

Moral Injury as a Collateral Damage Artifact of War in American Society: Serving in war to serving time in jail and prison



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Abstract

Within a period of what seems to be a perpetual war there are factors that have been previously referred to as the invisible wounds of war. Those wounds include Posttraumatic Stress Disorder, Traumatic Brain Injury, and Moral Injury. We begin this article with a brief overview of the extensive period of American military involvement, followed by a section that exposes some of the experiences of veterans who have been to war. Moral injury is then addressed, differentiating between social and institutional morality, and the problems many veterans encounter in the aftermath of serving in a war zone and experiencing the actual horrors that only war can produce. Following a comprehensive explanation of Posttraumatic Stress and Traumatic Brain Injury, we begin the explanation of how these hidden injuries of war attribute to veterans becoming entangled in criminal justice. Ultimately, it is the intention of the authors to advance cultural competency regarding the psychological, neurological, and moral dilemmas veterans, who become entangled in the criminal justice system, are often confronted with.

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America claims innocence and goodness as fundamental traits. We believe that our young men and women should be able to go to war, get the job done, and return home blameless as well. That is how quintessential American hero, John Wayne, portrayed the experience of warfare to generations. Many Vietnam War veterans referred to him as a guiding image (Tick, 2005, p. 155).

Introduction

Well over 2 million U.S. veterans have served in Iraq (Operation Iraqi Freedom) and Afghanistan (Operation Enduring Freedom). Nearly 43 percent of all veterans (9.4 of 22 million) have used at least one VA benefit or service in 2014, which is a 30 percent increase from 2005 (U.S. Department of Veterans Affairs, 2016). According to the VA the veteran homeless population has decreased by 26,360 from 2010 to 2015, which includes a 50 percent decrease in the number of unsheltered veterans. Between 2007 and June 2015 the Veterans/Military Crisis Line has received over 1.86 million calls, over 240,000 chats, more than 39,000 text messages, and initiated over 50,000 suicide caller interventions (U.S. Department of Veterans Affairs, 2016). Nevertheless, there are no data that indicate a decrease in the 22 veteran suicides per day reported by the VA in their most recent comprehensive study of veteran suicides (U.S. Department of Veterans Affairs, 2012).

This article is not about veteran use of VA (Department of Veteran Affairs) facilities, nor will we be focusing on issues such as veteran homelessness or veteran suicides. As noted above, those topics have already been addressed but they are important issues to be aware of and they are related to the topics we will be covering in this article, which include the invisible wounds of war – PTSD (Posttraumatic Stress Disorder), TBI (Traumatic Brain Injury), MI (Moral Injury), and the “contribution” these invisible wounds play in veterans becoming entangled in criminal justice.

The VA National Center for PTSD (Posttraumatic Stress Disorder), in an epidemiology report of PTSD, notes that the estimated lifetime prevalence of PTSD among Vietnam veterans is over 30 percent (Kulka, et al., 1990),¹ while a study conducted by Kang, et al. (2003) estimated that the prevalence of PTSD among Gulf War veterans to be 10.1 percent, which has been challenged by subsequent researchers (Hoge, et al., 2004; Tanielian, et al., 2008). Veterans who have experienced combat are 4 times more likely to have PTSD compared to U.S. civilians (Richardson, et al., 2010). The numbers of veterans seeking VA mental healthcare for PTSD has grown dramatically over the past ten years (Rosenheck and Fontana,

2007) with a significant number resulting from newly diagnosed Vietnam veterans (Dobbs, 2009). The Rand Corporation found that 18.5 percent of returning Afghanistan and Iraq veterans met the criteria for either PTSD or depression, and about 20 percent of Afghanistan/Iraq veterans report experiencing probable TBI (Traumatic Brain Injury), and it has been noted that unless these veterans receive appropriate and effective care there will likely be long-term consequences for both the injured veterans and the nation (Tanielian, et al., 2008). Over 260,000 veterans who served in Iraq and Afghanistan have been diagnosed with TBI (Veeravagu, 2013). Another estimate of TBI from the National Center for PTSD states,

The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22% of all combat casualties from these conflicts are brain injuries, compared to 12% of Vietnam related combat casualties. 60% to 80% of soldiers who have other blast injuries may also have traumatic brain injuries (Summerall, 2016, p.1).

Thus, there are no data, to date, that represents the complete number of TBI victims from the Afghanistan and Iraq wars.

MI is a variable that lacks comprehensive quantitative research. This may be, in part, due to the Department of Defense's refusal to acknowledge MI, which is understandable given that MI questions veterans' experiences in war – particularly those events that veterans prefer to keep buried (Wood, 2014). MI is certainly not a new artifact of war as Shay (1994) demonstrates. Litz, et al., (2009), while recognizing MI, as it is related to war, concur with Shay, noting that MI has been in existence for centuries, point out the potential problems associated with MI that include long-term emotional, psychological, behavioral, spiritual, and social problems. Maguen, et al., (2010) recognized the impact of killing in combat, during the Iraq War, as a significant indicator of mental health problems with an association between killing and the desire to engage in self-harm. A previous study found similar outcomes, including symptoms of PTSD, dissociation, functional impairment, and violent behaviors. This study concluded that veteran experiences of killing in war are crucial considerations for the evaluation and treatment of veterans (Maguen, et al., 2009). Other studies related to MI include Fontana and Rosenheck's (2004) study of trauma and religion.

Shame and guilt, as will be seen below, is rarely discussed, but endemic. While guilt has been recognized as part of PTSD, shame is usually ignored. These feelings are related to not only suicide, but to relationship problems, domestic violence and dramatic increase in use of substances such as alcohol. They are also related to the phenomena of veterans entering the criminal justice system following discharge

from the military. It must be pointed out that the vast majority of veterans had no criminal history prior to entering the military and that most veterans do not experience judicial or non-judicial punishment during the period they serve in the military. It is our intention to provide adequate evidence to support the notion that at the root of the problem of veterans becoming entangled in criminal justice are the invisible wounds of war that many veterans have acquired, which include Posttraumatic Stress Disorder, Traumatic Brain Injury, and Moral Injury. We will demonstrate that many of the characteristics/symptoms associated with these invisible wounds include shame, guilt, anger, fear, substance abuse, and self-destructive/impulsive behavior, etc.; behaviors that are often aggravated by the conflict and contradictions between the acculturation process veterans experience in the military and their re-acculturation processes the experience entering the civilian culture after serving in the military.

Lastly, while not the focus of this paper, we feel compelled to recognize other invisible injuries that are overlooked. These range from Agent Orange, gulf war syndrome, and exposure to toxic substance from burn pits and other sources. They also include damage from medications such as anti-malarial and other drugs given en mass to the veteran and which have very poor record keeping associated to monitor their effects.

America at war

In order to understand the collateral damaged artifacts of war that we will be discussing, it is vital that the reader make an attempt to become culturally competent in their understanding of war. To begin the process of developing cultural competence regarding the topic of war we felt it necessary to begin with a brief overview of U.S. military interventions, which supports the notion that war has been a long-standing trademark of American culture.

We begin our overview of U.S. military interventions with the War of 1812, lasting for about 2 years (Stagg, 2012), which was followed by what has commonly been referred to as Thirty Years of Peace (Stewart, 2005) that ended in 1846 when the Mexican War began and ended in 1848 (Bauer, 1974). Following the Mexican War, the American military was used to police the new frontier, which included what is commonly referred to as the Southwest and the Western Frontier that also involved rarely noted events such as the settlement of the Oregon boundary frontier and the Mormon problems in the area that is now known as Utah (Stewart, 2005). In 1861 the Civil War began and lasted until April 9, 1865, when General Lee surrendered at Appomattox (Haskew, 2015).

As soon as the Civil War ended we immediately proceeded to the Indian Wars, which ran from 1865 until December 1890 when the Battle of Wounded Knee became the last warfare engagement of the Indian Wars (Utlely and Washburn, 2002; West, 2009). Less than a decade later (1898), America entered the Spanish American War that was, in part, an exploration into the future prospects of American imperialism. America liberated Cuba and the Philippines, which translated to the virtual annexation of these countries in 1902 (Schirmer, 1972). From 1898 to 1933 the United States military was used in a number of interventions throughout Latin America (e.g., the Dominican Republic, Honduras, and Panama). America occupied Nicaragua from 1912 to 1925, and later engaged in a second occupation of that country from 1926 to 1933 (McPherson, 2014). In 1915, following the assassination of the Haitian president, America sent U.S. Marines into Haiti to restore order. We continued occupying Haiti until 1934 (Schmidt, 1995).

In 1917 America declared war on Germany and entered World War I, which did not end until January 1919 with the Treaty of Versailles (Pines, 2013). As previously noted above, America continued its Latin American military interventions until 1933. While World War 2 officially began in 1939, the United States did not directly engage military personnel until the Japanese attack on Pearl Harbor in December 1941. America remained in that war until August 1945 (Hastings, 2012; Gilbert, 2004). When Soviet troops invaded Korea in August 1945, American troops were inserted into southern Korea to insure the Soviets would not seize the entire peninsula. Then, in 1950, when North Korean troops crossed the 38th parallel, America entered the Korean War, and this war lasted until July 1953.

In 1950, while still enmeshed in the Korean War, America began sending military aid to the French in Vietnam, and in 1955, President Eisenhower sent the first military advisors into that country. In 1959 the U.S. military assumed responsibility to train South Vietnamese troops. In 1961, President Kennedy sent 100 Special Forces advisors to Vietnam and by 1963 there were over 21,000 advisors and Special Forces serving in South Vietnam. Following the alleged attacks on the USS Maddox and USS Turner in the fall of 1964 (Sheinkin, 2015), U.S. combat forces were sent to South Vietnam – first, two U.S. Marine battalions followed by an airborne brigade of the U.S. Army. After over 58,000 American deaths, the Vietnam War came to a close in April 1975, when the North Vietnamese marched into Saigon, South Vietnam (Karnow, 1997).

Following the Israeli invasion of Lebanon in 1982, as part of an international peacekeeping mission, America sent military personnel to that country. On October 23, 1983, in Beirut, a group called Islamic jihad detonated two truck bombs

at an American and French barracks killing 241 American and 58 French military personnel. Following the barracks bombings the international peacekeeping force withdrew from Lebanon (Geraghty, 2009). After the execution of Maurice Bishop, the leader of the New Jewel Movement, a leftist organization that seized power in Grenada, President Reagan sent the U.S. military to invade that country. The invasion took place on October 25, 1983 – two days after the bombing of the U.S. Marine barracks in Lebanon, which served as a distraction from the 241 American deaths. Interestingly, more than 8,600 medals were awarded after the Grenada invasion. Most of the medals were awarded to desk officers who never participated in the invasion. U.S. troops were withdrawn two months later. Kinzer, (2013, p. 2) noted, “That this thrilled so many Americans suggests the enduring appeal of military victory, no matter how small or insignificant.”

