

## **Imagining Military Suicide**

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The American public and the US military regard suicide among servicemembers as a scandal, a kind of sudden and anomalous death that signals the trauma of war and the indifference or neglect of the institutions that are meant to care for the people who fight it. While the military suicide rate has historically been quite low—lower than that among civilians—it has climbed since the beginning of the war in Iraq ten years ago and reached a record high of 349 deaths in 2012, exceeding the civilian rate.<sup>1,2</sup> In addition to the unimaginable personal and family toll it represents, servicemember suicide raises urgent questions: chiefly, what causes it and how can it be stopped? These questions are not easy to address on their own terms, but I argue here that they can only be truly answered by taking the entire system of war-making into account, including the part that civilians play in actively or tacitly endorsing it. The rise in military suicides is surely a cost of war, but focusing on it too narrowly may distract us from a full reckoning of where that cost originates, who bears it, and how it is borne.

### ***Rising rates of military suicide***

Military suicide has been the subject of much media and political attention over the last few years, as it has risen,<sup>3</sup> leveled off, and risen again.<sup>4</sup> In January, the Department of Defense announced that there had been 349 military suicides in 2012, an all-time high and a dramatic increase over the 301 the year before (see Table 1).<sup>5</sup> The bulk of these deaths were in the Army—the largest of the service branches, and the one with the most substantial on-the-ground presence throughout the wars in Iraq and Afghanistan—but suicides across all service branches are higher than they were in 2003.<sup>6,7</sup> Curiously, while the lengthy and repeated deployments entailed by the Iraq and

Afghanistan wars have been a major source of stress for servicemembers,<sup>8</sup> current military personnel suicides are most prevalent among those who have deployed only once. Deaths among those with two or more deployments do make up an increasing proportion,<sup>9</sup> however, and servicemembers who never deployed at all accounted for almost a third of suicides from 2005 to 2010.<sup>10</sup> This suggests both that some cumulative effects of stress only surface with time,<sup>11</sup> and that the pressures of protracted war have taxed the full breadth of the military, not only those who have deployed to war zones.

Commanders and behavioral health experts have, however, been at pains to identify exactly what the rise in suicides can be attributed to. The Army's 2010 suicide and behavioral health report, for instance, found that the "typical" soldier suicide was a 23-year-old white male in the junior enlisted ranks who was likely motivated by stressors related to "Relationship" or "Military/Work."<sup>12</sup> But the primary motivation remained "unknown" in more than 40 percent of cases. In the face of this, the Pentagon and the individual service branches have reacted with a degree of initiative and transparency that might surprise their critics. Military leaders acknowledge that the strain of prolonged and repeated deployments and a lack of behavioral health resources have "pushed some units, Soldiers and Families to the brink," in the words of one Army report.<sup>13</sup> The military has gathered data to identify suicide risk factors that include mental illness diagnosis, drug and alcohol abuse, and criminality.<sup>14</sup> It has issued public reports, mandated awareness trainings, and increased the availability of behavioral health care.<sup>15</sup> All the while, it has, along with many political and media commentators, tried to eliminate the stigma around help-seeking and to promote "culture change" to the military norms that prize endurance and fortitude above all else, sometimes to a fault.<sup>16</sup>

### ***Suicide interventions***

Identifying suicide risks, training soldiers to recognize warning signs, and most of all providing more care are all doubtless essential counters to rising numbers of suicides. But such efforts can only be truly effectively mobilized if they take into account a simple

fact of military life: the military is a place where a person who suddenly cannot do their job or unexpectedly needs help immediately becomes a *problem* for their leaders, comrades, and care providers. It is not for nothing that troops sidelined by injury or illness are referred to (even by themselves) as “broken,” no longer able to perform the standardized duties that define their role and usefulness.<sup>17</sup> This is not just the result of callous individual attitudes or even shared norms that scorn weakness. Rather, it is a function of the fact that military institutions are organized to mobilize human life and efforts on a large scale. The military cultivates and depends on the uniform, disciplined reliability of its members, and any breakdown in that reliability is necessarily a hindrance to the mission before it is anything else, especially under the aggressive operational tempo of wartime. This is a tension that troops feel keenly.<sup>18</sup> As the Army’s 2010 suicide prevention report states, the scale of military suicide has turned “a private affair or family matter” into a problem that “threatens our Army’s readiness.”<sup>19</sup> This instrumental orientation toward human life cannot be reformed out of militaries, for it *defines* what militaries do; any effort to address military suicide must take it into account.

