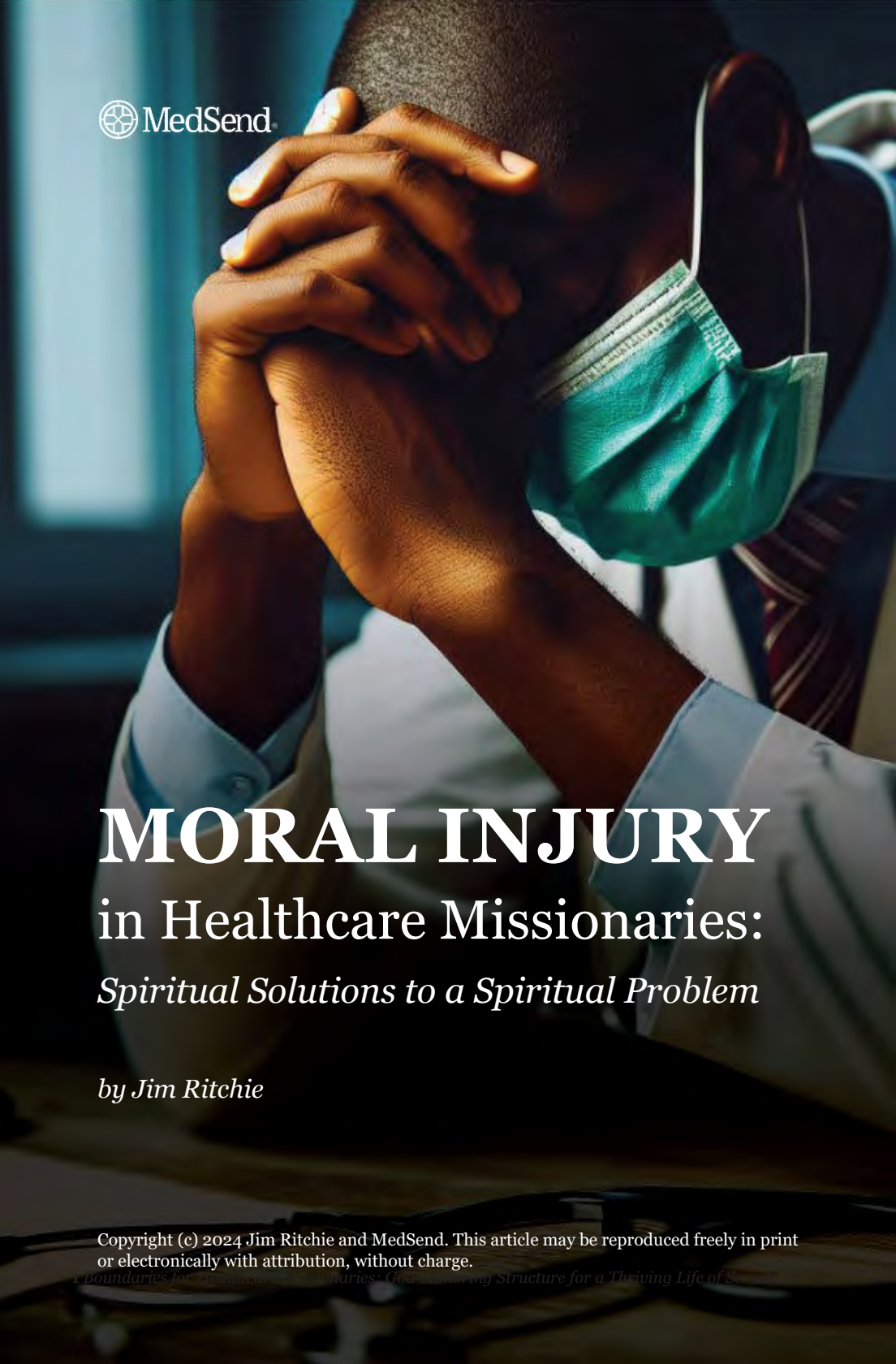

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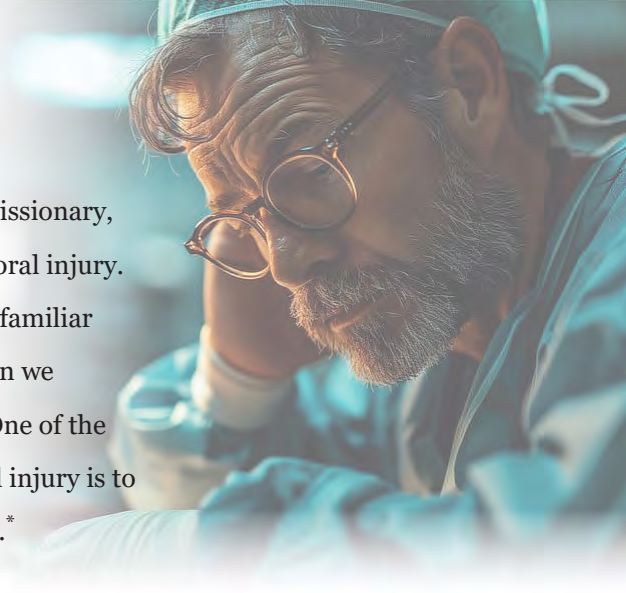
MORAL INJURY
in Healthcare Missionaries:
Spiritual Solutions to a Spiritual Problem

by Jim Ritchie



If you're a healthcare missionary, you're familiar with moral injury. Perhaps you don't feel familiar with the term, but when we discuss it, you'll recognize it. One of the best ways to understand moral injury is to hear stories from missionaries.*

HEALTHCARE MISSIONARY STORIES

Ken, a pediatrician, recounted his first experience as a healthcare missionary. "We arrived during a malaria epidemic. Our peds ward had 100 beds and 200 patients. I was running from code to code, and almost none of them were surviving. I lost an average of 15 kids a day. More kids died in one day than had died in my entire three-year residency. I felt like a lousy doctor and terrible missionary."

Lynette was the only surgeon in her region; the nearest other hospital was 100 miles away. The list of patients who needed her seemed to have no end. Her young family also wanted her attention. She constantly felt torn between the needs of her patients and the needs of her family. When she dedicated time to either her family or her patients, she felt guilty about neglecting the others. One day she realized she hadn't taken a day off from work in over three months.

Jean was excited to join the nursing staff of a Christian mission hospital. In her first day on the job, she worked with a local doctor who stood apart from the patients, asked very few questions of the patients, and handed the prescriptions to her to explain to the patients. Though the doctor claimed to be a Believer, he said, "These people are sick because they have done something wrong, and I do not want their karma to affect me." She was horrified that the doctor was representing the Lord to these patients, who otherwise had virtually no exposure to Christianity. She felt that her participation endorsed the doctor's actions, and felt trapped and unable to change the system.

Tim, an experienced missionary doctor, had moved with his family to a new country to support the efforts of a mission hospital which was struggling financially. He saw that the hospital fee structure essentially prevented any

**The stories in this article are representative of true lived experience and feelings of many healthcare missionaries. The names and some details have been changed and some similar stories have been combined or edited. Perhaps you are not in a frame of mind to read stories like these, yet. Feel free to bypass the stories, which all begin with a person's name, and hold the subject emotionally at arm's length until you feel more comfortable. We hope that in this article you will learn ways to engage these stories comfortably.*

access to poor patients. When he went to ask the medical director how they could better care for the poor, the medical director said, “Look, to survive as a hospital, we need patients who can pay. If you want to take care of poor patients, go work at the government hospital.”

