

ABSTRACT

Moral Injury and the American Service Member: What Leaders Don't Talk About When They Talk About War

Lieutenant Colonel Douglas A. Pryer describes what moral injury is and how its validity as a mental health condition is supported, not just by a plethora of psychological studies but by a literary tradition that is probably older than the written word. He explores moral injury's connection to two of the most talked-about trends during America's recent wars, the U.S. military's rapidly rising suicide rate and the nation's growing reliance on remote-controlled weapons. Finally, he discusses how willful ignorance hampers efforts to prevent and treat moral injury and what must be done to overcome such self-delusion.

Throughout, he employs impersonal research and intimate personal experience as lamps, using each to strengthen the light of the other in order to better illuminate his core argument: any nation or military that desires to truly honor its warriors must place perceptions of "what is right" at the forefront of its deliberations on when and how to wage war.

BIO

Lieutenant Colonel Doug Pryer grew up in Southwest Missouri. He graduated Summa Cum Laude with a Bachelor of Arts degree in English from Missouri State University and enlisted in the U.S. Army in 1992. After attending Officer Candidate School in 1995, he commissioned in the military intelligence branch. Since then, he has had several combat deployments and received numerous awards and decorations, including the Bronze Star, Combat Action Badge, and the Parachutist Badge. He graduated with a Master of Military Arts and Sciences (History) from CGSC in 2009.

Although LTC Pryer has always enjoyed reading and writing and other forms of fishing, he did not start publishing until 2009, when he began entering military writing contests. He has won seven to date, including the 2010 and 2011 General William E. DePuy contests. His book, *The Fight for the High Ground*, was the first book to be published by the CGSC Foundation Press. He has published for a number of military professional outlets, including Joint Forces Quarterly, the Military Review, the Small Wars Journal, Tom Ricks' "Best Defense," and the Armchair General.

LTC Pryer is married to a lovely British Indian, Sonie, with whom he has two children, 10-year-old Leo and eight-year-old Brooke. Currently assigned to the Electronic Proving Ground at Fort Huachuca, Arizona, he will report to the Pentagon this summer as a Strategic Planner for the Office of the Chairman of the Joint Chiefs of Staff.

**Moral Injury and the American Service Member:
What Leaders Don't Talk About When They Talk About War**

“Simply, ethics and justice are preventive psychiatry.”¹

-Dr. Jonathan Shay, “Achilles in Vietnam”

“And survival without integrity of conscience is worse than perishing outright, or so it seemed to me.”²

-J. Glenn Gray, “The Warriors”

I first met Rob Scheetz during a month-long military exercise near Hohenfels, Germany. He was the executive officer for an infantry company attached to my armor battalion for the exercise. I was a junior captain and battalion S-2 (staff intelligence officer).

Rob was stocky, square-jawed, and sandy-haired, and he had a brilliant smile. Soon after we met, he told me that he was a military intelligence officer like me. He had been “branch detailed” to serve as an infantry lieutenant, but he would soon transition to intelligence work. So, he said, he wanted to learn anything I could teach him about military intelligence.

I taught him what I knew. Every couple days, he would come into the command post, and we would sit down and talk for a few minutes, usually over cups of awful coffee. Rob, I soon realized, was impossible not to like. Courteous and respectful, his enthusiasm was infectious. You could tell that he genuinely loved the Army, and it was unsurprising when he told me that he wanted to stay in the Army as long as he could.

I probably would've looked forward to chatting with him anywhere. But since for staff officers, such exercises are poorly lit, painful, sleep-deprived slogs, the ray of light his smile and enthusiasm represented was especially welcome.

¹ Jonathan Shay. *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Scribner, 2002, 242.

² J. Glenn Gray. *The Warriors: Reflections on Men in Battle*. Lincoln, Nebraska: University of Nebraska Press, 1970, 193.

Shortly after this training exercise ended, I changed jobs and moved from Baumholder to Wiesbaden. I didn't see Rob for nearly a year. Then, in November 2003, after we had both deployed with the 1st Armored Division to Baghdad, I took command of the intelligence company supporting the brigade that Rob still served in.

Rob was now a captain and the S-2 for an infantry battalion. Thanks to his infantry experience and six months in Iraq, he probably already knew more about being the S-2 for a combat arms unit than I did. So, when we talked, we would simply find out how the other was doing, and I would ask him if there were anything more my company could do to support his battalion. One thing hadn't changed, though: I always looked forward to seeing him.

After we had been in Iraq about nine months, in early 2004, a full-scale insurgency was born. Our division's tour was extended, and our brigade's mission changed. To free up a Marine unit for the second (and final) assault on Fallujah, our brigade moved south of Baghdad into what was called Iraq's "Deadly Triangle." Huge Iraqi munitions factories and storage areas, which had been thoroughly looted by insurgents, were located there. These looted munitions, especially artillery shells, served as the explosives component for roadside bombs throughout the area.

Our brigade would suffer more casualties during those three months in the Deadly Triangle than we had during the previous year in Baghdad. Nearly everywhere you drove, the hostility of the people could be felt in how they looked at you. More unsettling than the angry glares were the large potholes scattered up and down roads from previously exploded roadside bombs. Anytime you drove anywhere, reaching your destination alive and intact depended upon a lucky throw of Fortune's die.

I talked to Rob whenever I visited Forward Operating Base (FOB) Chosin near Musayyib, where one of my platoons supported his battalion. On one of these visits, he told me that his battalion commander was making him physically investigate roadside bomb explosions. Neither one of us was happy about this task.

That was extremely dangerous work for what seemed to be little good purpose, since he was an intelligence officer and not an explosives expert with forensic equipment. When approaching a bomb site, his vehicle might detonate an unexploded bomb "daisy-chained" to the

exploded one. Or, after the bad guys realized that a team always came to investigate their bombings, a second bomb might be set in deliberate, remote-detonated ambush.

The order didn't make any sense. It was clearly an expression of helpless frustration, intended to serve as a symbol of the battalion commander's willingness to throw everything he had at the guys who were killing his troops. But this part of Iraq was not the place for this type of "on the job" training. There was nothing Rob could do about it, though, short of refusing to obey a lawful order.

One morning in late May, I picked up the flap to leave the cool, dark chow tent at Chosin and, blinking in the blindingly bright sun, saw a fuzzy mixture of shadow and halo, a soldier, walking toward me. My eyes adjusted. It was Rob about to enter and eat breakfast.

Rob smiled, seemingly as happy to see me as I was to see him. He reached out to shake my hand, and I grabbed his right forearm instead, telling him, "You're a warrior and my brother. So, let's shake hands like the Romans did." He played along, grabbing my right forearm, too, and we laughed. He then told me he would soon be travelling to al Hillah, a small city south of the base. I told him I would be out checking on some of my soldiers on another base and would be back later that night. We promised to link-up.

That evening, when I dismounted from my humvee, I learned that Rob had been in a massive roadside bomb explosion. He was fighting for his life, I was told, in the aid station on the other side of the base. I immediately took off in full gear, jogging as fast as I could on the mile run to where Rob lay fighting for his life.

In nightmares, sometimes waking ones, I re-live this run. It's a new moon, and clouds block any star shine. In pitch blackness, bogged down with battle armor, I'm running as if in quicksand toward the distant light of the aid station—a light that doesn't seem to draw any closer.

When I finally reached the aid station, of course I couldn't go inside. So, I waited in the shadows, in the periphery of the only source of light for seemingly countless miles of heavy, thick darkness. When a medic popped his head out to yell something, I yelled back, "Is Captain

Scheetz going to be alright?" He shouted back, "He's hurt really bad. But we think he's going to pull through." Relieved, I trudged back through the darkness to my tent.

Early the next morning, I caught the convoy I had been planning to catch to Baghdad. Later that day, Rob died.

Years later, I still don't know the exact circumstances of Rob's fatal injuries. He could've died going to or returning from al Hillah. Or, he may have been diverted enroute to conduct one of those senseless bomb site investigations. Or, he may have returned to FOB Chosin and then gone out on an investigation. Or, perhaps, he returned and went out on some other mission.

I took the news probably harder than I had any right to. Rob and I liked one another. We were comrades, brothers-in-arms. But we weren't close friends. Still, upon hearing the news, I couldn't help but wander dazed to my tent and, in the achingly empty silence there, cry as quietly as I could.

Trying to come to grips with his death, I wrote a letter to Rob, which I organized into free verse. The title I gave this poem came, not just from one of Rob's destinations the day that he died, but from this title's sounding something like "Alhemdollileh." This good man's death at the hands of an Iraqi insurgent felt to me—still feels to me—like an ironic twist to the Arabic expression meaning "as God wills it."

The Road to Al Hillah

*When we last met
Outside,
In noon's hot light,
I said to you, "Rob, my friend,
Let's shake hands,
Like the Romans did,"
And you chose to humor me,
Grabbing my forearm,
Smiling, as I gripped your arm,
And I told you,*

*"It's good to see you!"
And (probably lying) you agreed,
And I asked you your plans
For the day, and you said
You were traveling south to Al Hillah,
And I told you to be safe--
Or at least something to that effect.*

*After I learned
Later,
That you had died
On the road to Al Hillah,
Tossed in a
Fiery explosion
That threw men and metal
More than thirty yards,
I thought of our last meeting,
And how fitting
It had been that it had been thus,
Your broad smile no less bright
Than the Iraqi sun,
Your hailing me like the warrior you are—
Weary, yes, but with heart glad
And ready for the journey ahead.*

*Well-met, Rob, and God Speed
On the one journey
We all must go on:
We WILL meet again!"*

Written in the immediate emotional aftermath of Rob's death, these words weren't the healing words I hoped for. They were words of denial. I was conjuring Rob, trying to bring him back to

life, to convince myself that he wasn't really dead. Did I really believe in a Valhalla in which Rob and I would see each other, have a drink and reminisce about the good, bad old days in Iraq? No, I didn't. Or, if I did, it was an idea I held onto for only a few days.

What persisted instead was the belief that Rob's death shouldn't have happened.

Even if his death had nothing to do with that battalion commander's stupid order to investigate every roadside bombing, Rob shouldn't have died. The situation in Iraq shouldn't have deteriorated as dramatically and quickly as it did, and our division should have redeployed to Germany a month earlier.

I'll never forget driving north with my battalion from Kuwait, a few days after Baghdad fell and 13 months before Rob's death. As we drove across flat deserts, few or no dwellings in sight, we saw families of Iraqis lining the roads, happily shouting and waving as we drove by. In Baghdad, nearly all Shi'a were overjoyed at our presence. No one flipped us off or shook their fists at us, at least not during the first two months that we were there. Even most Sunnis I talked to were happy to see Saddam and his two psychopathic sons out of power and had a "let's wait and see" attitude toward coalition forces.

But, we blew it. Paul Bremer and the Coalition Provisional Authority showed staggeringly poor judgment in the decrees they issued, decisions that disenfranchised Sunnis from their new government. There weren't enough of the right kind of military forces on the ground, and what units there were tended to alienate Iraqis with harsh tactics. These tactics included excessive force, sweeping up and detaining all military-aged males within 50 meters of a target home (so-called "50 meter targets"), the use of austere and unimproved facilities for detention, the lack of a judicial process and detainee review boards to ensure that only prisoners with sufficient evidence were long incarcerated, and, sometimes, the employment of brutal detention and interrogation methods.

The situation should not have deteriorated as it did. Our unit's deployment should not have been extended. And Rob should have gone home to his wife.

I don't think about Rob every day, but I think about him a lot. Although I never met them, I wonder how his family is doing. I also picture Rob as he was on the morning he was hit,

smiling, and I can feel his ghostly fingers on my right forearm, gripping it “like the Romans did.”

When this happens, as happened just now as I typed, tears usually form in the corners of my eyes. But I don’t cry. Not out loud, anyway.

Like all soldiers in combat, I made choices and performed actions that had consequences. My units were also subject to the consequences of the decisions of others. Many of these consequences, from my point of view, were not good. Some of the bad results of my own decisions could not have been reasonably predicted. At least one bad result I probably should have predicted. I continue today to find these negative outcomes—derived from my own choices and the choices of others—distressing to varying degrees.

I received a Combat Action Badge during my deployment to Iraq because, for a period of about a month, I seemed to be a magnet for enemy rockets. After the last near-miss, I walked by some soldiers on FOB Chosin playing catch with a football. When they were behind me, one of them threw long over the hands of the intended receiver, and the football seemed to explode by my feet. I dove for cover behind some sandbags.

Those soldiers laughed so hard that at least one was holding his stomach. As I got up, brushed myself off, and walked sheepishly away, one of them called out between laughs: “You’ll be all right, sir.”

Nonetheless, it is not memories of rockets that bother me today. Perhaps the noise of the rockets was not loud enough, or the shrapnel did not come close enough, to traumatize me. At least, I do not think that they did. It is possible that someday I will suffer more from those events. After all, it took 18 years for Joe Simpson, the author of “Touching the Void,” to manifest symptoms of post-traumatic stress disorder (PTSD) from his near-fatal mountaineering accident.³ Vietnam veterans also often reported the sudden appearance of symptoms years after their source of trauma occurred.⁴

³ Like many others, I believe that PTSD should be characterized as an injury rather than a disorder. But for the sake of clarity, the commonly accepted term of “PTSD” is used throughout this paper.

⁴ Peter Marin, “Living in Moral Pain,” *Psychology Today*, November 1981: 68-80.

I doubt that will happen to me, though. I just did not feel shocked by those events, then or now. They were an expected part of the environment. Sure, these attacks resulted in subsequent discomfort. For example, when I went to a 4th of July celebration a few days after returning home, the fireworks explosions were unsettling, making me feel sick to my stomach and anxious. I couldn't get out of there fast enough. To this day, I can only enjoy fireworks from a great distance. The sounds of gunfire and engines backfiring make me uncomfortable, too. But was I traumatized by rocket attacks? No, I do not believe that I was. Not really.

For me, it was not an adrenaline surge imprinting neurological patterns deep in my brain that caused me to suffer some symptoms of PTSD. What troubles me the most was not caused by extreme fear producing hormones that affected my brain's amygdala and hippocampus (the areas that regulate emotions), resulting in fears being linked to specific memories and perceptions.

No, the unsettling nature of my most affecting combat experiences are primarily sewn together with a different thread, that of moral dissonance. This dissonance is what occurs when you apply your judgment of right and wrong to an experience and find that your expectations of "what is right" clash jarringly with reality. When I look back at certain experiences, it is clear to me that others failed to make wise choices. It is obvious that I, too, sometimes failed to make the best decisions. To our shame, they and I should have known better.

But is moral dissonance alone enough to produce PTSD?

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), published in May 2013, provides PTSD's currently accepted diagnostic criteria. DSM-V defines the sources of PTSD as follows:

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1. Directly experiencing the traumatic event(s). 2. Witnessing, in person, the event(s) as it occurred to others. 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of family member or friend, the event(s) must have been violent or accidental. 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to

exposure through electronic media, television, movies, or pictures, unless this exposure is work related.⁵

This manual describes feelings associated with PTSD as including “fear, horror, anger, guilt, or shame.”⁶ Although such feelings can result from moral dissonance, it is clear that, according to this manual’s diagnostic criteria, this dissonance alone is not enough to cause PTSD. The source of PTSD-inducing trauma may result in such dissonance, but, for a condition to be considered “PTSD,” PTSD’s source must include “exposure to actual or threatened death, serious injury, or sexual violence”—an exposure that is experienced either personally or viscerally.

For me, Rob’s death does not meet these criteria. I did not personally experience the physical trauma that he experienced, nor was he a “close family member or close friend.” Yes, we enjoyed seeing and talking with each other. However, we were not close friends. We knew little about each other’s personal lives, and, when at home, we did not do things together. Other combat experiences that bother me today—a few of which I relate later in this essay—also do not meet the PTSD criteria.

According to the manual, the best candidates for qualifying sources of PTSD are the times I was shot at with rockets, and those close calls have never really bothered me. I do not lose sleep thinking about them. I never become depressed or angry, feel guilty or ashamed, when I think of them. And I do not think they have anything to do with the other PTSD symptoms I sometimes experience. These symptoms have not yet been strong enough to force me to see a counselor, but they are strong enough to tell me that I should—and that I probably should have answered my post-deployment medical surveys more honestly.

As the saying goes, we are each our own blind spot. I have no problem recommending that others seek treatment for PTSD, and I certainly do not think less of them when they do. Their act of seeking help may indeed elevate them in my mind to the ranks of “real” heroes. I may say to myself: “Wow. They must have gone through some really bad stuff—much worse than you went through, buddy.”

⁵ Jon Robinson, "The DSM-5's New PTSD Diagnostic Criteria," *Navigable Waters*, June 14, 2013, <http://navwaters.com/2013/06/14/the-dsm-5s-new-ptsd-diagnostic-criteria/> (accessed March 2014, 2014).

⁶ *Ibid.*

I have just not felt that my experiences rate my seeing a counselor. Hard to overcome is my perception that PTSD is for soldiers who find themselves in serious firefights, with friends getting shot and dying all around them. I know this perception is unhealthy, more Hollywood than reality, but it remains a tough one to shake. It is embarrassing how much certain things bother me, when other soldiers—most of whom are more junior in age and rank and some of whom experienced far worse on the fields of Afghanistan and Iraq—may be coping better.

Even as I resist seeking help for myself, it is clear to me that the mental health manual inadequately addresses the types of stressors that can lead to PTSD's symptoms. A growing number of studies support my personal experiences and observations. An article in the June 2013 edition of *Military Medicine*, written by six psychologists, says:

Yet, a number of studies have found significant PTSD symptoms in persons whose major stressors did not involve a close brush with death or serious injury. So-called non-A1 stressors that have been found to correlate with subsequent PTSD in civilian populations include the nonviolent death of loved ones, chronic illnesses, sexual harassment, marital divorce or separation, arrest or incarceration, relationship infidelity, bullying, and other distressing social events. Studies of military populations have found PTSD to correlate with a number of stressor types other than threats to personal safety, including atrocities, the loss of close personal friends, malevolent environments, and the act of killing. Furthermore, military personnel who develop PTSD following exposure to combat-related traumatic events may be as likely to experience peritraumatic anger as fear, helplessness, or horror.⁷

Many mental health practitioners agree with these psychologists. They likewise contend that the manual's definition should be expanded to include additional stressors. Others argue, though, that something called "moral injury" is what is really at work here.

In this essay, I describe what moral injury is and argue that its validity as a mental health condition is supported, not just by a plethora of psychological studies but by a literary tradition that is probably older than the written word. I explore moral injury's connection to two of the

⁷ William P. Nash, Teresa L. Marino Carper, Mary Alice Mills, Teresa Au, Abigail Goldsmith, Brett T. Litz, "Psychometric Evaluation of the Moral Injury Events Scale. *Military Medicine*. Vol. 178. June 2013, 646-652, 646.

most talked-about trends during America's recent wars, the U.S. military's rapidly rising suicide rate and our nation's growing reliance on remote-controlled weapons. Finally, I discuss how willful ignorance hampers efforts to prevent and treat moral injury and what must be done to overcome such self-delusion.

Throughout, I employ impersonal research and intimate personal experience as lamps, using each to strengthen the light of the other in order to better illuminate my core argument: any nation or military that desires to truly honor its warriors must place perceptions of "what is right" at the forefront of its deliberations on when and how to wage war.

Moral Injury in Ancient and Modern Warriors

The roadside bomb that killed Rob Scheetz wasn't the first one that deeply affected me. A month earlier, soon after I had sent a platoon to Chosin, six soldiers from that platoon struck a bomb while driving two humvees. No one was killed, but five were physically hurt. Two had leg injuries severe enough to cause them to be evacuated back to Germany.

When I think about what happened to these soldiers, I feel some anger. They shouldn't have been in Iraq. Like Rob, they should have been back in Germany. But I also feel something else—feelings of personal responsibility, guilt, and shame.

The day before the bombing, I was in Baghdad talking on a military phone with their platoon leader. We were talking about a road running north from Chosin to Baghdad that was often closed due to roadside bombs. My platoon leader was enthusiastic about the plan she had worked out with Rob to catch the bomb emplacers, who mostly operated at night. The plan involved using as overwatch a ground surveillance radar, an older system designed to detect vehicular and foot traffic at night from a long distance away.

