Service Member Suicide and Readiness: An Analysis

A Monograph

by

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While many strategic leaders cite sequestration, a hollow force, troop reductions, and irregular fiscal outlays as reasons for the Joint Force’s decline in readiness, the problem of service member suicide constitutes an equal, if not greater, impact. Since at least 1980, suicide has taken the lives of more US service members than all combat operations in every theater of operations combined. Before 2001, the average rate of suicide within the US military stood at 11.8 per 100,000 serving. In early 2017, it is nearly double that rate. Efforts to determine the factors causing the dramatic rise in service member suicide are ongoing. However, the blending of major combat and stability operations—termed persistent or steady-state conflict—has prompted a new normal. In the interim, the DOD continues to implement suicide prevention programs with unclear and uneven results.

This monograph applies design and systems thinking to conduct a holistic examination of service member suicide. Application of a design methodology may help overcome the complexities of this problem and the environment in which the problem exists. Theory, doctrine, and history serve as lenses to help frame the environment, describe the problems, and explore potential limitations within the current approach. Finally, this monograph evaluates the impacts of service member suicide on readiness. Based on these findings, this monograph offers further insight and suggests some viable solutions beyond those currently utilized.
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Abstract

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<tr>
<td>ADM</td>
<td>Army Design Methodology</td>
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<td>ADP</td>
<td>Army Doctrine Publication</td>
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<td>ADRP</td>
<td>Army Doctrine Reference Publication</td>
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<td>ATP</td>
<td>Army Techniques Publication</td>
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<td>AVF</td>
<td>All-Volunteer Force</td>
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<td>CDC</td>
<td>Center for Disease Control</td>
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<td>CJCS</td>
<td>Chairman of the Joint Chiefs of Staff</td>
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<td>DCAS</td>
<td>Defense Casualty Analysis System</td>
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<td>DOD</td>
<td>Department of Defense</td>
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<td>DODSER</td>
<td>Department of Defense Suicide Evaluation Report</td>
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<td>DMDC</td>
<td>Defense Manpower Data Center</td>
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<td>DSPO</td>
<td>Defense Suicide Prevention Office</td>
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<tr>
<td>HQDA</td>
<td>Headquarters, Department of the Army</td>
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<td>HASC</td>
<td>House Armed Services Committee</td>
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<td>OSD</td>
<td>Office of Secretary of Defense</td>
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<td>PTS(D)</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SAMS</td>
<td>School of Advanced Military Studies</td>
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<tr>
<td>SECDEF</td>
<td>Secretary of Defense</td>
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<td>TRADOC</td>
<td>US Army Training and Doctrine Command</td>
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<td>QMA</td>
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Introduction: Service Member Suicide and Readiness

In his “initial message,” US Army Chief of Staff, Gen. Mark A. Milley listed readiness as his number one priority. “We must ensure the Army remains ready as the world’s premier combat force. Readiness for ground combat is—and will remain—the US Army’s #1 priority.”

General Milley further emphasized the need for the Army to be able to adapt and that the institution must always respect, lead, and care for soldiers, “the crown jewels of the nation.” Echoing Milley’s impassioned message, former Secretary of the Army Eric Fanning, in a Department of the Army directive dated January 2017, declared, “The Army must remain ready as the world’s premier combat force. That readiness is strengthened by our people.”

Despite the Army’s paramount focus on readiness, specifically the human dimension of readiness, the Department of Defense (DOD) has recently questioned the current state of the Joint Force. In March 2017, during testimony before Congress, Chairman of the Joint Chiefs of Staff (CJCS) Gen. Joseph Dunford stated, “Eight years of continuing resolutions and the absence of predictable funding has forced the department to prioritize near-term readiness at the expense of modernization and advanced capability development.”

During the same hearing, in his first appearance before Congress as the Secretary of Defense (SECDEF), James N. Mattis addressed the issue of sequestration, asserting that “it [sequestration] has done more damage to our

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2 Ibid.


readiness than the enemies in the field.” Secretary Mattis did not address the specific circumstances of the DOD’s readiness deficiencies until the committee went into a closed session.\(^6\)

While many strategic leaders cite sequestration, a hollow force, troop reductions, and irregular fiscal outlays as the principal reasons for the Joint Force’s decline in readiness, the problem of service member suicide constitutes an equal, if not greater, impact.\(^7\) The episodic and dispersed nature of service member suicide often veils the true magnitude of the problem and its overall impact on readiness. A critical assessment of service member suicide, in conjunction with individual, organizational, and societal conditions, suggests that the military’s suicide problem represents one of the most significant and overlooked readiness issues for the DOD.

Beyond the tragic loss of life, service member suicide undermines the oath to support and defend the Constitution, reduces the available means to prosecute military objectives, undercuts the chain of command, and degrades the morale of those still serving, as well as the American public.\(^8\) A shrinking number of qualified volunteers and reductions in end strength amplify the devastating impacts of service member suicide, reducing readiness.\(^9\) In turn, the military’s

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\(^6\) Ibid.


recruitment, retention, readiness, and post-service care costs consume a preponderance of
defense-related spending. In light of these challenges, President Donald J. Trump’s
administration has expressed a willingness to grow the military and increase the level of care for
veterans, active service members, and their families.11

Since at least 1980, suicide has taken the lives of more US service members than all
combat operations in every theater of operations combined.12 Before 2001, the average rate of
suicide within the US military stood at 11.8 per 100,000 serving. By early 2017, however, it had
nearly doubled.13 Efforts to determine the reasons for the dramatic rise in service member suicide
are ongoing.14 However, the blending of major combat and stability operations—termed
persistent or steady-state conflict—has prompted a new normal. This change causes a shift in
focus from the present fight to emergent threats. In the interim, the DOD continues to implement
suicide prevention programs with unclear and uneven results.15 Two decades of recurrent

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Budget by 2024,” Federal News Radio, April 8, 2013, accessed December 14, 2016,
http://federalnewsradio.com/sequestration/2013/04/analysis-pay-benefits-om-will-swallow-entire-dod-
budget-by-2024.

11 Leo Shane III and Andrew Tilghman, “Trump’s Military Will Have More Troops and More
Firepower: If He Can Find More Money,” Military Times, November 20, 2016, accessed December 1,

12 US DOD, Defense Manpower Data Center (DMDC), “US Military Casualties-Death Rate per
100,000 Serving,” Defense Casualty Analysis System (DCAS), accessed January 8, 2017,
(DODSER): Calendar Year (CY) 2016 4th Quarter,” Defense Suicide Prevention Office (DSPO), 7.