Gloria, a physical therapist, had a great heart for the lost. She served her patients and witnessed faithfully for years, but never saw anyone come to the Lord. She said, “I know that compassion is worthy in God’s eyes, but I feel like my life is being wasted here. It’s like I was told to come here on false pretenses. If I were honest, I’d say I feel betrayed by God.”

These stories are representative of scores of stories that we have heard from healthcare missionaries who are struggling with moral injury. Colleagues who debrief, interview and counsel healthcare missionaries routinely encounter such stories of moral injury.

Formal research data regarding moral injury in healthcare missionaries is quite sparse. The term, “Moral Injury,” was first introduced to mental health vernacular around 2009 and has gradually become more widely known and used.[1]

The term was first used to describe the experience of soldiers, and later, to describe the experience of health professionals, especially during the COVID pandemic. Within the last few years, the term has been used in relation to the experience of missionaries and especially healthcare missionaries. Though some well-conducted and helpful research studies regarding healthcare missionaries were conducted within the last decade, most of them were conducted before the concept of moral injury became associated with healthcare missionaries.

Realizing the ubiquity of moral injury in healthcare missions and dearth of data about how to respond, we have conducted scores of interviews with healthcare missionaries in formal and informal research and learned from experts in the field.[2][3][4]

This body of knowledge, augmented by some personal experience, has led to revelations that many have found to be exceptionally helpful in understanding our lives as healthcare missionaries. Quoting one experienced missionary who had heard our discussion on moral injury, **"You just described what I have been struggling with for my entire missions career but couldn't put a name to it.** Why didn't I hear about this fifteen years ago?"

Moral injury is a relatively new term, but **it is related to an ancient idea.** This idea has been around since the invasion of sin in Genesis 3. It's an idea that is assumed in every subsequent page of the Bible. It's an idea that describes the spiritual sea we swim in every day. And it's an idea that we, as Believers, are uniquely equipped to understand and manage.

We find ourselves in a **minefield of moral injury.** It's all around us, waiting for us to step on the wrong place, causing us pain and disorientation and doubt. The minefield slows us down and can divert us or even stop us if we let it. Oh, but there is good news. We Christians have the best mine detectors and the best map through the minefield. We have resources that the unbelieving world doesn't have. We can learn to understand the minefield, defuse and discard some dangerous mines, attenuate injury when it happens, and continue in the Great Fight, wiser and stronger, healthier and happier.

This subject is heavy. It includes failure and doubt, pain and struggle, betrayal and confusion, death and dilemma. In this article we will talk about hard things as we come to understand the nature of moral injury. But please stick with us until the end. Because at the end, we will spend much time talking about proven ways to prevent moral injury, manage moral injury, and grow from the experience. Understanding these is critical. Because moral injury is part of life as a healthcare missionary.

SOME PERSONAL BACKGROUND

Moral Injury is a topic that is 'near and dear' to my heart. I'm an emergency medicine physician and served in the U.S. Navy for 25 years. I deployed in support of the Marines twice during the war in Afghanistan.[+] The second deployment occurred during the Surge, or time of greatest combat activity. I served in Casualty Receiving, the Emergency Department, in the busiest combat support hospital. We took care of over a thousand combat casualties during my six months there. Men, women and children who were blown up, burned up, shot up. Americans, Afghans, folks from the UK and other countries, allies and enemy. The wounds were among the most horrific imaginable.

But our hospital was very cleverly designed and well-resourced and our people were well trained and dedicated. The survival rate of our patients was over 98%. If they had a pulse when they arrived to us, 98% of the time they had a pulse when they left the hospital. Though our burden of walking with people in the middle of such misery was high, we medics were gratified by our remarkable success in treating such devastatingly wounded patients. We had been prepared well to manage these clinical situations.

[+] The Navy Medical Department supports the Marine Corps.

However, we had not been prepared at all to deal with the incredibly difficult moral and ethical dilemmas that we encountered in this multicultural combat environment. Some of the moral issues originated with the difference in cultures. Some issues came from policies that seemed questionable. Some issues were very basic. One of our first patients was a young soldier who had stepped on an IED, which blew off his legs, one arm and his genitals. We had successfully resuscitated him in Casualty Receiving through the skilled efforts of our talented team and were moving him on his bed to the operating room for surgery. As we pushed his bed, one of our nurses was in tears. I tried to reassure her, telling her that I thought he would make it through the surgery. She said, "No, that's not it. I just can't shake the feeling that we're doing something horrible to these boys. Will he want to live with injuries like these? Will he wish we had let him die?"

In so many situations, we didn't know whether we were doing the right thing. We were trying to do the right thing every time, but sometimes we found out later that we had been off base, and people had suffered as a result. We medics went to save life, support our troops, and do some good. And we usually did exactly that. But sometimes we realized we had inadvertently failed. We felt guilty. As the memory of these failures accumulated, most of us began to feel really bad. We didn't have a name for these feelings, but we knew something was not good, we saw ourselves becoming brittle and harsh, and we wanted it all to stop.

Around this time, I was searching the internet for guidance on some of our moral dilemmas, and I happened across a new term, Moral Injury. This term had only been published a few months before, earlier in 2009. The term was used to describe soldiers' feelings about their actions during war. When I read the description, I immediately recognized it in us, in the medics. We had been experiencing moral injury! It helped just to have a name for this feeling we had been struggling with.

When our deployment was over, we shared the lessons we had learned with the oncoming team. At least sharing the lessons felt like we were preventing some future moral injury. And when we returned home, I started teaching combat medicine ethics, lessons we had learned during our deployment, and the concept of moral injury. These teachings were readily received, and I was asked to talk about them at the Pentagon several times.

Though we were learning to recognize moral injury and prevent some of it by sharing our lessons-learned, we still didn't know what to do about it. The Psychiatry consultant to the Army Surgeon General was quoted as saying, "It's not a medical problem, and it's unclear how to treat it."[5]

I retired from the Navy in 2013 after receiving the Lord's call to serve as a medical missionary. My wife, Martha, and three of our six kids completed a year of support-raising and moved to the little rural town of Chogoria, Kenya. We were so glad to be able to make a difference and serve the Lord and the people made in His image. Though no Westerners had lived at the hospital for about ten years, we were warmly welcomed, and we were grateful to see the Lord working first-hand.

Then I recognized a familiar feeling. Though we had come to help people who were medically needy, sometimes I didn't know whether we were doing the right thing. We went to Kenya to save life, train young East African doctors, and do some good. And we usually did exactly that. But sometimes we inadvertently failed, or at least felt that we had failed. I recognized moral injury in myself and in some of my colleagues. But I still didn't know what to do about it.

I became more detached and irritable as the years of service grew and the moral injury accumulated. Then in 2019, events led to a major crisis at our hospital in which some of us disagreed completely on the way to deal with the crisis. I felt that the "other side" was acting unethically, that I was powerless to do the right thing, that patients would be harmed, and that the reputation of Christ would be besmirched. I rapidly became angrier, and my anger disrupted relationships.

