



Courtesy photo

Chaplain (Capt.) David Haltom, 732nd Air Expeditionary Group, provides spiritual guidance to a Joint Expeditionary Tasked Airman in a combat zone. As one of the only 'combat' chapel teams, Chaplain Haltom and Staff Sgt. Porscha Howard, the chapel team for the 732nd AEG, provide chapel support to Joint Expeditionary Tasked Airmen, who are filling Army positions in unique locations.

A Silent Killer

With an increase in suicides among Soldiers, the Army and Defense Department work to prevent it and combat its causes.

By Jennifer G. Williams

THE U.S. Army recorded more suicides in January 2009 than combat deaths in Iraq and Afghanistan combined.

This sobering statistic followed a report that 2008 showed the highest suicide rate among soldiers since the Army began recording such figures in 1980. And while suicide rates are higher across the board in all services, the increased rate for the Army is downright alarming, say officials.

As of March 2, the figures for fiscal year 2008 stood at 138 soldier suicides, with five pending confirmation. In January 2009 alone, there were 12 soldier suicides, with 12 pending determination. This compares with 5 suicides in January 2008 and 6 in January 2007, according to records. And for February 2009, the Army had two confirmed suicides, with 16 pending confirmation.

Military officials point to the increased frequency of deployments, limited time at home between deployments and the

continued stigma for service members in seeking mental health treatment as probable contributing factors to the rising rate. Even the military's top leader recognizes the connection.

"The correlation [between] the stress of these wars and the suicide rate is something that I accept," Navy Adm. Michael Mullen, chairman of the Joint Chiefs of Staff, told a town hall meeting at Scott Air Force Base in February.

Suicide is touching every segment of our force, said Gen. Peter Chiarelli, vice chief of staff for the Army in a March DoD Bloggers Roundtable discussion with reporters. "From active to reserve and National Guard; officer and enlisted; deployed, nondeployed and yet-to-be-deployed," all are affected, he said.

"The culture of the Army is that of a team," said Chiarelli, "and any time one of our own feels so lost that he or she sees no other option than to take their own life, we've failed as an organization."

The Army, Department of Defense and VA all have beefed up existing programs or started new ones to help identify those at risk for suicide and get them help before it is too late. From a month-long "stand down" for training and awareness to implementing pilot programs designed to break the stigma of seeking help for mental health issues, the Army is working hard to establish new norms from the top down to the individual soldier level, say officials.

One Post's Story

During the "stand down," the Army's interactive video depicting possible situations and choices to make played to packed auditoriums of both soldiers and civilians, said Kimberly Henry, Fort Carson, Colo.'s Army Substance Abuse Program (ASAP) Alcohol, Drug Control Officer who also heads the post's suicide prevention program. "This gives soldiers a chance to see a real-life situation and see what choices they have," she said. It also offers soldiers practice in an area with which they are likely unfamiliar, she said.

"Soldiers learn how to shoot their weapon by going down range and practicing; they learn to drive a vehicle by practicing," said Henry, "but we never gave them a chance to practice how to ask the question, how to care, how to escort, so these new programs and videos are giving them that training, that practice, to do so."

Ask, Care, Escort (ACE) is another Army initiative designed to encourage intervention, the Army is promoting the ACE concept, printing up wallet-size cards to explain it to soldiers: Ask about a Soldier's situation or problem -- don't ignore it; Care enough to take action. Intervene such as taking a weapon away from a suicidal soldier; and Escort the person to a health-care provider or chaplain or unit leader.

Fort Carson also sends its Installation Prevention Team around through its "Soldiers Helping Soldiers" program, which goes directly to the squad leaders to let them know what to look for -- have a tip card to hand them, organized in a flow chart with very short bullet statements, said Henry.

The Army and DoD is trying all types of different approaches to the problem, say officials, because there is no one reason for the increase in suicides and everyone responds to different methods. "You can't

just throw out a pamphlet and make a difference," said Henry. "You reach different people by different means -- that's why we're taking a multi-pronged approach to this problem."

"I've heard comments from Soldiers, including one who told me he really appreciated the video," said Henry, "because he felt the Army loved him for taking the time to produce it and show it to everyone.

That's pretty powerful, when a guy's telling you he feels the Army loves him."

Fort Carson is a good bellwether for the army as a whole. The post is one of the busier Army installations in the country, home to the 4th Infantry Division, the 10th Special Forces Group and Division West, First Army, which trains nearly 200,000 National Guard and Reserve soldiers west of the Mississippi. Its commander, Maj. Gen.

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Stopping the Stigma

By Jennifer G. Williams

One of the biggest obstacles for most soldiers in seeking help for mental health issues is the fear of how it may affect their military careers.

For Gen. Carter F. Ham, commander of U.S. Army Europe and 7th Army, getting help outweighed any fears he may have had—and few could say it affected the four-star general's career.