13 See, DMDC, “Casualties–Rate per 100,000”; Franklin, “DODSER CY 2016,” 7; and Jay Janner,
“Uncounted Casualties: The War Within, Suicide among Veterans Receiving Less Attention than Active-

14 Margaret Harrell and Nancy Berglas, Losing the Battle: The Challenge of Military Suicide

15 Alan Zarembo, “Detailed Study Confirms High Suicide Rate among Recent Veterans,” Los
veteran-suicide-20150115-story.html.
deployment cycles have taken an irreversible toll on service members, their families, and the military.\textsuperscript{16} Yet what exactly are the motives that lead men and women to join, remain in, or leave the military? Moreover, once committed, what compels an individual not only to abandon the rationale that led to a life of service but life in its entirety?

Attempts to answer such questions will benefit from continuous and comprehensive assessments aimed at a nuanced understanding of the problem.\textsuperscript{17} Developing an in-depth knowledge of the environmental conditions common across service member suicides represents one potential way towards effective measures of prevention. This monograph applies design and systems thinking to conduct a holistic examination of service member suicide and military readiness.\textsuperscript{18} The Army Design Methodology (ADM) may help elucidate the complexities of the problem and the culture in which the problem exists. Theory, doctrine, and history serve as lenses to help frame the environment, describe the problem, and explore potential limitations within the current approach. Finally, the monograph will evaluate the impacts of service member suicide on readiness. Based on these findings, this monograph offers further insight and suggests some viable solutions beyond those currently utilized.


Using Design to Understand Service Member Suicide

The scholar Thomas Kuhn once suggested that the professionalization of an academic field leads to a limited vision and resistance to change.\textsuperscript{19} The anticipation of readiness challenges in the future will require service members and strategic leaders to invoke creative and adaptable methods of problem solving. Inevitably, future operating environments will demand the aptitude to solve more problems with less time while remaining postured to shift directions rapidly.\textsuperscript{20} The normalization of persistent conflict and steady-state operations requires a continuous assessment of the operating environment (OE) in the years ahead.\textsuperscript{21} The presence of ADM and other design methodologies within the military’s operational planning doctrine emerged as a deliberate tool to better deal with this pending reality.\textsuperscript{22}

The use of ADM and systems thinking provides a method to frame, in a broad sense, the ongoing impacts of the US military’s ongoing suicide tragedy. Army Techniques Publication (ATP) 5-0.1, \textit{Army Design Methodology}, defines ADM as “a methodology for applying critical and creative thinking to understand, visualize, and describe problems and approaches to solving them.”\textsuperscript{23} The application of ADM helps illuminate the connections between individual components within a complex adaptive system and the underlying assumptions that underpin the

\textsuperscript{19} Thomas S. Kuhn, \textit{The Structure of Scientific Revolutions} (Chicago: University of Chicago Press, 1970), 64.

\textsuperscript{20} Charles T. Cleveland and Stuart L. Farris, “Toward Strategic Landpower,” \textit{Army} 63, no. 7 (July 2013): 21-22.


problem and environment. An inherent characteristic of ADM is an emphasis on describing the current conditions, identifying problems, and visualizing the desired end state. Upon achieving the former, ADM enables the development of viable solutions that aim to meet the end state.

Within the ADM construct, the outputs of this process facilitate the development of an operational approach. According to doctrine, “the operational approach is a conceptualization of ‘what needs to be done’ to solve or manage identified problems.” Figure 1 shows the general framework of ADM.

![Figure 1. The Army Design Methodology. Army Techniques Publication (ATP) 5-0.1, Army Design Methodology (Washington, DC: Government Printing Office, 2015), 3-1.](image)

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25 ATP 5-0.1, 1-2; Paul T. Mitchell, Stumbling into Design: Teaching Operational Warfare for Small Militaries (North York, ON: Canadian Forces College, 2015), 1-2.

26 ATP 5-0.1, 5-2.
Framing is a fundamental part of ADM as it supports a focused assessment of a specific environment, operation, or plan. ATP 5-0.1 defines framing as “selecting, organizing, interpreting, and making sense of interrelated variables and relevant actors in an operational environment.” Framing centers on a cogent description of the operational environment, the current and desired conditions within that environment, as well as the problem or obstacles preventing the realization of the desired conditions. The ability to visualize a conceptual plan, or approach, emerges from the framing process and provides a general outline for the development of the operational approach.

The framing and re-framing process is contingent on a systematic and recurring analysis of the environment and the organization’s relative position within it. A systems approach highlights the interplay between elements within a complex adaptive system, facilitating a deeper understanding of the problem as well as the environment. In turn, a systems perspective facilitates the development of options aimed at transforming—as opposed to eradicating—the current situation. The heightened understanding gained from systems thinking enables leaders to influence—rather than predict and react to—future conditions within the environment.

Army doctrine defines an environment as “a composite of the conditions, circumstances, and influences that affect the employment of capabilities and bear on the decisions of the commander.” Using a systems perspective helps identify relationships among relevant actors and

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27 ATP 5-0.1, 3-1.

28 Ibid., 3-2.


31 ATP 5-0.1, 3-3.
and the conditions within an operational environment. Andras Angyal’s biosphere model offers an applicable systems theory to frame the current service member environment as it recognizes emergent properties within an environment and seeks to explain emergence in terms of how the constituent parts are organized, relate, and interact. Angyal’s biosphere refers to both the individual and the physical environment. As he explains:

> The biosphere is seen as a system of interlocking sub-systems so arranged that any given sub-system of the biosphere is both the container of lesser systems and the contained of a greater system or systems. The interplay of the interlocking systems creates a tension characterized by a fundamental polarity that arises from the fact that the environment pulls in one direction and the organism in the other.

The range of human interactions and the ability to adapt to an operational environment may add to the complexity of a situation or problem. Under Angyal’s framework, the individual nature of service member suicide suggests that each case is a unique event that occurs under analogous conditions. Therefore, environmental conditions and relationships subject to those conditions might link a preponderance of suicide events to common causes or problems. Causes aside, the application of design, systems thinking, organizational theory, and epistemology

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32 ATP 5-0.1, 3-3.


