# NWO Presentation on Suicide by Troops 2

# Marine We are Starting To Fall To The Wayside'

# IS SUICIDE A SIN?

**Suicide and PTSD**

**How common is suicide?**

**Does trauma or PTSD increase a person's suicide risk?**

**What can I do? (I am suicidal; Someone I know is suicidal; Someone I know has committed suicide;**

**PTSD and Suicide**

 **What Are The Warning Signs For Suicide?**

**Suicide Prevention (Spotting the Signs and Helping a Suicidal Person)**

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 **Talking to a person about suicide**

**When talking to a suicidal person**

**Suicide prevention tip #2: Respond quickly in a crisis**

**Suicide prevention tip #3: Offer help and support**

**Risk factors for suicide**

### 1 Samuel 31:4

King James Version (KJV)

 **4**Then said Saul unto his armourbearer, Draw thy sword, and thrust me through therewith; lest these uncircumcised come and thrust me through, and abuse me. But his armourbearer would not; for he was sore afraid. Therefore Saul took a sword, and fell upon it.

### 1 Samuel 31:5

King James Version (KJV)

 **5**And when his armourbearer saw that Saul was dead, he fell likewise upon his sword, and died with him.

### 1 Chronicles 10:4

King James Version (KJV)

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# Marine We are Starting To Fall To The Wayside'

by [Tom Bowman](http://www.npr.org/people/5457129/tom-bowman)

##### Correction July 5, 2011

Previous versions of this story incorrectly said Sgt. Jon Moulder had a 2-year-old from a previous marriage. He has a 6-year-old from a previous marriage and a 2-year-old.

July 5, 2011

A very small number of Americans are now serving in the military — less than 1 percent. Some are [*looking for direction*](http://www.npr.org/templates/story/story.php?live=1&storyId=137506686); others are inspired by a sense of patriotism or by a family member who served in an earlier war. In the series Who Serves, NPR looks at those who have made a decision few others have — to fight in America's wars.

Enlarge David Gilkey/NPR

A Marine walks along a mud wall while conducting a search and clearing operation in Afghanistan's Helmand province, as the dust from a wheat thrashing machine falls like snow.

Just after dawn one day last month, Sgt. Jon Moulder led his patrol of Marines out of Combat Outpost Reilly — basically a collection of tents and sandbags and razor wire — and headed down a dusty road in Afghanistan's Helmand province.

Moulder is a short, compact Marine from Nashville, Tenn. He's on his fourth combat tour, split evenly between Iraq and Afghanistan.

That's meant a lot of time away from home.

"Yeah, it's this whole family thing, deploying and keep leaving," Moulder says. "I have my personal views and opinions on things."

Moulder has a wife back home and two children — a 6-year-old from a previous marriage and a 2-year-old.

Here, a graphical look at the makeup of the military and the sacrifices those troops have made.

This is likely his last deployment. But he acknowledges that this life is exciting. It's fighting America's enemies; it's danger; it's firefights.

"It's the biggest adrenaline rush that you'll ever get," he says. "Not to say that I've done drugs but I don't think drugs could ever ... top the adrenaline rush of getting [into] a firefight."

"That's why guys, when they get home, they just do dumb stuff. [You're] basically an adrenaline junkie for about [the] first month that you're back home from this type of place."

**'You Never Know When Your Last Footstep Is'**

That adrenaline rush keeps him going. But all those deployments — and the endless patrols — take their toll. Moulder has lost several friends. Others have been seriously wounded, the most recent back in February.

"My team leader this deployment — he lost half his right leg," he says.

Out on that patrol, Moulder stopped at an Afghan security post. It's a small concrete building topped with the country's flag. A couple of Afghans joined the Marines, and they all headed off the road and began to cross a field.

Moulder was relieved to take his patrol off that dirt road. Roads and footpaths hide the crude bombs that kill Americans.

Every time you come over here on deployment like this, it's like you lose ... a piece of yourself. ... And I don't want to hit that breaking point to where I have no respect for humanity left.

- Sgt. Jon Moulder

"I don't trust any roads, really. I hate roads, footpaths – that's what sucks doing what we do. ... You never know when your last footstep is. Like, next footstep could be your last. Next footstep could be losing limbs," he says.

**Slipping Away**

Moulder's had his share of near misses. And for him, and many of the Marines, the question is whether it's all worth it.

Last month in Washington, the debate was about how many troops to bring home.

When asked whether he felt that people back home care about the war, Moulder says, "I think we're starting to fall to the wayside."

"This has been going on for so long," he adds. "Hell, you know, it's America's longest conflict running to date. ... We're kind of like the bastard children of our generation. Starting to become unwanted," Moulder says.

He's feeling forgotten. And that's after having survived four roadside bomb explosions. He's suffered a concussion — he's having trouble sleeping and he's seeing a counselor about post-traumatic stress.

At times, Moulder says, he feels himself slipping away.

"Every time you come over here on deployment like this," he says, "it's like you lose ... a piece of yourself. Every time you come over here, little bit of [a] piece of humanity every time. And I don't want to hit that breaking point to where I have no respect for humanity left."

Moulder has a little more than a month left on his deployment. He says he has to convince himself to go out each day and risk his life to help the Afghan people.

[http://www.npr.org/2011/07/05/137480613/marine-were-starting-to-fall-to-the-wayside&sc=nl&cc=nh-20110705](http://www.npr.org/2011/07/05/137480613/marine-were-starting-to-fall-to-the-wayside%26sc%3Dnl%26cc%3Dnh-20110705)

TRANSITION: IS SUICIDE A SIN?

**Is Suicide A Sin?**

by [Wayne Blank](http://www.keyway.ca/htm2002/roadsign.htm)

Suicide is a *horrible* personal tragedy. It should absolutely *never* happen.

To anyone who is of the opinion that it somehow "solves" anything, I have story of a family that I knew of. They were a happy, married couple in their late 40's, they had 2 fine children, an expensive new home. Everyone liked them. They even had a large "hobby farm" with a number of horses. They seemed to be a modern-day success.

Then one day, the wife lost her job due to corporate "down sizing." Ignoring all that she still had, one warm, sunny morning she went out and hanged herself in the horse barn. Did her death "solve" anything? No, absolutely not. It only caused *more* tragedy.

The husband, after grieving for his wife nearly a year, went to the local funeral home to make pre-arrangements for his own funeral - now a commonly accepted practice in many countries. After filling out all of the papers, and then giving a check for full payment to the unsuspecting funeral director, he went outside, took a 12-gauge shotgun out of his car, and killed himself in the funeral home parking lot. Did his death "solve" anything? No, absolutely not. The couple's 2 children, a son and daughter in their mid and early 20's are now left *without* both of their parents, and *with* the terrible knowledge of what happened to them. We can only hope and pray that tragic events for that family have now ended.

The taking of one's own life does not "solve" anything. It just creates more misery.

**Suicide In The Bible**

[The Bible](http://www.keyway.ca/htm2002/bybook.htm) records 3 well-known incidents of suicide - [King Saul](http://www.keyway.ca/htm2002/saul.htm) in the Old Testament (some also regard Samson's death as a suicide, however he was actually a prisoner of war who died in the process of killing 3,000 pagan Philistines), [Judas Iscariot](http://www.keyway.ca/htm2002/whydoit.htm) in the New Testament, and another that we will get to in a moment. Although the circumstances of Saul and Judas were different, they did have something very much in common. Saul was under the influence of an evil spirit (1 Samuel 16:14), and Judas had been directly entered by Satan (John 13:27).

And what is the third incident? When [Jesus Christ](http://www.keyway.ca/htm2002/christ.htm) healed a man of demon possession at Gerasenes, He had the demons go out from the man and into a large herd pigs that were grazing nearby (Mark 5:1-12). And what did the pigs do after the demons had entered them? They ran down the bank, into the lake, and drowned themselves (Mark 5:13). With the demons in them, the pigs *committed suicide*.

This is not in any way to suggest that all suicide is demon inspired - it most certainly isn't. But *some* clearly are, and of all the rest, Satan and his demons are pleased to see it happen. They know that we have the potential to inherit all that they threw away, and their jealousy and rage toward humans is near limitless (see [If You Could Create A World](http://www.keyway.ca/htm2002/ifcreate.htm) and [Why Demons Are Afraid Of You](http://www.keyway.ca/htm2002/whydemon.htm)).

One of the most ludicrous phenomena of modern times are the so-called "suicide cults" - religious groups, many claiming to be Christian, planning, or actually committing mass suicide. Such groups, or at least their leaders, *are* Satanic - God absolutely in no way would command or condone the killing of one's self. God is the *Creator* of life (Genesis 1:20-28), while Satan holds the power of *death* (Hebrews 2:14)

Suicide is wrong because it robs the victim of the time that was given to prepare for all the glory that comes after. There is no problem that is worth the taking of one's own life (see [Why Does God Allow Suffering?](http://www.keyway.ca/htm2002/whysufer.htm)). Often, all that is needed is time, and things will get much better.

Suicide is the deliberate and unlawful killing of one of God's own beloved children, whom He cares for very much. *Always choose life*.

**A Clarification**

Since the original edition of this study was written, I have heard from a few readers who felt that it was some sort of judgment or condemnation of people who have committed suicide. *It most certainly is not*.

This study was written in response to a young lady who was contemplating suicide. She wrote to me and asked, "Can you give me one good reason why I shouldn't do it?" The content and the tone of the text where directed at her (I am happy to report that it was successful, and at last report she was working out her problems in a positive way), and anyone else who is thinking of making such a tragic mistake.

Yes, suicide is a sin, one of the many thousands of kinds of sins that humans commit. But that's why we have a Savior, so that our sins may be *forgiven*. Only God is the Judge.

**Fact Finder:** What happens when people die? When will the dead come back to life again?
See [What Happens When You Die?](http://www.keyway.ca/htm2000/20000423.htm), [Where Is Your Soul?](http://www.keyway.ca/htm2000/20000610.htm) and [The Last Day](http://www.keyway.ca/htm2002/lastday.htm)

<http://www.keyway.ca/htm2002/suicide.htm>

## Where does the Bible say suicide is a sin?

I wanted to end it before I learned to read. Always told myself I would hold on until i was 45. Things would either have improved by that time and I'd be happy i waited or things would just get even worse after. Well, I'm almost 37, nothing's changed. I'm not going to make it.

Where exactly in the bible does it say that killing yourself is a sin? I know killing others is a sin, but I can't find where it says killing yourself is. Killing someone else against their will is not the same as willingly giving up your own.

I accepted Jesus (again) in my heart wed night, had a little peace until I read in the bible that God doesn't take away problems, just gives hope and strength. Well, I am one giant problem and a thousand little ones. Hope and comfort just won't cut it. Always had this fantasy of meeting God at the gate and convincing Him to just make me cease to exist, no heaven, no hell, just nothing.

I found your website not too long ago, I was surfing the net for humor sites, wasting time until things were set to go. Then I found yours. Made me stop what I was doing. Isn't that a riot? Bet you have helped a lot of people. Been reading the bible, but it just occurred to me that only murder of another person is a sin. I can't find anywhere in the bible where is specifically says suicide is a sin, can you? Will wait for your answer.

**My response is in Green:**

I think I can show you verses which say that it is a sin to kill yourself. None say it in those words, however. First God tells us not to murder. Period. He does not say don't murder anyone who doesn't want to die, He says don't murder. Here is my point. Is it okay to kill someone if during the fight with them, they come out and tell you to kill them their life sucks anyway? Of course not, it is still murder in God's eyes. So does it make any difference just because you want to die? I don't think so. Now let me give you a few of those verses:

(1 Corinthians 6:19-20 NIV) [19] Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; [20] you were bought at a price. Therefore honor God with your body.

### 1 Corinthians 6:19-20

King James Version (KJV)

 19What? know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own?

 20For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's.

(1 Corinthians 3:16-17 NIV) [16] Don't you know that you yourselves are God's temple and that God's Spirit lives in you? [17] If anyone destroys God's temple, God will destroy him; for God&'s temple is sacred, and you are that temple.

### 1 Corinthians 3:16-17

King James Version (KJV)

 16Know ye not that ye are the temple of God, and that the Spirit of God dwelleth in you?

 17If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are.

I think those are pretty clear. If you are a Christian your life and for that matter your body are no longer your own, they were bought with the blood of Christ. Here are two more passages:

(Psalm 39:4 NIV) Show me, O LORD, my life's end and the number of my days; let me know how fleeting is my life.

### Psalm 39:4

King James Version (KJV)

 4LORD, make me to know mine end, and the measure of my days, what it is: that I may know how frail I am.

(Psalm 139:15-16 NIV) [15] My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, [16] your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be.

### Psalm 139:15-16

King James Version (KJV)

 15My substance was not hid from thee, when I was made in secret, and curiously wrought in the lowest parts of the earth.

 16Thine eyes did see my substance, yet being unperfect; and in thy book all my members were written, which in continuance were fashioned, when as yet there was none of them.

You might be asking what those two have to do with suicide, they don't even talk about death. Yes they do. Both of them talk about God knowing how long your life will be. How does God know? He knows because it is up to Him to decide. When a person kills them self, they are playing god in their own life. They are taking the decision away from God. Now I ask you; is that a sin?

You said you accepted Christ again wed. evening. That is great, but what did you accept? Did you accept Him as Lord and Savior of your life? Or did you accept Him as genie in the sky who will take care of all your problems? You are right, God will not instantly do away with all your problems. Some He might do that with, but that is not what He offers us. He does offer hope and comfort, but much more than that.

