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AFJAGS Podcast: Episode 54

Mental Health After Afghanistan with Major Levi Cole

Host: Captain Charlie Hedden

Guest: Major Levi Cole

In this Episode, we speak with Major Levi Cole, a clinical psychologist on the withdrawal from Afghanistan, and the mental health implications of that, as well as some other more common and constant concerns for service members.

Background

Captain Charlie Hedden:

On August 15th, 2021 Kabul, Afghanistan fell to the Taliban, marking the end of a 20-year war in that country. During that time, more than three quarters of a million U.S. service members were deployed at least once to Afghanistan, including 123,000 Airmen. One of the many impacts the Taliban takeover of Afghanistan has had was a reopening of psychological wounds that many of those veterans had sustained, sometimes years or even decades earlier.

The Veterans Affairs Veteran's Crisis Line saw a surge of calls and texts in the aftermath of the news that Kabul had fallen back into Taliban control. According

to the VA, text messages to their crisis line jumped a staggering 98% between August 14th and August 29th. Chat messages rose by 40% and calls were up by 7% compared to the same time a year earlier.

On the ground, many installation level mental health clinics witnessed the same thing. I got a chance to talk to Major Levi Cole, a clinical psychologist stationed at one of those clinics here at Maxwell Air Force Base. We discussed the withdrawal, and the mental health implications of that, as well as some other more common and constant concerns for service members. Thanks, as always, for listening. Here's episode 54.

[band playing clip of Air Force song]

Something that's kind of been in the news fairly recently is in particular, the events going on in Afghanistan. But then backing out and in general, since that's not the only time this may have come up, is how Airmen and Guardians mental health can be impacted by events that occur somewhere else. Specifically thinking of the case where many of our not just Airmen and Guardians, but Soldiers, Sailors, Marines had some experience in the Middle East.

And then maybe they were safely back home for years and then saw some of the things happening in Afghanistan, saw the losses, I guess, that we were that we were sustaining there politically and militarily. And it impacted them in a negative way and kind of wanted to talk through that. We know from just from reports from your profession that numbers of the military seeking help for that sort of thing kind of went up.

Major Levi Cole:

Yes.

Capt Hedden:

In the last—now just now it's September 20th when we're recording this. So a little over a month now. Since all that kind of really hit the fan. So if you could kind of talk to us as far as give maybe give us some terms to how to understand this.

Maj Cole:

Sure.

Capt Hedden:

And then we'll get into what we can do about it as a as a profession, as leaders and maybe even as those impacted ourselves.

Vicarious Trauma

Maj Cole:

Yeah. Yeah, absolutely. Yeah. It's been a big hot topic for a lot of people.

And when in Kabul, in Afghanistan, when the U.S. withdrew a lot of people were impacted. In my flight command role, I don't see a large number of patients, but probably in the in the first few weeks, I would say easily half of the patients that I worked with were heavily impacted by what was happening over there.

And I think the experiences vary from person to person. But you're absolutely right that across the board this is impacting people. You know, I think for some, you know, one term that comes to mind is that of vicarious trauma. And so I think there are some people who in their work over there over the last decade or more, they know people personally. I've even spoken to some people who are in personal contact with Afghans over there who are concerned for their livelihood, for the family's livelihood. Have been involved in kind of unofficial operations to help people escape. And so, I think for some individuals, this idea of vicarious trauma, as they as they learn about impact to individuals over there, that may apply.

So vicarious trauma is this concept of when we work closely with individuals who themselves have suffered trauma—in the process of working closely, you know, as humans, we can't help but be impacted by others. And so, but when we work with someone closely in a very emotionally connected way, in a personally significant way, we empathize. And there's a neurobiological basis for that. They're called mirror neurons, where our mind, it fires in the way that the other person is feeling and thinking. And it helps. It's kind of the neurobiological basis for empathy.

And so naturally, as humans, as we interact with those individuals, we feel their pain. And then when we have firsthand accounts of their suffering and the traumas that they've suffered, it can even impact us to the degree where some of the symptoms that go along with post-traumatic stress reactions, we can start to experience ourselves. And so I think for some individuals, that could be their experience.