35 ATP 5-0.1, 3-1.

enables the discernment of the broad environmental conditions and challenges encompassing service member suicide.37

Despite the substantial benefits of this approach, ADM does not typically provide a detailed expression of the “how” but sets the “boundaries for the development of courses of action.”38 When employed correctly, design places users in a position to make decisions in stride, with less difficulty, and with a greater chance of success.39 This adaptability is possible because of the depth of understanding sought throughout the framing and re-framing process.40 While a comprehensive application of the design process exceeds the purpose of this monograph, even the limited application herein exposes the impacts of service member suicide in the context of the DOD’s readiness challenges.

**Framing the Operational Environment: An Overview**

The Army asserts increasing levels of complexity and uncertainty as hallmark characteristics of the current and future OEs.41 Most atypical human phenomena emerge from a multifaceted environment and the mixture of societal, organizational, and individual conditions.42 A blending of these conditions have become so entrenched in the service member culture that

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38 ATP 5-0.1, 3-4, 5-2.


suicide events are now a regular occurrence frequently associated with the military’s identity.43 The increase in suicide across all services during the last two decades suggests that systemic factors beyond the individual service members may be driving the current crisis.44 However, the factors triggering service member suicide are not easily determined.45

Service Member Suicide

Michael Schoenbaum, an epidemiologist at the National Institute of Mental Health, states that “People’s natural instinct is to explain military suicide by the war–is–hell theory, but it is more complicated.”46 A detailed assessment of the Army’s state of health and discipline found that “Suicide is perhaps the most complex and severest outcome of comorbidity and life stressors.”47 For each service member who succumbs to suicide, about twenty–five others will attempt it, and even more will ideate about committing suicide.48 Within the current environment, substantial efforts to better understand service member suicide are ongoing, but the DOD’s current approach may be limited by a preponderance of symptomatic methods and laborious procedures.49

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46 Alan Zarembo, “Detailed Study Confirms High.”


49 For a discussion of emerging theories on service member suicide, see Thomas E. Joiner, *Why People Die by Suicide* (Cambridge, MA: Harvard University Press, 2006); Edward A. Selby et al., “Overcoming the Fear of Lethal Injury: Evaluating Suicidal Behavior in the Military through the Lens of
Many mental health professionals hold that the majority of suicides occur due to excessive and repeated exposures to stress.\textsuperscript{50} In 2014, research led by psychologist and former US Army Col. Carl Castro and research assistant professor Sara Kintzle suggested that the US military has yet to identify a definitive cause or to develop a nuanced understanding of service member suicide.\textsuperscript{51} Some critics cite deficiencies in the DOD’s current approach, as well as the data surveillance process, service member suicide rate calculation methods, and a lack of standardization across the services’ prevention programs as explanations for the truncated understanding.\textsuperscript{52}

While a substantial collection of data has enabled the DOD to understand who has committed suicide, the reasons for service member suicide remain poorly understood. Contemporary medical findings offer three general taxonomies of suicide: biological, psychological, and sociocultural.\textsuperscript{53} The sociocultural theory, conceived by French sociologist Emile Durkheim in 1897, appeared in the seminal work \textit{Suicide}. Durkheim developed the concepts of egoistic, altruistic, and anomic suicide from evidence collected during surveys in the late nineteenth century.\textsuperscript{54} Durkheim’s theory suggests a strong correlation between suicide rates


\textsuperscript{53} Jerrold B. Leikin and Martin S. Lipsky, eds., \textit{Complete Medical Encyclopedia} (Norwalk, CT: Easton Press, 2003), 1178-80.

\textsuperscript{54} Andrew M. Colman, \textit{A Dictionary of Psychology} (New York: Oxford University Press, 2001), 719. See also, Appendix 1.
and his concept of anomie. According to Durkheim’s definition, anomie is a state of society in which rules, standards of belief, and conduct have weakened or broken down.\textsuperscript{55} Durkheim found that under these conditions “an analogous condition manifests within an individual, characterized by hopelessness, disorientation, loss of belief, and social isolation.”\textsuperscript{56} While Durkheim’s theories have stood the test of time, the assessment of psychiatric conditions cannot be entirely objective. As a result, definitive medical explanations of suicide and the efficacy of prevention methods remain unsettled.\textsuperscript{57}

**The DOD’s Current Approach**

The DOD’s current suicide prevention efforts originated from a 2008 Defense Health Board Task Force initiated by then-SECDEF Robert Gates.\textsuperscript{58} Secretary Gates established the task force after the rate of service member suicide rose from 10.3 per 100,000 in 2001, to 16.1 per 100,000 in 2008.\textsuperscript{59} The rate represents the average number of individuals within a given population who will attempt and die from suicide during a specified period.\textsuperscript{60} Not plainly reflected in the increased rate are the additional 125 per 100,000 non-fatal suicide attempts.

In acknowledgment of the ongoing crisis, the need for a centralized agency to track and mitigate service member suicide became the task force’s lead finding. The recommendation led to

\textsuperscript{55} Colman, *A Dictionary of Psychology*, 719.

\textsuperscript{56} Ibid., 41.


\textsuperscript{59} Ibid.

the creation of the Defense Suicide Prevention Office (DSPO) and the incorporation of a significant data surveillance program in 2011.\textsuperscript{61} As part of this initiative, the DSPO publishes a quarterly and annual DOD Suicide Event Report (DODSER). Figure 2 provides a general idea of the time, personnel, and resources involved in the DODSER reporting process.


The data surveillance program seeks to identify common demographics, monitor changes, and determine trends to stimulate future research efforts.\textsuperscript{62} The program suggests that over time the analysis of these metrics will enable the identification of individual factors that either mitigate or increase suicidal behavior.\textsuperscript{63} The data empowers the DOD to determine if the rate of service

\textsuperscript{61} Task Force on the Prevention of Suicide, \textit{The Challenge and Promise}, 3.

\textsuperscript{62} Franklin, \textit{DODSERs 2016}, 3-7.

\textsuperscript{63} Ibid.
member suicide is within the range of societal norms.64 The data also allows the DSPO, in collaboration with the Defense Manpower Data Center (DMDC), to track the rate of service member suicide and compare it against a demographically similar portion of US civilians.65 As admitted by the DSPO, this approach will take time to produce meaningful deductions and the evolving demographics of service members may limit conclusive findings.

The DODSER illuminates the magnitude of the military’s suicide problem, but the DSPO may benefit from a broader assessment of societal and organizational conditions—beyond the individual—that contribute to suicide events. While the DSPO seeks to bolster collaboration with a wide array of stakeholders external to the DOD, current policies limit third party organizations from leveraging the DSPO data unless acting as a co-investigator under a DOD or Veterans Affairs (VA) principal investigator.66 The reduced ability to share information with a broad array of experts may create artificial barriers to a deeper understanding and could delay the development of solutions.

