation.

In the 1990’s, Dr. Johnathan Shay saw veterans of the US military who had experienced combat from conflicts such as the Korean War and Vietnam. Shay is an author and psychiatrist for the Department of Veteran’s Affairs (VA) outpatient clinic in Boston. Soldiers came to Shay because the memories of combat and the decisions that they made for themselves and their fellow soldiers had continued to haunt them. After listening to a wide variety of stories and hearing similar scenarios over and over, Shay began to formulate his theory on the concept of a “moral injury.” Shay describes a moral injury as when “a soldier betrays his or her sense of what is right, under orders, in a high stakes situation and the undoing of the soul.”²¹ Shay goes on to say:

Moral injury was a betrayal of what is morally correct, by someone who holds legitimate authority, and in a high-stakes situation. Imagine someone you trust, telling you to do something you feel is deeply wrong, in a possible life and death situation. After doing it, you will discover your body reacts. Your guts churn, your heart begins to pound, you may get sweaty. It’s a horrible thought experiment.²²

Shay has stated that the genesis of the term “moral injury” was a result of him talking to soldiers and comparing them to the Greek war hero, Odysseus, the main protagonist in Homer’s *The Odyssey*, the epic story of the Greek warrior Odysseus and his achievements during the Trojan War.²³ Similar to the US Army soldier, Odysseus’ moral compass is tested with his decisions in battle that affect the outcome of the war. Despite being one of the fiercest warriors during the siege

of Troy, Odysseus had a reputation for showing mercy on his enemies, yet, he also did not hesitate to kill those that threatened his army or his fellow soldiers. Throughout the story, Odysseus displays himself as a man who cannot trust anyone, a man whose social trust with his fellow leaders and soldiers has been destroyed due to the stressors of war.²⁴ *The Odyssey* is an excellent springboard to tell the story of military veterans and the struggles they endure during a deployment, returning home to reunite with their families, and the beginning of the pathway to recovery. Aside from Dr. Shay's contribution to beginning the study of moral injury, Dr. Brett Litz, a clinical psychologist with the VA's health care program in Boston, and a professor at Boston University, has also studied moral injury and has "carried the torch" on its concept and the effect it has had on soldiers. Similar to Shay, Litz has describes moral injury as:

Perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations. A moral injury can occur from what you witness or what you do. I've been seeing veterans for 24 years, and when people who seem well-adjusted and doing fine really talk about their war experiences, what often emerges is sadness about the loss and what they saw. That is moral injury.²⁵

Similar to PTSD, both Shay and Litz state that moral injury is divided up into three groups, which are psychological, cultural, and spiritual. First, the psychological perspective on moral injury can be defined as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."²⁶ As stated by Dr. Litz:

Moral injury focuses on the cognitive, behavioral, and emotional aspects of moral injury in a preliminary conceptual model. This model posits that cognitive dissonance occurs after a perceived moral transgression resulting in stable internal global attributions of blame, followed by the experience of shame, guilt, or anxiety, causing the individual to withdraw from others. The result is increased risk of suicide due to demoralization, self-harming, self-handicapping behavior and the psychological risk factors that make an individual more prone to moral injury include neuroticism and shame-proneness. Protective factors includes self-esteem, forgiving supports, and belief in the just-world hypothesis.²⁷

The second group of moral injury is the cultural perspective that was developed and studied by Shay.²⁸ Shay states that "when a soldier begins the process of recovery, it should

consist of purification through the ‘communalization of trauma.’²⁹ Placing special emphasis on communication through artistic means of expression, Shay says that those that suffer from a moral injury must be able to be comfortable expressing how they feel to a person that is looked at as a moral authority over their life.³⁰ Shay states that “moral injury can only be forgiven or healed when the trauma survivor is permitted and empowered to voice his or her experience.”³¹ Soldiers must feel confident that whatever moral authority they confide in - a Chaplain, parent, pastor of their church, or high ranking military leader, needs to listen and be open; however, the should a war crime be admitted or a clear violation of the law of war, that moral figure has the responsibility to take appropriate actions through the chain of command.³² Shay says that “fully when a soldier is coming home, its means integration into a culture where one is accepted, valued and respected, has a sense of place, purpose, and social support.”³³

The third group of moral injury is a spiritual perspective. Shay describes moral injury as “Emphasizing moral injury as souls in anguish, not a psychological disorder,”³⁴ says Shay. A person’s spirituality can be described as “the meaning or significance that can be found in relationship with self, others, ideas, nature, higher power, art, or music. These relationships are prioritized by the person seeking meaning.”³⁵ Religion is institution based, where the military’s definition of spiritual fitness “includes healthy spiritual beliefs (positive personal world views), values (which guide moral decision making), practices (both inward and outward expressions of faith), and core beliefs (purpose and meaning of life).”³⁶

Unlike the Army, the US Navy has adopted the concept of “moral injury;” however, it has chosen to name it “inner conflict.” “Marines don’t like to say, ‘I’m being injured by doing the very thing I’m being trained to do injures me’, some of them at least struggle with that. So we avoided [the struggle] by sticking with inner conflict,” said Navy Chaplain Mark Smith, who helped negotiate the official doctrine on moral injury for the Marine Corps in 2008.³⁷ The Army has attempted to combat moral injury by developing online requirements and surveys that

soldiers must complete such as the Comprehensive soldiers Fitness (CSF) test, measuring the “five dimensions” of the soldier, which include physical, mental, spiritual, family, and social, and the Global Assessment Tool (GAT) survey; however, it has failed to be effective against suicide, depression, and other injuries upon return from a deployment. In the present day, the US Army continues to associate PTSD with soldiers’ injuries and has not used moral injury as a diagnosis for soldiers that have suffered damage to their moral fabric and spirituality.