Part of your problem seems to be that you have no idea what life is suppose to be about. It is not about having fun and being comfortable, it is about having a relationship with God. Until you have that close relationship you will not be able to know what God's purpose for your life is. I can't tell you what it is, because I don't know, but I do know that He has a purpose for you. Maybe that purpose is to clean toilets in the subway and witness to the homeless people there. Or maybe it is a much "nicer" purpose. I don't know, but I know that if God did not have a purpose for your life, you would not take in another breath. See God is not powerless to kill you. He can take you life any time He wants to, so if you live another day, it is because God has ordained it. It is time you got your eyes off of yourself and onto Christ and see why He wants you on this earth.

But make no mistake, you can claim the passages I quoted don't mean anything, you can claim that God will welcome you into heaven even if you kill yourself, but you would only be fooling yourself. You cannot play God for a fool. He gave you life and it is up to Him when you die. If you make the decision with a clear mind to kill yourself, you have rejected Christ.

I am sorry that I am so blunt, but I only know one way to tell the truth. You are not the first person whose life is nothing but problems. God can deal with that, but you have to be willing to allow Him to deal with it as He sees fit not how you do. Jesus said to follow Him we had to pick up our cross and deny ourselves daily. It is time you started doing just that.

http://www.behindthebadge.net/suicide/s92.html

**NEWS FROM IRAQ:**

On Billy's first mission, they blew a hole in the bridge they were going over and missed the 2nd truck.  Well it hit the bumper but 4 feet more would have been the cab... It was a gun truck. He was 4th back! Then they put a mortor in the bazar (sounds just like Sarajevo's Markale Market) at Warhorse the same day. It was a dud, though 300 people were there watching it bounce around.  MARINES came in and took it off and detonated it!. 6 soldiers from Fort Hood were killed last week in June.  The operation is now called "drawdown". They are taking fire from people from all over the middle east. They dont want them to leave or are making it hard for them too. He said they are comparing it to 2006. A little kid put a armor piercing round into the window of a gun truck in billys battalion killing 2.

We can not have the want to die. We have no right to take this upon ourselves to do. Only God can take us in His own time. He knows our direction. God created us we do not own ourselves. To die for anything is idolatry It is idolization of ourself, it is self pride. . God put us on this earth to learn and have faith in His way! He wants to see who is worthy of His Perfect Kingdom. and only the perfect in heart will make it. In God's time He takes us. It is not up to us to take this matter in our own hands.

God gave us laws to build our lives upon, to grow in His virtues, He gives us certain tools on this earth to help us along. we need nothing else to sturdy our walk to God's Kingdom! Charity,Faith,Hope, Charity being the ultimate ! to move forwards in life through Jesus Christ and through our Holy Spirit!

There is a purpose for each person on this earth, which God has planted. each one has his or her walk. Good or Bad. God is watching closely to see each move which a person takes. He is watching who takes what steps to achieve the "perfect in heart" . God watches all His sheep well. He has His rod and is combing and culling them out. He is separating the perfect from the imperfect. God is keeping His flock separated for a reason, to not contaminate the healthy In the Holy Spirit. For he who grazes.waters, and sleeps with evil will produce evil.

Strong's definition: From an unused root probably meaning to branch off; a scion, for example literally a stick (for punishing, writing, fighting, walking, ruling, etc.) or figuratively a clan.

THE ROD OF A SHEEP HERDER OR AS AN INSTRUMENT OR TOOL

Leviticus 27:32: And concerning the tithe of the herd, or of the flock, even of whatsoever passeth under the rod, the tenth shall be holy unto the LORD. Psalm 23:4: Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; thy rod and thy staff they comfort me. Psalm 2:9: Thou shalt break them with a rod of iron; thou shalt dash them in pieces like a potter's vessel. Isaiah 28:27: For the fitches are not threshed with a threshing instrument, neither is a cart wheel turned about upon the cummin; but the fitches are beaten out with a staff, and the cummin with a rod. Exodus 21:20: And if a man smite his servant, or his maid, with a rod, and he die under his hand; he shall be surely punished.

Psalm 125:3: For the rod of the wicked shall not rest upon the lot of the righteous; lest the righteous put forth their hands unto iniquity. Proverbs 22:8: He that soweth iniquity shall reap vanity: and the rod of his anger shall fail.

1 Peter 5:6 (1611 King James Bible)

Humble yourselues therefore vnder the mighty hand of God, that hee may exalt you in due time,

# Army Releases Suicide Data for April 2011

[9](http://www.veteranstoday.com/2011/05/27/army-releases-suicide-data-for-april-2011/)Share

**The Army released suicide data today for the month of April.  Among active-duty soldiers, there were 16 potential suicides:  none have been confirmed as suicide, and 16 remain under investigation.  For March 2011, the Army reported seven potential suicides among active-duty soldiers.  Since the release of that report, no cases have been confirmed as suicide, and seven cases remain under investigation.**

During April 2011, among reserve component soldiers who were not on active duty, there were nine potential suicides: none have been confirmed as suicides, and nine remain under investigation.  For March 2011, among that same group, there were twelve total suicides (three additional suicides for March were reported after the Feb. 28 cutoff date).  Of those, two were confirmed as suicide and 10 are pending determination of the manner of death.

The Army continues to improve avenues to seek help.  “When a soldier is in a personal crisis and would like to reach out, location should not be the determining factor,” said Brig. Gen. Colleen McGuire, director of the Army Health Promotion and Risk Reduction Task Force. “Now, soldiers everywhere can use the services offered through the National Suicide Prevention Lifeline using a Defense Switched Network (DSN) access code, available at military installations around the world.”

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline.  Trained consultants are available 24 hours a day, seven days a week, 365 days a year and can be contacted by dialing 1-800-273-TALK (8255) or by visiting their website at [http://www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org/) .

Army leaders can access current health promotion guidance in newly revised [Army Regulation 600-63](http://www.army.mil/usapa/epubs/pdf/r600_63.pdf) (Health Promotion) and [Army Pamphlet 600-24](http://www.army.mil/usapa/epubs/pdf/p600_24.pdf) (Health Promotion, Risk Reduction and Suicide Prevention)

The Army’s comprehensive list of [Suicide Prevention Program](http://www.preventsuicide.army.mil) information.

* Suicide prevention training resources for Army families can be accessed at <http://www.armyg1.army.mil/hr/suicide/training_sub.asp?sub_cat=20> (requires Army Knowledge Online access to download materials).
* Information about Military OneSource is located at [http://www.militaryonesource.comor](http://www.militaryonesource.comor/) by dialing the toll-free number 1-800-342-9647for those residing in the continental United States.  Overseas personnel should refer to the Military OneSource website for dialing instructions for their specific location.
* Information about the Army’s Comprehensive Soldier Fitness Program is located at <http://www.army.mil/csf/>.
* The Defense Center for Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Outreach Center can be contacted at 1-866-966-1020, via electronic mail at Resources@DCoEOutreach.org and at [http://www.dcoe.health.mil](http://www.dcoe.health.mil/) .
* The website for the American Foundation for Suicide Prevention is <http://www.afsp.org/>, and the Suicide Prevention Resource Council site is found at <http://www.sprc.org/index.asp> .
* The website for the Tragedy Assistance Program for Survivors is [http://www.TAPS.org](http://www.taps.org/), and they can be reached at 1-800-959-TAPS (8277).

<http://www.veteranstoday.com/2011/05/27/army-releases-suicide-data-for-april-2011/>

## THIS IS HARD TO CONFIRM:

## 18 veterans commit suicide each day

By Rick Maze - Staff writer
Posted : Thursday Apr 22, 2010 14:56:43 EDT

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Troubling new data show there are an average of 950 suicide attempts each month by veterans who are receiving some type of treatment from the Veterans Affairs Department.

Seven percent of the attempts are successful, and 11 percent of those who don’t succeed on the first attempt try again within nine months.

The numbers, which come at a time when VA is strengthening its suicide prevention programs, show about 18 veteran suicides a day, about five by veterans who are receiving VA care.

Access to care appears to be a key factor, officials said, noting that once a veteran is inside the VA care program, screening programs are in place to identify those with problems, and special efforts are made to track those considered at high risk, such as monitoring whether they are keeping appointments.

A key part of the new data shows the suicide rate is lower for veterans aged 18 to 29 who are using VA health care services than those who are not. That leads VA officials to believe that about 250 lives have been saved each year as a result of VA treatment.

VA’s suicide hotline has been receiving about 10,000 calls a month from current and former service members. The number is 1-800-273-8255. Service members and veterans should push 1 for veterans’ services.

Dr. Janet Kemp, VA’s national suicide prevention coordinator, credits the hotline with rescuing 7,000 veterans who were in the act of suicide — in addition to referrals, counseling and other help.

Suicide attempts by Iraq and Afghanistan veterans remains a key area of concern. In fiscal 2009, which ended Sept. 30, there were 1,621 suicide attempts by men and 247 by women who served in Iraq or Afghanistan, with 94 men and four women dying.

In general, VA officials said, women attempt suicide more often, but men are more likely to succeed in the attempt, mainly because women use less lethal and less violent means while men are more likely to use firearms.

Suicide attempts among veterans appear to follow those trends, officials said.

<http://www.armytimes.com/news/2010/04/military_veterans_suicide_042210w/>

## [Reflecting on the suicide of a Marine friend made in Afghanistan](http://militarytimes.com/blogs/battle-rattle/2011/07/14/reflecting-on-the-suicide-of-marine-friend-made-in-afghanistan/)

JULY 14TH, 2011 | [AFGHANISTAN](http://militarytimes.com/blogs/battle-rattle/category/afghanistan/) [EMBEDDED JOURNALISM](http://militarytimes.com/blogs/battle-rattle/category/embedded-journalism/) [INFANTRY](http://militarytimes.com/blogs/battle-rattle/category/infantry/) [MARJAH](http://militarytimes.com/blogs/battle-rattle/category/marjah/) | POSTED BY [DAN LAMOTHE](http://us.mc1302.mail.yahoo.com/mc/compose?to=dlamothe@militarytimes.com)



Sgt. Ian McConnell, right, prepares for a patrol on May 14, 2010, with Cpl. Anthony DePrimo, Staff Sgt. Ryan Clay and Gunnery Sgt. Benjamin "Gus" Lepping. (Photo by Tom Brown/Staff)

This is one of the hardest pieces of journalism that I’ve written in a long time.

As it appears online, the family members of a friend of mine — Sgt. Ian McConnell, 24 — are traveling today from Camp Pendleton, Calif., to his hometown in Woodbury, Minn. They’re preparing for his funeral at [Fort Snelling National Cemetery](http://en.wikipedia.org/wiki/File%3A2_Fort_Snelling_Looking_Southeast.JPG), a U.S. cemetery in nearby Minneapolis.

It’s common that when a person dies with most of his or her life seemingly ahead of them, friends and family create online memorials. Ian is no different. His sister, Meg, posted one on Facebook over the weekend, and it has overflowed with stories of his compassion, selflessness and sense of humor as a human being and his honor, courage and commitment as a Marine.

A key detail hasn’t been shared publicly, though.

Ian killed himself.

With a self-inflicted gunshot wound, he ended his life on the 4th of July, shocking those who know him as an upbeat, kind young man who went out of his way to regularly pick up the spirits of those around him. He left no note explaining why, his family said.

Count me among the shocked. I’ve known Ian for more than a year, and he’d demonstrated all those positive characteristics while staying in touch regularly after we met last year at the Yellow Schoolhouse, a small patrol base in Marjah, Afghanistan. We attempted to meet over beer in Virginia just a few weeks ago while he was nearby for training. Our schedules didn’t match, but it wasn’t for lack of trying.



Sgt. Ian McConnell shakes hands with a boy in Afghanistan last year. (Family photo)

Some readers of this blog undoubtedly remember the schoolhouse. We arrived there at the start of Afghanistan’s fighting season last year, and quickly found ourselves in a situation with India Company, 3rd Battalion, 6th Marines, where chaos reigned supreme outside the wire.

I captured much of that in [this feature story published last May](http://www.marinecorpstimes.com/news/2010/05/marine_marjah_school_house_053010w/). Ian spent much of his seven-month deployment last year based there as an explosive ordnance disposal technician, disarming improvised explosive devices and pitching in on patrols.

When I arrived at the schoolhouse as a scared, but determined first-time combat correspondent, Ian was one of the first Marines to make photographer Tom Brown and I feel at home. He was curious about Marine Corps Times and journalism in general, and asked lots of cheerful questions.

With a knowing smile, he also approached me [after my first firefight](http://militarytimes.com/blogs/battle-rattle/2010/05/19/armed-gunmen-open-fire-on-marine-patrol-journalists/), asking how I felt and what I thought. I had handled the routine ambush pretty well, but it was nice to hear. He [wasn’t the only one to check on me](http://militarytimes.com/blogs/battle-rattle/2010/05/21/fond-memories-of-the-yellow-schoolhouse-abound/), either, and that speaks volumes for those Marines.

Ian had his demons, though. As a member of Pendleton-based 1st Explosive Ordnance Disposal Company, he was assigned along with Gunnery Sgt. Benjamin Lepping ([of Sarah Palin tattoo fame](http://militarytimes.com/blogs/battle-rattle/2010/05/27/gunnys-sarah-palin-tattoo-the-butt-of-jokes/)) to handle the improvised explosive devices the platoon there encountered regularly.

