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Echoes of War

Part One: Combat Trauma and Criminal Behavior by Veterans

I. Into the Aftermath

As the wars in Iraq and Afghanistan wind down, the United States now turns to the inevitable aftermath. While the majority of the new generation of veterans will return home stronger and wiser from their service, many others will bring their war home with them, silently suffering from invisible injuries. Untreated, some will self-medicate with alcohol or drugs and act out in self-destructive, reckless, and sometimes violent ways, victimizing the very communities and individuals they were once willing to sacrifice their lives to protect.

While psychological trauma has long been a recognized consequence of combat, it has remained a taboo — a painful and inconvenient reminder of the true cost

Editor's Note: This article is the first of a two-part series. Part One addresses the history of combat trauma and its ties to criminal behavior. Part Two will focus on the nuts and bolts of effectively defending veterans in criminal court.

of war quietly swept under the rug of history. Veterans struggling to cope with the horrors they witnessed — and inflicted — on the battlefield have often come home to families and communities both unable to understand and eager to move forward. When their trauma manifested in criminal behavior, as it commonly did, these troubled heroes have frequently been demonized and discarded by the criminal justice system — exiled to prisons, asylums, or chronic homelessness — out of sight and out of mind.

Attorneys defending troubled veterans in the past had little societal, scientific, or legal support for their work. This began to change in the wake of Vietnam, when official recognition of post-traumatic stress disorder (PTSD) allowed for the first successful combat trauma-based insanity defenses and mitigated sentences. These pioneers scored some impressive and precedent-setting victories on behalf of their veteran-clients, but in many ways they were ahead of their time. They were few in number and they struggled against a society and a criminal justice system that was slow to embrace the emerging understanding of combat trauma. The lack of proven therapies at the time meant that the courts' concerns for public safety often trumped pleas for treatment, resulting in lengthy jail terms. The continuing stigma around combat trauma, along with lingering doubts about its ties to criminal behavior, meant the state's calls for retribution frequently drowned out appeals for redemption. Those policies continue to haunt the United States today, as hundreds of thousands of Vietnam veterans remain chronically incarcerated, homeless and addicted, 40 years after their war.

Today, attorneys defending veterans of the wars in

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THE CHAMPION

Iraq and Afghanistan in criminal court are blessed with the hard-won lessons of defense attorneys who preceded them and a rapidly growing body of supporting evidence. Strikingly, some of the most significant current data comes from the U.S. government itself. In July 2012, the National Academy of Science's Institute of Medicine (IOM) released a comprehensive, congressionally mandated report on PTSD in military and veteran populations from the wars in Iraq and Afghanistan. It paints a stark picture. According to the IOM report, more than 2.6 million Americans have now served in Iraq or Afghanistan, and up to 20 percent, approximately 500,000, of this new generation of veterans are suffering from PTSD.¹ The report also acknowledges that, because of underreporting and delayed onset of PTSD, the true numbers are likely higher.²

In addition to providing a sense of scale for the coming wave, the IOM report acknowledges the long-denied connection between combat trauma and criminal behavior — noting that PTSD rarely exists in a vacuum:

Three categories of conditions frequently co-occur with PTSD: psychiatric (depression and *substance use disorders*), medical (chronic pain, TBI, and spinal-cord injury), and psychosocial (relationship problems, difficulties in social settings, *intimate partner violence* [IPV], *child maltreatment*, unemployment or lack of employment, homelessness, and *incarceration*).³

This overdue official acknowledgment, along with a rapidly growing body of other evidence tying untreated combat trauma to criminal behavior, now allows the case to be made for the simple and obvious proposition — when the United States trains and conditions citizens in the application of lethal violence, then sends them into the horrors of war to perform unimaginable tasks, it should not be a surprise when some bring their wars home with them and act out against their communities.

Beyond finally proving its connection to crime, the rapidly evolving science of combat trauma is also producing a spectrum of evidence-based treatments that show great promise for helping this generation's troubled warriors leave their wars behind while better protecting public safety⁴ and saving money.⁵

The question now faced in criminal courts across the country is what to do with troubled veterans whose criminal offenses are tied to their untreated psychological war injuries and related addictions. Does the country repeat the mistakes of the past, demonizing and discarding this generation as it did past generations of troubled heroes? Or does the country pursue a more informed approach: harnessing its newfound knowledge and focusing on intervention and treatment over conviction and incarceration?

