

# Suicide Rivals The Battlefield In Toll On U.S. Military

by JAMIE TARABAY



[Enlarge](#)

Jae C. Hon/AP

Marines wait outside a building to take psychological tests in September 2009. The military assesses troops in search of clues that might help predict mental health issues.

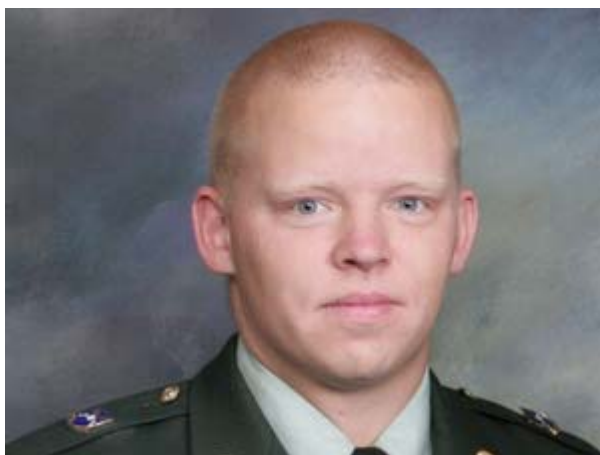
June 17, 2010

text size **A** **A** **A**

*Nearly as many American troops at home and abroad have committed suicide this year as have been killed in combat in Afghanistan. Alarmed at the growing rate of soldiers taking their own lives, the Army has begun investigating its mental health and suicide prevention programs.*

*But the tougher challenge is changing a culture that is very much about "manning up" when things get difficult.*

*This is the first in an occasional series of stories on the problem of suicides in the military.*



[Enlarge](#)

Courtesy of the Colley family

Stephen Colley, 22, killed himself in May 2007, six months

## The Case Of Stephen Colley

Military veteran Edward Colley served in the Air Force and the Army. Three of his children also served in the military, and his son-in-law was awarded a Purple Heart after being wounded in Iraq.

Colley, 53, and his wife, who live in Los Angeles, also have three other kids, but the tradition of military service is on hold. "Mom prohibits the younger ones from joining the military now," he says. "You might understand the prohibition in our

after returning from a tour in Iraq.

house."

The mother's ban was imposed after their son Stephen killed himself in May 2007, six months after returning from a tour in Iraq. Stephen, 22, had suffered depression and post-traumatic stress disorder, and his young marriage was in trouble.

Stephen was participating in an Army-run mental health assessment program. His father's main complaint against the Army is what it missed in screening his son. "The day after he told the folks in that reassessment that he was planning on committing suicide, he did," Ed Colley says, pausing. "Yeah, wow."

It was Stephen's second mental health assessment. The first, right after he came back from Iraq, seemed pretty normal.

But during his time in Taji, in central Iraq, the helicopter mechanic spent 24 hours under suicide watch. That information never made it to his new commander in Fort Hood, Texas.

To Edward Colley, that was just one in a long list of missteps by the Army. "He was on a superhighway toward suicide and there were many off ramps, many opportunities for something different to have happened," he says.

In his second mental health assessment, Stephen answered yes on a form when asked if he had thoughts of suicide. He said he was thinking of harming himself "more than half the time."

Instead of acting on Stephen Colley's answers, the social worker dealing with his assessment enrolled him in a sleep study to begin three weeks later. The Army's investigation into Stephen's death said the established procedures failed to address his mental condition.

"If Pfc.Colley was admitted to the emergency room following the mental screening, it is unlikely the suicide would have occurred," the investigation concluded.

### **Suicide Rates Rise Over Decade**

There were 197 Army suicides in 2008, according to the Army's numbers. The total includes active- and non-active-duty soldiers.

Last year, the number was 245. This year, through May, it's already 163.

The Army has instituted many programs to counsel and train soldiers. Stephen Colley had undergone suicide prevention training.

The suicides continue even as America's war in Iraq is winding down and multiple deployments are past.

What is causing these men, and some women, to kill themselves?

