

# US Army suicides at 26-year high

James Cogan  
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The Army Suicide Event Report (ASER) for 2006 made public last week revealed at least 97 cases of suicide among American army personnel last year. Included in the toll were 25 soldiers on active duty in US-occupied Iraq and three taking part in the NATO-led occupation of Afghanistan. Some 54 of the soldiers—65 percent—were serving or had served at some point over the preceding five years in one of the two war zones.

The total is the highest recorded since 1991, when the stresses associated with the first Gulf War against Iraq contributed to the suicide of 102 army personnel. As a rate per 100,000, however, the 2006 figure is the highest in 26 years, as the size of the army has shrunk significantly since the early 1990s.

The majority of the suicides—at least 85 of the cases—were by male enlisted members of the active or regular Army. Most were young Caucasians under the age of 29. Eight women in the active Army also took their lives. The five years of militarist aggression by the Bush administration, in the name of its “war on terror”, has seen the number of active duty soldiers taking their own lives increase. Citing army sources, the Voice of America reported in April last year that 76 soldiers committed suicide in 2003; 67 in 2004; and 83 in 2005, 25 of whom were on duty in either Iraq or Afghanistan.

Less reported in press coverage was the number of attempted suicides documented in the 2006 ASER report. There were at least 948 suicide attempts by Army personnel—52 of which did not involve actual self-harm but were cases of hospitalisation due to “suicide ideation”. Seventy-one soldiers made an attempt to kill themselves while on active duty in either Iraq or Afghanistan. The *Guardian* reported on August 17 another indicator of psychological stress among deployed personnel—between 20 and 40 soldiers are being evacuated from the war zones every month for mental health issues.

According the ASER report, the triggers for the completed or attempted suicides varied. It emphasised personal difficulties and the psychological histories of soldiers, not their experiences in a war zone or their political attitude toward the militarist foreign policy of the Bush

administration. The report highlighted, for example, that 79 percent of those who killed themselves and 52 percent of those who made an attempt on their life had experienced the failure of a relationship with a spouse/partner or another significant person in their lives.

Last week, Colonel Elspeth Ritchie, a psychiatry consultant for the Army Surgeon General, told a press conference that the primary cause of suicide was “failed intimate relationships, failed marriages”. Ritchie said: “Very often a young soldier gets a ‘Dear John’ or ‘Dear Jane’ email and then takes his weapon and shoots himself.”

Richie, however, did not address the obvious question of the contribution of the war to the relationship problems. Soldiers have been brutalised and traumatised by their experiences. Their partners may not have been able to cope, or could share the antiwar sentiment of the majority of the American people. The breakup of a relationship may well have been just the final straw that prompted suicide.

Nearly half of both completed and attempted suicide cases were facing some form of military disciplinary action. While no details were made available of the disciplinary problems, it suggests that a significant number of soldiers are coming into conflict in varying ways with the military hierarchy, including over the conduct of the war. The main charges facing the soldiers were Article 15 proceedings—non-judicial punishments such as demotion, extra duties, docking of pay, curtailment of privileges etc—which can be imposed by low-level officers for misconduct such as insubordination.

The statistics contained in the ASER report also suggest serious deficiencies in how the US Army deals with soldiers attempting to cope with mental illness. Soldiers with a history of using psychotropic medication accounted for 26 percent of deaths and 37 percent of attempts. A significant number—12 percent of attempts and 21 percent of completed suicides—had diagnosed personality disorders. More than 20 percent had a history of substance abuse.

Even more significantly, 10 percent of suicides and 36 percent of the attempts had medically recorded episodes of previous self-inflicted injuries more than three months earlier. Self-harm is well-known within militaries around the world—from training boot camps to war zones—as the most

desperate measure taken by a soldier to get out of their enlistment obligation. It indicates a serious breakdown in morale and functionality. Typically, for the well-being of both the individual and their unit, a medical discharge is arranged rapidly. Why soldiers in this category had not been discharged within three months is not explained by the ASER report.

As a rate per 100,000, the number of suicides among active male army personnel aged 17 to 45 has soared to 17.82. While this is below the average of 21.12 per 100,000 among the broader American male population within that age bracket, it is far higher than normal Army levels, which have historically been between 10.00 and 12.00 per 100,000. Due to the psychological testing conducted on prospective soldiers, young men suffering from mental illnesses that heighten the risk of suicide are generally excluded from service.

Among female soldiers, the 2006 figures indicate serious problems for which no explanation has been offered beyond relationship difficulties. Women personnel aged 17 to 45 took their own lives at a rate of 11.33 per 100,000—more than double the rate of 5.46 per 100,000 among their civilian peers.

What is clear is that the suicide statistics are only the tip of the iceberg of a broader epidemic afflicting hundreds of thousands of military personnel, particularly among the 1.6 million servicemen and women who have been deployed to the occupations of Iraq and Afghanistan. The Pentagon's own mental health task force has reported that 38 percent of active army and 50 percent of National Guard veterans involved in the two wars have suffered from some form of mental illness, with Post Traumatic Stress Disorder (PTSD) among the most prevalent.

The relationship between PTSD and the stresses generated by brutal counter-insurgency warfare is indisputable. In a survey by the Walter Reed Army Institute of Research, of the 21,822 personnel who had served in Iraq and screened positive for PTSD, 79.6 percent said they either saw someone being killed or wounded, or took part in combat in which they fired their weapons and potentially inflicted death or injury.

A current class legal action against the Veterans Affairs (VA) department accuses the Bush administration of depriving those suffering from PTSD treatment. Just 27 of the department's 1,400 hospitals reportedly have in-house PTSD programs. Veterans making disability claims and seeking assistance to get treatment are typically not given a response for at least six months.

Already, Veterans for America estimates that 10,000 veterans of the two wars are living on America's streets, joining the estimated 400,000 veterans of earlier

wars—200,000 Vietnam veterans alone—who regularly have nowhere to sleep.

A recent study of 5,437 British Iraq and Afghanistan war veterans found that 25 percent of soldiers who had been deployed for longer than 13 months within a three-year period had developed "severe alcohol problems". American soldiers are currently doing 15 month-straight tours in Iraq.

The lawsuit against VA charged: "Unless systemic and drastic changes are instituted immediately, the cost to the veterans, their families and our nation will be incalculable, including broken families, a new generation of unemployed and homeless veterans, increases in drug abuse, increases in alcoholism, and crushing burdens on the health care delivery system and other social services in our communities."

Other consequences include the growing number of suicides by war veterans who are not receiving adequate, or in some cases any, treatment. However disturbing the number of suicides among serving soldiers, the rate for veterans is far higher. It has been established that Vietnam War veterans kill themselves at double the rate of the general population. A similar horrific statistic can be expected for the young men and women who have been the cannon fodder for the US attempt to conquer Afghanistan and Iraq. Just one California-based help group, the National Veterans Foundation, told the Associated Press in May that it takes two to three calls each week from Iraq veterans contemplating ending their lives.

There is no official figure on how many veterans of the Iraq and Afghanistan wars have killed themselves, or attempted to kill themselves, since they left the armed forces.

Individual cases of veterans' suicide, however, occasionally make it into the media. Among the most recent is the tragic death of Noah Charles Pierce, an Iraq vet suffering PTSD. On July 25, he reportedly sent text messages to several friends that he was suicidal and drove away from his home in Gilbert, Minnesota with a pistol and a rifle. His body was found 24 hours later.



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