Throughout much of the 1980s President Reagan supported the Contra in their efforts to launch large-scale terrorist attacks against Nicaragua. The Contra were comprised primarily of former National Guardsmen who were under the authority of Anastasio Somoza who had been the brutal dictator of Nicaragua until the Sandinistas overthrew him near the end of the Carter Administration, at which time the Sandinistas took control of that county (Chomsky, 1995; Cockburn, 1987).

In 1989, President Bush ordered more than 27,000 troops into Panama in an operation known as Operation Just Cause. The purpose of this military invasion, according to President Bush, was to remove General Manuel Noriega, referred to as an evil dictator. Ironically, Noriega was a military officer, and graduate of the School of Americas (a secret military training facility located at Ft. Benning, GA), who had been hand selected and trained by the United States to govern Panama. The invasion resulted in the deaths of 23 and 300 wounded American military personnel. Hundreds of Panamanians were killed (Donnelly, et al., 1991). In January 1991, under the authority of President Bush, the United States Military launched Operation Desert Storm. The stated mission was to remove Iraqi forces from Kuwait. It is estimated that 25,000 – 65,000 Iraqi soldiers were killed and 75,000 were wounded. American losses included 148 killed and 467 wounded. The remainder of the coalition supporting U.S. forces resulted in 292 deaths and 776 wounded. President Bush ordered a cease-fire during the morning of February 28, 1991 – marking the “successful” completion of Desert Storm (Stewart, 2010; Warren, 2016).

Following the America “victory” in Desert Storm, the United States military continued enforcing a no-fly zone over the Kurdish northern area and the Shiite southern area of Iraq (Graham-Brown, 2001; Davis, 1998). From 1992-1994 there was U.S. military presence and use of force in Somalia (Poole, 2005; Alexander,

2013), while at the same time the U.S. Navy participated in a blockade of Serbia and Montenegro. In 1993, the U.S. launched airstrikes in Bosnia (Shimko, 2010). In 1994, the U.S. Navy initiated a blockade against the military government of Haiti after president Aristide was removed from office after a coup (Stewart, 2010). U.S. Marines were sent to Rwandan Hutu Refugee camps in 1996-1997. In 1997, U.S. military forces were used in Liberia and Albania. In 1998 the United State engaged in intensive airstrikes after the weapons inspectors alleged that Iraq had obstructed western mandates. During that same year, the U.S. launched military airstrikes and missiles against Sudan and Afghanistan (Stewart, 2010). The U.S. military was also involved in carrying out NATO airstrikes after Serbia refused to withdraw from Kosovo (Shimko, 2010). In 2001 U.S. military forces assisted NATO in their attempt to disarm Albanian rebels in Macedonia (Stewart, 2010). And, on September 11, 2001 the United States was attacked.

On October 7, 2001, the United States launched a military intervention in Afghanistan; with the primary goal to target the mastermind of the events of 9-11, Osama bin Laden, who was the leader of the terrorist organization – al-Qaida (Gopal, 2014). British forces engaged in the intense bombing. The military intervention was called Operation Enduring Freedom. After extensive bombing and the arrival of U.S. military personnel in Afghanistan, Osama bin Laden declared war against the entire non-Muslim world. In December 2009, to increase the current 70,000 U.S. troops in Afghanistan, president Obama ordered an additional 30,000 U.S. troops to that country (Stewart, 2010). Today, the Taliban are said to control significant portions of Afghanistan – more territory than any time since 2001 (Clark, 2016), and the heroin trafficking is proliferating in Afghanistan (McCoy, 2016), which is certainly not a new enterprise in war zone involving U.S. military personnel (McCoy, 2003). On March 19, 2003, the Iraq war began, and American troops were once again involved in another war, while the Afghanistan war continued. The name of the operation, as announced by President Bush, was Operation Iraqi Freedom. In 2011, after eight years of war in Iraq, the United States, under president Obama, declares an end to the Iraq war.

In 2006, Al-Masri proclaims the creation of Islamic State in Iraq (ISI). After Al-Masri committed suicide, following an ambush by U.S. forces, Abu Bakr al-Baghdadi becomes the next ISI leader in 2010. In 2013, an agreement was reached between ISI and an al-Qaeda affiliate in Syria, from which the term ISIS (Islamic State in Iraq and Greater Syria) emerged. In early January 2014, ISIS took complete control of Fallujah, which was a city in Iraq that was liberated by the U.S. Marines twice during the Iraq war. By the middle of January 2014 ISIS took control of the Syrian city of Raqqa, which became their de facto headquarters. In February 2014, Al-Qaeda

broke ties with ISIS – in opposition to ISIS’ expansion into Syria and this group’s extreme tactics. By the middle of 2014 ISIS took the Iraq city of Mosul, following the abandonment of that city by Iraqi soldiers, and several days later seized the city Tikrit in Iraq. On August 17, 2014 president Obama ordered airstrikes in Iraq. In October 2014 the Libyan city of Derna was under the control of ISIS. In January affiliates of ISIS attack a hotel in Tripoli resulting in 10 deaths including a former U.S. Marine – David Berry. In May 2015, ISIS took control of another Iraq city – Ramadi. In the spring of 2015, Boko Haram, a Nigerian terror group pledges support to ISIS. ISIS eventually took responsibility for attacks in Yemen, Saudi Arabia, Egypt, Tunisia, Kuwait, Turkey, Belgium (John, 2015; McCants, 2015; Warrick, 2015; Nance and Engel, 2016; Scarborough, 2016).

We are now in year number 15 of America’s global war on terrorism – there appears to be no end in the immediate, or, for that matter, distant future. The question, relative to this article, is what is the relevance of this information? In simplistic terms, this information pertains to what many have termed Moral Injury (MI) and the impact on veterans returning, or who have returned home, from war (Shay, 1994; Tick, 2005; Sherman, 2011; Brock and Lettini, 2012; Jones 2013; Tick, 2014; Bica, 2015; Sherman, 2015; Bobrow, 2015; Bica, 2016). How does witnessing or engaging in activities that resulted in deaths or injuries on both sides (American and enemy), and the death and injury of those in the middle (civilians) impact veterans? How do veterans view the apparent perpetuity of war? Similar to the Vietnam War, where soldiers and Marines won all the battles, only later discovering that their efforts, experiences, and sacrifices had no meanings and the wars were in vain; the most recent generation of veterans are confronted with similar realities. We now turn to the individual experiences shared by many veterans.

Veteran Military Experiences

The dead soldier takes his misery with him, but the man who killed him must forever live and die with him. The lesson becomes increasingly clear: Killing is what war is all about, and killing in combat, by its very nature, causes deep wounds of pain and guilt. The language of war helps us deny what war is really about, and in doing so makes war more palatable (Grossman, 1995, p. 93)

Combatants who support a war and serve willingly also experience moral injury because the actual conditions of war are morally anguishing. As every veteran of combat knows, the ideal of war service, the glamor of its heroics, and the training for killing fail to prepare warriors for the true horrors and moral atrocities (Brock and Lettini, 2012, p. xvii).

The information provided in the previous section, America at War, demonstrates the doggedness of U.S. engagement/participation in war since 1812. It is also important to recognize that there are legitimate arguments regarding the necessity or senselessness of war as well as the morality and immorality of war. As Noam Chomsky has pointed out, in reference to the Vietnam War:

One of the things I've done is if you study the end of the war, 1975, there were, of course, retrospectives from almost everybody across the spectrum. If you look at them, on the right the major claim is, well we were betrayed, it was a noble cause all along, we should've won, we could've won if we kept going. That's the right critique of the war. On the left, you get people like Anthony Lewis, maybe the most extreme critic of the war within the mainstream. His position was that the war began with benevolent efforts to do good, but by 1969 it was clear that it was a disaster because we could not achieve our ends in South Vietnam at a cost acceptable to us. That's the left critique of the war (2016).

Those who favor or opposed war, in spite of their motivation, often ignore veteran's personal military experiences, which include veteran's induction into the military, the military training and conditioning they undergo, the experiences they encounter during war, and their re-acculturation progressions and regressions when they return home from war. Rarely are these experiences ever mutually addressed in professional journals or papers, nor are they accurately included in mass media productions of war. In order to understand or appreciate what MI actually is it is necessary to first understand the causal factors associated with MI, which typically includes participating in or witnessing events that are counter to the veteran's core belief system that separates right from wrong. The best way to begin understanding those causal factors is to listen to the veterans who have been to war.

One way to begin this process is to look at the motivation for veterans joining the military. The lead author (Brown) has collected data from 96 veterans who were defendants in criminal cases along with survey data from 162 Iraq/Afghanistan veterans, who were not criminal defendants, from 16 different states. Both groups of veterans were asked a series of questions related to military training and military service, which includes deployments to combat areas. They were also asked questions related to their re-acculturation process following discharge or, for those who were still in the military, since returning home from their last deployment. Among the 258 veterans interviewed over 40 percent (104) joined the military because they wanted to serve their country, while more than 32

percent (78) said they joined because they wanted to do something with their lives (See Table 1).

Table 1. Primary Thing Learned in Basic Training/Boot Camp

Data Source	Rely on/ Protect Buddies	Weapon Proficiency	Importance of Teamwork	Defeat or Kill the Enemy	Other Things	Total
Veteran Defendants	29.2% (28)	23.9% (23)	15.6% (15)	27.1% (26)	4.2% (4)	100% (96)
Vet Study Participants	24.1% (39)	29.0% (47)	16.7% (27)	25.9% (42)	4.3% (7)	100% (162)
Total	25.9% (67)	27.1% (70)	16.3% (42)	26.4% (68)	4.3% (11)	100% (258)

Defeating and killing the enemy is one of the fundamental goals or purposes of the military training curriculum. As noted by Brock and Lettini:

Combatants who support a war and serve willingly also experience moral injury because the actual conditions of war are morally anguishing. As every veteran of combat knows, the ideal of war service, the glamor of its heroics, and the training for killing fail to prepare warriors for the true horrors and moral atrocities (2012, p. xvii).

When asked to describe the primary thing they learned in Basic Training or Boot Camp, the most prevalent response was “weapons proficiency” followed by “defeat or kill the enemy” (See Table 2).

Table 2. Received Most Training in Basic Training/Boot Camp

Data Source	Physical Training	Discipline Training	Weapons Training	Drill	Other	Total
Veteran Defendants	33.3% (32)	27.1% (26)	26.0% (25)	7.3% (7)	6.3% (6)	100% (96)
Vet Study Participants	35.2% (57)	22.2% (36)	27.8% (45)	9.9% (16)	4.9% (8)	100% (162)
Total	34.5% (89)	24.1% (62)	27.1% (70)	8.9% (23)	5.4% (14)	100% (258)

There is little doubt that the training recruits receive in the military is certainly beneficial to the military (Hoge, 2010). While recruit training may be quite suitable for the military, it does not necessarily prepare military personnel to come to terms with their activities in a war zone after they attempt to re-acculturate back into the civilian community.