FROM CIVILIAN TO SOLDIER

The US Army has made it clear that the purpose for Basic Combat Training (BCT) and Advanced Individual Training (AIT) is to lay the foundation for soldiers in terms of physical training, mental training, and values; however, the Army has failed to build a spiritual foundation that will assist soldiers as they transition to their new units and prepare them for combat. Parallel to building a strong spiritual foundation, some prominent and controversial military leaders, such as Lieutenant Colonel(R) Pete Kilner and Colonel(R) Michael Steele, have made the point that the Army does not do a good job of providing a sound explanation and argument as to why killing in the defense of one’s nation is acceptable; thus, through building resilience and conditioning, soldiers will not hesitate and be a justified moral killer. Despite the psychological pressures placed on soldiers to be moral killers, the Army has failed to incorporate spiritual fitness into its training of young recruits; not only in BCT and AIT, but their assigned follow on units as well.

BCT can be defined as laying the foundation for an individual, as it breaks civilian habits and molds them into a soldier. BCT is a ten week course in which Army drill instructors are given the daunting task of turning civilians into soldiers. BCT is designed to test the mental and physical state of an individual by putting him/her through a series of high intensity scenarios and events. Not only are individuals tested mentally and physically through rigorous training, but for many it is the first time that they have ever been away from home. While at BCT, all of these

different individuals from different backgrounds, cultures, and upbringing are brought together and expected to become a well-organized, fighting team. It fosters an environment that stresses the importance of teamwork and reliance on other soldiers for help. These other soldiers are referred to as “battle buddies” throughout the course.

One of the key elements to becoming a soldier is an understanding of the Army values. Every soldier is expected to, not only learn and memorize the Army Values, but also to live them

24/7. The Army values, making up the acronym **LDRSHIP**, are as follows:

- **Loyalty:** Bear true faith and allegiance to the Constitution, the Army, unit, and soldiers.
- **Duty:** Fulfill your obligations.
- **Respect:** Treat people as they should be treated.
- **Selfless Service:** Put the welfare of the nation, Army, and subordinates before your own.
- **Honor:** Live up to Army values.
- **Integrity:** Do what’s right, legally, and morally.
- **Personal Courage:** Face fear, danger, or adversity (physical or moral).

All of the Army values hold importance, but most Army soldiers and leaders would agree that **Integrity** is one of the most important. A soldier’s integrity must never be violated. A soldier can never lie, cheat, steal, or do anything that would bring shame to themselves, their unit, or the Army. For some, this is the first time in their lives that they have been exposed to a system that distinguishes the difference between what is right versus what is wrong. This can be defined as a person’s moral compass. A moral compass is “anything which serves to guide a person's decisions based on morals or virtues.”³⁸ Despite the Army values laying a concrete foundation on how the Army expects its soldiers to model their lives, it does not capture a spiritual element to it.

Despite its intense physical and mental training program, BCT, AIT, and other follow on training that soldiers endure lack spiritual fitness training. US Army General George C. Marshall said, “A soldiers’ heart, spirit, and soul are everything. The soldiers spirit must sustain him or he cannot be counted on resulting in the failure of himself and his country he defends in the end.”³⁹

From day one of BCT, soldiers are taught that the main reason the Army exists is to fight and win America's wars; however, while physically and mentally preparing soldiers for combat and instilling the values of Leadership in them, the Army runs into an issue of demanding soldiers to kill a combatant in battle in defense of themselves or their fellow battle buddies. The Army has the daunting task to create a mindset in a soldier that tells them they are killing another human being for the right reason. A Christian, for example, is expected to follow the Ten Commandments, one of which says "Thou shalt not Kill" found in Exodus 20:13, yet the Army justifies the killing of another person because they threaten American citizens and United States interests.

In *A Moral Justification for Killing in War*, LTC(R) Pete Kilner makes the point that the Army does not do a good job of providing a sound explanation and argument as to why killing in the defense of self or one's nation is acceptable. The Army, as an institution, serves as a moral authority, and if it expects soldiers to become "moral killers", it needs to ensure that soldiers are trained, not only physically and mentally, but also spiritually to make that decision. Signing a memo that states "I am not a conscientious objector", as all soldiers that report to units must do, does not do that, and it serves as nothing more than a piece of paper. As Kilner states, "Our Soldiers arrive in the Army without any personal experience of killing another human being. As their leaders, we need to help them prepare for and make sense of the first-in-a-lifetime experience of killing a fellow human being. This contrasts with other, more frequent moral decisions."⁴⁰ Kilner concludes his article with the argument that,

Understanding the morality of killing in war empowers our soldiers to talk confidently with family, neighbors, acquaintances, etc., about the things the Army does.... If we have not prepared our Soldiers to respond to questions about wartime killing, we have left them defenseless.⁴¹

Similar to Kilner, writer Raffi Khatchadourian makes a strong case in his article, "The Kill Company," about a Brigade Commander in the 101st Airborne Division out of Fort