It was exhausting, dangerous work, and for all his courage, it weighed on Ian, Meg said. His deployment ran from April to November, first with 3/6, and later with 2nd Battalion, 9th Marines, which replaced them in theater in August 2010. Nearly a year later, he still struggled at times with things he saw in Marjah, although he rarely talked about it.

Add in the usual ups and downs in life that we all struggle with, and the results were tragic — and in no way reflective of the courage and optimism with which Ian typically carried himself.



Sgt. Ian McConnell with his sister, Meg. (Family photo)

I struggled with whether to write about Ian once I learned what happened. Like many others, I consider suicide a painful and private matter for a family to handle as they see best. They’re the ones who must pick up the pieces.

Meg and I discussed it Friday, and again Saturday after she huddled with her family and pastor. They decided that if sharing it could help someone else, it was worth it. They asked me to post this blog entry as they brought his body back to Minnesota today.

“We want to make a difference,” Meg said. “We know this happens, but if we can help make this happen to less people, it’s worth it.”

Maybe it’s because another combat veteran considers opening up about his or her problems. Maybe it’s because the family of someone else struggling with demons listens a little more closely. With any luck, as long as people are talking, these kinds of tragedies decrease.

For the record, there were 52 suicide in the Marine Corps in 2009 and 37 in 2010,[according to this briefing](http://www.usmc-mccs.org/display_files/USMC%20Suicide%20Update%202011%20Jul%20Website.pdf%22%20%5Ct%20%22_blank). There were 17 more through the end of June this year. It’s a problem for everyone, too — for every 100,000 people, about 20 kill themselves.

A few months ago, Ian dropped me a line after learning that I had [received the Marine Corps Heritage Foundation’s 2011 Major Megan McClung Award](http://www.marinecorpstimes.com/news/2011/03/marine-lamothe-afghanistan-reporting-award-032811/) for dispatch reporting done while embedded with his unit. As usual, he was upbeat and optimistic.

“Take lots of pictures at the banquet for us,” he said in a Facebook message. “You deserve it. And thanks for telling the stories you did. With the truthful pen and gritty wit that really captured how life was for us. Hope to work with you again someday.”

In some ways, Ian, I hope you think we are now. Rest in peace, brother.

<http://militarytimes.com/blogs/battle-rattle/tag/military-suicide/>

# Suicide Epidemic Among Veterans

February 11, 2009 3:53 PM

By

Armen Keteyian

(CBS)  They are the casualties of wars you don't often hear about - soldiers who die of self-inflicted wounds. Little is known about the true scope of suicides among those who have served in the military.

But a five-month **CBS News** investigation discovered data that shows a startling rate of suicide, what some call a hidden epidemic, **Chief Investigative Reporter Armen Keteyian** reports exclusively.

"I just felt like this silent scream inside of me," said Jessica Harrell, the sister of a soldier who took his own life.

"I opened up the door and there he was," recalled Mike Bowman, the father of an Army reservist.

"I saw the hose double looped around his neck," said Kevin Lucey, another military father.

"He was gone," said Mia Sagahon, whose soldier boyfriend committed suicide.

**Keteyian** spoke with the families of five former soldiers who each served in Iraq - only to die battling an enemy they could not conquer. Their loved ones are now speaking out in their names.

They survived the hell that's Iraq and then they come home only to lose their life.

Twenty-three-year-old Marine Reservist Jeff Lucey hanged himself with a garden hose in the cellar of this parents' home - where his father, Kevin, found him.

"There's a crisis going on and people are just turning the other way," Kevin Lucey said.

Kim and Mike Bowman's son Tim was an Army reservist who patrolled one of the most dangerous places in Baghdad, known as Airport Road.

"His eyes when he came back were just dead. The light wasn't there anymore," Kim Bowman said.

Eight months later, on Thanksgiving Day, Tim shot himself. He was 23.

Diana Henderson's son, Derek, served three tours of duty in Iraq. He died jumping off a bridge at 27.

"Going to that morgue and seeing my baby ... my life will never be the same," she said.

Beyond the individual loss, it turns out little information exists about how widespread suicides are among these who have served in the military. There have been some studies, but no one has ever counted the numbers nationwide.

"Nobody wants to tally it up in the form of a government total," Bowman said.

Why do the families think that is?

"Because they don't want the true numbers of casualties to really be known," Lucey said.

Sen. Patty Murray, D-Wash., is a member of the [Veterans Affairs Committee](http://veterans.senate.gov/public).

"If you're just looking at the overall number of veterans themselves who've committed suicide, we have not been able to get the numbers," Murray said.

**CBS News'** investigative unit wanted the numbers, so it submitted a Freedom of Information Act request to the Department of Defense asking for the numbers of suicides among all service members for the past 12 years.

Four months later, they sent **CBS News** a document, showing that between 1995 and 2007, there were almost 2,200 suicides. That's 188 last year alone. But these numbers included only "active duty" soldiers.

**CBS News** went to the [Department of Veterans Affairs](http://www.va.gov/), where Dr. Ira Katz is head of mental health.

"There is no epidemic in suicide in the VA, but suicide is a major problem," he said.

Why hasn't the VA done a national study seeking national data on how many veterans have committed suicide in this country?

"That research is ongoing," he said.

So **CBS News** [did an investigation](http://www.cbsnews.com/8301-500690_162-3498625.html) - asking all 50 states for their suicide data, based on death records, for veterans and non-veterans, dating back to 1995. Forty-five states sent what turned out to be a mountain of information.

And what it revealed was stunning.

In 2005, for example, in just those 45 states, there were at least 6,256 suicides among those who served in the armed forces. That's 120 each and every week, in just one year.

Dr. Steve Rathbun is the acting head of the Epidemiology and Biostatistics Department at the [University of Georgia](http://www.uga.edu/publichealth/). **CBS News** asked him to run a detailed analysis of the raw numbers that we obtained from state authorities for 2004 and 2005.

It found that veterans were more than twice as likely to commit suicide in 2005 than non-vets. (Veterans committed suicide at the rate of between 18.7 to 20.8 per 100,000, compared to other Americans, who did so at the rate of 8.9 per 100,000.)

One age group stood out. Veterans aged 20 through 24, those who have served during the war on terror. They had the highest suicide rate among all veterans, estimated between two and four times higher than civilians the same age. (The suicide rate for non-veterans is 8.3 per 100,000, while the rate for veterans was found to be between 22.9 and 31.9 per 100,000.)

"Wow! Those are devastating," said [Paul Sullivan](http://www.veteransforcommonsense.org/moduleid/87), a former VA analyst who is now an advocate for veterans rights from the group Veterans For Common Sense.

"Those numbers clearly show an epidemic of mental health problems," he said.

"We are determined to decrease veteran suicides," Dr. Katz said.

"One hundred and twenty a week. Is that a problem?" **Keteyian** asked.

"You bet it's a problem," he said.

Is it an epidemic?

"Suicide in America is an epidemic, and that includes veterans," Katz said.

Sen. Murray said the numbers **CBS News** uncovered are significant: "These statistics tell me we've really failed people that served our country."

Do these numbers serve as a wake-up call for this country?

"If these numbers don't wake up this country, nothing will," she said. "We each have a responsibility to the men and women who serve us aren't lost when they come home."

An update: The chairman of the Senate Veterans' Affairs Committee, Sen. Daniel Akaka, D-Hawaii, responded to the **CBS News** story Tuesday.

"The report that the rate of suicide among veterans is double that of the general population is deeply troubling and simply unacceptable. I am especially concerned that so many young veterans appear to be taking their own lives. For too many veterans, returning home from battle does not bring an end to conflict. There is no question that action is needed."

http://www.cbsnews.com/stories/2007/11/13/cbsnews\_investigates/main3496471.shtml

Suicide Rate Surged Among Veterans
By Eli Clifton

**WASHINGTON, Jan 13, 2010 (IPS) - Suicides among United States military veterans ballooned by 26 percent from 2005 to 2007, according to new statistics released by the Veterans Affairs (VA) department.**

"Of the more than 30,000 suicides in this country each year, fully 20 percent of them are acts by veterans,'' said VA Secretary Eric Shinseki at a VA-sponsored suicide prevention conference on Monday. "That means on average 18 veterans commit suicide each day. Five of those veterans are under our care at VA."

The spike in the suicide rate can most clearly be attributed to the ongoing wars in Iraq and Afghanistan and the high number of veterans returning to the U.S. with post-traumatic stress disorder (PTSD).

''We have now nearly two million vets of Iraq and Afghanistan and we still haven't seen the type of mobilisation of resources necessary to handle an epidemic of veteran suicides,'' Aaron Glantz, an editor at New America Media editor and author of "The War Comes Home", told IPS.

''With [President Barack] Obama surging in Afghanistan coupled with his unwillingness to withdraw speedily from Iraq, it means we have more veterans who have served more and more tours and as a result we have an escalating number of people coming home with PTSD, depression and other mental health issues,'' Glantz continued.

Health officials have pointed to the multiple tours of duty served by many U.S. soldiers deployed to Afghanistan and Iraq as one of the stresses placed on military personnel that differs from previous wars fought by the U.S.

"The unfortunate truth is that the real challenge begins when these service men and women return home and readjust to day-to-day life," said Rep. Michael McMahon, co-founder of the Congressional Invisible Wounds Caucus.

"The Department of Defense and the Department of Veterans Affairs must be prepared with the appropriate staff and funding to conduct post-deployment psychological screenings with a mental health professional for all service men and women," he said. "Evidently, the paper questionnaires currently in use simply do not suffice. How many more young men and women must die before we provide the necessary mental health care?"

The VA estimated that in 2005, the suicide rate per 100,000 veterans among men ages 18-29 was 44.99, but jumped to 56.77 in 2007.

A Rand Corporation report last year found that as many as 20 percent of Iraq and Afghanistan veterans exhibited symptoms of PTSD or depression.

''As I've often asked, mostly of myself, but also of others from time to time, why do we know so much about suicides but so little about how to prevent them?" said Shinseki.

The VA came under attack by veterans' groups in April 2008, when internal emails sent by the VA's head of mental health, Dr. Ira Katz, showed that the VA was attempting to conceal the number of suicides committed by veterans.

Under the Obama administration, the approach to handling the increasing number of suicides appears to have shifted, with a greater focus on transparency - the VA is holding a three-day conference on suicide this week. Last year, Obama announced a 25-billion-dollar increase in the VA's budget over the next five years.

While the emphasis on greater transparency, particularly with regards to PTSD and mental health issues, and increased funding for the VA has been welcomed, many are still concerned that the troop surge in Afghanistan and the ongoing U.S. role in Iraq will put ever greater strains on the VA and its ability to deal with soldiers returning from multiple tours of duty.

''The first Gulf War was over in a matter of months. This war has gone on for nine years in Afghanistan and seven years in Iraq. There are two million vets, most of whom have served multiple tours,'' said Glantz.

''What this means is that the military has never faced the stress it faces now. Not even in Vietnam where we had a draft and most soldiers only served one tour. In Iraq and Afghanistan everyone's on the frontlines all the time. Even being in a vehicle going from one military base to another is extremely dangerous," he said.

Shinseki cited the fact that of the 18 veterans who commit suicide each day, five are under the care of the VA, as evidence that both the VA's efforts to prevent suicides are falling short and that the VA is failing to bring enough veterans under its care.

Suicides among active duty personnel have also risen, with 147 reported suicides in the Army from January through November 2009 - an increase from 127 in the same period of 2008.

Among non-active duty reserve soldiers, 50 suicides were reported in 2008 but the number had risen to 71 during the first 11 months of 2009.

Suicide rates in all four services of the military are significantly higher than in the general population, with 52 Marines, 48 sailors, and 41 members of the Air force committing suicide in 2009.

The final figures for suicides in the Army during 2009 will be released Thursday.

<http://ipsnews.net/news.asp?idnews=49971>

# [Suicide Rate Of Veterans Increases Significantly For Former Soldiers 18-29](http://www.huffingtonpost.com/2010/01/11/suicide-rate-of-veterans-_n_418780.html)

[KIMBERLY HEFLING](http://www.huffingtonpost.com/2010/01/11/suicide-rate-of-veterans-_n_418780.html) | 01/11/10 05:07 PM | 

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WASHINGTON — The suicide rate among 18- to 29-year-old men who've left the military has gone up significantly, the government said Monday.

The rate for these veterans went up 26 percent from 2005 to 2007, according to preliminary data from the Veterans Affairs Department. VA officials said they assume that most of the veterans in this age group served in Iraq or Afghanistan.

If there is a bright spot in the data, it's that in 2007 veterans in the group who used VA health care were less likely to commit suicide than those who did not. That's a change from 2005.

In recent years, the VA has hired thousands of new mental health professionals and established a suicide hot line credited with "rescues" of nearly 6,000 veterans and military members in distress.

The military has also struggled with an increase in suicides, with the Army seeing a record number last year. While the military frequently releases such data, it has been more difficult to track suicide information on veterans once they've left active duty.

The VA calculated the numbers using Centers for Disease Control and Prevention numbers from 16 states. In 2005, the rate per 100,000 veterans among men ages 18-29 was 44.99, compared with 56.77 in 2007, the VA said. It did not release data for other population groups.

