

# **THE “CRISIS OF SUICIDE” IN OUR MILITARY:**

## **Some Possible Causal Institutional Factors**

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Founded in 2010, the Watson Institute is a nonpartisan research group at Brown University. Its Cost of War Project documents and studies the human and financial costs of the U.S. wars in Iraq and Afghanistan and other related counterterrorism efforts. Its 2021 study concludes that in terms of human costs, four times as many service members and veterans died by suicide (30, 177) as those who perished in combat during the Global War on Terror (7,057) during the same 20-year time period! ... Shocking!

Suicide rates among active-duty personnel have been rising steadily since 2004, but especially over the past 5 years; they are currently at an all-time high and their trend-line continues upward. The Army's suicide rate is the highest it's been since 1938, nearly a century ago! According to the Associated Press, suicide rates in the U.S. Military rose once again in 2021 with alarming increases among the Army National Guard and active-duty Army troops.

‘The findings are troubling,’ Defense Secretary Lloyd Austin said. ‘Suicide rates among our service members and military families are still too high, and the trends are not going in the right direction.’

The rate of suicides by Army National Guard troops increased by 35 percent, and the increase for active-duty Army service members was nearly 20 percent. .... Pentagon press secretary John Kirby said the Defense Department cannot explain the increase in suicides, according to the AP. ‘It's difficult to denote specific causality with suicide on an individual basis, let alone on an institutional basis,’ he said. ‘And I think that's why it's so difficult for us to speak to it with any specificity, except to say we take this very, very seriously.’ (Newsweek, December 10<sup>th</sup>, 2022)

In October 2022, the Department of Defense (DOD) released its Annual Report on Suicide in the Military, providing the most recent annual suicide data for the calendar year 2021. In 2021,

- 519 active-duty service members died by suicide with young, enlisted men in the 18-24-year age group at greatest risk;
- despite the upward trend in military suicides over the last decade, 2021 saw a more than 15% decrease from 2020 for active-duty service members; and,
- 202 dependents died by suicide in 2020, including 133 spouses and 69 other dependents. Firearms were the primary method of suicide for both service and family members.

These studies, reports and statistics reveal nothing less than a “Crisis of Suicide!” among our soldiers, families, and veterans. No question. The sheer numbers and rates revealed paint a dark, dire, and dismal picture, especially since they have been going in the wrong direction for nearly 20 years! There is not much by way of

a positive interpretive spin when considering them, ... *nor should there be!* We must see the unvarnished reality as it is so we can address the underlying individual and institutional causes involved in this crisis. And there is a pressing urgency to do so, given that 22 of our young active-duty soldiers and veterans commit suicide each and every day! ... Startling! ... Shocking!

With that said, there is something positive that's happening. The Pentagon recognized the problem and responded in 2021 by increasing its support and resources for suicide prevention and intervention programs, quality of life services, and mental health and psychiatric services. Their goal is to lower suicide risk factors by increasing awareness programs while reducing the stigma of seeking help and the barriers to receiving these much-needed services and care.

The presiding in time is suggested secretary John Kirby, *causal* factors are an individual or that underly and Suicide?" Without an causal factors or institutional, any in ways that might this 20-year upward doomed to fail!

There is a rather well-founded what some of the factors might be crisis, especially rates have been

2004. This article is written to increase our awareness of the current Crisis of Suicide among our soldiers, families, and veterans and, also, to consider some possible *institutional* factors underlying and fueling its upward trajectory.



question at this point by Pentagon press "What specific operating at either institutional level explain this Crisis of understanding of the involved -individual attempt to intervene alter- if not reverse, trajectory is simply

disturbing lack of any speculation about possible causal that's fueling this since these suicide increasing since

### An Historical Perspective: Some Long-term Historical Trends

A recent study published in the *Journal of the American Medical Association*<sup>1</sup> analyzed Army suicide rates from 1819 to 2017. Cited in the DOD's 2022 Annual Report on Suicide, it is among the largest and most extensive historical examination of suicides in the U.S. Army to date. By taking a long-term historical approach

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<sup>1</sup> Smith, J.A., Doidge, M., Hanoa, R. et al., A Historical Examination of Military Records of US Army Suicide, 1819 to 2017. *JAMA Netw. Open.* 2019; 2(12).

to suicide among active-duty personnel in the US Army, it provides us with an additional perspective and a new analytical tool from which we might better differentiate long-term historical trends from short-term temporary causal factors.