### **Pentagon, Commanders Working To Fix The System**

“

**He was on a superhighway toward suicide and there were many off ramps, many opportunities for something different to have happened.**

”

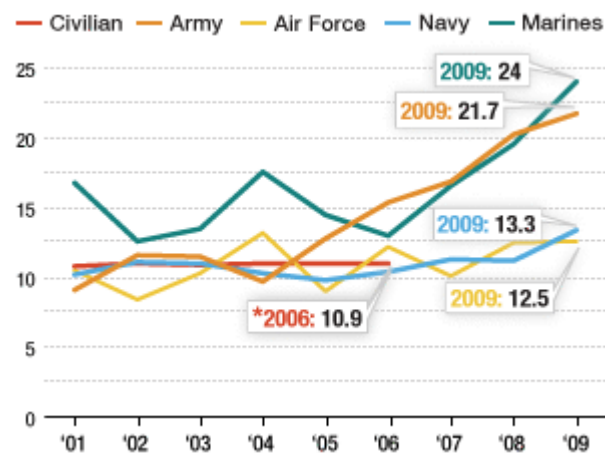
*- Edward Colley, father of Stephen*

Every Army suicide investigation ends up in a conference room in the Pentagon. Army commanders, including medical officers, meet at the suicide senior review group once a month to go over each case.

Gen. Peter Chiarelli, the Army's vice chief of staff, leads the two-hour meeting.

### Suicide Rate By Military Branch

The rates per 100,000 people of suicide among active-duty personnel in the Army, Marines, Navy and Air Force. The statistics show an increase in suicide rates since 2001, compared with the relatively steady rate of suicide among the U.S. civilian population.



Source: U.S. military branches (2001-09) and Centers for Disease Control and Prevention (latest figures through 2006)  
Credit: Adrienne Wollman

At the start of a recent meeting, he goes over the latest figures:

"We have 45 active-duty suicides, we have 13 confirmed and 32 pending. That number is down." He adds: "Thirty-six are not active-duty. There is no statistical difference between this year and last year in both those categories."

Officers from Army bases around the U.S., as well as one in Iraq, join the meeting via videoconferencing. One after another, division commanders appear on the screen and go through the results of investigations into suicides on their watch.

Hindsight reveals much. One soldier was on at least 12 different kinds of medication; another was in relationship counseling and had severe alcoholism issues. Some were being disciplined; one was facing court-martial.

The details present portraits of troubled men, but in most of the cases commanders didn't know someone's background, his medical history, his

disciplinary issues or his problems with alcohol.

One soldier was diagnosed with both depression and bipolar disorder, was medicated, and then sent to Iraq.

By the end of the briefing, Chiarelli is visibly angry. He directs one of the medical officers present to peel back the layers on this case.

Later, he says the suicide rate is part of a much broader problem. One of the most obvious causes is the repeated deployments in Iraq and Afghanistan. "I think you have to have your head buried in the sand to not think a lot of them come out of 8 1/2 years of war," Chiarelli says.

But some of them have nothing to do with the wars in Iraq and Afghanistan.

### Searching For Clues

For every PTSD-suffering soldier who takes his own life, there's a young specialist who has never been out of the country and is transitioning to a new unit and can't handle it.

There are some who aren't young or newly enlisted.

One case was a 43-year-old soldier who was twice divorced and had served 18 years in the Army. His file was marked "do not promote." He was never referred for a mental health evaluation, but he shot himself in the head.

Because of the variety of cases and circumstances, Col. Chris Philbrick, director of the Army's suicide prevention task force, is reluctant to talk about trends or patterns, or anything that might be to blame for the numbers.

Chiarelli put Philbrick in charge of the task force last year as part of the Army's strategy to combat the suicide rate. An easy answer is elusive, he says. "It doesn't exist. Because when we do look at the statistics, and literally do an autopsy in a very broad sense on every case that happens, the trends that we see are white male. But most of the Army is made up of white males. We see young soldiers — most of the Army's made up of young soldiers."

It's never simple, he says.

However, some things do stand out.

Soldiers in transition, moving from a combat zone back home, for example, are in danger. So are those with alcohol abuse problems. Many cases appear to involve both alcohol and overdose of medication.

And for the most part, the cases speak to the Army's inability to deal with mental health issues.

"Absolutely," says Philbrick. "Guilty as charged. And some of that is right there," he says, slamming his hand on the table over some files.

### **In The Past, Dismissive Of Warning Signs**

"The Army didn't do a good job. I'm certain that there are soldiers that we did not properly treat in the long period of time since we started combat operations, that if we had done a better job and been able to recognize that," he said, "[they] wouldn't be where they're at today, at Walter Reed, and [would instead be] on a street corner somewhere because they haven't been taken care of."

The Army took too long to recognize that it had a crisis on its hands. Philbrick says it was dismissive. "What did we do? What does the Army normally do when there was soldiers with problems we didn't understand?" Philbrick asks. "[We tell them:] 'Thank you for your service; go find someplace else to work.' We're making those changes."

