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At War

Notes From the Front Lines

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A Matter of Life and Death: Suicides in the Army

By *TIMOTHY HSIA*

The Army faces a battle over the life and death of its soldiers. The battle is not being waged in Iraq and Afghanistan, but in the minds and tortured souls of soldiers contemplating suicide. Last year [the Army again reported an increase in suicides](#), and in response [the Army now requires every soldier to complete an online assessment](#) of his or her physical, mental and spiritual well-being.

The Army's suicide problem is worse than the official numbers presented because the suicide statistics that are tabulated do not include several significant groups. For starters, the official numbers do not include veterans who have left the military. Also, for instance, when I attended suicide prevention training sponsored by the Army, several chaplains who were leading the class told the participants that beyond just counseling service members they also had assisted in helping soldiers cope with a family member's suicide.

While suicides are most pronounced in the Army, [the other branches of the military also face this problem](#), which [extends beyond just soldiers returning from combat and even to the service academies](#). Moreover, the pain and emotional strain of deployment and suicides is not simply limited to soldiers in the junior ranks. Even generals like Carter Ham, commanding general of U.S. Army Europe, have [encouraged soldiers to seek help](#) for their mental wounds.

The Army's response to the uptick in suicides has been swift and pronounced. Beyond just having soldiers fill out individual risk assessments, soldiers are also required to role-play scenes in an interactive DVD video that mirrors the emotional issues that may be encountered. Perhaps more important, within the Army there has been a substantial shift in the army's organizational ethos concerning how leaders view mental strain. Going to talk to a chaplain or mental health professional is no longer looked down upon. Leaders have also emphasized that [official policy](#) does not automatically prevent one from gaining security clearance if he or she sees a psychiatrist.

When my unit returned from Iraq the first time, there was no emphasis on the soldier's mental health. The one solace that soldiers seek out, then and now, are military chaplains. Were it not for the listening and compassionate ear of my unit's chaplains, my unit's morale would have plummeted while deployed. While many civilians probably presume that there are numerous military health professionals — particularly in light of the notoriety of Maj. Nidal Malik Hasan and the [Fort Hood Army Base](#) shootings in Texas — in actuality there are very few psychiatrists at the unit level.

However, after my unit's second deployment, there was emphasis placed not just on soldiers'

outward physical well-being, but also on their mental state. For example, readjustment classes called [BattleMind training](#) were offered to soldiers and their families. Additionally, many of the [soldiers in our unit took part in outdoor activities](#) that helped them gradually cope with returning from combat like rock climbing and skiing.

Typically before any weekend, unit commanders have given the same cut-and-dry safety briefing before releasing their soldiers: “stay away from drugs ... unsafe sex ... driving under the influence ... physical violence ... and make sure you have a battle buddy if you are going off base.”

Now, as the Army faces the increasing number of suicides, another element has been added to these safety briefs:

If you are feeling down and low, talk to someone. Do not bottle up your feelings if you are thinking about hurting yourself. Talk to the chaplain or go see a mental health professional.

Finding and eliminating the root problems of suicidal thoughts has been as intractable and hard as the most complicated counterinsurgency battlefield problem and has confounded the Army’s military leaders. Within my suicide prevention class there were several theories that soldiers and civilians had regarding the rise in the number of suicides. Some said it is obviously the result of [post-traumatic stress disorder and combat stress](#). Others suggested that perhaps the military’s demographics now reflected problems associated with society as a whole, and that the lowered recruiting standards several years ago have exacerbated the problem. Some even suggested it was a social meme that was being spread inadvertently by the Army in its efforts to halt suicides.

Military suicides have also prompted the question of whether or not families of these service members deserve to have [condolence letters](#) written by the commander in chief.

At a restaurant recently, I overheard civilians joking about post-traumatic stress syndrome, and how one of them would claim it and combat stress as an umbrella excuse for any criminal or moral wrongdoings. When I heard this discussion I instantly felt both shame and disgust. I felt shame because of the actions of a minority of veterans who have landed in trouble and sought to use the disorder as an excuse. I felt disgust because of the lack of empathy by these civilians, and how they trivialized the mental anguish and wounds that some returning veterans face.

While much of our nation’s news of war has shifted to Afghanistan from Iraq, another shift has gradually unfolded to back home from combat zones overseas. Some soldiers now are dying not by enemy fire overseas, but as a result of their own actions on United States soil. Perhaps these are the worst casualties in war, the casualties that could have been averted if someone had listened and responded to their request for assistance. The survivors who no longer wanted to survive.

Contacts for crisis intervention:

- [Military OneSource Crisis Intervention Line: \(800\) 342-9647](#)
- [Defense Centers of Excellence: \(866\) 966-1020](#)

- [Veterans Health Administration's Suicide Prevention Hot Line: \(800\) 273-TALK \(8255\)](#)

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