In the time between the start of the task force investigation and the creation of the DSPO, the continuous rise of suicide prompted the development of suicide prevention programs and research efforts across the services. One notable program is the Army’s Study to Assess Risk and Resilience in Service Members (STARRS). The STARRS program seeks to investigate risk factors and protective factors for suicide, suicide-related behavior, and other mental or behavioral health issues in soldiers.67 Beginning in July 2009, STARRS incorporates some of the most distinguished


65 Ibid., 1-3.

66 Ibid., 1.

mental and behavioral health specialists in the world. As of 2015, the program’s focus has transitioned from data collection and collation to exploitation and experimentation.68

Left alone, the DOD’s approach to this problem might overlook non-demographic circumstances underlying service member suicide. In an interview, David Rudd, the director of the National Center for Veteran Studies, stated, “We need to look at the big picture to understand what’s going on today, but we all too often lose historical perspective.”69 Based on available data from the Defense Casualty Analysis System (DCAS) and DSPO publications, over the last thirty-six years, suicide is second only to accidents as the leading cause of all service member deaths.70 The uncomfortable reality of the military’s suicide problem has led the DOD to direct the services to focus their efforts on resiliency and readiness.71 In the interim, active service members and veterans continue to take their own lives at a rate that exceeds the civilian population.72 As a result, the effectiveness of current suicide prevention programs remains highly debated.73

The DOD’s current paradigm focuses on building greater tolerance for stress through resiliency by increasing a service member’s ability to adapt to stress. As defined, resiliency is

68 US DOD, “STARRS-LS.”


70 DMDC, “Casualties–Rate per 100,000”; Franklin, “DODSERs CY 2011-2016.”


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“the process of coping with or overcoming exposure to adversity or stress.”74 While stress adaptation is useful, the approach does not emphasize a desired end state or the environmental conditions that may be limiting service member resiliency. As a result, the DOD’s resilience-centric approach marginalizes a finite human capacity to deal with combat and operational stress as well as the theory of ultimate vulnerability.

Developed towards the end of World War II, the theory posits that every individual has a breaking point.75 Along similar lines, “burnout” occurs when the individual is no longer able to operate under the relentless uncertainty and stressors of their environment.76 The burnout theory asserts that highly devoted individuals commit unyielding energy to unsatisfying work.77 In turn, the individuals expose themselves to progressively greater stress in order to meet internal and external expectations. Eventually, the individual exhausts the finite amount of adaptation energy.78 This concept aligns with what James March calls “slack,” the difference between realized achievement and potential achievement.79

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77 Homer, “Worker Burnout: Dynamic Model,” 43.

78 Ibid.

The complexity of the military’s suicide problem constitutes an ill–structured problem that possesses a no stopping rule and is therefore unsolvable.80 In using design, the identification of a potentially unsolvable problem should not prevent attempts to develop solutions. In a moral sense, service member suicide should elicit greater diligence as it is a categorical imperative.81 ADM suggests that, “To help understand the systems of problems, it is helpful to map the relationships…explain the causes or contributors to the problem.”82 Without an improved understanding, service member suicide will continue to encroach on military readiness with unsettling consequences.

Service Member Suicide: Identifying Problems and Relationships

In lock step with the Army, the other services have also emphasized readiness. The senior leadership of the Navy, Air Force, and Marine Corps are also focusing resources on maximizing their services’ state of readiness.83 Common across all services was a clear emphasis on people. In testimony to the House Armed Service Committee, US Navy Admiral William F. Moran stated, “Our readiness challenges go deeper than ship and aircraft maintenance, directly affecting our ability to care for the Navy Team. Our people are what make the US Navy the best in the world, but our actions do not reflect that reality.”84

82 ATP 5-0.1, 4-4.
Reinforcing Admiral Moran’s remarks is the trajectory of service member suicide. All indications suggest suicide will soon be the leading cause of service member deaths. A far greater number of service members have attempted suicide at one time or another making this problem even more unsettling. Individuals with previous experience of suicidal ideation, as well as those who have made prior suicide attempts, are at a significantly higher risk of resorting to suicide in the future, further eroding the military’s overall readiness.

Historically, the US military’s suicide rate has been below the rate of the civilian population, but it has risen progressively since at least 1999. Until 2008, suicide rates in the military did not match or exceed the suicide rates of a demographically similar cohort of civilians. From 2001 to 2015, suicides in the US military climbed from 153 to 478 per year. Since 2008, the average number of service member suicides per year has hovered above four hundred. In the past decade, many subject matter experts have attempted to provide a reason for the increase. The most recognized explanations cite a sharp decline in the mental health of military personnel. Evidentiary interpretations propose exposure to combat and reductions of service entry standards as primary causes for the decline in mental health.

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From 1980 to 2016, the average active military service member total death rate stood at 84 per 100,000 per year.\textsuperscript{91} In total, approximately 48,834 active military service members died during this time, and the highest annual death rates occurred from 2004 to 2007.\textsuperscript{92} The increase in total deaths and deaths per 100,000 during that time corresponds with the rise of service members deployed in support of extended combat operations.\textsuperscript{93} In 2007, the total number of service members deployed in support of combat operations in the Middle East peaked at 322,570.\textsuperscript{94} After peaking in 2007, the total number of service members deployed to the Middle East declined quickly to 221,690 in 2011; 128,023 in 2012; and 54,436 by June 2015.\textsuperscript{95} Despite the drawdown, a rapid acceleration in service member suicide occurred.\textsuperscript{96} Findings presented by the DSPO show that almost 60 percent of service members who committed suicide had never deployed to combat, and that 85 percent had no direct combat experiences even when they had deployed.\textsuperscript{97} Generally, service members holding combat occupational specialties account for approximately 18 percent of total service members.\textsuperscript{98} As expected, these service members account for a disproportionate

\textsuperscript{91} DMDC, “Casualties–Rate per 100,000.”

\textsuperscript{92} Ibid.

\textsuperscript{93} Tim Kane, Decline of American Engagement: Patterns in US Troop Deployments (Stanford, CA: Hoover Institution, 2016), 5-7.