At a suicide prevention conference on Monday in Washington, VA Secretary Eric Shinseki said his agency needs to do a better job understanding what led to each suicide. He said he'd also like to see more stringent protocol put into place at VA facilities about how to handle a potentially suicidal veteran, similar to what's done with someone who's having a heart attack.

He noted that of the more than 30,000 suicides each year in America, about 20 percent are committed by veterans.

"Why do we know so much about suicides but still know so little about how to prevent them?" Shinseki said. "Simple question, but we continue to be challenged."

<http://www.huffingtonpost.com/2010/01/11/suicide-rate-of-veterans-_n_418780.html>

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| **Suicide and PTSD**This fact sheet discusses the relation between trauma, PTSD, and suicide. It may help you understand more about suicide. **How common is suicide?** No matter what the rates are, suicide is always very tragic. It is hard to say exactly how many suicides occur. Often suicides are not reported. It can be hard to know whether or not a person meant to kill himself or herself. For a suicide to be declared, examiners must be able to say that the deceased meant to die. Also, the way deaths are tracked and coded has changed over time.Overall, men have higher rates of suicide than women. For example, in 2005 the suicide rate among U.S. males was 23.19 per 100,000, compared to 5.65 in females. This difference between men and women is also true among Veterans.**Does trauma or PTSD increase a person's suicide risk?**Going through a trauma may increase a person's suicide risk. Studies also show that suicide risk is higher in persons with PTSD. Some studies have found that combat trauma is related to suicide, while other studies have not. Of combat trauma survivors, those who were wounded more than once or put in the hospital for a wound have the highest suicide risk. This suggests suicide risk in Veterans may be affected by how intense and how often the combat trauma was. Why is suicide risk higher in trauma survivors? It may be because of the symptoms of PTSD or it may be due to other mental health problems. Some studies link suicide risk in those with PTSD to distressing trauma memories, anger, and poor control of impulses. Further, suicide risk is higher for those with PTSD who have certain styles of coping with stress, such as not expressing feelings. Research suggests that for Veterans, the strongest link to both suicide attempts and thinking about suicide is guilt related to combat. Many Veterans have very disturbing thoughts and extreme guilt about actions taken during times of war. These thoughts can often overwhelm the Veteran and make it hard for him or her to deal with the intense feelings.**What can I do?****I am suicidal**If you are ever thinking about suicide and feel unsafe:* Call 1-800-273-TALK (1-800-273-8255). The hotline is available 24 hours a day.
* En Español 1-888-628-9454
* Veterans can also chat live online with a crisis counselor to get help at any time of day or night. Go to [Veterans Crisis Line](http://www.suicidepreventionlifeline.org/Veterans).
* Veterans, press "1" after being connected, to be routed to the Veterans Crisis Line.

Everyone feels down from time to time. Feeling like killing yourself, however, is not normal. If you have thoughts about hurting yourself, seek professional help. Many people who have thoughts of suicide also struggle with depression or with drinking or drug problems. There are many places to get help. See [Where to Get Help](http://www.ptsd.va.gov/public/where-to-get-help.asp) for resources.**Someone I know is suicidal**You may come in contact sometime with a family member, friend, or coworker who is thinking about suicide. When someone tells you they have these thoughts, you may feel overwhelmed and scared. It is even harder if the person tells you in secret and you feel pressure not to tell others. If someone you know is thinking about suicide, this is a serious matter. Though the person may not in fact hurt himself or herself, it can be very hard to assess the level of danger. A mental health professional is the best person to decide how much danger there is.You can help the person by staying calm and telling them about mental health options in the area. Often the hardest part of getting treatment is making the first call to a mental health provider. It is usually easier if the person who is thinking about suicide has help with this contact. Please see the resources listed above for phone numbers you can call for help. While helping someone who is thinking about suicide can be hard, keep in mind that the help you give could save someone's life.**Someone I know has committed suicide**It is very upsetting when someone you know commits suicide. Getting over the shock and distress will be especially hard if you felt close to the victim, if you saw the event, or if you have your own mental health issues.Grieving the loss of a loved one is a natural process. It may take several months to feel "normal" again after someone you know commits suicide. Due to the traumatic nature of suicide, you may go through what's known as "traumatic grief." If you are feeling intense grief or guilt several months after the suicide, contact a mental health provider for help. Many people feel guilty about not having prevented the suicide. Be aware, though, that suicide is never your fault. Suicide is complex with many factors that can contribute.This is based on a more detailed version, located in the "For Providers and Researchers" section of our website: [The Relationship Between PTSD and Suicide](http://www.ptsd.va.gov/professional/pages/ptsd-suicide.asp).Date Created: 01/01/2007 See last Reviewed/Updated Date below. Bottom of Form |

<http://www.ptsd.va.gov/public/pages/ptsd-suicide.asp>

TRANSITION:

**PTSD and Suicide**

**PTSD and Suicide**

by Kevin Caruso

Post Traumatic Stress Disorder (PTSD) is a mental disorder that may occur in people who experience or witness intense violence, serious accidents, or life-threatening situations. And oftentimes involvement in these situations will make people feel hopeless, fearful, horrified, and overwhelmed.

Possible causes for PTSD include experiencing or witnessing:

* Military combat
* Rape
* Domestic violence
* Assault
* Sexual molestation
* Sexual abuse
* A kidnapping
* Child abuse
* Severe verbal abuse
* Terrorism
* Torture
* An automobile accident
* An airplane accident
* A fire
* A hurricane
* A tornado
* An animal attack
* A threatening individual with a gun or a knife

Symptoms of PTSD include:

* "Reliving" the traumatic event through thoughts, flashbacks, and nightmares (Flashbacks can be triggered by anything that causes a memory of the trauma. For example, a war veteran might experience a flashback after seeing a low-flying helicopter).
* Experiencing a rapid heart beat and sweating while "reliving" the traumatic event
* Feeling numb
* Feeling emotionally detached from other people
* Sleep disturbances
* Irritability
* Avoidance of anything associated with the trauma
* Anger
* Difficulty concentrating
* Amnesia
* A strong response when shocked
* Extreme vigilance - Always feeling "on guard"
* Difficulty working
* Difficulty with social situations
* Inability to properly care for loved ones

The onset of symptoms usually occurs within three months of the incident, but may not occur for several years.

PTSD can affect people of any age, including children.

About 7.5 percent of Americans will experience PTSD in their lifetime.

About 5 million Americans will suffer from PTSD during any year.

Women are twice as likely to experience PTSD as men.

People with PTSD oftentimes also suffer from depression or other mental disorders.

War veterans, law enforcement officers, firefighters, and EMT workers are particularly vulnerable to PTSD.

Anyone with PTSD is at a high risk for suicide.

PTSD is highly treatable with a combination of drug therapy and psychotherapy.

If you or someone you know may have PTSD, please get help immediately. Make an appointment with a medical doctor and a therapist as soon as possible so you can be evaluated and receive treatment.

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If you or someone you know is suicidal, please visit the [Home Page](http://www.suicide.org/index.html) of this website and take action.

Thank you.

Take care,

Kevin Caruso

http://www.suicide.org/ptsd-and-suicide.html

**TRANSITION:**

**What Are The Warning Signs For Suicide?**

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at **1-800-273-TALK** if you or someone you know exhibits any of the following signs:

* Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
* Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
* Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
* Feeling hopeless
* Feeling rage or uncontrolled anger or seeking revenge
* Acting reckless or engaging in risky activities - seemingly without thinking
* Feeling trapped - like there's no way out
* Increasing alcohol or drug use
* Withdrawing from friends, family, and society
* Feeling anxious, agitated, or unable to sleep or sleeping all the time
* Experiencing dramatic mood changes
* Seeing no reason for living or having no sense of purpose in life

**Download a Lifeline wallet card to keep with you or give out:** These cards include tips on how to help or get help, and summaries of warning signs.

**Suicide Prevention**

**Spotting the Signs and Helping a Suicidal Person**

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| [Share](http://www.addthis.com/bookmark.php?v=250&pubid=helpguide)  | [RSS](http://helpguide.org/rss.xml)  |

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die—they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously.

If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life. Speak up if you're concerned and seek professional help immediately! Through understanding, reassurance, and support, you can help your loved one overcome thoughts of suicide.

**In This Article:**

* [Understanding and preventing suicide](http://helpguide.org/mental/suicide_prevention.htm#why)
* [Warning signs of suicide](http://helpguide.org/mental/suicide_prevention.htm#signs)
* [Speak up if you’re worried](http://helpguide.org/mental/suicide_prevention.htm#tip1)
* [Respond quickly in a crisis](http://helpguide.org/mental/suicide_prevention.htm#tip2)
* [Offer help and support](http://helpguide.org/mental/suicide_prevention.htm#tip3)
* [Risk factors](http://helpguide.org/mental/suicide_prevention.htm#risk)
* [In teens and older adults](http://helpguide.org/mental/suicide_prevention.htm#teens)
* [Related links](http://helpguide.org/mental/suicide_prevention.htm#online)

Print  [Authors](http://helpguide.org/mental/suicide_prevention.htm#authors)

Text Size

If you're thinking about committing suicide, please read [If You're Feeling Suicidal](http://helpguide.org/mental/suicide_help.htm) or call 1-800-273-TALK now! To find a suicide helpline outside the U.S., visit [Befrienders Worldwide](http://www.befrienders.org/).

**Understanding and preventing suicide**

The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand what drives so many individuals to take their own lives. But a suicidal person is in so much pain that he or she can see no other option.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one.

**Common Misconceptions about Suicide**

**FALSE: People who talk about suicide won't really do it.**
Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," — no matter how casually or jokingly said may indicate serious suicidal feelings.

**FALSE: Anyone who tries to kill him/herself must be crazy.**
Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

**FALSE: If a person is determined to kill him/herself, nothing is going to stop them.**
Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

**FALSE: People who commit suicide are people who were unwilling to seek help .**
Studies of suicide victims have shown that more than half had sought medical help in the six months prior to their deaths.

**FALSE: Talking about suicide may give someone the idea.**
You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true — bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

**Source:** [SAVE - Suicide Awareness Voices of Education](http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705EC833-E77D-2519-FA362EDFA62268C7)

**Warning signs of suicide**

Most suicidal individuals give warning signs or signals of their intentions.The best way to prevent suicide is to recognize these warning signs and know how to respond if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.

Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs. These signals are even more dangerous if the person has a mood disorder such as depression or bipolar disorder, suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide.

**Take any suicidal talk or behavior seriously.** It's not just a warning sign that the person is thinking about suicide — **it's a cry for help.**

A more subtle but equally dangerous warning sign of suicide is hopelessness. Studies have found that hopelessness is a strong predictor of suicide. People who feel hopeless may talk about "unbearable" feelings, predict a bleak future, and state that they have nothing to look forward to.

Other warning signs that point to a suicidal mind frame include dramatic mood swings or sudden personality changes, such as going from outgoing to withdrawn or well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect his or her appearance, and show big changes in eating or sleeping habits.

| Suicide Warning Signs  |
| --- |
| Talking about suicide  | Any talk about suicide, dying, or self-harm, such as "I wish I hadn't been born," "If I see you again...," and "I'd be better off dead."  |
| Seeking out lethal means  | Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.  |
| Preoccupation with death  | Unusual focus on death, dying, or violence. Writing poems or stories about death.  |
| No hope for the future  | Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.  |
| Self-loathing, self-hatred  | Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").  |
| Getting affairs in order  | Making out a will. Giving away prized possessions. Making arrangements for family members.  |
| Saying goodbye  | Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.  |
| Withdrawing from others  | Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.  |
| Self-destructive behavior  | Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish".  |
| Sudden sense of calm  | A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.  |

**Suicide prevention tip #1: Speak up if you’re worried**

If you spot the warning signs of suicide in someone you care about, you may wonder if it’s a good idea to say anything. What if you’re wrong? What if the person gets angry? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

**Talking to a person about suicide**

Talking to a friend or family member about their suicidal thoughts and feelings can be extremely difficult for anyone. But if you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

Ways to start a conversation about suicide:

* I have been feeling concerned about you lately.
* Recently, I have noticed some differences in you and wondered how you are doing.
* I wanted to check in with you because you haven’t seemed yourself lately.

Questions you can ask:

* When did you begin feeling like this?
* Did something happen that made you start feeling this way?
* How can I best support you right now?
* Have you thought about getting help?

What you can say that helps:

* You are not alone in this. I’m here for you.
* You may not believe it now, but the way you’re feeling will change.
* I may not be able to understand exactly how you feel, but I care about you and want to help.
* When you want to give up, tell yourself you will hold off for just one more day, hour, minute — whatever you can manage.

**When talking to a suicidal person**

**Do:**

* Be yourself. Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.
* Listen. Let the suicidal person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
* Be sympathetic, non-judgmental, patient, calm, accepting. Your friend or family member is doing the right thing by talking about his/her feelings.
* Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you.
* If the person says things like, “I’m so depressed, I can’t go on,” ask the question: “Are you having thoughts of suicide?” You are not putting ideas in their head, you are showing that you are concerned, that you take them seriously, and that it’s OK for them to share their pain with you.

**But don’t:**

* Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or “Look on the bright side.”
* Act shocked, lecture on the value of life, or say that suicide is wrong.
* Promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
* Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it’s hurting your friend or loved one.
* Blame yourself. You can’t “fix” someone’s depression. Your loved one’s happiness, or lack thereof, is not your responsibility.