The matter of suicide risk factors shows just how complicated this can be. As in public health more generally, military suicide is often understood in terms of “risky” behaviors, categories and circumstances that are themselves deleterious to the military’s good order and discipline, including symptoms of mental illness, drug and alcohol abuse, and criminality.<sup>20</sup> At its best, the public alarm and official concern with the relatively small number of military suicides could bring attention to the manifold stresses faced by the vast majority of servicemembers. But both public sentiment and military practice tend to gravitate to the worst-case scenario, dressed in a language of “crisis” and “epidemic”<sup>21</sup> that suicide prevention advocates actually discourage.<sup>22</sup>

One paradoxical result of this sense of urgency is that manifestations of troops’ suffering end up getting treated by their leaders and commanders as disruptions to be policed and managed rather than signs of more fundamental distress. Soldiers who have

been “placed at risk” by the stresses of deployment become “risks” in themselves. During my research at the Army’s Fort Hood in 2007-08, I met soldiers who took seriously the prevalence of suicide among their fellows but grumbled about being reprimanded, placed under surveillance, and in one case even sent home from Iraq for making ill-advised exasperated remarks about harming themselves.<sup>23</sup> At the same time, a recent account by journalists Nancy Gibbs and Mark Thompson shows that in 2012 it was still possible for a disinterested commander to ignore signs of trouble and for a soldier who actively sought help to not be able to get it before lethal despair overtook him.<sup>24</sup> Focusing excessively on suicide may unintentionally set a high and narrow threshold for what is worthy of attention and intervention when it comes to the many complex burdens that confront military servicemembers. The cumulative stress of deployment, work demands, physical wear and tear, strain on family relationships, relocation, loss, and grief, among numerous other costs of war, can all too easily be eclipsed from view or made to seem important only if they signal the threat of suicide.

This is not an easy problem to solve: evidence suggests that suicide attempts and suicidal ideation are some of the most reliable risk factors for suicide,<sup>25</sup> compulsory hospitalization can save servicemembers’ lives,<sup>26</sup> and as the military has pointed out itself, it is impossible to measure the impact of ongoing prevention efforts.<sup>27</sup> Thus it becomes all the more essential to realize that, in the role that soldiers inhabit as agents, instruments and targets of violence, it is impossible to distinguish between interventions that preserve human life and those that expose it to harm. This same dynamic is evident with, for instance, the body armor that, in protecting soldiers, also makes it possible to expose them to ever-greater levels of destructive force; or with the medicine that makes previously fatal wounds survivable but also ushers in life marked by novel and unprecedented impairments.<sup>28</sup> So too with suicide prevention: special techniques swoop in to help protect troops from the dire conditions they inhabit. But in the process these

techniques also demand that servicemembers master their own feelings and censor their expressions of frustration and dark humor all the more.<sup>29</sup>

### ***Stereotype, suicide and public perception***

All the while, military suicide has continued to command public attention, stirring guilt, grief, and suspicion of the military and government.<sup>30</sup> Suicide epitomizes what a friend who is an Iraq vet and veteran's advocate calls the "crazy vet" stereotype, according to which those touched by war are damaged, vulnerable victims also capable of deadly violence, in this case toward themselves.<sup>31</sup> Even the best-intentioned and most thoughtful civilian images of servicemembers can be freighted with the cultural baggage of war violence's taboo.<sup>32</sup> Everything from the iconic traumas of Vietnam War films to media coverage of violent crimes committed by today's newest veterans contributes to the haze of pity, anxiety, and fear that swirls around images of servicemembers.<sup>33</sup> Indeed, as I have written elsewhere, when civilians wonder about how soldiers live with the unthinkable things we imagine them to have experienced, some fantasy of the suicidal soldier potentially offers a resolution, for it attests that ultimately they cannot live with those things.<sup>34</sup> Suicide thus furnishes not only a blind that conceals the broader challenges confronting servicemembers, but an alibi that allows us, the public, to distance ourselves from their travails. The recent case of Thomas Young, an Iraq War veteran who, thanks to cutting-edge battlefield medicine, survived a sniper's bullet in Iraq in 2004 but was paralyzed from the chest down, may be the relatively unpublicized exception that only proves this tendency. In the years since his injury, Young has struggled to find appropriate care and endured numerous medical complications, and in early February he publicly announced his intention to end his life rather than continue the physical misery that for him has come with surviving the war.<sup>35</sup>