\textsuperscript{94} Mark A. Reger, Derek J. Smolenski, Nancy A. Skopp, and Melinda J. Metzger-Abamukang, “Risk of Suicide among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military,” \textit{JAMA Psychiatry} 72, no. 6 (June 2015): 561-69.

\textsuperscript{95} Reger et al., “Suicide among US Military,” 563-66.

\textsuperscript{96} Ibid., 561.


number of total casualties (30 percent). Nevertheless, since 1980 nearly 68 percent of all service member deaths result from either suicide or accidents.99

From 2005 to 2016, the proportion of deaths due to suicide increased sharply, and accidents declined proportionately; as a result, in 2010 and 2011, suicides accounted for more service member deaths than accidents. Since at least 1998, accidents and suicides constitute the leading causes of death among service members within the 18 to 24 year-old demographic.100 From 1990 to 2000, the average annual rate of service member suicide for the entire US military stands at 11.8 per 100,000 service members. As of today, it lingers between twenty and twenty-five.101

An Initial Problem Frame

The growth of suicide within America writ large has generated concern enough as to elicit a presidential decree of September as National Suicide Prevention Month, yet the problem persists.102 The persistence of suicide has strained the military’s ability to achieve readiness and diminished the military’s human capital.103 Only during the five-year period when fighting in Afghanistan and Iraq peaked did combat-related events cause a majority of service member deaths.104 Over the last ten years (2006-2016), suicide has claimed the lives of more service member deaths...

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100 Ibid.


104 See, DMDC, “Casualties–Rate per 100,000”; Harrell and Berglas, *Losing the Battle.*
members than all hostile action in Iraq and Afghanistan combined. Among actively serving military service members, suicide reached its highest mark of 525 in the 2012 calendar year. The number of combat deaths since 2009, when President Barack Obama’s drawdown in Iraq officially started, stands at approximately 1,611. In this same period, 3,305 military service members have taken their lives. Figure 3 shows that service member suicide has been on the rise for some time and that the military is steadily becoming its own worst enemy.


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105 DMDC, “Casualties–Rate per 100,000.”

106 Ibid.


108 Accidents not suicide are the most consistent cause of death and injury in the military. See, DMDC, “Casualties–Rate per 100,000”; and Harrell and Berglas, Losing the Battle.
The rise in suicide following reductions in boots on the ground from 2009 suggests an additional link between meaningful work and suicides. Contrary to common acceptance, the data in Figure 4 suggests that as the military’s combat operations—the highest purpose associated with military service—decline, service member suicide increases. Figure 4 depicts the number of suicides in conjunction with the boots on the ground in Iraq and Afghanistan. While official deployed troop strength data beyond 2013 was unavailable, it appears as if combat operations may provide an enhanced sense of purpose and an internal justification for the inescapable sacrifices leading up to and during combat.109


Despite the quantifiable impacts of service member suicide, threats emanating from China, Russia, North Korea, and the Islamic State grab the attention of strategic leaders. Such threats are more tangible and potentially existential and therefore appear more pertinent in the context of national security.\textsuperscript{110} The commander of US Army Training and Doctrine Command (TRADOC), Lt. Gen. Robert W. Cone, has emphasized the importance of “finding the right balance that allows the Army to succeed in the current fight while simultaneously preparing for the future.”\textsuperscript{111} Notwithstanding, in the past two decades, suicide has taken the lives of more US service members than all other combat operations combined.\textsuperscript{112}

Reframing the Environment

The service member suicide OE centers on human interactions and how these interactions, correspond to one another within the evolving OE. Three elements are common to all service member suicides: an individual service member, the military organization, and society. Evaluating the interplay and interconnectedness between these elements may yield potential insights into the service member suicide phenomenon.\textsuperscript{113} The assessment of service member suicide within the contemporary OE requires a detailed understanding of the common social conditions, backgrounds, and demographics of service members. Societal and cultural influences, including immigration, birth rates, and technological advancements, have changed American


\textsuperscript{111} Robert W. Cone, “Shaping the Army of 2020,” \textit{Army} 61, no. 10 (October 2011): 71-76.


society dramatically since the last involvement of the United States in a protracted war. Along similar lines, the composition, education, and experience of service members have also changed.

Service Members

The emergence of steady-state conflict has required service members to achieve operational requirements for durations unprecedented in American history. Less than thirty million Americans alive today have served in the military at one time or another. Of these service members, only 2.5 million have served in either Iraq or Afghanistan, with over half deploying more than once. Even with the efforts of so few Americans spanning almost two decades, there is a growing belief that a preponderance of the currently serving generation of service members lack resiliency.

The scope and scale of challenges found in the contemporary operating environment are no longer isolated to the combat zone. Almost half of today’s veterans have reported readjustment difficulties, issues reintegrating with their family, and post-traumatic stress (PTS). Others propose that a widespread lack of resiliency does not exist within the military and that any presence of

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such a case originates from a period of lower accession standards. These difficulties may support notions of a systemic lack of resiliency within the military services. Such notions suggest that the military’s screening procedures may be ineffective and are contributing to the rise in suicides.

Detailed reviews of the stringent selection criteria applied during World War II and recent DOD findings suggest that screening service members before entry is an unreliable way of determining an individual’s psychological predisposition in combat or other stressful environments. At the onset of World War II, the implementation of rigorous screening protocols assessed 6.4 million of the nearly 23.3 million men as unfit for service. The effort was an attempt to reduce the level of psychiatric casualties—those who may suffer from breakdown or “shell shock” during combat operations—than had occurred during World War I.

This approach, however well-intended, was not successful at reducing psychiatric casualties. The elimination of service members for psychiatric reasons exceeded those determined ineligible because of a psychoneurosis diagnosis. In total, approximately 36 per 1,000 service members separated because of psychoneurosis. In the wake of the two World Wars, William

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Menninger and Roy Grinker proposed that service members who suffer from mental or behavioral health issues after extended periods of combat are not weak, but can no longer operate under the unrelenting stresses of their environment.\(^{124}\) Similarly, the DOD has not found any connections between suicide and individual service members receiving medical waivers for entry over the past ten years.\(^{125}\)

Members of the current US military are on average older than those from the World War and Vietnam eras, yet younger than the population as a whole.\(^{126}\) Also, the military is more ethnically diverse, and more service members are married.\(^{127}\) Some scholars suspect that a significant number of current service members entered the military due to a lack of economic or professional options.\(^{128}\) Others argue that today’s service members are willing to serve for longer periods and are more motivated by morals than is commonly asserted.\(^{129}\) A comprehensive study of today’s service members, conducted by Shanea Watkins and James Sherk, concluded:

> Both active-duty enlisted troops and officers come disproportionately from higher income neighborhoods—a trend that has increased since 9/11. America’s troops are highly educated. Enlisted recruits have above average intelligence and are far more likely than their civilian peers to have a high school diploma. Nearly all of the officer corps has

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\(^{127}\) Pew Research Center, “War and Sacrifice in the Post-9/11 Era.”


at least a four-year college education, far greater than the rate in the civilian population.\textsuperscript{130}

The composition of the US military today mostly consists of non-disadvantaged families with diverse backgrounds. Based on the median household income of service members’ hometown, another study found that 7 percent of service members originate from the poorest zip codes and 7 percent from the wealthiest.\textsuperscript{131} On average, most service members originate from the middle class, whose parents “earn between $64K and $217K per year.”\textsuperscript{132} Further research examining potential economic links to suicide found that the rates of suicide among white middle-class men and women have risen significantly.\textsuperscript{133} The health of the middle class, is of particular concern for the DOD’s future readiness since a preponderance of the All-Volunteer Force (AVF) is from white middle-class families.

In 2013, Rosa Brooks, a law professor at Georgetown University who served as a counselor to the DOD undersecretary for policy from 2009 to 2011, led a notable study asserting that today’s military is distinctly middle class. She further stated that entry requirements render many of the poorest young Americans ineligible for service.\textsuperscript{134} Brooks found that the poorest Americans are less likely to finish high school and suffer from ill health, obesity, and multiple

\begin{footnotesize}
\textsuperscript{130} Watkins and Sherk, \textit{Who Serves}, 1-6.


\end{footnotesize}
encounters within the criminal justice system, which disqualify them for military service. Nevertheless, Americans between the age range of twenty-one and thirty-five years old may be more pragmatic about professional advancement than popular opinion suggests.

A study conducted by the DeVry University State Council of Higher Education found that 30 percent of Millennials ranked meaningful work as the top factor that determines career success, with 71 percent of respondents ranking it within the top three. The study also found that respondents are willing to make less money and work longer and nontraditional hours, as long as their work was valued as meaningful.

For many serving today, the demands of combat have required the entirety of their adult lives to focus on preparing, executing, and recovering from combat operations. To put this into context, consider that a twenty-two year-old service member in 2001 is now thirty-eight. A three year-old daughter or son is now in college at the age of nineteen. On the surface, causes related to service member screening practices and resilience may serve as viable explanations for the current rate of service member suicide. However, evidence suggests that there are many more dimensions to this problem. The institutional challenge for the DOD is to understand the relationships and interdependencies among service members, the environment, and the readiness of a volunteer military.

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135 Ibid.


137 Ibid., 13.

138 Ibid., 14-16.
The Military Organization: The All-Volunteer Force

The democratic systems and institutions essential to US national security depend upon an expeditionary Joint Force capable of ensuring the common defense. To meet national security requirements, the US military employs an AVF. The AVF stands in stark contrast to the drafted military of World War II, which benefited from the full weight of the nation’s people and resources because of a declaration of war.

One year before the US declaration of war on Japan and entry into WWII, President Franklin D. Roosevelt signed the Selective Training and Service Act of 1940. The signing marked the first peacetime draft in US history. To manage public perception, the act limited service obligation periods to twelve months and the number of men training at any one time to 900,000. The act remained in effect until the end of the war, expiring in 1946, but not before drafting over eleven million.

During the four years of direct US involvement in World War II, the average duration of military service lasted roughly thirty-three months. Seventy-three percent of World War II service members performed at least one deployment for an average of 16.2 months. Of the 17.9 million who served during World War II, 11.6 million (61.2 percent) enrolled through the draft and the

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139 Francis Domingo, *Threat to National Security* (Manila, PH: De La Salle University, 2006), 1-3.


remaining 6.3 million volunteered.\textsuperscript{145} Figure 5 shows that from approximately 1939 to 1945, 17.9 million of the US population of 130 million served in the military. At the time, volunteers accounted for 5 percent of the population and almost 40 percent of the total force.\textsuperscript{146}

![Figure 5. US Military Participation. Molly Cleaver and David R. Segal, “After Conscription: The United States and the All-Volunteer Force,” Sicherheit und Frieden / Security and Peace 30, no. 1 (2012): 11.](image)

Today the military is much smaller, and declarations of war have given way to Authorizations to Use Military Force (AUMF).\textsuperscript{147} Over the past two administrations, fiscal constraints have required military leaders to enact mandatory troop reductions.\textsuperscript{148} The impacts of these reductions extend beyond readiness and troop strength. A continuation of the service member suicide crisis and ongoing operations in Iraq and Afghanistan amplify the impacts. The potential consequences of these decisions may resemble “the hollow force moniker” of the 1970s and 1990s.\textsuperscript{149}

\textsuperscript{145} National World War II Museum, “By the Numbers.”

\textsuperscript{146} Ibid.


The term “hollow force” originates from the impact of similar policies during two previous post-war periods. During both eras, the decision to reduce defense spending and overall troop strength prompted a dramatic decline in readiness. In a 2011 lecture at the American Enterprise Institute, former SECDEF Robert Gates stated that a hollowing of the force comes about from a lack of proper training, maintenance, equipment, and manpower. Under Secretary Gate’s premise, a hollow force could stem from events within the military—such as service member suicide—and not just fiscal restraints imposed by Congress. The perception that civilian and military leaders are at odds regarding defense finances, and therefore the welfare of service members, may contribute to service members presenting suicidal ideation and behavior.

As of January 2017, the DOD had 1,292,519 active service members, over a 5 percent reduction from the size of the military in 2000. However, the total number of DOD personnel hovers near 3.5 million and holds a significantly greater number of officers and civilians than previous years. Figure 6 shows the changing demographic of officers to enlisted service


members from 2000 to 2015. Within a military hierarchy, the growing parity may limit cohesion and a sense of camaraderie as found during World War II.

