

# Suicides by US soldiers and war veterans surge

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Among the tragic consequences of the explosion of American militarism has been the sharp rise in the suicide rate of active duty and veteran US soldiers. Traumatized by what they have witnessed and forced to do in Iraq and Afghanistan, and provided with inadequate health care resources, an increasing number of veterans have opted to take their own lives.

On Wednesday, the House Committee on Veterans' Affairs heard testimony from family members of soldiers who have committed suicide and experts in mental health on what several witnesses described as an "epidemic."

The hearings were in part a response to a CBS News report last month that for the first time calculated the total number of suicides by US veterans. These figures are not tallied by the military itself, which only counts the number of suicides of active duty soldiers.

From data obtained from 45 of the 50 US states, CBS calculated that there were at least 6,256 veteran suicides in 2005 alone—amounting to 120 every week or approximately 17 every day.

The highest surge in suicides was among young veterans—those most likely to have been deployed to Iraq or Afghanistan. CBS calculated that the suicide rate among veterans aged 20-24 was between 2.5 and almost four times higher than the rate among non-veterans in the same age group. In total, between 22.9 and 31.9 veterans per 100,000 in this age group killed themselves in 2005.

CBS News quoted veterans rights advocate Paul Sullivan as noting, "Those numbers clearly show an epidemic of mental health proportions."

Speaking before the House committee on Wednesday, Mike Bowman, the father of Timothy Bowman, an Iraq veteran that committed suicide in 2005, said, "When CBS News broke the story about veterans suicides, the VA [US Department of Veterans Affairs] took the approach of criticizing the way that the numbers were created instead of embracing it and using it to help increase mental health

care within their system."

Bowman pointed out, "CBS did what *no* government agency would do; they tabulated the veteran suicide numbers to shed light on this hidden epidemic and make the American people aware of this situation."

Bowman also spoke about his son, Timothy, whose experiences were no doubt similar to many of those who have killed themselves. He joined the National Guard in 2003 "to earn money for college and get a little structure to his life," Bowman said.

With US military forces stretched thin, however, the government has relied heavily on National Guard forces. Timothy was sent to Iraq. When he returned in March 2005, "He was a different man," Bowman said. "He had a glaze in his eyes and a 1000-yard stare, always looking for an insurgent." Neither Timothy nor his family was given any serious help in coping with Post-Traumatic Stress Disorder (PTSD). Timothy shot himself in November 2005. He was 23 at the time of his death.

Some of the most interesting testimony on Wednesday came from Penny Coleman, author of *Flashback: Posttraumatic Stress Disorder, Suicide, and the Lessons of War*, who sought to draw out some of the social causes of the high suicide rate.

Coleman noted that the consequences of the increased mental breakdown of US soldiers could be seen not only in their propensity to take their own lives, but also in the crimes committed against the Iraqi people. "In 2004, the release of the Abu Ghraib photographs broke the unforgivable silence in the mainstream press about the atrocities committed by American soldiers in Iraq," she noted. "Haditha followed, then Mahmoudiyah, Ishaqi, and at this writing, multiple other instances of savage, homicidal violence directed against civilians have been reported. More recently, there have been the reports of veterans involved in violent incidents after coming home."

“These acts,” Coleman stressed, “are being committed by Americans soldiers who are *predictably* out of control.”

The homicidal outbursts of American soldiers are in fact the inevitable outcome of a brutal occupation regime, in which soldiers are conditioned to regard all Iraqis as their enemies. Coleman noted that modern military training is designed “to overcome what studies done over the last century have consistently demonstrated, namely, that healthy human beings have an inherent aversion to killing others of their own species.”

Coleman described recent developments in military training, which are designed to “disconnect recruits from their civilian identities.” The intention is to condition soldiers who will kill more effectively and more efficiently. “Using cruelty, humiliation, degradation and cognitive disorientation, recruits are reprogrammed with an entirely new set of learned responses,” she said.

It is estimated that over one million Iraqis have died violent deaths as a result of the US invasion and occupation, a significant proportion killed by American soldiers. Four million more have been turned into refugees. An entire society has been devastated to advance the interests of the American ruling elite.

This barbaric enterprise must have an effect upon the mental health of American soldiers who are, after all, still human beings. In order to overcome the “aversion to killing others of their own species,” it is necessary, in a fundamental sense, to make soldiers unhealthy. The atrocities themselves—and the general brutalization that comes with any occupation regime, including the constant presence and fear of death—only compound the psychological problems.

Coleman suggested, “It is a credit to their humanity, not a sign of their weakness, that these men and women find it hard to live afterwards with what they have seen and, in some cases, done. The soldiers who, following orders, have run over children in the road rather than slow down their convoy will never be the same again. Nor will the soldiers manning checkpoints who shoot, as ordered, and kill entire families who failed to stop, only to learn later that no one had bothered to share with them the American signal to stop...”

Other factors that have contributed to the rise of suicides include: the extension of tours of duty in combat zones; the redeployment of soldiers to multiple tours of duty, even if they already show signs of PTSD; the heavy use of anti-depressants and other drugs to give a short-term solution to mental problems; and the recruitment of

soldiers who have pre-existing psychological problems.

The treatment of Lieutenant Elizabeth Whiteside is emblematic of the way that the military deals with soldiers who break down under the pressure of war. The *Washington Post* profiled the case of Whiteside in a December 2 article. She faces the possibility of a court martial for breaking down and shooting herself in the stomach while stationed in Iraq.

Whiteside was stationed in Camp Cropper, a prison camp for “high-profile” prisoners captured by the US in Iraq. She suffered from extreme stress, and apparently broke down after a riot at the prison following the execution of Saddam Hussein in December 2006. On the day after the riots, she was seen waving a gun in the air, shot twice into the ceiling, and then shot herself.

According to the *Post*, “Military psychiatrists at Walter Reed who examined Whiteside after she recovered from her self-inflicted gunshot wound diagnosed her with a severe mental disorder, possibly triggered by the stresses of war. But Whiteside’s superiors considered her mental illness ‘an excuse’ for criminal conduct.” This week, in response to the *Post* exposé, an army hearing recommended that the court martial be dropped. This recommendation must still be upheld by the presiding officer in the case, however.

The hearing on suicide rates provided members of both the Democrats and Republicans with an opportunity to posture as supporters of “our troops.” Various proposals will be made to create a national suicide help line or marginally expand funding for mental health problems among soldiers.

No one within the political establishment will or can propose the first basic step required to address the rise of suicides among soldiers—the immediate end of the war in Iraq and the withdrawal of all US troops. Democrats are currently working out a compromise with the White House that will continue funding for the occupation in spite of overwhelming opposition to the war among the American population.

Responsibility for these suicides—and responsibility for all the death and destruction in Iraq and Afghanistan—lies primarily with those who prepared, launched, and continue to fund the war.



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