The idea was exciting. There had been far too many buildings and vehicles in Baghdad, even late at night, to use these systems. This meant that an entire platoon of radar operators had been doing everything but the mission for which they had been trained. I knew her operators at Chosin had to be excited. Parked on a hill overwatching flat terrain, they might finally be able to protect soldiers using their platoon's organic equipment and skill sets.

She then told me that her soldiers were going to spend one afternoon physically reconning several possible overwatch positions. When she said that, warning bells went off.

Her plan reminded of heated arguments I had had years earlier with my platoon sergeant when I had been a second lieutenant and, like her, a radar operator platoon leader. During training exercises, in the heat of mock battles, he had insisted on driving around the “battlefield” to check on the health and welfare of our troops. He had also insisted that radar operators perform physical recons of potential overwatch positions. Both tasks, he correctly pointed out, were endorsed by Army doctrine.

I had argued that this doctrine would prove foolish on real battlefields. Did it really make sense for a platoon leader and platoon sergeant to be driving forward of friendly lines to deliver meals and mail to their soldiers in their hide sites? Would it always make sense for troops to physically recon on enemy ground their hide sites when a map recon might do?

Our strong disagreement strained our relationship. Now, here I was seven years later in Iraq encountering the same argument, only my troops weren’t in a training environment but on a very dangerous, mine-strewn battleground.

Can’t you just do a map recon, I asked her, or better, use FalconView (a terrain mapping program) to find the best place for them to set up? I was comfortable, I told her, with her soldiers driving from FOB Chosin to a pre-selected overlook position. This would limit their potential exposure to roadside bombs. I wasn’t comfortable with them driving up and down what was probably the worst road for roadside bombs in Iraq looking for a place to set up the next day.

She was adamant. She said that Captain Scheetz had already briefed the plan to the commander and operations officer of her supported infantry battalion. Both officers had agreed that the physical recon was a good idea, and infantry soldiers had been already detailed to provide an escort. Her platoon was attached to that battalion, and if I didn’t want them to go, I needed to take it up with this battalion’s commander.

I caved in. She was correct, I thought. Her platoon—in military terms—was “attached” to that battalion. She did technically take orders from that battalion’s commander, not me. I told

her: Okay. I'm uncomfortable with your plan, but you're the leader on the ground working with the leaders there. It's your and their call.

That night, I went out with my human intelligence soldiers on an all-night cordon-and-sweep operation near Mahmudiyah, the town two years later made infamous by a group of rogue soldiers who raped a young Iraqi girl there, shot her and her family, and burned the bodies. For this all-night operation, my soldiers' job was to interview captured Iraqis and separate good guys for release from bad guys for detention.⁸

When I returned exhausted to my company command post late the next morning, I heard the bad news: my soldiers at Chosin had struck a roadside bomb. Fortunately, no one was killed. Two were evacuated back to the states with extensive leg injuries, though their limbs were saved. Several suffered concussions.

I felt, and feel, responsible. I should have called that battalion commander and explained why the physical recon was unnecessary. He may have overruled me, but I should have tried.

I often think of those soldiers. I especially think of the corporal and the specialist who were evacuated. They were male, blond, only a few years removed from being kids. The corporal from Texas defined the quiet professional, all business, conscientiously doing everything from vehicle load plans to tactical movements "by the book." The specialist from California was taller, louder, and laid-back. Both were friendly, good-natured, and very likable.

When we had been in the Green Zone in downtown Baghdad, I would "talk smack" with those two about who would win the next two-mile run. Despite my bravado, it was always the corporal who won.

After the corporal was evacuated to Germany, doctors put a metal rod in his leg. Can he run today? I don't know. If he can, I'm sure he can't run nearly as fast.

One of these days, I'll make contact with these six soldiers. The only thing holding me back is a feeling of embarrassment. This feeling does not stem from my thinking they would blame me for what happened to them. In fact, I would be surprised if they knew about my

⁸ Jim Frederick, *Black Hearts: One Platoon's Descent into Madness in Iraq's Triangle of Death*. New York: Crown, 2010.

conversation with their platoon leader, or how much it still bothers me that I didn't fight harder to keep them from going out on that damn road that day. "C'mon, sir," they might say. "We wanted to go. We were excited. If you had interfered from Baghdad, we would've been pissed."

The embarrassment instead derives from my own moral sense. Its truer name is "guilt."

Three years after that roadside bombing, I took a phone call in my office from a mental health professional. She said that one of the six soldiers injured by this bomb was in bad shape due to severe PTSD and that she wanted to confirm the circumstances of his injury.

I told her what I remembered. When I got off the phone, I didn't cry. I just sat there for several minutes, silent and unmoving, while a wave of depression swept over me, submerging me as if I were drowning. I couldn't help but wonder: if that soldier had had a better, stronger company commander, one who had had the moral courage to call and argue with that infantry battalion commander, would this soldier suffer from severe PTSD?

This question haunts me to this day.

In his influential 1981 essay, "Living in Moral Pain," the philosopher and essayist Peter Marin described the "moral distress" or "moral pain" suffered by many of the Vietnam War veterans he interviewed. He wrote that "no one seems to want to confront" the "unacknowledged source of much of the vets' pain and anger: profound moral distress, arising from the realization that one has committed acts with real and terrible consequences."⁹ He quoted one psychologist as saying that, in many cases, suffering was delayed for years, and "men who were silent" suddenly and inexplicably began telling "stories about atrocities and slaughter."¹⁰ He quoted a coordinator for the veterans' Outreach Program saying: "We aren't just counselors; we're almost priests. They come to us for absolution as well as help."¹¹

What Marin called "moral distress" or "moral pain" is now known to the mental health community as "moral injury." The psychiatrist Jonathan Shay popularized the term "moral injury" in his 1994 book, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. Shay argued:

⁹ Marin, "Living in Moral Pain."

¹⁰ Ibid.

¹¹ Ibid.

Is betrayal of “what’s right” essential to combat trauma, or is betrayal simply one of the many terrible things that happen in war? Aren’t terror, shock, horror, and grief at the death of friends trauma enough? No one can conclusively answer these questions today. However, I shall argue what I’ve come to strongly believe through my work with Vietnam veterans: that moral injury is an essential part of any combat trauma that leads to lifelong psychological injury. Veterans can usually recover from horror, fear, and grief once they return to civilian life, so long as “what’s right” has not also been violated.¹²

To Shay, who counseled hundreds of veterans of the Vietnam War, it is the moral component—the perceived violation of “what’s right”—of any traumatic event that causes the most serious and enduring psychological effects.

Both *Achilles in Vietnam* and Shay’s 2002 follow-up, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, show that, while the term “moral injury” may be new, there is nothing new about the idea that a warrior’s sense of shattered honor can lead to profound mental distress. The idea is, in fact, an ancient one. To illustrate, Shay draws upon Homer’s 2800-year-old poems, *The Iliad* and *The Odyssey*, comparing the causes and symptoms of psychological distress in Homer’s heroes with those of his own patients.

At the heart of *The Iliad*, Shay argues, is a story of sullied honor.¹³ Agamemnon, the Greek army’s commander, “betrays ‘what’s right’ by wrongfully seizing Achilles’ prize of honor,” the captured princess Briseis.¹⁴ Achilles is outraged at the slight, withdraws from the Greek army and the war, and “cares about no one but a small group of combat-proven comrades,” the Myrmidons.¹⁵ Consumed by anger, Achilles slowly withdraws even deeper inward, loving no one but his dear friend Patroclus.¹⁶ When the Trojan hero Hector kills Patroclus, “profound grief and suicidal longing take hold of Achilles.”¹⁷ Achilles “is tortured by

¹² Shay, *Odysseus in America*, 20.

¹³ Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, New York: Scribner, 1994, xx-xi

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ *Ibid.*

guilt and the conviction that he should have died rather than his friend,” and “he goes berserk and commits atrocities against the living and the dead.”¹⁸

Achilles is one of many heroes of the Trojan War to suffer moral distress. There is also, for example, the Greek hero Ajax the Greater, second among the Greeks only to Achilles in strength of arms. After Achilles is slain by Paris’s arrow, Ajax and Odysseus retrieve Achilles’ body.¹⁹ Odysseus’s eloquence convinces a Greek council to award Achilles’ armor to him rather than to Ajax.²⁰ Ajax, who had never been injured in battle and fought mighty Hector to three draws, feels slighted.²¹ The perceived insult eats at him, driving him temporarily insane. He imagines that a herd of sacred animals are the Greek leaders who betrayed him and slaughters the entire herd.²² When he recovers, he “is doubly humiliated, religiously defiled, and kills himself by falling on his own sword.”²³

For Shay, Homer’s *The Odyssey* is the tale of every combat veteran’s difficult return home, explained largely through metaphor. While lost for ten years, Odysseus visits the Land of the Lotus Eaters. Here, Shay says, Homer describes the combat veteran’s temptation to drown his sorrows in drugs and alcohol.²⁴ When Odysseus visits Hades, his talks with the shades of former comrades and foes is a description of the difficulty a veteran may have putting his battles behind him, haunted as he may be by painful memories and guilt.²⁵ Odysseus and his men are tempted toward the rocks by Sirens, who sing promises of truth’s revelation. Shay says that these promises are the “unachievable, toxic quest” that a veteran may pursue to know the ultimate “why” of his war experiences.²⁶ And when Odysseus returns to Ithaca, like many veterans, he does not really recognize the place. He protects himself by pretending to be someone he is not,

¹⁸ Ibid.

¹⁹ Shay, *Odysseus in America*, 76-77. The story of Ajax as told by Shay derives from a play of Sophocles.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ Ibid., 36.

²⁵ Ibid., 80-81.

²⁶ Ibid., 87.

and he is disrespected by others.²⁷ His first nights at home are “troubled, uncomfortable, endangered.”²⁸

Shay’s poignant stories of Vietnam veterans illustrate that the psychological distress exhibited by Homer’s legendary heroes is common today. He relates tales of veterans who felt betrayed by their officers’ incompetence, thanks largely to these officers’ short six-month tours in Vietnam and lack of combat experience; veterans whose social horizons have been shrunk by their sense of dishonor to the point they can only open up to a few fellow veterans; veterans who, suffering survivor’s guilt, cry “it should have been me” when remembering lost comrades; veterans who went berserk on the battlefield after losing a comrade; and veterans who are haunted by memories of acts that they believe were shameful. These veterans are wracked with guilt and are often depressed, prone to unexpected weeping fits, unable to sleep, abusive of drugs and alcohol, insomniacs, emotionally disconnected from their families, disrespected by others, unable to hold jobs, and at high risk of committing suicide.

Homer’s warriors are not the only ones to suffer moral trauma in literature. The classics are rife with other examples. When Oedipus, in the Greek tragedist Sophocles’ famous trilogy of plays, learns that he had unknowingly murdered his father and married his own mother, his sense of dishonor drives him mad, causing him to blind himself and wander raving in exile. Sir Thomas Malory’s *Le Morte d’Arthur* tells the well-known story of Sir Lancelot and Guinevere, two lovers who, feeling their adulterous affair is responsible for King Arthur’s death, seek solitude and penitence for the rest of their lives. Many of Shakespeare’s warriors—motivated by feelings of grief or guilt—kill themselves, including Othello, Cassius, and, after seeing Caesar’s ghost, Brutus.

One of Shakespeare’s most moving accounts of moral conflict in soldiers does not involve suicide. In *Henry V*, the young king visits a group of his men at a campfire on the eve of the Battle of Agincourt. Since Henry V is concealed by night and his cloak, his men feel free to complain about the war in his presence. In response to their complaints, the young, disguised king retorts that they should be more content, the king’s “cause being just.” A soldier replies, “That’s more than we know.” Another says: “Ay, or more than we should seek after; for we

²⁷ Ibid., 246

²⁸ Ibid.

know enough, if we know we are the king's subjects: if his cause be wrong, our obedience to the king wipes the crime of it out of us." And a third talks about the "heavy reckoning" the king will pay if his "cause be not good," thanks to all "those legs and arms and heads, chopped off in battle." The young king leaves, shaken. Soon alone and on his knees, he passionately beseeches God to bless his cause and deliver victory, begging Him to remember all the good deeds he has done and will do for the poor and the church, if victory is delivered and, by this victory, his cause proven just.

Another famous sufferer of moral injury is Kurtz in Joseph Conrad's *Heart of Darkness*. Kurtz is the commander of a trading post on a river in the Belgian Congo. Initially an idealistic imperialist, Kurtz witnesses and perpetrates atrocities that rival those of Genghis Khan in type if not in scale. His soul becomes as afflicted as his body, which succumbs to jungle fever. As he dies, he seizes Marlow, the book's narrator, and cries out madly at Marlow and Life: "The horror! The horror!"

Like Shay, Dr Edward Tick is a psychologist who has counseled hundreds of combat veterans, and like Shay, he supports his ideas with strong anecdotal evidence. Among Tick's stories in his book, *War and the Soul: Healing Our Nation's Veterans from Post-traumatic Stress Disorder* is the story of a veteran who had not slept a full night's sleep in 35 years. This veteran is pained by the memories of "a safe, friendly village" where his patrol had been fed rice by villagers—the same My Lai village whose residents American troops would massacre three days later.²⁹ Tick tells of another veteran literally haunted as the result of his killing a 14-year-old Viet Cong soldier: he keeps seeing this boy as a ghost playing or walking toward him.³⁰ He writes of a medic who, years after working in a firebase emergency room, is unable to let go of his memories of the soldiers he had watched die and of the bodies he had bagged.³¹

Tick promotes a variant of Shay's argument. He likewise does not see PTSD as rooted in physical causes. To Tick, PTSD is best characterized as an identity disorder:

²⁹ Edward Tick, *War and the Soul: Healing our Nation's Veterans from Post-traumatic Stress Disorder*. Wheaton, IL: Quest Books, 2005. 190-1.

³⁰ Tick, 148-9.

³¹ Tick, 195-8.

The common lament, “Why can’t I be who I was before?” is one great source of grief and a plea from the survivor that we understand he is different now; he has not returned as the same person who left. The diagnosis of anxiety disorder wrongly assumes a pathological distortion that we can treat or medicate back into normalcy. This misunderstanding denies the ultimate nature of the transformation, causing survivors and their families to feel frustrated and alienated and demonstrating our culture’s denial of war’s impact. “Who am I now?” may be the most difficult and important question the survivor must finally answer. This is why, from the psychological perspective, it is so important to recognize PTSD as an identity disorder.³²

Although Tick does not actually mention moral injury in this book, the relationship of his theory to the condition is obvious. When morally dissonant acts severely compromise a soldier’s identity, the result may be PTSD. The soldier asks himself: how could “I” make such a bad choice? How could other Americans like “me” do something so wrong? How could other human beings do such a terrible thing to “me?”

Tick’s ideas derive from the tradition of psychoanalysis and the pioneering work of Dr. Sigmund Freud and Dr. Carl Jung. According to Jung, the “shadow self” is a collection of seemingly random, destructive thoughts, impulses, and feelings that your cultivated ego serves to buffer you against. If you have a strong ego or identity, you can readily reject harmful thoughts by saying: “That is not me. There is no way ‘I’ would do something like that.”

However, when someone has committed or witnessed or been victimized by an act that he believes to be profoundly wrong, his sense of identity can weaken or, worse, dissipate entirely. In that state, people can flounder in a hurricane of wild thoughts and feeling. They can be at a loss on how to cope with impulses that once they could easily handle. “I am not who I thought I was,” an individual thus afflicted may think. “I am a bad person. I am someone who can rage at my kids, who can drink too much, who can get in fights, who can beat my spouse.” Even if the psychologically injured do not give in to such destructive impulses, the thought that the unknown person that they have become could someday do so may unnerve and upset them,

³² Tick, 106

causing them to seek refuge by withdrawing from others—or to decisively protect themselves from self-censure and others from harm by killing themselves.

Tick argues that society and therapists can help prevent and treat PTSD via purification and transformative rituals. These rituals either cleanse warriors of ugly deeds, or they encourage the transformation of combat veterans' egos into something healthy but different than it was before its immersion in the moral inversion that is war. Just as boys become men in primitive societies via ritual, he argues, psychologically wounded warriors can evolve via ritual into wiser, healthy individuals. Making his argument truly compelling are the stories he provides of real-world patients who successfully completed such metamorphoses.

Tick's theory rings true for me. I would take it one step further, though, and argue that not only PTSD but many other mental health conditions are best characterized as identity disorders. What can contribute to such conditions as PTSD, severe depression, and dissociative disorder is not merely judging who we have become harshly; it is discovering one's sense of identity has weakened or vanished entirely.

Another recent author who has written about the power of guilt among combat veterans is Pete Kilner, an Army lieutenant colonel and student of philosophy. In a 2010 *Army Magazine* essay, Kilner describes one soldier's inability to sleep after killing a civilian in an escalation-of-force incident at a checkpoint; a soldier's mom who is worried about her Catholic son's struggle to come to grips with his taking a human life in combat; and a soldier's wife describing her husband's guilt, flashbacks, and dreams about his killing in combat.³³

The mental health community's understanding of moral injury continues to evolve. In a 2009 article titled, "The impact of killing in war on mental health symptoms and related functioning," a group of the field's leading experts define "moral injury" as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."³⁴ They do not see moral injury as a physical injury but rather as a

³³ Pete Kilner, "A Moral Justification for Killing in War," *Army Magazine*, 2010: 55-60, 56.

³⁴ S. Maguen, T.J. Metzler, B.T. Litz, K.H. Seal, S.J. Knight, C.R. Marmar, "The impact of killing in war on mental health symptoms and related functioning," *Journal of Traumatic Stress*, October 2009: 435-443.

“dimensional problem.”³⁵ Moral injury may follow a physical, PTSD-inducing event, but it can also follow events that are not physically traumatic at all for the sufferer.³⁶

The consensus among these experts is that, while PTSD and moral injury share symptoms like “intrusions, avoidance, numbing,” there are other symptoms that are unique to moral injury. These other symptoms include “shame, guilt, demoralization, self-handicapping behaviors (e.g., self-sabotaging relationships), and self-harm (e.g., parasuicidal behaviors).”³⁷

Those specialists also argue that PTSD and moral injury require different treatments. Whereas PTSD sufferers may be helped via such physical remedies as drugs and the “Random Eye Movement” treatment, those who have moral injury require counseling-based therapies. One of the newest and most promising treatments for moral injury, they say, is Adaptive Disclosure, which “consists of eight 90-minute sessions, each of which includes imaginal exposure to a core haunting combat experience and [which uncovers] beliefs and meanings in this emotionally evocative context.”³⁸

At Camp Pendleton, some of these experts have been attempting to get at the source of Marines’ mental distress by asking them the question: “What currently is the most distressing and haunting experiences that you had in multiple deployments?”³⁹ According to one of these experts, Dr. Brett Litz, for about one-third of Marines with PTSD symptoms the source of trauma is a physical, often life-threatening event; the source for another third is loss, often the loss of a close friend; and the last third feel guilty about something they did or witnessed.⁴⁰ According to Litz, it is the last group who are most at risk of committing suicide.⁴¹

Numerous psychological studies strengthen the case for the existence of moral injury in warriors, including the following:

³⁵Shira Maguen, Brett Litz, "Moral Injury in Veterans of War," *PTSD Research Quarterly*, issue 23, no. 1 (2012): 1-6, 1.

³⁶ *Ibid.*

³⁷ *Ibid.*, 1

³⁸ *Ibid.*, 3

³⁹ Martha Bebinger, "'Moral Injury': Gaining Traction, But Still Controversial," *90.9 wbur: Boston's NPR news studio*, June 25, 2013, <http://www.wbur.org/2013/06/25/moral-injury-research> (accessed March 30, 2014).

