

Breach of Trust: A Contributing Factor to Traumatic Stress Injuries in Soldiers.

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Abstract

The founders of this nation proclaimed to the world that ethical treatment is a self-evident, God-given right. The Declaration of Independence accused the King of Great Britain of injuring his colonial subjects by breaching this trust. Since that day America's military still carry in their bosom the belief and expectation that leaders will be fair and morally ethical in the treatment of subordinates. Yet since the start of Operation Enduring Freedom, "moral injury" has been defined by the violence of war and its aftermath, such as dead bodies and wounded civilians. "Leaders" have only been measured as a source of psychological trauma when failing their troops in logistics, tactics or communication. In addition, there has been no acknowledgment by the U.S. military that traumatic stress injury can occur in a non-operational environment despite extensive research in the civilian sector on this subject. Clinical studies of office culture have shown that a leader's breach of trust, the failure to honorably execute the duties of his or her office, can produce traumatic injuries as extreme as the wounds of war. The authors of this paper contend that breach of trust is a moral injury, and as such, can lead to traumatic stress and loss of function. Soldiers are at risk from this injury whether they are deployed or in garrison.

Keywords: moral injury, traumatic stress, PTSD, toxic leadership,

Introduction

Army Doctrine Publication 1 (ADP-1) asserts that the Army is a profession “built upon an ethos of trust.”¹ “Trust” is defined as “assured reliance on the character, ability, strength, or truth of someone or something.”² Although “trust” is central to the Army’s foundation, the same publication reminds its readers there must be “common values” already present in order to establish trust.³ Our Founding Fathers named important common values in the Declaration of Independence:

[A]ll men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. . . That whenever any form of government becomes destructive to these ends, it is the right of the people to alter or to abolish it.

Our founders claimed the right to alter power structures that threatened the people’s liberty, however the *Manual for Courts Martial United States* eliminates this choice for an individual in the military.⁴ When a soldier takes the service oath he or she voluntarily surrenders certain basic freedoms and becomes subject to military discipline.⁵ This abjuration of the American birthright by the individual implies great trust in the leaders of our military. There are grave personal consequences if this trust is breached.

The U.S. Navy and Marine Corps publication on Combat and Operational Stress Control lists “inner conflict” as one of four mechanisms capable of producing stress injuries.⁶ These stress injuries arise out of moral violations either witnessed or committed. In a 2008 survey of

¹ Department of the Army. *ADP 1: The Army*. (Washington, D.C.: U.S. Government, 2012) 2-1.

² *Ibid.*, 2-2.

³ *Ibid.*

⁴ Joint Service Committee on Military Justice. *Manual for Courts Martial (2012 Edition)*. (Lexington, KY: U.S. Government, 2015) Article 94.

⁵ ADP-1, vi.

⁶ United States Marine Corps. *MCRP 6-11C: Combat and Operational Stress Control* (Washington, D.C.: U.S. Government, 2010) 1-11.

soldiers deployed to Iraq there was a direct correlation between unethical behavior and traumatic stress injuries.⁷ Despite this documented proof that integrity violations increase traumatic stress, the last comprehensive mental health assessment of personnel deployed to Afghanistan did not probe into this realm. Instead the survey focused on combat exposure, personal relationship issues, number and length of deployments, and the concerns war-fighters had about their quality of life.⁸ The seven surveys conducted by mental health assessment teams (MHAT) during the Long War were constrained by their mission objectives, resources, and targeted population, but at least these surveys explored what pathogens might cause stress trauma wounds in particular demographical groups within the U.S. military. It has now been five years since the last MHAT, longer than any previous survey hiatus, and the reduced operational tempo seems to indicate a cessation to the MHAT process. Without a major ground war, military leaders are returning to the status quo ante which is to look for traumatic stress only in operational environments.

Moral Injury

Clinical professionals recognize the inherently moral environment of military culture.⁹ Many therapists believe that if a service member violates his or her own moral code during war, regardless of lawful authority, it is the starting point for post-traumatic stress disorder (PTSD).¹⁰ In this context PTSD develops when a person's biology and his or her understanding of the

⁷ Mental Health Advisory Team (MHAT) V. *Operation Iraqi Freedom 06-08*. (Office of The Surgeon General United States Army Medical Command: Office of the Surgeon Multi-National Force-Iraq, February 2008) 32.