One morning, my wonderful wife, Martha, told me, "Honey, you're angry and you haven't even gone down to the hospital yet." I knew she was right, and something was wrong with me. As soon as could be arranged, we departed for some long-overdue debriefing and counseling.[‡] And I began to learn more about how Christians were understanding and dealing with moral injury.

DEFINING MORAL INJURY

Because moral injury is a relatively new term, several definitions are being used. My favorite definition is: **Moral injury occurs when someone commits an act, is party to an act, or fails to prevent an act that violates their deeply held moral values.**[1] Moral injury is closely related to ***guilt* and *shame*.** When we are involved in an act that violates our morals, we naturally feel guilty, and we are ashamed.

As mentioned above, the term 'moral injury' was first used to describe the experience of soldiers, and before we consider moral injury in medics, we will stick to the **example of soldiers.** Most soldiers are honorable souls and see themselves as defenders. But then, in armed conflict, they find themselves actually killing another human being. That act carries emotional and spiritual consequences, even when the other person was trying to kill the soldier in combat. Many soldiers feel guilty, though the guilt may be confusing. At times, that guilt can be magnified. Sometimes there are civilian casualties. Sometimes there are 'friendly fire' incidents. And sometimes, in the heat

[‡] I owe an enormous debt of gratitude to the phenomenally gifted staff of Alongside and the MedRetreat.

of battle, the soldier might lose control of himself. The guilt and shame that follow these events can be enormous.

Though moral injury often follows deliberate actions, it can also result from acts that are **unintentional.** Our acts need not be intentional to feel guilty about them. For instance, 'friendly fire' incidents are almost always unintentional, but can be emotionally devastating.

Moral injury is also associated with *betrayal*. If we betray someone's trust, we are ashamed. But moral injury also occurs the other way around. If someone else betrays our legitimate trust, we may also experience moral injury. If our boss or our friend betrays us, we may feel angry, bewildered, disoriented, unable to trust.

We may even feel betrayed by a system or policy that compels us to act against our values or causes us to feel complicit in the unethical actions of others. If we feel trapped in the system and unable to change the policy, this sort of moral injury can be re-lived and compounded daily.

At its deepest level, **moral injury is a disruption of our personal understanding of morality.** We all have a baseline concept of some sort of moral code, a moral worldview. We depend upon that framework to know how to assess risk, to guide relationship, to justify trust. We think we are moral people. We trust our friends and our leaders to act on our behalf. We trust our colleagues to act according to our understanding of morality. But when something happens that disrupts that code, we become disoriented, confused or angry.

If a soldier kills a noncombatant or loses control, he may wonder whether he is a moral person. If his colleague acts with treachery, he may wonder whether he can trust anyone. He may even wonder if God Himself is good.

Violations of our moral code exist on a spectrum. Some violations are relatively minor, such as the soldier not arriving on time for a patrol, requiring his team to go into danger without his support. Such an action may produce a milder effect, called moral distress, rather than the more serious moral injury. Moral distress is unpleasant and disturbing but tends to be temporary and doesn't significantly challenge our personal understanding of morality. When we experience moral distress, we recover and move on. In contrast, moral injury tends to stay with us and become associated with additional symptoms.

Morally injured people may experience guilt, shame, self-condemnation, a loss of trust, and a loss of meaning and purpose. They often have difficulties forgiving themselves and others. They also tend to have **religious and spiritual struggles, including a loss of faith.** These spiritual struggles may be especially troubling for missionaries, whose primary motivation for service may be spiritual. Morally injured people tend to become distant or isolated from others, which removes them from a potential source of recovery. Sadly, morally injured people have increased risk of suicide.

Moral injury is not included in the Diagnostic and Statistical Manual of Mental Disorders, at least not yet. But because serious moral injury may lead to relational and workplace difficulties and even suicide, there is some justification of at least thinking of it as a 'disorder.'

The effects of moral injuries may accumulate over time. If an individual experiences repeated moral injuries, their associated symptoms may increase in number and severity. In this way, moral injury may be thought of as an ingested toxin, like lead. If the toxin is repeatedly ingested and not metabolized, its effects become more severe and numerous.

Moral injury is different from Post Traumatic Stress Disorder. PTSD typically follows a life-threatening event and is characterized by the emotion of fear. PTSD is associated with flashbacks, nightmares, an exaggerated startle reflex, avoidance of certain situations, and anger. Moral injury is different. Moral injury is characterized by the emotions of guilt and shame. In addition to the emotion, moral injury is more often associated with a sense of regret or a sense of betrayal, even self-betrayal. Moral injury and PTSD may both be present in a person, and may result from the same event, such as a firefight in which the soldier is overwhelmed with fear and abandons his fellow soldiers who are then killed. When they coexist, moral injury and PTSD may each exacerbate the symptoms of the other entity. But moral injury and PTSD often exist in isolation.

Another important distinction between moral injury and PTSD is their treatment. PTSD may be successfully treated with medications and standard psychotherapy. In contrast, moral injury doesn't typically respond to medications.[§] Moral injury isn't a medical problem. It's a spiritual problem. And, as we will see, spiritual problems require spiritual solutions.

MORAL INJURY IN MEDICINE

We have been using military examples of moral injury for the purposes of clarifying the definitions. But **moral injury is commonplace in medicine, especially in cross-cultural situations.** Let's consider some examples.

Janet, an obstetrician-gynecologist, felt strongly that abortion was wrong and had campaigned actively against abortion during her residency. After completion of residency, she became a healthcare missionary in a Middle Eastern country. In that country, if an unmarried woman became pregnant, she would be killed by her family as a matter of honor. One day, a young

[§] Conditions such as depression and anxiety, which may accompany moral injury, may be indications for medication.

woman named Kadijah came to the clinic visit. She told Janet that she had been assaulted by her cousin and was now pregnant. Kadijah begged Janet for an abortion. Janet realized that if she refused, this victimized young woman would be dead very soon. Janet also knew that referral for abortion was simply impossible, and that there was no way to arrange for Kadijah to leave the area. Janet realized that she would either be guilty of aborting a child or guilty of consigning Kadijah to death or to an exceptionally risky back-alley abortion.

Ted and his young family served in a West African country. In his orientation to that country, he was cautioned about the potential for mob violence. His country director told him clearly, "If you are driving and you hit a person, do not stop and give assistance. If you stop, you will be beaten or killed by bystanders. Instead, go to the nearest police station." Ted mentally filed this advice, hoping he'd never need it. But one day when driving with his wife and children, he was horrified to see a woman accidentally step in front of his car. The car struck her with deadly force. Ted reflexively stopped and started to exit the car. But then he saw the faces of the angry people who were quickly surrounding the car. He drove away as those people began beating on the sides of the car. He was in an unfamiliar town and had no idea where the police station was, so he just drove away. As he left, his children asked, "Dad, aren't we going to help that lady?" Ted felt guilt and shame in front of his own children.

Both Janet and Ted were morally injured. They didn't intend to cause harm. But they found themselves either causing harm or being party to harm.