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

- A 1997 study found that about three-fourth of a sample of Vietnam veterans with PTSD have multiple sources of severe war-related guilt.⁴²
- A 1998 study, based on a survey of 151 Vietnam combat veterans, associated exposure to atrocities with “PTSD symptom severity, PTSD B (reexperiencing) symptoms, Global Guilt, Guilt Cognitions, and cognitive subscales of Hindsight-Bias/Responsibility and Wrongdoing.”⁴³
- A 1999 study looked at 1,385 veterans seeking PTSD treatment and found no correlation between the severity of their symptoms and their seeking treatment.⁴⁴ The authors “conclude that veterans’ pursuit of mental health services appears to be driven more by their guilt and the weakening of their religious faith than by the severity of their PTSD symptoms or their deficits in social functioning.”⁴⁵
- A 2004 study based on a survey of 213 veterans with PTSD examined the correlation of forgiveness and religious faith to depression and PTSD.⁴⁶ Authors found that “difficulty forgiving oneself and negative religious coping [interpersonal religious discontent, questioning God’s powers, and/or appraisal of the problem as God’s punishment] were related to depression, anxiety, and PTSD symptom severity.”⁴⁷ Contrary to their hypothesis, the authors did not find a correlation between positive religious coping (seeking spiritual support, collaboration with God in solving the problem, positive religious appraisals of the problem) and the reduction of these conditions within their sample population, but stated that data from other studies suggests a correlation.⁴⁸

⁴² E.S. Kubany, F.R. Abueg, W.L. Kilauano, F.P. Manke, A.S. Kaplan, "Development and validation of the sources of trauma," *Journal of Traumatic Stress*, April 1997: 235-58.

⁴³ J.C. Beckham, M.E. Feldman, A.C. Kirby, "Atrocities exposure in Vietnam combat veterans with chronic posttraumatic stress disorder: relationship to combat exposure, symptom severity, guilt, and interpersonal violence," *Journal of Traumatic Stress*, October 1998: 777-85; "Moral Injury in Veterans of War," Maguen and Litz, 3.

⁴⁴ Albert Bandura, "Moral Disengagement in the Perpetration of Inhumanities," *Personality and Social Psychology*, 1999: 193-209.

⁴⁵ "Moral Injury in Veterans of War," Maguen and Litz, 4.

⁴⁶ C.V. Witvliet, K.A. Phipps, M.E. Feldman, J.C. Beckham, "Posttraumatic mental and physical health correlates of forgiveness and religious coping in military veterans," *Journal of Traumatic Stress*, June 2004: 269-73.

⁴⁷ Moral Injury in Veterans of War, Maguen and Litz, 5.

⁴⁸ Newswise, "Forgiveness impacts post-traumatic stress disorder severity," *TodaySeniorsNetwork.com*. http://www.todaysseniorsnetwork.com/forgiveness_helps.htm (accessed March 30, 2014).

- The 2006 and 2007 Mental Health Advisory Team (MHAT) surveys of soldiers in Iraq and Afghanistan addressed both their mental health and battlefield conduct. The 2007 survey (MHAT V) questioned 2,295 soldiers in Iraq and 699 in Afghanistan.⁴⁹ MHAT V found that “suicide rates were elevated relative to historic Army rates.”⁵⁰ It also found that “soldiers who screened positive for mental health problems were significantly more likely to report engaging in unethical behaviors,” though its authors did not theorize as to whether unethical behaviors contributed to the mental health problems or vice versa.⁵¹
- A 2008 study of 1,252 Operation Iraqi Freedom veterans associated combat exposure with such problems as PTSD, depression, exposure, and unsafe behavior.⁵² This unsafe behavior includes “more frequent and greater quantities of alcohol use and increased verbal and physical aggression toward others.”⁵³

None of this is to say that all, or even most, combat veterans suffer from moral injury. Many do not. The reason that they do not suffer is because they believed—and still believe—in the rightness of what they were doing.

I know a captain who, after enduring physically traumatic events that dwarf in intensity my own combat experiences, has not suffered from any symptoms of PTSD. His experiences include several close calls with roadside bombs that killed comrades and his being “sprayed by the mist of an Afghanistan soldier’s brains” when that soldier was shot in the head as they jogged together on a coalition base. But he feels he was in Afghanistan and Iraq for good reasons and his units were doing the right things when they were there. He does not see anything fundamentally incompatible with the soldier he was in combat and the man he is at home. In fact, despite suffering from recurring memory loss, he feels emotionally stronger for what could have been traumatic events. He is a good junior leader. He sleeps well at night.

⁴⁹ Office of the Surgeon Multi-National Force-Iraq and the Office of The Surgeon General United States Army Medical Command, *Mental Health Advisory Team (MHAT) V: Operation Iraqi Freedom 06-08: Iraq Operation Enduring Freedom 8: Afghanistan*, Washington, D.C.: Department of Defense, 14 February 2008, 4.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*, 12

⁵² W.D. Killgore; D.I. Cotting; J.L. Thomas; A.L. Cox; D. McGurk; A.H. Vo; C.A. Castro; C.W. Hoge. "Post-combat invincibility: violent combat experiences are associated with increased risk-taking propensity following deployment." *Journal of Psychiatric Research*, October 2008: 1112-21.

⁵³ “Moral Injury in Veterans of War,” Maguen and Litz, 5-6.

To our nation's and military's credit, this captain's perception of the rightness of his cause and actions is probably the rule rather than the exception among U.S. service members.

The overwhelming evidence for the existence of moral injury and this condition's adverse psychological effects should greatly concern U.S. political and military leaders. Moral injury represents a significant soldier readiness issue. It causes mental torture to the very troops whose care is entrusted to American leaders. It leads soldiers to try to drown their sorrows in alcohol or the euphoria of drugs, to be involuntarily separated from the service due to disciplinary action, or to voluntarily leave the service—or the world, by killing themselves—because they feel they cannot cope anymore. It greatly burdens the U.S. military and civilian healthcare systems. It hurts the ability of veterans to positively contribute to society. It distresses and sometimes leads to the physical harm of those who interact with afflicted soldiers.

Of all these adverse effects of moral injury, it is the role that moral injury may play in the U.S. military's climbing suicide rate that has attracted the most attention.

Moral Injury, War, and Suicide

Before I took command of my company in Baghdad, I helped my boss manage interrogation operations for Task Force 1st Armored Division. When the Abu Ghraib prison was established as the military's consolidated interrogation facility for Iraq, I regularly called the prison and asked them to pull specific detainees out of the general prison population for interrogation. I had no inkling at the time of the awful abuses prisoners were enduring in the prison's hard site, where interrogation subjects were housed and questioned.

That inkling came later, in early April 2004, when my battalion commander told me that there was an investigation into serious prisoner abuse at the prison. Suspicion turned to disgust when, a couple weeks later, I viewed the shocking Abu Ghraib photos on television.

For years, I wondered if any of the prisoners I had asked Abu Ghraib interrogators to question were in that naked pyramid. Then I learned that the prisoners in the photos were, for the most part, not interrogation subjects. Although the prosecuted abuses took place where interrogation subjects were held, nearly all of the prisoners in the published photos were

common criminals. They had been pulled out of the general population tents by a group of depraved military policemen looking for some late-night fun.

But this fact made me feel only slightly better, since I also learned later that there were photographs of worse abuses that President Obama elected not to release, photographs that involve crimes like rape and may depict prisoners who were interrogation subjects. I learned, too, that Abu Ghraib interrogators had routinely employed such abusive practices as “Forced Nudity” and “Stress Positions” on their subjects—practices I consider torture.

Most American soldiers feel tainted by what happened at the prison. I probably feel tainted more than most. It makes me sick to think that, by my making calls to that prison and asking for certain prisoners to be interrogated, I was likely part of the causal chain that led to the torture of certain Iraqis. My feelings regarding my unintended role in torture range between anger and mild depression. These feelings haven’t been suicidal, but I can understand how someone might commit suicide over prisoner abuse, especially if they themselves directly and knowingly participated in it.

I can’t remember the names of the prisoners I asked Abu Ghraib interrogators to question. If I did and I met them, I don’t know what I would say to them. It wasn’t my fault? I’m sorry?

In his book, *None of Us Were Like This Before*, the journalist Joshua Phillips tells the story of a group of soldiers at a small jail in Iraq who tortured their detainees and how guilt over their deeds later tortured them. The abuse those soldiers inflicted included hanging prisoners from the bars of cages; depriving them of sleep, food, and drink; performing mock executions; making them perform painful physical exercises and assume stress positions; and beating, choking, and waterboarding them.

When they returned home, many of these soldiers struggled with drugs and alcohol, insomnia, high blood pressure, depression, keeping jobs, and suicidal thoughts. They told Phillips that what bothered them the most was their feelings of guilt. Two of them, Adam Gray and Jonathan Millantz, eventually died under circumstances their friends and families believe was suicide.

Most or perhaps all these soldiers suffered from symptoms of PTSD, though not all had combat experiences that met the mental health manual's criteria for PTSD-inducing events. It is likely that many other veterans of our nation's conflicts in Afghanistan and Iraq suffer from similar invisible moral wounds. After all, torture was not something that only occurred at Abu Ghraib and FOB Lion.

My book on tactical-level interrogation operations in Iraq from May 2003 – April 2004 was rooted in both personal experience and research. An important focus of this book was the where and why of so-called “enhanced” interrogation techniques (EITs), a type of torture intended to inflict enough pain and suffering on prisoners to get them to talk without physically injuring them.

One of my conclusions was that, while torture did not occur in most big Army conventional units, it had occurred at quite a few, to include at least three facilities run by the 3d Armored Cavalry Regiment in western Iraq, two facilities run by the 101st Airborne Division in northern Iraq, and one facility run by the 4th Infantry Division in north central Iraq.⁵⁴ I considered it likely that most (if not all) special operations facilities had employed EITs. I also pointed out that, while everyone thinks of Guantanamo Bay and Abu Ghraib as being America's torture centers during this period, the use of torture was officially sanctioned far longer in Afghanistan—two years as opposed to one month each in Guantanamo Bay and Iraq.⁵⁵

These were not easy facts for me to swallow. However, the hard facts did not stop there. I also came to understand that prisoner abuse was far more widespread than that inflicted by misguided, harsh, and formally approved interrogation tactics. Much of it was of the kind that Phillips described as occurring at FOB Lion—improperly supervised soldiers taking out their boredom, frustrations, anger, and feelings of powerlessness on captured Iraqis.

I knew nothing about the abuses at FOB Lion when I wrote my book because there had been no military investigation into these abuses and no other memoir or account of these abuses had yet been published. Still, I had read numerous declassified accounts of abuse occurring at the

⁵⁴ I later realized that at least four of five facilities run by the intelligence battalion supporting the 101st Airborne Division had employed EITs.

⁵⁵ Douglas A. Pryer, *The Fight for the High Ground: The U.S. Army and Interrogation During Operation Iraqi Freedom, May 2003 - April 2004*, Fort Leavenworth, KS: Command and General Staff College Foundation Press, 2009, 24-25, 46-48.

point of capture or in temporary tactical-level holding areas. I had also read such well-publicized stories as the one involving 82nd Airborne soldiers at FOB Mercury in Fallujah who had routinely beat up prisoners and made them do harsh physical training for no other reason, it appears, than they believed it fun to do so.⁵⁶

Just as troubling are the 2006 and 2007 mental health surveys of soldiers and Marines in Iraq and Afghanistan. The first survey reported that a majority of these troops believed that locals should not be treated with dignity and respect, more than one-third thought “that torture should be allowed to save the life of a fellow soldier or marine,” and less than half of Marines said “they would report a team member for unethical behavior.”⁵⁷ Both surveys recorded ten percent of these troops as saying that they had mistreated noncombatants or damaged property “when it was not necessary.”⁵⁸

If these surveys are accurate—and there is no reason to think they are not—at least ten percent of nearly 400,000 troops on the ground during this two-year-period may have cause to suffer from feelings of guilt related to mistreating civilians or unnecessarily damaging property. Even if the performance of American troops has improved in this regard in recent years, it is clear that just this one potential source of moral injury exists on a massive scale.

Yet, moral injury is largely unaddressed in official Army reports and doctrine. The phrase “moral injury” is entirely absent from the Army’s voluminous 2010 report on suicide prevention. So are the words “moral,” “ethical,” and “ethics.” “Guilt” is mentioned once, but only in the hardly relevant context of soldiers feeling guilty for depending on surrogates (such as their parents) to watch their children when they deploy.⁵⁹

Official military publications on suicide instead discuss mental health conditions described in DSM-V, especially PTSD, depression, and traumatic brain injury (TBI).⁶⁰ They also

⁵⁶ Human Rights Watch. *Leadership Failure: Firsthand Accounts of Torture of Iraqi Detainees by the U.S. Army's 82nd Airborne Division*. Human Rights Watch, September 2005.

⁵⁷ Office of the Surgeon Multinational Force-Iraq; Office of the Surgeon General United States Army Medical Command. *Mental Health Advisory Team (MHAT) IV Operation Iraqi Freedom 05-07 Final Report*. Washington, D.C.: U.S. Department of the Defense, 17 November 2006, 35-36.

⁵⁸ MHAT IV, 4; MHAT V, 32.

⁵⁹ U.S. Army. *Health Promotion Risk Reduction Suicide Prevention Report 2010*. Washington, D.C.: U.S. Government Publishing Office, 2010, 98.

⁶⁰ Reference pages from Rand Study here

discuss how these three physical conditions have been linked in studies to suicidal tendencies. In the same 2010 report on suicide prevention, PTSD is mentioned 47 times.⁶¹

This absence of “moral injury” from official military publications on suicide is glaring—so much so that, with regard to the causes and prevention of suicide, it is likely that our military is missing the forest for the trees.

Above, I listed studies that support the existence of moral injury. Additional studies specifically associate combat-related guilt with suicide. A 1991 study, for example, looked at 100 Vietnam veterans with PTSD.⁶² The study’s authors found that 19 of these veterans had attempted suicide and 15 more were preoccupied with thoughts of suicide.⁶³ The authors concluded “that combat guilt was the most significant predictor of both suicide attempts and preoccupation with suicide.”⁶⁴ A more recent 2010 study examined data collected from 1,323 male Vietnam veterans while exploring the effects of guilt from abusive combat violence, such as harming prisoners and civilians.⁶⁵ The authors found “that guilt may be a mechanism through which abusive violence is related to PTSD and MDD [Major Depressive Disorder] among combat-deployed veterans.”⁶⁶

These reports’ conclusions are supported by numerous published anecdotes. In addition to Phillips’ sad tale of soldiers playing at torture, there is the story of Alyssa Peterson, an Army interrogator and one of the first female soldiers to die in Iraq.⁶⁷ Assigned to Company C, 311th Military Intelligence Battalion, 101st Airborne Division, in Tal Afar, Iraq, she became distraught after working two days in a facility in which “enhanced” interrogation techniques were used.⁶⁸

⁶¹ U.S. Army, *Health Promotion Risk Reduction Suicide Prevention Report 2010*.

⁶² H. Hendin, A.P. Haas, "Suicide and guilt as manifestations of PTSD in Vietnam combat veterans," *American Journal of Psychiatry*, May 1991: 586-91.

⁶³ *Ibid.*

⁶⁴ Moral Injury in Veterans of War, Maguen and Litz, 5.

⁶⁵ B.P. Marx, K.M. Foley, B.A. Feinstein, E.J. Wolf, D.G. Kaloupek, T.M. Keane, "Combat-related guilt mediates the relations between exposure to combat-related abusive violence and psychiatric diagnoses," *Depression and Anxiety*, March 2010: 287-93.

⁶⁶ "Moral Injury in Veterans of War," Maguen and Litz, 4.

⁶⁷ Greg Mitchell, "Remembering the US Soldier Who Committed Suicide After She Refused to Take Part in Torture," *The Nation*, September 13, 2010, <http://www.thenation.com/blog/154649/remembering-us-soldier-who-committed-suicide-after-she-refused-take-part-torture> (accessed March 30, 2014).

⁶⁸ Associated Press, "Army Spc. Alyssa R. Peterson Died September 15, 2003 Serving During Operation Iraqi Freedom," *Military Times*. <http://projects.militarytimes.com/valor/soldier/256698/> (accessed March

She refused to work there anymore and was reprimanded for showing “empathy” for the prisoners. She committed suicide just a few days later—a suicide her family believes was due to her distress over being expected to torture prisoners.⁶⁹

An intelligence analyst in the same battalion, Kayla Williams, knew Peterson. In her book, *Love My Rifle More Than You*, Williams describes working for one day at a different brigade-level facility run by the same intelligence battalion. Like Peterson, Williams quit. Williams wrote that one of the things she had been told to do was to mock prisoners’ manhoods and otherwise ridicule naked male prisoners.⁷⁰ She also saw detainees slapped, have burning cigarette butts flicked on them, and forced to listen to loud music and perform punishment drills like knee-benders.⁷¹

Another interrogator, Tony Lagouranis, described his experiences at a different facility run by this battalion, the 101st Airborne Division’s main detention facility at the Mosul airport. Lagouranis described tactics that included “sleep deprivation, exposure to severe cold, forced exercises and use of painful stress positions, use of guard dogs to intimidate blindfolded detainees, and use of loud music and strobe lights to disorient detainees and keep them awake.”⁷² This interrogator has publicly acknowledged feeling tortured by his experiences there and at two other facilities in Iraq where detainees were abused—Abu Ghraib and Al Assad.⁷³

David Finkel’s moving book, *Thank You for Your Service*, explores the psychological effects of war on a group of soldiers and their families at Ft. Riley, Kansas. The sources of PTSD that Finkel describes often involve physically traumatic events such as roadside bombs. Guilt, though, plays a central role in most of his stories, especially “survivor’s guilt.” (“It should have

30, 2014); Mitchell, "Remembering the US Soldier Who Committed Suicide After She refused to Take Part in Torture."

⁶⁹ Mitchell, "Remembering the US Soldier Who Committed Suicide After She refused to Take Part in Torture."

⁷⁰ Kayla Williams, *Love My Rifle More Than You: Young and Female in the U.S. Army*, New York: W.W. Norton & Company, 2005, 246-252.

⁷¹ *Ibid.*

⁷² Human Rights Watch, *"No Blood, No Foul": Soldiers' Accounts of Detainee Abuse in Iraq*, Human Rights Watch, July 2006, 39

⁷³ Laura Blumenfeld, "The Tortured Lives of Interrogators," *The Washington Post*, June 4, 2007, <http://www.washingtonpost.com/wp-dyn/content/article/2007/06/03/AR2007060301121.html> (accessed March 14, 2014).

been me.”) However, one soldier who survived two suicide attempts told Finkel that his biggest struggle is with the guilt over “how we treated people.”⁷⁴

The philosopher and psychologist Nancy Sherman wrote movingly about an officer whose suicide was due to a feeling that his combat experiences had tainted him. The officer was her colleague and friend, Colonel Ted Westhusing, an Army Ranger who had a doctorate in philosophy and taught ethics at West Point.

In her book, *The Untold War*, Sherman relates how Westhusing was motivated by his ideals to fight a terrorist enemy. He volunteered to deploy to Iraq, where he took part in the mission to train Iraqis to take over security duties from U.S. forces. Once in Iraq, he was soon shocked by the culture of corruption and impunity he perceived as widespread among U.S. contractors and Iraqi officers. A few hours after delivering a well-received brief to Lieutenant General David Petraeus, he shot himself in the head with his pistol. In his suicide note he wrote: “I cannot support a msn [mission] that leads to corruption, human rights abuse, and liars. I am sullied . . . I came to serve honorably and feel dishonored . . . Death before being dishonored anymore.”⁷⁵

The suicidal feelings that the military’s unique mission—winning wars by killing enemy human beings—can cause within those who kill is also well-documented.

A 1992 study involving 1,709 Vietnam veterans concluded that, more than any other source of PTSD, attempts to kill or injure others are the acts that produce “symptoms that are diagnostic criteria for PTSD.”⁷⁶ The authors’ main finding involved combat-related guilt: “Having been an agent of killing and having been a failure at preventing death and injury are related more strongly than other roles to general psychiatric distress and suicide attempts.”⁷⁷

More recent studies have linked killing, not to suicide directly, but to PTSD—a condition shown in multiple studies to increase service members’ risk of suicide. A 2009 study involving

⁷⁴ David Finkel, *Thank You For Your Service*, New York: Sarah Crichton Books, 2013, 255.

⁷⁵ Nancy Sherman, *The Untold War: Inside the Hearts, Minds, and Souls of Our Soldiers*. New York: W.W. Norton & Company, 2010, 240.

⁷⁶ A. Fontana, R. Rosenheck, E. Brett. “War zone traumas and posttraumatic stress disorder symptomatology,” *Journal of Traumatic Stress*, December 1992: 748-55; “Moral Injury in Veterans of War,” Maguen and Litz, 3.

