

THE WAR WITHIN

Conquering Addiction Through Nature, the Holy Spirit & Psychology

"They will be like a tree planted by the water..." — Jeremiah 17:7-8

THE ENEMIES — AND THE WAY OUT

 DRUGS & ALCOHOL The oldest wound. Numb the pain, fuel the spiral.	 GAMBLING The war never ends. Always one more bet to win it back.	 SEXUAL COMPULSIVITY Shame masquerading as escape. The hidden battle.	 SOCIAL MEDIA Dopamine on demand. Isolation dressed as connection.	 SCREENS & TV Passive sedation of a restless, hurting mind.	 EGO & PRIDE The invisible enemy. The warrior who won't surrender.	 THE VICTORY Nature. Scripture. Holy Spirit. Psychology.
--	--	---	---	--	---	---

1 WILDERNESS IMMERSION Soldiers on Safari — Sable Plains, Limpopo, South Africa	2 HOLY SPIRIT & SCRIPTURE Biblical counseling, prayer, identity restoration in Christ	3 EVIDENCE-BASED PSYCHOLOGY CPT • EMDR • MBRP ACT • Motivational Interviewing
--	--	--

SOLDIERS ON SAFARI RHINO REGIMENT ROOTED & RESTORED COUNTER TRAFFICKING

I THE ENEMY: ADDICTION IN THE VETERAN POPULATION

“The thief comes only to steal and kill and destroy.”
— John 10:10a

Addiction is not a moral failure. It is not a weakness. It is a wound — a sophisticated, neurological, spiritual, and relational wound that wears a hundred different masks. For the combat veteran, it is the enemy that followed him home. And unlike the enemy downrange, this one knows exactly where he sleeps.

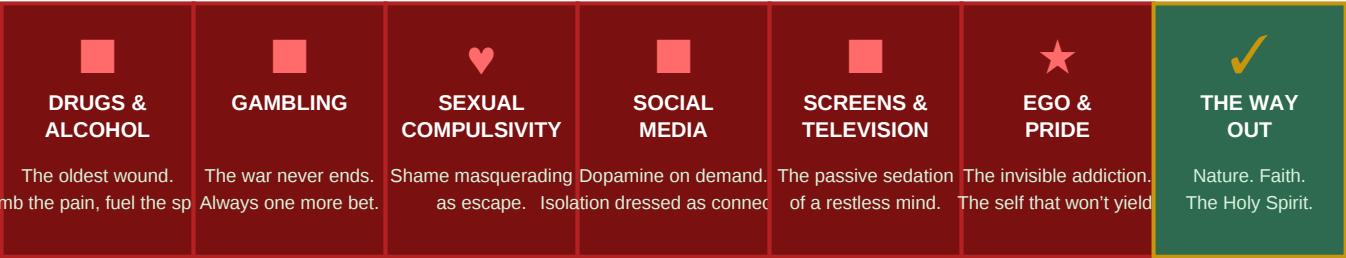
Studies show that as many as **30% of veterans develop PTSD** at some point in their lifetime. A person with PTSD is up to **14 times more likely** to develop a substance use disorder than the general population (*VeteranAddiction.org, 2026*). Seventeen veterans die by suicide every single day — and the majority of those deaths involve substance use. **Fewer than half** of those who need mental health treatment ever receive it. The crisis is not coming. It is already here.



The clinical world calls it *co-occurring disorders*. Scripture calls it brokenness seeking relief in the wrong places. Deeper Roots Foundation calls it what it is: **the second war** — the one nobody warned them about, the one with no discharge date, the one fought in living rooms and at 2 AM and in the mirror. And it is a war that can be won.

II THE SEVEN FACES: NAMING THE ENEMY

Addiction wears many masks. Naming them is the first act of warfare. Below are the seven compulsive patterns most destructive to the veteran population — and the one that leads out.



1. Drugs & Alcohol — The Oldest Wound

Alcohol and opioids represent the most acute crisis. From 2001 to 2009, opioid prescriptions for VA patients increased from 17% to 24%, and military physician pain medication prescriptions more than **quadrupled** (*PMC, Substance Use Disorders in Military Veterans, 2017*). Approximately 30% of completed military suicides were preceded by alcohol or drug use. Every drink is a vote for numbness over healing.

“Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit.”

— Ephesians 5:18

Paul's instruction names the deeper dynamic: the human soul was made for *filling*. The question is never *whether* a man will be filled, but *with what*. Every addiction is ultimately a failed act of worship — reaching for transcendence in substances that deliver only numbness.