The military and its ruthlessly instrumental treatment of human life may be the easiest villain to name in this story. But it is disingenuous to let the buck stop there. For just as servicemembers are constrained by the military, the military is constrained as well:

by the imperative to wage indefinite war with overwhelming force; by composing that force completely of volunteer soldiers; by abiding cultural notions that cover the soldier with unimpeachable glory and unexamined sentiment that may not translate well into real life; by worry over how the state can or should provide for its inevitably damaged servants (and whether it can afford to do so).<sup>36</sup> No one wants war, and no one wants soldiers to suffer. But responsibility for these determining influences ultimately begins and ends with the people in whose name war is waged. Military suicide is clearly a growing problem. And because stress is both cumulative and lingering, there is ample reason to expect that it is not going away. Treatment and prevention programs are doubtless essential, as are changes to military culture. But most important of all may be changing our imagination of what war violence is and where it comes from: not just from enemies and existential threats, but from systems that subject human life to harm routinely and on purpose.

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Table 1.

Source: Defense Casualty Analysis System ([https://www.dmdc.osd.mil/dcas/pages/report\\_by\\_year\\_manner.xhtml](https://www.dmdc.osd.mil/dcas/pages/report_by_year_manner.xhtml)) and Department of Defense Suicide Event Reports (<https://t2health.org/programs/dodser>)

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## Endnotes

<sup>1</sup> Associated Press, “2012 Military Suicides Hit Record High of 349,” *The Big Story*, January 14, 2013, <http://bigstory.ap.org/article/2012-military-suicides-hit-record-high-349>.

<sup>2</sup> The comparison between military and civilian suicide rates can be contextualized in different ways, especially since suicide rates vary tremendously between and within populations (Centers for Disease Control and Prevention, “At A Glance—Statistics—Suicide,” *CDC.gov*, May 11, 2012,

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<http://www.cdc.gov/ViolencePrevention/suicide/statistics/aag.html#D>). In a 2010 report, the Army noted that its suicide rate of 20.8 per 100,000 had surpassed an age- and gender-adjusted civilian rate of 19.2 per 100,000 (Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010* (Washington, D.C.: Department of the Army, July 29, 2010), 11, [http://usarmy.vo.llnwd.net/e1/HPRRSP/HP-RR-SPReport2010\\_v00.pdf](http://usarmy.vo.llnwd.net/e1/HPRRSP/HP-RR-SPReport2010_v00.pdf)). But the Pentagon's latest announcement noted that the 2012 rate among all servicemembers (made lower once the less suicide-afflicted Navy and Air Force were factored in) fell below the rate for civilian adult males (Associated Press, "2012 Military Suicides Hit Record High of 349."). Other commentators have noted that deaths from suicide have outnumbered deaths in combat in several recent years, including 2012 (Michelle Tan, "In Suicides, Army Faces Steepest Challenge," *Army Times*, September 25, 2012, <http://www.armytimes.com/news/2012/09/army-suicides-steepest-challenge-092512/>), though despite some increases in Afghanistan, the number of combat deaths in recent years has not risen anywhere near the high that came with the 2006-07 surge in Iraq (<http://www.icasualties.org>). Depending on who is pronouncing them, then, even seemingly self-evident numbers lend themselves to either normalizing or further dramatizing the situation. But the fact remains that the number of suicides seems to be generally increasing with time.

<sup>3</sup> Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010*; Department of the Army, *Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset* (Washington, D.C.: Department of the Army, 2012), <http://usarmy.vo.llnwd.net/e2/c/downloads/235822.pdf>.