Veterans were asked to describe their primary function in the military after they completed Basic Training or Boot Camp. Over 35 percent (92) said, "to kill the enemy," while over 26 percent (68) responded, "to protect their buddies" (See Table 3).

Table 3. My Primary Function in Military After Basic Training/Boot Camp

Data Source	Kill Enemy	Serve My Country	Protect Buddies	Sacrifice for Unit	Other	Total
Veteran Defendants	36.5% (35)	25.0% (24)	23.9% (23)	8.3% (8)	6.3% (6)	100% (96)
Vet Study Participants	35.2% (57)	22.2% (36)	27.8% (45)	9.9% (16)	4.9% (8)	100% (162)
Total	35.7% (92)	23.3% (60)	26.4% (68)	9.3% (24)	5.3% (14)	100% (258)

To understand the effect of war on individuals who have experienced war it is most beneficial to listen to the descriptions of the actual experiences and feelings of combat veterans. Tick points out that one of the most horrific experiences related to war is killing another human being, noting, "Chaplains report that many troops consulting with them wonder whether they have killed or murdered" (2014, p. 82). Many combat veterans, particularly those who served in infantry units during war, would agree that the experiences they incurred were often attributed to luck. If no one in your unit was injured or killed during an operation it was considered good luck. If someone was injured or killed it was often attributed to bad luck. Shay covered this issue, and coined the term "Moral Luck." Shay uses the statements of two Vietnam veterans in group therapy to portray what he means by moral luck. The first veteran, who experienced bad luck, stated: "Well, at first, I mean when I first come there, I couldn't believe what I was seeing. I couldn't believe Americans could do things like that to another human being ... but then I became that. We went through villages and killed everything. I mean everything, and that was all right with me."

Another Vietnam veteran, in the same group, reveals that he does not have to deal with the issue of injuring or killing civilians, but acknowledges the violence imposed upon the enemy, saying:

It was just luck, that's all. There were never, never any civilians up where I was . . . We did some horrible, horrible things to NVA [North Vietnamese Army] - but they were soldiers . . . Killing babies, young girls, I would have killed an American I seen raping a nine-year old girl without giving it a moment's thought. But where we were in the A Shau,² there just weren't any [civilians] (1994, p. 31.)

The topic of luck in war expands beyond the Vietnam War to the more recent wars in Afghanistan and Iraq. It also stretches far beyond the witnessing or not witnessing horrific events in war. Sherman (2015), discussing the experiences of an NCO (Noncommissioned Officer) who served in Iraq, points out that the NCO was ordered to take a couple days of R and R (Rest and Relaxation) in Qatar. The NCO's primary duties included providing intelligence regarding geographic and cultural information pertaining to his unit's AO (Area of Operation). Shortly after arriving in Qatar he heard that members of his unit were in a vehicle that had hit an IED (Improvised Explosive Device) and that several soldiers had been killed in the explosion. The soldier felt that if he had been there the deaths might not have occurred. Hence, in the mind of this soldier, the deaths of his comrades were linked to luck. Had he not gone on R and R – had he remained in Iraq – the other soldiers might not have been killed. One Marine veteran noted that his battalion had a reputation for showing no mercy in Iraq. His unit was involved in Fallujah in 2004. The marine said, "Saw lots of dead people, lots of bodies. Enemy and friendly. Saw lots of wounded marines. Marines get killed. So . . . been there. Seen it all" (Finley, 2011, p. 34). Included in a book titled *Winter Soldier: Iraq and Afghanistan* (Iraq Veterans Against the War and Glantz, 2008) a number of former military personnel who served in combat areas shared their experiences. A former Marine sergeant, who served three deployments to Iraq in an infantry unit in Iraq, discussing the ROEs (Rules of Engagement) said the rules, "explicitly stated that carrying a shovel, standing on a rooftop while speaking on a cell phone, or holding binoculars or being out after curfew constituted hostile intent, and we were authorized to use deadly force." On his third tour, he said that the ROEs had become stricter but they only existed to allow commanders to say the ROEs were actually being followed. He added, "In reality, my officers explicitly told me and my fellow marines that if we felt threatened by an Iraqi's presence, we 'should shoot them,' and the officers would 'take care of us'" (Lemieux, 2008). Another Marine

who was deployed to Iraq three times talks about the killing of an unarmed Iraqi woman by members of a marine unit:

I remember one woman walking by. She was carrying a huge bag, and she looked like she was heading toward us, so we lit her up with the Mark 19, which is an automatic grenade launcher, and when the dust settled, we realized the bag was filled with groceries. She had been trying to bring us food and we blew her to pieces (Washburn, 2008).

There is a multitude of personal accountings of war, such as these, by veterans. However, veteran experiences do not stop in the battlefield. Their experiences typically follow them home. Reflecting on his experiences as an officer in the Marine Corps in Vietnam, Camillo Mac Bica notes, "Men turned easily into killers, shedding a young lifetime of humanity and compassion. In a brief moment of frenzy, killing became orgasmic, and death performance art" (2015, p. 19). Discussing one veteran's experiences in war Shay notes that the veteran felt that he had become an evil person in Vietnam, as the veteran stated:

Why I became like that? It was all evil. All evil. Where before, I wasn't. I look back. I look back today, and I am horrified at what I turned into. What I was. What I did. I just look at it like it was somebody else. I really do. It was somebody else. Somebody had control over me. War changes you, changes you. Strips you, strips you all of your beliefs, your religion, takes your dignity away, you become an animal (1994, p. 33).

Shay notes that this veteran had acquired a sense of revenge – it became the veteran's only value. All of his previous relationships no longer had meaning. He stopped writing home. The veteran told Shay that all he cared about was revenge. When the veteran returned home he said:

I carried this home with me. I lost all of my friends, beat up my sister, went after my father. I mean, I just went after anybody and everything. Every three days I would totally explode; lose it for no reason at all. I'd be sitting there calm as could be, and this monster would come out of me with a fury that most people didn't want to be around. So it wasn't just over there [Vietnam]. I brought it back here with me (1994, p. 33).

The changes acquired by veterans who experience combat in a war zone do not simply remain behind when his deployment is over. For many, those changes accompany them home. This observation is not limited to veterans. In one case the authors were involved in the Judge at sentencing also observed that the country

had sent the veteran overseas to keep the violence there, but it had come home with him.

We now turn to Moral Injury – often a result of the veteran’s reaction to his or her war experiences.

Moral Injury

Every faculty in one man is the measure by which he judges of the like faculty in another. I judge of your sight by my sight, or your ear by my ear, of your reason by my reason, of your resentment by my resentment, of your love by my love. I neither have, nor can I have, any other way of judging about them (Adam Smith (1776/2014), p. 33)

There exists a clear distinction between individual morality and social morality. In the case of individual morality, we are referring to the basis from which individuals make judgments (e.g., loyalty, honesty, behaving responsibly, or acting in good faith). Perceptions of the principles of right and wrong, relative to human behavior and an individual’s ethical and/or moral obligations to comply with that which he or she considers right, is what we refer to as the meaning of individual morality. Some common synonyms relative to individual morality include honesty, decency, righteousness, integrity, virtue, etc. On the surface moral meaning or morality seems rather simple: always tell the truth, always treat others correctly, be respectable, always practice veracity, and always practice being virtuous to others, etc. We contend, however, that social morality is somewhat more complicated. Social morality outlines the basis of law that governs society and controls individual judgments and behavior. The principal focus of social morality is to insure the well-being of society. Society is larger than the individual, and individuals are part of society; people depend on society, but society also expects people to adhere to its rules and beliefs (Collins, 1988).

Moral conflict can result when an individual’s moral code is castigated by social moral paradoxes. For example, in American society seriously injuring or killing another human being is viewed as unconscionable or immoral in most instances, which is why we have laws that punish individuals for engaging in that behavior. On the other hand, American society readily accepts the killing and maiming of others in a conflict or war zone by American military personnel.

Soldiers, sailors and air personnel worldwide find themselves in a difficult and contradictory position with regard to their moral identity. On the one hand, the instruments of violence bestow upon them awesome power. The implications of

this responsibility have been dealt with extensively in the memoirs and autobiographies of innumerable soldiers. Indeed, military personnel are subject, in conflict and war, to more wrenching emotional extremes than any other human profession. On the other hand, their relationship to the civilian authorities may be problematic - corruption, inefficiency and venality being prime causes for concern (Williams, 1995, p. 5).

Whereas Posttraumatic Stress Disorder (PTSD) is typically associated with one's reaction to fear, MI is best viewed as a wound resulting from the violation of one's code of right and wrong, which by definition, meets the eligibility description of an invisible wound. However, just as there is no universal soldier, neither is there a universal type of MI (Sherman, 2015). MI can be a violation of one's core cultural or spiritual values. MI can also be a violation of the soul. It has been suggested that MI is likely to be yet another signature wound of America's newest generation of veterans, and is very likely to result in lasting effects on veterans as well as their families (Rigg, 2013; Wood, 2014). MI can be a consequence of the collection of both individual and social/institutional contradictions that affect the service member's re-acclimation process back into the civilian culture.

Morris (2015) addresses the problem of morality at the individual level, where a soldier takes part in killing in a combat zone, a setting where killing is both acceptable and permissible, but then he must live with the ghosts (killing other human beings) of his past behavior in a completely different setting - the civilian culture, which entertains a completely different set of values and morals. "A soldier, if he kills, kills for his buddies. Later, the soldier comes home, and in the absence of his buddies, must face what he has done" (Morris, 2015, p. 80).

Shay (1994) addresses the problem at the institutional level. "The social institution of modern war makes a soldier a captive, but unlike other forms of captivity, the role of his captor is continuously shared by the enemy and the soldier's own army" (Shay, 1994, p.36). To illustrate what this statement depicts, let us assume that at some juncture a soldier or Marine is serving in a war zone as an infantryman. Next, assume that that soldier or Marine decides that he is no longer going to participate in the infliction of harm or death to the enemy in that war. He has come to realize that the expectations of an infantryman are in complete contradiction to the soldier's or Marine's core values. He is confronted with a moral dilemma. What are his options? He can leave his unit and run toward the enemy, thus avoiding perspicuous orders from his commander to inflict harm or death to the enemy. Such a move would most likely result in him being captured or killed by the enemy. On the other hand, the soldier/Marine can decide to leave his post,

without orders or permission from command, and retreat to the rear area where he would be in a position where he would likely not be required to seriously injure or kill the enemy. This option places the soldier in a position where he could be shot by one of his own or become a captive and subjected to a courts martial, which would likely result in a prison sentence. One might argue that this individual has no excuse for making such a decision – he voluntarily entered the modern military. Hence, the soldier knew what he was volunteering for. But seriously, we have to ask; does a 17-19 year old truly appreciate the prospect of combat experience? Clearly, there is a distinction between death, artificially portrayed, in a computer game and “real” death on the ground.