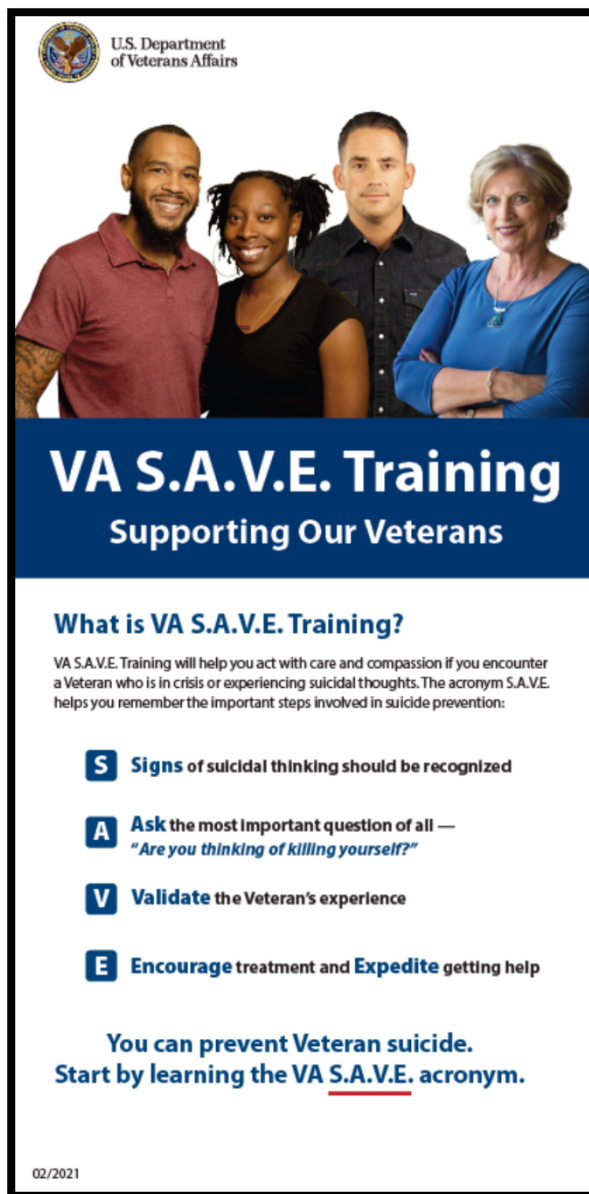
In my reading, its findings suggest some promising directions in the search for possible institutional causal factors underlying the current Crisis of Suicide. This is a cross-sectional study that documents the historical trends in suicide rates.

an historical vantage a general *decrease* in active-duty personnel the US Civil War, the World War I, World War significant change the time of the Vietnam pattern reversal and a suicide rates among that continued through Iraq and Afghanistan.

These findings suggest witnessing a 20-year that began with the the early 2000s. Rather, trend, that initially began the 1960s: suicide rates *wrong* direction for years! Moreover, the since 2004 can be more of a longer-term result of a shorter-term of causal factors!

The Vietnam War is historical marker *before* general decrease in which there was a authors suggest that from the battlefield” causally involved in this

subsequent *increase* in suicide rates. Any further inquiry about institutional causal factors begins with asking questions about these observations. ... So, why did suicide rates begin increasing with the Vietnam War? What institutional causal factors might have been operating “away from the battlefield” at that time? And what is it about the Global War on Terror that sustained and fueled the upward trajectory in these suicide rates?