<sup>4</sup> Michelle Tan, "Overall Suicides down 10 Percent for 2011," *Army Times*, January 30, 2012, <http://www.armytimes.com/news/2012/01/army-overall-suicides-drop-goldbook-unveiled-013012w/>.

<sup>5</sup> Associated Press, "2012 Military Suicides Hit Record High of 349."

<sup>6</sup> Tan, "In Suicides, Army Faces Steepest Challenge."

<sup>7</sup> The Marine Corps, also especially heavily burdened by the wars, saw a fifty percent increase in suicides in the last year. Fewer Naval and Air Force personnel have deployed to Iraq and Afghanistan, and suicides in these services have not climbed as steadily or as dramatically (Ibid.).

<sup>8</sup> Allison Howell and Zoë Wool, *The War Comes Home: The Toll of War and the Shifting Burden of Care*, Costs of War (Providence, RI: Watson Institute for International Studies, June 13, 2011), <http://costsofwar.org/article/us-veterans-and-military-families>; Kenneth T MacLeish, *Making War at Fort Hood: life and uncertainty in a military community* (Princeton, NJ: Princeton University Press, 2013).

<sup>9</sup> Associated Press, "2012 Military Suicides Hit Record High of 349," *The Big Story*, January 14, 2013, <http://bigstory.ap.org/article/2012-military-suicides-hit-record-high-349>; Michelle Tan, "In Suicides, Army Faces Steepest Challenge," *Army Times*, September 25, 2012, <http://www.armytimes.com/news/2012/09/army-suicides-steepest-challenge-092512/>.

<sup>10</sup> Nancy Gibbs and Mark Thompson, "The War On Suicide?," *TIME.com*, July 23, 2012, <http://www.time.com/time/magazine/article/0,9171,2119337,00.html>.

<sup>11</sup> Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010*, 55.



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<sup>12</sup> Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010*.

<sup>13</sup> *Ibid.*, 1.

<sup>14</sup> Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010*; Department of the Army, *Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset*.

<sup>15</sup> Steve Vogel, "Army Stands down Thursday to Focus on Suicide Prevention," *The Washington Post - Blogs*, September 27, 2012, [http://www.washingtonpost.com/blogs/federal-eye/post/army-stands-down-thursday-to-focus-on-suicide-prevention/2012/09/26/bfe148f2-081e-11e2-afff-d6c7f20a83bf\\_blog.html](http://www.washingtonpost.com/blogs/federal-eye/post/army-stands-down-thursday-to-focus-on-suicide-prevention/2012/09/26/bfe148f2-081e-11e2-afff-d6c7f20a83bf_blog.html); Blake Farmer, "To Combat Suicides, Army Focuses On The Homefront," *All Things Considered* (NPR, January 25, 2013), <http://www.npr.org/2013/01/25/169699893/to-combat-suicides-army-focuses-on-the-homefront>.

<sup>16</sup> E.g., Chris Miller and Patrick Bellon, "The U.S. Army Can't Stop Soldiers From Killing Themselves," *The Atlantic*, October 12, 2012, <http://www.theatlantic.com/national/archive/2012/10/the-us-army-cant-stop-soldiers-from-killing-themselves/263540/>; Tan, "In Suicides, Army Faces Steepest Challenge."

<sup>17</sup> MacLeish, *Making war at Fort Hood*, 112.

<sup>18</sup> *Ibid.*, 103–116.

<sup>19</sup> Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010*, 1.

<sup>20</sup> Department of the Army, *Army Health Promotion/Risk Reduction/Suicide Prevention Report 2010*; Department of the Army, *Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset*.

<sup>21</sup> E.g., Associated Press, "2012 Military Suicides Hit Record High of 349"; Bill Briggs, "Military Suicide Rate Hit Record High in 2012," *NBC News*, January 14, 2013, [http://usnews.nbcnews.com/\\_news/2013/01/14/16510852-military-suicide-rate-hit-record-high-in-2012](http://usnews.nbcnews.com/_news/2013/01/14/16510852-military-suicide-rate-hit-record-high-in-2012); Marjorie Morrison, "Suicide Crisis: Why the Military Needs Mandatory Mental-Health Services," *The Daily Beast*, September 27, 2012, <http://www.thedailybeast.com/articles/2012/09/27/suicide-crisis-why-the-military-needs-mandatory-mental-health-services.html>.