2. Gambling — The War That Never Ends

Gambling disorder occurs at **significantly higher rates** in U.S. veterans than civilians (*Shirk, Muquit, Deckro, Sweeney & Kraus, Journal of Gambling Issues, 2022*). The dopamine loop of near-wins mirrors the hypervigilance loop of PTSD — always scanning, always waiting for threat or reward. Research by psychologist Joshua Grubbs documented strong links between gambling cognitions and PTSD severity in veteran populations (*Grubbs, Chapman & Milner, NCRG, 2017*). The casino becomes the forward operating base. The stakes keep rising because the numbness requires more.

3. Sexual Compulsivity & Pornography — Shame Dressed as Escape

Compulsive sexual behavior was formally recognized by the World Health Organization as a clinical disorder (*ICD-11, 2019*). The neurobiological mechanisms are identical to substance addiction: dopamine floods, tolerance builds, withdrawal follows. A meta-analysis of 91 studies found that psychological and combined treatments for sexual addiction show **robust pre-post improvements** in symptom severity (*Journal of Behavioral Addictions, 2020*). For veterans carrying hyperactivation and shame, sexual compulsivity offers a uniquely powerful and uniquely destructive release valve.

“The eye is the lamp of the body. If your eye is healthy, your whole body will be full of light.”

— Matthew 6:22

What we gaze at shapes what we become. This is the theological root of DRF's **(re)lensing framework** — we teach veterans to redirect their gaze toward creation, toward identity, toward God.

4. Social Media — Dopamine on Demand

Research published in the *Journal of Behavioral Addictions* (*Meshi, Elizarova, Bender & Verdejo-Garcia, 2019*) demonstrated that excessive social media users show the **same impaired decision-making** as substance addicts. Symptoms include preoccupation, mood modification, tolerance, withdrawal, and relapse. A veteran alone at 2 AM, scrolling through a feed that amplifies outrage and comparison — this is not rest. It is re-traumatization dressed as entertainment.

5. Screens & Television — The Passive Sedation

The human brain cannot evolve fast enough to resist the pull of constant digital stimulation (*Sussman, Psychiatric Clinics of North America, 2018*). For veterans with hyperarousal, binge-watching becomes a mechanism for dissociation — not rest, but escape. The hours disappear. The wound remains untouched. The enemy is patient.

6. Ego & Pride — The Invisible Addiction

“

Pride is the addiction nobody talks about in group. It is the warrior mask that looks like strength and functions like a prison.

Beneath every addiction is a story a man is telling himself. Clinical research identifies *ego splitting* — the fracturing of self-perception into all-good or all-bad — as a core mechanism in addiction development (*Frontiers in Psychiatry*, 2020). This fragmentation *obstructs the development of a coherent identity* and drives the compulsive behaviors we call addiction.

C.S. Lewis called pride '*the great sin*' and '*the complete anti-God state of mind*' (*Mere Christianity*, 1952). The combat veteran carries a particular form: an identity forged in performance, invulnerability, and control that has no framework for grief, weakness, or need. **James 4:6: God opposes the proud but shows favor to the humble.** Identity healing — the movement from warrior-mask to son of God — is not soft. It is the hardest battle a veteran will ever fight.

III

WEAPON 1 — THE WILDERNESS: WHERE GOD HEALS WHAT CLINICS CANNOT

“He makes me lie down in green pastures. He leads me beside still waters. He restores my soul.”

— Psalm 23:2-3

This is the terrain where Deeper Roots Foundation holds its most distinctive scientific grounding — and its most profound theological resonance. Something in the wild places heals what the clinic cannot reach. Research now confirms what veterans know in their bones.

“

Veterans report that outdoor settings reduce the anxiety and agitation that indoor clinical settings trigger. The bush is not the escape. It is the prescription.

High dropout rates, stigma, and access barriers are driving the clinical world toward nature. Nature-based interventions — wilderness therapy, forest bathing, horticulture therapy, safari immersion — have shown positive outcomes across multiple studies (*Project H.O.M.E., EKU, 2021*). The research on co-occurring PTSD and substance use disorder is clear: **nature-based adjunct treatments significantly reduce both PTSD symptoms and substance use** — often where traditional clinical settings have failed.

