

RECORD VERSION

STATEMENT BY

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VICE CHIEF OF STAFF
UNITED STATES ARMY**

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Chairman Nelson, Ranking Member Graham, distinguished Members of the Senate Committee on Armed Services; I thank you for the opportunity to appear here today to provide a status on the Army's efforts to reduce the number of suicides across our Force. This is my first occasion to appear before this esteemed committee, and I pledge to always provide you with an honest and forthright assessment.

On behalf of our Secretary, the Honorable Pete Geren and our Chief of Staff, General George Casey, I would also like to take this opportunity to thank you for your continued, strong support and demonstrated commitment to our Soldiers, Army Civilians, and family members.

As all of you know, it has been a busy time for our Nation's military. We are at war, and we have been at war for the past seven-plus years. That has undeniably put a strain on our people and equipment. In spite of this, I continue to be amazed by the resiliency of the Force. The men and women serving in the Army today are well-trained, highly-motivated, and deeply patriotic, and they are doing an outstanding job on behalf of the Nation.

As leaders, we have a responsibility to look out for our Soldiers' physical and mental well-being. The culture of the Army is that of a team; and, in everything that we do – how we train, how we fight – we are guided by the Warrior Ethos, "*No Soldier left behind.*" I can assure the members of this committee that we are addressing the issue of suicides across our Army with that same attitude.

Calendar Year (CY) 2008 and CY 2009 Army Suicide Reports

On January 29, 2009, the Army released its annual report on suicides for CY2008. The statistics cover active duty Soldiers, including activated members of the National Guard and US Army Reserve. There were 140 suicides of Soldiers on active duty over the 12-month period (this figure includes 7 unconfirmed cases still under review); the confirmed rate was 20.2 per 100,000. This is an all-time high for the Army.

And, for the first time in history, the number of suicides in CY 2008 also exceeded the age and gender adjusted national average of 19.5 per 100,000. However, it should be noted that the most recent data from Centers for Disease Control and Prevention (CDC) is for 2005, so a true side-by-side comparison cannot be made. The CDC figures, for example, do not yet reflect the impact of the financial downturn that occurred in the latter half of 2008.

Unfortunately, this alarming trend has continued in CY 2009. The number of suicides for CY 2009 by active duty Soldiers, including activated members of the National Guard and Reserves is currently 48 (out of a total population of 700,000) (includes 29 pending, but not yet confirmed); and, the corresponding number of suicides for CY 2009 by Reserve Component and Army National Guard Soldiers not on active duty is currently 18 (out of a total population of 400,000) (includes 11 pending, but not yet confirmed).

I, and the other senior leaders of our Army, readily acknowledge that these current figures are unacceptable.

Reasons for Suicides

Individuals who make the decision to commit suicide usually do so based upon a combination of factors. For example: investigations have concluded that the vast majority of Soldiers who committed suicide in CY 2008 were dealing with some type of relationship problem (i.e., marital discord, break-up, divorce, family disagreements); and, many of the Soldiers were also experiencing legal, financial, and occupational difficulties. On their own, each problem may be manageable – or even avoidable – but, problems are often exacerbated by the added stress and helplessness a Soldier can feel when deployed.

The reality is we are dealing with a tired and stretched Force. In CY 2008, over two-thirds of the Soldiers who committed suicide were either deployed or had deployed in the past. In this era of - what I like to refer to as "persistent engagement" - Soldiers are required to maintain a heightened state of readiness and operate at an exigent tempo for prolonged periods of time. This contributes significantly to their level of stress and anxiety.

Looking ahead, I – and, the other senior leaders of the Army – recognize that we must find ways to relieve some of the stress on our Force, particularly the stress caused

by deployments and frequent, lengthy periods of separation. However, the level of stress is directly related to demand – and, as you well know, demand is high and not expected to diminish significantly for the foreseeable future. In the meantime, our efforts are focused on mitigating the stress as much as possible. Shortening the length of deployments from 15 to 12 months will help, but even that is going to take time. We are still dealing with the impact of the Surge. And, the Army will not get our last Combat Brigade off of a 15-month deployment until June 2009, and our last Combat Support (CS)/Combat Service Support (CSS) unit off of 15-month deployment until September 2009.

