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A Mounting Suicide Rate Prompts an Army Response

By Mark Thompson / Washington

Neither the U.S. military nor the American public would tolerate a conflict in which U.S. losses mounted for five straight years. Yet, that's what's happening in the Army's battle with suicides. The recently released figure for November show that 12 soldiers are suspected of taking their own lives, bringing to 147 the total suicides for 2009, the highest since the Army began keeping track in 1980. Last year the Army had 140 suicides.

Although Army officials don't blame the spike on repeated deployments to war zones, evidence is mounting to the contrary. Only about a third of Army suicides happen in war zones, officials note, and another third are among personnel who had never deployed. But that means two-thirds of Army suicides have deployed, many returning home with mental scars that make them prone to take their own lives, the Army's No. 2 officer said last week. ([See pictures of an Army town's struggle with PTSD.](#))

"Soldiers who are suffering from posttraumatic stress are six times more likely to commit suicide than those that are not," General Peter Chiarelli told the House Armed Services Committee on Dec. 10. "The greatest single debilitating injury of soldiers returning from Iraq and Afghanistan is posttraumatic stress." Nearly 1 in 5 soldiers — more than 300,000 — comes home from the wars reporting symptoms of PTSD. Army officials also acknowledge that substance abuse, fueled by repeated combat tours, and a war-created shortage of mental-health professionals, contribute to mental ills that can lead to suicide.

Last week, an Army major's wife told of her husband's mental woes after returning from his second tour in Iraq in 2005. "I don't know what that mission was, other than riding around and getting blown up and shot at," Sheri Hall said her husband, Jeff, says even now. Speaking at a military trauma forum in Bethesda, Md., Sheri said when she saw him for the first time upon his return, Jeff's eyes revealed "a very lost person" who "wasn't my husband anymore."

By last year, he had lost his will to live, forcing Sheri to juggle their two daughters' schedule so she could keep an eye on him. "I was afraid in the 30 minutes that I was gone, he would take his life," she said. "I never, ever thought in my wildest dreams that my husband would put a gun to his head and shoot himself, but that's what he wanted to do." After intensive therapy at Walter Reed Army hospital, Sheri said Jeff is on the mend. ([See pictures about suicide in Army recruiters' ranks.](#))

Chiarelli, the Army's top suicide fighter, finds the challenge daunting. "This is horrible," the Army vice chief of staff said recently. "The challenge of suicides," added the former top U.S. commander in Iraq, "is without a doubt the toughest that I have had to tackle in 37-plus years in the Army."

Military suicides have even raised a question for the White House. President Obama's staff is reviewing a long-standing but unwritten policy that bars him from sending condolence letters to the families of military personnel who have killed themselves. Some families of suicide victims have pushed for an end to the policy, but there is concern that suicidal soldiers could feel less restraint knowing their families would get condolence letters from the President.

Chiarelli has singled out abuse of alcohol and prescription drugs by soldiers as a mental-health issue that can lead to suicide. "I think there's a link to substance abuse in some of the issues we're seeing," Chiarelli said last month. A recent Army study shows that the percentage of soldiers in Afghanistan taking antidepressants and other mental-health drugs nearly tripled — from 3.5% to 9.8% — between their first and third deployments.

The Army's corps of substance-abuse counselors is hundreds short of the number of trained personnel needed. "I have been pounding the system to say we have got to sit down and determine what we need after eight years of war," Chiarelli said. That shortage has made it tougher "to handle what I think is a higher rate of substance abuse today than eight years ago." Why is it higher? "I think it's only natural you're going to see that as soldiers come back [from war], you know, with the dwell time that they have [before returning to war], that we're going to have a higher rate." Last week, Admiral Mike Mullen, Chairman of the Joint Chiefs, said pressure on the Army means that for the next two years, soldiers will continue to ship off to their next combat tour without sufficient rest at home.

Meanwhile, the Army is rolling out all sorts of artillery to deal with suicide in its ranks. It has launched a five-year, \$50 million study with the National Institute of Mental Health to identify possible suicide indicators, in order to enable soldiers most at risk to get the help they need. The service has recently rewritten its 51-page Army Suicide Prevention pamphlet, and created numerous task forces and suicide-prevention programs. It has also begun letting soldiers seek help for substance abuse without telling their commanders. "We keep those substance-abuse counseling services open late at night and on weekends," Chiarelli said, "so people can make those appointments without their chain of command knowing."

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