On a summer evening in 2004, I participated in the search of an isolated farmhouse in Yousifiyah, a small town along the Euphrates River in the northern Babil province of Iraq. I was an infantry captain in the Marine Corps. We staged our trucks out of sight from the house until darkness fell. Then we moved in with terrible speed, our engines roaring, our hearts racing, and our hands tight on loaded weapons. We felt some fear during these missions, I suppose, but that emotion always seemed peripheral or almost disingenuous. Our heavy breaths rose from something else. I don’t think “thrill” would be too strong a word. There was something about these raids that served neither cause nor country, just our own lust for excitement.

Missions, however, are not initiated for the thrill (not explicitly anyway), but in response to what is known as “actionable intelligence,” information gathered on the ground through various sources and agents, processed through intelligence staffs, handed up and down the chain of command, until it becomes the basis of an operation. In this case, the specific farmhouse was not suspected but was located in the general vicinity of another house that was, and so was targeted for good measure. The search itself was conducted flawlessly: I watched from my vehicle as the marines knocked on the front door. A man answered and, through an interpreter, they politely explained that we needed to search the premises for weapons and bomb-making materials. They asked him if he’d mind stepping outside with his wife and children while we looked around. The man was cooperative and amiable. There was no shouting or pushing. The marines wore friendly smiles. They stepped gently through the house and were careful to replace anything they moved. Outside, other marines chatted playfully with the kids and gave them pieces of candy. When the search was complete and nothing was found, we thanked the man and apologized for the inconvenience. It was over. Not a shot was fired, not a drop of blood or a tear was shed, and yet, as we withdrew from that farmhouse and roared off into the night, I felt something inside me begin to hurt.

What can I call that hurt?

Since the invasions of Iraq and Afghanistan, there’s been a lot of talk
about the “invisible wounds” of war. I’ve talked a lot about them myself. Thousands of veterans have come home in a state of near mental collapse, harried by their memories of the battlefield. Some of those veterans have ended up addicted to drugs or alcohol, or in jail, or homeless. Others have lost their jobs, their families, or their savings. Many of them, unable to face their nightmares any longer, have resorted desperately to suicide. And when the veterans, and the families and friends, and the communities all cried out, “What do we call this? What do we call this thing that has torn our young soldiers apart?” the resounding answer was post-traumatic stress. That was the lesson we learned from the Vietnam War.

To nearly anyone who’d care enough to listen—counselors, doctors, ministers, peace activists, folks in the community—I would bellow again and again, “I’m hurting!” And they were all sympathetic, they really were, and they’d assure me, nearly every one of them, that I was experiencing this thing called post-traumatic stress. (It seems to be an affliction freshly discovered after every war.) Of course, I’d heard of it before. When I was a rifle company commander, at least a dozen of my marines were medically discharged after we came home from Iraq for PTSD. A dozen more were punitively discharged for having suddenly picked up a drug habit in the wake of war. There was talk that they were trying to get out of our upcoming deployment, scheduled nine months after we got home. But I felt this drug epidemic wasn’t so much about escaping the future deployment as much as it was about escaping the past one. Drugs probably seemed like the most effective means to get their heads out of Iraq. So yes, by the time I left the military, I’d already heard plenty about the debilitating effects of post-traumatic stress. But was that what was going on for me? Could I really call my farmhouse episode traumatic? I think that would be a difficult argument to make.

And what about all those times when the searches were not so benign? What about the orders I gave, from time to time, to use a heavy hand? What about the patrols I dispatched that returned to base with young marines in body bags? What about the approval I issued to snipers over the radio one night to shoot a man armed only with a shovel? (He was suspected of digging a hole for a roadside bomb.) Could any of these scenarios be called traumatic for me? In each case, there was violence felt and inflicted by somebody, absolutely, but my role was indirect; I was too far off to even hear the shot that felled that man with a shovel. Would any clinician in good conscience diagnose me with PTSD for those experiences alone? I was in Camp Fallujah in 2004 when the news of Abu
Ghraib broke, just a few miles down the road from the infamous facility. Several of us gathered around to examine the glossy pictorial of the tortured Iraqi prisoners. The images were distressing, certainly, but I doubt I’d pick up any disability benefits for having seen them. And yet, for all these things, including the pictures, I felt that hurt again.