Campbell, KY and his command climate while on a deployment to Iraq. The brigade commander's name was Michael Steele and, according to Khatchadourian, he established a culture that tried to make a distinction between justified killing and murder during his brigade's train-up before deployment. Steele wanted his soldiers to believe they were killing for the right reason; thus, conditioning them to become "moral killers." In the brigade's train-up to the deployment, Steele implemented a mandatory training program called the "psychological inoculation of combat."⁴² Based on his past experience in combat, Steele wanted to ensure his soldiers were mentally and spiritually prepared to not only kill enemy combatants but also be prepared to see and handle dead bodies, friendly or enemy. Steele did not want the first time for a soldier to witness a dead body to be on the battlefield, so he instituted visits to the local morgue and hospital. He also made it mandatory for his medics to ride in the back of ambulances to witness trauma first hand.⁴³ Steele's program was derived from Lieutenant Colonel David Grossman's book, *On Killing*. Similar to Grossman, Steele believed "...most soldiers, even when confronted with mortal danger, hesitate before pulling the trigger; but this wariness, can be greatly overcome with conditioning."⁴⁴ Despite the Army and its leaders placing emphasis on training, conditioning - both mentally and physically - soldiers for the rigors of combat, the Army has not put an emphasis on a soldiers' spirituality and the effects of taking another persons' life.

Coinciding with learning Army values, the Army has mentally and physically trained a soldier to become a moral killer and to perform in combat; however, the Army must understand it is not training robots. The Army, as an institution, serves as a moral authority, expecting its soldiers to become moral killers. In its justification, the Army needs to ensure that soldiers are trained, not only physically and mentally, but spiritually to make the decision to kill an enemy combatant. It's not just that the Army fails to prepare soldiers during BCT or AIT; its follow on

Comprehensive Soldier and Fitness (CSF) test and annual Army Global Assessment Tool (GAT) have been equally deficient.

TRAINING THE SOLDIER FOR COMBAT

In an attempt to improve soldiers' mental, physical, and spiritual fitness, the US Army has implemented an annual Comprehensive soldier and Fitness (CSF) Test and an annual Army Global Assessment Tool (GAT) survey to strengthen soldiers' resilience and spirituality. When soldiers graduate from BCT and AIT, they move on to their new unit and must continue to prepare for future combat. They do this through continued training such as physical fitness, marksmanship, and conducting Army Warrior Task and Battle Drills. Along with perfecting these skills, all units are expected to conduct "annual training" in areas such as law of war, equal opportunity, and suicide awareness. Aside from this annual training that all units must do, the US Army wanted to find a way to measure a soldier's mental, physical, and spiritual well-being. It was in 2009, when the US Army unveiled the CSF program that would help monitor the "five dimensions of strength" in a soldier, which are physical, emotional, social, family, and spiritual.

The core mission of the Army CSF is to "execute the CSF2 Program in order to increase the physical and psychological health, resilience, and performance of soldiers, families, and DACs."⁴⁵ The Army CSF origins began at the University of Pennsylvania, where it was called the "Penn Resilience Program."⁴⁶ Based on 30 years of scientific study, the Army CSF uses assessments, classroom, and online training to assess a soldier's resilience.⁵⁰ As defined in AR 350:53:

The Army established the CSF to increase the resilience and enhance the performance of Soldiers, Families, and DACs. Resilience is the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn, and grow from setbacks. A resilient and fit individual is better able to leverage intellectual and emotional skills and behaviors that promote enhanced performance and optimize their long-term health.⁴⁷

Similar to most Army online training, soldiers fill out a 100+ question online survey. Should they mark an answer that falls into a red category, soldiers are expected to conduct some type of

remedial training that will provide them assistance in whatever area they are having issues in. When the program first came out, it cost an estimated \$125 million dollars and was defined as a “holistic fitness program” that was designed to combat PTSD and the alarming suicide rate in soldiers across the Army.⁴⁸ By teaching soldiers to be resilient, psychologically fit, and resist the temptation of suicide, the Army had “checked the block” and was confident that this tool would help accomplish the goal of bringing the amount of suicides down.⁴⁹ However, in June 2010, the US Army reported that the suicide rate had reached the highest it has ever been in many years, so clearly, the CSF was not a 100% solution. See Appendix A for the 2012 Department of Defense Suicide Report.⁵⁰

One of the underlying issues with the CSF is the mission statement and the definition of “resilience.” Given one of the “dimensions of strength” in the CSF is “spiritual,” there is no mention of the word in the mission statement or the Army definition of “resilience.” One can argue that the words “psychologically” and “spiritual” are the same, yet they are quite different, in that “psychologically” refers more to a person’s mental health versus “spiritual” which focuses on a person’s purpose, beliefs, values, and life vision.⁵¹ As stated earlier, the definition of spiritual fitness is well-being of a person’s overall emotions, his/her spiritual dimension, and outlook on his/her life.⁵² Despite the CSF aims of assessing the spiritual fitness of an individual, some soldiers have taken up issue with the “spiritual” component of the test. Their argument is the questions in the “spiritual” portion of the CSF are meant for soldiers who believe in a God or another deity.⁵³ As a result, these soldiers equate their non-belief to scoring poorly; therefore, they will be forced to participate in remedial training.⁵⁴ This remedial training consists of “spiritual exercises that are religious imagery to “train” soldiers to the satisfactory level of spiritually.”⁵⁵ As a result of soldiers’ complaints about the CSF, CSF program director Army General Rhonda Cornum made a clear distinction between religion and spirituality. General Cornum states:

The spiritual strength domain is not related to religiosity, at least not in terms of how we measure it. It measures a person’s core values and beliefs concerning their meaning and purpose in life. It is not religious, although a person’s religion

can still affect those things. Spiritual training is entirely optional, unlike the other domains. Every time you say the S-P-I-R-I-T word you're going to get sued. So that part is not mandatory. The assessment is mandatory though and junior soldiers will be required to take exercises to strengthen their other four domains.⁵⁶

As clearly defined by the CSF director, the word "spiritual" has much more than a religious connotation to it; however, that message is not making its way down to the ranks of soldiers because of the blowback it has had over the years. If explained and monitored correctly, the CSF would prove to be a useful tool in assessing a soldiers' "spiritual" and "mental" framework, both of which play significant roles in dealing with a moral injury; however, the Army has failed to implement it effectively as well as another mandatory program, the Global Assessment Tool (GAT).

Somewhat similar to the CSF, the Army Global Assessment Tool (GAT) survey is "an online assessment of mental well-being, designed to help soldiers determine their strengths and weaknesses."⁵⁷ The GAT survey is open to soldiers, family members, and all Army civilians. The survey consists of 105+ questions that range from strengths and weaknesses in assessing their decision making, prioritization, communication, and leadership. The GAT survey is estimated to take 20 minutes to finish; yet, similar to the CSF, it is an online survey. It is up to the individual to complete the survey to the best of their ability and tell the truth about how they feel and what issues they are having. The main difference between the GAT survey and the CSF is it does not assess the "spiritual" aspect of an individual. According to BG Cornum, who is also the director for the GAT survey, "If you score in the top 25 percent, you probably actually have these skills, so the training will teach you how to teach it to others and how those kind of skills affect your organization."⁵⁸ The GAT survey is also designed to help soldiers assume more responsibility for their actions in their daily lives.⁵⁹

Both the CSF and GAT survey have been examples of the military's dependence on online training that is not as effective as classroom and one-on-one training. When dealing with an issue such as "spiritual" fitness, the human dynamic is very important. Personal interaction versus staring

at a computer screen and filling out a survey makes a big difference in assessing if a soldier has been the victim of a moral injury. Upon completion of the mandatory training required before deployment, to include the CSF and GAT survey, the soldiers' morality will be tested in combat as their unit moves out to deploy; for some it is their first time in a combat zone, for others, it may be a recurring nightmare.

THE BREAKDOWN OF THE MILITARY WARRIOR'S MORALITY IN COMBAT

In today's battlefield environment, soldiers are faced with a variety of factors that contribute to moral injury, but none more complex than asymmetric warfare. Shay draws a parallel between soldiers in combat and the experiences they suffer through, such as asymmetric warfare, that plague them in leading up to a moral injury. As soldiers fight in this ever changing environment, military commanders can offset effects of moral injury in combat through a well-established command climate.

When soldiers deploy to a combat zone, they aim to be ready to protect and defend the interests of the United States of America, yet, they have no idea what to expect on a deployment and have a wide array of emotions, ranging from fear of death to guilt of leaving their loved ones behind. Some soldiers feel isolated, thinking they are the only ones that are having this array of emotions running through them. It all seems surreal until that very moment when they are faced with a decision or action on the battlefield that will change them forever - that decision or action that will cause them to have a moral injury. In this evolving environment, soldiers are exposed to wartime stressors and combat experiences that result, not only in physical and mental injury, but moral injury as well. In explaining how soldiers become victim to a moral injury, both Shay and Litz have established the meaning of moral injury and the factors that are at play in combat that lead up to it. As the battlefield continues to evolve in each new conflict; similar to PTSD and physical injuries, moral injury will have a debilitating and crippling effect on soldiers. One of the factors leading up to moral injury is the battlefield environment - today's conflict being Iraq

and Afghanistan, in which the enemy has blended in with the civilian populace, resulting in soldiers facing asymmetric warfare.

The U.S. Armed forces defines asymmetric warfare as “an armed conflict, in which the conventional armed forces of one party, which uses regular means, is opposed by an unconventional army using irregular means.”⁶⁰ The United States Army has advanced technology and tactics that far superseded the enemy; therefore, the enemy has resorted to “mixing modern technology with ancient techniques of insurgency and terrorism.”⁶¹ This presents a serious problem for the US Army because the enemy is not wearing uniforms and cannot be identified easily on the battlefield. They blend into the local population and have resorted to using women and children as weapons and shields in their tactics. Because of these tactics used by the enemy, soldiers’ ability to follow to the rules of engagement (ROE) dictated to them by their higher chain of command becomes difficult. In 2013, the National Center of PTSD stated that the common war stressors can include “combat exposures such as firing a weapon or being fired upon by an enemy combatant or friendly fire, encountering a perceived threat, working and living in uncomfortable conditions, witnessing suffering among fellow soldiers and innocent civilians (namely women and children), and exposure to death and destruction.”⁶² This tactic is an example of what soldiers and leaders are faced with when making decisions on the battlefield that will ultimately change them forever. According to Shay, soldiers who experience a traumatic event are susceptible to moral injury and military commanders not setting the example in being an advocate for moral injury.