Guilt and Shame

Many veterans frequently feel a combination of guilt and shame for their actions in a war zone. Returning to Brown’s survey data, one area of interest explored focused on veteran feelings about their military experiences following their discharge or deployments. As demonstrated in Table 4, the majority of the veteran defendants and veteran participants felt either shame or guilt when asked to describe their feelings within the context of the totality of their military service.

Table 4. Your Current Primary Feeling About the Totality of Your Military Service Experiences following Discharge/Deployment(s)³

Data Source	Shame	Guilt	Confused	Frustrated	Relieved/Satisfied	Other	Total
Veteran Defendants	37.5% (36)	18.8% (18)	17.7% (17)	12.5% (12)	10.4% (10)	3.1% (3)	100% (96)
Vet Study Participants	38.9% (63)	25.9% (42)	13.0% (21)	10.5% (17)	9.2% (15)	2.5% (4)	100% (162)
Total	38.4% (99)	23.3% (60)	14.7% (38)	11.2% (29)	9.7% (25)	2.7% (7)	100% (258)

While guilt and shame are typical characteristics/symptoms of MI, it is important to recognize that there are others who own some of the responsibility. It is often nonveterans who sanction war, support waging war, and support sending troops to war. Furthermore, it is often nonveterans who turn their back on veterans in order to ensure their efforts to disengage from any complicity will remain intact. In the midst of trauma one never thinks of the others who may have been responsible,

however indirect, for the trauma occurring (Thomas, 2004). As a Vietnam combat veteran, Thomas' own healing journey included taking responsibility that came in the form of spiritual work. In the process of his taking responsibility, Thomas looked inside and asked what part of his being was able to respond in accordance to his values and MI. Veterans are essentially responsible for every death, but the debts (killings or witnessing killings) waged in war are ones that can never be repaid. It is impossible to reconstruct the lives lost. The universe does not work in an eye-for-an-eye type of way. The lives that were lost on both sides are lost forever. Thomas recognized that the lives he had taken cannot be replaced, waking up, being present in life, and living in such a way that decreases the reservoir of pain and suffering he can save lives and create new life.

It is reasonable to assume that one who has never been to war clearly cannot appreciate or understand what war actually is or what injuring or killing other human beings can do to a soldier or Marine who inflicts those injuries or deaths. There is a significant distinction between the thoughts and/or the fantasies of killing and the actual killing of another person, which is why the military invests significant amounts of resources specifically directed to condition the inducted service member to be able to kill another person without hesitation and without any immediate feelings of remorse (Grossman, 1995). Many join the military in pursuit of a definition of self or for patriotic reasons. As previously noted, over 70 percent of the veteran defendants and veteran participants in Brown's research joined the military to either serve their country or to do something with their lives. Ultimately, they are expected to put aside their moral values that were acquired during childhood and go to war (Brock and Lettini, 2012).

Some veterans return home only to find that the moral values they previously set aside have become leviathans, which subsequently plague the soldier or Marine for much of the rest of their lives (Thomas, 2004). The motivation for setting aside one's morals, when he or she decides to join the military, is often affiliated with the political rhetoric and ideological promotion of a just war, such as to defend against the presence of weapons of mass destruction. However, some veterans develop a sense of betrayal when they discover there were no weapons of mass destruction. It was all a lie. The war was a lie (Walzer, 2006).

Upon returning home from war – at least for those who were fortunate enough to have returned home from war – many military personnel struggle with the reality that they did make it home, while their buddy was sent home in a box. The buddy-in-the-box could be the result of what a soldier or Marine did or did not do. It could also be the result of simply being in the wrong place at the wrong time. In most

cases, veterans who harbor guilt for the death of a buddy could not have prevented the death – many veterans have a difficult time accepting this reality of war. This is commonly referred to as survivor’s guilt (Sherman, 2011; Sherman 2015; Bobrow, 2015). As one Iraq soldier who made it home noted afterwards, “My body’s here, but my mind is there [in Iraq]” (Corbett, 2004, p. 34). There have been many publications echoing that soldier’s statement. For examples, Monika Jensen-Stevenson (1997) discusses problems encountered by snipers who returned home from the Vietnam War and Joseph Bobrow (2015) discusses the process of the more recent generations of veterans who must deal with their own ghosts of war. And then, of course, there are the works of Jonathan Shay (1994), Rita Nakashima Brock and Gabriella Lettini (2012), Ann Jones (2013), Edward Tick (2014), and Nancy Sherman (2015) who bring to the forefront the topic of MI experienced by military service members returning home from war.

Problems Treating Moral Injury

The symptoms of MI closely mirror the symptoms of PTSD, and in some cases TBI (Traumatic Brain Injury) – both psychological and physiological. The Department of Veterans Affairs (VA) does not recognize MI as a legitimate diagnosis due to the fact that there is no method of measuring the threshold of MI; regardless of the fact that MI accompanies debilitating symptoms that affects a veteran’s ability to live a productive life. This lack of acknowledgment by the VA subsequently limits resources that could assist veterans who are tormented by MI as well as their family members who are confronted with the veteran’s MI symptoms. In many instances veterans would rather self-medicate than deal with people who refuse to acknowledge MI as an artifact of war.

Moral Injury, as noted by Brock and Lettini (2012, p. xvi), “is grounded in the basic humanity of warriors. That humanity lies deeper in them than its betrayal in war.” MI has been described as an injury of the soul. To be certain, we suspect there are many social scientists that will argue there is no valid proof that the soul even exists. Hence, how is it possible to measure or evaluate the effects of war on that which may not even exist? Edward Tick, a psychologist, who has worked with veterans for more than a quarter of a century, argues,

The soul is our intellectual power, that which thinks, reasons, and understands. Many philosophies consider reasoning the highest function of soul. Reason allows us to know ourselves – and to know that we know. It allows us to rise above our animal nature, to control our instincts, to shape our world, and to create things that

did not exist before. Through reason, the soul contemplates the order of the universe and searches for meaning in our lives and in all existence (2005, p. 18).

A Case Study of Moral Injury

One of our authors (McElroy) served in the United States Navy as a Corpsman (Medic). He deployed with 1st Battalion 7th Marines to Husaybah, Iraq in 2005. During his deployment he witnessed an incident, unbeknownst to him at the time, which would have long-lasting moral repercussions, i.e. shame, guilt, isolation, binge drinking, drug use, etc. During a raid on a house, McElroy was assigned to watch over the women and children while the men in the house were interrogated. In an isolated corner of the house, McElroy was called over to where an Iraqi interpreter, an Iraqi boy around 16 years of age, and a Marine were. The interpreter had a knife to the young boy's throat yelling at him in Arabic to give up information. With tears running down the boy's face he was screaming that he knew nothing. Blood was streaming down the boy's neck until he fell to the ground; the screaming stopped. The Marine motioned to McElroy with a satisfied grin and used a hand gesture to keep quiet. McElroy remembers nothing after the incident. The interpreter was never seen again after that day, and nothing was mentioned about the incident within the platoon. All the suffering and carnage that McElroy had witnessed, this singular event was responsible for the perceived demoralization. Feelings of disgust, shame, and disillusionment set in which has since led to a post-military isolation-from-others life for McElroy.

As someone who took an oath to protect the weak and misfortune and to heal the sick, McElroy was torn between his unwillingness to act and the values that he had held so deep. In other words, a gap was created between his actions and his values. Within the gap was tension that was, as he describes, pulling at his soul. For the next eight years McElroy was living with guilt and shame for what he had witnessed which brought about spells of depression, years of isolation, and years of self-medicating. Despite being in the Veterans Affairs (VA) system since 2009, McElroy never heard of the term MI.

McElroy spent a total of seven months in an inpatient Substance abuse/PTSD treatment center at a VA facility. There he was introduced to an evidence-based therapy (EBT) known as Acceptance Commitment Therapy (ACT) for PTSD. In its simplest terms, ACT calls upon the veteran to accept that he/she has experienced trauma and commit to living within their values. This approach contests the notion that memories and trauma can be erased with time, which has been refuted

through scientific research for some time. In addition, the therapy utilizes grounding techniques that are meant to remind the veteran that they are not in combat but rather in a safe place when certain physiological symptoms related to PTSD present themselves. However, the one detail that was not being considered, or at least mentioned, was that many veterans who have experienced combat have learned not to trust and to be hyper vigilant because people die when complacency sets in. Therefore, no matter if a combat veteran is in a war zone or back home in the states his intuition screams that nowhere is safe; the end product being a shell of a man who constantly lives in isolation and fear.

Many of the veterans, including McElroy, that sought treatment for PTSD at this particular program came for many of the same reasons: they don't feel part of the civilian sector, people just don't understand, they are on the verge of suicide, etc. Furthermore, many veterans ended up in this isolation existence due to what is known as the trauma membrane, whereby veterans tighten up their circle of social relationships and construct a barrier to limit potential lack of sound judgment or carelessness (Litz, et al., 2016). Many veterans limit their social interactions to strictly veterans who they believe understand where they are coming from. McElroy's distrust reached beyond civilians; he no longer trusted veterans either. Despite this deeper level of isolation, McElroy took part in the inpatient treatment for PTSD at a VA facility. He found out very quickly that the whole program was very much unstructured and disorganized in terms of staff tardiness, class cancelations, and chosen classes that were thought to have therapeutic benefits.

Among the aforementioned flaws, McElroy noticed that the staff in charge of providing quality treatment did not know the proper language and would often laugh in a sort of embarrassed or disbelieving way upon correction. One example is staff referring to everybody as a soldier or assuming that a veteran was in the Army. This complete ignorance of military culture, roles, and language insures their conveyance that they know nothing about where a combat vet is coming from (Litz, et al. 2016). In McElroy's experience, there is no quicker way to get a veteran to shut down and loose trust. McElroy lasted four of the 11 weeks in the program.

More recently, McElroy has participated in a pilot ACT based class for MI at another VA facility. Approximately six VA hospitals throughout the nation have implemented similar treatment therapy for veterans who are experiencing symptoms of MI. The class had a total of nine sessions all together. Three facilitators, two psychologists and one Chaplin, ensured the group completed its objectives and were there for the veterans to guide them through the healing journey. The class structure lends itself to the Adaptive Disclosure approach (See Litz et al., 2016) in that it is short in duration (sessions) and the standing notion that

one-on-one sessions are not enough to teach a veteran how to adapt to civilian life, find forgiveness, feeling safe, etc. This group approaches MI in three parts: learn perspective-taking in terms of the stories veterans have been telling themselves over the years, the exploration of how guilt, shame, and anger may inhibit the veteran to accepting something that cannot be undone, and lastly the veterans are given the opportunity to explore their code, that is, what matters to them and imagining what the veteran could become if they let themselves off the hook, so to speak, of their MI. To clarify, letting oneself off the hook does not absolve, forget, or excuse the incident.