A poster for VA S.A.V.E. Training. At the top left is the U.S. Department of Veterans Affairs seal. To its right, the text "U.S. Department of Veterans Affairs" is written. Below this is a photograph of four people: a man with a beard in a maroon shirt, a woman with dark hair in a black shirt, a man in a dark button-down shirt, and a woman with blonde hair in a blue shirt. Below the photo is a blue banner with the text "VA S.A.V.E. Training" in large white letters, and "Supporting Our Veterans" in smaller white letters below it. The main body of the poster has a white background. It starts with the heading "What is VA S.A.V.E. Training?" in blue. Below this is a paragraph: "VA S.A.V.E. Training will help you act with care and compassion if you encounter a Veteran who is in crisis or experiencing suicidal thoughts. The acronym S.A.V.E. helps you remember the important steps involved in suicide prevention:". This is followed by four items, each with a blue square containing a white letter: "S Signs of suicidal thinking should be recognized", "A Ask the most Important question of all — 'Are you thinking of killing yourself?'" (with "Are you thinking of killing yourself?" in italics), "V Validate the Veteran's experience", and "E Encourage treatment and Expedite getting help". Below these items is a blue banner with the text "You can prevent Veteran suicide. Start by learning the VA S.A.V.E. acronym." in white. At the bottom left of the poster is the date "02/2021".

Examining the data from point, its findings reveal suicide rates among during active combat in Spanish-American War, II, and the Korean War. A occurred, however, at War when there was a general *increase* in active-duty personnel our 21st-century wars in

that we are *not* increase in suicide rates Global War on Terror in it is a 60-year historical with the Vietnam War in have been moving in the nearly 60 years *-not* 20-*increase* in suicide rates accurately seen as part historical trend *-not* the and more temporary set

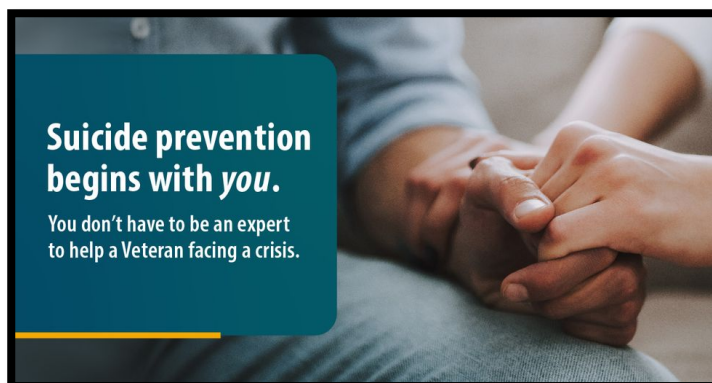
identified as the which there was a suicide rates and *after* general increase. The factors operating “away could be somehow pattern reversal and

Examining from a historical perspective, other observations reveal that both of these wars have some shared and distinct characteristics:

- they were the two longest-lasting wars in US Army history;
- the exits from both theatres of operation were chaotic, and confusing; and,
- the exits from both violated a core American principle and value contained in our Warriors Creed, *No One Left Behind!*

The similarity between the exits from Saigon in 1975 and Kabul in 2021 were immediately obvious to both the American press and public, as reflected in the Wall Street Journal's headline on August 16<sup>th</sup>, 2021, "*Saigon on Steroids!*" For veterans of the Vietnam War, it reawakened vivid memories of helicopters desperately trying to evacuate more than 7,000 civilians and personnel from the roof tops in Saigon on April 29<sup>th</sup> and 30<sup>th</sup>, 1975. For those from the Afghanistan-Iraq wars, the images of Afghans falling to their death from the tires and wheel wells of C-17 military aircraft rolling down the runway and lifting off from the Kabul airport are now forever etched in their memories.

In the exit from unknown hundreds American citizens, and allied others from the Kabul behind enemy lines, How many were left ... Or, left behind many veterans were and held in their return home?



Afghanistan, -if not thousands, of Afghan interpreters, were sealed off airport, trapped and left behind! behind in Vietnam? *after* Vietnam as so shunned, shamed, contempt upon And in the chaotic

exits from each of these two longest-lasting wars in US Army history, what happened to our core American principle and value contained in the Warrior's Creed, Leave no one behind!? ... *What "factors away from the battlefield" resulted in the lengths of these two wars and their chaotic exits?*

Certainly, the lack of a coherent exit strategy from Saigon in 1975 and again in Afghanistan in 2021 should, in no way, reflect poorly on our brave and patriotic young men and women who served in these wars, many of whom volunteered for multiple deployments in the Global War on Terror. Nevertheless, many believe that their sacrifices and those of their comrades served no meaningful purpose: their loss of limbs and lives were for nothing! And, many feel deeply betrayed and angry, and -for too many, alienated from themselves, their families, and their communities!