After resigning my commission in 2005, I came home to Massachusetts and was diagnosed with PTSD by the Department of Veterans Affairs (VA). I’d been shot at and shelled enough to explain away my very turbulent emotions. I accepted the diagnosis from the VA and from everyone else, and I’m sure that my condition was in part that, but inwardly I knew that the greatest pain I felt was not linked to those moments when violence was being directed at me but when I was involved in inflicting it on others. Post-traumatic stress just didn’t seem to fit. So what could I call this pain? It felt a lot like guilt, so that’s what I started calling it, but in the Diagnostic and Statistical Manual of Mental Disorders (DSM) under PTSD there is no mention of guilt, except for “survivor’s guilt,” which is about being alive while one’s comrades are dead, not about harming others. There has been no official name for this type of guilt and that has struck me since getting out of the military as a significant gap in the discourse on war casualties.

The term “moral injury” has recently come afloat, and it applies to exactly the kind of guilt I’m talking about. Though not everyone agrees exactly on the definition, it’s a term being used more frequently now across the medical community and among political activists, various faith groups, and others. “Moral injury” is capturing attention in the media and veterans’ organizations. Even the military has begun to recognize moral injury as a category of wound that service members are facing. Researchers from the VA describe “moral injury” as “involving an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness.”

Generally speaking “moral injury” is meant to displace the more severe sense of guilt, and to give space for the kinds of wounds we inflict on ourselves that come inherently with the wounds we inflict upon others. It resonates with the notion that killing hurts the killer, too, even in self-defense or in the line of duty and that no justification, legal, political, religious, or otherwise, can heal those wounds. The problem with the word “guilt” is that it seems to load a disproportionate burden on the shoulders of individual veterans. A man might wring his hands and say in anguish, “I killed!” But it’s not as though he thought it up and did it.
on his own. There were other factors and other agents involved. There were greater circumstances to consider. Even war crimes can’t be owned exclusively by the perpetrators. Moral injury is about the damage done to our moral fiber when transgressions occur by our hands, through our orders, or with our connivance. When we accept these transgressions, however pragmatically (for survival, for instance), we sacrifice a piece of our moral integrity. That’s what moral injury is all about.

Moral injury does not replace post-traumatic stress. It works alongside it. An event could be both traumatic and morally injurious, or it could be only one without the other. VA researchers have found that the two manifest themselves in similar ways. For example, both have been connected to symptoms of “re-experiencing” and “avoidance” while generally “hyper-arousal” is associated only with PTSD and not moral injury. What we’ll probably discover in the future is that most symptomatic veterans are suffering from both PTSD and moral injury. So far, roughly two million Americans have served in Iraq and Afghanistan. A now well-known RAND study conducted in 2008 suggested that about 20 percent of them will have symptoms of PTSD. It’s very likely those figures reflect a lot of moral injuries as well; however, at the time of the study scarcely anyone had heard the term.

The problem for now is that while “moral injury” is gaining traction in the public discourse, it is still viewed by the VA and the military as a medical issue and those who suffer from it as “patients.” Moreover, the concept of moral injury is in its nascent stages, remains widely unfamiliar, and is, therefore, not yet available as a formal diagnosis or a commonly understood condition for people to rally around. So when veterans or soldiers feel something hurt inside themselves, there is still only one brand to choose—PTSD. That’s not good. It’s not always accurate. And it renders soldiers automatically into mental patients instead of wounded souls.

Since post-traumatic stress has been, so to speak, the only game in town, it has served as something of a one-size-fits-all response to any mention of grief by a veteran. This default medicalization of a veteran’s moral angst has created an ongoing dilemma for the mental health community. They are confronted all the time with veterans who are struggling, searching, digging, aching to know whether their personal actions and their wars were just or unjust.

“What do I say to that?” one provider will ask.

“I just try to honor their experience without judgment,” another will respond.
These are typical comments I’ve heard time and again at the many conferences, events, and gatherings I’ve attended over the past five years related to combat stress.

While these veterans’ questions undoubtedly relate to their mental health, the answers do not fall squarely within the providers’ field of expertise or within any treatment for PTSD. Furthermore, a clinician’s suppression of subjectivity while attempting to navigate such morally treacherous terrain is neither possible nor desirable. As a veteran, I really can’t imagine a more disheartening scenario than being stuck in a room with a person listening with stony detachment as I grapple exasperately with the moral implications of my actions in war. I’d rather say nothing at all. And the consensus I’ve gathered from the clinicians I’ve met (and I’ve met quite a few) is that they’d rather stick with therapy and leave the larger moral questions to someone else. But who? If PTSD is the only diagnosis available for these invisible wounds of war, then who can we turn to for help, if not the doctors?