Let's summarize. Individuals may be morally injured when they commit an act, are party to an act, or fail to prevent an act that violates their own deeply held moral values. Moral injury may also occur when someone feels betrayed by someone in a position of trust or legitimate authority. Moral injury disrupts a person's fundamental expectation of their own morality or the morality of others, sometimes including God. Moral injury is a spiritual issue, not a mental illness. Moral injury is often found in people who have PTSD, but the two entities are different. Moral injury tends to be cumulative and associated with several significant symptoms, including suicide.

Now that we have a good fundamental concept of moral injury, we need to develop a firm grasp on an important reality of healthcare missions:

Cross-cultural medicine is a moral injury factory!

A culture may be understood as a collection of ideas and practices that define the identity of a people. Among the core ideas of a culture are the value of human life, the meaning of birth, the meaning of death, the meaning and ownership of money, and designation of who makes important decisions. By definition, different cultures have different understandings of those important, core values. The practice of medicine engages all those issues, at a life-and-death level! Therefore, when I am practicing medicine and my patient belongs to a different culture, we can expect that one of us will have a violation of our deeply held moral values. Let's consider the following **examples of cross-cultural moral injury.**

Lawrence, a family practice physician, helped a woman deliver twins. The delivery went well. The woman did not know she was carrying twins. When Lawrence congratulated her, she did not appear to be pleased. Lawrence interpreted her lack of enthusiasm as a response to having an unexpected additional mouth to feed. But mom and babies were doing well, so Lawrence tucked them in and went home. When he returned to the hospital the next day, he found only one baby. When Lawrence asked about the second baby, neither the mom nor the local nurses seemed willing to acknowledge that there had been a second baby. Upon asking further, Lawrence learned that in the local culture, when twins were born, the first twin was considered to be normal and natural, but the second twin was thought to be a demon that was trying to sneak into the world by looking like the other baby. In that culture, the second baby was routinely taken away, killed, and discarded. Lawrence realized with horror that, in his mission hospital, his nurses had killed one of his patients. Lawrence was deeply morally injured. His understanding of the meaning of birth was radically different from that of his patient and even his nurses. His deeply held moral values had been violated. He felt betrayed by his trusted nurses. Upon further reflection, Lawrence also realized that if he had required the woman to take both babies home, she would have thought that she was taking a demon home. Her family and neighbors would have thought the same. Moral injury was inevitable.

Lisa, an internist, had been disappointed to learn that her patient had widespread metastatic cancer. No significant treatment was available or affordable for this patient. Lisa didn't speak the patient's language, and her local intern, Rebecca, was interpreting. When Lisa began gently explaining the diagnosis to her patient, Rebecca became alarmed. Rebecca respectfully told Lisa that she could not possibly tell the patient that he had widespread fatal cancer. Such a declaration would be considered to be a direct curse. The patient and his family would understand this message to be a desire for him to die. Lisa felt strongly that patient autonomy was a fundamental tenet of medical ethics. But Rebecca insisted that the patient must not know the diagnosis and that the family should only hear a vague suggestion that everything reasonable would be done but that the situation was in the Lord's hands. Lisa and Rebecca had very different understandings about patient autonomy and issues surrounding death. One of them would inevitably experience moral distress.

Andrea, a nurse, was excited to begin her work on the medicine ward. On her first day of service on this busy ward, a handful of patients appeared to be healthy and largely neglected by the nursing staff. When Andrea asked what was going on with these patients, she was told that these patients were in a "discharge-in" status. They had been successfully treated and had been discharged from clinical services, but they hadn't paid their hospital bills, so they were being held pending payment. The patients were effectively imprisoned due to their inability to pay, sometimes for weeks or even months. Andrea was dismayed at this treatment of poor patients. She had moved to this East African country specifically to care for the poor and was grieved to see how the poor were treated. She had expected

that the poor would be released from payment. Andrea's deeply held moral values were violated. She felt guilty and dirty being associated with that hospital's practice.

James, a surgeon, had compassionately cared for Fatima, a little girl with significant burns on her arms and face. James had expertly grafted skin and otherwise meticulously treated this child for months. Fatima's older sister had been her only family attendant at the hospital. When Fatima was ready for discharge, her parents were summoned from a distant village to learn about her ongoing needs and take her home. When her father came to the hospital, he took one look at her scarred face and became angry. He took her from the hospital bed, walked out the front gate, threw her in a ditch, and shot her. The older sister was upset but not surprised. She said that Fatima would never have been married and would have been a burden to the family for the rest of her life. James couldn't believe what was happening. He was horrified. His culture and his patient's culture had fundamentally different understandings of the value of human life, especially the life of a little girl.

Cross-cultural medicine is a moral injury factory. If you practice medicine in a different culture, you will encounter moral injury routinely. It's a part of life as a healthcare missionary.

Scott Hicks, who has professionally counseled hundreds of missionaries over decades, contends that healthcare missionaries are **remarkably culturally under-prepared** for their complex roles. He says, "They don't know what they don't know about how to practice in the new culture, and the pressure to start work as early as possible thrusts them into an environment that they don't understand yet." Whether the pressure to start work originates with the sending org or the team or the missionary themselves, the healthcare missionary often feels pushed to bypass the extensive cultural onboarding that many other missionaries receive. Some healthcare missionaries may feel that their job is primarily technical and that the need to save lives overrules the need to learn culture. This situation only exacerbates cross-cultural misunderstanding and potential moral injury.

This observation should be troubling to us. We said that moral injury tends to accumulate, like a toxin, and the associated symptoms can be very serious. And now we're saying that moral injury will occur routinely in the life of a healthcare missionary. This sounds like a recipe for disaster.

Further, some missionaries have realized that, for them, healthcare missions requires an **ongoing choice between moral injury and burnout.** Eric, a pediatrician, described it this way. "Every day, I am confronted with an ongoing long queue of very sick kids who need my help. I'm the only pediatrician within the reach of my patients. If I try to meet the needs of all of these patients, I will definitely burn out. It's inevitable. But if I don't try to meet their needs, I'll feel horribly guilty. I'll have moral injury. So, I guess the missionary life is an ongoing choice between burnout and moral injury. And if I have to choose between the two, I'll choose burnout every time. Because guilt and moral injury are just too much."

The consequences are not surprising. Moral injury and burnout are among the most common reasons for the early departure of healthcare missionaries from the mission field.

But some healthcare missionaries serve for decades with joy. Many of them are remarkably emotionally and spiritually healthy. Many of them are working in phenomenally difficult circumstances, in the midst of cultural beliefs that conflict grievously with Christian beliefs. How is this possible?

We have had the inestimable privilege to speak with some of these missionaries. We have learned about their understanding, their practices, and their theology. They have told us how they do it. And, joyously, these understandings and practices tap into some of the most fundamental ways of Jesus Christ the Righteous.

INTERVENING AGAINST MORAL INJURY

What can we do about this spiritual toxin of moral injury that we inevitably ingest? The overall strategies are twofold. We can learn how to metabolize the toxin, and we can learn how to prevent some of the toxicity. Let's talk about prevention first.

PREVENTING MORAL INJURY

We said earlier that moral injury happens when we are involved in an act that violates our deeply held moral values. Though much moral injury can't be prevented, some of it can be prevented or "detoxified" by gaining a better understanding of our deeply held values. Because sometimes our deeply held values are mistaken.