The basis of the treatment is for the veteran to accept the notion that pain is both normal and an important indicator that tells the veteran what is important. There is a process that is in place which helps the veteran along his/her journey of healing: Acceptance of self as being a flawed person, remembering what happened; reflection on age, training, environment at the time of the traumatic event(s) is very important to encourage the veteran to look at the trauma in contextual terms, enter the evoking process of the trauma – the emotions that are unseen are far more damaging than those that are seen, feel deeply the regret, guilt, shame, anger, sorrow; sorrow acts as a catalyst or a jump off point to truly know kindness, happiness, joy, honor and make amends/restitution for what happened, and lastly live in accordance to one's values (Watkins et al., 2011). These six processes are undoubtedly difficult and require intense effort by the veteran. But the main elements that tie them together are honesty, openness, and willingness (HOW). The healing process will not work unless the veteran is honest with himself, open to the possibilities of pain, and willing to experience sorrow and relive the traumatic event.

Every veteran in the class was at a different point in their healing journey. Some had participated in CPT and PE; some had passed or failed those approaches, while for others the class was their first glimpse of what was in store for them in their healing journey. These types of treatments are not meant to be nor should be an end-all-be-all approach (Litz et al., 2016). This program is merely an opportunity to obtain tools for a veteran to have in his or her toolbox.

While historically Moral Injury (MI) has been subsumed as part of the "survivors' guilt" (or simply ignored), more recently it has been recognized as a substantial issue that requires specialized treatment. The National Center for PTSD summarized some of the issues. "Moral injury" has been defined in the research literature as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et.al 2009). It

is also noted that moral injury is not necessary for a diagnosis of PTSD, but PTSD does not “sufficiently capture the moral injury, or the shame, guilt, and self – handicapping behaviors that often accompany moral injury,” (Beckham et al., 1998, 3). In research summarized in the PTSD research above, note that Moral injury is conceptualized as being more “guilt and shame based than fear-based.” They note that “morally injurious acts” are “associated not only with PTSD, (particularly re-experiencing, and avoidance rather than with hyper-arousal), but also with a host of other mental health problems and debilitation outcomes.” Research defined Morally Injurious behaviors to include killing, especially non-combatants, or failing to prevent death or injury especially to women or children. Research shows that Moral Injury is also related to suicide, post-deployment risk taking, and difficulty with self-forgiveness, anger and relationship problems, and increased substance abuse. Suicidal thinking and alcohol use is clearly caused by PTSD, Depression and Moral Injury. Difficulty with anger, especially when drinking is a symptom of PTSD, TBI, and Moral Injury.

Moral Injury is typically not addressed as affected by the arguably competing moral imperatives of the military vs. civilian culture. It is important to note that the moral codes of the military are clearly different. Behavior that would result in long prison sentences in the civilian culture can be rewarded with medals and commendations in the military. Values can conflict as well-protect buddies v. serve country by following ROEs.

Posttraumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)

It has become axiomatic to describe the casualties of the current Gulf war (from Gulf War I to our continued war on terror) as resulting in many “invisible” injuries. These invisible injuries include PTSD, TBI, and MI. PTSD and Major Depression was reported in the Rand (2008) studies as affecting 20% of OEF/OIF/OND veterans. PTSD can be seen simply as witnessing or being part of a traumatic event that leads to symptoms of reliving the trauma, trying to avoid re-living the trauma, and physiological changes in sleep and hypervigilance. PTSD is conceptually fear-based while MI is seen as guilt or shame based.

PTSD and Major Depression was reported in the Rand (2008) studies as affecting 20 percent of OEF/OIF/OND veterans. More recently, the VA reported revised numbers for the period from October 1, 2001 through June 30, 2012 (U.S. Department of Veterans Affairs, 2015). These number only include Veterans who accessed VA health care and do not include all veteran who are eligible for care. By comparing DOD records with VA records, 1,515,707 unique veterans (including

5709 KIA) had separated from active duty following deployment. 256,820 veterans were seen for PTSD at a VHA facility following return from Iraq or Afghanistan (U.S. Department of Veterans Affairs, 2015). This reflects nearly 17 percent of veterans and is of course an underestimate, as it does not include any veterans who did not seek treatment at a VA facility.

TBI is another invisible wound of OEF/OIF conflicts. In the U.S. Military Health System (MHS), defines TBI as a:

Traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event: any period of loss of or decreased level of consciousness; any loss of memory for events immediately before or after the injury; any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.); neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient; intracranial lesion.

Department of Defense data reflect the numbers of identified TBI's sustained by military personnel from 2000 -2014 (See Table 5).

Table 5. Department of Defense Numbers for Traumatic Brain Injury

Traumatic Brain Injury Classification	Number
Penetrating	4,577
Severe	3,126
Moderate	25,953
Mild	258,816
Not Classified	21,344
Total	313,816

TBI can range in severity from “mild TBI” (mTBI) to severe brain injury. It also should be noted that mTBI is also a synonym for concussion. The term mTBI has also been criticized as downplaying the nature of the injury. Multiple TBIs are common in the battled injured veterans. In fact, 78 percent of combat injuries are the result of explosive munitions. Of note, TBI can occur from the over-pressurization wave from munitions, as well as penetrating or non-penetrating injuries, and from inhalation of gases Non-penetrating injuries are often missed,

especially from concussive over-pressure and exposure to toxins such as anti-malarial, burn pits, and nerve gas exposure as occurred in Gulf War I.

Multiple concussions can cause Chronic Traumatic Encephalopathy (CTE). CTE is probably best known as related to the repetitive concussions in football and can cause progressive behavioral and cognitive decline. Of great concern is that exposure to multiple blasts and pressure waves can cause microscopic brain injury. Recent research as indicated that there is a specific type of damage to neurons that can only be visualized at autopsy.

Autopsy studies found veterans exposed to explosive blast had early stage CTE (McKee and Robinson, 2014). Of the 5 veterans, four also had PTSD. CTE is progressive and associated with “behavioral changes, executive dysfunction, and memory loss that begins insidiously and progresses slowly over decades.” Frontal lobe dysfunction is associated with impulsivity, poor judgment and other factors related to criminal behavior.

The Department of Defense notes that the Impact of Multiple Concussions can include increased severity of symptoms and take longer to resolve. Symptoms result in reduced work performance, behavioral and emotional problems, and relationship problems.

TBI is also associated with a number of Co-occurring symptoms including PTSD, pain, substance abuse, depression, anxiety, and suicidality. Not yet studied is the co-occurrence of MI. Lastly, the diagnosis of TBI and PTSD is made difficult because of the overlap of symptoms (See Appendix 1).

War and Crime

Over the past 40 years or so, veterans have been subjected to a progression of diverse clinical psychiatric procedures for treating PTSD – psychotherapy, pharmacological, eye movement desensitization and reprocessing (EMDR), cognitive behavioral therapy, and Virtual Reality Exposure therapy, to name just a few – yet veterans continue to suffer depression, anxiety, guilt, alienation, and still exhibit high rates of suicide, alcoholism, drug addiction, homelessness, and violent crime. Tragically, as soldiers experience the horror and cruelty of war, especially urban, counterinsurgency war, the moral gravity of their actions – displacing civilians, torturing, injuring, and killing other human beings – becomes apparent they may suffer the consequences of acting in violation of their moral code, i.e., the dictates of their consciences, the moral foundations by which we structure our lives (Bica, 2061, pp. 47-48).

Five years after the “Emerging Storm” (Brown, 2008) warning of the problem of veterans becoming entangled in criminal justice was published the “Perfect Storm” appeared in print – the problem had indeed become worse (Brown, et al., 2013). The storm had hit land. During that five-year period two of our authors (Brown and Stanulis) have served as expert witnesses in numerous criminal cases involving veteran defendants in states across the country. We are now 8 years past the warning of another emerging storm. The number of veteran criminal cases that Brown and Stanulis have been involved in has increased since 2013. The U.S. military was withdrawn from Iraq in 2011 but has now returned in an alleged support capacity to wage war against ISIS. In essence, we are in a global war on terror, which appears to translate to perpetual war. Along with a seemingly endless war comes the collateral damage of any war – although much of America appears to have lost interest – more and more veterans are continuing to become entangled in the criminal justice system. Once again, there continues to be very little interest among many social science disciplines to conduct research that addresses the re-acculturation problems associated with this latest generation of veterans returning home and becoming entangled in criminal justice.

Considering all American military branches of service, the number of troop-years in both Iraq and Afghanistan exceed 2 million. The U.S. Army has provided 1.08 million troop-years to the Iraq and Afghanistan wars compared to the Navy (333,000), Air Force (309,000) and Marines (280,000). About 67 percent of active component soldiers had been deployed to Iraq and/or Afghanistan in 2008. That percentage of deployed active component soldiers increased to 73 percent by 2011. Between 2008 and 2011, the amount of time that soldiers spent deployed had increased by 28 percent. Nearly 180,00 military personnel have served in Iraq and/or Afghanistan for 3 or more years (Baiocchi, 2013).

The U.S. Bureau of Justice Statistics did not begin tracking incarcerated veterans until after the Vietnam War in 1978. However, some researchers, independently, began examining the incarceration patterns of veterans much earlier. Over one-half century following the end of the Civil War, Edith Abbott (1918) discovered that during the Civil War the number of men incarcerated in American prisons declined significantly. However, shortly after the Civil War ended, she found that America’s prison beds rapidly were filled with veterans who had returned from that war. Abbott also found a similar phenomenon during and following the end of World War I. Not only in America but also in England and France, prison populations decreased significantly during that war, but after the war ended veterans filled many of their vacated prison beds. Evan Seamone’s (2013) recent research corroborates much of Abbott’s research in a study that focused on the handling

and incarceration of World War I veterans. Seamone identified some states/jurisdictions (e.g., Wisconsin) that became familiar with the “baggage” or mental artifacts associated with war that World War I veterans brought home with them. These states/jurisdictions made some positive adjustments to accommodate those issues in their criminal/judicial processing systems.

Very little information is available regarding the association between World War II veterans and criminal behavior/incarceration. The inhabitants of the World War II era are often referred to as the “Greatest Generation,” while we frequently ignore data that contradicts the term “greatest.” Two factors that reflect the contradiction to use of the term “greatest” are marriage and divorce rates. Data reveal that while marriages increased significantly following the end of World War II, divorce rates soon after reached an all-time high (Shiono and Quinne, 1994). Additionally, it is rarely noted that alcoholism among the World War II generation increased significantly and the children of that generation were the ones who introduced recreational drug use to the American popular culture (Brown, et al., 2013). It has also been noted that in 1948 it was World War II veterans who started the infamous biker organization known as the “Hells Angels,” which had previously been a popular moniker for bomber squadrons in both World War I and World War II (James, 2009). Neither of the aforementioned factors are a reflection of the term “greatest.”

Fast-forwarding to the Vietnam War, MacPherson (1984) found that public attitudes toward Vietnam veterans who became entangled in criminal justice had turned negative. Defense attorneys who attempted to use PTSD as an explanation for veteran criminal behavior were scorned in most American courts. Public attitudes reflected a brand of hostility directed toward Vietnam veterans entangled in criminal justice - a brand of hostility that was never directed against veterans from prior conflicts (Seamone, 2013).