Shay illustrates a parallel between soldiers, combat, and the return home; as well as military commanders establishing a command climate that does not foster moral injury. When addressing moral injury, Shay states, “The person who’s betraying ‘what’s right’ could be a superior — or that person could be you. Maybe it’s that you killed somebody or were ordered to kill. Or maybe it was something tragic that you could have stopped, but didn’t. Guilt and shame

are at the center of moral injury.”⁶³ This marks the beginning stages of the moral injury, and shrinking of what Shay calls “the moral and social horizon.”⁶⁴ When a person’s moral horizon shrinks, so does a person’s ideals and attachments and ambitions thus leading to the moral injury.⁶⁵

Shay identifies this as one of the main central problems that soldiers are facing while they are deployed and more importantly, when they return home from a combat zone. “Odysseus stands for Soldiers, but as a deeply flawed military leader himself; he also stands for the destroyers of trust, thus, Homer’s Odysseus shed light, not always in a flattering way, on today’s soldiers and today’s military leader’s,”⁶⁶ says Shay. To help illustrate his point better, Shay correlates Odysseus with the story of a young Marine scout sniper he interviewed after his return from a deployment. Shay goes on to talk about how the young sniper could not stop replaying the image in his head of a particular enemy combatant that he shot while serving in Fallujah, Iraq. This young Marine had been deployed for a couple of months and at the height of the war in Fallujah, an enemy sniper was taking out fellow marines and soldiers in his unit. While in position, this the young Marine sniper located where the enemy combatant was. Before he took the shot, he noticed that the enemy combatant was wearing a baby carrier on him. There was a baby strapped in the carrier. Despite seeing this, the Marine sniper took the shot, killing the enemy combatant and the baby as well. Shay says, “His view of his duty to his brother Marines and his job description was to take the shot. It’s part of a terrible curse of snipers that they actually see their weapons doing their work. He took the shot and it did its work and he’s going to live with that for the rest of his life.”⁶⁷

Often the case in the past, the concept of moral injury has been dismissed by military commanders, despite being a part of war. This dates all the way back to the post-World War II period when the rationale, modeled after the ancient Greek and Roman Stoics, was any emotion weakens reason and virtue, so root out emotion from the human soul.⁶⁸ Shay uses the example of

the great American General George C. Marshall, possibly the most admired American of his generation during World War II. After some big news about the Berlin Blockade, a reporter asked General Marshall what his feelings were, to which the General replied, “You ask me about my feelings. I can tell you that I have no feelings on this or any other matter, except or those I reserve for Mrs. Marshall, which I shall not discuss.”⁶⁹

This example of a prestigious military leader illustrates the mindset of the American military elites during that period. Shay explains that “Veterans of World War II were much more willing to embrace the norms of the elite than their sons were upon returning from Vietnam due to the World War II generation finding themselves getting richer in 1950 than their youth had led them to expect and credited the elites for it while the sons of the World War II generation got poorer than they expected and blamed the elites for it.”⁷⁰ Fear of reprisal, labels, and backlash consumed the WWII generation. “The World War II generation feared being labeled as commies if they disagreed with the elites and self-censored, while the World War II sons had lost their fear and criticized freely.”⁷¹ Dr. Shay goes on to state that the huge ‘neuropsychiatric’ hospitals built by the Veteran’s Administration after World War II looked a warning in the minds of World War II combat veterans: “If you talk about what’s going on in your head, tell anyone the anger seething in your belly, or what’s in your dreams, they will put you away and you will never come out.”⁷²

After the Korean and Vietnam war, the bulk of veterans that had returned from the battlefield did not have the supportive community their fathers had in World War II. Politics and opinion shaped public perception of both wars, “because of the intense struggle over wisdom and legitimacy of the war itself and how it was being conducted. So most veteran’s had to face their nightmares, their storms of fear and rage, their visitations by the dead, their lacerating guilt alone in which many doubted their sanity and hung solitary above the whirlpool.”⁷³ Similar to Shay, Litz has studied the correlation between moral injury and self-mutilation and suicide.

Litz argues that soldiers suffering from moral injury feel they personally deserve to suffer because of the guilt they have built inside from their experience in combat. Litz argues that moral injury is a dimensional problem stating:

There is no threshold for establishing the presence of moral injury; rather, at a given point in time, a Veteran may have none, or have mild to extreme manifestations. Furthermore, transgression is not necessary for a PTSD diagnosis nor does PTSD sufficiently capture moral injury, or the shame, guilt, and self-handicapping behaviors that often accompany moral injury.⁷⁴

Litz's research on moral injury focuses on the inner conflict that soldiers must deal with. Soldiers are haunted by the memory of what they have done or saw someone do in combat; resulting in them struggling with a deviation from their moral, spiritual, and religious beliefs. This internal struggle leads to the feelings of guilt, shame, and self-damnation.⁷⁵ Litz believes that "although moral injury is manifested as PTSD-like symptoms, other outcomes are unique and include shame, guilt, demoralization, self-handicapping behaviors (e.g., self-sabotaging relationships), and self-harm (e.g., par-suicidal behaviors)."⁷⁶

For this reason, Litz stresses the importance of military psychologists and doctors to "think in a multi- or inter-disciplinary fashion about helping repair the moral wounds of war."⁷⁷ Very similar to Shay, Litz has argued that existing PTSD treatment frameworks are not sufficient and helpful in targeting moral injury.⁷⁸ The key to combatting moral injury is for the soldiers to receive forgiveness from a figure they deem as a high authority representative of their belief system.⁷⁹ Similar to Shay and Litz, Dr. Sherman continues to focus on the moral dimensions of psychological injuries such as shame, feeling guilty, and doing wrong when knowing what is right.