Stan Haegert MD, medical missionary to the Gambia, teaches about values mutation. He points out that American medicine was founded on Christian values, such as "love your neighbor," "work as unto the Lord," and "I am my brother's keeper." Those values are inherently good and have served as the backbone of medical professionalism and compassion. But in some ways, those values have been mutated into beliefs that exceed the spirit of the law and have become damaging. In a similar way, in New Testament times the Pharisees made additional laws which were based on God's law but carried the idea too far. If moral injury results from the violation of a deeply held value, what happens when the deeply held value is actually a non-biblical mutation? We still feel guilt, but we feel guilty about something that actually was not sinful.

We need some examples. One of the most potent mutated values for Christian medics is the **American medical work ethic.** The American medical work ethic teaches that we are expected to work very long hours to care for others. We are expected to be meticulously diligent and do anything necessary for the sake of our patients, to "work until the work is done." During medical residency training, we are "limited" to the shockingly high sum of eighty hours of clinical work per week (or at least that's the intent of the accreditation authority). We have been taught that it is honorable to sacrifice ourselves and our families for the sake of our patients. And surely, this practice has its origin in biblical values like "love your neighbor as yourself."

But where does the Bible say, "Love your patients more than your family?" Didn't Jesus say, "my yoke is easy and my burden is light?" The American medical work ethic has taken good biblical values and carried them too far, leading to the exhaustion and burnout of many dedicated people. According to a 2018 report of the American Psychiatric Association, doctors have the highest suicide rate of any vocation in the United States.[6] A good biblical value has been mutated into a value that destroys.

This mutated value has serious consequences in the United States, where access to medical care is comparatively good. But when we consider the Majority World, where many of us serve as missionaries, access to medical care is far more limited. Indeed, we may be the only medical providers for enormous numbers of needy people. If we transplant the American medical work ethic into that environment of enormous need, where the work of the day is never done, we subject ourselves to an impossible goal and inevitable guilt.

When we don't work 120 hours a week, we might compare ourselves to the mutated American medical work ethic and feel that we have violated a deeply held moral value. But that value is mutated. It's a fatally flawed value. **If we sustain moral injury from the violation of a mutated value, that moral injury is unnecessary.** Instead, we should come to a more biblical value regarding work ethic. To borrow a cliché, What Did Jesus Do?

Jesus worked hard. At times He healed entire villages. But He didn't let the demand dictate his actions. At times, He *sent the crowds away*. (Mark 1:38, 4:336, 5:45, 6:31, 7:17, 7:24, 8:9, etc.) He went away by Himself. Mark 1;12, 1:35, 6:46, etc.) He observed Sabbath and Feast Days (Mark 1:21, 3:1, Luke 4:16, 13:10, John 5:1, etc) . He was not a slave to the needs of those around Him.

So, one way to avoid moral injury is to identify a mutated value and adopt a more biblical value.

Another example of a mutated value is our inflated sense of personal responsibility for our patients' outcomes. The American medical system **emphasizes personal responsibility** for our patients' outcomes. This emphasis is based on the biblical teaching that we are our brother's keeper, and that we are to love our neighbors as ourselves. And surely this ethic has led to a high standard of care which has benefited many patients. But this value of responsibility has been mutated into a delusional value in which we think we really are responsible for whether our patient lives or dies. In the American medical worldview, the sovereignty of God has no place. But the Bible teaches us that God is sovereign in the lives and deaths of the people whom He has made.

> Deuteronomy 32:39 "See now that I am He and there is no god beside me. It is I who put to death and give life. I have wounded and it is I who heal, and there is no one who can deliver from My hand."
>
> Ps 139:16b "and in Your book were all written the days what were ordained for me when as yet there was not one of them."

God is sovereign in the lives and deaths of people. But that idea is not welcome

in secular American medicine. If you are presenting a death of a patient at Morbidity and Mortality Rounds and you include God's sovereignty as a cause of that death, you will not be well received. Actually, such an assertion may have serious consequences for your career. But God claims such authority.

Of course, the Bible also clearly states that we have free will and that our actions have consequences. So **somehow God is sovereign and we have free will.** When our patient dies unexpectedly, surely we should consider whether there is an element of our action or inaction that has led to that death. But, as believers, we should not think that the death occurred outside God's sovereignty.

A biblical worldview tells us that we do have responsibility for our actions. This has been mutated into the American medical worldview, which teaches that we are solely responsible for the outcomes of our patients. And when we carry that mutated worldview with us when we serve in the developing world, where young adults and children die far more commonly, we can be emotionally crushed by the burden of failed responsibility.

The beginning of this article included the story of the pediatrician who would commonly lose more patients in one day than he had lost during his entire residency. The burden of responsibility could have led him to severe guilt, moral injury and despair. But he grew to understand God's place in the deaths of his patients, and he was able to continue to minister, trusting in God's perfect will. His moral injury was lessened and later prevented by rejecting the mutated value and adopting the biblical value.

Another example of a mutated value which leads to unnecessary moral injury is our expectation of **financial practices regarding medical care for the poor.** Many of us expect to be able to provide free care to poor patients, especially to the most needy. We go the mission field with external support and provide our services without charge and expect our hospitals to follow suit. Many of us feel that medical care should be a fundamental right. Many of us have practiced in medical systems in which emergency medical needs are addressed regardless of ability to pay, and we consider this practice to be morally right. And, of course, the Bible contains many admonitions and outright commands to tend to the needs of the poor.

Then, when we start work at our facility in the developing world, we encounter situations in which care is denied based on ability to pay. We see patients impoverished due to high medical bills. Or we see practices such as "discharge-in," in which patients are medically discharged from the hospital but are physically not allowed to leave until they pay the bills. We may feel morally injured because of these violations of our deeply held value of providing free care to the poor.

The biblical value of caring for the poor can be mutated into the value, "thou shalt provide free hospitalization to the poor." However, though the Bible *does* emphatically teach us to care for the poor and needy, it doesn't provide specific prescribed methods of caring medically for the poor. In biblical times, hospitals hadn't been invented yet. Medical care was far simpler and far less expensive. The "good Samaritan" and his ministry of oil and wine and bandaging were used by Jesus as prime examples of being a good neighbor. However, we shouldn't mutate that example into a mandate for specific financial practices.

Bill, an emergency physician, was dismayed at the practice of "discharge-in," as described above, and went to the hospital CEO to complain. The CEO explained that the hospital was committed to care for the poor. But *most* of their patients were monetarily poor, so if hospitalization costs were not to be paid by monetarily poor patients, the hospital wouldn't be able to pay staff or suppliers and would close within weeks. And the hospital *did* look after the poor by subsidizing outpatient care, keeping expenses as low as possible, and depending on donations for equipment updates.

Bill was complaining of moral distress because of the violations of his expectations of caring for the poor. But his expectations were based on mutated values, not biblical values. When he understood that the hospital actually *was* caring for the poor in culturally acceptable, sustainable ways, his moral distress was lessened considerably. (And, with the hospital leadership's blessing, he started a needy-patient fund for the especially desperate patients).

Sometimes we can attenuate emotional injury by choosing a better word to understand our feelings. Instead of using the word "guilt," in the right setting a more accurate word might be "regret." For instance, if I am unable to meet all of the medical needs of the 100 patients who came to the clinic today, I *regret* that these patients will continue to suffer. But I did not commit a crime or violate a valid ethical code, so a feeling of *guilt* is not really appropriate.