⁸ Joint Mental Health Advisory Team 7 (J-MHAT 7). *Operation Enduring Freedom 2010 Afghanistan*. (Office of the Command Surgeon HQ, USCENTCOM and Office of the Command Surgeon US Forces Afghanistan (USFOR-A): Office of The Surgeon General United States Army Medical Command, February 2011) 13.

⁹ Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994) 6.

¹⁰ Brett Litz, et al. "Moral Injury and Moral Repair: A Preliminary Model and intervention Strategy," *Clinical Psychology Review* 29 (2009) 697.

world render him or her unable to process an event.¹¹ When this incompatibility occurs the wound is called “moral injury” and is defined as “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.”¹² In popular culture “moral injury” and PTSD are nearly synonymous. Dr. Rita Nakashima Brock, research professor and co-director of the Soul Repair Center at Brite Divinity School, states unequivocally “Moral injury is not PTSD. Many books on veteran healing confuse and conflate them into one thing.”¹³ The most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not contain any room for ethical dilemmas within its diagnostic framework for PTSD.¹⁴ Certain subjective responses were eliminated in the new diagnostic criteria because some clinicians felt that previous DSM’s defined trauma too broadly, which in turn, allowed “over diagnosis of PTSD resulting from less threatening events.”¹⁵ One of those less threatening events is moral injury. There are veterans previously diagnosed with PTSD according to earlier DSM’s who now may have to be re-classified under DSM-5 because their trauma was not caused by direct mortal or bodily threat.¹⁶

The Threshold for Moral Injury

Even though moral injury is not PTSD, it is a stress injury capable of disabling a service member.¹⁷ Situations believed to cause “moral injury” are: Killing and failing to prevent the

¹¹ Christopher Dorn and John Zemmler, “The Invisible Wounds of War: Post Traumatic Stress Disorder and Liturgy in Conversation,” *Call to Worship* 43.2 (2010): 2.

¹² Brett Litz, et al., “Moral Injury and Moral Repair,” 697.

¹³ Rita Nakashima Brock and Gabriella Lettini, *Soul Repair: Recovering from Moral Injury* (Boston: Beacon Press, 2012) xiii.

¹⁴ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (5th Ed.)*, (Arlington, VA: American Psychiatric Publishing, 2013) 271.

¹⁵ Laura K. Jones and Jenny L. Cureton, "Trauma Redefined in DSM-5: Rationale and Implications for Counseling Practice," *The Professional Counselor* (2014) 259.

¹⁶ *Ibid.*, 265.

¹⁷ MCRP 6-11C, 1-11.

death of others;¹⁸ abusing non-combatants, wanton destruction of private property, and violations of the Rules of Engagement.¹⁹ The present study asserts that participation in the previously listed events may transgress a warrior's deeply held beliefs, but the horizon for moral injury should not start at these extreme experiences. The genesis point is much more mundane. In fact, the boundaries for moral injury begin with the most fundamental shared value in Western culture- the Golden Rule which says, "Do unto others as you would have them do unto you." Nearly every one of the world's organized religions has a similar teaching.²⁰ In the early years of the Long War, an Army Field Manual on leadership stated a military version of the Golden Rule and connected this mindset with American citizenship: "Respect for the individual is the basis for the rule of law—the very essence of what the Nation stands for. In the Army, respect means treating others as they should be treated."²¹ Indeed the U.S. Constitution states that its purpose is to "establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity." A leader sworn to support and defend this document commits a breach of trust if he or she abuses someone under his or her authority.

The definition of breach of trust used in this study is: A voluntary act committed by a person holding a position of authority that violates established norms and puts at risk the well-being of the unit, individual members, or both. The emphasis in this definition is on volition and includes an event horizon ranging from a single act to a command climate of moral decay. The military already recognizes some of the pathological properties of unethical leadership behavior.

¹⁸ Alan Fontana and Robert Rosenheck, "Trauma, Change in Religious Faith and Mental Health Service Use Among Veterans Treated for PTSD," *Journal of Nervous and Mental Disease*, Vol 192, No. 9 (September 2004) 580.

¹⁹ MHAT-V, 32.

²⁰ Religious Tolerance. Org, "Ethic of Reciprocity" <http://www.religioustolerance.org/reciproc.htm> accessed on Jan 9, 2015.

²¹ Department of the Army, *FM 6-22* (Washington, D.C.: U.S. Government, October 2006) section 4-5.