Adapted from: [Metanoia.org](http://www.metanoia.org/suicide/sphone.htm)

|  |  |
| --- | --- |
|  | **Suicide hotlines to call for help:** If you or someone you care about is suicidal, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or the National Hopeline Network at 1-800-SUICIDE (1-800-784-2433). These toll-free crisis hotlines offer 24-hour suicide prevention and support. Your call is free and confidential. If you live outside the U.S.,visit [Befrienders Worldwide](http://www.befrienders.org/) to find a helpline in your country. |

**Suicide prevention tip #2: Respond quickly in a crisis**

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide PLAN, the MEANS to carry out the plan, a TIME SET for doing it, and an INTENTION to do it.

| **Level of Suicide Risk**  |
| --- |
| Low — Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.  |
| Moderate — Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.  |
| High — Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.  |
| Severe — Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.  |

The following questions can help you assess the immediate risk for suicide:

* Do you have a suicide plan? (PLAN)
* Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
* Do you know when you would do it? (TIME SET)
* Do you intend to commit suicide? (INTENTION)

If a suicide attempt seems imminent, call a local crisis center, dial 911, or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but **do not, under any circumstances, leave a suicidal person alone.**

**Suicide prevention tip #3: Offer help and support**

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.

It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending his or her own life can stir up many difficult emotions. As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.

**Helping a suicidal person:**

* **Get professional help**. Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.
* **Follow-up on treatment**. If the doctor prescribes medication, make sure your friend or loved one takes it as directed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. It often takes time and persistence to find the medication or therapy that’s right for a particular person.
* **Be proactive**. Those contemplating suicide often don't believe they can be helped, so you may have to be more proactive at offering assistance. Saying, “Call me if you need anything” is too vague. Don’t wait for the person to call you or even to return your calls. Drop by, call again, invite the person out.
* **Encourage positive lifestyle changes**, suchas a healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important as it releases endorphins, relieves stress, and promotes emotional well-being.
* **Make a safety plan**. Help the person develop a set of steps he or she promises to follow during a suicidal crisis. It should identify any triggers that may lead to a suicidal crisis, such as an anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.
* **Remove potential means of suicide**, such as pills, knives, razors, or firearms. If the person is likely to take an overdose, keep medications locked away or give out only as the person needs them.
* **Continue your support over the long haul**. Even after the immediate suicidal crisis has passed, stay in touch with the person, periodically checking in or dropping by. Your support is vital to ensure your friend or loved one remains on the recovery track.

**Helping a loved one deal with depression**

Depression is a serious disorder and a major risk factor for suicide. But it is a treatable condition. Learn how your support and encouragement can help a loved one’s recovery from depression and reduce their risk of suicide.

Read: [Helping a Depressed Person](http://helpguide.org/mental/living_depressed_person.htm)

**Risk factors for suicide**

According to the U.S. Department of Health and Human Services, at least 90 percent of all people who commit suicide suffer from one or more mental disorders such as depression, bipolar disorder, schizophrenia, or alcoholism. Depression in particular plays a large role in suicide. The difficulty suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression.

**Antidepressants and Suicide**

For some, depression medication causes an increase—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the FDA advises that anyone on antidepressants should be watched for increases in suicidal thoughts and behaviors. Monitoring is especially important if this is the person's first time on depression medication or if the dose has recently been changed. **The risk of suicide is the greatest during the first two months of antidepressant treatment**.

**Common suicide risk factors include:**

* Mental illness
* Alcoholism or drug abuse
* Previous suicide attempts
* Family history of suicide
* Terminal illness or chronic pain
* Recent loss or stressful life event
* Social isolation and loneliness
* History of trauma or abuse

**Suicide in teens and older adults**

In addition to the general risk factors for suicide, both teenagers and older adults are at a higher risk of suicide.

**Suicide in Teens**

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

|  |  |
| --- | --- |
| * Childhood abuse
* Recent traumatic event
* Lack of a support network
 | * Availability of a gun
* Hostile social or school environment
* Exposure to other teen suicides
 |

**Suicide warning signs in teens**

Additional warning signs that a teen may be considering suicide:

* change in eating and sleeping habits
* withdrawal from friends, family, and regular activities
* violent or rebellious behavior, running away
* drug and alcohol use
* unusual neglect of personal appearance
* persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
* frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
* not tolerating praise or rewards

Source: [American Academy of Child & Adolescent Psychiatry](http://www.aacap.org/page.ww?name=Teen+Suicide&section=Facts+for+Families)

For more on teen suicide, see [Teen Depression: For Parents](http://helpguide.org/mental/depression_teen.htm) and [Teen Depression: For Teens](http://helpguide.org/mental/depression_teen_teenagers.htm) .

**Suicide in the Elderly**

The highest suicide rates of any age group occur among persons aged 65 years and older. One contributing factor is depression in the elderly that is undiagnosed and untreated.

Other risk factors for suicide in the elderly include:

|  |  |
| --- | --- |
| * Recent death of a loved one
* Physical illness, disability, or pain
* Isolation and loneliness
 | * Major life changes, such as retirement
* Loss of independence
* Loss of sense of purpose
 |

**Suicide warning signs in older adults**

Additional warning signs that an elderly person may be contemplating suicide:

* Reading material about death and suicide
* Disruption of sleep patterns
* Increased alcohol or prescription drug use
* Failure to take care of self or follow medical orders
* Stockpiling medications
* Sudden interest in firearms
* Social withdrawal or elaborate good-byes
* Rush to complete or revise a will

Source: [University of Florida](http://edis.ifas.ufl.edu/fy101)

For more on depression and suicide in the elderly, see [Depression in Older Adults](http://helpguide.org/mental/depression_elderly.htm) .

**Related articles**

[**If You’re Feeling Suicidal**](http://helpguide.org/mental/suicide_help.htm)
Coping with Suicidal Thoughts and Feelings

[**Helping a Depressed Person**](http://helpguide.org/mental/living_depressed_person.htm)
Taking Care of Yourself while Supporting a Loved One

**More Helpguide articles:**

* [Depression in Older Adults:](http://helpguide.org/mental/depression_elderly.htm) Recognizing the signs and getting help
* [Teen Depression:](http://helpguide.org/mental/depression_teen_teenagers.htm) A guide for parents and teachers
* [Coping with Grief and Loss:](http://helpguide.org/mental/grief_loss.htm) Support for grieving and bereavement
* [Supporting a Grieving Person](http://helpguide.org/mental/helping_grieving.htm): Helping others through grief, loss, and bereavement
* [Understanding Depression](http://helpguide.org/mental/depression_signs_types_diagnosis_treatment.htm): Spotting the Signs and Symptoms and Getting Help

**Related links for suicide prevention and help**

**General information about suicide prevention**

[Understanding Suicidal Thinking](http://www.dbsalliance.org/pdfs/suicidefinalweb04.pdf) –Learn about preventing suicide attempts and offering help and support. (Depression and Bipolar Support Alliance)

[Frequently Asked Questions About Suicide](http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention.shtml) – Find answers to common questions about suicide, including who is at the highest risk and how to help. (National Institute of Mental Health)

[Suicide and Mental Illness](http://www.stopasuicide.org/suicide.aspx) – Article on the link between suicide and mental illnesses such as depression, substance abuse, schizophrenia, and bipolar disorder. (StopaSuicide.org)

**Helping a suicidal person**

[What Can I Do To Help Someone Who Might be Suicidal?](http://www.metanoia.org/suicide/whattodo.htm) – Discusses possible warning signs of suicidal thoughts and ways to prevent suicide attempts. (Metanoia)

[Suicide: Learn More, Learn to Help](http://www.nami.org/Content/ContentGroups/Helpline1/Suicide_-_Learn_more%2C_learn_to_help.htm) – Suicide prevention fact sheet that includes questions to ask to find out if someone is suicidal. (The National Alliance for the Mentally Ill).

[When You Fear Someone May Take Their Own Life](http://www.afsp.org/index.cfm?page_id=F2F25092-7E90-9BD4-C4658F1D2B5D19A0) – Overview of what to do when someone is suicidal, including preventing suicide in an acute crisis. (American Foundation for Suicide Prevention)

[Handling a Call From a Suicidal Person](http://www.metanoia.org/suicide/sphone.htm) – How to handle a phone call from a friend or family member who is suicidal. Features tips on what to say and how to help. (Metanoia.org)

**Suicide hotlines and crisis support**

[National Suicide Prevention Lifeline](http://www.suicidepreventionlifeline.org/) – Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance. 1-800-273-TALK (8255).

[National Hopeline Network](http://www.hopeline.com/) – Toll-free telephone number offering 24-hour suicide crisis support. 1-800-SUICIDE (784-2433)

[State Prevention Programs](http://mentalhealth.samhsa.gov/suicideprevention/stateprograms.asp) – Browse through a database of suicide prevention programs, organized by state. (National Strategy for Suicide Prevention)

[Crisis Centers in Canada](http://www.suicideinfo.ca/csp/go.aspx?tabid=77) – Locate suicide crisis centers in Canada by province. (Centre For Suicide Prevention)

[Befrienders Worldwide](http://www.befrienders.org/) – International suicide prevention organization connects people to crisis hotlines in their country.

[Samaritans](http://www.samaritans.org/) UK – 24-hour suicide support for people in the UK (call 08457 90 90 90**)** and Ireland (call 1850 60 90 90). (Samaritans)

[Lifeline Australia](http://www.lifeline.org.au/) – 24-hour suicide crisis support service at 13 11 14. (Lifeline Australia)

**Teen suicide**

[Facts for Families: Teen Suicide](http://www.aacap.org/page.ww?name=Teen+Suicide&section=Facts+for+Families) – Learn about teen suicide, including risk factors, warning signs, and how to prevent it. (American Academy of Child Adolescent Psychiatry)

[Suicide Prevention Resource Center: Teens](http://www.sprc.org/featured_resources/customized/teens.asp) – Guide to suicide in teenagers. (Suicide Prevention Resource Center)

**Suicide in the elderly**

[Older Adults: Depression and Suicide Facts](http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts.shtml) – Overview of the problem of depression and suicide in the elderly, including how to get help. (National Institute of Mental Health)

[Suicide and the Elderly: Warning Signs and How to Help](http://edis.ifas.ufl.edu/FY101) – Article on suicide in the elderly covers the risk factors, warning signs, and how to provide help. (University of Florida)

**Coping after a suicide attempt**

[After an Attempt](http://store.samhsa.gov/shin/content/SMA08-4357/SMA08-4357.pdf) – Guide for taking care of a family member following a suicide attempt and treatment in an emergency room. (National Suicide Prevention Lifeline)

Melinda Smith, M.A., Jeanne Segal, PhD, and Lawrence Robinson contributed to this article. Last reviewed: February 2011

http://helpguide.org/mental/suicide\_prevention.htm

**Suicide Prevention Marine Took Own Life**

**April 11, 2011**

Houston Chronicle

Suicides among Texans younger than 35 who served in the military jumped from 47 in 2006 to 66 in 2009 -- an increase of 40 percent, according to state records.

<http://www.military.com/news/article/suicide-prevention-marine-took-own-life.html>

about the same article.

**Veteran/Suicide Preventer Commits Suicide at 28**

APRIL 21, 2011



Rate This

[**Veteran/Suicide Preventer Commits Suicide at 28**](http://stevebeckow.com/2011/04/veteransuicide-preventer-commits-suicide-at-28/).

Veteran/Suicide Preventer Commits Suicide at 28
2011 APRIL 21
by Steve Beckow
Thanks to Laura. Two articles are appended here.

US veteran commits suicide at 28
April 20, 2011, Press TV, <http://www.presstv.ir/detail/175700.html>

An American Marine veteran suffering from post-traumatic stress disorder (PTSD) following the death of four of his friends has committed suicide.

<http://2012indyinfo.wordpress.com/2011/04/21/veteransuicide-preventer-commits-suicide-at-28/>

More troops lost to suicide

By [John Donnelly](http://www.congress.org/community/profile/62355756)

For the second year in a row, the U.S. military has lost more troops to suicide than it has to combat in Iraq and Afghanistan.

The reasons are complicated and the accounting uncertain — for instance, should returning soldiers who take their own lives after being mustered out be included?

But the suicide rate is a further indication of the stress that military personnel live under after nearly a decade of war.

Figures released by the armed services last week showed an alarming increase in suicides in 2010, but those figures leave out some categories.

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Overall, the services reported 434 suicides by personnel on active duty, significantly more than the 381 suicides by active-duty personnel reported in 2009. The 2010 total is below the 462 deaths in combat, excluding accidents and illness. In 2009, active-duty suicides exceeded deaths in battle.

Last week’s figures, though, understate the problem of military suicides because the services do not report the statistics uniformly. Several do so only reluctantly.

Figures reported by each of the services last week, for instance, include suicides by members of the Guard and Reserve who were on active duty at the time. The Army and the Navy also add up statistics for certain reservists who kill themselves when they are not on active duty.

But the Air Force and Marine Corps do not include any non-mobilized reservists in their posted numbers. What’s more, none of the services count suicides that occur among a class of reservists known as the Individual Ready Reserve, the more than 123,000 people who are not assigned to particular units.

Suicides by veterans who have left the service entirely after serving in Iraq and Afghanistan also are not counted by the Defense Department. The Department of Veterans Affairs keeps track of such suicides only if the person was enrolled in the VA health care system — which three-quarters of veterans are not.

But even if such veterans and members of the Individual Ready Reserve are excluded from the suicide statistics, just taking into account the deaths of reservists who were not included in last week’s figures pushes the number of suicides last year to at least 468.