⁷⁷ “Moral Injury in Veterans of War,” Maguen and Litz, 3.

1,200 Vietnam veterans analyzed the impact of killing in war on mental health symptoms.⁷⁸ The authors reported “that killing was associated with posttraumatic stress disorder symptoms, dissociation, functional impairment, and violent behaviors.”⁷⁹ A 2010 study examined the effect of directly or indirectly killing others on 2,797 Operation Iraqi Freedom veterans.⁸⁰ The authors concluded that “killing was a significant predictor of PTSD symptoms, alcohol abuse, anger, and relationship problems.”⁸¹ And a 2011 study examined the impact of killing in war based on a survey of 317 Gulf War veterans.⁸² The authors found that killing in war is a significant predictor of PTSS [posttraumatic stress symptomatology], frequency and quantity of alcohol use, and problem alcohol use.”⁸³

These studies are buttressed by well-publicized stories linking killing to suicide. Levi Darby, for example, hung himself in his grandfather’s garage in Illinois.⁸⁴ His mother said he was haunted by guilt over the death of a little Afghan girl. He had gestured to the girl to come get a bottle of water, and when she came forward to get it, she was blown up by a land mine. He did not kill her, but he felt as if he had.

Another well-known story is that of Daniel Somers. Somers, who was diagnosed with both PTSD and TBI, committed suicide in June of 2012.⁸⁵ He had served as an interrogator and humvee gunner for two tours in Iraq.⁸⁶ In his suicide note, he pointed at two main sources of distress, a government system that he said was not getting him the help he needed and “the war

⁷⁸ S. Maguen, D.D. Luxton, N.A. Skopp, G.A. Gahm, M.A. Reger, T.J. Metzler, C.R. Marmar, "Killing in combat, mental health symptoms, and suicidal ideation in Iraq War Veterans," *Journal of Anxiety Disorders*, May 2011: 563-7.

⁷⁹ “Moral Injury in Veterans of War,” Maguen and Brett Litz, 4.

⁸⁰ S. Maguen, B.A. Lucenko, M.A. Reger, G.A. Gahm, B.T. Litz, K.H. Seal, S.J. Knight, C.R. Marmar, "The impact of reported direct and indirect killing on mental health symptoms in Iraq War veterans," *Journal of Traumatic Stress*, February 2010: 86-90.

⁸¹ “Moral Injury in Veterans of War,” Maguen and Litz, 4.

⁸² S. Maguen, Dawn S. Vogt, Lynda A. King, Daniel W. King, Brett T. Litz, Sara J. Knight, Charles R. Marmar, "The impact of killing on mental health symptoms in Gulf War veterans," *Psychological Trauma: Theory, Research, Practice, and Policy*, March 2011: 21-26.

⁸³ “Moral Injury in Veterans of War,” Maguen and Litz, 4.

⁸⁴ Moni Basu, "Why suicide rate among veterans may be more than 22 a day," *CNN*, November 14, 2013, <http://www.cnn.com/2013/09/21/us/22-veteran-suicides-a-day/> (accessed March 30, 2014). The story of Levi Darby in this paragraph is taken entirely from this article.

⁸⁵ Daniel Somers, "I Am Sorry That It Has Come to This": A Soldier's Last Words," *Gawker*, June 22, 2013, <http://gawker.com/i-am-sorry-that-it-has-come-to-this-a-soldiers-last-534538357> (accessed March 30, 2014).

⁸⁶ *Ibid.*

crimes” that he claimed that he had participated in unwillingly during his first tour in Iraq.⁸⁷ This note does not state what these crimes were. However, in an earlier letter, he had written that he had employed “deadly force on a regular basis – often in situations where non-combatants ended up in the crossfire.”⁸⁸ “To this day,” he had written, “I am unable to provide even a rough approximation as to the number of civilian deaths in which I may be complicit.”⁸⁹

Houston, We Have a Problem

At least two units in which I've served had soldiers commit or attempt suicide.

One suicide took place in the headquarters company of a mechanized infantry brigade about five years before the 9/11 attacks. According to rumor, this captain's suicide was driven by anguish over his pending divorce. I was stunned, especially since I had looked up to him. Just a month before, he had taken me—a second lieutenant—on an all-day battlefield tour of the training area at Fort Irwin, California. His knowledge had astounded me. It was hard to believe that this popular and respected leader had ended his life.

In 2004-5, two soldiers in my recruiting battalion attempted suicide. One case involved a combat veteran who suffered from PTSD.

The other case occurred soon after I arrived. I became intimately involved with this case since I was this recruiter's company commander. This recruiter looked older than his years. A clerk by training, he was short, mousey, balding, and bespectacled. In his short career, he had already received four Army Commendation Medals, a sign that his past performances had been strong. He reminded me of the character Radar from the television series M.A.S.H.—not the guy you want on your sports team or next to you with a rifle when your base is being overrun, but an administratively competent guy who could get things done.

But he hated recruiting. He was an introvert, and he hated approaching people and making pitches. He hated being rejected, sometimes rudely. He was also depressed at living separately from his daughter and wife, who had stayed in Texas due to her work. He began

⁸⁷ Ibid.

⁸⁸ Steve Vogel, "Iraq vet: Government 'abandoned me'," *Washington Post*, August 25, 2013, <http://www.journalgazette.net/article/20130825/NEWS03/308259896> (accessed March 30, 2014).

⁸⁹ Ibid.

drinking heavily and, eventually, he refused to recruit. His station commander and I decided to work with him, referring him to a psychologist and giving him only administrative duties to perform.

This didn't sit well with the battalion's leadership team. The stereotypical battalion commander—tall, barrel-chested, and loud—didn't call the shots in that unit. He had abdicated that responsibility to his command sergeant major, an old, gnarled skeleton of a man who believed in using fear to make recruiters work harder and longer.

The first time I had met the two of them, the sergeant major had told me: "I don't know what recruiting does to soldiers, but you can't treat recruiters like other soldiers. You have to constantly ride them, spur them. If you don't, they won't do anything. They're lazy." I had thought his advice nonsense, but the battalion commander had sat there, nodding his head up and down. (When they left their jobs a year later, a new battalion leadership team who believed in positive reinforcement took over. Recruitments nearly doubled, confirming my own observations about how best to inspire people.)

When these two leaders learned how I was handling the situation, the battalion commander (almost certainly on the advice of his sergeant major) asked me to pressure this recruiter by ordering him in writing to recruit and, if he disobeyed my "lawful order," to punish him under the Uniform Code of Military Justice. I ignored his suggestion. So, he and his sergeant major did what they couldn't get me to do: they visited him at his recruiting station and gave him a lawful, written order threatening him with punishment if he did not recruit.

Their action disgusted me. It was hard to believe that that they would treat such a psychologically fragile and distressed soldier this way. Moving him out of recruiting and back to an administrative job made sense to me; trying to force him to do something that was affecting him so badly did not. My relations with them became so tense that I avoided them as much as possible—and probably failed to hide my disgust when I couldn't avoid them.

After these two leaders visited my soldier, I watched him deteriorate before my eyes. His rapid mental and moral decline remains one of the saddest things I've ever witnessed. When I had first met him, he had spoken clearly and directly. But, just before his suicide attempt, he was

nearly incoherent from what insecurity, depression, and the nightly cocktail of alcohol and prescribed drugs that he was consuming was doing to him.

He maxed out his government credit card at a strip joint, an action for which the battalion leadership happily handed him all the military judicial punishment that they could give him. When, a few days later, he tried to overdose on drugs, this act wasn't really anything new. It was just the sudden culmination, the realization, of a process of self-destruction that had been going on for months. Sure, he hated recruiting. But he had come to hate himself even more.

After his release from the hospital, he chose to leave the Army and return home to his family—a move his two awful but “successful” battalion leaders happily endorsed.

It was unsurprising that this battalion commander was later selected for promotion to full colonel. As a result of his last year in command (a year that included two of his soldiers' suicide attempts and his stressing and tormenting a number of officers and recruiters), he received an evaluation report in which his senior rater referred to him as one of the top two of the 30+ battalion commanders he senior rated.

Before I left, that battalion commander gave me a mediocre evaluation. I was not surprised. After all, I had refused to carry out the kind of psychological abuse that he and his sergeant major demanded. I was, as he told his boss, a “marshmallow.”

“Houston, we have a problem.” So says Tom Hanks' character, a command module pilot, in *Apollo 13*. This movie is based on the real-life Apollo 13 moon mission, and what follows Hanks' understated declaration is a wild rollercoaster of a story in which the astronauts escape death only by great skill and luck.

The words “we have a suicide problem in the U.S. military today” are just as understated. Between 1990 and 2003, the suicide rate in all four services remained fairly stable at around 10 per 100,000 service members.⁹⁰ In 2003, the year that coalition forces invaded Iraq and extensive deployments for U.S. service members abroad began, the suicide rate of active duty service members was 12 per 100,000 for the Marine Corps and 10 per 100,000 for the Army, Navy, and

⁹⁰Elspeth Cameron Ritchie, "Army's Former Top Psych Doc Says Military Believed to Routinely Underreport Suicide Data in Reserve Forces," *The Military Suicide Report*, January 25, 2012, <http://themilitarysuicidereport.wordpress.com/2012/page/79/> (accessed March 30, 2014).

Air Force.⁹¹ Over the next nine years of conflict, the suicide rate in the Navy and Air Force nearly doubled to 18 per 100,000 in 2012.⁹²

During this same period, the suicide rate of the Marine Corps climbed even more dramatically. In 2012, 48 active-duty Marines killed themselves.⁹³ Since the active-duty end strength of the Marines was 202,100 during, the Marine Corps' suicide rate was 23 per 100,000.⁹⁴ This rate was actually a decrease from the service's high in 2009, when 52 Marines committed suicide for a rate of 26 per 100,000—nearly three times what it had been nine years previously.⁹⁵

The Army's suicide rate has climbed the most dramatically. In 2012, 182 active-duty soldiers killed themselves.⁹⁶ Since the Army's active-duty end strength was 547,400, this makes the Army's suicide rate 33 per 100,000.⁹⁷ This is more than three times what it was nine years previously and nearly twice as great as the current suicide rates of the Air Force and Navy. Notably, the number of Army suicide victims who had been diagnosed with PTSD climbed from 4.6% in 2005 to 14.1% in 2009.⁹⁸

How do these suicide rates compare to the rest of the country? The Centers for Disease Control and Prevention (CDC) is the government agency responsible for collecting and

⁹¹ U.S. Army, *Health Promotion Risk Reduction Suicide Prevention Report 2010*, 12.

⁹² Bill Briggs, "Military suicide rate hits record high in 2012," *NBC News*, January 14, 2013, http://usnews.nbcnews.com/_news/2013/01/14/16510852-military-suicide-rate-hit-record-high-in-2012?lite (accessed March 30, 2014); U.S. House of Representatives, "House Report 112-110 - Department of Defense Appropriations Bill, 2012," *The Library of Congress*, http://thomas.loc.gov/cgi-bin/cpquery/?&sid=cp112p3bcL&r_n=hr110.112&dbname=cp112&&sel=TOC_39155& (accessed March 30, 2014). According to this news report, the Navy had 60 active-duty service member suicides in 2012, the Air Force 59. The house report gives a 2012 active forces end strength of 328,700 for the Navy and 332,200 for the Air Force.

⁹³ Briggs, "Military suicide rate hits record high in 2012."

⁹⁴ U.S. House of Representatives, "House Report 112-110 - Department of Defense Appropriations Bill, 2012."

⁹⁵ National Center for Telehealth & Technology (T2) and Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury (DCOE), *DODSER Department of Defense Suicide Event Report Calendar Year 2011 Annual Report*, Washington, D.C.: U.S. Government Publishing Office, 2012, 171.

⁹⁶ Briggs, "Military suicide rate hits record high in 2012."

⁹⁷ U.S. House of Representatives, "House Report 112-110 - Department of Defense Appropriations Bill, 2012."

⁹⁸ U.S. Army, *Health Promotion Risk Reduction Suicide Prevention Report 2010*, 26.

analyzing fatality statistics. It generally lags behind the military two-to-three years in the publishing of data related to suicides, so the most recent year that we can compare military-to-civilian suicide rates is 2009.

The CDC reports that, in 2009, 36,909 of 313 million Americans committed suicide.⁹⁹ This equals 12.1 deaths per 100,000. On the surface, this appears to be significantly less than the military suicide rate. However, this rate includes all ages and genders and is not proportional to the ages and genders found in the U.S. military, which is predominantly comprised of young men. To meaningfully compare military to civilian rates, you must examine the data more closely.

According to the CDC, in 2009, the suicide rate for ages 25-34 for males was 21 per 100,000 and, for females in this age group, five per 100,000.¹⁰⁰ Currently, 13.6 percent of the Army is female.¹⁰¹ Thus, within a like sampling of the national population that consists of only 25-34 year olds and is 13.6 percent female, the national suicide rate in 2009 would be 18.8 per 100,000.

Assuming little change in national suicide rates between 2009 and 2012, the increase in the Navy's and Air Force's suicide rates in 2012 brought their rates up to par with the national rate among a group of like age and gender. This is nonetheless troubling: why have the suicide rates in these two services nearly doubled, when they had stayed steady for at least 13 years? Why are these two services suicide rate now comparable to the civilian rate, when it had been so much less for so many years?

⁹⁹ Newswise, "United States Sees Highest Suicide Rate in 15 Years," *BP Magazine*. February 7, 2012, <http://www.bphope.com/Item.aspx/935/united-states-sees-highest-suicide-rate-in-15-years> (accessed March 30, 2014).

¹⁰⁰ Centers for Disease Control and Prevention, "National Suicide Statistics at a Glance," *Trends in Suicide Rates* Among Persons Ages 10 Years and Older, by Sex, United States, 1991–2009*. <http://www.cdc.gov/violenceprevention/suicide/statistics/trends01.html> (accessed March 30, 2014); Centers for Disease Control and Prevention, "National Suicide Statistics at a Glance," *Trends in Suicide Rates* Among Persons Ages 25–64 Years, Both Sexes, by Age Group, United States, 1991–2009*, <http://www.cdc.gov/violenceprevention/suicide/statistics/trends05.html> (accessed March 30, 2014).

¹⁰¹ U.S. Department of Defense, Department of Veterans Affairs, "Women in the Military Statistics." *Statistic Brain*. December 27, 2013. <http://www.statisticbrain.com/women-in-the-military-statistics/> (accessed 30 2014, March).

However, that problem is not nearly troubling as the Marine Corps and Army statistics, which show a suicide rate in the Marine Corps that has been significantly above the national rate for two of the last five years, and a rate in the Army in 2012 that was nearly double that of the national rate for a group of similar age and gender.

Just as troubling is the current suicide rate of military veterans. A recent study calculates this rate to be 30 per 100,000.¹⁰² The national suicide rate for ages 10 and over (to include the elderly) and adjusted for an 85% male population is 21 per 100,000.¹⁰³ Thus, the suicide rate among veterans is roughly 40% higher than the rate of other civilians when adjusted for gender. However, the rate of 30 per 100,000 includes all veterans, not just combat veterans. It is likely that the suicide rate among combat veterans is higher still.

The fact that veterans have higher rates of suicide than active-duty service members makes sense. For one, veterans are usually older, and the suicide rate generally increases as the population ages. (CDC data indicates that, in 2009, using a 13.6 percent female, Army proportional standard, the suicide rates by age group within the general U.S. populace were 11.5 suicides per 100,000 among 10-24 year olds, 22.2 per 100,000 among 25-65 year olds, and 27.8 per 100,000 among 65+ year olds.)¹⁰⁴ For another, service members suffering the most distress from PTSD and/or moral trauma (that is, those at the highest risk of suicide) are likely to function poorly in the military and leave the military sooner.

¹⁰² Jeff Hargarten, Forrest Burnson, Bonnie Campo, Chase Cook, "Veteran Suicides Twice as High as Civilian Rates," *News21*, August 24, 2013, <http://backhome.news21.com/article/suicide/> (accessed March 30, 2014).

¹⁰³ Centers for Disease Control and Prevention, "National Suicide Statistics at a Glance," *Trends in Suicide Rates* Among Persons Ages 10 Years and Older, by Sex, United States, 1991–2009*. My calculation for the national percentage adjusted for the Army's average age and gender was as follows: $23(.85) + 5(.15) = 19.55 + .75 = 20.55$.

¹⁰⁴ Centers for Disease Control and Prevention, *National Suicide Statistics at a Glance*, March 9, 2012, <http://www.cdc.gov/violenceprevention/suicide/statistics/aag.html#3> (accessed March 31, 2014). According to the website, in 2009, 10-24 year old males committed suicide at the rate of 13 per 100,000, 25-65 year old males at the rate of 26 per 100,000, and 65+ year old males at the rate of 32 per 100,000. In the same year, 10-24 year old females committed suicide at the rate of 3 per 100,000, 25-64 year old females at the rate of 7 per 100,000, and 65+ females at the rate of 4 per 100,000. Adjusted for an 85% male population in the U.S. Army, the baseline rates for comparing general U.S. suicide rates by age with the U.S. Army veteran suicide rates are as follows: 11.5 per 100,000 among 10-24 year olds, 22.2 per 100,000 among 25-65 year olds, and 27.8 per 100,000 among 65+ year olds.

What major transformative events have happened to our military since 2002 that could lead to this dramatic rise in suicides among U.S. service members? The obvious answer—the only reasonable answer, considering there has been no parallel rise among the rest of the nation’s population during this time period—is our nation’s large-scale military interventions in Afghanistan and Iraq. PTSD and Traumatic Brain Injury have both been linked to increased suicide rates and account for some of this rise. It is likely, though, that moral injury is also a significant contributing factor: the studies and stories outlined above strongly link moral injury to suicide, and, as also noted, the potential for this ailment to exist within our military’s newest combat veterans is huge.

However, the PTSD, TBI, and moral injury suffered by troops in combat cannot be the sole reason for the U.S. military’s rise in suicides. In 2003, 60 soldiers committed suicide.¹⁰⁵ In 2011, 159 soldiers killed themselves, an increase of nearly 100. The DoD’s most recent Suicide Event Report, though, states that only 80 of these 159 suicide victims had deployed to Iraq, Afghanistan, or Kuwait.¹⁰⁶ It also states that only 19% of suicide victims had a “history of direct combat.”¹⁰⁷

This report may understate the combat experience among suicide victims. For one, the report makes no mention of whether victims had participated in combat operations elsewhere, such as Panama, Somalia, Haiti, Bosnia, Kosovo, and, more recently, the Philippines and the Sudan. For another, it can lead one to wrongly infer that the only combat activities that lead to suicide ideation are those experienced in “direct combat” and that other events such as receiving indirect fire and participating in detention operations cannot be sources of psychological injury.

Although combat experience may be more extensive than those statistics suggest, it remains highly improbable that the rising suicide rates among service members and veterans derive solely from combat exposure. Even if deployments to rough spots other than Afghanistan and Iraq were included, it is unlikely that the total number of soldiers with recent deployment experience who committed suicide in 2011 reached 100, the difference between the number of

¹⁰⁵ Associated Press. "Army suicides hit highest level since 1993." *NBC News*. April 21, 2006. http://www.nbcnews.com/id/12428185/ns/us_news-security/t/army-suicides-hit-highest-level/ (accessed March 31, 2014).

¹⁰⁶ *DODSER Department of Defense Suicide Event Report Calendar Year 2011 Annual Report*, 145.

¹⁰⁷ *Ibid.*

soldiers who killed themselves in 2003 and 2011. It also stretches credulity to think that every suicide victim who deployed to combat areas committed suicide because of traumatic events experienced during their deployments. Combat-associated PTSD, TBI, and moral injury are no doubt major contributing factors to these rising suicide rates, but they cannot be the only factors.

Another obvious contributing factor is the increased operational tempo (or OPTEMPO) of units at home. Since the 9/11 attacks, America's non-deployed service members have spent more time away from their families supporting the deployments of others or simply doing unit business. They have worked longer hours. They have experienced increased pressure at work and more time away from home. Such stress can damage their relationships with the very people they depend upon for emotional support.