Addressing the Challenge of Soldier Suicides

As you all know, I was given the mission by Secretary Geren and the Chief, General Casey to develop a plan to significantly reduce the high number of suicides across the Army. And, I can assure the members of this committee – this is not business as usual. I am conducting weekly meetings and VTCs with many of the Army's senior leaders, Army Service Component Commands, and Direct Reporting Units around the globe. Beginning next week, I plan to travel to seven Army installations to assess implementation of our strategy.

The increased trend in Soldier suicides is impacting every segment of the Army – Active, Reserve, and National Guard; officer and enlisted; male and female; deployed, non-deployed, and never deployed. And, the reality is there is no simple solution. In fact, it is going to require a multi-disciplinary approach; and, the Army is taking a hard look at every single facet of our organization to make a determination on what can and should be done to address this problem. We are also reviewing and reemphasizing those basic practices that were so effective in the past at keeping our suicide numbers down, such as asking a buddy if he or she needs help and making sure he or she is linked up with a chaplain or mental health provider.

In January, Secretary Geren directed an Army-wide stand-down to address the problem of suicides. During the 30-day window between the 15th of February and the 15th of March, unit Commanders took a two- to four-hour period to conduct a training session with their Soldiers and Army civilians. A standardized training support package was

provided to each unit, including a DVD, "*Beyond the Front*." This inter-active learning video was developed in conjunction with Lincoln University, WILL Interactive, Inc., and the Army Research Institute, and it presents Soldiers with two very realistic scenarios that address some common stresses and hardships that can lead to thoughts of suicide. Unit leaders were on-hand at the training sessions to answer questions and to help Soldiers work through the issues presented.

Also as part of the stand-down, unit Commanders conducted training on one of the Army's primary programs – the *Ask, Care, Escort* program, commonly referred to as ACE. In some cases, a Soldier may be struggling with a problem, but he is not willing to talk about it because of potential stigmas or fear of ridicule from fellow Soldiers. The ACE program reminds Soldiers that they have a responsibility to look out for one another and help – not deride or ostracize – a buddy who is having problems.

This stand-down is being followed by a chain-teaching program focused on suicide prevention that will allow leaders to communicate with every Soldier. This chain-teach will be conducted during a 120-day period that began on March 15, 2009. The intent is to inform and educate Soldiers and DA civilians about the resources and services available; motivate Soldiers to maintain both physical and mental health wellness; engage leaders at all levels of the Army to foster an environment of reduced stigma associated with seeking mental health care; and, enhance the capability of Soldiers, DA civilians, Army leaders, family members, and others to take necessary action to help individuals at risk.

A Team Approach

Effectively addressing the challenge of Soldier suicides is going to require a team effort across all Army components, jurisdictions, and commands, as well as cooperation with partners outside of our organization, such as the Department of Veterans Affairs and the National Institute of Mental Health (NIMH).

The Army signed a Memorandum of Agreement with NIMH in October 2008, and the Institute is currently conducting long-term research aimed at helping to identify those Soldiers most at risk, as well as developing intervention and mitigation strategies that will help decrease the number of suicides across the Army. This is the largest single study on

the subject of suicide that NIMH has ever undertaken. It is expected to last five years, and will include Soldiers from every component of the Force – Active Army, Army National Guard, and Army Reserve. Intermediate data will also be available throughout the study period to inform the Army's ongoing intervention strategies. The findings will benefit the Army, the other military Services, as well as the U.S. population overall, and may lead to more effective interventions for both Soldiers and civilians.

Within the Army, Unit Ministry Teams (UMT) play a critical role in addressing this issue. These teams are comprised of chaplains and chaplain's assistants. Today, there is a unit ministry team assigned to most battalions in the Army. They deploy with the units, and work with other supportive agencies and health professionals to assist Soldiers and their families. UMTs are able to provide a quick and effective response to crises, including suicidal crises, as a result of their integration with the unit, credibility with their Soldiers, and superior pastoral skills and experience. UMTs also provide countless interventions to prevent self-destructive behavior, not only at the point of suicidal crisis, but also in working with distressed Soldiers and family members prior to a crisis.

The Army is also in the process of hiring more mental health care practitioners, including psychiatrists, psychologists, and marriage and family therapists. And, we are educating more primary care providers on the symptoms and courses of action for depression and Post-Traumatic Stress Disorder (PTSD). What we discovered is that Soldiers who are unwilling to seek help from a mental health care professional will oftentimes go to a primary care physician instead. So, it is important for these doctors to know what to look for and how best to care for these individuals.