<sup>22</sup> National Institute of Mental Health, "Recommendations for Reporting on Suicide," *National Institute of Mental Health*, April 21, 2011, <http://www.nimh.nih.gov/health/topics/suicide-prevention/recommendations-for-reporting-on-suicide.shtml>.

<sup>23</sup> MacLeish, *Making war at Fort Hood*, 227.

<sup>24</sup> Gibbs and Thompson tell the stories of an Army doctor who killed himself after his commander ignored entreaties from his wife that he needed help and an Apache helicopter pilot who committed suicide after unsuccessfully seeking counseling on multiple occasions. See Gibbs and Thompson, "The War On Suicide?"

<sup>25</sup> Department of the Army, *Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset*, 53–55; U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide

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Prevention, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action* (Washington, D.C.: HHS, 2012).

<sup>26</sup> Zoë Wool, “Emergent Ordinaries at Walter Reed Army Medical Center: An Ethnography of Extra/Ordinary Encounter (unpublished Dissertation)” (Department of Anthropology, University of Toronto, 2010).

<sup>27</sup> Associated Press, “2012 Military Suicides Hit Record High of 349”; Tan, “Overall Suicides down 10 Percent for 2011”; Tan, “In Suicides, Army Faces Steepest Challenge.”

<sup>28</sup> Kenneth T MacLeish, “Armor and Anesthesia: Exposure, Feeling, and the Soldier’s Body,” *Medical Anthropology Quarterly* 26, no. 1 (2012): 49–68, doi:10.1111/j.1548-1387.2011.01196.x; MacLeish, *Making war at Fort Hood*.

<sup>29</sup> MacLeish, *Making war at Fort Hood*, 227.

<sup>30</sup> E.g., Nicholas D. Kristof, “A Veteran’s Death, the Nation’s Shame,” *The New York Times*, April 14, 2012, sec. Opinion / Sunday Review, <http://www.nytimes.com/2012/04/15/opinion/sunday/kristof-a-veterans-death-the-nations-shame.html>.

<sup>31</sup> See Kenneth MacLeish, “Wounds of War and the Dilemmas of Stereotype,” *Savage Minds: Notes and Queries in Anthropology*, September 27, 2009, <http://savageminds.org/2009/09/27/wounds-of-war-and-the-dilemmas-of-stereotype/>.

<sup>32</sup> Catherine Lutz, *Homefront: A Military City and the American Twentieth Century* (Boston: Beacon Press, 2001), 227–239.

<sup>33</sup> The shooting of former sniper Chris Kyle by a fellow vet diagnosed with PTSD is only the most recent example. See, e.g., Deborah Sontag and Lizette Alvarez, “War Torn: Coverage by Deborah Sontag and Lizette Alvarez,” *The New York Times*, 2008, [http://topics.nytimes.com/top/news/us/series/war\\_torn/index.html?8qa](http://topics.nytimes.com/top/news/us/series/war_torn/index.html?8qa); Dave Phillips, “Casualties of War, Part I: The Hell of War Comes Home,” *Colorado Springs Gazette*, July 25, 2009, <http://www.gazette.com/articles/iframe-59065-eastridge-audio.html>.

<sup>34</sup> MacLeish, *Making war at Fort Hood*, 227.

<sup>35</sup> Young is also an antiwar activist with Iraq Veterans Against the War and the subject of Ellen Spiro and Phil Donahue’s 2007 documentary *Body of War*. He made the announcement of his planned suicide during a Skype conversation with the audience at a screening of the film in Ridgefield, Connecticut (Patricia Gay, “Tomas Young, Disabled Veteran, Tells Audience He’ll Commit Suicide | The Ridgefield Press,”

*RidgefieldPress.com*, February 8, 2013, <http://www.theridgefieldpress.com/14118/tomas-young-disabled-veteran-tells-audience-hell-commit-suicide/>).

<sup>36</sup> See Zoë H. Wool’s contribution on family caregivers at this site on this point as well.