PTSD as a diagnosis has a tendency to depoliticize a veteran’s disquietude and turn it into a mental disorder. What’s most useful about the term “moral injury” is that it takes the problem out of the hands of the mental health profession and the military and attempts to place it where it belongs—in society, in the community, and in the family—precisely where moral questions should be posed and wrangled with. It transforms “patients” back into citizens, and “diagnoses” into dialogue. At this stage of American history, it’s hard to imagine just what that might look like, but, all the same, it’s an attempt that must be made. It’s far too easy for people at home, particularly those not directly affected by war (and right now that’s about 98 percent of the population) to shed a disingenuous tear for the veterans, donate a few bucks, and whisk them off to the closest shrink . . . out of sight and out of mind. As long as the invisible wounds of war are medical, there is no incentive in the community or in the household to engage them. After a while the veterans themselves become invisible.

So, in practical terms, what does a moral injury look like? The question, while succinct, has a broad and rather ambiguous answer. The word “war” itself contributes to the ambiguity, particularly today, because neither efforts in Iraq or Afghanistan are truly wars in the conventional sense. Officially, they’re characterized as counterinsurgency operations but it would be most accurate to call them occupations. Of course these days, “occupation” is not a label favored in political circles; however, it does give a more precise
picture of just what today’s combat tour is all about. That’s important if we want to understand the nature of the mental and emotional crises that follow in its wake. It’s easy to imagine the famous battles of the past in the trenches, and the beaches, and the mountains, and the jungles, all of them covered with corpses and steeped in blood. The American consciousness has been imbued with these images through every mode of popular culture. But occupations look much different.

In Iraq, with the exceptions of the invasion itself, the assault on Fallujah, and a few other small-scale battles, the most typical engagements between Americans and Iraqi insurgents, seen day-to-day, have been minor skirmishes that would hardly register in the most detailed historical accounts. The amount of violence witnessed by the average soldier deployed to Iraq or Afghanistan is quite low relative to that experienced in past wars. But again, this is a poor comparison because, really, Iraq isn’t a war—not anymore. At any rate, the fact remains that the US presence in Iraq has been far more perilous for Iraqis than it has for Americans. Even the most conservative statistics demonstrate that clearly.

However, mentioning the several hundred thousand Iraqi people killed since the US invasion in 2003, or the two and a half million displaced, or the millions more without money or medical care, appears to be taboo in the American media, the government, and in social circles. Nobody wants to talk about the Iraqis. It’s always about the troops. But “moral injury” by definition includes the memories of those who have been harmed. Without the Iraqi people, the troops can have no moral injuries to speak of. And the only way Americans can fathom the meaning of this term, “moral injury,” is to acknowledge the humanity of the Iraqis. The two ideas are inseparable. What I’ve found most difficult for people to grasp (and for a while this was hard for me, too) is the full range of “moral injuries” sustained in Iraq; because it’s not always about the killing. This is where the precision of the word “occupation” is so helpful, because one has to imagine just what the troops are involved in to get an accurate sense of their reactions to it.

I once watched an old video of some Vietnam veterans giving testimony of war crimes that they’d either witnessed or participated in. What was most stunning about these testimonies, besides the gruesome events that they described, was the extraordinary stoicism with which they described them. Later, I listened to veterans of Iraq and Afghanistan talk about their roles in what they called “atrocities.” The strange thing was that hardly any of their stories were particularly atrocious by the typical
wartime standards. And yet these men cried. They wept and wept as they testified to deeds such as striking a man, or ransacking a house, or terrorizing families, or maybe even shooting a civilian. They described the daily grind of driving in and out of towns, patrolling through the streets, searching houses, detaining suspected insurgents, questioning locals, and all the while trying to stay alive. These were sad stories, to be sure, but somehow disproportionate to the word “atrocity” and to the intense emotions displayed by the tellers, particularly in contrast to those Vietnam testimonies that were, by any standard, horrendous. I thought maybe my contemporaries were being a little melodramatic.

Then last year, I discovered some of that same melodrama lurking in myself. I was watching a documentary about Iraq with a friend of mine (not a veteran). Midway through the piece, a short video clip was shown of two soldiers searching an Iraqi home. The footage was uneventful, boring even, capturing nothing but a bit of walking around and some chitchat between the Americans and the family. Then one of the soldiers, clad in body armor, sunglasses, and an automatic rifle, feeling in an amorous mood I suppose, leaned toward a young Iraqi man in the living room and gave him a hug. The Iraqi submitted with limp arms and an unenthusiastic smile. The soldier, maybe nineteen or twenty years old, laughed. The other soldier laughed, too. And that was it. The footage ended.