To be certain, research has been conducted on the emergence and operation of veteran courts throughout much of America. However, these studies tend to focus on alcohol and drug abuse factors, similar to the operation of Drug Courts, and the judicial and social reaction to veteran criminal justice entanglement. Studies that focus on veteran courts often fail to address the cultural distinctions between military and civilian cultures, and many veteran courts appear to ignore the re-acculturation problems confronting veterans who end up in the criminal justice system (e.g., Smith, 2014; Smeed, et al., 2013; Schwartz, 2010). Most studies ignore the influence that cultural distinctions play in respect to veterans who become entangled in criminal justice; in other words, they fail to understand or accept that

cultural competency is a necessary ingredient for understanding veteran re-acculturation problems (Brown, et al., 2015).

Recent research has identified relationships between PTSD (Posttraumatic Stress Disorder) and TBI (Traumatic Brain Injury) with veteran criminal justice entanglements (Aprilakis, 2005; Hafemeister and Stockey, 2010; Wilson, et. al., 2011; Wolfe, 2013; Brown and Stanulis, 2013; Brown 2014; Brown, 2015; Brown, et al., 2015). PTSD and TBI are frequently referred to as the “invisible wounds” of war, which have recently drawn considerable public and political attention. These invisible wounds have been proclaimed as the trademark of the most recent generation of veterans (Tanielian and Jaycox, 2008).

America demonstrates an indifference to the topic of veterans entangled in criminal justice. On one hand, veterans entangled in criminal justice are a symptom of the hidden wounds of war. On the other hand, veterans entangled in criminal justice can be viewed as simply another hidden wound or artifact of war. The Department of Justice did not release 2004 national data of incarcerated veterans until May 2007 (Noonan and Mumola, 2007). The most recent federal data on incarcerated veterans, collected in 2011 and 2012, was not released until December 2015 (Bronson, et al., 2015). What is missing in the latest federal study is the acknowledgement that incarcerated veterans are often reluctant to reveal their veteran status and that many correctional facilities do not keep track of veteran status data at booking. The most recent report claims that an estimated 50,000 veterans were in jail during the period of 2011-2012. Interestingly, the Oregon Sheriff's Jail Command Counsel reported that 6,906 veterans were booked into Oregon jails in 2011 and 6,028 veterans were booked into these jails in 2012 (Oregon Sheriff's Jail Command Council, 2011 and 2012).

New Data

In the criminal context, the data collected by Brown does offer some very interesting insight into the experiences of the veteran defendants (VD) compared to the non-arrested cohort (NC). Of note, there is no difference in MOS (Military Occupational Specialties) except that the NC had double the percentage of military police MOS's. Over 60 percent of both groups had either infantry or armor MOS's.

Regarding the use of alcohol, there were no differences between the two groups pre-military in use, but common with both groups having usage rates over 80 percent. However, both groups had marked increases in post-military alcohol use with usage rates at 96 percent. In addition, frequency of more than once a week

use increased from 11 percent to 34 percent in the VD group and from 8 percent to 29 percent in the NC group. Most importantly the reason for use changed dramatically from only 1 veteran using because of depression, and 5 percent using because of depression pre-military to 41 percent of the VD drinking because of depression and 37 percent for anxiety. In the NC cohort, similar increase was found as well. (37% for depression, and 31% for anxiety.) Drinking for fun declined dramatically for both groups from about one-third (32%) to 5 and 7 percent.

These changes are not only dramatic, but also have profound implication for criminal behavior. It is well known that substance abuse in individuals with psychiatric diagnoses is a dynamic risk factor for criminal behavior and recidivism. This is confirmed in this data set as rates of self-admitted substance abuse rose from 31 percent pre-military to 48 percent post-military for the VD group and from 33 percent pre-military to 48 percent post-military in the NC group. Most notably, self-reported person offenses rose from 12 percent pre-military to 40 percent post-military in the VD group, and from 10 percent to 41 percent in NC group.

In terms of military experience, in several areas little difference can be found between the two groups. Both had high rates of being attacked (80.9% in the VD group v. 88.3% in the AC group), and of receiving incoming fire (90% in the VD group v. 92% in the AC group). About 37 percent of both groups fired directly at the enemy, and about 30 percent of both groups reported being directly responsible for the death of an enemy.

There are however a few areas of difference that are relevant to the issue of MI. The VD group reported higher rates of being directly responsible for civilian deaths than the NC group (30 to 20%). The VD group also reported higher rate of being responsible for the death of children (17% to 12 %) and of handling human remains (25% to 20%). These differences cannot be accounted for by opportunity as both groups had high rates of witnessing dead bodies/remains (87% in the VD group v. 89% in the NC group), witnessing death or serious injury to an American (80% in the VD group v. 85% in the NC group) and of personally knowing an American seriously injured or killed in combat (40% in the VD group v. 40% in the NC group). Both groups were also equally likely to be injured or wounded in combat (42% in each group) and to have experienced a traumatic experience (73% in the VD group v. 71% in the NC group).

In terms of dealing with trauma, the veteran defendants were somewhat less likely to have talked to someone in depth about the trauma (42% in the VD group v. 47% in the NC group) and less likely to have talked to a parent first and more likely to have talked first with another veteran, which is indicative of shame and thinking only another vet could accept or understand. Both groups had high rates of regret

(64% v 59%) and shame and guilt. Over half of both groups now regret the violence that they participated in but at the time they enjoyed. The data about individual changes from war is also consistent with high rates of MI. Over 90% of both groups described themselves as changed from war, and over half thought the change was for the worse. Both groups reported shame following deployment (385% in each group), with veteran defendants less guilty but more confused than the non-arrested cohort. Only about 10% of both groups felt relived and/or satisfied about their deployments.

Summary

Since Vietnam, the pendulum has swung too far away from the effective civilian control. Presidents and presidential candidates apparently feel the need to say they will listen to their generals' advice and heed it. This has the effect of simultaneously giving too much authority and autonomy to military institutions with respect to the conduct of war, reducing the capacity and exercise of oversight. The diminution of oversight has also obscured the causal role of political decisions and processes in creating the conditions on the battlefield that can lead to collateral damage. This causal responsibility and the constitutional division of roles entail moral responsibility for the conduct of war. Thus, all of the civilian political institutions in the United States – the Legislature, the Judiciary, and the Executive – ought to understand the conduct of war, the consequences of the use of force, and how both affect political aims and the lives of combatants and noncombatants (Crawford, 2013, p. 396)

Throughout this article, it has been our intention to focus on four primary issues: first that war is, and has been, an active ingredient of American culture. In spite of the fact that we may say that we prefer peace, the fact remains that we have lived in a quasi-perpetual war at least since the War of 1812. Second, we wanted to assure that the actual voices of veterans who have served in combat were presented. Academics, professionals, politicians, and others may provide their own insights of war, but it is the veterans who have experienced war firsthand. Third, we believed that it was crucial to provide a comprehensive explanation of the hidden wounds of war, which includes Posttraumatic Stress Disorder, Traumatic Brain Injury, and the relatively new wound – Moral Injury. We wanted to make these wounds visible. Finally, the fourth item war the topic of veterans entangled in criminal justice, which based on social science research over the past decade, has largely remained invisible. We can only hope that other researchers develop an interest in this topic.

While the focus of this paper is on “known” invisible injuries, we would also point out that we have seen veterans with less well-recognized invisible injuries. One was a well-decorated and high achieving individual who after exposure to the anti-malarial drug mefloquine (which never received FDA approval) began to violate the military code and civilian laws. His symptoms have continued to progress to the point that the Government accepts that he was not competent to stand trial. We have seen what appears to be a similar symptom progression in Gulf War syndrome veterans. Most of the veterans we have come into contact with have been deployed to combat areas, be they veterans, defendants or veteran participants, and most have demonstrated various symptoms germane to the hidden wounds we have discussed.

Posttraumatic Stress Disorder, Traumatic Brain Injury, and Moral Injury all increase the risk of criminal behavior. Criminal behavior is often preceded by homelessness, substance abuse, shame, and hopelessness. There is virtually no recognition of criminal behavior as a result of war as criminals have no political allies, and no one wants to recognize that a cost of war is an increase in criminal behavior. It is much easier to simply assign the veteran who commits a crime into the “selection error” category than to study the problem and develop prevention techniques. Our goal in this paper was to raise the issue of how invisible injuries lead to criminal acts in hopes that veterans entangled in criminal justice do not remain an invisible wound of war, and that America does not continue to treat its veterans as simply “collateral damage.”

References

- Abbott, E. (1918). “Crime and the War.” *Journal of Criminal Law and Criminology* 9: 32-45.
- Alexander, P. (2013). “Fallout from Somalia still haunts US policy 20 years later,” *Stars and Stripes*. Retrieved March 13, 2016 from: <http://www.stripes.com/news/fallout-from-somalia-still-haunts-us-policy-20-years-later-1.244957>
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, Arlington, VA: American Psychiatric Association
- Aprilakis, C. (2005). “The warrior returns: Struggling to address criminal behavior by veterans with PTSD.” *The Georgetown Journal of Law & Public Policy* 3: 541–566.
- Baiocchi, D. (2013). “Measuring Army Deployments to Iraq and Afghanistan.” Rand Corporation.

- Bauer, K.J. (1974) *The Mexican War: 1846-1848*. New York: Macmillan Publishing.
- Beckham, J.C., Moore, S.D., Feldman, M.E., Hertzberg, M.A., Kirby, A.C., & Fairbank, J.A. (1998). "Health status, somatization and posttraumatic stress disorder severity in Vietnam combat veterans with posttraumatic stress disorder." *American Journal of Psychiatry* 155: 1565-1569.
- Bica, C..M (2015). *Worthy of Gratitude? Why Veterans May Not Want To Be Thanked For Their Service in War*. Commack, NY: Gnosis Press.
- (2016). *Beyond PTSD: The Moral Casualties of War*. Commack, NY: Gnosis Press.
- Bobrow, J. (2015). *Waking Up from War: A Better Way Home for Veterans and Nations*. Durham, NC.: Pitchstone Publishing.
- Brock, R.N. and Lettini, G. (2012). *Soul Repair: Recovering from Moral Injury after War*. Boston: Beacon Press.
- Bronson, J., Carson, A. and Noonan, M. (2015). "Veterans in Prison and Jail, 2011-12." Bureau of Justice Statistics: Special Report, U.S. Department of Justice: Washington, D.C.
- Brown, W.B. (2005). "It Means Something: The Ghosts of War," in R.J. Berger and R. Quinney (Eds) *Storytelling Sociology: Narrative and Social Inquiry*. Boulder, CO: Lynne Rienner Publishers.
- (2008). "Another Emerging Storm: Iraq and Afghanistan Veterans with PTSD in the Criminal Justice System." *Justice Policy Journal*.5, 2: Retrieved from: http://www.cjcb.org/uploads/cjcb/documents/another_emerging.pdf.
- (2014). "Spinning the Bottle: A Comparative Analysis of Veteran Defendants and Veterans Not Entangled in Criminal Justice," in Brock Hunter (Ed.), *The Attorneys Guide to Defending Veterans in Criminal Court*. Los Angeles, CA: National Veterans Foundation.
- , Stanulis, R., Weitzel, M., and Rodgers, K. (2015). "You probably don't know who or what you're talking about: Cultural and Moral Incompetence in Evaluating the Veteran in the Criminal Justice System," *Justice Policy Journal* 12, 1 Retrieved from: http://www.cjcb.org/uploads/cjcb/documents/jpj_brown_et_al_spring_2015.pdf
- and R. Stanulis, (2014). "Handling the Expendable: Processing Veterans through the Criminal Courts." *The Florida Defender* (September).