Increased recruitment quotas, for example, place great pressure on military recruiters, causing them to work longer days and most weekends. Above, I described two leaders who, I believe, tried to bully a recruiter into performing work he was not psychologically fit to perform. In my opinion, he would not have attempted suicide without that bullying. In a climate of lower quotas, it is possible that those two leaders would have felt less stressed and, in turn, displayed more compassion toward this soldier.

There is, in short, no question that our recent wars abroad have placed great stress on even those U.S. troops who stayed home.

U.S. military suicide statistics should and do worry U.S. military leaders. Tragically, while our military is spending millions to collect data, the right data is not being collected. The data is not being gathered that might help us to better understand the root causes of this suicide problem and, from this understanding, develop ways to effectively counter the problem.

The U.S. Department of Defense (DoD) standardizes the information that the four services annually provide on suicides. To help the Army provide this information, commanders are required to submit a report within 30 days of a soldier's suicide. This report includes the number of times the victim deployed and any mental health diagnoses in his or her record.

Although useful, that falls dramatically short of collecting information that might help a researcher understand what was really troubling a suicide victim. Rather than explain suicides,

this report focuses on relating suicides to “high risk behaviors”—behaviors that are properly considered the effects of deeper problems. They include alcohol and drug abuse, financial distress, disciplinary issues, and relationship issues. Conceivably, if a psychologist diagnosed a victim as having “moral injury,” it could be recorded on the line that asks a commander to list mental health issues. This does not appear to be happening, almost certainly because the condition is not listed in the mental health manual.

The source of the psychological injury also goes unrecorded. What drove the victim to abuse drugs or alcohol? To suffer financial distress? To be a disciplinary issue? To have relationship issues? To suffer symptoms of PTSD or depression? You will not find even hints to the answers to these questions when looking at the data collected by these reports. There is a place at the end of the report for “comments” where information could be input as to what loved ones thought was troubling suicide victims. There is, however, no requirement for commanders to input comments here, let alone guidance that they should attempt to record victims’ sources of mental distress.

The U.S. military’s most recent by-service compilation of suicide event reports was published in 2011. That document makes clear that “moral injury” is not something the military considers even remotely relevant to suicide: in its 258 pages, the words “moral,” “ethical,” “ethics,” “guilt,” “shame,” or “dishonor” do not appear even once.

Army regulations do allow for one mechanism that could potentially collect data on what troubled suicide victims: in certain cases, a forensic psychiatrist may be asked to perform a “psychological autopsy” on suicide victims.¹⁰⁸ From interviews with loved ones, the psychiatrist attempts to determine the victim’s relevant life history details and possible motivations for suicide. The sole purpose of this autopsy, however, is not to determine “why” the soldier committed suicide but “if” the soldier committed suicide. So the procedure is only carried out in “cases where there is an equivocal cause of death (such as, death cannot be readily established as natural, accidental, suicide, or homicide).”¹⁰⁹

¹⁰⁸ U.S. Army, *Department of the Army Pamphlet 600-24 Health Promotion, Risk Reduction, and Suicide Prevention*, Washington, D.C.: U.S. Government Publishing Office, September 7, 2010, 25-32.

¹⁰⁹ Department of the Army, *Army Regulation 600-63 Army Health Promotion*, Washington, D.C.: U.S. Government Publishing Office, September 7, 2010, 19.

There are other surveys and procedures intended to help U.S. military leaders understand such behavioral issues as suicide attempts, but those collect data that, at best, is only marginally more pertinent to moral injury than the material compiled in the suicide event reports. The DoD's Millennium Cohort Study (MCS) has been collecting health-related information from 150,000 active-duty and reserve service members since 2000. Among the MCS surveys, the most useful on potential sources of trauma and misconduct is the Deployment Risk and Resilience Inventory.¹¹⁰

This survey asks deployment-related questions of service members that, like the suicide event reports, are directly tied to the DSM-V criteria for PTSD, major depressive disorder, and other mood and anxiety disorders. But it, too, does not look for sources of psychological injury. Like the suicide event reports, it usefully asks questions related to combat exposure: Did you kill anyone in combat? Did you see anyone killed in combat? However, it likewise fails to ask service members if they did or witnessed anything "wrong" that troubles them. Nor does it ask if they feel guilty or tainted by anything they saw or did.

In 2013, one of the MCS's own reports revealed another problem with the study: service members "with baseline mental disorders or longer hospital stays" are less likely to accept invitations to enroll in the cohort.¹¹¹ This makes the survey's sample problematic. A skewed sample could produce skewed conclusions. The MCS's best publicized study, for example, looked at 83 suicide deaths from across the services and concluded that deployments did not impact these suicides.¹¹² What media reports on the survey generally omitted is that, one, these suicide deaths included Navy and Air Force members (whose combat experiences are typically more benign than those of soldiers and Marines), and, two, those who suffer most from their deployments usually choose not to enroll in the cohort.

MCS data has produced contradictory reports arguing that combat exposure leads, if not to a greater tendency for suicide, to adverse psychological outcomes—outcomes in turn

¹¹⁰ Millennium Cohort Study, *Millennium Cohort Questionnaire*.

<http://www.millenniumcohort.org/mtopics.php> (accessed March 31, 2014).

¹¹¹ Jaime L. Horton, Isabel G. Jacobsen, Alyson J. Littman, John E. Alcaraz, Besa Smith, Nancy F. Crum-Cianflone, "The impact of deployment experience and prior healthcare utilization on enrollment in a large military cohort study," *BMC Medical Research Methodology*, July 11, 2013, <http://www.biomedcentral.com/1471-2288/13/90> (accessed March 31, 2014).

¹¹² *Ibid.*

associated with suicide in other studies. For instance, a 2010 MCS paper found that exposure to combat, rather than deployment, increased the risk of new-onset depression.¹¹³ A 2012 MCS paper found that women with reported combat exposure were more likely to have mental health symptoms than women without it.¹¹⁴ A 2012 MCS paper drew a link between combat exposure and worsening and chronic post traumatic stress symptoms.¹¹⁵ And a 2013 MCS study associated post-deployment wellness with a lack of combat exposure.¹¹⁶

Another potential source of data on moral injury is the Post-Deployment Health Re-Assessment, which all service members are required to complete online 90-180 days after their re-deployment home.¹¹⁷ This form is only indirectly relevant to moral injury, since some questions are designed to determine if a soldier suffers symptoms of PTSD—symptoms which, as described earlier in this paper, are also associated with moral injury.¹¹⁸ However, it fails to look for symptoms specific to moral injury, such as feelings of guilt and shame. And, like other data collection methods, it fails to explore and catalog sources of psychological injury.

It is possible that the “Study to Assess Risk and Resilience in Servicemembers,” or Army STARRS, is collecting data more pertinent to suicide-related moral injury. This \$50 million, five-year study is a joint project of the Army and the National Institute of Mental Health, and it includes Soldier Health Outcomes Studies (SHOS) that attempt to perform “psychological autopsies.” Those studies are of two types: SHOS-A compares interviews of a soldier who is

¹¹³ T.S. Wells, C.A. LeardMann, S.O. Fortuna, B. Smith, T.C. Smith, M.A. Ryan, E.J. Boyko, D. Blazer; Millenium Cohort Study, "A prospective study of depression following combat deployment in support of the wars in Iraq and Afghanistan," *American Journal of Public Health*, January 2010: 90-9.

¹¹⁴ A.D. Seelig, I.G. Jacobson, B. Smith, T.I. Hooper, G.D. Gackstetter, M.A. Ryan, T.S. Wells, Wadsworth S. MacDermid, T.C. Smith, Millennium Cohort Study Team, "Prospective evaluation of mental health and deployment experience among women in the US military," *American Journal of Epidemiology*, July 2012: 135-45.

¹¹⁵ G.A. Bonanno, A.D. Mancini, J.L. Horton, T.M. Powell, C.A. Leardmann, E.J. Boyko, T.S. Wells, T.I. Hooper, G.D. Gackstetter, T.C. Smith, Millenium Cohort Study Team, "Trajectories of trauma symptoms and resilience in deployed U.S. military service members: a prospective cohort study," *British Journal of Psychiatry*, April 2012: 317-23.

¹¹⁶ M.E. Bagnell, C.A. LeardMann, H.S. McMaster, E.J. Boyko, B. Smith, N.S. Granado, T.C. Smith. "The association of predeployment and deployment-related factors on dimensions of postdeployment wellness in US military service members," *The American Journal of Health Promotion*, November-December 2013: 56-66.

¹¹⁷ Deployment Health Clinical Center. "Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900)." *Deployment Support*. <http://www.pdhealth.mil/dcs/pdhra.asp> (accessed March 31, 2014).

¹¹⁸ DD2900 These symptoms include . . .

hospitalized for attempting suicide with interviews from a control group of non-suicidal soldiers with similar experiences. SHOS-B conducts interviews with family members and supervisors of suicide victims.

It is unclear from published sources exactly what questions interviewers are asking soldiers and family members. It seems likely that they are recording the reasons why soldiers said they were distressed or believe they attempted suicide, and if so, these reasons would certainly include feelings of guilt, shame, or dishonor.

In September 2013, Army STARRS released initial findings based on data collected from 110,000 soldiers. One finding was that there was an elevated risk of suicide associated with a soldier's first deployment but not with subsequent deployments.¹¹⁹ A STARRS spokesman theorized that the reason subsequent deployments did not increase soldiers' suicide risk was due to soldiers making "choices after their first deployment" to "develop coping mechanisms."¹²⁰ This spokesman also explained why the MCS had reported that combat stress had nothing to do with suicide risk: "There are a lot of reasons to expect that the experience during deployment of Air Force and Navy personnel is really substantially different from Army and Marine [personnel]."¹²¹ Another finding was that troops in combat share "an elevated risk for both fatal accidents and suicides."¹²²

The U.S. military has a growing suicide problem. The evidence for the existence of moral injury is overwhelming, and, in the wake of two wars, there is no reasonable doubt that this condition is contributing to the military's growing suicide rate. However, rather than "hedge its bets," the U.S. military attempts to collect data for only those mental health conditions listed in DSM-V—as these injuries are specifically and, as in the case of PTSD, inadequately defined by this manual. Also, the emphasis is on collecting information about negative behaviors rather than on sources of psychological injury. Thus, while we know whether military suicide victims abused alcohol, we can only guess at what drove them to drink.

¹¹⁹ "Army STARRS study busting myths on suicide," *WWW.ARMY.MIL*, September 16, 2013, <http://www.army.mil/article/111451/> (accessed March 31, 2014).

¹²⁰ Ibid.

¹²¹ Ibid.

¹²² Ibid.

Why does the U.S. military ignore even the possibility that moral injury may be contributing to its growing suicide rate?

Moral Injury and Modern Mythology

When commanding my company in Iraq, I often told my troops that we would do the right thing. We would keep our honor. We would go home with our heads held high.

To the best of my knowledge, my troops behaved honorably during my command. We obeyed the law of war. We followed regulations and doctrine. We didn't mishandle prisoners. We didn't torture. We didn't kill or injure non-combatants, even accidentally by miscuing ground troops when piloting small drones. We didn't have trigger-happy gunners on our daily trips outside the wire. We managed our human sources of intelligence properly, not sending any to perform risky missions for which they did not have suitable access and which would likely get them killed.

We were certainly not perfect, though. Case in point: shortly after I took command, my first sergeant told me that one of my soldiers had been involved in the psychological torture of a prisoner. The incident, which had taken place before I arrived, had involved fake blood and either the mock beating or mock execution of another prisoner in order to frighten this prisoner. My first sergeant had heard there were pictures.

I liked this particular soldier and felt my company needed him. This soldier was also clearly the favorite soldier of the brigade commander and brigade S-2, who were impressed by his work ethic and can-do attitude. I didn't know whether these two leaders were aware of what had happened, but I suspected that they were.

I didn't want to ruin his career. I also didn't want to be "that new guy" who rocked my brigade's boat. But, I couldn't have this soldier do that sort of thing again, not "on my watch."

So, I took him aside. About 10 feet away from where a rocket later nearly hit me (who says there "ain't no justice?"), I told him there was an allegation that he had participated in prisoner abuse. He tried to speak, but I cut him off. I told him that I was treating this as a non-credible rumor. But, I said, if I heard that he did something like that again under my command, I would do everything in my power to ensure he was investigated and punished.

My talk achieved the desired effects. I don't think he did anything like that again during our deployment, and I was able to keep a motivated, hard-working soldier who was otherwise doing great work. And, selfishly, I didn't rock the boat.

However, my choice achieved an undesired, unforeseen effect as well. To this day, I'm ashamed of my decision. I may have done the immediate, practical thing, but it wasn't the right thing to do. I let that soldier get by with something he shouldn't have gotten by with. Plus, I set a bad example. I don't think that any of my soldiers abused prisoners while I was their commander, but it's also possible that, if they did or they witnessed abuse, they didn't feel obligated to tell me. After all, I hadn't felt obligated to tell my higher-ups what I'd heard about one of my soldiers, and others in the company may have heard about that.

That isn't the only time I didn't aggressively pursue the truth in Iraq, only the most glaring instance—one that involved one of my own soldiers.

Sometimes, it's not what we soldiers choose to do downrange that bothers us the most. It's what we choose not to do. Keeping silent about something that is wrong may feel at first justified. There are a million reasons, we tell ourselves, why doing little or nothing is the best thing to do. We may convince ourselves that a good soldier was trying to do the right thing; he just lost sight for a moment, in the fog of combat, of what was the right thing to do. This is understandable, we tell ourselves, in the alien world that is war. Besides, we think, we cannot afford to lose a single soldier in our fight against an enemy.

But when we return home, such reasoning can seem as remote and unreal as the warzones we left behind. Did "I" really make such a choice? How could "I"—the decent soldier and person I've long believed myself to be—have ignored something as wrong as that?

The usual excuse for the absence of "moral injury" from official U.S. military doctrine, reports, and surveys is that the condition is absent from the Diagnostic and Statistical Manual of Mental Disorders. As the "Army 2020 Generating Health & Discipline in the Force Ahead of the Strategic Reset Report 2012" calls out in bold print: "When people understand that mental disorders are not the result of moral failings or limited will power, but are legitimate illness that

are responsive to specific treatments, much of the negative stereotyping may dissipate.”¹²³ In other words, PTSD, depression, and other illnesses listed in the DSM are real, but moral injury—since it is not listed as a clinical disorder—is not. The lesson would thus seem to be: get the mental health manual changed and the military will adjust its doctrine, data collection, and reporting accordingly.

The reason the concept of moral injury is absent from official military publications is not that simple, though. The U.S. military is currently spending millions trying to understand and prevent suicide. Since the amount of evidence showing that moral injury exists and is associated with suicide is massive, you would think that our institution would at least hedge its bets and do some direct collection and analysis on the condition. It would not cost anything, for example, to simply add questions that might confirm or deny the association between moral injury and service member suicides to already existing questionnaires. The results of such surveys might also add to the clamor to have moral injury listed in the next DSM.

There is a deeper problem obstructing military research into moral injury than the absence of this condition in the most recent DSM. This problem lies in organizational culture.

In the essay, “The Myths We Soldiers Tell Ourselves (And the Harm these Myths Do),”¹²⁴ Peter Fromm, Kevin Cutright, and I attempted to answer these questions: to what degree does self-deception prevent our military from seeing ourselves as we actually are, and how does this self-deception interfere with learning and mission accomplishment? We concluded that self-deception is a significant problem in our Army. It is institutionalized in doctrine and can be seen clearly in the questions we choose (and don't choose) to frame problems.

One example of self-deceptive question-framing, we argued, occurred after Mental Health Advisory Teams in Iraq and Afghanistan asked hard questions of soldiers and Marines regarding their treatment of civilians. These troops gave distressing answers that did not play well in the media. Consequently, most of these problematic questions were missing from the next annual survey and, in the survey after that, they were completely absent. This was the case even

¹²³ Department of the Army, *Generating Health & Discipline in the Force Ahead of the Strategic Reset Report 2012*, Washington, D.C.: U.S. Government Printing Office, 2012, 71.

¹²⁴ Peter Fromm, Douglas Pryer, and Kevin Cutright, "The Myths We Soldiers Tell Ourselves (And the Harm these Myths Do)," *Military Review*, September-October 2013: 57-68.

though the ostensible objective of these surveys was to describe the extent and causes of the mental health problems of the U.S. troops in those combat zones, and one of the reports noted a correlation between mental health problems and unethical behaviors. The report did not state a conclusion on cause and effect -- whether mental health issues were the result of unethical behaviors or, vice versa, unethical behaviors resulted from psychological problems. Still, it is disappointing and very telling about the U.S. military institution that such an important finding went unexplored in subsequent surveys.

My co-authors and I also argued that “American Exceptionalism”—the notion that Americans are superior to the peoples of other nations simply by virtue of being Americans—permeates the ranks of our military and leads to harmful, counter-productive, and, ultimately, self-destructive actions. When we refuse to acknowledge the things we do that contradict our mythology about ourselves, we argued, we fail to learn from our mistakes. We are prone to repeating the same serious moral errors.

Although we did not apply this point to the concept of “moral injury,” its relevance is clear. To the American Exceptionalist, American soldiers belong to the “greatest” army in the “greatest” nation in world history; every conflict that Americans fight is a just war; and, as a rule, American soldiers have waged war in a manner that is far more ethical than the way any of America’s enemies have waged war against America. This deeply engrained, self-exalting, and ubiquitous narrative serves to overwhelm the notion that soldiers could have any moral compunctions about performing their duty, as this duty is proscribed by their great nation and military. Even when military leaders acknowledge the possibility of the existence of moral injury, they prefer to euphemistically call it something like “inner conflict,” the term that the Marines use.¹²⁵

The cultural reluctance to embrace “moral injury” also derives from the very nature of the “profession of arms.” The “management of violence” or, more simply, “killing people and breaking things” is so integral to the profession of arms that it is often described as this profession’s “defining characteristic.” But what if the very thing service members are ordered to do can cause moral and psychological injury? When that is possible, the entire profession can

¹²⁵ Martha Bebinger, "Moral Injury": Gaining Traction, But Still Controversial."

seem suspect. As one Navy chaplain put it: “Marines don’t like to say, ‘I’m being injured by doing the very thing I’m being trained to do’.”¹²⁶

However, just because killing another human may put someone at risk of moral and psychological injury does not mean this killing is “objectively” wrong. Indeed, from all but an unqualified pacifist standpoint, some acts of killing may be eminently justifiable. Rather, what moral injury means is that killing others can feel subjectively wrong to the warrior. This subjective feeling of wrongness may be temporary, existing only as long as a particular judgment is held by the warrior who killed. Or it may be permanent, especially if killing others violates this warrior’s sense of identity—an identity he may be willing to die for, to take his own life for, rather than accept its loss.

It is easy for a believer in military mythology to blame a “permissive” society for the undesirable behavior of troops or to fault junior leaders for inadequately disciplining the soldiers they command. Much harder is collecting data that some may construe as an indictment of the wars we have chosen to fight and how we have chosen to fight those wars—or, even worse, an indictment of the profession of arms itself.

Cultural inhibitions may also partly explain why moral injury is not in the mental health manual in the first place. Many members of the mental health community resist defining any condition that cannot be explained by known biochemical processes. Scientific knowledge and literary knowledge, in their view, are different, often unconnected things. The term “identity disorder” may best describe a group of mental health conditions, but if that concept cannot be defined by identifiable biochemical components, then for those practitioners it does not exist.

There is also no apparent reason for drug companies to fund research into moral injury. Could a drug be created that suppresses the psychological ill-effects of guilt? Probably. However, since distinguishing between what is helpful or harmful depends upon situational context, it is hard to see how such a drug could distinguish between the effects of socially acceptable “good” conscience (a warrior’s feeling guilty after he intentionally harms non-combatants) and socially unacceptable “bad” conscience (feeling guilty after harm that was inflicted unintentionally and without negligence). It is also hard to see how a drug that fails to

¹²⁶ Ibid.

make this distinction could ever be approved for production and sale: suppressing a warrior's conscience or the effects of this conscience is a frightening thought to most members of democratic societies.