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<tr>
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<td>1,147,407</td>
<td>1,182,957</td>
<td>1,173,322</td>
<td>1,149,167</td>
<td>1,131,465</td>
<td>1,090,899</td>
<td>1,070,663</td>
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<tr>
<td>Officers</td>
<td>217,103</td>
<td>226,127</td>
<td>234,713</td>
<td>238,103</td>
<td>238,861</td>
<td>238,864</td>
<td>236,334</td>
<td>230,790</td>
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At the height of World War II, there was one officer for every 11.3 enlisted service members.155 Among today’s 1.3 million active duty service members, there is a 1:4.6 ratio of officers (230,790) to enlisted (1,070,653).156 The general assumption behind this model is that the military can get smaller without losing institutional level leaders and experience. However, this approach contributes to the DOD’s increasing costs and may in fact negatively influence total force numbers and readiness.157

Despite the increase in officers, the military’s operational tempo may contribute to the current rate of suicide as well as readiness by reducing the quality of engagement between service members and their leaders. The top-heavy model may offer a sense of preparedness, but it

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156 US DOD, 2015 Demographics Profile of the Military Community, 6-13.


To avoid an unintentional revival of hollowing practices, the service secretaries and service chiefs have emphasized the need for operational level leaders to focus their efforts on resiliency and readiness.\footnote{See, for example, Garamone, “Dunford Message Joint Force”\textsuperscript{a}; Battaglia, “Readiness and Resiliency,” 4-5.} As the most senior members of the military services, the Joint Chiefs act as the uniformed agent for their specific service Secretary. Outlined in Title 10 of US Code § 155, the responsibilities and legal requirements of the Joint Staff are to ensure the efficiency, preparedness, and planning needed to conduct joint military operations.\footnote{“Joint Staff” Public Law 114-328, div. A, 130 Stat. 2344, US Code 10 (December 23, 2016), § 155 et seq.} Each of these mandates suffers collateral damage from service member suicide and may cause the military to focus resources, time, and finances not on readiness, but internal issues.

Readiness is the single most important requirement for the military because the origination of the next major conflict or threat is rarely foreknown. The DOD defines readiness as “the ability of military forces to fight and meet the demands of their assigned missions.”\footnote{Joint Publication (JP) 1-02, Department of Defense Dictionary of Military and Associated Terms (Washington, DC: Government Printing Office, 2016), 198.} Of conceivably equal significance is how the DOD defines recovery and reconstitution, which in a broad sense, is the practice of achieving readiness. As defined, recovery and reconstitution are the “actions taken by a military force during or after operational employment to restore its combat capability to full operational readiness.”\footnote{Ibid.} Given the scope, scale, and variety of US military
operations since the start of the 21st century, this is not a simple task. The successful execution or implementation of national security hinges upon the military’s readiness and requires the outputs of dedicated humans.  

During World War II, sociologist Samuel Stouffer surveyed nearly one million service members to determine the climate among service members, commanders, and society. Gen. George C. Marshall praised Stouffer’s work as “the first quantitative studies of the impact of war on the mental and emotional life of soldiers.” Stouffer concluded that a reciprocal relationship between individuals, society, and the organization to which individuals belong has direct implications for how each behaves. The decision to declare war during World War II brought with it the weight of an entire nation’s resources. Under Stouffer’s theory, this may have enabled the positive sentiments and reciprocal efforts characteristic of the period.

Today national security and the service members responsible for the prosecution of war are much different. The projected health of America’s youth, a decline in birth rates, and the association of suicide with military service make service member suicides even more disconcerting. The escalation of these conditions might suggest a general sense of apathy and a growing disconnect between service members and the society it protects. Unlike the drafted military of World War II, today’s military depends on the recruitment and retention of willing and able Americans.


166 Ibid., 100-37.
Societal Influences

Across the military services, specifically within the Army, suicide has inflicted excessive losses. In conjunction with financial and human costs, social and psychological effects also have serious implications for the Joint Chiefs and DOD writ large. Stemming from the increasingly regular occurrence of suicide, a broad association of military service with suicide has become common. This stigma negatively influences public perceptions and deteriorates service member morale, recruitment efforts, and readiness. The DOD’s analytical methods emphasize the individual subject as the primary mechanism to identify a root cause. Although well intended, suicide in the US military has shown an insolence to the growing number and costs associated with these types of mitigation measures.

A 2007 study conducted by the Congressional Budget Office found that the success of the US military is directly relational to the military’s ability to recruit and retain intelligent, capable individuals at required levels. The military might not enjoy the type of broad participation seen during World War II, but the American public still overwhelmingly supports the US military and service members. Collections of Gallup polls ranging from 1973 to 2016 indicate that most Americans maintain a high level of confidence in the US military. Of those surveyed in June


2016, 73 percent versus 58 percent from the May 1973 survey espoused a great deal of confidence in the military.\footnote{Gallup National Defense 2014.} However, the growth in confidence may be the result of fewer and fewer Americans serving in the military.

In 2014, an analysis by the US Army Surgeon General indicated a shrinking demographic of young Americans that are willing and able to serve. Less than one in four, or almost 75 percent of Americans between the ages of seventeen and twenty-four years old are not eligible for military service today.\footnote{Horoho, “Our Health, Our Future,” 6-10.} The Surgeon General and the Office of the Under Secretary of Defense estimate that the number of qualified military available (QMA) is declining rapidly.\footnote{Lewin Group, \textit{Qualified Military Available (QMA) Final Technical Report} (Washington, DC: Lewin Group, 2013).} The QMA is an estimate of qualified individuals within the seventeen to twenty-four year-old demographic. To qualify for military service, an individual must not need a waiver and be available to enlist in the active component. As of 2016, data collected showed that 31 percent of this demographic disqualify for more than one reason and that more women than men are available and eligible to serve.\footnote{Ibid.}

In 2013, former CJCS Gen. Martin Dempsey wrote an editorial to the \textit{Washington Post}, stating:

The last decade of war has affected the relationship between our society and the military. As a nation, we have learned to separate the warrior from the war. However, we still have much to learn about how to connect the warrior to the citizen. We cannot allow a sense of separation to grow between us.\footnote{Martin Dempsey, “The Military Needs to Reach out to Civilians,” \textit{Washington Post}, July 3, 2013, accessed January 10, 2017, www.washingtonpost.com/opinion/general-dempsey-the-military-needs-to-reach-out-to-civilians/2013/07/02/story.html.}
Should a separation emerge between the government, the military, and the American people, it will be a critical factor for how the DOD addresses service member suicides. Many studies, including those of leading military suicide expert Thomas Joiner, have found that social isolation or disassociation is one of the strongest and most reliable predictors of suicidal ideation, attempts, and lethal suicidal behavior. Joiner and other’s state, “the interpersonal theory diverges from previous theories in its proposal that an unmet ‘need to belong’ is the specific interpersonal need involved in desire for suicide.”

