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Iraq: Soldier Suicides at Record Level

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Soldier Suicides at Record Level
Increase Linked to Long Wars, Lack of Army Resources

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Lt. Elizabeth Whiteside, a psychiatric outpatient at Walter Reed Army Medical Center who was waiting for the Army to decide whether to court-martial her for endangering another soldier and turning a gun on herself last year in Iraq, attempted to kill herself Monday evening. In so doing, the 25-year-old Army reservist joined a record number of soldiers who have committed or tried to commit suicide after serving in Iraq or Afghanistan.

“I’m very disappointed with the Army,” Whiteside wrote in a note before swallowing dozens of antidepressants and other pills. “Hopefully this will help other soldiers.” She was taken to the emergency room early Tuesday. Whiteside, who is now in stable physical condition, learned yesterday that the charges against her had been dismissed.

Whiteside’s personal tragedy is part of an alarming phenomenon in the Army’s ranks: Suicides among active-duty soldiers in 2007 reached their highest level since the Army began keeping such records in 1980, according to a draft internal study obtained by The Washington Post. Last year, 121 soldiers took their own lives, nearly 20 percent more than in 2006.

At the same time, the number of attempted suicides or self-inflicted injuries in the Army has jumped sixfold since the Iraq war began. Last year, about 2,100 soldiers injured themselves or attempted suicide, compared with about 350 in 2002, according to the U.S. Army Medical Command Suicide Prevention Action Plan.

The Army was unprepared for the high number of suicides and cases of post-traumatic stress disorder among its troops, as the wars in Iraq and Afghanistan have continued far longer than anticipated. Many Army posts still do not offer enough individual counseling and some soldiers suffering psychological problems complain that they are stigmatized by commanders. Over the past year, four high-level commissions have recommended reforms and Congress has given the military hundreds of millions of dollars to improve its mental health care, but critics charge that significant progress has not been made.

The conflicts in Iraq and Afghanistan have placed severe stress on the Army, caused in part by repeated and lengthened deployments. Historically, suicide rates tend to decrease when soldiers are in conflicts overseas, but that trend has reversed in recent years. From a suicide

rate of 9.8 per 100,000 active-duty soldiers in 2001 — the lowest rate on record — the Army reached an all-time high of 17.5 suicides per 100,000 active-duty soldiers in 2006.

Last year, twice as many soldier suicides occurred in the United States than in Iraq and Afghanistan.

Col. Elspeth Cameron Ritchie, the Army's top psychiatrist and author of the study, said that suicides and attempted suicides "are continuing to rise despite a lot of things we're doing now and have been doing." Ritchie added: "We need to improve training and education. We need to improve our capacity to provide behavioral health care."

Ritchie's team conducted more than 200 interviews in the United States and overseas, and found that the common factors in suicides and attempted suicides include failed personal relationships; legal, financial or occupational problems; and the frequency and length of overseas deployments. She said the Army must do a better job of making sure that soldiers in distress receive mental health services. "We need to know what to do when we're concerned about one of our fellows."

The study, which the Army's top personnel chief ordered six months ago, acknowledges that the Army still does not know how to adequately assess, monitor and treat soldiers with psychological problems. In fact, it says that "the current Army Suicide Prevention Program was not originally designed for a combat/deployment environment."

Staff Sgt. Gladys Santos, an Army medic who attempted suicide after three tours in Iraq, said the Army urgently needs to hire more psychiatrists and psychologists who have an understanding of war. "They gave me an 800 number to call if I needed help," she said. "When I come to feeling overwhelmed, I don't care about the 800 number. I want a one-on-one talk with a trained psychiatrist who's either been to war or understands war."

Santos, who is being treated at Walter Reed, said the only effective therapy she has received there in the past year have been the one-on-one sessions with her psychiatrist, not the group sessions in which soldiers are told "Don't hit your wife, don't hit your kids," or the other groups where they play bingo or learn how to properly set a table.