The United States Marine Corps addresses unethical leadership in Marine Corps Warfighting Publication (MCWP) 6-11 *Leading Marines*. Officers and non-commissioned officers are reminded that even minor breaches call into question other peoples' presumption of a leader's "integrity, good manners, sound judgment, and discretion."²² Army Doctrine Publication 6-22 *Army Leadership* (ADP 6-22) uses the term "negative leadership" for behavior that is a breach of trust. ADP 6-22 asserts that the worst form of negative leadership is "toxic leadership."²³ Such a leader "lacks concern for others and . . . operates with an inflated sense of self-worth and from acute self-interest. Toxic leaders consistently use dysfunctional behaviors to deceive, intimidate, coerce, or unfairly punish others to get what they want for themselves."²⁴

Non-combat Stress Trauma

In *Achilles in Vietnam* former VA psychiatrist Dr. Jonathan Shay noted similarities in the behavior of Vietnam veterans injured by stress trauma and Achilles, the central figure of Homer's *Iliad*.²⁵ According to Dr. Shay it was the breach of trust between a senior leader and Achilles that made Achilles vulnerable to psychological injury.²⁶ Shay labels this unethical behavior "betrayal of what's right."²⁷ This phrase can now be found in the Marine Corps Reference Publication *Combat and Operational Stress Control*.²⁸ Shay asserts that when military leaders willfully take advantage of their position "the [human] body codes it in much the

²² United States Marine Corps. *MCWP 6-11: Leading Marines*. (Washington, D.C.: U.S. Government, 2002) 95.

²³ Department of the Army. *ADP 6-22: Army Leadership* (Washington, D.C.: U.S. Government, 2012) 3.

²⁴ *Ibid.*, 3.

²⁵ Jonathan Shay, *Achilles in Vietnam*, xiii.

²⁶ Jonathan Shay, *Achilles in Vietnam*, 21.

²⁷ *Ibid.*, 5.

²⁸ MCRP 6-11C, 4-16.

same way it codes physical attack.”²⁹ Perhaps echoing Dr. Shay, MCRP 6-11C instructs leaders that “The distress and changes in functioning that can result from an inner conflict stress injury can be just as profound and long-lasting as those resulting from a life-threat or loss.”³⁰ If “breach of trust” is inserted in place of “inner conflict” it is possible to extrapolate that an unethical leader has the same psychological wounding capacity as a roadside bomb or a sniper attack.³¹

In the previous paragraph stress injuries were likened to the wounds of kinetic warfare, however trauma to the soul does not require a battlefield. Psychiatrist Michael Linden believes that “humiliation and severe injustice can rightfully also be called a severe event.”³² Dr. Linden suggests Post-Traumatic Embitterment Disorder (PTED) as an alternative diagnosis for the injury caused by the betrayal of social expectations. Linden notes that a person embittered by unethical treatment displays symptoms of “helplessness and hopelessness . . . aggression against oneself and others . . . reduction in drive . . . multiple somatoform symptoms . . . phobic avoidance of selected places and persons, or by retraction from social activities.”³³ These reactions are similar to the operational injuries described in FM 6-22.5 *Combat and Operational Stress Control Manual for Leaders and Soldiers*.³⁴ Army leaders are warned that stress trauma may be triggered by “an event that is perceived and experienced as a threat . . . to the stability of one’s world.”³⁵ Supporting this finding and using nearly identical “world” language Dr.

²⁹ Jonathan Shay, "Casualties," *Daedalus* 140.3 (Summer 2011), 183.

³⁰ MCRP 6-11C, 4-16.

³¹ *Ibid.*, 4-12.

³² Michael Linden, "Hurting Memories and Intrusions in Posttraumatic Embitterment Disorders (PTED) as Compared to Posttraumatic Stress Disorders (PTSD)" in *Hurting Memories and Beneficial Forgetting: Posttraumatic Stress Disorders, Biographical Developments and Social Conflicts*, ed. Michael Linden and Rutkowski Krzysztof (Waltham, MA: Elsevier, 2013) 85.

³³ *Ibid.*, 84.

³⁴ Department of the Army, *FM 6-22.5: Combat and Operational Stress Control Manual for Leaders and Soldiers*. (Washington, D.C.: U.S. Government, 2009) 1-7 thru 1-11.

³⁵ *Ibid.*, 1-3.