For others, I think the concept of moral injury can kind of apply quite closely to them. And so moral injury is this concept of when there's a betrayal of what's right. Okay. And it could be at the hands of someone else or an institution that you deeply trusted. Or it could be yourself. But it's this betrayal of what's right where you've previously held this belief that this individual or this person, this institution, had the good of others in mind or the good of me and mind, and then come to learn through a series of events that that's not the case. And so there's this deep betrayal and kind of existentially unsettling.

Or it can be applied individually, personally, where I was in a position where I found that I was complicit in something that I thought was morally reprehensible or that I disagreed with, and for various reasons I was complicit. Be it because I didn't feel like I had the power or the ability to resist or to dissent, or I got swept up in it. And so now I've betrayed my own moral compass and my own personal values. And that is one that is that is deeply emotionally and existentially unsettling.

So here as it relates to Afghanistan and everything going on, I think for a lot of people in various ways, there's a sense of betrayal. That for some people, it's, you know, I invested years of my life for this mission that was supposed to be for good. But their experience with the withdrawal is that what was the point of it all? Or the perception that political reasons trumped what was in the best interest of the people involved. And so there's a sense of betrayal that the leaders in charge of the mission have betrayed us who have sacrificed a lot, or who aren't prioritizing the things that are most important. So I think that's the experience for some.

And then probably for the greatest number of people, is simply the experience of loss and grief that, again, there's been a personal investment in the mission in Afghanistan. Be it through deployments or TDYs or spouses, family members being gone, birthdays, and anniversaries, and the birth of children that have been missed out on. Significant events that you've missed out

on because of being gone. Or friends and colleagues and fellow military members who have been lost in combat. Or having lost people to the to the psychological wounds of war, that there have been heavy losses psychologically and physically and wondering what was it all for? And, or knowing individuals over there that you cared about, or a mission you cared about, and feeling like it's now gone. And the good that I that I thought was there is no longer there. And so there's sort of grief over the loss of time invested. And, you know, had it all been for good, this would have been worth it. But the sense that what was it all for?

So, I think they're very similar experiences mirrored with what a lot of people experience in Vietnam in terms of what was the point of it all?

Capt Hedden:

Yeah, I've heard that comparison quite a few times in the last in the last few weeks. And you kind of gave us a lot to think about there as far as how it impacts lots of people. You started off talking about vicarious trauma and wanted to kind of—maybe—define some things here. So when you say vicarious trauma, that's only kind of the part of that where say, I'm feeling the trauma that somebody else went through. Is that, at least [fades out]

Maj Cole:

Yeah. And I think when you work closely with someone, and so this is this is an experience that comes up quite a bit for certain health care workers or mental health workers who are, or could be clergy, who work closely with human suffering. And so in the process of doing the healing work, they're getting exposed to kind of the raw accounts of the trauma of human evil, of human depravity. And so, and a lot of the feelings that the client or the patient felt or feels as a result of the trauma that residue is then carried yourself. Feelings of, you know, it could be that just similar feelings of helplessness or powerlessness. It could be sort of the intrusive nature of the experiences that creep into your thoughts and nightmares.

Maybe it's being more on guard, more on edge a lot of the common reactions that go along with survivors of trauma, you start to feel because of how closely you're working with them. And that is the topic that I mentioned that I have taught on here at The JAG School, because, attorneys and paralegals are exposed to the same.

And in many cases you're, it's not just the personal testimony of the survivor, but also seeing the graphic images and the graphic sounds and the graphic accounts and the graphic details of horrible crimes, and the most deprived parts of humanity. And that is deeply impacting.

And so, there's even a carryover there, I think, with moral injury where, you know, perhaps it's sort of a betrayal of human goodness that, kind of losing faith in humanity. And who can I trust? Who can I rely on? And so, and especially when an individual is already overworked and they don't have a whole lot of emotional bandwidth to absorb and do the processing needed to get through that, it can end up weighing heavily, and causing a great impact and great harm. But also burnout can leave people more vulnerable to that. Again, because of the psychological resources that are exhausted in the process of being burnt out.

Capt Hedden:

Yeah. That makes a lot of sense. I spent a few years as a defense counsel. And like you said, in that in that context, you end up getting exposed to a lot of the worst parts of humanity. You hear the, you know, hear, you end up hearing both sides of a lot of nasty things. You end up with sounds and images to go along with that. And you kind of see all the, all the brokenness that it all leaves behind. I see how that can have a pretty negative impact on people.