The changes include a five-year, \$60 million study with the National Institute of Mental Health. There are online resiliency programs designed to test emotional, mental and social fitness. The Army says its screening methods now are as strict as they could ever be.

“

**The Army didn't do a good job. I'm certain that there are soldiers that we did not properly treat in the long period of time since we started combat operations, that if we had done a better job and been able to recognize that, [they] wouldn't be where they're at today, at Walter Reed, and [would instead be] on a street corner somewhere because they haven't been taken care of.**

”

*- Col. Chris Philbrick, director of the Army's suicide prevention task force*

But former military psychiatrist Stephen Xenakis, a retired brigadier general, says more needs to be done.

"There's a whole culture change that would really need to occur at the bases here in the United States before we really felt that effect," Xenakis says. "It may not really be for two to three years until we really recognize that."

Xenakis says change needs to happen at the local level, not just at the Pentagon. He also recommends that the military track things like DUIs, discipline problems, marital issues — all things that could be potential red flags.

They are the sorts of factors that might have alerted commanders to Stephen Colley's situation.

Edward Colley complains about the way the Army handled his son. He wants it to learn and do better with someone else's kid.

"It's a great system," Edward Colley says. "Properly done, it no doubt saves lives."

## comments

Discussions for this story are now closed. Please see the [Community FAQ](#) for more information.

Recent First



**Scott Ingalls (SPCIngalls)** wrote:

As a Service Member, an individual whose life has been defined by the suicide of a friend as a teenager, and continues to be effected by the suicide of a family member last year, I can tell you definitively that the Armed Forces do far more than any other organization to prevent suicide. There is no comperable support network in the civillian world. If someone is acting funny at work, their supervisor doesn't ask them if they are suicidal, and then have a list of options to refer the individual to. Most employers do not dedicate time to informing their employees about the warning signs of suicide. A bartender will call a cab for one of his regulars, but probably not a suicide counselor.

Anyone who has survived the suicide of a loved one knows that a disproportionate amount of energy is spent on trying to figure out how the suicide could have been prevented, and blaming ones self for not doing more. The Army is dedicated to increasing prevention, and the NCO corps is ALWAYS dedicated to improving the well being of their soldiers, but suicide is a difficult problem to identify and treat. There is no doubt that the numbers are terrible, but I would argue that even ONE suicide is too many to that person's friends and family.

Tuesday, June 22, 2010 11:57:02 AM

[Recommend \(3\)](#) ↑

[Report abuse](#)



**Alison Cain (ohARC)** wrote:

@Joie Gates

I am so very sorry for the loss of your son.

Thank you for your comments. They carry extraordinary weight.

Tuesday, June 22, 2010 12:58:54 AM

[Recommend \(0\)](#) ↑

[Report abuse](#)



**Gregory Romeu (USMC0351Grunt)** wrote:

A civilian MHMR specialist is NOT the solution for speaking to military personnel that have been deployed to combat theatres... That's like using a tampon to try to stop the gulf coast oil leak. Lots of fluff and not enough stuff! SecNav should be deploying MHMR specialists that have actually been where these Marines, Soldiers, Sailors and Airmen have been so that they can RELATE to the exacr demons that our returning troops are experiencing. Much like drug and alcohol rehabilitation is best served by those that HAVE BEEN THERE, DONE THAT! They have a personal relationship with the actual trauma rather than their Freaudian verses from school books and theory.

Please, by all means, SOMEBODY! ANYBODY! Prove me wrong!

Semper Fidelis!

Monday, June 21, 2010 6:15:59 PM

[Recommend \(6\)](#) ↑

[Report abuse](#)



**Donna Mack (grandmahoneybee)** wrote:

It seems obvious to me that our sons and daughters are taught at an early age in church, school, the playground etc that violence is not the answer. Since the military is all about violence and killing, and since the "enemy" is not easily identified soldiers that are "pumped up" in a war zone may come home desperately trying to forget what they did. Deep moral injury easily results. Especially for young men and women that took their moral teachings seriously.

Monday, June 21, 2010 2:46:18 PM

[Recommend \(1\)](#) ↑

[Report abuse](#)



**Dave P (ExiledCrow)** wrote:

Maggie, for you to say of anyone, "if they suicide, oh well", is just dispicable. Just because they might be a petty criminal? Nice soul there lady ...

Saturday, June 19, 2010 3:49:18 PM

[Recommend \(0\)](#) ↑

[Report abuse](#)



**J Rhinehart (Jeni)** wrote:

It's not just in the military that mental health isn't treated expertly, it's here at home, too. I asked for help in my hometown, I was given drugs. When I specifically asked for one-on-one therapy, the man they put me with ended up screaming at me that I wasn't doing what he told me to do. And he's still there. I'm not the only patient I have evidence he mishandled.