Sherman advocates that conventional medicine and therapy are not enough to repair the damage to a soldier's moral fabric and soul upon returning home. Sherman has characterized trauma as an "expulsive cataclysm of the soul."⁸⁰ In her book, *Afterwar: Healing the Moral Wounds of Our Soldiers* Sherman believes that a soldier who suffers from a moral injury has a

moral reckoning, “a discernment process that doesn’t whitewash what happened but does lead to merciful judgments about how much guilt should be borne.”⁸¹ Sherman has emphasized that soldiers moral injury repair must be done at the micro level. Unlike Shay and Litz, Sherman does not focus the moral authoritative figure to repair the moral fabric of an individual. “Individual conversations between veterans and civilians that go beyond the cheap grace of “thank you for your service”, says Sherman. She believes every conversation has to deal with the sole facts of the case. The civilian listening cannot deviate from the facts. Sherman states:

The goal is to get veterans to adopt the stance of a friendly observer, to make clear how limited choices are when one is caught in a random, tragic situation, to arrive at catharsis and self-forgiveness about what was actually blameworthy and what wasn’t. The civilian enters into the world the veteran actually inhabited during those awful crowded hours and expands his own moral awareness. The veteran feels trusted, respected and understood — re-integrated into the fabric of his or her homeland. We live in a culture that emphasizes therapy, but trauma often has to be overcome morally, through rigorous philosophical autobiography, nuanced judgment, case by case.⁸²

In explaining how soldiers become victim to a moral injury, Shay, Litz, and Sherman have established the causes of moral injury in combat. As the battlefield continues to evolve in each new conflict; similar to PTSD and physical injuries, moral injury continues to have a debilitating and crippling effect on soldiers. When soldiers return home with a moral injury, the real battle begins when the road to recovery begins.

THE SOLDIER'S JOURNEY TO RECOVERY

Though the Army has made great strides in developing therapy programs to assist soldiers in recovery from both physical and mental injuries, it has yet to develop a program for moral injury. As a professor of clinical psychiatry at Harvard University Medical School, Dr. Judith Herman has the experience of working with combat soldiers as the director of training at the Victims of Violence program in the department of psychiatry at the Cambridge Health Alliance in Cambridge, MA.⁸³ When soldiers suffer a moral injury in a combat zone and return home, it is imperative that they

receive treatment and assistance that is effective as Herman's three-stage description recovery plan. Herman's three-stage description of recovery has proven to be the most effective and is also used by Shay in his work with soldiers.

In Herman's recovery plan, the first stage is to establishment a safe environment that the soldier is to refrain or be tempted to use alcohol, drugs, or any type of depressant drug or behavior that will aggravate the issue.⁸⁴ Along the same lines as Herman, Shay states that stage one is the "essential foundation upon which recovery is built."⁸⁵ In the therapeutic and recovery community, there is zero tolerance for drinking and drugging behavior. Soldiers will not ignore safety, sobriety, and self-care, as they are the number one responsibility of that soldier to adhere to during the recovery process. There is no excuse to miss treatment, no matter how logical the veteran's claim may be.⁸⁶ As an example, Shay recalls a soldier who said, "Doc, Vietnam caused all that drinking and drugging and messing people up. You fix the Vietnam stuff and I can stop all the rest."⁸⁷

The second stage of Herman's recovery plan is trauma-centered work of constructing a personal narrative and of grieving.⁸⁸ The stage calls for soldiers to construct a cohesive narrative of his/her war experience in the context of his whole life and to grieve.⁸⁹ Using an example of the Vietnam Wall, Shay says that the wall represents a focus for "memorial validation."⁹⁰ It is an opportunity for those veterans ready for it to grieve for and commune with fellow dead soldiers in a safe and sober fellowship.⁹¹ In this group, there is no need to explain or justify the importance of keeping faith with the dead through authentic emotion, respectful remembrance, and honor.⁹² An example today would be soldiers visiting Arlington Cemetery in Virginia to be with the fallen members of their squad, platoon, or unit.

The third stage of Herman's recovery plan is when the soldier is able to reconnect with other people, ideals, communities, and ambitions.⁹³ In this stage, soldiers selectively reconnect with people, ambitions, and group identities from which they had become isolated, and make new connections.⁹⁴ The main concept of this stage is the negotiation of a safe, nonviolent attachment in

the family.⁹⁵ This often entails reunion with long-estranged children and now elderly parents.⁹⁴ Stage three of recovery starts with the small community of soldiers and works outward to the soldiers family, military unit associations, church, neighborhood, and nation.⁹⁶

Similar to Herman's recovery plan, Shay has stated that the prevention of moral and psychological injury while serving in the military injury has three axes which are cohesion, leadership, and training. Shay describes a cohesive unit as "creating courage by reducing fear. The human brain codes social recognition, support, and attachment as a physical safety."⁹⁷ In terms of cohesion, the US Army's culture, habit, and policy since World War I has been to ignore the connectedness of soldiers to one another.¹⁰⁰ As mentioned in the beginning of this paper, soldiers create a bond from the beginning of their pathway to becoming a soldier when they enter BCT and move on to their next unit. The notion that soldiers with the same MOS (military occupation specialty) and training credentials are "utterly equivalent, substitutable, and replaceable" does not support Shay's thought process.¹⁰¹ Cohesion increases the ability for a soldier to overcome fear, which turns into courage, reducing the fear. Given today's military operating environment that US soldiers operate in, one would think that the military would design a course or conduct the deepest study imaginable on the topics of courage and fear.¹⁰² The US Army has schools, such as US Army Ranger School and Special Forces training that tests soldiers and put them in difficult situations to build resilience and courage, but not every soldier attends these schools. A unit that has cohesion can "encourage cohesion among thrown-together soldiers who are strangers to one another."¹⁰³