So, kind of separating and differentiating that, that vicarious trauma idea that I am working so closely with somebody who's going, or has been through something terrible, that I end up kind of assuming some of the trauma. Comparing that with maybe this idea that I

went through something 15 years ago and I thought I'd done a pretty good job of getting, you know, getting to a place where I was managing my mental health. But then I—all of this is happening, and I'm dealing with those thoughts of what was it for and or just actual, you know, tanks rolling on TV explosions and things like that.

Maj Cole:

Yeah. Well, I think—it's the rare person who welcomes thinking about unpleasant events, right? So, I think most people's kind of reflexive reaction to traumatizing or extremely negative or unpleasant situations is to avoid it, and to not think about it. And that's understandable. And that's it's not a bad temporary solution. And in order to just kind of get through a very difficult time, but I think what can end of happening, for a good portion of people, is in their preference to not have to think about it, is the memories and the feelings and all that is associated with the events get buried. And let me just get back to the mission—sometimes the mission becomes a very strong demand signal to where there's not time to attend to and emotionally process events that have happened.

Other times, the demand of the mission is a welcomed distraction. And then that becomes the habit of if I keep myself busy and kind of repeatedly and continuously focused on other things that demand my attention that I don't have to attend to what's underneath, what's below the surface. And so with my with my patients, with whom I do clinical work, I often refer to this as emotional water skiing, where, you know, if I if I stay moving, I can skim up on the surface because if I slow down, then I start to sink into what's there and have to start feeling.

But I think here with Afghanistan, there's a lot that has not been avoidable. Maybe people who hey, that was ten years ago, that was 15 years ago. I've done a pretty good job of kind of pushing it out of my thoughts and my memories. But then now this is bringing it right back to the forefront—and so it's kind of becoming a much more salient demand signal for them emotionally. And, and it's drawing it to the surface.

Capt Hedden:

So now that we've kind of covered a good bit about what the what the issue is, what the issue can be, some of the things that you're seeing, I wanted to switch gears now and talk a little bit about, hopefully some positive things, as far as how we can deal with it.

What—starting off with kind of what resources are available for the individual themselves? And then we'll move into kind of what we as wingmen can do and be on the lookout for? And then kind of wrap up with leaders and leadership, putting things in place for their for their people.

So kind of just to kind of plug, I know the Air Force and society at large, we try hard to have things in place to help people going through this sort of thing. What are what are some of the things that you would like to steer people toward?

Resources

Maj Cole:

Sure. Well, first, I would kind of qualify this with is—if you are struggling with things, I think it is important to keep in mind that maybe what makes these world events sometimes more challenging is that they're not quite as not quite as concrete or organized, or we don't maybe don't have quite the established framework that we would for more kind of personal events or personal losses that come, because they happen more frequently, whether it's losses of loved ones or, you know, of a beloved pet or, I don't know, a car being stolen, or something like that, that's something that people deal with a lot more frequently, It's a little more concrete.

Whereas what we're kind of talking about here is a bit more existential, a bit more intangible. And so it's something that isn't going to crystallize and make a lot of sense just on its own. And so it takes time; it takes space to kind of settle in to the emotional space needed to effectively process this. So I think, one, irrespective of the resources, if you're struggling—make time for yourself—to think about it, and realizing that may come

with a lot of unpleasant thoughts and memories, but those are important things to address and to work through. You know, so maybe it's going on a hike on your own. Just to be able to have time to think about and process, or just spending time kind of away from people, or journaling or something like that. Something where you can get into an emotional space to think and reflect and process things to help it make more sense.

And then as far as specific resources, so thankfully being in the military, there's a lot of resources available. So, kind of on a more informal level. You know, I think just hopefully you have a good friend that you can call up and say, "Hey I am struggling with this. Could we get together and just let me kind of like talk through this?" Something like that.

There are the chaplains, right, on bases. So, you know, especially for whether you're religious or not, whether you have kind of a formal faith system that is meaningful to you or not. I think chaplains are well equipped to navigate some of the spiritual and existential issues that arise and things like this. It's not to say that, you know, the clinicians, therapists can't do that either. But the chaplains are great at that. So the chaplains are good resource. And they have full confidentiality. You know, it may be a little more rare, but for some people, some of their personal struggles may be with how I was personally complicit in some things. And I don't want any of that on my record. Right? And so the chaplains, with them, it's full confidentiality and there's no documentation there. So that's a good resource.