If the government is prepared to acknowledge the reality of combat trauma and its ties to criminal behavior, should it not take some responsibility for the predictable consequences of sending its citizens to war? Should it not take their service and sacrifice into consideration in judging their aberrant acts? Should it not use all available resources to heal their invisible wounds while better protecting public safety in the process?

Here, too, the IOM study provides guidance, stating that "outreach to veterans who have PTSD and who are incarcerated or have been recently released may help them to access comprehensive treatment and rehabilitation options to improve functioning and reduce the risk of recidivism and future legal problems."⁶

In this light, the answer is simple: the government, society, and the criminal justice system must harness the emerging knowledge and evolving resources to do better by the returning veterans this time around. History indicates that society will struggle with the coming wave of troubled veterans for at least the next five years. Whether the United States is still struggling with their invisible injuries 20, 30, or 40 years from now, however, will depend upon how well the United States learns the lessons of the past and implements its newfound knowledge to help this generation's troubled heroes put their wars behind them and become assets, not liabilities, to their communities.

Criminal defenders will be on the front lines of the coming aftermath. Defense attorneys will bear the burden of ensuring that society fulfills its obligations to this generation of returning veterans. The duty to defend them is every bit as solemn as their duty was to defend the United States, and defense attorneys must prepare themselves for the task with the same dedication the veterans prepared for theirs. The forthcoming book, *Attorney's Guide to*

Defending Veterans in Criminal Court (hereafter, *Defending Veterans*), provides the criminal defense bar with the tools necessary to defend the veterans who have defended the nation.⁷

A. Vietnam's Aftermath And Lessons Learned

In preparing for the coming aftermath of Iraq and Afghanistan, the nation can learn a great deal from the aftermath of Vietnam. Between the unpredictable, "guerrilla" nature of the fighting and the lack of public support at home, the war in Vietnam was a shattering experience for many who fought there. It is a war that continues to haunt some 40 years later.

According to the landmark *National Vietnam Veterans Readjustment Study* (NVVRS), a congressionally mandated Veterans Administration (VA) study conducted in the late 1980s, of the approximately three million who served there, 31 percent of male Vietnam veterans and 27 percent of female Vietnam veterans have been diagnosed with PTSD in their lifetimes.⁸ The NVVRS also identified some of the first definitive evidence of a connection between combat trauma and criminal behavior. The study reported that among Vietnam veterans treated for PTSD by the VA, almost half had been arrested at least once, 34.2 percent more than once, and 11.5 percent had been convicted of a felony.⁹

Floyd "Shad" Meshad, who served as an army social work/psychology officer in Vietnam and later as a pioneer of street outreach efforts for the VA after the war, was among the first to advocate for veterans in the criminal courts in the early 1970s. Essentially practicing law without a license, Meshad appeared in court with his veteran patients, advocating for treatment over incarceration. In the early 1980s, he teamed with Barry Levin, an attorney and fellow Vietnam veteran, and they began using the newly recognized PTSD diagnosis to mount formal legal defenses. Levin, Meshad, and an eclectic team of other experts, many of them also veterans, traveled the country throughout the 1980s, defending troubled Vietnam veterans charged with serious crimes. They later distilled the hard-won lessons of those groundbreaking years into their 1988 book *Defending the Vietnam Combat Veteran*, the direct predecessor of 2013's *The Attorney's Guide to Defending the Veteran in Criminal Court*.

Unfortunately, the innovators of the PTSD defense were few, while the numbers of traumatized Vietnam veter-

ans flooding into the justice system were overwhelming. Most did not receive innovative defenses and were often demonized and discarded into the corrections system. The nation was scared of these veterans and had little idea how to treat them. Instead, the system threw them in cages and hoped that their problems would fade away. But most emerged from incarceration worse off and posed greater threats to public safety than when they entered. So began the cycle of recidivism that would come to dominate many Vietnam veterans' lives.

Untreated, many chose to take their own lives to end their pain. While hotly debated, estimates of Vietnam veteran suicides have ranged as high as 150,000 to 200,000.¹⁰ Dr. Jonathan Shay, one of the nation's foremost authorities on PTSD among Vietnam veterans, believes that at least 58,000 Vietnam veterans, the same number of Americans killed in that war, took their own lives afterward.¹¹

The side effects of Vietnam veterans' untreated trauma have cost society as well. Countless families have been destroyed, jobs lost, and taxpayer dollars spent on incarceration or treatment that came too late to make a difference.

