

# US military suicides spike 20 percent in 2020

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Suicides in the US armed forces have jumped by 20 percent compared to the same period last year according to the latest Defense Department data reviewed by the Associated Press (AP). The US Army has seen the greatest rise with a 30 percent increase, going from 88 suicides last year to 114. The US National Guard saw a 10 percent spike from 78 last year to 86 this year. This comes after an initial decline in suicides among active duty and reserve soldiers from January through March.

There have been 4,231 suicide deaths in the military between 2006 and 2020, accounting for nearly one quarter of all active duty and reserve fatalities during the period. Suicide ranks second behind accidents as the leading cause of death in the military.

US Army leaders have suggested that the stress of the COVID-19 pandemic has played a part in the rise in suicides. In an AP interview Army Secretary Ryan McCarthy said “We cannot say definitively it is because of COVID. But there is a direct correlation from when COVID started, the numbers actually went up.”

Last year was the worst year in the US Air Force for suicides in 30 years. Air Force Chief Gen. Charles Brown told the AP that “from a suicide perspective, we are on a path to be as bad as last year.” Air Force reserves have seen 98 suicides as of September 15.

The Pentagon refused the AP’s request to publicly release the 2020 data or to discuss the issue of suicides in the military. US Navy and Marines officials also refused to discuss suicides happening in their respective branches.

James Helis, director of the Army’s resilience programs, which focuses on soldier’s mental and physical health, cited isolation, financial disruptions, loss of childcare, and remote schooling as causes for the strain on the rank-and-file.

Most suicides happen on military bases, accounting

for 3,940 of the 4,231 deaths. On military bases the conditions which afflict the by-in-large working class rank-and-file in their civilian lives prevail and are often times exacerbated.

This is particularly true for Fort Hood, which has seen 71 suicides on the base between 2016 and 2020 according to an investigation by the *New York Times*, in addition to 7 murders.

Pfc. Logan Castello, 21, was one of those who tragically took his life, after being stationed at Fort Hood for five months. While focusing on the two sexual assault related murders on the base the military, and media, has been notably silent on the topic of suicides, including in regard to Castello’s death.

The Army failed to release information and autopsy reports from Pfc. Castello’s case, although he died in November 2019.

Patricia Troyan, the mother of Pfc. Castello, stated that “He [Castello] should have been hospitalized.”

“It’s been nine months and we still have not received the investigation packet or autopsy results. We have not even received his official death certificate yet. Suicide is not a rare phenomenon at Fort Hood,” Patricia Troyn, Castello’s mother told the *World Socialist Web Site*. “Yet my son did not receive a press release. There was no community outrage. He deserves the acknowledgment of his death and recognition that he LIVED, as does every other soldier who desperately took their own lives at Fort Hood. Prior to entering the Army, my son did not have any mental health history. The Army failed him and now they have forgotten him.”

Pfc Logan’s case is not an isolated one and is more indicative of the US military’s treatment of the rank-and-file as a whole.

With the pandemic raging out of control, soldiers have been ordered to continue their normal duties, resulting in tens of thousands of confirmed cases. The

Pentagon's justification for this has been an emphasis on "readiness," that is, readiness for imperialist intrigue and world war. Military provocations against Russian and China have been escalated despite the pandemic, while more troops and equipment have been deployed to Syria to shore up the US's illegal occupation.

According to official figures published by the Department of Defense there are 44,529 cases in the military, a number which rises to 64,602 when including contractors, dependents, and civilians affiliated with or employed by the military. The Pentagon has confirmed 95 deaths from COVID-19.

The Army has increased deployment times due to the pandemic, adding a two-week quarantine period before and after the deployment bringing the total deployment time to 11 months.

There is no doubt that nearly two decades of unending war in the Middle East and Africa have contributed to the historic climb in suicides within the military. Army officials have conceded this, with AP stating, "Army leaders also said troops have been under pressure for nearly two decades of war."

National Guard soldiers are facing additional stress from responding to rampant wildfires on the West Coast of the US, providing disaster relief for hurricanes battering the Gulf of Mexico and Southern US, providing COVID-19 testing to tens of thousands of people and being ordered by state governors to suppress anti-police-violence protests across the country.

The well-founded fear of acquiring the virus while on duty is affecting soldiers as well.

In May the aircraft carrier USS Theodore Roosevelt was inundated with COVID-19 cases and its Commander Brett Crozier was sacked by Acting US Navy Secretary James McPherson after calling for shore leave for the sailors so as to prevent further infections.

Kadena Air Base on the Japanese island of Okinawa saw an outbreak of COVID-19 in July.

Military One Source, a Department of Defense website, stated in a July 24 release that the military would be testing service members who are asymptomatic in accordance with Centers for Disease Control and Prevention guidelines which are known to be insufficient by medical science.

The military has more or less followed the same formula for the rank-and-file as the ruling class has

followed for the working class as a whole in the United States. On the US military's health service Tricare's website, it is stated that:

Testing is a primarily *for those exposed to the virus or showing symptoms*. The test has to be medically necessary and appropriate and ordered by a provider in a military hospital or clinic, or a TRICARE-authorized provider.

This means there will be no significant effort to stop the virus through effective containment and contact tracing, and the tests will only be applied after the fact.



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