It is here where the DOD's 2021 initiatives can make a significant impact in lowering suicide risk factors by increasing awareness of the problem and reaching out to those service and family members in need of services. It is also here that our respective chapters can do whatever we can to reach out and connect with our younger veterans and families, let them know they're not alone, and help them access information on the many services now available. In Michigan, for example, we started *Operation Lone Eagle* in October 2021, shortly after the humiliating debacle of our exit from Afghanistan. (For those interested in knowing more, feel

free to visit our website [101<sup>st</sup>airbornemichiganchapter.com] where *The Michigan Screaming Eagle*, is posted; especially relevant are the October 2021 and January 2022 editions.)

At the same time, some very difficult but important questions need to be asked by and of our military leaders and institutions in the search for any causal institutional factors operating “away from the battlefield.” Has anyone in a position of institutional power, for example, noticed the shared characteristics between the Vietnam War and Global War on Terror? Has anyone considered that some causal *institutional* factors, -e.g., a different theory and philosophy of war, might have been introduced at the time of the Vietnam War and continued operating through the Global War on Terror? Moreover, that these institutional factors could be *causally* involved in the increase in suicide rates that began with the Vietnam War? ... *If not, why not?*

Far too often, those who fought in the War on Terror have been left to fight their personal and private War of Terror by themselves, continuously repeating, reliving, and reexperiencing their war-time experiences, preventing them from seeking help or otherwise adapting and reintegrating back into civilian life. Often unacknowledged -if that the re-living of experiences -or the thereof, impacts the experiences of their ... *Has this private War upward trajectory in our service and family*



not unrecognized, is these wartime ever-present threat lives and every day families and children. *of Terror fueled the suicide rates among members?*

Something else seems to have been operating “away from the battlefield” at the time of the Vietnam War and is well-worth considering as a causal institutional factor involved in our current Crisis of Suicide.

**Specific Socio-Cultural “Away from the of the Vietnam War** *Source: Data from Watson Institute International & Public Affairs Brown University Jun 2021* **Factors Operating Battlefield” at the Time**

At the time of the Vietnam War, a *therapeutic* cultural orientation was emerging in the Westernized cultures, especially in our country.<sup>2</sup> Authorized by psychiatric liberalism and administrative law, the language, principles, and values of the therapeutic endeavor were just beginning to noticeably influence our political and social institutions in the early ‘60s, shaping their core values and beliefs, and guiding their policies and decision-making.

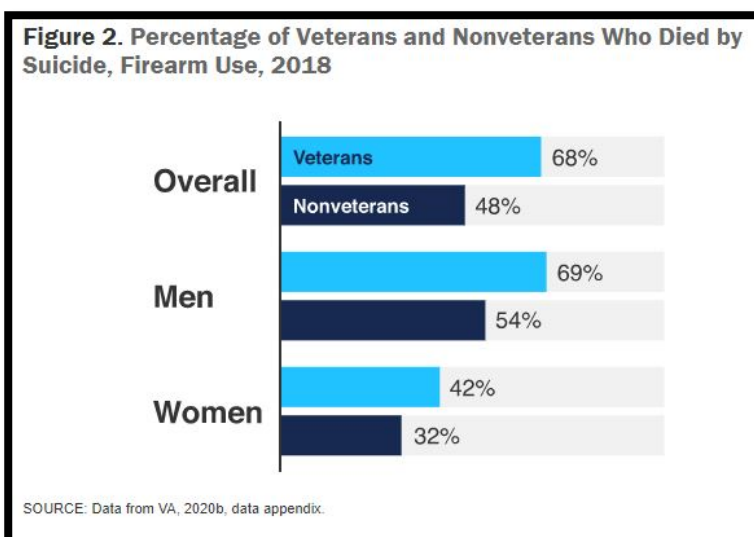
Over the past 60 years, we have witnessed a seismic shift in our culture in which a therapeutic system of values has encircled and penetrated our political and social institutions and most every aspect of life in contemporary society. For example, the therapeutic values of *empathy, compassion, caring, and understanding* -to name a few, now permeate and shape the vision, mission, and purpose of our institutions.