That total includes some Air Force and Marine Corps reservists who took their own lives while not on active duty, and it exceeds the 462 military personnel killed in battle.

The problem of reservists’ suicides, in particular, has been a major concern to some lawmakers. A Pentagon study this year confirmed that reservists lack the support structure that active-duty troops have.

Some types of reservists are more cut off than others. Rep. Rush D. Holt, a New Jersey Democrat, says that members of the Individual Ready Reserve and other categories of citizen-soldiers do not receive a thorough screening for mental health issues when they return from deployments.

One of those soldiers, a constituent of Holt’s named Coleman S. Bean, was an Army sergeant and Iraq War veteran who suffered from post-traumatic stress disorder but could not find treatment. He took his own life in 2008.

Moved by Bean’s story, Holt wrote a bill requiring phone contacts with these reservists every 90 days after they come home from war. The House adopted Holt’s provision as part of its defense authorization bills for both fiscal 2010 and fiscal 2011. But conferees writing the final version of the bills took it out both years.

Holt said in December that Arizona Republican Sen. John McCain was responsible for that decision in the most recent bill. A spokeswoman for McCain, Brooke Buchanan, would not state his position on the provision. Instead, she said House members had removed it.

A House Armed Services Committee spokeswoman, Jennifer Kohl, said the House reluctantly pulled the provision from the bill because of the opposition of senators, whom she did not name.

Holt said a fuller reckoning of the number of suicides among military personnel and veterans is needed not so much to tell lawmakers and the public that there is a problem — that, he says, they know. Rather, it is needed to more accurately gauge the extent to which programs to help troubled troops are having an effect.

"In order to know whether the steps we’ve taken work," Holt said, "we’re going to have to have more detailed knowledge of who’s out there."

John Donnelly writes for CQ.

<http://www.congress.org/news/2011/01/24/more_troops_lost_to_suicide>

**Vets Who Survive Suicide Attempt Have Heightened Mortality Risk Due to Future Suicide, Disease, Study Finds**

*ScienceDaily (June 29, 2011)* — An estimated 18 American military veterans take their own lives every day -- thousands each year -- and those numbers are steadily increasing. Even after weathering the stresses of military life and the terrors of combat, these soldiers find themselves overwhelmed by the transition back into civilian life. Many have already survived one suicide attempt, but never received the extra help and support they needed, with tragic results. A team of researchers from the Perelman School of Medicine at the University of Pennsylvania and colleagues found that veterans who are repeat suicide attempters suffer significantly greater mortality rates due to suicide compared to both military and civilian peers

<http://www.sciencedaily.com/releases/2011/06/110629123044.htm>

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**Suicide in the military**

### ONE ARMY, TWO FAILURES

# Maltreated and hazed, one soldier is driven to take his own life

By [Megan McCloskey](http://www.stripes.com/reporters/Megan_McCloskey?author=Megan_McCloskey)

Stars and Stripes

Published: June 7, 2011

## Related

* [Key pages from the Anderson investigation report](http://www.stripes.com/polopoly_fs/1.146076%21/menu/standard/file/3anderson_report.pdf)
* [RIP Spc. Brushaun Anderson](http://www.facebook.com/pages/RIP-SPC-Brushawn-Anderson/126832074007243)
* [NPR interview with Megan McCloskey and Bill Murphy Jr.](http://www.steinershow.org/radio/the-marc-steiner-show/june-27-2011-segment-3)
* [Overlooked and cut loose by the Army, veteran’s life spirals to an end](http://www.stripes.com/news/special-reports/suicide-in-the-military/overlooked-and-cut-loose-by-the-army-veteran-s-life-spirals-to-an-end-1.145953)
* [Stars and Stripes coverage of suicide in the military](http://www.stripes.com/news/special-reports/suicide-in-the-military)

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Spc. Brushaun Anderson is shown in this image from Facebook.

# Brushaun Anderson jokes about life in the Army

For Army Spc. Brushaun Anderson, there was no escaping his torment.

The senior noncommissioned officers who ruled his life at a remote patrol base in Iraq ordered him to wear a plastic trash bag because they said he was “dirty.”

They forced him to perform excessive physical exercises in his body armor over and over again.

They made him build a sandbag wall that served no military purpose.

Anderson seemed to take it all in stride. Until New Year’s Day 2010, when the once-eager 20-year-old soldier locked himself inside a portable toilet, picked up his M4 rifle, aimed the barrel at his forehead and pulled the trigger.

Anderson left behind a note lamenting his failures in the military, and some soldiers in his unit immediately said that Anderson had been driven to kill himself by leaders bent on humiliating him.

“No matter what Spc. Anderson did, no matter how big or small the incident was, his punishment was always extremely harsh, [and] a lot of the time demeaning,” one corporal later told Army investigators.

“Spc. Anderson’s punishments were not like anyone else’s in the platoon,” another corporal said. “Spc. Anderson was singled out.”

The U.S. Army is confronting an unprecedented suicide crisis. Since the start of the wars in Afghanistan and Iraq, more than 1,100 soldiers have taken their own lives, with the numbers escalating each year for the last six years. Last year alone, 301 soldiers committed suicide — a new record.

Advertisement

Army officials often profess bafflement over the causes of the suicide epidemic, and they have spent more than $75 million on studies to try to understand the problem and reverse the devastating trend.

In Anderson’s case, at least, there was little mystery.

An Army investigation into Anderson’s unit following his suicide concluded that he had been hazed on multiple occasions and subjected to “cruel, abusive and oppressive treatment.”

Anderson’s battery commander, first sergeant, platoon sergeant and squad leader were found responsible for his maltreatment, according to documents obtained by Stars and Stripes.

But the Army didn’t hold them criminally culpable, and they weren’t made to leave the service.

Instead, all four superiors are moving ahead with their careers in leadership positions, entrusted with molding the Army’s next generation.

This is the story of one soldier’s humiliation — and the Army’s decision to avert its gaze. It is based on interviews with Anderson’s family and soldiers who witnessed his mistreatment and more than 500 pages of Army documents, including sworn statements from members of his unit and the conclusions of two Army investigators.

### Rocky deployment

Brushaun Anderson had been raised by his great aunt in a modest community in Columbus, Ga., and had joined the military for the same reason many low-income recruits do: He saw it as his chance to get ahead.

He was an inexperienced soldier, with only two years in the Army, and on his first deployment. He dreamed of joining Special Forces, perhaps becoming a sniper. He could rattle off details of the Army’s weapons systems and obsessively cleaned his rifle. He also wanted to recruit, because he liked to teach and talk and “he loved what he was doing in the Army,” said his great aunt,Phyllis Eason.

In the beginning, Anderson saw success.

Capt. William Fisher, Battery A’s commander, praised him in Army documents, calling him “an impressive soldier with the highly sought after ‘self-starter’ quality,” and the battalion made him Soldier of the Quarter the month before they deployed.

Anderson was then given the honor of carrying the battalion’s colors at the pre-deployment ceremony at Fort Drum, N.Y., and promoted to specialist not long after.

Yet, in Iraq, Anderson found himself something of an outsider. He was an infantryman, not a field artillery soldier. He and a few other young infantrymen had been added to 2nd Battalion, 15th Field Artillery Regiment for the deployment. He was also one of the few black soldiers in the battery.

Anderson received only mediocre performance reviews. He wasn’t meeting expectations in many regards, including his attitude.

He had lapses in judgment and a hygiene problem that hurt his reputation among some of Battery A’s leadership, even though one lieutenant said much of his behavior was typical of young soldiers. He thought Anderson simply needed more guidance from his direct leadership to help him develop as a soldier.

That wouldn’t happen at Patrol Base Babil.

The base in eastern Baghdad was remote and austere. There was no running water, no amenities like Internet access and, for a while, no portable toilets. Battery A’s 2nd Platoon and an attached squad lived sparsely in a tight square of tents next to Iraqi Security Forces.

Their battalion was based at the larger Joint Security Station Zafaraniyah about 20 minutes away, so the 40 or so soldiers at Babil were largely isolated from the rest of the unit.

The platoon’s top enlisted man, Sgt. 1st Class Phillip Devos, was granted wide leeway to run the show, and he reveled in the power, declaring himself “Supreme Allied Commander¬–Babil,” noncomissioned officers told Stars and Stripes.

He had the backing of Fisher, the battery’s commander, and then-Sgt. 1st Class Stephen Amaral, the battery’s first sergeant, both of whom encouraged a domineering spirit among the NCOs and emphasized punishment as a primary means of leadership, the NCOs said.

With this shared philosophy, the three leaders were close knit, the soldiers said. The leaders were eager for the deployment to turn into something big, itching for combat at a time when the mission in Iraq had shrunk to conducting courtesy patrols with the Iraqi Security Forces.

In December 2009, Devos got a new soldier to command when Anderson was moved from 1st Platoon to Babil.

Devos and the squad leader, Staff Sgt. Charles Bruckner, immediately pounced on Anderson’s minor mistakes.

Soldiers said once Bruckner and Devos identified Anderson as a soldier they could pick on, they never let up. They called him names and told him he wasn’t good enough for their platoon, that he was a “shit-bag soldier.”

They encouraged the other NCOs to find it funny and “release the dogs” on Anderson, a sergeant later wrote in his sworn statement.

Bruckner and Devos lacked even a “hint of moral capacity or professionalism,” another soldier wrote.

According to one sergeant, Devos was known for his “belittlement, cruelty and his verbal abuse.” Another soldier stated that Devos called Anderson stupid and sneered that the specialist must have cheated on his recruitment test because the Army doesn’t accept “retards.”

Anderson was also punished for “unreasonably long periods,” a soldier wrote, often for violations of rules that no one else had to abide by.

“Spc. Anderson was not a perfect soldier and he knew he made mistakes,” the soldier continued, “but no one deserved to get smoked like he did.”

### Harsh punishment

For Christmas, the entire battery squeezed in at Babil to celebrate together.

Anderson was pulling guard duty in the predawn hours while most of the battery slept. As the sun began to rise, he lit a cigarette while sitting in the truck.

That was technically against the rules, but it was common practice at Babil.

Fisher asked him if he was smoking.

“Yeah, roger,” Anderson replied.

Fisher and Amaral weren’t pleased with the response. Both men demanded not just respect but total deference, soldiers said.

They had Bruckner and Anderson’s team leader counsel the specialist for disrespecting a senior officer and violating a lawful order for smoking in the truck. Both NCOs then recommended that Anderson get a company-grade Article 15, a nonjudicial punishment through the Uniformed Code of Military Justice.

Fisher and Amaral decided against that. Instead, Anderson was ordered to perform hours of corrective training.

Fisher, in fact, never approved an Article 15 during the entire deployment, setting him apart from the other battery commanders in the battalion. He and the rest of the battery and platoon leadership portrayed this as if they were doing the soldiers a favor.

It was better to keep these things in-house with corrective training than to go through the UCMJ, the rationale went. Some of the soldiers in the battery agreed.

Fisher told Stars and Stripes there was a simple explanation for it: Nothing rose to the level of an Article 15 while his battery was deployed.

The Army specifically states that corrective training isn’t supposed to be punitive. It’s intended to teach a soldier how to improve and to instill discipline, and it should directly relate to a soldier’s weakness.

But in Battery A, corrective training was a euphemism for whatever punishment the leadership chose that day.

For Anderson on Christmas, that meant he would get little rest.

After his night shift on guard, he had to pull two more hours of the duty. Then he was ordered to don full body armor for an hour of strenuous physical exercise with his rifle: sprints, push-ups, lunges while holding his rifle over his head and mountain climbers.

A lieutenant with the battery was on his way to start his shift serving the enlisted men their holiday meal when he saw Anderson sweating through the exercise.

He went to find Fisher to see whether the captain was aware of what was going on.

“I’m a firm believer in disciplining soldiers,” Fisher replied, according to the lieutenant’s sworn statement.

The lieutenant “questioned the weight of the punishment” and “made it known” that he “did not agree [Anderson] should have to suffer that long for such an easy correction, especially on Christmas morning.”

Fisher, who was old for a captain as a prior enlisted soldier, replied that Anderson’s punishment was his decision and it needed to be done.

The lieutenant was unimpressed.

“Personally, I believe there are more important things to focus on rather than demanding respect from subordinates,” the lieutenant wrote in his statement.

He walked away from his talk with Fisher concerned that Anderson was the only one being held accountable for smoking on guard duty while more concerning infractions by other soldiers, such as urinating near the sleeping tents, went ignored.

As part of the corrective training, Anderson’s squad was also roused out of bed and told that because Anderson had messed up, they all had to start filling sandbags for what was called the “Wall of Shame” or the “Wall of Discipline.”

The construction of the random wall, which had no legitimate military purpose, had become routine punishment for Anderson and the junior soldiers in his squad. There was even a wooden sign reading “Wall of Discipline.” One private first class, though, said it was just a joke and no one took it too seriously.

Anderson was instructed to join his squad once he was done with his hour of physical training.

While the young soldiers labored on the wall with “a clearly broken spirit,” one sergeant said, Fisher and Amaral stood by laughing.

Devos joked that the soldiers looked like refugees.

### Deriding mental help

Anderson started spending more time by himself. At Babil, he often paced around the small patrol base or stood alone by the campfire.

A private first class asked him whether he was OK one night, and Anderson said he just wanted to be alone to think.