I felt my face get hot with rage. I blurted something out in anger, something profane, to match the profanity of what had just been presented in this documentary without so much as a comment from the narrator.

“What?” my friend asked me. “What’s wrong? Where’s the harm in a hug?”

“There is harm in a hug!” I shouted. “Can’t you see?”

But he didn’t see. He couldn’t grasp the magnitude of what had just happened. And in explaining my reaction I felt almost obligated, morally beholden, to express myself with fury. I wasn’t angry at my friend. I was angry at how this type of atrocity could be shrouded in a guise of bonhomie. And I couldn’t avoid that word, by the way—atrocity. So I used my ire to make up for the apparent mildness of the scene.

The trouble is that no matter how that Iraqi man felt about the hug, there’s nothing he could have done to stop it. He couldn’t say no to the hug. And there was no one who could help him. Nobody at all could stop that American soldier from hugging that Iraqi man—and you could see in their faces, they both knew it. That’s what an occupation looks like. And that’s the harm in a hug.
For all my years in the military, all my time training with guns, and alongside artillery, and tanks, and aircraft, I never comprehended the full force, the *weight*, of the United States military until I witnessed its massive presence in Iraq as one body. Then I began to grasp the grave reality of American foreign policy and the extent of what it means to be a superpower on earth. It means nothing can stop us from going anywhere and doing anything we want to do, whether bombing, or building, or shooting, or hugging—anything. There may be limits, legal limits, political limits, moral limits, but I know now that those limits will never be recognized until after they’ve already been broken; then we’ll decide retrospectively whether or not to honor them. When that Iraqi man was hugged by the soldier, he felt, in that instant, the embrace of total American power. That was the harm. That was the atrocity that I could only convey through exaggerated emotion. And that was when I understood the melodrama of my comrades who also used emotion to try to make the very same point.

Through these ostensibly mundane stories, we cried out to the world, “Our moral fibers have been torn by what we were asked to do and by what we agreed to do.”

Moral injury does not necessarily imply that the injuries are inflicted by others, like when a soldier is ordered to perform a morally dubious task, although the term does leave room for that. In some cases, we injure ourselves through acts of commission or omission, through direct participation or indirect approval. Back at that farmhouse in Yousifiyah, I remember fighting an urge to go inside, just to look around. I had no tactical reason to go in, but then I didn’t need much excuse; I was a captain, after all. But, at the same time, I was reluctant. Somehow I knew that crossing that threshold would increase my culpability in this occupation. If just being present on a search, if feeling the thrill of it, was a moral affliction upon my soul, then wandering into this home, uninvited, unnecessarily, and purely out of curiosity, would surely be a larger wound to bear. So I stayed outside. I think at that point in the deployment I’d already begun to sense what I was doing to myself and what I was quietly standing by allowing my country to do to others.

Moral injury is a term that loosens the noose a bit around the necks of veterans who are harangued by enormous personal guilt and distributes the responsibility for their actions (justified or not) more evenly among the chain of command, the government, and maybe even the American people. Simultaneously, moral injury reaches out to those who may be too quick to exculpate themselves. It broadens the burden of responsibility
for acts that may not be criminal by the strict letter of the law but that are clearly hurtful to other people and, therefore, morally questionable. It implicates all participants of war, whether commanding, supporting, or just standing idly by, and it gives a name for the hurt that comes from doing so. It pulls moral transgressions that are not necessarily traumatic out of the mental health profession and into society, into the living room, and makes these notorious “invisible wounds” all of our problems, not just the problems of the VA.

Moral injuries are not about benefits or blame. They’re not about treatment or medications. They’re not about disability. They are about our society and our moral values. A moral injury is not inherently the same thing as a war crime, though clearly the two ideas overlap. But when we talk about war crimes, we seek justice; when we talk about moral injuries, we seek a deeper understanding of our humanity. We seek healing, in some spiritual sense.

The goal for now is to get the idea of “moral injury” out there, get it heard, get it recognized universally as a wound that must be healed communally, not medically. And the first step is understanding what a moral injury looks like in an occupation environment. No doubt, it will sound strange to those accustomed to the more traditional war stories, because occupations look so much different. There aren’t going to be staggering American casualty statistics. There won’t be massive armies clashing on the fields of battle. There aren’t going to be blood-spattered bodies stacked up around fighting holes or littered in the trenches. There won’t be any glorious combat actions and medals of honor to go with them. It’s not going to be material for thrilling stories that yank you to the edge of your seat. In an occupation, moral injury just isn’t going to look like that.

It’s going to be dull. It’s going to be a man with a shovel or a farmhouse search.

It’s going to be a hug.