It is also unlikely that a drug would ever become profitable if it causes a warrior to forget the source of a moral injury. The philosopher and former soldier J. Glenn Gray is one of many authors who have written of the natural inclination among warriors to try to suppress thoughts of their most terrible experiences:

The insights of one hour are blotted out by the events of the next, and few of us can hold on to our real selves long enough to discover the momentous truths about ourselves and this whirling earth to which we cling. This is especially true of men at war. The great god Mars tries to blind us when we enter his realm, and when we leave he gives us a generous cup of the waters of Lethe to drink.¹²⁷

Warriors unquestionably suppress memories of their most awful experiences in war. It is doubtful, though, whether very many want to completely forget those experiences. To forget them would be to willfully lose valuable "truth," the deeper knowledge that a warrior believes that his experiences impart.

Forgetting may also mean losing a connection to someone that they may desperately not want to lose. In my case, I try not to think about Rob. There is no way, though, that I would sacrifice a single memory of him, no matter how awful that memory. To excise memories of him would be to kill him a second time, this time forever. Most warriors, I suspect, are like me in this regard. They want to be able to live with their memories, to manage them rather than be controlled by them. They do not wish to lose these memories entirely.

There is also a huge amount of inertia working against the acceptance of moral injury within those societies that have sent their troops to war. In his book, *Packing Inferno: The Unmaking of a Marine*, former Marine captain Tyler Boudreau declares it obvious that moral concerns deeply impact the psyches of warriors, and he rails against the inability of societies to

¹²⁷ Gray, 21.

learn from their own art and literature. One notable author who clearly understood the suicidal anguish of combat veterans, he points out, was Virginia Woolf:

She wrote about the fragmented consciousness of a combat veteran with such clarity and understanding, one would hardly believe she wasn't a doctor or a veteran herself. But she was neither . . . She was just a writer. That tells me, if nothing else, that the information was there. The capacity to know existed. It wasn't beyond human understanding. They weren't too primitive. If Virginia Woolf knew about combat stress, everybody else could have known, too. They didn't know because they didn't want to know.¹²⁸

Boudreau goes on to say that a nation's citizens must take responsibility for the deaths and injuries (to include psychological injuries) of the troops they send to war. Until they do so, he argues, troops will continue to be sent to war too easily. The public will also be inclined to view the psychological injuries of returning veterans as the result of mental deficiencies rather than having been sent to fight unjust wars, as Boudreau sees them, in Iraq and Afghanistan. The willful ignorance of Americans is not bliss, he essentially argues, when it perpetuates the private Hells of combat veterans.

However, were our nation's recent wars in Afghanistan and Iraq begun unjustly? The answer is more ambiguous than Boudreau describes. Saddam Hussein's and the Taliban's regimes were as inhumane and cruel as any in recent decades. Plus, while Iraq did not attack the U.S., the Taliban in Afghanistan hosted and protected the terrorist group that did—an attack that few disagree was sufficient provocation for war. A strong case can be made for the justness of the latter if the not for the former war.

This is not to say that either of these wars was always waged justly. They often were not.

There is something, though, to the idea that citizens have a need to believe that the wars to which they send their troops are just wars fought justly. Underlying that, of course, is a broader need to think well of their country and to trust its leaders. This need can cause much wishful thinking. It is doubtful that many Americans want to believe that a conflict they believed

¹²⁸ Tyler E. Boudreau, *Packing Inferno: The Unmaking of a Marine*, Port Townsend, Washington: Feral House, 2008, 212. The book by Virginia Wolfe that Boudreau refers to here is *Mrs. Dalloway*, and the character is Septimus Smith

in had terrible psychological effects on U.S. service members. They are likely to avoid knowledge of the horrors perpetrated upon—and especially those committed by—U.S. troops in that war. Such stories can make them uneasy, raising the idea, the doubt, that they themselves own a share of the collective responsibility for the awful things that someone is telling them.

Moral Injury and Conscience

Winter's Solstice is the darkest day of the year. The day was certainly that in 2011 for me, for it was on that day my oldest daughter Desiree committed suicide.

When her mother and I were together, Desi was very much "Daddy's Little Girl." She was happy-go-lucky, vivacious, and intelligent. She was artistic, often painting and writing poetry.

Eight years before Desi's death and five years after I had left her mother, someone her mother trusted impregnated Desi. Desi later said that this boy, who was six years her senior, had molested her for years. Since the molester was still a minor at the time of his crimes, there was nothing the law could do to punish him.

I was in Iraq when I learned what had happened to Desi. I was in Afghanistan when I learned of her death. Her suicide wasn't her first attempt, so it wasn't unexpected. This didn't make the news any less devastating. Something I will always be grateful to the Army for is my being on a plane within 12 hours, headed to Kansas to attend her funeral.

The long winter's night of my daughter's death did not last just one day. It lasted 24 hours a day, seven days a week. It followed me to America and back to Afghanistan. It permeated me, enveloped me, dulled my senses. When I wasn't numb, I felt crazed with grief.

For a few months afterwards, when walking around Kabul and Bagram with a pistol and ammo, I thought of ending my own life. It wasn't an ending I sought but another chance to see Desi and comfort her. I desperately wanted to hold her, to talk to her, to tell her how much I loved her, and I could not think of any other way I might be able to do that than to "shuffle this mortal coil."

I had recurring fantasies in which I met Desi in an afterlife. Sometimes, I travelled to a pit in Hell to see her, and I was able, like Orpheus, to lead her to the surface. Other times, I was trapped there with her, but found solace in seeing her, talking to her, sharing her torments with her, holding her hand, comforting her as I had apparently failed to do when she lived. Still other times I dreamed that I met Desi in a place of beauty and light, a place where we could share smiles and laughter and hug and where, too, I could tell her how much I loved her, and how sorry I was that her life had not received the ending on earth that she had deserved.

I thought constantly of Desi and of the weapon and magazines in my holster. At times, the holster felt immensely heavy, as if it were a great secret burden like the One Ring that Frodo carried into Mordor. At night, whenever I returned to my room, the first thing I would do would be to secure it in my locker so as to try to put the pistol out of my mind.

Two thoughts saved me. The first was that there might not be an afterlife, and if there were, I couldn't be sure I would be allowed to see Desi again. The second thought was even more important: I couldn't do that to my other loved ones, especially my wife and two much younger children. They needed me, and they would be deeply hurt—traumatized—by my doing that.

If for just a few seconds these two thoughts had abandoned me, I wouldn't have returned home.

What is it about the bond between parent and child that is so different than other human bonds? What makes this bond so special? The simplest answer may be that, when parents look at their children, they know they are loved and needed. There is also the matter of shared smiles, something that seems to me to be undervalued when people talk about why they love. Desi didn't always smile when I looked at her, but she usually did. And when she didn't smile, I knew it was due to a fleeting mood—or because she didn't see me looking at her.

Before Desi died, she was diagnosed with PTSD and dissociative personality disorder. I believe that both conditions for Desi were a type of “identity disorder,” the category of mental conditions to which Dr. Tick argues that PTSD belongs. At bottom, Desi did not like who she had become, and she could not go back to who she had once been.

When I called her, she often sounded depressed. Her poetry, like the following short poem, focused on death and her escaping to a better world and self:

Just Another Cloudy Day

*A home of white walls and no pictures to frame,
The cries of the darkness calling my name,
A plant almost dead- dead today,
I clean up the blood, and it all falls away.*

*I leave in a dream to mangoes and peaches,
To sunshine and smiles and castles on beaches,
I walk on the sand, dreaming it all:
The tide pulls me in, and I drown in white walls.*

The fifth and sixth lines of this poem I had inscribed on her tombstone at a cemetery in Lawrence, Kansas.

I didn't see Desi much after the divorce—a total of three summers and a handful of weeks. The last few years, after she had her baby, I hardly saw her at all, but I talked to her on the phone regularly.

Desi usually only contacted me when “she was in a good place,” when she could sound happy and giggle and pretend for the both of us she was the same girl she had been when she was little. But, near the end, she wrote two despairing emails in which she told me that she wasn't the same little girl she used to be and that she never would be this girl again. “Damaged” is how she described herself in one email.

In reply, I told her that she should try to be positive and to not worry about things, and to remember that I loved her very much and always would. I tried to emphasize that last point.

I suspect today that what she heard was not what I wanted her to hear. Instead of hearing how much I loved her, what she must have heard loudest was my telling her to ignore what she could not ignore. What she heard was silence where she needed to hear that I was listening to

her, that I thought it okay for her to be angry toward the world. What she needed to hear most was that I accepted who she had become.

Why did I insist that she focus on the positive? Why didn't I allow her to be angry and sad and morbidly obsessed with death? Was I still in denial? Or, was the stoic outlook—the idea that anyone can overcome anything if only they have the right attitude—that I had adopted over my years in the Army driving my inability to acknowledge what she needed me to? Or, was this insistence there simply because I loved her, wanted her to be happy, was distraught by her unhappiness, distressed by her poetry, and was deeply afraid she would kill herself? I struggle today to answer these questions without feelings of guilt.

The hardest self-incrimination to deal with has been the thought that, if I hadn't selfishly divorced her mother, Desi would've turned out all right. She would've gone to college, become a writer or artist, gotten married, had children, and outlived her father by at least a couple decades.

I loved and missed her terribly. Still do. But it wasn't so much the missing her that made me think of taking my own life. It was the way her had life ended that devastated me. Desi didn't deserve that ending. She didn't deserve to be molested and raped. She didn't deserve to die so young. In my fantasies, I played the role that I had failed to play during her life—the rescuing knight riding in to give her life a meaning and ending that she better deserved. Or, if I weren't imagining myself as her knight in white armor, I was dreaming that her afterlife was the happy ending that she had deserved all along—an ending that I, too, could now share with her.

Can there be any grief that is worse than a parent's grief for a dead child, when the parent believes the child could still be alive, if he had done things differently? A little more than two years after her death, I no longer have suicidal thoughts. I don't privately weep for her as often as I used to. But Desi is never far from my thoughts, and I don't grieve any less.

Losing Desi has somehow amplified the effects of the moral conflict I feel regarding certain combat experiences. I think more of Rob, my injured soldiers, Abu Ghraib, and other questionable things that transpired downrange. I also become far more upset than I once did when a character in a movie or a book I'm reading movie is abused or loses a comrade or loved

one. It's as if the storm of her passing is feeding smaller storms, creating an emotional hurricane greater than any one of these storms could be alone.

Intense, swirling, private emotions have interfered little with my public persona. But, disappointingly, while I've expected these feelings to subside with time, they haven't. Not really.

I have always believed myself to be mentally strong. Recently, though, I broke down and told my wife that the grief and pain and guilt were too much for me to bear by myself, and that I need counseling.

She did the right thing in response. She hugged me. Then I did what I have sometimes done in secret but rarely in front of her or anyone else.

I wept.

Self-deception is clearly at work in what passes for “suicide prevention” training in the military. This training typically consists of annual, pre-deployment, and post-deployment classes. It also includes “stand-down days” in which the topic is “suicide prevention.” Training involves watching videos with high-production values and is supported by slick informational poster plastered on unit walls.

This is well-intentioned, necessary training. But rather than "suicide prevention," a better name might be “suicide intervention” training. It is not aimed at preventing soldiers from feeling suicidal in the first place. Instead, it is designed to help others recognize when a soldier may be suicidal and what they should do when they recognize signs that a soldier is at high risk for making a suicide attempt. This is important, since an intervention may get a soldier the help he needs. But it is obviously reactive, not preventive. It is much more a “pound of cure” than “an ounce of prevention.”

The Army does have training that is not called “suicide prevention” training but attempts to do just that. The Comprehensive Soldier Fitness (CSF) program is intended to reduce or prevent suicidal tendencies, PTSD, and other adverse psychological conditions associated with trauma. Founded in 2009, this \$125 million program strives to promote soldier “resilience.” According to program literature, “resilience” is “overall physical and psychological health” and

the ability to “bounce back from adversity.”¹²⁹ The program assumes that resilience is a psychological state that can be learned and tries to teach soldiers how to reach this state.¹³⁰

In particular, the program aims to teach soldiers to “understand how and why they think a particular way and how certain beliefs might influence their reactions to events.”¹³¹ Ironically, while CSF literature does not mention “moral injury,” the program’s very existence is predicated on the notion that this condition exists: the program assumes that the way soldiers perceive events can either psychologically harm or strengthen them, and that the key to promoting a positive instead of a negative response lies in influencing soldiers’ moral judgments.

CSF offers two methods for improving resiliency. One method is online testing and training. All U.S. Army soldiers are required to take a test every year called the Global Assessment Tool (GAT). This test is intended to measure resiliency “along four dimensions of health—Emotional, Family, Social, and Spiritual Fitness.”¹³²

The GAT currently consists of 77 questions to which soldiers respond with self-assessments on a scale of 1 to 5. Sample questions include: “I can usually fit myself into any situation,” and “I usually keep my emotions to myself.”¹³³ Based on their scores in each of the “four dimensions of health,” soldiers are encouraged to complete the online training modules for dimensions in which their scores are low. Individual GAT scores are not shared with soldiers’ leaders, so leaders cannot require their soldiers with low scores to receive training.

The CSF program’s other method for imparting resiliency is via classroom training. The program’s goal is to have one “Master Resilience Trainer” (MRT) for every 100 soldiers. MRTs, who usually hold the rank of staff sergeant or sergeant first class, attend a two-week, 80-hour course at “the University of Pennsylvania in Philadelphia; at Victory University at Fort Jackson, South Carolina; or at any number of remote locations where training is offered via a Mobile

¹²⁹ Paul B. Lester, P.D. Harms, Mitchel N. Herian, Dina V. Krasikova, Sarah J. Beal, *The Comprehensive Soldier Fitness Program Evaluation Report #3: Longitudinal Analysis of the Impact of Master Resilience Training on Self-Reported Resilience and Psychological Health Data*, Washington, D.C.: U.S. Government Publishing Office, December 2011, 5.

¹³⁰ Ibid.

¹³¹ Ibid., 6

¹³² Ibid., 9

¹³³ Ibid., 10

Training Team coordinated by the Comprehensive Soldier Fitness Directorate.”¹³⁴ MRTs then return to their units to teach via prescribed curriculum six core competencies—“self-awareness, self-regulation, optimism, mental agility, strengths of character, and connection.”¹³⁵

The CSF program has published three reports purporting to describe the program’s effectiveness. The first report concluded that soldiers with lower resilience and psychological health (R/PH) scores on the GAT were more likely to use illicit drugs, commit violent crimes, or commit suicide.¹³⁶ The second report found that “Officers promoted early and selected for command had significantly higher levels of R/PH than Officers not promoted early or selected for command.”¹³⁷

It was the results of the third report that the Army released to the public with the greatest fanfare. This report summarized a “longitudinal analysis effort involving more than 22,000 Soldiers across eight Brigade Combat Teams.”¹³⁸ Soldiers from these eight brigades took the GAT three times over the course of 15 months.¹³⁹ The report found that, although the CSF’s online training modules “had no impact on R/PH scores across the period of time covered in the report,” MRT classroom training resulted in “significantly higher R/PH scores.”¹⁴⁰ This finding led to the report’s “top line message” that “there is now sound scientific evidence that Comprehensive Soldier Fitness improves the resilience and psychological health of Soldiers”—a message that the Army News Service immediately trumpeted as fact.¹⁴¹

There may, however, be more than a little self-deception supporting this “fact.” Soon after the program was implemented, three civilian psychologists Roy Eidelson, Marc Pilisuk, and Stephen Soldz published a highly critical essay titled, “The Dark Side of ‘Comprehensive Soldier Fitness.’” In the essay, they pointed out that it is highly unusual for an expensive intervention program to be rolled out without its being demonstrated first under controlled conditions. Theirs

¹³⁴ Ibid., 9

¹³⁵ Ibid.

¹³⁶ Ibid., 3

¹³⁷ Ibid., 3

¹³⁸ Ibid., 1

¹³⁹ Ibid.

¹⁴⁰ Ibid., 1, 9

¹⁴¹ Ibid., 1.

is no idle concern. They cite several instances in which well-intentioned prevention efforts resulted in more harm than good to the intended beneficiaries of programs.

They also pointed out that “a meta-analysis of 17 controlled studies” reveals that the program from which CSF is primarily adapted, the Penn Resiliency Program (PRP), has been “only modestly and inconsistently effective.” The PRP produced “small reductions in mild self-reported depressive symptoms, but it did so only in children already identified as at high risk for depression and not for those from the general population.” The PRP had “better outcomes when administered by highly trained research staff,” which “raises doubts as to how effectively the CSF program will be administered by non-commissioned officers who are required to serve as ‘Master Resilience Trainers’.”

There are, as they explain, limits to “positive psychology.” They reference other psychologists who point out that positive psychology fails “to sufficiently recognize the valuable functions played by ‘negative’ emotions like anger, sorrow, and fear”; does not “examine the depth and richness of human experience”; and tends “to promote claims without scientific support.”

Most problematic, they contend, is the absence of any “meaningful CSF component” devoted to helping soldiers resolve the profound ethical dilemmas in which they may find themselves, during the course of their duties. In other words, the program attempts to modify perceptions only and not actions. They write:

Master resilience trainers in the Army will not be urging soldiers to report violations of the rules of engagement by their superiors. They will not encourage soldiers to empathize with the humanity of the adults and children whom they may have killed as collateral damage, nor to use forms of restorative justice for apology and reconciliation that have a potential for deeper healing.¹⁴²

Eidelson and Soldz recently published a strong rebuttal to the claim of CSF’s third report that there is “now sound scientific evidence” that the program works. In their essay, “Does

¹⁴² Roy Eidelson, Marc Pilisuk, Stephen Soldz, "The Dark Side of "Comprehensive Soldier Fitness"." *Psychology Today*, March 25, 2011. <http://www.psychologytoday.com/blog/dangerous-ideas/201103/the-dark-side-comprehensive-soldier-fitness> (accessed April 1, 2014).

Comprehensive Soldier Fitness Work?,” they argue that the report’s “promotional campaign continues the worrisome and counterproductive history of hyping that began with the program’s initial development and roll-out,” and they state that the program should either officially retract the report or “issue an unambiguous and widely disseminated statement acknowledging that the report is seriously flawed.”¹⁴³

Their rebuttal is based on four points. The first is that this CSF report claims that the program works based solely on GAT scores which do not “include any validated measures that assess PTSD, depression, suicidality, or other major psychological disorders, even though preventing these disorders is a key goal of the CSF program and even though such measures are readily available.”¹⁴⁴ Instead, the report bases this claim on slightly higher R/PH scores on the GAT in units with MRTs and that the first CSF report had associated lower R/P scores with suicide, drug use, and criminal behavior. However, even this first CSF report had stated that this association “in no way implies that the behavioral outcomes [suicide, drug use, and crime] were caused by a lack of resilience” but rather that “resilience is one of many factors” related to these negative outcomes.¹⁴⁵

Their second point applies to test design. Instead of “using the stronger randomized controlled trial research design,” researchers “adopted a weaker quasi-experimental approach by choosing which units would include a Master Resilience Trainer.”¹⁴⁶ This approach introduces such “major threats to validity” as the presence of pre-existing differences between the two groups.¹⁴⁷ For example, the report indicates that soldiers who received the training tended to be deployed at the time while those who did not receive the training tended to be non-deployed.¹⁴⁸ Thus, “deployment status could plausibly be more important than CSF [MRT] training in determining changes in soldiers’ GAT scores.”¹⁴⁹

¹⁴³ Roy Eidelson, Stephen Soldz, *Does Comprehensive Soldier Fitness Work? CSF Research Fails the Test*. Coalition for an Ethical Psychology, May 2012, 1-2..

¹⁴⁴ *Ibid.*, 1

¹⁴⁵ Paul B. Lester, P.D. Harms, Denise J. Bulling, Mitchel N. Herian, Seth M. Spain, *Evaluation of Relationships Between Reported Resilience and Outcomes - Report #1: Negative Outcomes (Suicide, Drug Use, & Violent Crimes)*, Washington, D.C.: U.S. Government Publishing Office, February 2011, 9.

¹⁴⁶ Eidelson and Soldz, “Does Comprehensive Soldier Fitness Work? CSF Research Fails the Test, 2.