Similarly, I might discover that circumstances at my hospital do not allow me to fulfill my Calling as I had anticipated. Instead of feeling "betrayed," perhaps a more appropriate word is "disappointed." Actually, in our discussions with hundreds of healthcare missionaries, we have been impressed how often their ministries on the field differed significantly from their expectations at the time of their Call. The Apostle Paul was redirected, shipwrecked, beaten, stoned, jailed and ultimately executed, so we can claim fellowship with him in disrupted expectations. But those disruptions never caused Paul to claim betrayal by God, and they became important parts of his story.

Must I choose either burnout or moral injury?

Earlier, we heard from Eric the Pediatrician, who struggled with an apparent ongoing choice between burnout and moral injury.

But remember that moral injury comes from violating deeply held values, and sometimes moral injury can be avoided by identifying well-intentioned but misguided deeply held values. In the situation of having to choose between burnout or moral injury, the mistaken

value is "I should do everything that is asked of me until I collapse in exhaustion." The more biblical value should be, "I should understand all of my priorities and duties, including maintaining a thriving relationship with God and the people who are important in my life and maintaining a sustainable rhythm of work and rest, recognizing my God-given limitations, and serve my patients diligently out of that rhythm, just like Jesus did." When we can adopt that more biblical value, the choice between burnout and moral injury loses much of its force.[**]

METABOLIZING UNAVOIDABLE MORAL INJURY

Sometimes moral injury can be prevented by identifying mistaken values, but sometimes our deeply held moral values really are correct and are grossly violated. As we have seen, such moral injury is inevitable in cross-cultural medicine. Because this injury accumulates like a toxin, we need a way to de-toxify or metabolize the toxin.

Mental health professionals have struggled to find methods to treat moral injury. Medications may be helpful in treating some symptoms, but are rarely helpful in relieving the guilt, shame and moral disorientation of moral injury. Many different psychotherapeutic approaches have been tried, with varying results, and consensus over the best course of treatment remains elusive. Interestingly, many of the more successful modalities incorporate spiritual practices. We will return to that idea shortly.

Despite the difficulty in finding reliable approaches to treatment, **many healthcare missionaries have learned how to thrive in the midst of ongoing moral injury.** As we have interviewed these missionaries, we have identified five practices and other mindsets that appear to be especially effective in metabolizing moral injury. Several of these practices are consistent with the successful modalities that have been discovered in mental health research. These practices and mindsets work because they are **spiritual answers to a spiritual problem.**

The five practices may be remembered using the acronym CLAWS. (They dull the CLAWS of moral injury.)

Confess and receive forgiveness.

Lament.

Away. Spend time away from the toxin.

Work to redeem the situation.

Share the burden with grace-filled, like-minded believers.

Let's explore each practice.

Confess and receive forgiveness. A fundamental component of moral injury is guilt. We feel guilty about the act we committed, or were party to, or failed to prevent. Guilt leads to shame, which is one of the most painful emotions. The antidote to guilt is forgiveness. Even the secular folks recognize the power of forgiveness. William Nash, a former Navy psychiatrist, writing about moral injury in military servicemen, said, "Forgiveness, more than anything, is key to helping troops who feel they have transgressed."[7]

[**] For a more thorough discussion of the biblical justification for having work/life boundaries, see our booklet, "Boundaries for Healthcare Missionaries" in the References.

When we are morally injured by something we did, we need to confess and seek forgiveness. If we have harmed a human being, we should confess to them and seek their forgiveness when possible. Such forgiveness may contain enormous healing power. But sometimes we cannot seek forgiveness from a human being. Sometimes they cannot be identified or reached. Sometimes they are dead. Nonetheless, the guilt remains, and continues to be painful.

Christ-followers have the answer to this problem. We can confess to the One who made us, who made the injured person, who will judge us all, and who will make all things right in the end. Guilty people sometimes think that their sin is beyond forgiveness. But happily, God has promised otherwise.

> 1 John 1:9 – If we confess our sins, He is faithful and just to forgive us our sin and to cleanse us from all unrighteousness.

ALL unrighteousness.

When we confess our transgressions, are forgiven, and receive that forgiveness, we can be freed from the crushing burden of guilt.

Lament. Lament is an honest crying out to God about the awfulness or injustice of the situation. Lament starts with a frank complaint to God.

> Ps 13:1-2 – How long, O Lord?
> Will You forget me forever?
> How long will You hide Your face from me?
> How long shall I take counsel in my soul,
> Having sorrow in my heart all the day?
> How long will my enemy be exalted over me?

When I was young in my faith, I was very uncomfortable with the idea of complaining to God. It seemed disrespectful or dishonoring, as if I had no faith in God's judgment.

But lament is amazingly common throughout the Bible. How about the entire book of Lamentations? Over a third of the psalms contain laments. Moses laments. David laments. Isaiah laments. Jeremiah laments. Job laments. Jesus Himself laments. "My God, my God, why have You forsaken me?" There are even laments in heaven. The martyred saints under the altar in heaven lament.

> Revelation 6:10 – "How long, O Lord, holy and true, will You refrain from judging and avenging our blood on those who dwell on the earth?"

Instead of being faithless, lament is an act of sincere faith in a good God. If someone is without faith, they don't believe in God and don't bother complaining to Him at all. If God were not good, it would be useless to complain about injustice. However, when we lament, we begin with the assumption that God is good and all-powerful. We know that He could do something, but He hasn't, and we honestly share our frustration, our sense of broken promises, even anger. If we try to hide our anger from God,

He knows about it anyway. He also knows the situation from all sides and is even more grieved about it than we are. Lament may be understood in some ways as agreeing with God about the fallenness and misery of the situation. Mark Vroegop describes lament as the good road between the ditches of denial and despair.[7]

But the biblical "form" of lament doesn't stop with griping. Lament continues with a reminder of God's goodness, faithfulness, and wisdom. Lament concludes with praise of God. Psalms 13 and 77 are compact examples of this "form."

Moral injury disrupts our understanding of the moral fabric of our world. Lament, in its full form, helps us re-center our sense of this moral fabric after moral injury. We complain about the desperate and awful brokenness of this world, and then remember that despite our incomplete and inadequate understanding, we can know that God is good, is in charge of eternity, has promised to ultimately make all things right, and is worthy of our confident trust. Lament is a wonderful 'enzyme' in metabolizing moral injury.

Time Away. One of the most important means of metabolizing the spiritual toxin of moral injury is spending time away from exposure, in which we can recover, renew, reconnect with God, re-center ourselves, share our burdens with each other, enjoy our life-giving relationships, and heal with rejuvenating rest.

Of course, Sabbath is a fundamental part of this time away. Sabbath shouldn't be understood as just a commandment to be obeyed with gritted teeth and frustration. Sabbath is a profound gift from our loving Father, who prescribes restorative time away from the toxin. Many healthcare missionaries have described their desperate need for a regular Sabbath. Importantly, God also prescribes blocks of time away, in the form of the several feasts over the course of the year. We shouldn't feel guilty about observing Sabbath every week or about taking periodic time away from the work. Our loving Father has prescribed this rhythm of regular blessing and recovery, at least in part, for dealing with the moral burden we will accumulate.[++]

Work to Redeem the Situation. We are not called to simply endure injustice, cruelty, injury, deception, and evil. We are called to work against those things, to redeem part of this fallen world.