I agree with Xenakis that the culture has to change at home first. Not only the attitudes, but the competency of the personnel.

Friday, June 18, 2010 7:27:34 PM

[Recommend \(1\)](#) ↑

[Report abuse](#)



**Joie Gates (SeeJoy)** wrote:

Over a million people take thier own lives every year. Suicide, for all the many reasons that action is taken, is part of our world.

Todays high rate of military suicide is a wake up call to all concerned. We must listen to what these deaths are telling us. Each one has it's own unique story. It's own lead up to the action. Every branch of service is working to understand and prevent suicide attempts, and deaths, by it's warriors. They are evolving, as is society.

More lives will be lost unfortunatly..

But I pray the rates will slow.

My only child died by suicide in Khyber, Afghanistan on May 3rd of this year.

He was 19 yrs. old. Intellegent, kind, funny, a hard worker and highly respected by his fellow wingmen, peers, friends and family.

He was an expert marksman and in no way a coward.

My personal belief was that as much as he wanted to serve, and was proud doing so, he became morally conficted. Deployed, he came to see up close and personal, the destruction war brings.

To innocent life, to all life, period.


In my sons case, War was the cause of his death.

Not until we fully see, and comprehend, the horror of war, will we refuse to play..

"Chose Peace...Again"

<http://www.dover.af.mil/news/story.asp?id=123208085>

Friday, June 18, 2010 9:26:56 AM

[Recommend \(6\)](#) 

[Report abuse](#)



**ninguem ninguem (ninguem)** wrote:

Male suicide rate, USA civilian, age 25-64, about 24/100,000

<http://www.cdc.gov/violenceprevention/suicide/statistics/trends03.html>

Male suicide rate, age 25-64, white non-Hispanic, about 27/100,000

American Indian/Alaka native, more like 30/100,000 same age group.

Hispanic about 12/100,000, non-Hispanic black 11/100,000, same age group

<http://www.cdc.gov/violenceprevention/suicide/statistics/rates04.html>

Of all military deaths in Iraqi Freedom and Enduring Freedom (Afghanistan), 98% were male, and about 70-75% were white males.

As such, the comparison group of civilian deaths to compare with, is closer to the pattern of white males of military age.

As such, military suicides from OIF and OEF are close to the civilian suicide rates. They may well be higher than the civilian rates, but not anywhere near twice as high as suggested in the graphic.

Thursday, June 17, 2010 11:06:50 PM

[Recommend \(5\)](#) 


[Report abuse](#)



**Margaret Leafe (poetmaggie)** wrote:

While it didn't work for my brother who had a mental disability, we could get another source of recruits for the military by sending kids who get into trouble with the law and first time adult offenders, male and female. It might keep them from becoming perminate criminals and it might even keep them out of crime for fear of going in the military. If they sucicide oh well

Thursday, June 17, 2010 9:16:38 PM

[Recommend \(0\)](#) 

[Report abuse](#)



**ninguem ninguem (ninguem)** wrote:

I've always heard these factoids about Vietnam veterans killing themselves more than the general population, that more Vietnam veterans died by suicide than died in combat.

The statistics do not support such an assertion.

<http://www.vhfcn.org/stat.html>

[http://ww.uniontrib.com/uniontrib/20051111/news\\_lz1n11vets.html](http://ww.uniontrib.com/uniontrib/20051111/news_lz1n11vets.html)

<http://www.nytimes.com/1991/03/07/opinion/l-how-many-suicides-by-vietnam-vets-841091.html?src=tp>

[http://www.cdc.gov/nceh/veterans/pdfs/PostserviceMortalityAmongVietnamVeterans/PostserviceMortalityAmongVietnamVeterans1\\_2.pdf](http://www.cdc.gov/nceh/veterans/pdfs/PostserviceMortalityAmongVietnamVeterans/PostserviceMortalityAmongVietnamVeterans1_2.pdf)

Iraq/Afghanistan veteran suicides can't be compared against the general population, you have to compare against a group matched by age, sex, race and ethnicity. Suicide in males of military age will be much higher than the 10.9 shown as control. Upper teens to 20 would be more representative of that population.

It does no good to overstate the problem.

Thursday, June 17, 2010 8:04:39 PM

[Recommend \(4\)](#) ↑

[Report abuse](#)

[View all comments \(89\)](#)»