Then you have the military family life counselors and [MilitaryOneSource](#). Where both are undocumented and they do non-medical counseling. If there's a diagnosable issue they should be referring to for formal treatment. But they offer counseling, again to help people just kind of think through a process. Like an attorney, right, not every therapist is going to be great. So you want to do a little bit of your research and see who's skilled and who's a good fit. So you got to shop for a good therapist the same way that you'd shop for a good attorney.

And then in your local military treatment facility, you know, you're gonna have your mental health clinic and the resources they can provide in terms of individual therapy. With family advocacy there's resources for families. Embedded in primary care, there's often going to be a clinician, I kind of call it the Jiffy Lube for mental health. But embedded in primary care is a behavioral health consultant who's kind of there for very short term, brief kind of interventions, short sessions for people who, you know, maybe feel less comfortable going up to the mental health clinic, or just doesn't seem like something that you just kind of want a quick kind of touch and go on a topic. So those are those are some of the main resources that I would refer most people to begin to address some of these things as they come up.

Warning Signs

Capt Hedden:

Thanks. And onto the next kind of segment here. I know we talk about this every year. We have to go through training for suicide prevention and things like that. So it's not completely foreign to us, but if you can maybe on a little bit more human level, person-to-person, if you were trying to brief one shop on, hey, this is what you should be looking for in the people around you to see if they might be struggling. You know, here's some of the things you might could ask them or here's something that might come up. What are some of the maybe warning signs, or just things that me, as a friend, would want to want to be on the lookout for in the people around me.

Maj Cole:

Sure. So, certainly people who can have significant changes to their mood or their dress or their hygiene, right? Maybe you notice that someone's drinking more, or that they didn't drink before and now they're drinking. So some kind of uncharacteristic changes are always good things to pay attention to. If someone is kind of speaking more morbidly or expressing a sense of hopelessness or that kind feeling that they would just be better off if they were dead or that there's nothing worth living for.

I mean, those are kind of fairly obvious warning signs that someone is struggling and needs extra attention and care. But I think the challenge with suicide is that so often there are no warning signs, and that's what makes it so challenging as people can be really, really good at putting on a good face, smiling for others to where you never know that they're suffering internally. And various reasons why someone is in that particular space. But I think it reinforces just how important it is for us to be connected to one another on more than a superficial level. And to take time, when we have it, to get to know people well, to lean in a little bit deeper, to ask, "How are you really doing?"

And also to kind of take a look at ourselves in the mirror and see is there anything that I bring to the table in my relationships that would make me an unsafe person for someone to confide in? Or maybe you're not being terribly approachable by someone. So that if someone is in that space, is there anything, any barriers that I bring to the table that they wouldn't bring it up with me? Because a lot of people have a hair trigger for trusting others. And so, and it may be something from long ago, but, you know, it could be an offhanded remark that was kind of callous or insensitive. But now it's "Well, I know who not to go to and talk to. Or say anything like that around." And so you have to be mindful of not just what we say verbally or explicitly, but also the non-verbal messages that we communicate or the double messages that we communicate so that we're not speaking out of both sides of our mouth.

You know, what we know is that healthy relationships are at the foundation of being human, that if we're not connected relationally, we suffer. We know from research that infants who are not given proper care and attention, emotional care and attention, can not just fail to thrive, but can even die from a lack of human contact, even if all their basic human needs are cared for. And so what we know is that their relational connection is so critical to not just our emotional and mental health or even physical health. We know that people live ten to 15 years longer when they're connected to others

socially, in healthy relationships. And health issues are less, and fewer medical issues, and people are happier. And so that relational connection is absolutely critical.

Now, what conspires against that in the military is the ops tempo. And so that for leaders that is something that becomes especially important is how do I effectively advocate for and intervene and set boundaries on my people to create space for people to connect, because the demand is always going to be there. That's not changing. And so how do I effectively create space for my people to have the time that they need to connect with their families, to connect with their loved ones, with their friends, and also people in the unit. And that's not an easy task, but it's an important one.