Returning to the story of Lawrence, the family practice doc who was horrified by the local practice involving twin births: some of the nurses at that hospital were new Believers. Lawrence taught them that Esau and Jacob were twins, and that Jacob was the younger twin. Jacob was the ancestor of Jesus. Jacob wasn't a demon; he became a patriarch. Lawrence taught the believing nurses that the practice of killing the second twin was wrong, and some of the nurses adopted that view. But some of the nurses would not adopt that view, and some of the patients and their families were still unwilling to

[**] For some practical suggestions regarding arranging for time away, see "Boundaries for Healthcare Missionaries."

accept the second baby. So, Lawrence set up a system such that the second baby would still be taken away in the night, but to an orphanage. Many babies were saved, and Lawrence's soul delighted every time.

The Scriptures are packed with stories of people who worked to redeem a grievous situation. Moses. Nehemiah. David. Isaiah. Paul. Nathan. Ezekiel. Judah. Joseph. Daniel. Peter. Jesus.

Working to redeem the situation can be remarkably effective in helping us metabolize moral injury. But we must not put our hope in this "metabolism enzyme" alone. We still must remember that Jesus is the Savior and is ultimately responsible. Although many people throughout history have worked effectively to redeem situations, the book of Revelation shows clearly that the moral trajectory of earthly history is not upward. The world is finally set right through Jesus, not through you or me. We can and should do our part in compassion, but should not be surprised when the world fails to become perfect through our actions.

Share with Grace-Filled, Like-Minded Believers. Moral injury is closely associated with shame, in which a person thinks that they are deeply flawed or are a bad person. When we are ashamed, we want to hide, to distance ourselves from anyone who might think less of us or judge us. Brene Brown says "If you put shame in a Petri dish, it needs three things to grow exponentially: secrecy, silence and judgment."[8] Shame is a favorite venue for the enemy's work.

PRACTICES TO METABOLIZE MORAL INJURY (CLAWS)

Practice	Sample Bible Verse
Confess and receive forgiveness	1 John 1:9 — If we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness.
Lament	Ps 22:1 and Matt 27:46 — My God, my God, why have You forsaken me?
Time **Away**	Luke 5:16 — But Jesus Himself would often slip away to the wilderness and pray.
Work to redeem the situation	Nehemiah 2:5 — I said to the king, "If it please the king, and if your servant has found favor before you, send me to Judah, to the city of my fathers' tombs, that I may rebuild it."
Share the burden	Gal 6:2 — Bear one another's burdens, and thereby fulfill the law of Christ.

But when we can share our feelings with others who understand us and don't condemn us, shame evaporates. The treatment for the darkness of shame is to expose it to the light. Brene Brown again: "If you put the same amount [of shame] in a Petri dish and douse it with empathy, it can't survive." We need to choose our sharing partner carefully, though. The person needs to be someone who will not be judgmental, and preferably will have enough experience with our circumstances to "get it." Healthcare missionaries often find safe audiences with other healthcare missionaries who have had similar experiences. Also, Christians should be excellent sharing partners, because we are called to be experts in grace, knowing that we, too, are sinners and in need of forgiveness.

This phenomenon is very similar to the "VFW syndrome." Perhaps you have a family member who is a military veteran and will not speak of the war with anyone in the family but will go to the Veterans of Foreign Wars Lodge and tell war stories for hours with folks who otherwise are strangers. War vets don't expect anyone to understand what they did or what happened to them in the war, unless that person has had a similar experience. Their time at the VFW lodge isn't merely social, it's therapeutic for them and their 'battle buddies.' I'm an old vet, and a former medical missionary. I assure you; the phenomenon is the same for both groups.

I once had the great privilege of watching a troubled soul find healing through sharing. A new friend was very quiet and avoided group situations. He appeared to be deeply clinically depressed. Finally, after some time, he disclosed to a small and trusted group that he had committed a grievous, deliberate sexual sin, had been caught in it and removed from his ministry. As soon as he stopped talking, the guys surrounded him and hugged him, not dismissing the sin but grieving with their brother and assuring that he was not rejected. He sobbed openly. It was quite the moment. From that time forward, he became a different person; creative, engaging, joyous.

Scripture clearly teaches that we are to share our burdens with one another (Gal 6:2), that a cord of three strands is not easily broken (Eccl 4:12), that a friend can be closer than a brother (Prov 18:24), and that we are to confess our sins to one another (James 5:1). This sharing of our shameful actions or associations with gracious brothers and sisters can be amazingly powerful in metabolizing moral injury.

COMBINING THE FIVE PRACTICES TO METABOLIZE MORAL INJURY

When we have asked healthy healthcare missionaries how they are able to serve over a long time in the midst of so many moral challenges, they almost always mention these practices. Importantly, most of the practices require deliberate planning and action. Sometimes these actions take the form of a ritual. A pediatrician friend has such a ritual when one of his patients dies. He excuses himself from the team for about 15 minutes, laments before the Lord, confesses when appropriate and receives forgiveness, and ties a memorial ribbon on a particular bush outside the hospital. Then he gets back to work.

One of my contemporary heroes is a nurse practitioner who is retiring after 40 years of service in Africa. Much of her ministry has been caring for abused and abandoned children. The stories

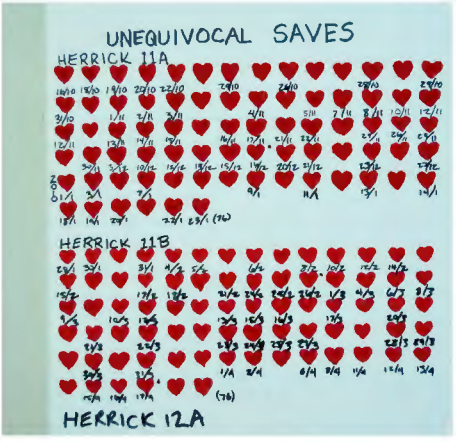
of these children are usually traumatic, sometimes horrific. Sometimes she is able to help these kids, and sometimes she feels she has failed them as they are sent back to abusive situations or worse. I asked her how she managed to carry such a load of secondary trauma and moral injury for so long. She said, "I have friends who I talk with regularly. Some of them are back in the US, but I know they understand what we're doing. I cry out to God about the injustices, and I release the responsibility for those kids to God where it belongs. I confess when I have messed something up, knowing He forgives. And I observe Sabbath and have learned that I need to take a month off out of the country every year. My sending agency's official policy didn't allow for that leave plan, but when they saw what I was doing, they agreed." And, she said, "I have joy in my work every day."

So, to summarize: when practicing medicine in a cross-cultural setting, moral injury is inevitable. The injury can lead to serious symptoms and disorders. But some of the injury can be prevented by adopting a more biblically-based understanding of our deeply held values. And the remaining "toxicity" can be "metabolized" by regularly engaging in the spiritual practices of confession and receiving forgiveness, lament, taking time away, working to redeem the situation, and sharing with grace-filled like-minded believers (CLAWS). These biblical practices, maintaining an active relationship with the Lord, can help missionaries serve for decades with emotional and spiritual health, and with healthy relationships.