<sup>2</sup> Szasz, T. (1963). *Law, Liberty, and Psychiatry: an inquiry into the social uses of mental health practices*. The Macmillan Company. New York (NY)

And therapeutic speech codes are now designed and implemented to prevent any speech that might offend the feelings or sensibilities of others.

In this cultural context, our institutions now function like therapeutic instruments that compassionately intervene for the purpose of establishing *equity, fairness, and social justice* in our society and everyday lives. No secret. Those in positions of institutional power now make decisions within this therapeutic framework, guided by its therapeutic set of values. In so doing, they fulfill a therapeutic role, mission, and purpose by fundamentally transforming our systems of social change to create a better world, -e.g., our healthcare, immigration, educational, judicial, law enforcement, and *military* systems -to name a few.

Within this therapeutic cultural context, it seems that since Vietnam our armed forces have been increasingly fighting *therapeutic* wars in which the primary purpose is “to win over the hearts and minds of the people” - *not* to vanquish enemies; target” is no mission, objective of our interestingly, the the marker at pattern of rates in previous began to leading to our Suicide!



Did the same assumptions, philosophy of war introduced in the jungles of Vietnam lead to similar results 46 years later in the deserts of Afghanistan in terms of producing the two longest wars in U.S. Army history; the humiliating exits from both theatres of operation; violating the core value and principle of the Warriors Creed; and, fueling the 60-year upward trajectory in suicide rates?

These and other such questions *must* be asked of and by our politicians and military leaders in the search for institutional causal factors that might underly our current Crisis of Suicide! It is necessary to do so to establish some working hypotheses.

### **Our Nation’s 21<sup>st</sup> Century “Woke” Society and Military: Purging and Cleansing “Systemic Racism” and “Toxic Masculinity”**

In their 2021 study, the Watson Institute’s Cost of War Project discusses stress factors particular to military life as *causally* involved in the current Crisis of Suicide. It cites high exposure to various forms of trauma (mental, physical, moral, and sexual, stress and burnout) and, especially, the influence of the military’s “hegemonic masculine culture,” continued access to guns, and the difficulties of re-integrating into civilian life following discharge.

“Hegemonic masculinity” -more commonly known as “toxic masculinity,” is most often understood as those social practices that, at once, legitimize the dominant position of men in American society in general and justify and perpetuate the subordination of the common male population and women and other marginalized ways of being a man. “Toxic masculinity” purports to explain *how* and *why* men maintain dominant social roles over women and other gender identities perceived as “feminine” in our society.

From a systems perspective, “toxic masculinity” is understood as *the cause* of female distress, discomfort, and disconnectedness (*the effect*), which is then interpreted as the *cause* of the high rates of suicide among our younger female veterans. The most therapeutic solution? To cleanse and purge the system of this malignancy -the pathogenic *cause*, thereby reducing suicides rates among young female veterans (*the effect*). As “systemic racism” must be cleansed from the social and political institutions of the larger culture, so too “toxic masculinity” must be purged from the military culture, especially from the 18-24-year-old young, enlisted man.

“Woke-ness” has seeped into our military institutions and premises the decision-making of our leaders who have agreed to participate in this grand social experiment and engineering project: “mission creep” can take many different forms! Radical and sweeping changes are fundamentally transforming our military culture. The U.S. Special Operations Command, for example, now has a Diversity and Inclusion Strategic Plan which asserts that “diversity and inclusion are operational imperatives.” And in a recent interview with NPR’s *Morning Edition*, Gen. David Berger -commandant of the Marine Corps, said that the Corps is planning a major overhaul designed to address its lack of diversity and problem with troop retention by more closely reflecting the values and make-up of society.