And so there's just a few things related to suicide. It's not an easy one. I don't think that, you know, certainly education and information is a piece that we can't neglect. But it's not enough. We don't change from information. And so we need to find a way to get more involved and to decrease stigma around help seeking. And I think that's where leaders can really model that by appropriately being vulnerable with their people, and encouraging people to reach out for help. And when they do, to not penalize them in other ways, so that the message is consistent, that reaching out for help is a sign of strength. It's a sign of taking care of yourself. And that's what we want people to do. So I think the more that message gets reinforced and communicated effectively, better shape will be.

Leadership

Capt Hedden:

Yeah. Wow, well, the last thing that I wanted, was going to kind of ask you about was what are some good things that leadership can be thinking about in the last few things you've talked about have been right in there. So, I kind of had a follow up for one part of that. And that's, I love this idea of leaders recognizing and taking ownership of the problem that our organization throws up barriers to this kind of connection. And leaders are in a position to at least try to take some of those down.

So what are some of the good ways you've seen leaders be able to do that in work centers?

Maj Cole:

I know that the concept or the topic of emotional intelligence is really kind of a buzz term, you know, and a lot of leadership coaching and leadership development focuses on emotional intelligence. And so with buzzwords, there can be a tendency to kind of be dismissive of it as some sort of like pop culture phenomenon. But there's actually a lot of truth in it. That what we refer to when we refer to emotional intelligence are people who are attuned to their own internal world—to have the ability to empathize, and to connect well with others, and to be emotionally healthy, and to have self-awareness of knowing the difference between their own personal issues and the issues in the workplace, and knowing how to set appropriate boundaries.

I mean, it's a big topic, but people, you know, do entire courses on. But I think leaders who are attuned to their own humanity, who have done some of their own work and have connected with their own struggles and are kind to themselves instead of being disparaging or critical of a weakness or struggling. Those are some of the important qualities that leaders possess and that emanates in the messages that are communicated.

I think the effective leaders are ones that don't shy away from acknowledging struggle and acknowledging struggle as expected, and something that is normal, and something that needs to be worked through rather than something that is looked down upon or something that should be avoided. And then that message gets felt and heard by the people around where this is not—if I'm struggling, if there's a problem, it's not something that I that I need to be ashamed about, not to ignore it or neglect it. But there is safety to bring it up because there's no judgment in bringing it up. And there's a willingness and support from people to address the problem and to find the resources to the best over, to best address the problem and work through it.

So I think effective leaders have done their personal work and in our attune to people and not just not just doing it at commander's calls, but it becomes a part of kind of the everyday interactions they have with the people in their unit.

Will Seeking Help End My Career?

Capt Hedden:

Makes a lot of sense and yeah, I think we all recognize good leaders that we've seen who have been able to embody some of that stuff and then maybe seen leadership in ourselves or others that has some growth that could occur there.

I wanted to ask you, kind of, this isn't exactly a JAG-themed episode here. However, one thing you mentioned in there about consequences for taking care of yourself, I know there is a there's a reality that if your mental health gets to a certain extent, you are going to struggle to do your job. And it is a, you know, it is a commander's or supervisor's job to make sure that the people assigned to a task are up for it. So there's this tension between letting my people get the help they need and then also possibly necessary consequences for finding out that, say, you know, one of my troops is, you know, has had suicidal ideations or things like that. So I kind of wanted to pick your brain a little bit about if you've seen that go on from your perspective.

Have you been involved in any situations where you felt like maybe legal and command were coming down too harshly?

I know, as a defense counsel, I'm happy to say there were, you know, I feel free saying there were some instances where I felt like the message being sent by those consequences is that you better not go to mental health or there will be you know, you'll have trouble. You'll either get in trouble by getting paperwork or your career maybe even be in jeopardy, you know, in the right or the wrong situation.

Do you have any personal experience or thoughts on that kind of interplay and phenomenon?

Maj Cole:

In our role in the clinic, we don't see maybe what happens behind the scenes or kind of administratively after the fact. I think probably, where someone has sought mental health care and it's come up as a potential problem is probably more with like renewing clearances or you're you need to get cleared for a special duty or something like that. And it gets flagged.

But what we know is there's actually been some research that some Air Force psychologists have done, that when people address problems early and self-refer to get the help that they need for problems, 95 plus percent of the time there are no adverse consequences at all. Command isn't even notified, because they're addressing the problem early and when it's smaller—to where it is not having those real adverse impact to duty performance.

