

ale was in a fragile state when we met. A veteran in his late forties, he had spent more than two decades as a Marine drill instructor. But when we met, he was in crisis.

He had made a career of running faster and being tougher than any of his young recruits, and now his body was failing him. He had been out of the service for a few years, but that wasn't his choice—his body was aging, and every year, fulfilling the same duties became more difficult than it had been the year before. When Dale's superiors noticed that his performance was declining, they awarded him an honorable discharge and sent him back into the civilian world. He longed to be back in uniform, but instead he was left to fend for himself with a deteriorating body and an underdeveloped skill set for a man his age looking for work. I met Dale when I was serving as a chaplain intern for the Department of Veteran Affairs (VA), and when he described his situation to me, he repeated this refrain: "I feel broken."

That brokenness took on many forms for Dale. He had taken great pride in his physical talents as a drill instructor, and he reveled in his ability to keep the intensity on high in order to break recruits into their new life as Marines. When Dale talked about his body, he referred to it as a tool that allowed him to do his job. He needed that tool to be faster, stronger, and more precise in its movements than anyone else's. Further, his job was not just to get people into shape but to rewire their state of mind the way his drill instructor had done

As is true for many Marines, being a Marine was at the core of Dale's identity. Yet his failing body was stealing that identity from him. In the hospital that crisis was deeper than his physical ailments—it was a crisis of self-understanding.

My conversations with Dale were the first of many I had that summer about matters of self, transition, and crisis. I had applied to this clinical pastoral education program as a part of the requirements for my degree at North Park Theological Seminary in Chicago. Once I was accepted, I took every chance I could to prepare for the work ahead. I dug into the just war debates in my Christian ethics class. I wrote a paper about the Covenant's response to 9/11 and the War on Terror. I even led a small group where I discussed war and politics with undergraduates. I prayed that God would give me the words I needed to respond to the people I would encounter.

But, as God often seems to do with plans I make, my experience at the VA was quite different from what I had prepared for. It turns out that veterans in hospital beds aren't too concerned about Aguinas's criteria for just war or the Covenant's critical political thought from 2001 to 2006. It also turns out that it takes more than ten minutes for former soldiers to open up about their wartime trauma. Instead, we talked about the present.

In my internship I served in two capacities. I spent most of my week visiting veterans on the medical and surgical observation floor of the region's largest VA medical center. These visits ranged anywhere from twenty to ninety minutes, and usually I was able to speak with people only once before they went home. In the other part of

my internship I co-led a spirituality group at a VA methadone clinic. While many attended only a meeting or two, I was able to grow quite close to a group of six men on their journey of recovery.

Each experience brought with it different ...my stepfather came home from war an unraveled man. The brutality of combat changed how he thinks, how he prays, how he worships, how he gets through each day.

levels of openness and different types of conversations. My work at the hospital usually concerned the pressing issues of bodily health and what life after surgery would be like. For some patients, being in the midst of a health crisis conjured up intense memories of childhood trauma or, less frequently, a story from their deployment. Other times I talked with veterans who were in the hospital for illnesses related to their addictions or were searching for a reprieve from their housing crisis. Most of the time, however, the men and women I spoke with had relatively routine questions and concerns that hospital chaplains probably encounter regularly.

But my conversations at the methadone clinic were different. There we talked about loss, guilt, and theodicy. This was a group of men who needed no reminders about the sinful nature of humanity; living in recovery meant living in repentance. They talked about the pain they had suffered in choosing drugs over family, and about

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how deeply they longed to be reunited with their estranged children. They talked about how leaving drugs behind is like breaking up with a girl-friend. They told me about the lengths they took to buy drugs and the shame they feel they brought upon their families. For some, that shame ran so deep that they believed neither God nor their family could forgive them.