Comprehensive Soldier Fitness

The Army is in the process of developing its Comprehensive Soldier Fitness Program. The objective is to raise mental fitness up to the same level of attention as we have historically given only to physical health and fitness. Multiple studies have shown that mental and emotional strength are just as important as physical strength to the safety and well-being of our Soldiers. In fact, a Soldier who is mentally and emotionally fit is better prepared to withstand the challenges and adversity of combat. We recognize that people come into the Army with a very diverse range of experiences, strengths, and

vulnerabilities in their mental as well as physical condition. So we will start with an assessment at Accession, and provide training and education as needed.

As part of this effort, the Army has instituted BattleMind training, with modules for essentially every juncture in a Soldier's career – from Basic Training to the Pre-Command Course. There are also pre- and post-deployment modules for both Soldiers and spouses. To date, Battlemind is the only mental health and resilience training program demonstrated to reduce symptoms of post-traumatic stress upon redeployment. People who participated in Battlemind also have reported fewer stigmas attached to getting mental health care if needed than people who had not had the training.

Changing the Army Culture

Today, there is a wide range of programs and services available. However, Soldiers are frequently reluctant to seek help. This is the other piece we recognize needs work; we need to change the culture of our Army. In the past, there has been a stigma associated with seeking help from any kind of mental health professional. Soldiers avoided seeking this type of assistance for fear that it might adversely affect their careers. However, that is not the case; and, we are taking the necessary steps to change this misperception across the Army.

In 2008, the Department of Defense revised Question number 21 on the questionnaire for national security positions regarding mental and emotional health. The revised question now excludes non-court ordered counseling related to marital, family, or grief issues, unless related to violence by members; and counseling for adjustments from service in a military combat environment. Seeking professional care for these mental health issues should not be perceived to jeopardize an individual's professional career or security clearance. On the contrary, failure to seek care actually increases the likelihood that psychological distress could escalate to a more serious mental condition, which could preclude an individual from performing sensitive duties.

We recognize that we need to do more, and we are committed to getting the message out to Soldiers that it is okay to get help. We are making progress. In fact, recent mental health assessments conducted in theater have shown a marked increase in

the percentage of Soldiers willing to seek mental health care without undue concern that it will be perceived as a sign of weakness or negatively impact their careers.

Closing

In my 36-year career in the Army, I have never dealt with a more difficult or critical mission than the current charge to reduce the number of Soldier suicides. Any time an individual makes the decision to commit suicide; the loss affects family and friends, fellow Soldiers, and the Army.

Stress, anxiety, or depression affecting a Soldier can be caused by a variety of factors, including relationship problems and financial, legal, and occupational difficulties. One at a time or in certain situations each factor may be manageable – or even avoidable. But, when they happen in some combination or all at once, and especially when a Soldier's anxiety is further compounded by the stress of a deployment – he (or she) can reach a point of desperation. And, if left unaided, this individual could make the fateful decision to end his or her own life.

The reality is every suicide is unique, and there is no simple solution. In fact, to significantly reduce the number of suicides will require a team effort across the Army by Soldiers of every rank and at every level of command. Long-term, the Army's senior leaders recognize that we need to find ways to relieve some of the stress on our Force, particularly the stress caused by deployments and frequent, lengthy periods of separation. We also acknowledge that this stress is an effect of increased demand on the Force, and the reality is this demand is not expected to diminish in the foreseeable future. In the meantime, we are taking immediate steps to mitigate some of the stress on our Soldiers and their families by helping them to better cope with difficult situations. We are also in the process of changing the culture of the Army to ensure Soldiers are aware of available programs and services; and are willing to seek help whenever necessary – for themselves or for a buddy.

Again, I can assure the esteemed Members of this committee that there is no greater priority for me and the other senior leaders of the United States Army than the safety and well-being of our Soldiers. The men and women who wear the uniform of our

Nation are the best in the world, and we owe them and their families a tremendous debt of gratitude for their service and for their many sacrifices.

Chairman, Members of the Committee, I thank you again for your continued and generous support of the outstanding men and women of the United States Army and their families. I look forward to your questions.