What the Research Shows

Forest Therapy, Denmark (2016)

10 weeks at a forest therapy garden. Veterans with PTSD reported new coping tools and measurable symptom improvement. Poulsen, Stigsdotter et al., *Health Psychology Open*, 3(1).

Sierra Club Wilderness Study (2014)	Significant improvement in psychological well-being, social functioning, and life outlook just ONE WEEK after group wilderness experiences. Duvall & Kaplan, Journal of Experiential Education.
Sailing Intervention RCT (2013)	Year-long weekly sailing program produced significant PTSD symptom reductions vs. waitlist control. Higher treatment completion in adventure therapy groups. Gelkopf et al.; PMC / Recovery Horizons, 2025.
Nature vs. Urban Hiking RCT (2025)	26 veterans with PTSD randomized to nature vs. urban hikes. Nature participants showed superior PTSD and substance craving reduction. PMC / Recovery Horizons, UCSD, 2025.
Group Cohesion in Nature (2023)	Nature-based group settings reduce psychiatric stigma and enhance universal healing factors: cohesion and interpersonal learning — especially powerful for veterans. Shorer, Shacham & Bloch, Journal of Social Work.

The Elijah Principle

Elijah ran into the wilderness in complete breakdown — suicidal, depleted, and afraid (1 Kings 19). God did not send him to a clinic. He sent an angel with food, let him sleep, and walked him forty days to the mountain. The wilderness was not the problem — it was the prescription. **This is the theological DNA of Soldiers on Safari.**

Sable Plains, Limpopo Province, South Africa. Lions move at dawn. Rhinos drink at sunset. A veteran who has not slept a full night in a decade sleeps through the night in the African bush — because the nervous system recognizes something ancient and true: *you are not the apex threat here. You are held.* That is not therapy. That is grace.

IV

WEAPON 2 — THE HOLY SPIRIT: THE PARACLETE IN THE BATTLE

“And I will ask the Father, and He will give you another Counselor — the Spirit of truth — to be with you forever.”
— John 14:16-17

Every therapeutic framework — CPT, PE, EMDR, MBRP, nature therapy — addresses the mind and the nervous system. They are critically important. But they cannot touch the *spirit*. And for the combat veteran who has walked through the valley of the shadow of death, the wound is spiritual as much as it is neurological. *Why am I still alive?* is not a clinical question. It is a theological one.

The Holy Spirit is not an abstract theological concept. He is what Jesus called the *Paraclete* — from the Greek *parakletos*: one called alongside. A battle companion. A legal advocate. One who stands with you in the courtroom of your own mind when the accusations are loudest. This is precisely what a veteran with PTSD and addiction needs: not just a therapist with techniques, but **a presence that does not leave.**

“ The Spirit himself intercedes for us through wordless groans. There are men who have no words for what they have seen and done. God meets them exactly there. — Romans 8:26

Conviction Without Condemnation

Romans 8:1 — *There is now no condemnation for those in Christ Jesus.* The Spirit produces conviction — clear-eyed seeing of what is true — without the crushing condemnation that drives relapse. **Shame is the accelerant of addiction.** The Spirit transforms shame into sorrow, sorrow into repentance, repentance into freedom (2 Corinthians 7:10).

Identity Revelation

The core of every veteran's addiction crisis is an identity crisis. The Spirit's distinctive work is to reveal identity: *The Spirit testifies with our spirit that we are God's children* (Romans 8:16). No therapy can do what the Spirit does — move from behavior modification to **nature transformation**.

Power Over the Addiction Loop

Philippians 4:13 is not a motivational poster. It is a neurological claim. The Spirit produces what neuroscience calls *top-down regulation* — the capacity of higher-order processing (values, identity, meaning) to override the limbic system's addiction loops. Paul calls it *the renewing of your mind* (Romans 12:2). Both describe the same transformation.

The Fruit as Recovery Markers

Galatians 5:22-23: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, **self-control**. Self-control is the end product of impulse regulation. Peace is the neurological opposite of hyperarousal. Joy is the opposite of anhedonia. These are not coincidences. They are the architecture of how humans were designed to flourish.

Intercession Beyond Language

The Spirit himself intercedes for us through wordless groans (Romans 8:26). There are veterans who cannot speak their trauma. No words for what they have seen and done. The Spirit intercedes in the space beyond language — meeting the nervous system where it lives, in the body, in the breath, in the night terrors. This is not mysticism. This is the God who made the brain knowing exactly how to heal it.

v

WEAPON 3 — EVIDENCE-BASED PSYCHOLOGY: THE CLINICAL ARSENAL

Deeper Roots Foundation is not a clinical therapy program. But our wilderness immersion contexts are profoundly supported by the clinical literature, and we partner with licensed professionals to ensure every veteran is connected to the care they need. These are the most evidence-based tools available — each proven in the veteran population.