B. Why the Aftermath of Iraq/Afghanistan Could Be Worse Than Vietnam

After more than a decade of war in Iraq and Afghanistan, the military is now under enormous and unprecedented strain.¹² Unlike any other extended conflict in American history, the United States has not resorted to a draft this time to spread the burden of fighting over more of the population. Instead, the United States has been fighting the nation's two longest wars, simultaneously, with the smallest per capita military force the nation has had, in peace or wartime, since before World War II. Only one-half of one percent of the U.S. population has served in uniform at any point during the current conflicts, compared to over nine percent who served during World War II.¹³

The United States has sustained these long wars with a small volunteer military only by recycling troops back into combat over and over. A large portion of active duty troops has now served at least two tours. Many, especially ground combat troops, has served more. As of March 2012, 107,075 soldiers, about 20 percent of the active duty force in the Army, had completed three or more combat tours.¹⁴ Overall,

across all branches of the military, 160,980 service members served four or more combat tours.¹⁵ It is not uncommon for senior noncommissioned officers to have completed four or five tours.¹⁶ Some special operations troops, who serve shorter, more intense tours, have deployed a dozen or more times.¹⁷ These figures stand in stark contrast to Vietnam, in which the vast majority of troops served only one 12-month tour, and World War II, when the vast majority served only one combat tour, though they may have continued to serve in a support role for the duration of the war.¹⁸

No modern precedent exists with which to compare our current situation. One thing is certain, however: the levels of combat trauma in the armed forces will continue to rise. A recent Army study found, not surprisingly, that the incidence of PTSD among troops rises significantly with each additional combat tour.¹⁹

These 21st century wars have also introduced a new 21st century battlefield injury: traumatic brain injury (TBI). TBIs are physical injuries to the brain, as opposed to PTSD's psychological injury of the mind. They are typically caused by the concussive shock waves of improved explosive devices that pass through the skull and violently shake up the brain causing, essentially, a super concussion. TBIs are new battlefield phenomena because high-tech body armor and modern battlefield medicine are enabling troops to survive blasts that would have killed them in past wars. TBIs are particularly relevant in the criminal justice context because recent studies suggest a potential tie between TBIs and impulsive violence.

Though initially unprepared for the wave of psychological injuries from Iraq and Afghanistan, the military is now doing more than ever to identify and treat psychological casualties on the battlefield. The VA was also initially overwhelmed but has rapidly expanded its treatment capacity with the help of significant recent funding from Congress. PTSD treatment methods have also evolved rapidly in the past few years.²⁰ But much more will be needed.

Though cutting-edge therapies are showing great promise, PTSD still carries significant stigma within the military, which often prevents individuals suffering from acknowledging their injuries or seeking help. Untreated, these psychologically injured veterans often resort to self-medication with

drugs or, more often, alcohol in order to calm their nerves and sleep. In the long run, however, these substances only exacerbate their symptoms. In denial and untreated, troubled veterans often spiral downward into self-destructive, reckless, or violent behavior.

Like the Vietnam generation before them, suicide rates among veterans of the Iraq and Afghanistan wars are epidemic. As of late 2012, the active duty military reported an average of more than one suicide per day, more than the United States is losing to combat.²¹ Even more shocking, the VA currently estimates that an average of 22 veterans commit suicide each day, approximately one every 65 minutes.²²

Today's returning veterans do not face the public hostility their Vietnam predecessors did. Society seems to have learned valuable lessons from the Vietnam experience. Today, people recognize that whether or not they support the current wars, they do not blame the troops, knowing that in a healthy democracy citizens do not want a politicized military. People want a military that follows the orders of the elected leaders. If people disagree with the decision of elected leaders to deploy troops into combat, people bear the responsibility of voting them out of office.

Rather than hostility, today's returning veterans face another equally daunting phenomena — invisibility. Veterans of the wars in Iraq and Afghanistan are returning to an apathetic and disconnected public that is tuned out to the wars. The tiny size of the military ensures that most Americans do not even know a veteran, let alone have a friend or family member serving in harm's way. The troops are well aware of this. A piece of graffiti, left by an anonymous American grunt on a concrete blast wall in Ramadi, one of the most dangerous cities during the Iraq war, says it all — "America is Not at War. The U.S. Marine Corps is at War. America is at the Mall."²³

Criminal defense attorneys are in a unique position to help bridge the gap between these troubled returning warriors and their country. Defense attorneys can help veterans get back on their feet by educating and holding the government accountable for its role in their aberrant behavior.²³

Before addressing how lawyers can do better for these veterans in the courts, however, there should be a broader historical context. The emerging history of combat trauma and its

ties to criminal behavior date back to ancient times.²⁴ This article will explore the current theories about those ties, focusing in particular on the role modern combat training and conditioning may play on subsequent violent behavior. After laying that additional foundation, the article returns to the discussion of how defenders can do better by their troubled returning veteran-clients this time around.

