

Traumatic brain injuries increase risk of veteran suicides

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The US military and its supporters in the media are attempting to explain away the increasing numbers of suicides among enlisted soldiers deployed in the US government's growing list of wars. In 2012, 349 military personnel killed themselves, while fewer than 300 Americans died in battle in Afghanistan. Suicides in the military have increased from 10.3 per 100,000 soldiers in 2002 to 18 per 100,000 in 2012. The Army has seen the largest increase and in 2012 had the highest rate: more than 20 suicides per 100,000 people.

An article this month in the *Journal of the American Medical Association/Psychiatry* analyzes the increased risk of suicide among soldiers who have suffered Traumatic Brain Injury (TBI). The study was based on evaluations of 161 patients at a military hospital in Iraq, and found that such injuries lead to suicidal thoughts and behaviors throughout a person's lifetime. The risk is serious for those who have suffered one TBI, and increases significantly for sufferers of multiple injuries.

JAMA estimates that between 8 percent and 20 percent of military personnel deployed to Iraq and Afghanistan suffer from TBI. The suicidal results are often delayed: "among veterans ... a diagnosis of TBI is associated with increased risk for death by suicide, although this same risk has not been found among active military personnel."

JAMA goes on to report that "because TBI has been hypothesized to confer increased risk of suicide through impaired problem solving, disruptions in social functioning, and functional impairment, military personnel who have sustained multiple TBIs throughout their life may be at increased risk for suicide relative to those with a history of fewer TBIs." In addition, events likely to cause TBIs—such as IED (improvised explosive device) detonations—can also cause psychological problems like depression and post-traumatic stress disorder (PTSD). Suicide risk is heightened among those suffering from both depression and multiple TBIs.

A Rand Corporation report referenced by JAMA describes some of the horrific injuries classified as TBI: "concussions, cranial fractures, or cerebral contusions or traumatic intracranial hemorrhages." Noting that many people with preexisting mental health conditions like schizophrenia are screened out during enlistment—minimizing the role of such conditions in military suicides—Rand cites evidence that TBI sufferers have higher suicide rates than the general population.

Rand notes emotional factors—including hopelessness, aggression, and impulsivity—which also lead to higher suicide risk, writing that "Researchers have conducted studies to see how persons with the same mental disorders differ with respect to a history of suicide attempts and death by suicide. Those with high levels of hopelessness are at increased risk, and there is some evidence that higher levels of aggression and impulsivity, as well as those with problem-solving deficits, are also at increased risk for suicide."

According to Kaiser Health News and the *Washington Post*, "Since 2005 the number of veterans receiving specialized treatment for depression, post-traumatic stress disorder, substance abuse and other behavioral conditions has risen steadily from 927,052 to 1.3 million in 2012."

While the JAMA and Rand reports do not fully answer why military suicides are increasing, it does lay bare the effects on enlisted personnel engaged in more than a decade of imperialist wars and occupations. According to the *New York Times*, the vast majority—nine out of ten—military suicides are committed by enlisted personnel.

Among veterans, the impact is even more stark: 22 veterans kill themselves every day in the United States.

The US military and the Obama administration are eager to cover up the crisis because of the already low levels of public support for their wars, and because they need to continue luring working class youth with promises of good pay and educational benefits. In one of

many grotesque attempts to address the crisis, CNN reported a grant to the Indiana University of Medicine to develop an antidepressant nasal spray that the military hopes will prevent suicide.

The *New York Times* accepts as good coin some “Pentagon data” claiming that more than 80 percent of military suicides occur among personnel who have never seen combat. The *Times* on May 15 published an article which calls the suicide epidemic “baffling.” It then presents individual stories implying that preexisting drug problems are to blame. JAMA, conversely, states that combat operations contribute to later substance abuse problems.

The *Times* also seeks to blame the suicide epidemic on relationship and marriage problems, but never states the obvious: that the stress of combat on members of an occupying army will also lead to stress in personal relationships. This is also expressed in the brutality meted out by soldiers against the civilian population in the occupied countries, including instances of murder, rape and torture, many of which go unreported. Apologists for the military are no less crass. David Rudd, the co-founder and scientific director of the University of Utah’s National Center for Veterans’ Studies, recently complained to NBC News that returning soldiers are spoiled. In support of this view, Rudd cited discovering on a visit to the 29 Palms Marine base in California that soldiers “had their own TVs, no common areas.” Insisting that the soldiers should sleep in dormitory bunks, Rudd complaining that “entitlement has grown in younger generations and society has embraced that.”

Angry that “self-esteem” and “entitlement” are contributing to military suicides, Rudd stated that “this group is the self-esteem generation. My worry is they have not dealt with enough challenges, enough disappointments in life for many of them to build the kind of resilience that is foundational when you go to war.” In his opinion, the troops have not been sufficiently anaesthetized to stand up to the violence of the US military machine.

The military is also making its own attempts to cover up the suicide crisis. In February 2012, the *Seattle Times* reported a scandal involving a psychiatrist at the Madigan Army Medical Center, which treats soldiers from Joint Base Lewis-McChord and is responsible for “making a final diagnostic review of soldiers under consideration for retirement.” In a lecture, the unnamed psychiatrist told colleagues not to “rubber stamp” diagnoses of PTSD because disabled soldiers with that diagnosis might

receive \$1.5 million in lifetime payments. He advised his colleagues to be “good stewards of the tax payer dollars,” according to a memo describing the lecture.

The scandal resulted in the reassignment of Madigan commander Col. Dallas Homas and the promise of a “top-to-bottom” review by the Army Medical Command. A year later—in February 2013—Army Secretary John McHugh announced that the results of the Madigan investigation would be kept secret. The Army denied a Freedom of Information Act request for the report by KUOW Puget Sound Public Radio, instead informing the station that Homas had been restored to his command.

The \$1.5 million figure is based on a monthly check of \$2,769 for a disabled veteran over a period of 46 years. In other words, the Army is working to avoid paying wages barely above the poverty level to soldiers permanently injured by its imperialist wars.

The crisis is having wider effects on needed services. Last month Kaiser Health News and the *Washington Post* reported that the military’s demand for mental health professionals is draining the supply from other mental health clinics. The Department of Veterans Affairs told the US Senate that it has hired nearly 1,100 additional staff and plans to hire another 500 by the end of June.

The Department of Veterans Affairs (VA) already employs 18,000 mental health professionals and “trains more than 6,400 providers every year,” according to Kaiser. It lures mental health workers away from civilian practice with “unmatched pay, benefits, working conditions and travel and research opportunities.” With looming Medicaid and Medicare cuts, the effect on mental health services for the general population will be dire.

The Kaiser report cited the case of Pine Belt Mental Healthcare Resources, a community clinic in Hattiesburg, Mississippi. Pine Belt has lost five licensed psychologists to the VA, and is now forced to hire foreign doctors on temporary visas because of the shortage of staff.



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