1

WILDERNESS IMMERSION

Nature's classroom
resets the nervous
system where
the clinic cannot reach.

2

HOLY SPIRIT & SCRIPTURE

The Paraclete—the battle
companion who
does not leave.
Conviction without condemnation.

3

EVIDENCE-BASED PSYCHOLOGY

CPT, EMDR, MBRP,
ACT, Motivational
Interviewing—
clinically proven
tools for dual diagnosis.

Cognitive Processing Therapy (CPT) — The Mind Rewired

CPT helps veterans identify how traumatic experiences have warped their thinking, evaluate those distortions, and replace them with truth. The VA/DoD 2023 Clinical Practice Guideline recommends CPT as a first-line treatment for PTSD with co-occurring substance use disorder. A meta-analysis found veterans receiving trauma-focused CBT alongside addiction treatment were significantly more likely to reduce both PTSD symptoms and alcohol use than those receiving addiction treatment alone (*National Center for PTSD, VA.gov, 2023*).

Resick, P.A., Monson, C.M., & Chard, K.M. (2017). Cognitive Processing Therapy for PTSD. Guilford Press.

EMDR — Defusing the Landmines

Eye Movement Desensitization and Reprocessing. A review of 24 studies showed EMDR superior to CBT in 7 of 10 head-to-head comparisons and produced rapid reduction in traumatic imagery and negative affect (*VeteranAddiction.org, 2026*). For veterans whose trauma is stored somatically — in the body's responses, not just conscious memory — EMDR reaches places talk therapy cannot.

Shapiro, F. (2018). EMDR Therapy (3rd ed.). Guilford Press.

Mindfulness-Based Relapse Prevention (MBRP) — The Craving Gap

MBRP teaches veterans to observe cravings without acting on them — to find the gap between stimulus and response that addiction collapses. Veterans who completed a 9-session adapted MBRP protocol for gambling disorder reported significantly fewer cravings and less addictive engagement (*Shirk, Muquit, Deckro, Sweeney & Kraus, Journal of Gambling Issues, 2022*).

Bowen, S., Chawla, N., & Marlatt, G.A. (2011). Mindfulness-Based Relapse Prevention. Guilford Press.

Acceptance & Commitment Therapy (ACT) — Values Over Impulse

ACT builds psychological flexibility — the capacity to act according to one's values rather than reactive impulses. Research demonstrated neurological effectiveness for gambling and behavioral addictions (*Dixon, Wilson, & Habib, Journal of Contextual Behavioral Science, 2016*). For veterans who have lived by a warrior code, ACT's values-centered framework resonates deeply: it redirects the discipline they already have.

Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2012). ACT (2nd ed.). Guilford Press.

Motivational Interviewing (MI) — Meeting the Warrior Where He Is

Client-centered approach that increases intrinsic motivation to change — particularly effective as first-contact for veterans who resist help-seeking. MI respects autonomy and resistance, making it ideal for a military culture that stigmatizes vulnerability. It does not demand change; it cultivates it (*PMC, Substance Use Disorders in Military Veterans, 2017*).

Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing* (3rd ed.). Guilford Press.

VI

THE FIVE MOVEMENTS: THE PATH THROUGH

Healing is not linear. But it follows a pattern that both clinical recovery science and biblical narrative confirm. These five movements are the map — not stages to complete, but rhythms to return to throughout a lifetime.

1. LAMENT — Name the Wound

“My God, my God, why have you forsaken me?”

— Psalm 22:1

The Psalms give warriors a vocabulary for grief that military culture systematically destroys. Lament is not weakness — it is the honest beginning of healing. David was the greatest warrior-king in Israel's history, and he wrote more songs of anguish than any other biblical figure. CPT's trauma account and PE's exposure narrative are clinical versions of what the Psalms have always offered. **The men who cannot cry are the men who drink.** Giving veterans permission to lament — in the bush, around the fire, before God — is the first act of warfare against addiction.

Wolterstorff, N. (1987). *Lament for a Son*. Eerdmans. | Lelek, J. (2013). *Post-Traumatic Stress Disorder*. New Growth Press.