In his book *Odysseus in America*: Combat Trauma and the Trials of Homecoming, Jonathan Shay, a retired VA psychiatrist, compares Odysseus from the Greek epic to modern-day combat veterans. He argues that like Odysseus, whose battles and journey took him away from home for many years, combat veterans find themselves distinctly separated from civilians and their families. But that separation is not only physical. In the chapter titled "Among the Dead: Memory and Guilt," Shay writes that veterans sometimes "see themselves as toxic because they expect to harm others with their knowledge of the hideousness of war" (p. 83). Such guilt can be horribly isolating and can lead people into seclusion rather than a healing community.

I have witnessed the destructive power of this kind of guilt in my own family. More than forty years ago, my stepfather was drafted into the army to fight in Vietnam. His tour was cut a few months short when he was hit with shrapnel. Thankfully, his arm is fully recovered. But his psyche is not. Upon his return, he was showered with medals for bravery in combat, but no amount of recognition could undo the injuries to his conscience.

As Shay describes it, my stepfather came home from war an unraveled man. The brutality of combat changed how he thinks, how he prays, how he worships, how he gets through each day. It has been more than forty years since his return, yet every time he falls asleep he risks nightmares sending

him back to the jungle. The Vietnam War left a haze over our entire family. It has become so familiar that we usually forget it's there, but there are moments where it's so thick it seems to be all we can see.

Living with someone who suffers from post-traumatic stress disorder can be an isolating experience. My stepfather and other combat vets have to contend with deep spiritual and psychological wounds. For some, the memories of the atrocities of combat can feel like a secret they desperately want to tell the right people. It would be a relief to be able to share that burden, but the secret is so intense, so raw, so unlike anything those closest to them have ever known that to reveal it feels unfair to the listener. Or perhaps the story is so far out of the listener's experience that he or she would doubt its veracity.

On plenty of occasions at the VA I found myself feeling like a total outsider—overhearing people swap stories about getting blown up was unnerving to say the least. Yet, of course military experience is not a prerequisite for doing good ministry.

Regardless of our politics, and where we stand of the issues of war and pacifism, we in the church are people of Immanuel. We are the people of the God who entered into our broken world and loved us enough to suffer for us and with us, even to the point of death on a cross. As a loving and Christ-like community of believers, we need to be willing to suffer with and for others in the way that Jesus has already done for us.

First it is important to remember that no two veterans share the same story. The experience of Dale the Marine drill instructor is vastly different from that of my stepfather. Every individual comes from a different family, a different part of the country, served in a different branch of the military, fulfilled different duties, and served at different times. Each man or

woman has their own unique needs.

The best way to learn about a veteran's needs is to listen to him or her. Some may be vocal, others are more reserved. When a veteran does talk about his or her experience, we must listen deeply and without emotionally flinching. I learned to practice being present in the conversation, and to receive whatever I heard without judgment. The Evangelical Lutheran Church in America has a very helpful resource titled "Care for Returning Veterans" that is available at elca .org/Growing-In-Faith/Ministry /Chaplaincy/Federal-Chaplains/Carefor-Returning-Veterans.aspx#CFRV.

God did not design us to destroy God's image, and we must be clear on our theology of violence. Killing, whether in self-defense or not, causes deep wounds that often may be overlooked. For many who have been in combat, the recovery is long and painful. In addition to Shay's *Odysseus in America*, William Mahedy's *Out of the Night: The Spiritual Journey of Vietnam Vets* offers another worthy perspective on the matter.

As a church we must abandon the "crazy war vet" stereotype. While it is true that some veterans do suffer from mental illness and wrestle with bouts of rage, we must make space for them in the church. The church must be a community where veterans and others can take God to the mat like Jacob, repent like David, and cry out like Habakkuk. They need a community that puts down labels and exchanges them for hospitality.

I pray that as a church we can work toward better veteran ministry. As we engage in conversation about how we can be a better church for people who live in shame, guilt, and isolation, I pray that our pastors are prepared for a new generation of war veterans, and I pray for the time when we beat our swords into plowshares.