Over the past year, the Army has reinvigorated its efforts to understand mental health issues and has instituted new assessment surveys and new online videos and questionnaires to help soldiers recognize problems and become more resilient, Ritchie said. It has also hired more mental health providers. The plan calls for attaching more chaplains to deployed units and assigning "battle buddies" to improve peer support and monitoring.

Increasing suicides raise "real questions about whether you can have an Army this size with multiple deployments," said David Rudd, a former Army psychologist and chairman of the psychology department at Texas Tech University.

On Monday night, as President Bush delivered his State of the Union address and asked Congress to "improve the system of care for our wounded warriors and help them build lives of hope and promise and dignity," Whiteside was dozing off from the effects of her drug overdose. Her case highlights the Army's continuing struggles to remove the stigma surrounding mental illness and to make it easier for soldiers and officers to seek psychological help.

Whiteside, the subject of a Post article in December, was a high-achieving University of Virginia graduate, and she earned top scores from her Army raters. But as a medic in charge of a small prison team in Iraq, she was repeatedly harassed by one of her commanders, which disturbed her greatly, according to an Army investigation.

On Jan. 1, 2007, weary from helping to quell riots in the prison after the execution of Saddam Hussein, Whiteside had a mental breakdown, according to an Army sanity board investigation. She pointed a gun at a superior, fired two shots into the ceiling and then turned the weapon on herself, piercing several organs. She has been at Walter Reed ever since.

Whiteside's two immediate commanders brought charges against her, but Maj. Gen. Eric B. Schoomaker, the only physician in her chain of command and then the commander of Walter Reed, recommended that the charges be dropped, citing her "demonstrably severe depression" and "7 years of credible and honorable service."

The case hinged in part on whether her mental illness prompted her actions, as Walter Reed psychiatrists testified last month, or whether it was "an excuse" for her actions, as her company commander wrote when he proffered the original charges in April. Those charges included assault on a superior commissioned officer, aggravated assault, kidnapping, reckless endangerment, wrongful discharge of a firearm, communication of a threat and two attempts of intentional self-injury without intent to avoid service.

An Army hearing officer cited "Army values" and the need to do "what is right, legally and morally" when he recommended last month that Whiteside not face court-martial or other administration punishment, but that she be discharged and receive the medical benefits "she will desperately need for the remainder of her life." Whiteside decided to speak publicly about her case only after a soldier she had befriended at the hospital's psychiatric ward hanged herself after she was discharged without benefits.

But the U.S. Army Military District of Washington, which has ultimate legal jurisdiction over the case, declined for weeks to tell Whiteside whether others in her chain of command have concurred or differed with the hearing officer, said Matthew MacLean, Whiteside's civilian attorney and a former military lawyer.

MacLean and Whiteside's father, Thomas Whiteside, said the uncertainty took its toll on the young officer's mental state. "I've never seen anything like this. It's just so far off the page," said Thomas Whiteside, his voice cracking with emotion. "I told her, 'If you check out of here, you're not going to be able to help other soldiers.' "

Whiteside recently had begun to take prerequisite classes for a nursing degree, and her mental stability seemed to be improving, her father said. Then late last week, she told him she was having trouble sleeping, with a possible court-martial weighing on her. On Monday night, she asked her father to take her back to her room at Walter Reed so she could study.

She swallowed her pills there. A soldier and his wife, who live next door, came to her room and, after a while, noticed that she was becoming groggy, Thomas Whiteside said. When they returned later and she would not open the door, they called hospital authorities.

Yesterday, after having spent two nights in the intensive care unit, he said, his daughter was transferred to the psychiatric ward.

Whiteside left two notes, one titled “Business,” in which her top concern was the fate of her dog. “Appointment for the Vetenarian is in my blue book. Additional paperwork on Chewy is in the closet at the apartment in a folder.” On her second note, she penned a postscript: “Sorry to do this to my family + friends. I love you.”

Staff writer Anne Hull contributed to this report.