Friends said Anderson, the happy guy who made jokes and was always willing to help out, seemed to shrug off his treatment at the hands of Bruckner and Devos.

“If he was humiliated he never really showed it,” a specialist in the platoon said in a sworn statement, “and if it bothered him he never said it did.”

Some of the soldiers in the battery said Anderson brought things on himself by being lazy and repeatedly making stupid mistakes. The trouble wasn’t the platoon or battery leadership, a few said in their sworn statements, it was his lack of discipline.

One soldier wrote: “He wasn’t singled out. He did dumb [stuff] and got in trouble for it.”

Two days after Christmas, when most of the battery had been up for at least 36 hours, Anderson failed a room inspection at Zafaraniyah. The platoon rotated through that base to get showers and a break from Babil.

Bruckner told him his room was a “disgrace” with “trash on the floor, leftover meals in trays, flies, empty soda cans, dirty laundry and military equipment strewn all over the floor,” according to a formal counseling statement that Bruckner prepared. “Once again this shows the unit you have no discipline.”

Amaral was livid. He started throwing Anderson’s stuff around in his room, saying, “I’ll show you NCOs how to toss a room,” according to one sergeant.

The NCOs had Anderson put on his body armor and remove everything from his room, wipe down the walls and floor and then move everything back in.

Then Bruckner, who soldiers said tried hard to impress Devos, told Anderson to pack up his stuff because he was being exiled back to the spartan Babil permanently. That was a threat Devos often held over the heads of soldiers, one sergeant said.

One of Anderson’s friends, another specialist, saw him afterward and asked whether he planned on doing anything stupid.

“No, I’m fine,” Anderson told him. “I just need to settle down and slow down.”

Back at Babil, the platoon’s leaders didn’t relent.

They yelled at Anderson for not keeping up with proper hygiene. They told him he smelled bad and called him dirty, and then they forced him to wear a garbage bag at all times, according to sworn statements.

That type of demeaning treatment of soldiers wasn’t new for Devos, and it wasn’t unknown to the Army.

The spring before the unit deployed, Devos was admonished by a military judge. During a court-martial of one of Devos’ soldiers, it came to light that Devos had called out the accused in formation, made threatening remarks and generally acted in a “manner designed to humiliate, punish and degrade” the soldier, the judge said.

He was so “gravely concerned” about Devos’ “inappropriate and unprofessional” behavior that his actions ended up being a “significant mitigating factor” in sentencing the soldier.

Less than a year later, Devos — or “Big Time” as soldiers said he liked to call himself — was back at it in Iraq.

He had the encouragement of Amaral, a close friend.

To Amaral, everything was a game, a sergeant who served with Anderson told Stars and Stripes.

He molded the battery’s NCOs into the kind of leaders who hound junior enlisted soldiers, lecturing them that “soldiers have no rights” and if “you aren’t yelling at soldiers, you aren’t doing your job,” several soldiers said.

The first sergeant often boasted of how he took his personal frustrations out on soldiers by yelling at them or making fun of them. Amaral called the practice “Joe Time,” referencing the common nickname for soldiers.

Neither he nor Devos had much tolerance for the Army’s new spotlight on soldier care and they mocked the emphasis of mental health. In fact, Devos subjected his soldiers to exactly the kind of stigma the Army claims it’s trying to eliminate from the ranks.

If a soldier went to the “wizard,” as Devos derisively termed mental health counselors, that soldier was considered weak, the sergeant told Stars and Stripes.

“He said it so frequently that everyone knew,” the sergeant continued, asserting that promotions were also withheld for anyone who sought mental health care.

Devos often turned suicide into a punch line. Before working his soldiers hard, for example, he’d tell them they’d better get their ACE cards ready, referring to the laminated pocket guide for suicide intervention that soldiers carry.

When Babil got three portable toilets, the sergeant told Stars and Stripes, Devos joked that no soldier should use one as place to kill himself because he didn’t want to have to clean up the mess.

### Tired and defeated

On Jan. 1, 2010, soldiers at Babil didn’t get out of bed until around 1 p.m. They had spent the night before out on patrol and arrived back early in the morning.

Anderson had fallen asleep in the turret during the mission — a serious violation — and so would spend the first day of the new year working on the “Wall of Discipline.”

Before he could get started, Anderson was caught for another infraction, this time for uniform standards. He was wearing an unauthorized pair of eyewear with headphones.

Those type of standards were mostly nonexistent at Babil, and it was the kind of infraction that was commonly ignored, several soldiers said.

But Anderson was nabbed for the violation and promptly made to do mountain climbers in full body armor with his rifle. Amaral put an end to the exercise around 10 minutes later.

Soon after, wearing a trash bag, Anderson started filling sandbags for the “Wall of Discipline.” Soldiers described him as looking tired and defeated.

Anderson headed to the bathroom and, on his way, he ran into a friend, a private first class who asked him what he was doing.

“Taking a break,” he said, before going into the middle of three portable toilets.

About 15 minutes later, a gunshot brought the soldiers running to the latrines.

The first soldier there knocked and called out “Hello?” before yanking the door open. He saw an M4 rifle in a pool of blood and Anderson slumped over on the seat.

In his journal by his bunk, Anderson had written what appeared to be a suicide note.

“I really don’t know what to say in a note like this. I just don’t feel good about what I’ve accomplished in my life. I feel like a faliuer (sic). I feel like I’ve failed. And theirs (sic) no hope of improving. I’ve been a couple of places in the Army and it’s all been pretty much the same.”

### 'It was preventable'

Immediately after Anderson’s suicide, Bruckner told his soldiers to quickly empty the sandbags and take down the “Wall of Discipline,” three different sergeants said. Amaral also wanted the wall removed.

Devos later convened a meeting with all the NCOs. He told them there was a “circle of trust” and that they had to know who was on the inside and who was on the outside, a sergeant wrote. Devos tried to convince the soldiers that the questions being asked about Anderson’s death were an affront to the entire platoon.

Then a few days later, Bruckner held another meeting with the same NCOs, imploring them to stick together and protect Devos, to have his back.

“I believe he told us NCOs that … because they knew they were wrong in what happened,” a corporal wrote in a sworn statement.

The soldiers calling attention to how Anderson had been treated before his suicide were told to pipe down by battery and battalion leadership. At one point, some of the NCOs tried to convince a few soldiers that Anderson killed himself because he was gay, a sergeant told Stars and Stripes.

But the Army’s subsequent investigation into Anderson’s suicide revealed the battery’s troublesome corrective training practices, and some soldiers told the investigator that they thought the battery’s leadership played a role in Anderson’s death.

“I knew him very well, and I believe his suicide was in direct relation with how he was being treated and made an example out of in front of all his peers and fellow soldiers,” Anderson’s former team leader from 1st Platoon said.

A sergeant wrote: “It was preventable. The battery leadership allowed unorthodox and mean spirited punishment to take place. This was a direct result of how [Amaral and Fisher] ran the battery.”

Another soldier wrote: “I believe the constant pressure from his chain of command pushed him over the edge.”

Those concerns set off a larger investigation a few months later into the battalion’s use of corrective training and improper punishment.

### Token reprimands

In the end, Anderson’s leaders escaped any serious consequences.

The captain who conducted the first investigation found that the battery’s corrective training was “imposed in an oppressive manner to evade procedural safeguards applying to imposing non-judicial punishment.” He blamed the command climate set by Fisher and Amaral, which “resonated throughout the battery.”

In the six-week follow-up investigation, a colonel concluded that soldiers in Battery A, and Anderson in particular, “were treated in a cruel, abusive, oppressive and harmful manner.”

Devos “was directly responsible for soldiers’ well-being and duty bound to foster a healthy environment to maximize their potential,” the colonel wrote. Instead, Devos created an “environment of maltreatment and abuse when he allowed unauthorized punitive actions to be imposed.”

As battery commander, Fisher’s actions “jeopardized the well-being of all his soldiers.” He fostered “unacceptable conditions affecting good order and discipline of his unit” and “instead of intervening and taking preventative measures, he stood idle.”

As did Amaral, according to the investigating colonel.

The colonel recommended that they all get General Officer Memorandums of Reprimand, a form of administrative action that would likely keep them from being promoted to the next rank.

He also recommended Bruckner and Devos be relieved of duty for cause, and they were reassigned to different positions within the battalion while the unit was still deployed to Iraq.

But the memos of reprimand didn’t stick for Fisher and Amaral.

Although the reprimand was ordered by Maj. Gen. Terry Wolff, the battalion commander worked to get the men off the hook.

Lt. Col. Heyward Hutson said he went to bat for Fisher and Amaral because he “didn’t think they were culpable enough to end their careers over it.”

The memos of reprimand were downgraded to more minor letters of concern and weren’t filed in their permanent records. Since they have each moved on to new assignments, their records are unblemished, and both can move up the chain of command without anyone knowing about their misconduct.

Wolff declined to comment on why the reductions were made to Fisher’s and Amaral’s punishments. Fisher had written Wolff a letter rebutting the conclusions of the colonel’s investigation.

In an interview with Stars and Stripes, Fisher said that Anderson’s suicide greatly affected the entire battery, and as a leader he considered it a failure.

“I take full responsibility,” he said. “I’ll live with this the rest of my life.”

However, Fisher said that incidents “were blown out of proportion,” and from what he understood from his soldiers, the “climate of the battery was exceptional and things were going really well.”

In sworn statements, some soldiers backed this up, either praising Fisher’s command or expressing neutral feelings.

Fisher said he thought a few soldiers who didn’t reflect the majority and had a grudge about other issues used the investigation to voice their displeasure, driving the investigation to go further than it needed to go.

“The picture that was painted in the findings wasn’t accurate,” he said.

Amaral wrote a letter to the brigade’s commander, saying the unit did not have “an alarming issue with corrective training.” The problem was junior leaders and their lack of training in how to develop soldiers, he wrote.

Devos is appealing his memorandum of reprimand with the full support of Hutson, who wrote a letter on his behalf recommending the appeal.

Even if the appeal is denied, Devos is high enough up the chain of command to stay in the service without being promoted. So is Bruckner. As a result, the reprimands won’t affect their ability to serve 20 years and retire with full benefits.

Amaral, Devos and Bruckner did not respond to requests from Stars and Stripes for comment.

U.S. Army officials declined to comment, including Gen. Peter Chiarelli, the Army’s vice chief of staff and the man tasked with overseeing the Army’s response to the suicide problem.

But attending to the emotional needs of soldiers has long been a declared priority for Chiarelli.

“This generation needs caring and involved leaders,” Chiarelli told students at the Army War College in Carlisle, Pa., last October. “[Soldiers] are stressed and tired after nine years of war.”

Army spokesman Col. Thomas Collins referred questions about the case back to the chain of command of Anderson’s unit.

“What I can say definitively is that we have a system of justice in which commanders weigh the facts and make determinations on what is appropriate punishment,” Collins said.

Anderson’s case stands in stark contrast to how the Army dealt with a similar incident in Iraq the year before. In 2009, a private killed himself in a portable toilet and the Army charged two noncommissioned officers with cruelty and maltreatment for subjecting the soldier to ridicule and excessive physical training. They both served a few months in the brig and were reduced in rank.

Yet, a year and half after Anderson’s death, all four of the leaders called out in the investigation maintain their leadership positions within the Army:

Bruckner is back in the position of platoon sergeant with the same battery.

Devos, with 2nd Battalion, 307th Field Artillery Regiment, is training National Guard and Reserve soldiers at Camp Atterbury in Indiana before they deploy.

Amaral was promoted and is a battery first sergeant at Fort Carson, Colo., with 2nd Battalion, 77th Field Artillery.

Fisher is mentoring U.S. troops and American allies, ensuring they follow Army doctrine as they train for combat at the Joint Multinational Readiness Center in Hohenfels, Germany.

“The Army has spoken on this and said it’s acceptable,” the sergeant who had served with Anderson told Stars and Stripes. “That’s the big crime.”

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[**http://www.stripes.com/news/special-reports/suicide-in-the-military**](http://www.stripes.com/news/special-reports/suicide-in-the-military)

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White House to send condolence letters after military suicides

By [LEO SHANE III](http://www.stripes.com/reporters/Leo_Shane_III?author=Leo_Shane_III)

Published: July 5, 2011

[Maltreated and hazed, one soldier is driven to take his own life](http://www.stripes.com/news/special-reports/suicide-in-the-military/maltreated-and-hazed-one-soldier-is-driven-to-take-his-own-life-1.145941)

* [Overlooked and cut loose by the Army, veteran’s life spirals to an end](http://www.stripes.com/news/special-reports/suicide-in-the-military/overlooked-and-cut-loose-by-the-army-veteran-s-life-spirals-to-an-end-1.145953)
* [Stars and Stripes coverage of suicide in the military](http://www.stripes.com/news/special-reports/suicide-in-the-military)

Less than a year after Sgt 1st Class Daniel Wimmer hanged himself from a tree at Fort Benning, his family, including daughter Sara holding Wimmer´s other daughter, Mi-Na, at his graveside, is still pulled by the currents that claimed his life.

HANDOUT PHOTO/MCT

**UPDATED JULY 6, 1:04 P.M.**

WASHINGTON — Both the president and defense secretary will now send condolence letters to the families of troops who commit suicide in combat zones, part of a broader effort to destigmatize the mental health costs of war.

In a statement Wednesday, President Barack Obama called the decision “emotional, painful and complicated,” but also said the change was necessary to recognize the heroism and internal struggles facing servicemembers.