2. IDENTITY — Know Who You Are in Christ

“You are a chosen people, a royal priesthood, a holy nation, God's special possession.”

— 1 Peter 2:9

The combat veteran's identity is built on performance, rank, and mission. When those are stripped away — by discharge, injury, or moral failure — addiction fills the vacuum. Biblical healing rebuilds identity from the outside in, from the position of *son* and *beloved* rather than *warrior* or *failure*. This is the theological engine of DRF's (re)lensing framework: teaching veterans to see themselves through the lens of who God says they are. **Identity is the antidote to addiction.**

Crabb, L. (1988). *Inside Out*. NavPress.

3. COMMUNITY — Brotherhood That Holds

“Carry each other's burdens, and in this way you will fulfill the law of Christ.”

— Galatians 6:2

An 8-year longitudinal study demonstrated that perceived social support has protective effects against PTSD development and substance relapse (*PMC / Recovery Horizons, 2025*). The unit was the most healing environment most veterans ever experienced. DRF recreates this in the Limpopo. Soldiers on Safari is not a retreat — it is a unit deployment. Men who have lost their tribe find it again around the fire, under the stars,

watching a white rhino move through the riverbed at dawn.

Herman, J.L. (1992). Trauma and Recovery. Basic Books.

4. PURPOSE — A Mission Beyond Survival

“We are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance.”

— Ephesians 2:10

Viktor Frankl, who survived the Nazi concentration camps, identified meaning-making as the primary predictor of survival and recovery (*Man's Search for Meaning*, 1959). Rhino Regiment reactivates the warrior's deepest instinct — to protect, to stand between the vulnerable and the threat — redirected toward life rather than destruction. When a veteran saves a white rhino from a poacher, something in him recognizes: **this is what my hands were made for**. Purpose is the antidote to despair.

Tedeschi, R.G., & Calhoun, L.G. (2004). Post-traumatic growth. Psychological Inquiry, 15(1), 1-18.

5. RESTORATION — The Whole Man Returns

“He restores my soul.”

— Psalm 23:3

The Hebrew *nephesh* — soul — encompasses the whole person: body, mind, spirit, relationships, and calling. The goal is not a veteran who can manage his symptoms. It is a man who is fully alive — who sleeps through the night, loves his family well, works with purpose, worships with freedom, and carries his war story not as a chain but as a testimony. Bessel van der Kolk's landmark work established that trauma must be addressed through somatic, relational, and meaning-making interventions — not talk alone. The wilderness does all three simultaneously.

Van der Kolk, B.A. (2014). The Body Keeps the Score. Viking.

VII

DEEPER ROOTS FOUNDATION: THE RESPONSE

Deeper Roots Foundation has built four programs that together form a complete response to the addiction crisis in the veteran population — from acute wilderness immersion to long-term community support, from conservation mission to anti-trafficking intervention.

SOLDIERS ON SAFARI (SOS)

Sable Plains, Limpopo, South Africa | 37 veterans served

Wilderness immersion healing retreats combining nature-based therapy, biblical identity formation, and the (re)lensing photography framework. Veterans sleep under stars, track wildlife at dawn, and learn to see themselves and the world through a new lens. SOS is where the research on nature therapy, community healing, and identity restoration converges into one transformative experience. The African bush is not a backdrop. It is the prescription.

RHINO REGIMENT

Matlabas Custodians, 300km² Coverage | 800+ training hours | 7 white rhinos saved

Anti-poaching advisory program deploying veteran warriors in a live conservation mission. Veterans who have felt purposeless since discharge find here what no clinical setting can provide: a mission that matters, a threat worth fighting, a tribe worth belonging to. Purpose is not a therapy technique. It is a human necessity — and the most powerful antidote to the despair that drives addiction.

ROOTED & RESTORED

Southern California | VA Long Beach, VA West LA, Los Alamitos JFTB, South Bay Outreach

Monthly community healing gatherings, a daily walk-in office, and outreach to VA medical centers and South Bay homeless encampments. Chaplain Choi of Jesus Center Church (Torrance) serves as program chaplain. This is the local expression of everything DRF does overseas — biblical counseling, community, and the long, faithful work of daily restoration for veterans in the city.

COUNTER HUMAN TRAFFICKING

In Development | Survivor Restoration & Active Interdiction

Warriors who have confronted evil on the battlefield are uniquely equipped to confront it in its most insidious domestic form. This program channels the veteran's protective instinct toward survivor restoration and active interdiction — one more act of purposeful mission for men who have skills the mission requires and a God who redeems every weapon forged in war for works of peace.