PUTTING MORAL INJURY IN ITS PLACE

A few additional considerations or mindsets may help keep moral injury in perspective.

First: **keep the main thing the main thing.** When we go the Field, we are usually called to a particular purpose. We should keep that main goal in mind as we deal with the various issues that arise in the course of our service, including the issue of moral injury. When I was serving at the very busy military combat hospital in Afghanistan, we had some really difficult days, in which the burden of human misery was overwhelming. We needed a reminder of our "main thing." So, we started a 'wall of hearts' in the staff break room. When we had an "unequivocal save," a patient who definitely would have died if he or she hadn't been brought to us, we painted a small heart on the wall with the date of arrival beneath it. Over time, we accumulated several rows of hearts. And on the really bad days, sometimes I would see colleagues stand in the break room and stare at the wall of hearts, because we needed to remember the main thing, that we were powerfully saving lives out there.



I have a good friend who runs a training program for doctors in east Africa. He has had more than his fair share of challenging situations, betrayals, disappointments, and frustrations. But he maintains a remarkably consistent attitude. When I asked him how he keeps from becoming discouraged, he said, "Oh, I definitely become frustrated at times, and have even wondered if I should keep doing this. But then I look at our graduates, who are out there doing a fantastic job sharing the gospel and good medicine, and that puts all the junk in perspective." He keeps the main thing the main thing.

Albrecht Durer, the Renaissance artist, created a magnificent engraving called "Knight, Death and Devil." In the engraving, the good Christian knight is in his full armor, and his attention is fixed on proceeding down the good road to the Heavenly City, seen in the background. Two figures are trying to distract the knight. Death holds out an hourglass to threaten the Knight with the fear of dying, and a devil with a spear grimaces close by. But the Knight ignores both of them, intent on his purposeful journey. He is keeping the main thing the main thing.

Healthcare missions is an amazingly effective "main thing," very worthy of our focus and sacrifice. When considered as a missions strategy, healthcare missions has proven its fruitfulness. When people are sick, they are remarkably spiritually sensitive. They ask the "God questions." "Why is this happening to me?" "What is God doing?" "Am I being punished?" Patients and their families are internally compelled to pray when they are sick. We see this clearly in our churches when we ask for prayer requests: someone has cancer, or is having surgery, or is in the ICU. Many, if not all, of the requests pertain to illness. We feel driven to prayer when we are sick. The same is true in virtually every culture. People are spiritually sensitive when they are sick, and many are ready to come to Christ or seek a deeper relationship with Him.

Further, healthcare missions is particularly effective because many people who would never consider going to a church or talking to a missionary are nonetheless quite willing to go to a Christian hospital to receive good care. Hundreds or even thousands of patients, families, and visitors cross the thresholds of any mission hospital every week, spiritually sensitive and seeking hope and compassion. What an amazing ongoing kingdom opportunity, A "main thing" most worthy of our efforts!

Moral injury hurts, and, like the devil in the engraving, can try to distract us from our journey. But if we learn how to armor up and deal with that devil, we can proceed to our main thing. Which leads to the second mindset.

Toughness is required. Cross-cultural medicine is difficult. Moral injury will come. We can try to prevent it, and we can learn how to deal with it, but make no mistake, the injury comes, and it hurts. It leaves a painful wound. So, we have to learn how to serve in pain. Easily discouraged people need not apply for this job.

Expect spiritual growth. The story of moral injury doesn't end with 'detoxification.' Great spiritual growth can come of it. A better understanding of God's comprehensive and gracious forgiveness. A more solid comprehension of who we are in Christ, not ashamed but instead treasured. A more thorough understanding of who God is and what He has promised and what He hasn't promised, so we can rightly trust Him. A growing grasp on the nature of this fallen world so we can navigate it with more skill, discernment and wisdom. A more accurate and reassuring awareness of our own limitations, including limitations of responsibility. A growing gratitude for being part of a gracious body of believers with whom we can share burdens and victories.

When we recognize the pain of moral injury, we can more closely identify with the many verses that teach about suffering and the spiritual lessons that accompany it.

> John 16:33 – "These things I have spoken to you, so that in Me you may have peace. In the world you have tribulation, but take courage; I have overcome the world."
>
> James 1:2-4 – Consider it all joy, my brethren, when you encounter various trials, knowing that the testing of your faith produces endurance. And let endurance have its perfect result, so that you may be perfect and complete, lacking in nothing.

Scott Shaum teaches that God made our souls in such a way that suffering is necessary for spiritual maturity.[9] Therefore, the pain of moral injury contains within it the potential for greater spiritual maturity and wisdom.

And isn't that what is promised in Scripture? When we seek to understand suffering in the context of God's sovereignty and superintendence, we can expect spiritual growth.

> Romans 5:3-5 – Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us.

GUIDING THROUGH THE MINEFIELD OF MORAL INJURY

We said earlier that moral injury is a modern term for an ancient idea which has been around since Genesis 3. When Adam and Eve ate the fruit, they immediately recognized that they had sinned, and that their relationship with God and each other had changed. They felt guilty and ashamed and hid and covered themselves. They were morally injured, and their relationships and behaviors were directly affected. As a necessary result of that ruptured relationship, God re-engineered the world to include enmity, snakebite, painful toil, sweat, thorns, thistles, and increased pain (Gen 3:14-19). When sin entered, guilt followed. Moral injury happens as a result of being a sinful person in a sinful, fallen world.

Perhaps it may be reassuring to observe that psychopaths don't experience moral injury. If you *don't have* deeply held moral values, or if they don't mean much to you, you don't struggle with guilt when you transgress. In contrast, we experience moral injury because we *do have* deeply held values and we take them seriously. We Believers have the Holy Spirit within us, and deep in our souls we have a picture, a deep value of desiring the conditions of the new heavens and the new earth (Rev 21:1-22:5, Isaiah 65:17-25, 25:6-8). When we compare our actions or the events of this fallen earth with our spiritual standard of the new earth, it is only right to be dismayed. Moral injury is a righteous response, not a pathological one.

One way to understand the predicament of moral injury is to frame it in the context of the Gospel. The Gospel may be summarized in a two-part statement: I am a big sinner, and I have a great Savior. The first part, I am a big sinner, represents the guilt and shame of moral injury. The second part, I have a great Savior, represents all the means that God has provided for us to metabolize moral injury by restoring relationship with Him: confessing and receiving forgiveness, lament, time away (Sabbath) reconnecting with God, working with God to redeem the situation, and sharing the burden with grace-filled like-minded believers who know that they are big sinners, too.

We Believers have the best map through the minefield of moral injury. We have access to the best tools to prevent and deal with the moral injury we will certainly experience in this fallen world. This realization can be a powerful encouragement, as we share the relevance of the gospel with hurting people.

The minefield of moral injury, properly navigated by the means God gave us, can prompt moral growth, moral wisdom, and a deeper, more vital trust in God. This fallen world is still inhabited by death and the devil. But we good Christian knights, biblical values confirmed, focused on the Main Thing and growing as we heal our injuries, can courageously lead the way through the minefield to the Heavenly City.

Amen

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