Ham has spoken openly in interviews about seeking help after returning from a 2004 deployment to Iraq. He says there is still a stigma associated with getting help for mental health issues, but times are changing.

"I think it's getting better, but it is still there," he said in a Pentagon news briefing in February. "There is still a culture out there that says if you have to go get help, that's a sign of weakness. And we've got to defeat that."

Ham's humvee was damaged by a roadside bomb, seriously wounding the gunner, and a suicide bomber killed 22 people, including 14 U.S. troops at the FOB Marez dining hall near Mosul, which was under Ham's command at the time. Ham has called that day, December 21, 2004, the worst day in his life.

"I think the challenge is making sure folks understand that it's okay to ask for a little bit of help," Ham said. "Some people need a little bit of help. Some people need a lot of help. My job is to make sure in Europe that whatever support is required is available to them."

Ham said he's distressed over the number of suicides in the Army, and is working with other officials to determine the cause and reduce the numbers.

"I wish I had an answer on the suicides," he said. "It's an easy answer to leap immediately to say repetitive deployments, short dwell. But I'm not sure it's right. What I think we do have to do is look, as General (George) Casey and Secretary (Pete) Geren have charged us to do as leaders – is to look at and focus on this problem very intensely to try to make sure that we are doing all that we can to identify the contributing factors that have caused such a dramatic increase in suicides in the Army."

Ham said he's been heartened by some community visits in Europe where the spouses have told him, "'Hey, my soldier needed some help, and we found it much more accessible,' either for the soldier or for the family member. So I think we're getting better. And if my speaking out and others' – senior folks' speaking out helps to reduce the stigma – then that's a good thing."

Mark Graham personally has been touched by suicide: his son, Kevin, a top ROTC student, committed suicide in 2003. "General Graham has a saying: 'Stigma Kills,'" said Henry. "We are working to overcome that stigma and get soldiers the help they may need before it's too late."

Fort Carson has "been a revolving door" with deployments in recent years, said Col. R. Shannon Davis, deputy senior commander and chief of staff at Fort Carson. "And many of these kids we're seeing now have been deployed three or four times, so most of our forces have had quite a bit of combat experience by now."

The multiple deployments obviously have an effect on soldiers and their families, said Davis. "And not only are we looking at PTSD (post traumatic stress disorder), TBI (traumatic brain injury) and anxiety disorder, we're also very concerned about how that's affecting or not affecting or suicide rate."

"The whole army has gotten much better than after Vietnam – from the top down," in dealing with these issues, said Davis. "It has permeated down through the chain of command that we want to reduce the stigma, and encourage people to come forward and ask for help. Want to make sure that the programs put out there to help get our arms around this issue are being utilized, and are being injected into the force at the right place, at the right time and with the right message."

"There's not an official no tolerance policy," to harassing those who seek help, said Davis. "But we may be working toward that ... it's more of an informal policy right now."

Davis said there's talk of starting training in these areas earlier, such as in the officer basic course or even basic training. "We have to get to the basic foundation of our soldiers, so we're not trying to play catch up midway through their career," he said. "Get this type of training down to the basic levels of the military...It's going to take time, but I think it will pay off in the long run."

Fort Carson officials are currently coordinating all types of resources available to service members and

families, either through the military or the civilian world, said Henry. They plan to post everything online in one place so someone can go there, click on the issues they're having, and get a list of resources to help, she said.

Barriers to seeking help

But leaders agree that just having the programs in place is not enough. Soldiers need to feel comfortable enough to seek help, and that is where continuing efforts are being focused.

In a speech to the Reserve Officers Association in February, Mullen said that the stigma associated with PTSD and other mental health issues is still significant, and that military leaders need to work to eliminate people's unwillingness to seek help. "I've been told enough by young Soldiers, sailors, airmen, Marines that they just check the block and move through it, because they know if they check the wrong block, guess what they're not going to be able to do – go home," he said. "That's the human side of this, which we've got to figure out, and address the issue. We have got to figure out a way to get every single person that has been deployed and been in a combat zone...not just those who raise their hand," to go through a meaningful assessment for post-traumatic stress disorder, he said.

For example, said Mullen, soldiers coming back from a horrendous combat tour get out and fly home. They've been through hell. Things have affected them in ways that they can't even see. They've seen buddies die, and they have the nightmares that go with it. Now, the structure the military provided is gone. They may or may not have family there to support them, he said. "They're alone."

"Right now, we only track individuals for 120 days when they get out," Mullen said. "We've got to have a tracking system that stays in touch with individuals so they know where the life lines are. It needs to be transparent and seamless so that we make sure we can support individuals who have sacrificed so much."

While the military has come a long way and understands post-traumatic stress better than a few years ago, he said, there's still a long way to go. 