While having a cohesive unit is important to the mental state of service members, military leaders must ensure they display effective leadership in building the confidence and trust in their soldiers. A soldier's confidence "comes from the belief in the professional competence of their commander, belief in his/her credibility, and the perception that he cares about their troops."¹⁰⁴ "Effective leadership is a combat strength multiplier."¹⁰⁵ Being able to prove that excellence in leadership protects all soldiers from psychological or moral injury is hard.¹⁰⁶ Similar to cohesion and

leadership, Shay refers to training as a combat strength multiplier. Shay states that “excellent training engages the whole person. Their mind, body, emotions, character, and spirit, preparing them for the stresses of war and other situations with mortal stakes.”¹⁰⁷

CONCLUSION

Despite the shame, anger, and guilt that some soldiers feel after they have returned from a deployment; resulting in them developing a moral injury, US Army counselors and therapists can incorporate programs similar to the Brite Divinity School Center: Soul Repair in their recovery programs IOT help soldiers recover. As previously discussed, the CSF and GAT survey are useful tools but they do not get to the heart of the issue in providing assistance to soldiers in dealing with a moral injury. Some of the training that Army counselors and therapists could adopt from Brite are helping soldiers recover are - using the arts to depict and elicit discussions of moral injury, offering meetings, conferences, and seminars to support veterans and their families struggling with moral injury, and organize a network of specialized and regional programs that allows those who have suffered a moral injury to share their experiences and best practices in recovery.¹⁰⁸ Brite has also used a variety of diverse veterans who struggled with moral conscience in war, religious leaders, and war correspondents; all whose testimonies were designed to help others learn about the complex nature of moral injury and its aftermath.¹⁰⁹ The program is designed to assist not only soldiers, but also local law enforcement, firefighter, EMTs, or anyone that may experience a traumatic event that affects their moral foundation.

Despite the program being relatively new, the Brite Divinity center has already helped thousands of veterans that have suffered a moral injury.¹¹⁰ The research at the Brite Divinity center has shown that, statistically, military veterans who suffer a traumatic event, while deployed, are far more likely to take their own lives at three times the civilian rate—6,000 a year, or more than one every 90 minutes.¹¹¹ The Brite center has not only provided classes that the Army could use in

developing treatment for moral injury but also has enabled military chaplains to disseminate information and training in their units on moral injury.

A military chaplain plays an important role in ensuring the spiritual foundation of unit remains unhindered and strong. A Chaplain is one of the moral authorities of a unit that is sought out for advice, not only by soldiers by leaders and commanders as well. The US Army Chaplain Corps was established in July 1775 by the Continental Congress.¹¹² In 2013, the Army had a total of three thousand active-duty Chaplain's and two thousand who were reservists.¹¹³ An Army chaplain's role is to be "advocates of spiritual, moral, and ethical maturity and resiliency and are considered militarily essential and inherently governmental in nature, thus, fulfilling the government's robust responsibilities to those who serve."¹¹⁴ When it comes to defining "spirituality" a chaplain takes a "holistic approach." Chaplains are trained and preach about all faiths but they also talk about resilience. Similar to what was defined earlier, resilience to a Chaplain has been defined "as opening up a pathway into the lives of soldiers and offering educational activities, retreats, and unit-sponsored training to prevent suicide and promote an understanding of "spiritual" fitness."¹¹⁵

Chaplains play an essential role in dealing with moral injury as they serve as a moral figure, someone that can offer repentance to someone that has violated their moral compass. In assisting soldiers with strengthening their spirituality, Chaplains can contribute physical, moral, and emotional support. In helping soldiers deal with moral injury, Chaplains can foster relationships, incorporate "realistic" moral dilemma scenario's, and address what scripture says about moral decision making.¹¹⁶ An example of a "realistic" moral dilemma situation is the Abu Ghraib scandal back in 2003 in Iraq. After the incident, a survey was conducted among soldiers across the Army and only about half of them would report a fellow soldier for mistreating a non-combatant or doing something that violated their moral compass.¹¹⁷ By covering for this person, they may have violated their moral compass, therefore, they suffer a moral injury that would

eventually haunt them later in their military career or when they become a civilian. As mentioned before, scripture does not necessarily apply to a non-believer, so a Chaplain can incorporate the Uniform Code of Military Justice (UCMJ), Law of War, or other Army regulations to illustrate what the military and its leader's expect of its soldiers in making the right, moral decision.

Chaplain's need more time to train soldiers in preparing them for future combat.

Depending on the unit, chaplains only get limited time with the soldiers in their units over the course of the year. The Brite Divinity center aims at giving Chaplain's the tools and training they need to assist soldiers in recovering from a moral injury. It is up to the leadership in the US Army to allow chaplains the opportunity to incorporate this training in their units, helping build the "spiritual" foundation of a soldier before they deploy to combat. By allowing chaplains more training and face time with a unit, the soldiers will develop a trust in him/her as a moral authority and be more apt to approach them should they suffer a moral injury in combat. As recent as December 2014, Army Chaplain Colonel John Read has made a distinct effort to get health care providers and the US Army to recognize moral injury and the impact it has had on soldiers.