II. Links Between Combat Trauma and Criminal Behavior

Discussion of a connection between combat trauma and criminal behavior has always been controversial and charged with emotion. Many have openly attacked the idea — chief among them prosecutors pursuing criminal charges against troubled veterans.

Even some veterans' organizations have bristled at the notion that combat trauma may be linked to criminal behavior, voicing concerns that such talk could hurt law-abiding veterans by feeding a public perception that all veterans are "crazy" and "dangerous." These concerns seem particularly valid today, as returning veterans face not only a great recession, but also unemployment rates that have reached twice that of their nonveteran peers.

While their concerns have merit, another point of view exists. On today's battlefield there is no oath more sacred among American troops than, "I shall never leave a fallen comrade behind." In the past decade, countless lives have been risked, and many lost, to retrieve downed comrades from peril and deliver them needed aid. Combat trauma is an injury every bit as real as an amputated limb, and aberrant behaviors are often the visible manifestations of this invisible injury. These are facts that cannot be ignored. To do so would be no different than soldiers turning their backs on a comrade bleeding in the sand.

The answer is not less discussion of this issue, but more. The criminal justice system and the public at large need to be educated, and the defense bar must take the lead. Fortunately, the defense bar has an ever-growing body of evidence on its side. Once again, some of the best comes from the government itself. According to the IOM study on PTSD among Iraq and Afghanistan veterans, "PTSD is commonly associated with substance abuse, unregulated anger, aggressive behavior, and hazardous use of alcohol, all of

which are, themselves, associated with legal problems and incarceration."²⁵

A. Historic Post-War Spikes in Veteran-Committed Crimes

Though scientific studies like the IOM's have only recently explored ties between combat service and criminal behavior, history has long recorded veteran-driven crime waves following major conflicts. These trends frequently received significant contemporaneous attention and spurred public outcry, only to be brushed under the rug of history, forgotten and then relearned through hard experience by subsequent generations.

A Revolutionary War veteran, describing conditions in South Carolina after the war, wrote, "Highway robbery was a common occurrence, and horse-stealing so frequent that the legislature made it a crime punishable with death."²⁶ After the Civil War, a great wave in crime and disorder was documented. Historian and attorney Eric T. Dean, Jr., noted:

The Civil War "let the genie out of the bottle," as the violence of the war years spilled over into civilian life in the post-war era. During the war, soldiers had been trained to kill and thereby threw off the restraints of civil society and accepted a life of violence; there was no immediate way to put an end to the habit of violence and reintroduce all of these men to the industrious and peaceful vocations of life. In both the North and the South a period of turmoil followed the end of the war.²⁷

Prison records of the post-Civil War era documented an unprecedented wave of incarceration among recently returned combat veterans, with one prison reporting "most in poor physical condition, and nine-tenths incapacitated and demoralized by the war."²⁸ Nationwide, in 1866 two-thirds of all commitments to state prisons in northern states were men who had seen service in the war.²⁹

It was also largely Civil War veterans who put the "wild" in the "wild west." Jesse James and his brother, Frank, for instance, fought for a Confederate guerilla unit during the war. When the war ended, they recruited members of their unit to form the James Gang and began plying their war-

honed guerilla tactics to rob stage-coaches, trains, and banks.³⁰

Veteran-committed crimes were also a cause for grave concern after World War I. The president of the Institute of Criminal Law and Criminology devoted his annual address in 1919 to the veteran crime wave sweeping America. He stated:

Last year saw the ending of the war. From England to France, and in our own country, statistics have been gathered which show that serious crime, which had been on the decrease during the period of the war was again stalking in the foreground. ... The newspapers are filled with accounts of crimes of such daring and boldness as to make the average citizen stand aghast at the manner in which the security of life and rights of property are ruthlessly disregarded and imperiled.³¹

Echoing the post-Civil War prison statistics, prisons in the wake of World War II filled with troubled returning veterans. A 1952 study entitled *Military Service and Criminality* tallied the number of men committed to 11 prisons in the upper-Midwest during 1947, 1948, and 1949 and found that fully one-third of them were veterans.³²