It's when people neglect to address the problems that do exist when it continues to build and build and become larger and larger problems. And then it does arise to the level of command because of, you know, whether it's a DUI or someone needing to be hospitalized, and then it does start to have greater impact because the consequences are more significant. So and then at that point, sometimes people's hands are tied, but the vast majority of the time there are no adverse consequences. It's a very small percentage of people who end up getting administratively separated or medically discharged from mental health reasons in the grand scheme of things.

And so, I think the message is that we just need to see it as is an important part of taking care of our physical health, that we if we blow an ACL, we go get physical therapy. If our back is hurting, we see a chiropractor. If we're not if we're not feeling well, you know, coughing and sneezing, we go to our PCM and get treated. And if we're for struggling with anxiety or depression or anger issues, then we go see a therapist to help figure out what's going on and what can be done to address that.

So, you know, thankfully, I think we've as a whole, we've got a lot of good leaders so that when there is leadership involvement, it's fairly positive with people. But as I said earlier, I think there's a lot of people who have a hair trigger for trust. And early on in their career, there are some pretty negative messages that were communicated about go into mental health or insensitive, callous remarks about the kind of people that go to mental health. And so they never do it again. They never even consider reaching out—until it feels safe. Maybe it's at the end of their career. Where they feel like, okay, I'm six months away from retirement, it feels safe now. It's not going to have an impact on my career.

And, but then the tragic thing at that point is that there's been a lot of suffering for years and years, and impact to family and relationships and quality of life, and so there's also been a lot lost in the process, too, and personally worked with people who thankfully they do come in at the end of their career for help, but there's deep regret that they didn't reach out for help sooner. So, you know, because it becomes a lot harder when something's been neglected for a long period of time, just like if you, you know, if you wash it shortly after it's been dirtied, it's a lot easier to do that than if you let it sit and let the material, the food, kind of stay caked on and dry for a few days. It's a lot harder to scrub it off. So same thing with mental health issues. The earlier we address it, the better and easier it is to work through.

Takeaways

Capt Hedden:

And as we kind of wrap up here, that sounds like I've been thinking through kind of the takeaways here. And certainly one thing I've learned is the importance of taking care of things early and communicating to the people that may be under me, that, you know, you should you owe it to yourself, to the Air Force, and to everybody involved to take care of yourself, including getting whatever mental health help you need as early as you can.

And then the other that jumped out at me was just how much emphasis you're placing on human connection.

Maj Cole:

Yes.

Capt Hedden:

And seeking that out, fostering it, and looking at yourself in the mirror and saying is, you know, what can I do to connect to the people around me better? To be somebody in relationships where people can come to me or I can go to them whenever we need to.

What else would you leave our listeners with?

Maj Cole:

Yeah, well, the human connection piece is so critical, but the military lifestyle is not conducive for it. And it's not to say that we don't develop good relationships working in the military, in many cases, people develop lifelong friends. But when we're PCSing every one to three years—it's hard to develop roots with relationships. And so it does require a very deliberate, intentional focus to develop them. It's just not going to—and that, relationships, good relationships take time to develop and that can be challenging when you don't have the time.

And then also realizing that some of the people say maybe in the local area who are established, their expectation of you moving may lead to them not investing as much. And so it just it's not an easy task. And so there definitely has to be work put into it. And so it's an extra thing that military members I think need to pay attention to. And because it's easy to neglect otherwise. And, it takes a lot of energy. So, yeah, that would be just my last little thing that I'd add to that.

Capt Hedden:

Yep. That's huge. When you recognize how hard something is going to be, you're a little better prepared to tackle it whenever you have to.

Maj Cole:

Yeah.

Capt Hedden:

So Major Cole, we really appreciate you coming by. Thanks for providing us with your insight and your wisdom on these important issues. Thanks, and I hope we get to talk to you again someday soon.

Maj Cole:

Yeah, thanks for having me.

Capt Hedden:

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Glossary

- **ACL:** anterior cruciate ligament
- **AFJAGS:** Air Force Judge Advocate General's School
- **DUI:** driving under the influence
- **JAG:** judge advocate general
- **PCM:** Primary Care Manager
- **PCS:** permanent change of station
- **TDY:** temporary duty