- , Stanulis, R., Theis, B., Farnsworth, J. and Daniels, D. (2013). "The Perfect Storm: Veterans, Culture, and the Criminal Justice System." *Justice Policy Journal* 10, 2. Retrieved from:
http://www.cjcj.org/uploads/cjcj/documents/brown_et_al_fall_2013.pdf
- Caputo, P. (1977). *A Rumor of War*. New York: Holt, Rinehart and Winston.
- Chomsky, N. (1995). *What Uncle Sam Really Wants*. Berkeley, CA. Odonian Press.
- (2016). "Indicting the System." *Znet*. Retrieved from:
<https://zcomm.org/znetarticle/indicting-the-system/>
- Clark, C.S. (2016). "Afghanistan Growing More Dangerous for US Builders, Defense One." Retrieved on April 3, 2016 from:
http://www.defenseone.com/management/2016/01/afghanistan-growing-more-dangerous-us-rebuilders/125566/?oref=defenseone_today_nl
- Cockburn, L. (1987). *Out of Control: The Story of the Reagan Administration's Secret War in Nicaragua, the Illegal Arms Pipeline, and the Contra Drug Connection*. New York: Atlantic Monthly Press.
- Collins, R. (1988). *Theoretical Sociology*. New York: Harcourt Brace Jovanovich.
- Corbett, S. (2004). "The Permanent Scars of Iraq." *New York Times Magazine*, February 15. Retrieved from:
http://www.nytimes.com/2004/02/15/magazine/the-permanent-scars-of-iraq.html?_r=0
- Crawford, N.C. (2013). *Accountability for Killing: Moral Responsibility for Collateral Damage in America's Post-9/11 Wars*. Oxford: Oxford University Press.
- Davis, R.G. (1998). "Immediate Reach, Immediate Power: The Air Expeditionary Force and American Power Projection in the Post-Cold War Era." Air Force History and Museums Program. Retrieved from:
<http://www.afhso.af.mil/shared/media/document/AFD-100927-075.pdf>
- Dobbs D. (2009). "The post-traumatic stress trap." *Science American*, 300: 64-69.
- Donnelly, T., Roth, M. and Baker, C. (1991). *Operation Just Cause: The Storming of Panama*. New York: Lexington Books.
- Finley, E.P. (2011). *Fields of Combat: Understanding PTSD Among Veterans of Iraq and Afghanistan*. New York: Cornell University Press.
- Geraghty, T.J. (2009). *Peacekeepers at War: Beirut 1983 - The Marine Commander Tells His Story*. Dulles, VA: Potomac Books.

- Gilbert, M. (2002). *The Second World War: A Complete History*. New York: Henry Holt.
- Gopal, A. (2014). *No Good Men Among the Living: America, the Taliban, and the War Through Afghan Eyes*. New York, Metropolitan Books.
- Graham-Brown, S. (2001). "No-Fly Zones: Rhetoric and Real Intentions, Middle East Research and Information Project." Retrieved from: <http://www.merip.org/mero/mero022001>
- Grossman, D. (1995). *On Killing: The Psychological Cost of Learning to Kill in War and Society*. New York: Little, Brown and Company.
- Hafemeister, T. L., and Stockey, N. A. (2010). "Last stand? The criminal responsibility of war veterans returning from Iraq and Afghanistan with posttraumatic stress disorder." *Indiana Law Journal* 85: 87-141.
- Hasin, D.S., Stinson, F.S., Ogburn, E., Grant, B.F. (2007). "Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States." *Archives of General Psychiatry*. 64: 830-842.
- Hastings, M. (2012). *Inferno: The World at War, 1939-1945*. New York: Vintage Books.
- Haskew, M.E. (2015). *The Last Days of Robert E. Lee's Army of Northern Virginia*. Minneapolis, MN: Zenith Press.
- Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, Koffman RL. (2004). "Combat duty in Iraq and Afghanistan: Mental health problems and barriers to care." *New England Journal of Medicine* 351: 13-22.
- Hoge, C.W. (2010). *Once a Warrior Always a Warrior: Navigating the Transition from Combat to Home Including Combat Stress and mTBI*. Guilford, CT: GPP Life.
- Iraq Veterans Against the War and Glantz, A. (2008). *Winter Soldier: Iraq and Afghanistan: Eye Witness Accounts of the Occupations*. Chicago, IL: Haymarket Books.
- Jacobson, I.G., Ryan, M., Smith, T.C., Amoroso, P.J., Boyko, E.J., Gackstetter, G.D., Wells, T.S., Bell, N.S. (2008). "Alcohol Use and Alcohol-Related Problems Before and After Military Combat Deployment." *Journal of the American Medical Association* 300 : 663-675.
- James, R. (2019). "A Brief History of the Hells Angels." *Time*. Retrieved from: <http://content.time.com/time/nation/article/0,8599,1914201,00.html>.

- Jensen-Stevenson, M. (1997). *Spite House: The Last Secret of the War in Vietnam*. New York: W.W. Norton and Company.
- John, T. (2015). "Timeline: the Rise of ISIS" *Time*. Retrieved on April 2, 2015 from: <http://time.com/4030714/isis-timeline-islamic-state/>
- Jones, A. (2013). *They Were Soldiers: How the Wounded Return from America's Wars – The Untold Story*. Chicago, IL.: Haymarket Books.
- Kang, H.K., Natelson, B.H., Mahan, C.M., Lee, K.Y., & Murphy, F.M. (2003). "Post-Traumatic Stress Disorder and Chronic Fatigue Syndrome-like illness among Gulf War Veterans: A population-based survey of 30,000 Veterans." *American Journal of Epidemiology* 157:141-148.
- Karnow, S. (1997) *Vietnam: A History*. New York: Penguin Books.
- Kinzer, S. (2013). "30 years on: The legacy of Reagan's invasion of Grenada. Aljazeera America." Retrieved from: <http://america.aljazeera.com/articles/2013/10/25/invasion-grenadaronaldreagan.html>
- Kukla, R.A., Schlenger, W.E., Fairbank, J.A., Hough, R.L., Jordan, B.K., Marmar, C.R., and Weiss, D.S. (1990). *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.
- Lemieux, J.W. (2008). "Jason Wayne Lemieux." In Iraq Veterans Against the War and Glantz, A.(eds.)*Winter Soldier: Iraq and Afghanistan: Eye Witness Accounts of the Occupations*. Chicago, IL: Haymarket Books, pp. 17-19.
- Litz, B. T., Lebowitz, L., Gray, M. J., & Nash, W. P. (2016). *Adapted disclosure: A new treatment for military trauma, loss, and moral injury*. New York, NY: The Guilford Press.
- , Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., et al. (2009). "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy." *Clinical Psychology Review* 29: 695-706.
- MacPherson, M. (1984). *Long Time Passing: Vietnam and the Haunted Generation*. New York: Doubleday.
- Maguen, S., Metzler, T. J., Litz, B. T., Seal, K. H., Knight, S. J., & Marmar, C. R. (2009). "The impact of killing in war on mental health symptoms and related functioning." *Journal of Traumatic Stress* 22: 435-443.

- Maguen, S., Luxton, D. D., Skopp, N. A., Gahm, G. A., Reger, M. A., Metzler, T. J., et al. (2011). "Killing in combat, mental health symptoms, and suicidal ideation in Iraq War Veterans." *Journal of Anxiety Disorders* 25: 563-567.
- McCants, W. (2015) "Why Did ISIS Attack Paris?" *The Atlantic*. Retrieved from: <http://www.theatlantic.com/international/archive/2015/11/isis-paris-attack-why/416277/>
- McCants, W. (2015). *The ISIS Apocalypse: The History, Strategy, and Doomsday Vision of the Islamic State*. New York: St. Martin's Press.
- McCoy, A.W. (2003). *The Politics of Heroin: CIA Complicity in the Global Drug Trade*. Chicago: Lawrence Hill Books.
- (2016). "Why the Heroin Trade Has Helped Defeat the US in Afghanistan." *Alternet*. Retrieved from: <http://www.alternet.org/print/drugs/why-heroin-trade-helped-defeat-us-afghanista>
- McFarlane, A.C. (1998) "Epidemiological evidence about the relationship between PTSD and alcohol abuse: the nature of the association." *Addictive Behavior* 23: 813-825.
- McKee, A.C. and Robinson, M.E. (2014). "Military-related traumatic brain injury and neurodegeneration." *Alzheimer's Dementia* 10: 242-253.
- McPherson, A. (2014). *The Invaded: How Latin America and Their Allies Fought and Ended U.S. Occupations*. New York: Oxford University Press.
- Meis, Laura A. (2010). "Intimate Relationships Among Returning Soldiers: The Mediating and Moderating Roles of Negative Emotionality, PTSD Symptoms, and Alcohol Problems." *Journal of Traumatic Stress* 23: 564-572.
- Meisler AW. (1996). "Trauma, PTSD and Substance Abuse." *PTSD Research Quarterly* 7: 1-8.
- Morris, D. J. (2015). *The Evil Hours: A Biography of Post-Traumatic Stress Disorder*. New York: Houghton Mifflin Harcourt.
- Morrison, J. (2014). *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*. New York: The Guilford Press.
- Nance, M. and Engel, R. (2016). *Defeating ISIS: Who They Are, How They Fight, What They Believe*. New York: Skyhorse Publishing, Inc.
- Nevin, R.L. and Ritchie, E.C. (2015). "The Mefloquine Intoxication Syndrome: A Significant Potential Confounder in the Diagnosis and Management of PTSD and Other Chronic Deployment-Related Neuropsychiatric Disorders." In E.C., Ritchie