A survey of national news stories during the wars in Afghanistan and Iraq reveals the classic pattern of PTSD-related criminal behavior by troubled returning veterans returning from modern conflicts as well. In 2008, the *New York Times* published a heavily researched series entitled *War-Torn*, examining homicides committed by Iraq and Afghanistan veterans after their return home from war and identifying a total of 121 Iraq/Afghanistan veteran-committed homicides.³³

The most recent and definitive tie between combat trauma and criminal behavior comes from the military itself. In 2009, following a highly publicized wave of homicides and other violent crimes committed by recently returned combat soldiers in and around Fort Carson, Colo., the Army commissioned a study called the Epidemiological Consultation, or EPICON.³⁴

The EPICON team found two major factors contributed to post-deployment violent behavior: (1) repeated deployments and (2) the intensity of combat in those deployments. The common thread among all those

who had committed violent crimes was that they had seen serious combat. From a public health standpoint, combat seemed to be a contagion. PTSD, drug and alcohol abuse, violence, and murder were just the symptoms. The more soldiers were exposed to combat, the more they showed the effects. By sending young men and women to war, a country is unintentionally bringing violence back on itself.

B. The Role of Modern Combat Conditioning In Violent Behavior

Modern military combat training and psychological conditioning have become so sophisticated and intense that they may contribute to aberrant behavior. According to Professor William "Bud" Brown, Ph.D., a Vietnam combat veteran and sociologist, in addition to the psychological toll of warfare, training and conditioning used to prepare troops for combat must be considered in order to understand PTSD and subsequent criminal behavior:

In order to fully understand the complexities associated with a veteran's risk for chronic mental health problems (e.g., PTSD) it is necessary to consider the role and function of military training and the total institution (an area that has enjoyed research immunity in the area of PTSD), contributing static variables, and the more opaque dynamic variables, which include the psychological "software" installation and manipulation procedures employed during the training processes in the military total institution.³⁵

To ensure success and survival on the battlefield, the U.S. military employs a psychological conditioning program and sustains a culture that encourages immediate and violent reactions to threats. Nowhere is this clearer than in the military's attitude toward killing. Professor Brown notes that "[k]illing another human being, for example, is considered an unnatural act in the civilian environment. In the military, killing is viewed differently — killing becomes a more natural act that enhances the likelihood of survival and advances the probability that the military will succeed in its mission."³⁶

To overcome the human aversion to killing and ensure performance

under the stress of combat, the armed forces condition service members to follow orders even in the most stressful and tragic situations. To this end, the military has grown to be what the sociologist Erving Goffman termed a "total institution," which is a place of work and residence where a great number of similarly situated people, cut off from the wider community for a considerable time, together lead an enclosed, formally administered life.³⁷ Professor Brown described what service members experience:

The United States' military system meets many of the criteria set forth in Goffman's *total institution* model. The individual's entire being is devoured and controlled in a total institution environment. This environment undercuts the person's individuality, disregards the individual's dignity, and results in a regimentation of life that typically disregards her or his desires or inclinations. Short of going AWOL (Absent Without Leave) or desertion, the total institution significantly restricts the options for military personnel until their contractual agreement expires (discharge) — or until she or he is dead.³⁸

Given this environment, the training through which the military puts service members has powerful and lasting effects. This training is often expertly designed to overcome the service members' reluctance to commit violent or aggressive acts in order to ensure they will kill the enemy or take other aggressive action when the mission requires it. Such psychological conditioning helps ensure mission success, survival in combat, and certainly saves the lives of service members. But, since veterans are not deprogrammed as they leave the military, some will rely on these conditioned violent and aggressive instincts even after they have returned home, resulting in criminal behavior and other reintegration problems in their civilian lives.

III. A New Approach

A. Seeing a Criminal Charge As an Intervention Opportunity

As noted earlier in this article, the stigma of invisible injuries is often a major barrier to troubled veterans seek-

ing help. A criminal charge in this context presents an opportunity for intervention. With a criminal charge comes leverage to convince a troubled veteran to admit that he or she has a problem and needs help. These are typically very proud, honorable people who are deeply troubled by their criminal behavior and the resulting charges. When properly approached, they are often more willing to admit they have a psychological problem related to their combat service when presented with the alternative of being labeled a "criminal."