“These Americans served our nation bravely,” he said. “They didn’t die because they were weak. And the fact that they didn’t get the help they needed must change.”

Pentagon spokesman Col. David Lapan said new Defense Secretary Leon Panetta will follow the administration-wide policy and begin sending condolence letters to families of suicide victims deployed to Iraq, Afghanistan and other combat operations.

[**http://www.stripes.com/news/special-reports/suicide-in-the-military/white-house-to-send-condolence-letters-after-military-suicides-1.148446**](http://www.stripes.com/news/special-reports/suicide-in-the-military/white-house-to-send-condolence-letters-after-military-suicides-1.148446)

BL**OG POST**

   

Army Reports Highest Suicide Numbers in 2011
Posted by [Bryan Maxwell](http://iava.org/user/58) on [May 19](http://iava.org/blog/all/201105)

The [Army released suicide data](http://www.defense.gov/releases/release.aspx?releaseid=14492) for the month of April last week. Among active-duty service members, there were 16 suspected suicides, with none confirmed. Among the non-activated reserve component, there were 9 suspected suicides, with none confirmed. These numbers, the highest so far in 2011, come on the heels of a new Pentagon study that found that the rate of hospitalizations among soldiers for suicidal thoughts skyrocketed 7,000 percent in the last five years. To end the military suicide epidemic, we must understand why so many of our service members and veterans see suicide as the only option.

Right now our understanding of what drives so many of our troops and veterans to suicide remains limited. The National Institute of Mental Health and the U.S. Army are hoping to begin to bridge this gap with their ongoing study, [Army Study to Assess Risk and Resilience in Service Members](http://www.nimh.nih.gov/health/topics/suicide-prevention/suicide-prevention-studies/questions-and-answers-on-army-starrs.shtml) (Army STARRS), which is the largest effort to date that assesses mental health among service members and identifies suicide risk factors.

Several earlier studies have suggested reasons for these troubling suicide statistics. RAND recently released a [study](http://www.rand.org/content/dam/rand/pubs/monographs/2011/RAND_MG953.pdf) of suicide in the military, which noted that the research still isn’t available to tell us whether there is a link between the number of deployments and suicide; some researchers argue there is a link while others posit a “healthy warrior effect” – the notion, as described in the RAND study, that service members who deploy multiple times are in fact “uniquely healthy and resilient to developing mental health problems or exhibiting suicidal behaviors.” Meanwhile, another [study published by the American Journal of Psychiatry](http://www.nytimes.com/2011/01/19/us/19military.html?_r=2) found that when soldiers were screened for mental health conditions prior to a deployment, those who deployed were not as likely to have suicidal thoughts or mental health disorders. These studies offer glimpses at what might be causing this epidemic among service members and veterans, but more research is needed.

Meanwhile, the increase in the hospitalization rate raises further questions. This significant increase may be tied to greater rates of suicidal thoughts among service members, or alternatively, the [Pentagon](http://battleland.blogs.time.com/2011/05/06/suicidal-thoughts-up-7000-as-reason-for-u-s-military-hospitalizations-over-past-five-years/) suggests, the increase may be the result of more attention to mental health and the reduction of stigma associated with seeking help. Until we understand the reasons behind the increase, we won’t know whether it is a sign that efforts to reduce stigma are working or not.

To properly fight this epidemic and reinforce efforts that are already underway, the government, the military leadership, and the American public must all work to develop a better understanding of the causes of suicide. IAVA recommends that the DoD launch a national campaign to combat the stigma of seeking help for combat stress injuries and to promote the use of VA and DoD services such as Vet Centers and the National Suicide Prevention Lifeline. This effort must be complemented by a presidential call to action for a dramatic increase in the number of military mental health professionals.

To learn more about psychological and neurological injuries, read IAVA Issue Reports:

* [Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans](http://iava.org/files/IAVA_invisible_wounds_0.pdf)
* [Women Warriors: Supporting She 'Who Has Borne the Battle'](http://media.iava.org/IAVA_WomensReport_2009.pdf)

OIF/OEF Veteran? Join the conversation, connect with fellow vets and explore resources for the transition home inside [Community of Veterans](http://iava.org/form).

*Bryan Maxwell is IAVA's Research Associate in Washington, D.C. where he contributes to IAVA’s Issue Reports. Bryan received a B.A. in History from University of Virginia in 2004 and also serves as an officer in the Army Reserve.*

[*http://iava.org/blog/understanding-why-end-military-suicide*](http://iava.org/blog/understanding-why-end-military-suicide)

I wish there was something we could do for these vet which are still suffering.. It is such a very very touchy subject to approach .. even on a one and one talk.. I know you are hurting sweetie and I wish I could be there to listen to you . Thomas to have someone close to lean on is so important.  Honey when you are ready to talk.. then  you do it..You keep with Jesus, and don't let anyone on this earth try to persuade you to do it until you feel you can approach this.  put your hand up and say "talk to the hand"

# Hideki Irabu found dead in California

*AP* – 5 hrs ago

FILE - In this Aug. 20, 1997 file photo, Hideki Irabu of the New York Yankees throws …

FILE - In this May 7, 1999, file photo, New York Yankees pitcher Hideki Irabu pitches …

LOS ANGELES (AP) — Hideki Irabu joined the New York Yankees 14 years ago in a swell of international excitement. The quirky, flamethrowing Japanese right-hander seemed destined to become a pioneering star for American baseball's marquee franchise.

Irabu never reached those enormous expectations, and his career spiraled. On Wednesday, the 42-year-old was found dead, an apparent suicide in a home in Rancho Palos Verdes, a wealthy Los Angeles suburb.

"He was a world-class pitcher," said former major league manager Bobby Valentine, who managed Irabu in Japan in 1995. "When Nolan Ryan saw him, he said he had never seen anything like it. There were just some days when he was as good a pitcher as I had ever seen. A fabulous arm."

Los Angeles County coroner's official Ed Winter said his office is investigating Irabu's death as a suicide, revealing no additional circumstances. An autopsy will be performed Friday or Saturday.

Irabu was billed as the Japanese version of Ryan when he arrived in the United States in 1997, a hard-throwing starter with a 98-mph fastball who excelled as a strikeout specialist — an almost unfair addition to the defending World Series champions.

After an impressive debut with the Yankees that summer, he was a disappointment to the Yankees and himself during three seasons in the Bronx. Instead, he was forever tagged with a label from late Yankees owner George Steinbrenner, who called him a "fat ... toad" after Irabu failed to cover first base during an exhibition game.

Irabu finished 34-35 with a 5.15 ERA in his tenure with the Yankees, two years in Montreal and a final season in the Texas bullpen in 2002. He was a member of two Yankees teams that won the World Series, but his only postseason action was a single relief appearance in the 1999 AL championship series when Boston tagged him for 13 hits.

Irabu pitched in an American independent league and signed with a Japanese team in recent years while living with his family in Southern California. Neighbors believe Irabu had grown despondent recently because of a split with his wife.

Mary Feuerlicht said she was about to go pick up her son on Wednesday morning when a man came running down the driveway from Irabu's large two-story home, perched atop a hill with views of the harbor and downtown Los Angeles, pleading with her to call police.

Feuerlicht said she was later told by sheriff's deputies and the man who asked her for help that Irabu's wife had left him, taking their two young daughters. She hadn't seen Irabu's wife and children for two months, but said the family regularly left town for the summer.

"When I saw him for the past month or so he seemed kind of down," she said. "He wasn't kind of perky like I've seen him before."

Ichiro Sakashita, who identified himself as Irabu's friend, arrived late Thursday to place huge bouquets of flowers in front of the former player's home. Sakashita said Irabu wanted to become a baseball coach and stay involved with the sport after his retirement, but ultimately decided to spend time with his family.

Sakashita said Irabu and his wife had been separated for about a month.

"He decided to go to heaven," he said. "So we must accept that."

Irabu's death is the second apparent suicide by a sports figure this week. Police say American Olympic freestyle skier Jeret "Speedy" Peterson shot himself in a Utah canyon on Monday.

Valentine said he got the news about Irabu on Thursday when it came across on his mobile phone.

"I got a little sick to my stomach, actually," he said.

Irabu was one of several pitchers from Japan who hoped to duplicate Hideo Nomo's trailblazing achievements in the major leagues. Irabu also was a curiosity — he taped magnets all over his body when he pitched, hoping they would bring wellness.

Although Irabu largely struggled in the majors, he left a lasting legacy. Several big stars, from Ichiro Suzuki to Hideki Matsui, followed Nomo and Irabu from Japan to the United States.

"He was one of the pioneers," Valentine said. "There was a lot riding on his shoulders."

Irabu starred in Japan for nearly a decade before the San Diego Padres purchased his contract from the Chiba Lotte Marines. But Irabu declined to join the Padres, insisting he would only play for the Yankees.

The Yankees put together a package and traded for Irabu a few months later and signed him to a four-year, $12.8 million contract.

"We are deeply saddened to learn of the passing of Hideki Irabu," the Yankees said in a statement. "Every player that wears the Pinstripes is forever a part of the Yankees family, and his death is felt throughout our organization."

Irabu pitched just eight games in the minors before making his big league debut at Yankee Stadium on July 10, 1997. The crowd was buzzing even before his first pitch, and fans on two continents watched him. T-shirts with "Typhoon Irabu" were on sale at the concession stands at Yankee Stadium and sushi was sold alongside the hot dogs and beers.

With current Yankees manager Joe Girardi as his catcher that night, Irabu retired the first six Detroit batters, striking out four of them and showing a 96 mph fastball. He fanned nine in 6 2-3 innings and got the win.

When he walked off the mound in the seventh inning, Yankees fans gave him a standing ovation. Some even bowed with both hands over their heads, and Irabu came out of the dugout for a curtain call.

That, however, was perhaps his finest moment in the majors.

"He was a work in progress. It just didn't progress I guess the way he had planned or the way some people planned," Valentine said.

Irabu posted a team-leading 16 saves — the only saves of his major league career — with Texas in 2002. He then returned to Japan for the 2003 season and enjoyed renewed success, earning a win in the All-Star game, going 13-8 and helping Hanshin win its first league title in 18 years.

Irabu made a comeback in April 2009 in the independent Golden Baseball League, going 5-3 with a 3.58 ERA for the Long Beach Armada. He then returned to Japan and was introduced that August as a member of the Kochi Fighting Dogs, saying, "I have high expectations for myself."

But Irabu also had off-the-field trouble in recent years.

In August 2008, he was arrested in Japan for allegedly assaulting a bartender after drinking 20 mugs of beer. Police said he became angered after his credit card was rejected.

In May 2010, Irabu was arrested on suspicion of driving under the influence of alcohol in Gardena, another Los Angeles suburb. Police said he was stopped after his car drifted outside of traffic lanes and he nearly collided with a parked car.

He posted $5,000 bail but it was not immediately clear whether he was criminally charged.

"I think that he was one of his own worst enemies," Valentine said.

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Associated Press Writer Jacob Adelman, AP Sports Writers Greg Beacham and Mike Fitzpatrick, and AP Baseball Writer Ben Walker contributed to this report.

**http://news.yahoo.com/hideki-irabu-found-dead-california-202812217.html**

**Nev. couple return to Fla. church for suicide pact**

*By CRISTINA SILVA - Associated Press | AP –  8 hrs ago*

LAS VEGAS (AP) — A Las Vegas couple traveled from their home in Nevada to the Florida church where they were married 40 years ago to kill themselves in an apparent suicide pact, police said.

A pastor found Bruce Wright and his wife, Patricia Wright, Sunday morning beneath an oak tree behind Friendship United Methodist Church in Punta Gorda, about 80 miles south of Tampa. Two guns were nearby.

"He used a shotgun to his head and she used the rifle," said Bob Carpenter, a spokesman for the Charlotte County, Fla., sheriff's office. "It was in the head, too. It was a pact."

The husband, 60, was found dead, and his wife, 57, died Wednesday after several days on life support at an area hospital, Carpenter said.

The couple's nephew, Daniel Johnson, told the Las Vegas Review-Journal that the Wrights had no children and rarely kept contact with family members. Johnson said the family doesn't understand why the couple killed themselves or returned to the church where they had wed.

"It was a romantic tragedy," said Johnson, 28. "Life started for the two of them there, and that's officially where life ended for them."

The couple had been staying in a local motel together, but it was unclear when they arrived in Florida, Carpenter told The Associated Press. The couple had attended high school in Charlotte County and still had family in the area, he said.

On Sunday, they apparently parked their SUV with a Nevada veteran license plate in the church parking lot and walked to the tree in the backyard, Carpenter said.

The Rev. Mike Winchell, who moved from Oklahoma to join the church two weeks ago, found the bodies when he arrived to turn on the air conditioning before Sunday service, Carpenter said. Winchell did not immediately return a call seeking comment.

"The sheriff was trying to console the pastor that this is not really our community," Carpenter said. "It's a heck of thing to step into."

Patricia Wright was most recently employed at a hospital and Bruce Wright was working in sound production, Johnson said.

Johnson said he last saw them two years ago, when the couple spoke of leaving Las Vegas and moving to California. Johnson did not believe they ever made it there.

"We want to figure out what's going on and put people at ease," Johnson said. "But honestly, all we have is a few facts, and everything else is speculation."

<http://news.yahoo.com/nev-couple-return-fla-church-suicide-pact-185626510.html>