- (ed.). *Posttraumatic Stress Disorder and Related Diseases in Combat Veterans*. Switzerland: Springer.
- Noonan, M.E. and Mumola, C.J. (2007). "Veterans in State and Federal Prisons, 2004." Bureau of Justice Statistics: Special Report, U.S. Department of Justice: Washington, D.C.
- Oregon Sheriff's Jail Command Council, (2011 and 2012). "2011 Jail Beds, Admissions, Prison Commitments, Total Crime per 1,000 Population." Retrieved from: <http://www.osjcc.org>
- Pines, B.Y., (2013). *America's Greatest Blunder: The Fateful Decision to Enter World War One*. New York: RSD Press.
- Poole, W.S. (2005). "The Effort to Save Somalia: August 1992-March 1994." Washington, DC: Joint History Office, Office of the Chairman of the Joint Chiefs of Staff. Retrieved from: <http://www.dtic.mil/doctrine/doctrine/history/somalia.pdf>
- Richards, M.S., J. Goldberg, M.B. Rodin, R.J. Anderson (1989). "Alcohol consumption and problem drinking in white male veterans and nonveterans." *American Journal of Public Health* 79: 1011-1015.
- Richardson, L.K., Frueh, B.C., and Acierno, R. (2010). "Prevalence Estimates of Combat-Related PTSD: A Critical Review." *Australian and New Zealand Journal of Psychiatry* 44: 4-19.
- Rigg, J.L. (2013). Traumatic brain Injury and post-traumatic stress: The "signature wounds" of the Iraq and Afghanistan wars." In Scurfield, R.M. and Platoni, K.T. (EDs). *War Trauma and its Wake: Expanding the Circle of Healing*. New York: Routledge.
- Rosenheck R.A., Fontana A.F. (2007). "Recent trends In VA treatment of post-traumatic stress disorder and other mental disorders." *Health Affairs* (Millwood) 26: 1720-1727.
- Scarborough, R. (2016). "ISIS issues chilling warnings: More attacks targeting U.S., Europe are coming." *Washington Times*. Retrieved from: <http://www.washingtontimes.com/news/2016/mar/29/isis-social-media-warning-more-attacks-will-target/print/>
- Schirmer, D.B. (1972). *Republic or Empire: American Resistance to the Philippine War*. Cambridge, MA: Schenkman Books.
- Schmidt, H. (1995). *The United States Occupation of Haiti: 1915-1934*. Rutgers University Press.

- Seamone, E. (2013). "A Historical Touchstone for Nebraska in the Mission to Divert Criminally-Involved Veterans from Confinement." *The Nebraska Lawyer* 13: 5-13.
- Shay, J. (1994). *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: Atheneum.
- Sheinkin, S. (2015). *Most Dangerous: Daniel Ellsberg and the Secret History of the Vietnam War*. New York: Roaring Book Press.
- Sherman, N. (2011). "The Moral Logic of Survival Guilt." *Psychology Today*. Retrieved from: <https://www.psychologytoday.com/blog/stoic-warrior/201107/the-moral-logic-survivor-guilt>
- Sherman, N. (2015). *After War: Healing the Moral Wounds of Our Soldiers*. New York: Oxford University Press.
- Shiono, P.H. and Quinn, L.S. (1994). "Epidemiology of Divorce." *Children and Divorce* 4: 15-28
- Shimko, K.L. (2010). *The Iraq Wars and America's Military Revolution*. New York: Cambridge University Press.
- Smee, D.E., McGuire, J., Garrick, T., Sreenivasan, S., Dow, D., and Daniel Woehl, D. (2013). "Critical Concerns in Iraq/Afghanistan War Veteran-Forensic Interface: Veterans Treatment Court as Diversion in Rural Communities." *Journal of the American Academy Psychiatry Law* 41:256-62.
- Smith, A. (2014). *The Theory of Moral Sentiments*. Whitefish, MT: Kessinger Publishing (originally published in 1759).
- Smith, B.A. (2014). "Posttraumatic Stress Disorder (PTSD) in the Criminal Justice System." *The Military Psychologist* 29: 8-9.
- Stagg, J.C.A. (2012). *The War of 1812: Conflict for a Continent*. New York: Cambridge University Press.
- Stewart, S.H., (1996). "Alcohol Abuse in Individuals Exposed to Trauma: A Critical Review." *Psychological Bulletin* 120: 83-112.
- Stewart, R. W. (2005). *American Military History (Volume I): The United States Army and the Forging of a Nation, 1775-1917*. Washington, D.C.: American Military History.
- Stewart, R. W. (2010). *American Military History (Volume II): The United States Army in a Global Era, 1917-2010*. Washington, D.C.: American Military History

- Schwartz, J. (2010). "Defendants Fresh from War Find Service Counts in Court." *New York Times*. Retrieved from: <http://nyti.ms/9q9gpf>
- Summerall, E.L., (2016). "Traumatic Brain Injury and PTSD." Washington DC: U.S. Department of Veterans Affairs – PTSD: National Center for PTSD. Retrieved from: <http://www.ptsd.va.gov/professional/co-occurring/traumatic-brain-injury-ptsd.asp>
- Tanielian T., Jaycox L.H., Schell T.L., Marshall G.N., Burnam M.A., Eibner C., Karney B.R., Meredith L.S., Ringel J.S., Vaiana M.E., (2008). *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries*. Santa Monica, CA: RAND Corporation.
- and Jaycox, L. H. (eds. 2008). *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND.
- Tick, E. (2005). *War and the Soul: Healing Our Nations Veterans from Post-Traumatic Stress Disorder*. Wheaton, IL: Quest Books.
- (2014). *Warrior's Return: Restoring the Soul after War*. Boulder, CO: Sounds True.
- Thomas, A.T. (2006). *At Hell's Gate: A Soldier's Journey from War to Peace*. Boston: Shambhala.
- Utley, R.M. and Washburn, W.E. (2002). *Indian Wars*. New York: American Heritage Press.
- U.S. Department of Veterans Affairs (2012). "Suicide Data Report." Washington, D.C.: Mental Health Services Suicide Prevention Program.
- U.S. Department of Veterans Affairs (2015). "Report on VA Facility Specific Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans Diagnosed with Potential or Provisional PTSD." Washington, DC: U.S. Department of Public Health. Retrieved from: <http://www.publichealth.va.gov/docs/epidemiology/ptsd-report-fy2015-qtr2.pdf>
- U.S. Department of Veterans Affairs (2016). "Unique Veteran Users Report: FY 2014." Washington, D.C.: National Center for Veterans Analysis and Statistics.
- U.S. Department of Veterans Affairs (2016). "FY 2017/FY 2015 Annual Performance Plan and Report." Washington, D.C.: U.S. Department of Veterans Affairs. Retrieved from: <http://www.va.gov/budget/docs/VAapprFY2017.pdf>
- Veeravagu, A. (2013). "View Point: The invisible plague of concussion." BBC News, Retrieved from: <http://www.bbc.com/news/world-us-canada-23980191>

- Walzer, M. (2006). *Just and Unjust Wars: A Moral Argument with Historical Illustrations*. New York: Basic Books.
- Warren, J.A. (2016). "The Gulf War Victory the Never Was." *The Daily Beast*. Retrieved from: <http://www.thedailybeast.com/articles/2016/02/21/the-gulf-war-victory-that-never-was.html>
- Warrick, J. (2015). *Black Flags: The Rise of ISIS*. New York: Doubleday Books.
- Washburn, J. (2008). "Jason Washburn." In Iraq Veterans Against the War and Glantz, A. (eds.). *Winter Soldier: Iraq and Afghanistan: Eye Witness Accounts of the Occupations*. Chicago, IL: Haymarket Books, pp. 20-22.
- West, E. (2009). *The Last Indian War: The Nez Perce Story*. New York: Oxford University Press.
- Williams, R. (1995). "Between a Rock and a Hard Place." *African Security Review* 4: 5-31.
- Wilson, J. K., Brodsky, S. L., Neal, T. M.-S., and Cramer, R. J. (2011). "Prosecutor pre-trial attitudes and plea-bargaining behavior toward veterans with posttraumatic stress disorder." *Psychological Services* 8: 319-331.
- Wolfe, M. (2013). "From PTSD to Prison: Why Veterans Become Criminals." *The Daily Beast*. Retrieved from: <http://www.thedailybeast.com/articles/2013/07/28/from-ptsd-to-prison-why-veterans-become-criminals.html>
- Wood, D. (2014). "A warrior's moral dilemma." *Huffington Post*. Retrieved from <http://projects.huffingtonpost.com/moral-injury>

About the Authors

William B. Brown is a Professor, with a PhD in Sociology, in the Department of Criminal Justice at Western Oregon University. He is also the Research Director for Pacific Policy and Research. He has been recognized by both state and federal courts in numerous criminal cases involving veteran defendants as an expert in the Military Total Institution and military culture – particularly in reference to the impact of military culture on veterans entering the civilian culture following completion of their military service. Dr. Brown is a combat veteran who served in Vietnam as an infantryman with the 173rd Airborne Brigade, served as a Drill Sergeant, and after receiving an infantry commission, served as a Platoon Leader in B Company 75th Rangers. When the Vietnam War ended he resigned his commission. His previous research and publications include prisoner re-entry,

youth gangs, and sentencing process. Since 2008, his research has focused on veterans entangled in criminal justice. Dr. Brown's email is: profbrown9@comcast.net.

Robert Stanulis is a licensed psychologist with a Ph.D. in clinical psychology. His current practice is in the area of Forensic Psychology and Neuropsychology. He began working with veterans well before the diagnosis of PTSD was formulated and became part of the DSM. Besides seeing veterans involved in the criminal justice system, he is active in educating lawyers about veteran issues in the Court. He has provided Continuing Legal education about veterans to the Oregon Criminal Defense Association and the Oregon Bar. He has also been invited to speak to Western Oregon University faculty about how to assist veterans in the classroom. He is on the Veterans Advisory Board at WOU as well. Dr. Stanulis' email is: Stanulis@tds.net

Gerrad McElroy served in the Navy as a Corpsman for 1st Battalion 7th Marines out of Twenty Nine Palms, California. He made one combat deployment in 2005-06 to Husaybah, Iraq located in the Anbar Province. Being attached to an infantry unit his duties were to conduct numerous foot patrols and raids on houses looking for insurgents, weapon caches, explosives, etc. More recently, he has been a student at Western Oregon University in Monmouth, Oregon where he is pursuing a master's degree in criminal justice. Although his interest lies in the discipline of criminology, his specific interest is in veterans who are entangled in the criminal justice system. Because criminological research that addresses incarcerated veterans is nearly nonexistent, McElroy intends to conduct primarily qualitative research by establishing comprehensive surveys of veteran prisoners in hopes to identify pre- and post-war behaviors that would provide for a deeper understanding of causal factors that lead some veterans to commit crimes. Outside of academia, McElroy enjoys spending time with his wife Christina, his Son Gerrad Jr., and his daughter Camila.

Notes

¹ These data are drawn from a study conducted between November 1986 and February 1988, in the national Vietnam Veterans Readjustment Study (NVVRS) based on the interviews of 3,016 American veterans who were said to be a representation of those who served during the Vietnam era.

² The A Shau Valley was a rugged, remote, and mostly uninhabited area close to the Laotian border in the northern part of South Vietnam. One of the better known battles that took place in the A Shau Valley occurred at a place most remembered as Hamburger Hill.

³ These data are drawn from research conducted by one of our authors (Brown). The data were collected from Veteran defendants in criminal cases as well as from 162 Iraq and Afghanistan veterans from 16 different states.