VIII

CITATIONS & RECOMMENDED RESOURCES

Psychology & Trauma

- Van der Kolk, B.A. (2014). *The Body Keeps the Score*. Viking.
- Herman, J.L. (1992). *Trauma and Recovery*. Basic Books.
- Frankl, V.E. (1959). *Man's Search for Meaning*. Beacon Press.
- Resick, P.A., Monson, C.M., & Chard, K.M. (2017). *Cognitive Processing Therapy for PTSD*. Guilford.
- Foa, E.B., Hembree, E.A., & Rothbaum, B.O. (2007). *Prolonged Exposure Therapy for PTSD*. Oxford.
- Shapiro, F. (2018). *EMDR Therapy: Basic Principles, Protocols, and Procedures* (3rd ed.). Guilford.
- Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing* (3rd ed.). Guilford.
- Bowen, S., Chawla, N., & Marlatt, G.A. (2011). *Mindfulness-Based Relapse Prevention*. Guilford.
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2012). *ACT* (2nd ed.). Guilford.

Biblical Counseling

- Lelek, J. (2013). *Post-Traumatic Stress Disorder*. New Growth Press.
- Solomon, C. (2021). *I Have PTSD: Reorienting after Trauma*. New Growth Press.
- Crabb, L. (1988). *Inside Out*. NavPress.
- Lewis, C.S. (1952). *Mere Christianity*. Geoffrey Bles.
- Wolterstorff, N. (1987). *Lament for a Son*. Eerdmans.
- Baker, J. & Baker, D. (2012). *Celebrate Recovery*. Zondervan.

Academic Journals & Clinical Guidelines

- Shirk, S.D. et al. (2022). MBRP for Gambling Disorder among U.S. Veterans. *Journal of Gambling Issues*.
- Poulsen, D.V. et al. (2016). 'Everything just seems much more right in nature.' *Health Psychology Open*, 3(1).
- Meshi, D. et al. (2019). Excessive social media users demonstrate impaired decision making. *Journal of Behavioral Addictions*, 8(1).
- Shorer, S., Shacham, M. & Bloch, B. (2023). Long-Term Group Nature-Assisted Therapy for Veterans. *Journal of Social Work*.
- Grubbs, J.B., Chapman, H. & Milner, L. (2017). Gambling Cognitions and PTSD in Veterans. *NCRG Annual Meeting*.
- Dixon, M.R., Wilson, A.N. & Habib, R. (2016). ACT effectiveness in gamblers. *Journal of Contextual Behavioral Science*.
- *Frontiers in Psychiatry* (2020). Childhood Trauma, Personality, and Substance Use Disorder.
- Shirazi, A. et al. (2025). Recovery Horizons: Nature-Based Activities for Co-Occurring PTSD and SUD. *PMC/UCSD*.
- VA/DoD Clinical Practice Guideline for PTSD (2023). *National Center for PTSD*.
- Tedeschi, R.G. & Calhoun, L.G. (2004). Post-traumatic growth. *Psychological Inquiry*, 15(1), 1-18.
- WHO (2019). *International Classification of Diseases (ICD-11)*. World Health Organization.

IX

THE GATE AND THE GARDEN

“Blessed is the one who trusts in the Lord... They will be like a tree planted by the water that sends its roots by the stream. It does not fear when heat comes; its leaves are always green. It has no worries in a year of drought and never fails to bear fruit.”

— Jeremiah 17:7-8 — The Foundation Scripture of Deeper Roots Foundation

Addiction is a war. It is not the veteran's fault that he is in it. But it is a war he is going to have to fight — and the good news is that he does not have to fight it alone, and he does not have to fight it with weapons that cannot win it.

The wilderness is the classroom. The Word is the curriculum. The Holy Spirit is the teacher. Evidence-based psychology is the toolset. And the God who walked with Abraham in the desert, who met Elijah on the mountain, who raised His Son from the dead — He is still in the business of making dead things live.

“

**Not recovery. Restoration. Not management. Transformation.
Not survival. Purpose.**

CONTACT DEEPER ROOTS FOUNDATION

Greg Schwabe • Founder & Executive Director

greg@deeperrootsfoundation.org • 424-392-0009

deeperrootsfoundation.org • EIN: 93-4393413

Faith-based 501(c)(3) serving U.S. combat veterans

HEALING • IDENTITY • PURPOSE