Despite there not being done much done from the Department of Defense, namely the Army, to combat moral injury, COL Read has stated that through his efforts, coupled with the US Army's Medical Command, moral injury is slowly being introduced as a real condition that soldiers face. COL Read states "There is a lot of energy focused on the VA and the Department of Defense on moral injury as well as behavior health, but the problem is that we still tend to look at [moral injury] in terms of the operational construct of war when it's soul damage."¹¹⁸ For COL Read, moral injury is personal, due to his experience while deployed from January 2004 – January 2005. He admits to seeing and doing things that are contrary to his spiritual beliefs and values and admits that he recognized his own degree of moral injury.¹¹⁹

In helping the Army define moral injury, COL Read has referenced the Brite Divinity Soul Repair center as the model the US Army needs to follow. In COL Read's experience at the

center, “recovery groups help patients by getting people reconnected to people who support them so that they can effectively process their experiences verbally and bond with others who have had similar experiences.”¹²⁰ To date, there is hardly any factual evidence, graphs, or surveys that measure moral injury that have been commissioned by the DOD.¹¹⁸ Moral injury is also not listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), as diagnostic material; however, COL Read continues to fight and is making a strong push to include it someday so that soldiers will get the help they need. COL Read has continued to encourage all military service chaplains in the southern region to incorporate moral injury in their treatment.¹²¹

Since the birth of America, the United States soldier has proven to be resilient and accomplish the mission of winning the nation’s wars and keeping America safe. The US Army owes it to its soldiers and their families to ensure they have the help they need; regardless if it is recovering from PTSD, physical, or moral injury. The US Army must put equal, arguably more emphasis on the strengthening of the moral bedrock of the US soldier. By making this a priority in BCT, AIT, and unit mandatory training, the US Army will maintain military manpower, reduce the debilitating impact of moral injury on soldiers and families, and help soldiers repair spiritual damage. Army Surveys such as the GAT and the CSF test measure the five dimensions of a soldier’s fitness and are a useful tool; however, they do not give a soldier suffering from a moral injury the help they need. The Army must ensure all soldiers have an understanding of what spiritual fitness is, accurately identify triggers or decisions in combat that can cause moral injury, and be able to identify the difference between PTSD and moral injury. Upon experiencing a traumatic event during a deployment, a soldier must be able to return home, confident in knowing that there are treatment and recovery programs available to help them; treatment programs similar to the Brite Divinity School: Soul Repair Center, as well as a trained

US Army Chaplain Corps that can help soldiers battle the internal conflict of moral injury and remain combat effective in preparing for America's future wars.

¹ General Raymond Ordierno, accessed 02 Feb 2015, <http://armylive.dodlive.mil/index.php/2012/05/soldiers-are-the-strength-of-the-army/>

² General Raymond Ordierno, accessed 02 Feb 2015, <http://armylive.dodlive.mil/index.php/2012/05/soldiers-are-the-strength-of-the-army/>

³ Department of the Army, *Comprehensive Soldier and Family Fitness (CSF)*, Headquarters of the United States Army, Washington D.C, June 2014, pg. 8

⁴ Scott Hensley, "PTSD and Depression Common in Returning Combat Soldiers", accessed 03 Feb 2015, <http://www.npr.org/blogs/health/2010/06/07/127541187/ptsd-depression-iraq-afghanistan-soldiers>.

⁵ David X. Cifu, MD and Cory Blake, *Overcoming Post-Deployment Syndrome: A Six Step Mission to Health*, New York: Demos Medial Publishing, 2011, pg 38

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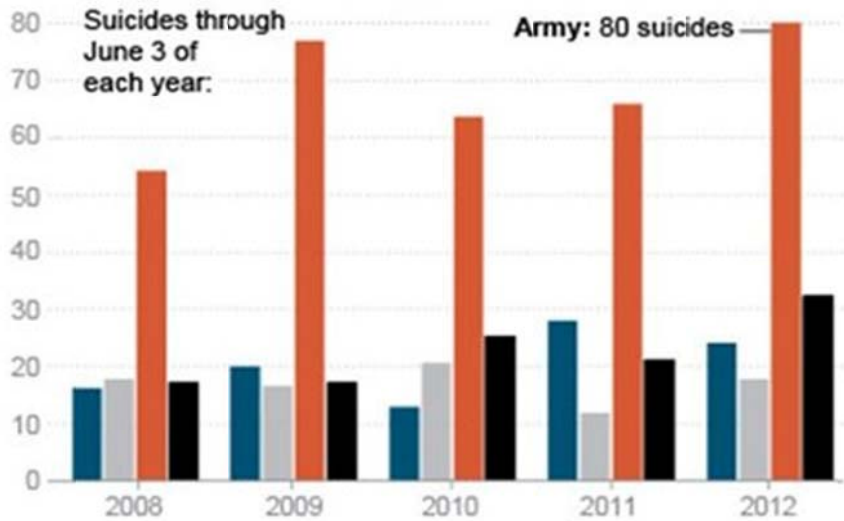
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Number of military suicides escalating

Suicides in the U.S. military have risen significantly since America began a decade of war.

Army Navy Air Force Marines



SOURCE: Department of Defense

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Appendix A

Table A, 2012 Department of Defense Suicide Report