¹⁴⁷ *Ibid.*

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*

Their third point refers to problems in the report's statistical analysis. Since "soldiers are 'clustered' in units," data is "not statistically independent."¹⁵⁰ Even "small violations of independence can have very large effects on the accuracy of statistical analyses."¹⁵¹ But "the presence of clustered data is ignored" in the report's most important analyses."¹⁵² Until "their data have been re-analyzed using the correct techniques, there is little reason to have any confidence in the researchers' reported findings of positive program effects."¹⁵³

Their fourth point is the CSF program's failure to acknowledge the plausible risks associated with the intervention. They describe again well-intentioned interventions that did more harm than good, and they describe other plausible risks thus:

Program participants may subsequently take greater risks if they think they have received some form of preventive protection. Participants may suffer from even greater stigma and shame, perhaps interfering with help-seeking, if after training they fail to effectively handle an adverse event. And the strategies taught may disrupt the participants' prior effective coping strategies."¹⁵⁴

Eidelson, Pilisuk, and Soldz are right: it is much too early to trumpet claims that the CSF program is reducing soldiers' risk of suicide, PTSD, and other negative outcomes. But their most troubling criticism goes to the program's basic assumptions about the desired outcome: do we really want soldiers to possess blanket "resilience" to all the potential traumas of war? Do we really want to make them less prone to the pangs of conscience?

True, there is such a thing as "bad," unhealthy conscience. Soldiers can feel guilty and ashamed for events that they should not feel that way about. For example, I had no way of knowing that interrogators and military policemen were abusing prisoners at Abu Ghraib. It is irrational for me to feel that I bear responsibility for that abuse because I unknowingly helped them to single out human beings for torture. My feelings of guilt regarding this matter are unhealthy and unproductive. It would be better if I—and other soldiers—were more resilient in situations like this.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ Ibid.

However, there is such a thing as “good,” healthy conscience, too. We want soldiers to feel bad if they indiscriminately kill civilians, rape, steal, torture, or engage in any other misconduct. Soldiers’ knowledge that they would feel guilty and ashamed if they perform misdeeds is an important deterrent preventing them from doing these deeds. The last thing we want is for soldiers to feel that they can suppress their consciences whenever they please. After all, in the information age, such misdeeds when publicized can alter the course of war. (Consider again Abu Ghraib but, this time, consider the deleterious effect that scandal had on U.S. efforts in Iraq.)

The CSF program makes no attempt to distinguish the pangs of good conscience from those of bad conscience, and that is troubling. This program considers all guilt and shame to be negative and ameliorable via perceptual adjustments, positive thinking, and other coping mechanisms.

Perhaps the reason the program does not seek to distinguish good conscience from bad conscience is because it cannot. It may be impossible to truly program soldiers, to pick and choose the sources of trauma to which they can be made resilient. Once a soldier possesses the power of resiliency, perhaps he cannot help but apply this power to all potential sources of trauma, thanks to the natural wish of any organism to remain healthy.

Why is our Army spending \$125 million on a program of questionable efficacy that, even if entirely effective, would produce the outcome of making our soldiers remorseless or better able to overcome remorse? Surely, in the wake of such strategic defeats as Abu Ghraib and Gitmo, decision-makers understand that such an outcome is, in the end, undesirable.

Would it not make more sense to spend this money on helping our leaders and soldiers to distinguish right from wrong on morally confusing battlefields, so as to lessen the chance that they will perform actions that cause them to feel the pangs of good conscience? To help them understand when inflicting death or injury on others is justifiable and when it isn't? To help them understand that abusing prisoners is rarely, if ever, right?

Our military’s amoral approach to suicide prevention makes you wonder: would the institution prefer automatons to humans? Are soulless warriors who can execute even illegal or immoral orders without thought, hesitation, or messy psychological aftermaths our military’s

ideal? Is there an unspoken military judgment that robots are the “perfect” warriors, far preferable to flawed humans who think, blink, and suffer the pangs of conscience? Are “resilient,” hardened human warriors only an interim step on the road to this ideal—an absolutely obedient warrior who is immune to emotion and doubt?

As we move into a future in which remote-controlled robots are in fact assuming a growing share of America’s combat burden, the answers to those questions take on added significance.

Moral Injury and Future War

My company was one of the first in Iraq to employ the Raven UAS (unmanned aerial system). We used this small hand-launched drone primarily to patrol around bases, looking for insurgents firing rockets or lobbing mortars at us. We also used them in support of major “cordon-and-sweep” missions, missions similar to the “search and destroy” missions of the Vietnam War.

Commanders loved these little drones, especially for cordon-and-sweeps. Drone imagery would be piped into big monitors in command posts, helping commanders to see and control their own forces. They could also look insurgents running away from U.S. forces (so-called “squirters”).

I was very proud that my company was the first in our division to receive these tools, though I thought I understood the inherent danger. Unlike our other methods of intelligence collection, drones are directly linked to shooters. If we misidentified an Iraqi civilian as an insurgent, that Iraqi would be captured or, more likely, killed. We might someday be directly responsible for the deaths of innocents.

One night I had a vivid nightmare in which that was exactly what happened. In the dream, I watched a frightened Iraqi girl and her family in their car as they tried to escape the cordon established by U.S. forces during a major operation. My troops followed them with a Raven drone, mistaking them for insurgent squirters. When a Bradley fighting vehicle destroyed the car with a missile, my team and others in the command post cheered.

I awoke filled with dread.

Some argue that drone warfare creates emotionally detached, morally numb warriors who kill living human beings as easily as they might kill animated characters in a video game. This belief is false. If my troops had caused ground forces to mistakenly kill innocents, they would've felt horrible. If I had been present, I would've felt terrible, too.

There is an intimacy, a realness, to drone warfare that pundits who compare drone warfare to video games simply don't get. Drone warriors understand that reality is reality, and video games are just video games. They feel in their bones when those things they see and kill are only digitized images, and when they represent living, breathing human beings.

If we had accidentally led troops to kill innocents, our experience may not have been as awful as that of the soldiers who would've actually done the killing and witnessed the bloody aftermath. But, it would've been a very tough thing to have had to live with.

Technology is quickly reversing a psychological trend that has existed since cavemen first threw rocks at each other tens of thousands of years ago.

The French strategist Ardant du Picq wrote: "To fight from a distance is instinctive in man. From the first day he has worked to this end, and he continues to do so." Distance not only provides warriors with a sense of safety, but it reduces their psychological resistance to killing other human beings.

Today, however, while American drone operators sit physically safe in trailers in Nevada, their human targets on the other side of the planet appear no further away than if they were seen through the sights of an M16 rifle. Although the actual distance between warrior and target has reached its physical maximum (on this planet anyway), the subjective distance between the two is rapidly closing.

This trend will continue for the foreseeable future, as sensors rapidly improve in response to the need to limit noncombatant casualties—a need that is a condition of military success for a mature democracy like the United States in a world increasingly “flattened” by another growth industry, information technology. It is not hard to imagine someday drones that are the size of a bullet, that transmit both color video and audio feeds, and that hover just feet away from human

targets before entering their bodies. When this happens, there may be little to subjectively distinguish the combat experience of a drone operator and that, say, of a doughboy during World War I who stuck his bayonet in the guts of an enemy soldier.

In his 1995 book, *On Killing: The Psychological Cost of Learning to Kill in War and Society*, the psychologist and former infantry officer, David Grossman, postulated that the physically closer a warrior is to the person he kills, the greater the natural resistance to taking life and thus the greater the risk of psychological injury after the act of killing. In a graph, Grossman depicted resistance to killing increasing the closer a warrior comes to a human target.¹⁵⁵ Resistance is weakest within those warriors who kill at maximum range (bombers and artillery). Inner resistance steadily increases among those who kill with long-range weapons (sniper, missiles), then with mid-range weapons (rifles), then with hand-grenades, then with close-range weapons (pistols), and, finally, among those who kill in hand-to-hand combat.¹⁵⁶

Grossman's hypothesis fails to note that distance is not the only factor in the emotional response to killing. At any distance, for warriors to feel psychological resistance to killing others, they must perceive that the people they are killing are human beings like themselves. To use the stock example, many German SS Troops had few qualms about killing ethnic Jews, Slavs, Roma, and other untermenschen (perceived sub-humans) en masse and at close range. Another exception to Grossman's theory is the small number of warriors who meet the clinical diagnosis for a "psychopath." Differing levels of resilience among individuals produce still other variations.

To illustrate the latter, in his 2005 book, *War and Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder*, the psychologist Dr. Edward Tick cited two examples, one a World War II bomber pilot and the other a nuclear aircraft inspector, who both suffered from severe posttraumatic stress disorder (PTSD). The former bomber pilot told Tick that he had refused to open his aircraft's bay doors and drop bombs on a German city.¹⁵⁷ With his crew chief

¹⁵⁵ Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society*, New York: Back Bay Books and Little, Brown and Company, 2009, 97-98.

¹⁵⁶ Ibid.

¹⁵⁷ Tick, 91.

screaming at him, he finally did it.¹⁵⁸ Afterwards, he was haunted by his belief that he was a “mass murderer.”¹⁵⁹

The inspector had examined nuclear bombs onboard B52s, a “maximum range” weapon.¹⁶⁰ He had not killed anyone, but he could not shake the belief that he had conspired “to threaten the world.”¹⁶¹ His case was clearly one of “moral injury,” since he suffered mentally despite the lack of any associated physical stressors.¹⁶²

Such anecdotes can be contrasted with published stories of warriors who killed in close-quarters combat without incurring psychological injury. However, despite many exceptions, the weight of evidence strongly supports the general validity of Grossman’s theory. That is, until recently, physical distance served as a psychological buffer for warriors performing their profession’s unique characteristic—the killing of “others” belonging to a rival group of human beings labeled “the enemy.”

Now, in the context of a global conflict that, for one side anyway, is increasingly remote-controlled, a revision of Grossman’s hypothesis is in order: it is not the actual physical distance but rather the subjective distance between normal human beings that determines their inner resistance to killing each other.

This does not mean that a drone operator and an infantryman have exactly the same experience when they kill a human target, even if the shape, size, and resolution are similar. The drone operator’s adrenaline levels are unlikely to be as high, since he is not himself in any physical danger. His senses are not as immersed in the graphic sights and sounds of battle. And he just does not “feel” as close to the enemy. His experience is diluted. He is, in effect, seeing reality through a straw. Thus, “subjective” distance is related to but not entirely the same thing as “apparent” or “visible” distance.

Most people would agree that reality as we experience it is fundamentally subjective, making this revision both obvious and intuitively true. The scanty evidence published thus far on

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

the negative mental outcomes associated with drone operations roughly corroborates this revision, too.

There are, for example, numerous anecdotal accounts of drone operators suffering from such negative psychological outcomes as PTSD and depression despite their physical distance from the battlefield.

Brandon Bryant, for example, worked as a drone operator at a Nevada Air Force base. When he left his squadron, he was presented a certificate in which his squadron claimed 1,626 kills over a period of several years.¹⁶³ Bryant has since been diagnosed with PTSD. In an interview with a reporter, he described seeing three men hit with a missile and being able to see one guy running forward, bleeding out, while missing his right leg.¹⁶⁴ “People say that drone strikes are like mortar attacks,” he said.¹⁶⁵ “Well, artillery doesn’t see this. Artillery doesn’t see the results of their actions. It’s really more intimate for us, because we see everything.”¹⁶⁶

The U.S. Air Force (USAF) reported in December 2011 that, of 900 drone pilots and operators surveyed, 4% were at high risk of developing PTSD.¹⁶⁷ It also stated that 25% of Global Hawk operators and 17% of Predator and Reaper pilots suffer from clinical distress, which is “defined as anxiety, depression, or stress severe enough to affect an operator’s job performance or family life.”¹⁶⁸

¹⁶³ Jeff Schogol, "AF disputes drone operator's claim," *AirForceTimes*. June 14, 2013. <http://www.airforcetimes.com/article/20130614/NEWS04/306140020/AF-disputes-drone-operator-s-claim> (accessed April 1, 2014). In an earlier article, Bryant claimed that when he left the Air Force, he was presented with a certificate stating that he was responsible for more than 1600 deaths. In this article, the Air Force clarified that Bryant had received a certificate indicating that his entire squadron was responsible for 1,628 kills.

¹⁶⁴ Richard Engel, "Former drone operator says he's haunted by his part in more than 1,600 deaths," *NBC News*, June 6, 2013. http://investigations.nbcnews.com/_news/2013/06/06/18787450-former-drone-operator-says-hes-haunted-by-his-part-in-more-than-1600-deaths (accessed April 2, 2014).

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ Elizabeth Bumiller, "Air Force Drone Operators Report High Levels of Stress," *The New York Times*, December 18, 2011, http://www.nytimes.com/2011/12/19/world/asia/air-force-drone-operators-show-high-levels-of-stress.html?_r=3& (accessed April 2, 2014).

¹⁶⁸ Gregg Zoroya, "U.S. drone operators show signs of exhaustion," *USA Today*, December 18, 2011, <http://usatoday30.usatoday.com/news/military/story/2011-12-18/study-drone-operators-exhaustion/52053016/1> (accessed April 2, 2014).

This report also states that between 65 and 70 percent of those with signs of mental illness are not seeking treatment for their condition.¹⁶⁹ “What angers me is that as a service, we are not doing a good job on PTSD [among drone pilots and operators],” said a staff sergeant who oversees the support of drone crews and mission planners at an air force base.¹⁷⁰ “People are watching horrible scenes. It’s affecting people. Yet we have no systematic process on how we take care of our people.”

However, the percentage of drone operators at high risk of PTSD is low compared to the 12 to 17% of soldiers and Marines returning from Iraq and Afghanistan who, based on their responses to post-deployment questionnaires, fell into the same high risk group.¹⁷¹ That suggests a qualitative psychological difference between the experiences of drone operators and ground troops, reflecting the latter’s greater subjective closeness to their targets and to other potential sources of trauma such as roadside bombs and coming under fire.

Consider also the study that the U.S. Armed Forces Health Surveillance Center published in early 2013 titled, “Mental health diagnoses and counseling among pilots of remotely piloted aircraft in the United States Air Force.” That study reported that, between October 2003 and December 2011, USAF personnel operating drones in Afghanistan and Iraq suffered negative mental outcomes at rates comparable to pilots of manned aircraft in those conflicts—predominantly pilots who flew missions like close-air support, casualty evacuation, and reconnaissance flights¹⁷²

You would expect, according to Grossman’s theorem, that pilots of manned aircraft as a group suffer fewer adverse psychological outcomes than ground troops due to their greater physical distance from the enemy. And, under my modified version of the theory, you would expect manned-aircraft pilots to suffer worse outcomes than drone operators due to their increased subjective proximity to the battlefield.

¹⁶⁹ Ibid.

¹⁷⁰ P.W. Singer, *Wired for War: The Robotics Revolution and Conflict in the Twenty-first Century*, New York: The Penguin Press, 2009, 346.

¹⁷¹ W. Chappelle, K. McDonald, *Occupational Health Stress Screening for Remotely Piloted Aircraft & Intelligence (Distributed Common Ground System) Operators*. Paper presented at Foreign Policy and 21st Century Defense Initiative Event 2012, Washington, D.C.: The Brookings Institution, 2012.

¹⁷² Jean L. Otto; Bryant J. Webber, "Mental Health Diagnoses and Counseling Among Pilots of Remotely Piloted Aircraft in the United States Air Force." *Medical Surveillance Monthly Report*, March 2013: 3-8, 6.

A drone mission, though, typically lasts much longer than a manned aircraft mission, and drone operators more often inflict death, either directly by launching missiles or by directing an action by ground troops. Drone operators are also more likely to observe potentially troubling events. For every potential source of trauma that a manned aircraft pilot experiences, a drone operator probably experiences two or three such events. Thus, in this case, quantity counterbalances quality (the subjective intensity of the experience).

Clearly this analysis is less than fool-proof. Yes, it is self-evident that ground troops are, as a rule, physically and subjectively closer to human targets than manned aircraft pilots, who in turn are subjectively closer to their targets than drone operators. However, there are other factors to be considered. What percentage of the service members in the above surveys actually killed someone? Of those, what percentage suffered negative psychological consequences? What were those effects, and how did they correlate with the distance between a soldier and a person he killed?

This data just has not been systematically collected. As more information slowly comes to light, I'm confident that it will show that Grossman's original theory and my revised version of it hold generally true.

Until this year, the mental health manual required "actual or threatened death or serious injury, or a threat to the physical integrity of self or others" for a diagnosis of PTSD. How is it that drone operators can suffer PTSD without experiencing physically traumatic events? As with other examples discussed earlier, the answer lies in the concept of moral injury.

Indeed drone operators, who are far from any physical danger but still suffer symptoms associated with PTSD, may represent the strongest case for the existence of moral injury. Indeed, if moral injury is indeed distinct from PTSD (as Dr. Brett Litz and his colleagues claim and not a component of it (as Dr. Shay argues), it is reasonable to conclude that drone operators are misdiagnosed as having PTSD: they actually suffer from moral injury.

In the essay, "The Rise of the Machines: Why Increasingly 'Perfect' Weapons Help Perpetuate Our Wars and Endanger Our Nation,"¹⁷³ I argued that our nation needs to pay much

¹⁷³ Douglas Pryer, "The Rise of the Machines: Why Increasing "Perfect" Weapons Help Perpetuate Our Wars and Endanger Our Nation," *Military Review*, March-April 2012: 14-24.

closer attention to the moral effects of our use of remote-controlled weapons. The Law of Armed Conflict always lags behind the development of technology, I wrote, and we should take little comfort in the fact that international treaty does not yet clearly prohibit our use of armed robots for transnational strikes in places like Pakistan, Yemen, and Somalia.

There is a profound perceptual problem related to one nation's warriors remotely killing enemy warriors at no physical risk to themselves. You can argue that this is a stupid perception with no historical basis in the Just War Tradition, but the reason it is absent from the tradition is simply that this technology is new. If you were to imagine robots attacking America and an American military that has no way to fight back against the humans who control those robots, it becomes easier to appreciate why many foreigners (even many living in allied nations) consider transnational drone strikes to be dishonorable, cowardly, or worse, inhuman acts.

I concluded in that essay that armed robots should only be used in support of human warriors on the ground, except in exceptional cases when a convincing argument can be made to the world that a terrorist whom we have identified with absolute certainty (and who is out of reach by any other method) represents such a dire threat to the United States that executing him is justified wherever he may be. Using drones under the far looser rules we now observe, I argued, raises the risk that we will ultimately create more enemies than any drones can eliminate—and that we will help set the conditions for forever war.

Our conditions for the use of remote-controlled weapons must also take into account the long-term psychological effects of drone operators' perceptions of right and wrong. International and local evaluations of wars or tactics as illegitimate or unjust often derive from common human perceptions that U.S. service members can find within themselves as well. In the conclusion to *Odysseus in America: Combat Trauma and the Trials of Homecoming*, a book about the inner struggle of ancient and modern warriors to recover from war, Jonathan Shay wrote: "Simply, ethics and justice are preventive psychiatry."¹⁷⁴ In waging drone warfare, care must be taken to ensure the operators can believe that it is politically legitimate and morally just to kill their human targets and that they do not intentionally or negligently kill non-combatants.

¹⁷⁴ Shay, *Odysseus in America*, 242

The idea that history is cyclical is an ancient one. Hindus have long believed that this is the case. In a less distant past, the Zager and Evans' 1968 hit song, "In the Year 2525," described civilization as advancing technologically only to arrive at its starting point. This idea is certainly proving true with regard to the psychological impact of war on those who wage it. Soon, just as cavemen did long ago, America's remote-control warriors will be able to look people in the eyes when they kill them.

Unless we turn America's service members into psychopaths devoid of conscience (a cure far worse than the ailments we seek to inoculate against), we can be sure of one thing: the human cost to our side of this type of warfare will never be as cheap as technocrats dream it will be.

Moral Injury and the American Service Member

Researching and writing this essay has been like a difficult, perilous passage at sea. The stories I have read of veterans whose identities were broken or lost in the storm-tossed waters of war have troubled and threatened to capsize the ship that is my own soul. I may not have seen as much violence as many of them experienced. But I have endured enough. My own seas have been rocky enough to make it easy for me to feel their many griefs and guilts.

Harder than empathizing with broken warriors has been bringing myself, in these turbulent waters, to make landings on the nightmare-shrouded shores of sometimes suppressed memories. Better it would be, I have often felt, to keep such memories at a distance, as if they were islands with submerged, dangerous reefs safely viewed only from afar.