Nakashima Brock writes in *Soul Repair: Recovering from Moral Injury After War*, that “moral injury results when soldiers . . . no longer believe in a reliable, meaningful world.”³⁶ One factor in the destruction of these “worlds,” according to Brock, is a leader’s breach of trust.³⁷

A soldier’s “world” consists of more than just the operational environment. His/her world also contains an administrative and training cycle that has many similarities to the civilian business “world.” In the business world the most common source of traumatic stress injuries is “mobbing” and “bullying.” The term “mobbing” is a recent addition to the English language and includes “socially isolating the victim,” “harassment” and “psychological terror.”³⁸ Often a prerequisite for mobbing is a perceived difference in social control and/or authority.³⁹ In 1992 Swedish researcher Heinz Leymann asserted that a connection existed between “mobbing” and stress trauma.⁴⁰ In a later study Leymann partnered with Annelie Gustafsson and these researchers concluded that “mobbing” produces the same level of stress trauma as “war or prison camp experiences.”⁴¹ Leymann and Gustafsson compared their patients’ mobbing reactions to the reactions of train-drivers who had watched helplessly as a person committed suicide using the driver’s train.⁴² The driver’s “helplessness” is significant because this mental state meets a diagnostic criterion for PTSD under the former DSM (DSM-IV) and also embodies one of the examples for classic moral injury: failing to prevent the death of others.⁴³ Despite this affinity, the statistical data examined by Leymann and Gustafsson pointed to a lower level of stress

³⁶ Anita Brock & Gabriella Lettini, *Soul Repair*, xv.

³⁷ Ibid.

³⁸ Heinz Leymann, "The Content and Development of Mobbing at Work," *European Journal of Work and Organizational Psychology*, 5, (2), (1996) 167.

³⁹ Stale Einarsen, "The Nature and Causes of Bullying at Work," *International Journal of Manpower Vol. 20 No. 1/2* (1999) 18

⁴⁰ Heinz Leymann and Annalie Gustafsson, “Mobbing at Work and the Development of Post-Traumatic Stress Disorders,” *European Journal of Work and Organizational Psychological*, 5:2 (1996) 252.

⁴¹ Ibid., 251.

⁴² Heinz Leymann and Annalie Gustafsson, “Mobbing at Work,” 272

⁴³ Brett T. Litz et al., “. "Moral Injury and Moral Repair," 697; Alan Fontana and Robert Rosenheck, “. "Trauma, Change in Religious Faith," 580.

trauma in the train drivers than in mobbing victims. Leymann and Gustafsson concluded that the higher rate of stress trauma in the mobbing victims was due to “a series of further traumatizing rights violations and identity insults from different societal sources.”⁴⁴ The mobbing victims’ “rights violations and identity insults” were perpetrated by administrators and other officials who failed to perform the duties of their office.⁴⁵

Among professionals who study workplace stress injuries, “bullying” and “mobbing” are nearly synonymous.⁴⁶ The definition of “bullying” in this paper is: a systematic abuse of power with the main definitional characteristics of persistent and repeated negative actions which the target perceives and interprets as intended to intimidate or hurt.⁴⁷ This particular definition is cited to suggest a congruency to the U.S. Army term “toxic leadership” used for supervisors who intimidate and unfairly punish members of their command.⁴⁸ In a 2012 survey of 516 victims of workplace bullying, thirty percent of the respondents had been diagnosed with PTSD.⁴⁹ This rate of stress trauma is ten percentage points higher than the rate of PTSD found in maneuver units of the U.S. military in Afghanistan by the Joint Mental Health Advisory Team 7.⁵⁰ In 2015 one review of clinical studies on bullying and PTSD formulated an even higher rate of stress injury (57%) as a result of bullying.⁵¹ These findings suggest that if there is congruency between “bullying” in the workplace and “toxic leadership” in the military then units commanded by

⁴⁴ Heinz Leymann and Annalie Gustafsson, “Mobbing at Work,” 272.

⁴⁵ *Ibid.*

⁴⁶ Denise Salin, *Workplace Bullying among Business Professionals* (Helsinki, Finland: Swedish School of Economics and Business Administration, 2003) 4.

⁴⁷ Morten Birkeland Nielsen, et al. “Post-Traumatic Stress Disorder as a Consequence of Bullying at Work and at School. A Literature Review and Meta-analysis,” *Aggression and Violent Behavior* (January 2015) 5.

⁴⁸ ADP 6-22, 3.

⁴⁹ Gary Namie, *The WBI Website 2012 Instant Poll D- Impact of Workplace Bullying on Individuals' Health*. (Research Studies: Workplace Bullying Institute, 2012) 2.

⁵⁰ J-MHAT 7, 18.

