

SUICIDE THE “SILENT EPIDEMIC”

In 1974 First Lady Betty Ford coined the phrase “Silent Epidemic” referring to breast cancer. Each year this cancer was killing thousands of men and women and no one was willing to talk about it until she, as a survivor, started to make it public. This awareness has spread and has saved many lives. We now have the complete month of October for cancer awareness.

Today we have another “Silent Epidemic” and this one is affecting our Veterans. PTSD (Post Traumatic Stress Disorder) from war has its own set of symptoms; one of those is depression which can and unfortunately does lead to some veterans thinking about suicide. We as veterans need to be talking to the public, to other veterans, and to anyone who will listen. This will help our veterans understand that they are not alone. Our vets need to know there are other vets to talk to and who have learned to understand it and have learned to live with it. Making the public more aware of what PTSD is can help them understand, which can ultimately bring a more positive approach to veterans’ needs and perhaps save more veterans from the long term solution (suicide) for what could be a short term problem. I believe that it is very important for our younger veterans to see that it is alright to talk about PTSD and seek help and to see that it is not a form of weakness to ask for help. “It takes the courage and strength of a warrior to ask for help” and talk about it.

This is why it is so important for the friends and family of our veterans to gain a better understanding of PTSD and to at least help our veterans to seek help for depression which can lead to suicide.

There are two different categories of veteran suicide, those who are serving and those who are no longer serving in the armed forces. The fact is if you are a veteran you are twice as likely to complete suicide.

Nationally, it is estimated that 12,000 veterans under VA care attempt suicide yearly and 6,000 succeed. Studies show that suicide is a multi-dimensional, multi-determined, and multifactorial behavior. More than one condition of mental health problems, such as substance abuse disorder, and /or depression, can affect the veterans who attempt suicide. The stressors of the 18-64 age group are usually listed as problems with their intimate partner, and for the over 65 it is usually health problems. Veterans 18-64 have accounted for 30% of the suicides and 20% are veterans over 65 in VA care. One thing which has been recently disclosed is that some of the VA’s antidepressant drugs cause side effects which include suicidal thoughts. We need to ask what medications these veterans are taking and what the side effects are.

Suicide and PTSD are known to be connected, per a RAND Corporation study. There are approximately 300,000 veterans who have served in Iraq and Afghanistan who are suffering from PTSD and only 20% have asked for help, so you can see the problem will be on-going for some time. Some of the reasons given for PTSD are the long deployments, multiple deployments, death of a friend killed in combat, and combat trauma. The suicide rate for active duty members of the armed forces is higher than it has

ever been and has gone up each year for the last ten years. Suicide accounts for 15% of all casualties in OEF/OIF active forces. The Marines have reported that suicide has gone up also. The numbers for the DOD and the VA are that in September of 2008, there had been 4,700+ Americans casualties and 821 suicides on record. We know that we have lost over 5,000 but I could not find the total number of suicides. I do know that in Afghanistan ending in September 2010 we had lost 861 by combat and 731 by suicide. As more veterans will be returning home soon the problem can and will only get closer to home.

If you suspect a veteran is depressed, remember the word A.C.E. “A”= ASK the veteran how he/she is doing, ASK if they are thinking about hurting themselves, “C”= CARE enough to talk to them, listen, share your own personal experiences and gain their trust. “E”= ESCORT them to get help; do not let them promise to get help. Then check up on them at a later date.

I write this now because of the up-coming holiday season. The number of suicides goes up for all segments of society during this time of the year. I hope that we as veterans can help other fellow veterans through this time. I hope that this can be published in Department newspapers and Posts newsletters along with the SUICIDE HOT LINE NUMBERS. VA HOT LINE 1-800-TALK (8255) or the DOD HOT LINE 1-800-1020. Some States have Hot lines within their own state Veterans Department. Place them in your local newsletter.

SUICIDE WARNING SIGNS:

- THINKING ABOUT HURTING OR KILLING THEMSELVES
- LOOKING FOR WAYS TO KILL THEMSELVES
- SELF-DESTRUCTIVE BEHAVIOR SUCH AS DRUG ABUSE, WEAPONS, etc.
- HOPELESS, FEELING LIKE THERE’S NO WAY OUT
- ANXIETY, AGITATION, SLEEPLESSNESS, MOOD SWINGS
- FEELING LIKE THERE IS NO REASON TO LIVE
- RAGE OR ANGER
- ENGAGING IN RISKY ACTIVITIES WITHOUT THINKING
- INCREASING ALCOHOL OR DRUG ABUSE
- WITHDRAWING FROM FAMILY AND FRIENDS
- GIVING AWAY PERSONAL ITEMS OR PETS THAT ARE IMPORTANT TO THEM.

Any of the above could show a need for help and the more symptoms which are present, the more chance a suicide attempt could be building. These are only a guide line for the signs, and many others problems could add to the mix.

Dennis Guthrie
VFW Past National
Surgeon General 2009-2010