Of course, no one serving in our military should be disparaged, degraded, or diminished based upon their gender, race, religion, class, sexual orientation, or for any other reason for that matter. No question. But that list should also include the young, enlisted man serving on active duty who is now seen as a “toxic male” and must be cleansed and purged of his toxicity for the greater good of the military! This is the same group of young men who comprised the highest suicide risk group in 2021, according to the DOD’s Annual Report on Suicide! ... Is this institutional cleansing *causal of or correlative with* their high suicide rates?

There seems to be something ethically and morally conflictual for the 18-24-year-old young man who enlists in any branch of the armed services, only to discover he’s entered an enlightened “Woke” culture in which he must participate in workshops on *inclusivity* and *diversity*, ostensibly for the purpose of improving lethality as a fighting force! In this process, however, he must implicitly -if not explicitly, acknowledge that he is -in his essence, a “toxic male” and then actively participate in purging himself of his “toxic” beliefs, values, and attitudes. ... *Does this institutional process not alienate him from himself, his family, and his past? Is this not a traumatic and traumatizing experience for him?*<sup>3</sup>

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<sup>3</sup> Dr. Kavanaugh consulted at the VAMC-Detroit for over 25 years and has worked with those who have experienced traumatic and traumatizing experiences -wartime and otherwise, for over 50 years in his private practice.

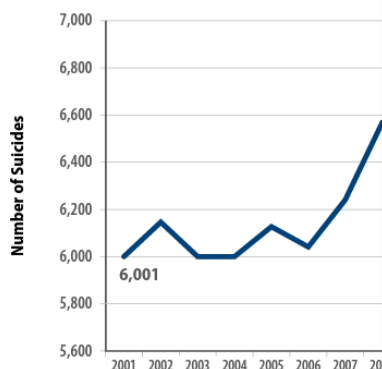
Following the Vietnam War, our soldiers were shunned, shamed, and held in contempt upon their return home. They were not welcomed, nor were they respected for having participated in the war. It now seems that our young male soldiers are shunned, shamed, and held in contempt upon entering the military where they are not welcomed or respected for who they are as people or as patriotic Americans. Instead, they are degraded and dismissed as “toxic males!”

As we increase our awareness of the ongoing and longstanding “Crisis of Suicide” among our soldiers, families, and veterans, we must also increase our awareness of any underlying causal institutional factors. Hard and difficult questions must be asked. Systematic and rigorous studies must be conducted. Any institutional factors or “institutionalized wisdom” that perpetuate and sustain this longstanding Crisis of Suicide must be addressed and remedied immediately. Why? ... there is a pressing urgency to do so: 22 young soldiers and veterans

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#### NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT | S

**Figure 2: Veteran Suicide Deaths, 2001–2020**



#### Average Number of Suicides Per Day

- Among all U.S. adults—including Veterans—the average number of suicides per day in 2020 was 121.0. The average number of suicides per day among Veterans was 16.8.
- The average number of Veteran suicides per day in 2020, approximately 39.7% (6.7 per day) were among Recent Veteran VHA Users<sup>16</sup> and 60.3% (10.1 per day) were among Other Veterans.

#### Suicide Rates

Over the 2 decades from 2001 through 2020, the Veteran population decreased by 24.6%, from 25.7 million to 19.4 million. In the same years, the non-Veteran U.S. adult population increased by 27.2%, from 186.6 million to 237.3 million. In this context, it is important to assess suicide mortality rates, which convey the incidence of suicide relative to the size of the population.



# BUDDY CHECK

#### Firearm Safety

Nearly half of all Veterans own a firearm, and most Veteran firearm owners are dedicated to firearm safety. Firearm injuries in the home can be prevented by making sure firearms are **unloaded, locked, and secured** when not in use, with ammunition stored in a separate location.

#### Firearm Storage Options

There are several effective ways to safely secure firearms, as shown below. Learn more and find the option that works best for you and your family from the National Shooting Sports Foundation at [www.nssf.org/safety](http://www.nssf.org/safety).



**Cable Lock**  
Price: \$10–\$50



**Lockbox**  
Price: \$25–\$350



**Gun Safe**  
Price: \$200–\$2,500

Practicing safe storage can decrease risk for suicide.

Since many suicidal crises are brief, safe storage practices can save a life by increasing the amount of **time** and **space** between the suicidal impulse and access to a firearm or other household risks.