B. Addressing Public Safety Concerns

Prosecutors or judges unfamiliar with PTSD or the available, effective treatments will sometimes focus on short-term public safety and push for jail time. What they do not understand is that without proper treatment a veteran's PTSD is not likely to fade away. It can persist for years, even decades. Jail time has very little deterrent value for this population of offenders. They will come out of jail in worse shape than they went in, presenting as great or greater a threat to public safety. Treatment is often the only chance to break the cycle.

C. The Rapidly Evolving Veteran Justice Landscape

Fortunately, the American justice system has already begun to recognize past mistakes. A growing movement exists across the country to change the criminal justice system's response to troubled veterans who commit crimes.

In 2008, a handful of Minnesota veterans joined forces to draft and lead passage of a new law, Minnesota Statute § 609.115, subdivision 10, which opens up formal lines of communication between Minnesota's criminal courts and the VA system, and requires that a veteran's service and resulting invisible injuries be taken into consideration at sentencing.³⁹ In doing so, Minnesota followed the lead of California, which passed a similar statute in 2007.⁴⁰ The goal of both new laws is to ensure that a mental health diagnosis and available treatment options are taken into account in sentencing a veteran whose combat trauma played a role in his or her criminal offense. The laws do not mandate a particular outcome but, instead, give judges the tools to make an informed decision, recognizing that treatment and probation are often preferable to a single stint of incarceration in ensuring

long term public safety. Moreover, the statutes are not “get out of jail free cards” for veterans. Completion of VA or other appropriate treatment is a condition of each veteran’s probation, and failure to follow through results in all the traditional consequences of the criminal conviction. More states have since passed similar veteran sentencing mitigation statutes modeled after Minnesota and California.

On Nov. 30, 2009, the U.S. Supreme Court, recognizing this legislative trend, handed down the landmark decision of *Porter v. McCollum* — the Court’s first addressing combat trauma in criminal sentencing.⁴¹ The *Porter* Court overturned petitioner George Porter’s death penalty, finding that his trial attorney’s failure to bring evidence of his Korean War service and resulting combat trauma into the penalty phase was ineffective assistance of counsel. In ruling that combat trauma should be considered as a mitigating factor in criminal sentencing, the Court referenced the recently passed legislation in Minnesota and California.⁴²

Also in 2009, the first veteran of the current conflicts successfully asserted a PTSD-based insanity defense in a murder case. Jesse Brachter, a young veteran of the war in Iraq, shot and killed an unarmed man he believed had raped his fiancée. An Oregon jury found Brachter “guilty but insane,” and he was civilly committed to a mental health facility rather than being sentenced to prison.

The next step in the evolution of this new, informed response has been the establishment and explosive growth of veterans treatment courts. Modeled on long-established drug and mental health courts, veterans treatment courts add the direct participation and partnership with the VA, which provides most of the treatment for veteran participants. As of late 2013, there are over 100 veterans treatment courts across the nation, with hundreds more in the works.⁴³

Just as the U.S. criminal justice system is beginning to reach out to the VA for assistance with veteran defendants, the VA is reaching back. The VA has created a new job position to serve as a link to the criminal courts. Each VA medical center now has at least one veterans’ justice outreach (VJO) specialist who serves as the point of contact between the VA and the justice-involved veterans, their attorneys, and probation officers in their region.

Today, a VJO and the rest of the VA are just a call or email away.⁴⁴ Not only do VJOs answer calls, they often come into the courts, particularly veterans treatment courts, to provide judges and other court staff with up-to-the-minute information on veteran-defendants’ treatment progress.

D. The Critical Need for An Informed and Effective Defense Bar

The foundation of a new, historically and scientifically informed approach to veterans in the justice system is a prepared and effective defense bar. Defense attorneys are on the front lines of this fight, and *The Attorney’s Guide to Defending Veterans in Criminal Court* is devoted to ensuring this generation’s defenders are as prepared to fight for veterans as this generation’s veterans were prepared to fight their wars.

Part Two of this article will turn to the strategies and tactics for effectively defending veterans facing criminal charges. The article will first address the attorney-client relationship, from establishing trust with veteran-clients and guiding them to treatment, to psychological first aid techniques and protecting veteran-clients from self-destructive legal decision-making. Next, it will explore unique aspects of preparing veteran cases, including obtaining and interpreting military records and getting veteran-clients to open up and tell their stories. Finally, it will explore unique resolutions possible through plea negotiations, trial strategies, and sentencing mitigation.

Notes

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