There has been no real choice for me in this matter, though. I must learn to live with painful memories. If I do not, I feel with certainty that I will someday find my ship caught up in strong currents of moral dissonance and broken upon hidden reefs that I had thought—had wished—were far away.

A counselor, I hope, will help me work through my feelings of guilt, shame, and anger. I'm not sure what he will say.

Although I believe that I suffer from moral injury involving several sources of moral trauma, he may say something else. Based on symptoms alone, he may say I have PTSD. "You

loved your daughter,” he may say, rationalizing this diagnosis, “And the stress of what happened to her physically traumatized you. What is more, you may not have realized it, but you loved Rob and your injured soldiers, too.” Or, he may tell me that all I suffer from is normal grief over what happened to my daughter, and that this grief has deepened my emotions concerning other events. Grieving is a natural process, I may be told. Give it time. And while you do, deepen your relationships with your other loved ones. You need their support.

I’m not sure how much any diagnosis and treatment plan would help against this much anger and sadness. As irrepressibly as the tide, questions and emotions deep within me surge to the shores of consciousness: Why did so many leaders have to get things so terribly wrong in Iraq? Why did my deployment with Rob and my soldiers have to be extended? Why did he have to die? Why did my soldiers have to hit an IED? Why did my daughter’s life have that awful ending she did not deserve? And so on.

Whatever answers a mental health professional may offer—whatever the truth is—there is no doubt that moral dissonance has charted a different course for my life. A decade ago, no one who knew me would’ve guessed that I would be as passionate about ethics as I’ve become. I wouldn’t have guessed it either. Back then, I thought the subject stale and moribund, of interest only to pompous preachers and teachers, rather than a living expression of human biology.

I can’t make Abu Ghraib disappear from the pages of history or memory. I can’t bring Rob and my daughter back to life. I can’t remove the steel from one of my soldier’s legs or the cloud of severe PTSD from at least one of my soldier’s brains. But, like Walt Whitman, I can sound my “yawp over the roofs of the world” with a voice that is no longer only mine but belongs also to the ghosts of people and ideals that I’ve lost.

That is my hope then, to help make the voice of those ghosts heard, so that the lessons they try to teach us are understood and remembered.

I have argued in other essays that moral concerns usually determine long-term victory or defeat in war, and that this is especially the case in modern war. “War is a moral contest,” I have stated, and the last side to believe that it is right to continue to fight is the side that most often wins. Only wars in which an enemy population is exterminated or broken and scattered are decided by a different calculus.

Information technology, though, has made it increasingly difficult to apply that different calculus. For a mature democracy like the U.S., it is impossible to imagine applying this calculus to any enemy except in the gravest existential crisis. High-resolution images of torture and bombed cities do not play well on televisions, computers, and hand-held telecommunications devices in countries like ours.

The importance of war's moral component does not just find expression in how long a nation's will to fight is maintained and in this will's visible effects, such as who is declared the "winner," how much property is destroyed, how many people are physically injured, or how many lives are lost. Another enduring outcome of that invisible, moral dimension is a war's legacy of psychological injuries. Sadly, the human and material costs of these injuries are also what societies ignore most when deliberating whether to go to war.

In our era, the psychological injury most commonly associated with combat is PTSD. As noted earlier in this essay, the mental health community's definition of PTSD long tied it to life-threatening physical trauma. This definition was broadened last year to include those whose injury derives from their learning of physical harm done to loved ones or from repeated exposure to physical stimuli that are unsettling but not life-threatening (such as those whose job is to handle human remains).

Even this more inclusive definition is still constrained by a worldview that sees psychological injury as the sum of empirically observable data and known biochemical processes. By that standard, what disturbs a first responder is not the judgment the casualties he is seeing should not have occurred. Rather, what troubles him are unpleasant sensory experiences that his amygdala and hippocampus link with such emotions as fear, sadness, and disgust and that are then indelibly imprinted by hormonal surges into his memory and consciousness.

This mechanistic view of psychological injury fails to adequately characterize the full range of events that can trigger symptoms associated with PTSD. It also fails to make sense of why some individuals can be little troubled by intense, life-threatening events but suffer greatly from other events that did not affect or threaten them physically at all. The current definition of PTSD, it is clear, rests on a cratered foundation of inadequate theory.

The concept of “moral injury” fills these craters, more fully recognizing the types of events that have symptoms associated with PTSD. It helps us to understand when these symptoms will be more enduring. Neuroscientists may not yet understand the biochemical processes causing this condition, but their lack of understanding does not detract from its validity. “Insight must precede application,” the philosopher and physicist Max Planck pointed out. In other words, if a theory explains observable phenomena, the theory is correct, and even if we do not yet understand why it is correct, we can expect the reasons will eventually be revealed through further empirical experimentation and study.

The evidence that moral injury is real is voluminous and as old as the written word. Poets have long known that feelings of shame and dishonor cause great distress to warriors and have chronicled the many miseries this distress can bring, such as sleeplessness, depression, anxiety, nightmares, hallucinations, rage, grief, and suicidal longings. In our era, these ancient observations have been supported by a plethora of psychological studies and published stories.

Moral conflict is not unique to warriors. They just tend to feel it more deeply. When warriors immerse themselves in extreme violence, they enter another world that is far removed morally from the one they grew up in. No longer are they always encouraged to show compassion toward others. The principle that they should treat others as they themselves would like to be treated must often be rejected. They do not want to be killed themselves, yet they must sometimes kill others. In war, compassion, the “Golden Rule,” and laws and mores that are normal at home are greatly modified, applying to a warrior’s dealings with his comrades-in-arms but only in special circumstances to his interactions with “enemy” troops.

In the alien world that warriors enter, they may assume an identity—a posture toward large groups of fellow human beings—that seems just as alien and remote to them as the land and war in which they fight. This alien identity may or may not be something they can easily live with.

Some psychologists like Dr. Shay argue that PTSD is best understood and defined via its moral component. This component, they argue, is responsible for the most intense and enduring symptoms of PTSD. Other mental health professionals, however, distinguish PTSD from moral injury. In their view, PTSD is always tied to moments of extreme physical duress, while moral

injury can derive from events that are not physically stressful at all. As a result, some events may produce only PTSD, other events may produce only moral injury, but most traumatic events produce some combination of PTSD and moral injury.

The explanation for psychological injury that rings truest to me derives from Dr. Tick's work. Tick believes that PTSD is best characterized, not as an anxiety disorder but as an identity disorder: the potential for a traumatic event to induce PTSD in someone lies in the degree to which it challenges his sense of identity. What he describes is not PTSD but rather moral injury. That is, moral injury is at bottom an identity disorder, whether it stems from a violation of your sense of self or your sense of the world. When what you believe is right is violated, moral injury can result.

Dr. Carl Jung's concept of the "shadow self" further clarifies moral injury: the weakening of an individual's controlling ego causes destructive thoughts and feelings to rage out of control. Fear, disgust, and shame regarding these previously suppressed impulses can further weaken the ego and lead to suicidal ideation and other destructive impulses.

Tick and others argue that purification and transformation rituals traditionally played a role in re-shaping and strengthening the egos of returning warriors. Parades and "welcome home" ceremonies do not perform the same function.¹⁷⁵ Today's warriors, they convincingly contend, would greatly benefit from rituals more like those practiced by the ancients.

Numerous studies have linked feelings of guilt with suicide. Combat-inflicted moral injury is probably a significant contributing factor to the dramatic rise in the suicide rate among U.S. service members and veterans. Not all or even most U.S. combat veterans suffer from moral injury, but the potential for such suffering is huge.

There are not only the obvious sources of moral injury—the legally justifiable killing of enemy combatants and the unintentional killing of noncombatants when conducting sanctioned military operations. (Even legally justifiable killing can trouble warriors.) There are also sources that are impossible to credibly defend, such as detainee abuse, the abuse of noncombatants, and the wanton destruction of property.

¹⁷⁵ Tick, 182.

Leaders may pooh pooh both the extent and indefensibility of these potential sources of moral injury, saying, for instance, that “enhanced” interrogation techniques were rarely used and, when used, rarely devolved into real torture. Nonetheless, it is obvious from surveys and books like *None of Us Were Like This Before* that a large number of service members believe that they caused unnecessary harm to detainees, noncombatants, and property. And with regard to moral injury, what is important is how the individual judges their experiences, not their leaders’ judgment.

Moral injury cannot be the sole reason for the U.S. military’s growing suicide rate. It is not credible that every service member in the last decade who committed suicide above the annual norm for the pre-9/11 era was suffering from combat-related moral injury.

Others factors include the greatly increased operational tempo (or OPTEMPO) of units at home during our nation’s recent wars. Since the 9/11 attacks, America’s non-deployed service members have spent more time away from their families supporting the deployments of others or just doing unit business. They have worked longer hours. They have experienced increased pressure at work and more time away from home. All of these things can damage their relationships with the very people they depend upon for emotional support.

Still, even if combat-related moral injury is not solely responsible for the growing suicide rate, we should not forget that moral injury also undoubtedly contributes to suicides among service members who never deploy to combat. For instance, the events that triggered my own despair and temporary thoughts of suicide had little to do with war and much to do with what happened to my oldest daughter in the states and my wish to see her again and somehow “make things right” (or at least better) for her.

It is troubling that our military institution does not acknowledge that moral injury may have much to do with military suicides. The evidence suggesting a link between moral injury and suicide is simply too great to be reasonably ignored.

This is exactly what is happening, though. U.S. military services spend millions of dollars to collect data relative to suicide but are not comprehensively seeking data that attempts to get to the root of what may be troubling our service members. The data collected instead involves forms of misbehavior that are rightly considered effects of psychological injury, not its causes.

These effects include suicide attempts, substance abuse, and criminal misconduct. It stands to reason that, until we understand root causes and implement a plan to mitigate these causes, we cannot meaningfully reduce or prevent any of these effects.

The military's "suicide prevention program" is largely reactive and interventionist in character, not preventive: it does not aim to prevent service members from having suicidal thoughts in the first place. The one effort that does aim to prevent suicidal ideation and other negative outcomes associated with psychological injury is the Army's Comprehensive Soldier Fitness Program, which tries to make soldiers impervious to the adverse psychological effects of stressful events—or, if not impervious, at least empower them to leverage positive thinking and the support of others to limit these ill-effects.

This program, however, raises the troubling possibility of a remedy that may be worse than the ailment it seeks to cure. In an age in which moral tragedies like Abu Ghraib constitute strategic defeats, do we really want service members to feel little troubled by the effects of "good" conscience? Do we really want to ensure that they can always maintain a positive, upbeat attitude, no matter what they do or see? Of course we do not. And do we really want to reintegrate trained killers into society who have learned how to inoculate themselves against the psychological ill-effects of "good" conscience? Again, we do not.

Considering the U.S. military's strong interest in suicide prevention, it is ironic that, of all the potential contributors to suicide, moral injury may be the most preventable. When people suffer moral injury, they do so because they are judging themselves harshly for choosing to do something that they believe to be wrong, or for being a part of something that violates their conscience.

There is, therefore, an element of choice in many cases of moral injury. When people choose to do something they perceive to be right—or they witness others around them doing things they believe to be right—they avoid incurring moral injury altogether. If Alyssa Peterson, for example, had not been ordered to employ "torture-lite" tactics against detainees and had not then been shamed with a reprimand when she refused to continue, she might not have felt tortured to the point of taking her own life.

This does not mean that moral injury is always preventable. “Survivor’s guilt,” for instance, when people irrationally judge themselves to be selfish for surviving when others they cared about did not, can be an unpreventable form of moral injury. In most cases, the cure lies in accepting that there is nothing that they could reasonably have done, considering the circumstances and what they knew at the time, to save their loved ones.

To use another example, much of my own anger over the death of Rob Scheetz derives from my perception that U.S. national and military leaders were often wrong in how they initially conducted the military occupation of Iraq. If the occupation forces had been better designed and trained and employed more wisely, I believe, my division’s deployment would not have been extended, and Rob would have returned home to his wife and to a terrific future.

My anger here is not self-destructive. I realize that I personally could not have done anything to alter these past events. My anger is instead transformed into a passion for communicating the importance of war’s moral domain to fellow military leaders.

Conversely, there is nothing in mental health literature that suggests that PTSD—or at least PTSD’s physical component—is preventable. Soldiers engaged in modern wars will endure terrible explosions and other sources of extreme physical trauma. Such physical trauma causes PTSD. Our nation can also do little more than it does to prevent Traumatic Brain Injury, since the U.S. military is already the best-equipped in the world. These conditions are largely unavoidable, beyond ensuring that we choose and wage our wars well so that soldiers are subjected to these conditions as briefly as possible.

There is no way to entirely inoculate against moral injury. It is not an eradicable disease, like smallpox. As long as bad things happen to good people—and as long as “good” conscience exists—moral injury will and should exist. However, more can be done to prevent moral injury among service members than has been done up to now.

Why does America’s military ignore the existence of moral injury and all that it portends for how our soldiers must fight and train to fight? The usual excuse is that “moral injury” is not officially recognized in the mental health manual. But that response does not explain why our military fails to “hedge its bets” and at least explore the possibility that moral injury is causing adverse psychological effects among service members. How difficult would it be, for example, to

add questions to military mental health surveys that attempt to meaningfully collect data on what may be truly bothering troubled service members?

The real reason why U.S. military leaders do not talk about moral injury when they talk about war lies in military culture. The prevalent belief in American Exceptionalism nurtures the idea that American soldiers are exceptional, not because of what they do but because of who they are. Accepting that American soldiers may sometimes do things that seriously trouble them runs directly against that belief. It is thus no wonder that instead of better educating service members so that they will make choices in combat that they can live with, the institutional response to the issue of psychological injury has been to try to create resilient, relentlessly positive automatons.

Perceived justice matters, and technology has not and will never diminish the importance of waging just wars justly. Real automatons (most notably, drones) are touted as a means of keeping U.S. service members physically safe, but they do not protect against moral injury. Since drone pilots and operators do not face physical threats, it is likely that the “PTSD” they are sometimes said to have would be more accurately diagnosed as moral injury, not PTSD.

As the demand grows for ever more accurate drone strikes and the sensors that guide them grow ever more accurate and intimate, leaders can expect drone pilots and operators to suffer psychological injury at the same rate that infantrymen experienced this condition in past wars. To reduce this rate, leaders will need to take pains to ensure that the wars chosen are wars that these pilots and operators can believe in, and that these service members perform only those targeting actions that they can enduringly rationalize as just.

A more moral approach to war would represent a significant change for America’s military, forcing service members to align who we believe we are with who we actually are. When scholars characterize the “American Way of War,” few if any associate this way of war with a “preoccupation for justice.” Certainly, in my 22 years of Army service, I have never witnessed a staff debate the perceived justice of any proposed military action as part of a commander’s decision-making process.

In fact, formally discussing any form of justice other than legal justice is taboo during combat or training operations. Unless a military lawyer says a course of action is (or can be construed as) illegal, the U.S. military considers it has a moral green light to conduct an

operation. Woe to the staff officer who asks the question, “Which course of action would war-influencing communities perceive as the most just?” Or, to the soldier who states, “That is not a moral order. I will not do it.” At best, such words are cause for belly-holding laughter. At worst, they fuel leaders’ self-righteous rage and invoke disciplinary action. U.S. military law even gives commanders the option of executing those who refuse to follow certain orders, though this legal authority has not been exercised since World War II.¹⁷⁶

America’s legalistic approach to war fails to adequately account for the powerful moral forces that decide the courses of conflict and the long-term psychological effects of these conflicts on those caught up in them. If our nation and military continues to conflate the “legal” with the “moral,” things will only get worse.

Technology is rapidly changing the way that wars are fought, far outstripping the ability of ponderous legislative processes to keep up with changes. Rapid technological change is thus creating a widening “morality gap” between common, nearly universal perceptions of what is wrong in war and the standards codified in the Law of Armed Conflict and U.S. law.

Two prominent examples of U.S. military actions that have tried to exploit this gap are the use of “enhanced” interrogation techniques and the use of drones for transnational strikes into loosely governed territories. Administration lawyers at different times have interpreted both actions as legally permissible. Yet, both actions have met with international outrage and have become rallying cries for anti-U.S. jihadists. Legally permissible or not, the perceived immorality of these actions has undermined U.S. stature and influence and has probably created more enemies for the U.S. than those measures could ever have eliminated.

The American military’s legalistic approach to morality is tragically ironic because it undermines what should be our nation’s greatest strength during military operations abroad—our nation’s strong tradition of respect for basic human rights. This tradition was established by the Declaration of Independence and codified in the Bill of Rights of the U.S. Constitution. General George Washington set a modern precedent and high standard for how to treat prisoners with dignity and respect, a tradition American soldiers have adhered to more often than not. More

¹⁷⁶ Private Eddie Slovik refused to fight and was executed on January 31, 1945. He was the first and only American soldier executed for a purely military offense since the Civil War.

than any other nation, America is responsible for the modern Law of Armed Conflict, publishing the foundation of this law as General Order 100 of the Union Army during the American Civil War.

That record stands in contrast to that of our nation's jihadist foes today, who have no similar tradition of respect for essential human rights and little capacity for accommodating different cultures and faith groups. An example is Al Qaeda in Iraq, whose cultural violations of "what is right" in the minds of Sunnis in Al Anbar Province in Iraq helped set the conditions for Sunni tribes to turn against them. These jihadists had very little choice but to do the things they did that enraged locals. They could not but treat local women as property, for example, because that is what their interpretation of the Koran required.

Unfortunately, early in the occupation, the U.S. military likewise showed too little consideration for the moral perceptions of others. Adjustments were eventually made: only Iraqi troops could search mosques, only female soldiers could search female Iraqis, American soldiers knocked on doors first before breaking them down, Iraqi males were treated respectfully in front of their women, prisoners were consistently treated in accordance with the Geneva Conventions, and so on. But by the time these adjustments were made, it was too late. Iraq was engulfed in the flames of a raging insurgency, and, at home, lesser flames of popular dissent burned. Adding fuel to both fires were such public moral defeats as the Abu Ghraib crimes.

In closing, our military leave to psychologists the problem of treating psychological injury from war. However, the prevention of psychological injury—short of using surgery, drugs, or conditioning to transform people into psychopaths devoid of conscience—lies beyond the purview of psychologists to perform. Our nation's political and military leaders, via the decisions they make, have the only real power to reduce the impact of psychological injury on service members. If civilian and military leaders were to embrace war's moral dimension, our nation would not only achieve more lasting success from war but much would be possible that is impossible now.

Moral injury could be accepted as real. Mental health professionals could actively collect data identifying the sources of moral injury in service members, and by this means, find out what is really causing suicidal thoughts or destructive behaviors such as alcohol abuse or domestic

violence. Psychological autopsies could be conducted that determine why, and not just if, someone committed suicide. The “good” conscience of an individual soldier could be reinforced through education rather than smothered in blanket “resiliency” programs.

A strong ethics program could be seen as a means of preventing psychological injury and such resultant negative behavior as alcoholism, spouse abuse, and suicide. Disobeying orders perceived to be immoral could be permitted in some circumstances. Dehumanizing our nation’s enemies could be discouraged, in part due to concerns about what happens to service members who later come to recognize enemies they harmed as fellow human beings. Our military could strive to ensure that, when American troops kill or otherwise inflict violence, the violence that they inflict is moral (and not just legal).

U.S. doctrine could be rewritten to make justice—as perceived by others, not just ourselves—an important consideration of military decisions. And beyond the scope of military decisions, our nation as a whole could learn to concern itself as much with justice as with short-term self-interest when it chooses when and how to go to war.

Will our nation and military learn to see the pursuit of perceived justice as absolutely essential to success in modern war? Will we come to see morally justifiable actions as the crucial means to reduce the psychological cost of war to America’s warriors?

It is not at all obvious that these things will happen. Americans are human beings, creatures of passion, and war is the activity that displays this passion at its noblest and cruelest extremes. It stands to both reason and experience that our nation will not always choose only just wars to wage, and that America’s service members will not always perform just actions in combat. However, human beings are also governed by moral forces, forces that make our living together in communities and nations possible. The great cost of underestimating these moral forces in the information age is surely too great to go long unnoticed and inadequately addressed.

Our nation will not always be able to wage just wars justly, but we must try much harder to do so.