⁵¹ Morten Birkeland Nielsen, et al. “Post-Traumatic Stress Disorder as a Consequence of Bullying,” 20.

unethical leaders will have a high rate of stress injury regardless of the operation being supported.

Conclusion

Since the start of the Long War, all branches of the U.S. military have experienced stress casualties in their ranks. Some of these casualties fit the clinical criteria for PTSD but many do not. There is a type of stress casualty called “moral injury.” The criterion for this injury is that a service member has been an observer of, or participant in, an act that violated core beliefs. Typical examples of conscience-transgressing behavior are drawn from the kinetic portion of war-fighting such as killing and dealing with casualties.

There are two flaws with this line of thinking. The first mistake is setting the bar for core beliefs at such an extreme range of human behavior. Core beliefs are much more mundane. For example a central belief of American service members is that leaders can be trusted to act in an ethical manner. All branches of the military recognize integrity and ethical behavior as cornerstone issues for leaders. Clinical studies have confirmed that unethical leaders have a significant impact on how their troops process the stressful environment of war. So it is troubling that the latest, and perhaps last, of the Mental Health Advisory Team surveys of deployed personnel only asked respondents to rate their leaders on logistics, communication and professional competence rather than ethical behavior.

The second flaw in limiting the nativity of moral injury to combat-related events is that clinical evidence clearly contradicts this assumption. Unfortunately this evidence comes from civilian office culture rather than the Mental Health Advisory Teams deployed to Afghanistan

and Iraq. Despite the civilian pedigree of such data the verdict is undeniable: Leaders who violate the trust of their office produce stress casualties.

The number of American troops engaged in combat is declining precipitously. According to the current parameters for moral injury, this reduction in exposure to the products of violence should correspond to a decrease in the number of service members experiencing stress injuries from inner conflict. However, if there is any correlation between the experience of workers in an office environment and soldiers performing their routine duties in garrison, there will still be the risk of moral injury stress trauma wherever leaders commit a breach of trust against their subordinates. The purpose of this paper is to make military leaders aware of this impending crisis because currently no one is looking for moral injuries in non-deployed personnel.

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Chaplain (CPT) Jay Chin was born in Seoul, Korea. His family immigrated to U.S.(in 1975) when he was 13 years old. Chaplain Chin is a bilingual and bicultural Korean American. He was ordained as a minister of the Word and Sacrament in 1988 by the Presbyterian Church (USA). He has served pastorates for over 20 years before joining the U.S. Army Chaplaincy. He served as a pastor in Georgia, New Jersey, Southern California, and Virginia; as an Assistant to the Pastor, Associate, Executive, and Senior Pastor. He has also served the greater church in leadership roles at the Presbytery and Synod level, the Board of Trustees at several denominational institutions, and led a number of mission tours in Jamaica, Mexico and Mongolia. He has taught at San Francisco Theological Seminary in California (Southern California Campus) and Union Presbyterian Seminary in Virginia.

Chaplain Jay Chin was commissioned as an army Chaplain (CPT) in 2009. He is a graduate of the Chaplain Basic Officer Leadership Course. He served as the Chaplain for the 11th Engineer Battalion, Fort Benning, Georgia and the 4th Battalion 2nd Aviation Regiment at Camp Humphreys, South Korea. He is a graduate of the Army CPE (Clinical Pastoral Education) program at Fort Belvoir Community Hospital. CH Jay Chin is currently serving as the Chaplain of the Warrior Transition Battalion at William Beaumont Army Medical Center, Fort Bliss, Texas.

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Chaplain Jay Chin received his Bachelor of Science from University of South Carolina, Master of Divinity from Columbia Theological Seminary, Master of Theology from Princeton Theological Seminary, and MA/PhD in Religion from Claremont Graduate University. He is married to Jaclyn for 26 years and has two children, Joseph (24 years old- Long Beach, California) and Elise (20 years old- junior at University of California, Irvine).

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Chaplain Bachelor is a veteran of Operation Enduring Freedom and Operation Iraqi Freedom where he served with Marine and Naval units. He has earned the Navy and Marine Corps Parachutists Insignia, and the Army Ranger Tab.

Chaplain Bachelor holds a Bachelor of Arts in social science from California State University Sacramento, a Master of Divinity from Southern Methodist University in Dallas and a PhD in pastoral studies from Trinity Seminary in Newburgh, Indiana. He is the author of *Death-Shadow: Christianity and Posttraumatic Stress* and *Sacraments of War: the Sword and the Warrior Wash*.