Similar findings from the DSPO suggest that financial issues are a leading indicator of those at risk of suicidal behavior. The rise in income disparity in the United States over the past two decades might classify as a multifaceted issue. Studies show that financial issues appear to be a leading factor that contributes to suicidal behavior. In the 2012 US census, six of the top ten wealthiest counties in the United States were concentrated in the Washington metropolitan area, yet the median income of US families has declined.

The director of the Institute for Veterans and Military Families at Syracuse University, Dr. Mike Haynie, argues, “We have disconnected the consequences of war from the American public…those putting on the uniform are much less likely to be your son or daughter, or even

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your neighbor or classmate. That is a dangerous place to be.”182 Haynie further contends that almost 80 percent of service members today come from multigenerational military families.183 Service member suicide could have exponential implications for future generations as it stands to reduce the number of children born to veterans and the stability of service member children.

Problem Restatement

In 2002, Vice President Richard Cheney stated, “The single most important asset we have is the man or woman who puts on the uniform of this great nation.”184 Yet the DOD continues to lose one active service member every day. To better approach problems of this nature, the ADM suggests, “Turn the problem on its head by stating it in an opposite manner. This provides a different perspective…to broaden the focus.”185 The current paradigm applied by the DOD identifies the individual subject as the primary causal component and proximal solution of service member suicide.186 Rendering the individual the focal point of service member suicide may exacerbate individual disconnectedness and prevent the evaluation of other causes within the system. In turn, service member suicide creates a glaring challenge for the military’s recruitment, retention, and readiness efforts.

The dramatic increase in service member suicide is a problem unto itself, but it is more precisely a symptom of broader issues that stem from what former SECDEFs Leon Panetta and

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183 See, US DOD, Demographics Profile Military Community, 6-13; and Lewin Group, Qualified Military Available.


185 ATP 5-0.1, 4-5.

186 Franklin, “DODSER 2016 4th Quarter,” 4-6.
Robert Gates called the dysfunction of Washington. Gates elaborated on these sentiments on several occasions, stating:

If we can’t get some of our problems solved here at home, if we can’t get our finances in a more ordered fashion, if we can’t begin to tackle some of the internal issues that we have, if we can’t get some compromises that move the country forward, then I think these foreign threats recede significantly, as far as being a risk to the well-being and the future of this country.

Despite the acknowledgment of this dysfunction and the above burdens endured by a volunteer military, “very few military or civilian leaders have called for a change to the current way of staffing or employing the military.” As a result, the conditions necessary for the current rate of service member suicide remain unchanged. Service member suicide is not an individual problem. Service member suicide is the manifestation of the environment in which the crisis exists. It is an institutional crisis.

Conclusion: An Operational Approach for the Road Ahead

Joseph Nye, a preeminent scholar on national power, argues that the accumulation of means and the ability to influence outcomes are the two critical components of power. The latter of the two components, Nye insists, stands as the most viable measuring stick of power. Under this banner, service member suicide renders substantial setbacks to the DOD’s ability to sustain an AVF with the desired levels of readiness.

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Perhaps the more critical component to Nye’s theory is the ability to influence outcomes. ATP 5-0.1 defines influence as the “means to alter the opinions and attitudes of a civilian population…Influence requires legitimacy.”\textsuperscript{191} Army Doctrine Publication (ADP) 6-22, \textit{Army Leadership}, defines leadership as “the process of influencing people by providing purpose, direction, and motivation while operating to accomplish the mission and improve the organization.”\textsuperscript{192} The persistence and volume of suicide over two decades offers sound evidence in support of claims of an ongoing degradation of policymakers to influence outcomes.

While the current administration seeks to reverse the downward trend in readiness, it will not happen easily. The creation of a larger active duty force might bolster operational readiness and lessen the burden on those serving currently, but these initiatives come with associated costs.\textsuperscript{193} Many of the root causes of the military’s readiness gap stem from the convergence of lesser known societal conditions, fiscal uncertainties, and service member suicide. The immediate and future impact of service member suicide on the military’s readiness deserves further consideration.

The complex nature of service member suicide will never be static long enough to develop a perfect solution. Each service member suicide event occurs under conditions that are both similar and different from the last. Continuing to operate under the existing framework is insufficient as any adaptation of the approach rests on a protracted collection of evolving data. A design methodology may simplify the challenge of conducting data collection to occur concurrently with institutional learning. Such an approach may enable reflexive adjustments

\textsuperscript{191} ATP 5-0.1, 5-5.


\textsuperscript{193} For example, see Derek L. Braddon and Keith Hartley, eds., \textit{Handbook on the Economics of Conflict} (Camberly, UK: Edward Elgar, 2011), 1-3.
based on the evolving nature of what is known now. In short, as the character of this phenomenon changes, better options will emerge.

When applying design and systems thinking to this problem, additional factors and solutions that extend beyond the individual service member emerge. The current outlook on readiness and service member suicide may benefit from a more comprehensive view of the environment in which it exists. In *Design: Tools of the Trade*, Dr. Jack Kem stresses the utility of design. As he explains, “There are a number of reasons to apply Design—the most glaring being the tendency to fight the wrong problem.”\(^{194}\) At a minimum, the DOD may benefit from determining an operational approach that outlines the desired conditions relative to service member suicide.

The associate director of the Harvard University Injury Control Research Center, Dr. Matthew Miller, cites two ways to reduce suicide: make it harder to die in an attempt or address underlying stressors.\(^{195}\) The DOD’s current approach seeks to build a more resilient and adaptable force. This approach, however well intended, does not address underlying environmental stressors. The merging of service member suicide and other societal factors leave many of the potential solutions as likely to create barriers between the American people, the DOD, and civilian leaders.

Recently, Senator John McCain and others have emphasized the need for reforms to the selective service process. In absence of these reforms, McCain has proposed legislation that will grant the president authority to determine “how best to employ individuals with civilian skills and

\(^{194}\) Jack D. Kem, *Design Tools of the Trade* (Fort Leavenworth, KS: Command and General Staff College, 2009), 63.

abilities for the military, national, or public service.” If these proposals are any indication of a potential solution to the DOD’s readiness issues, then it may serve the American citizenry and military leaders well to heed General Dempsey’s advice and connect the warrior to the citizen.

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Appendix 1: Emile Durkheim’s Sociocultural Theory of Suicide

Altruistic: Altruistic suicide results when an individual believes the act of killing oneself will benefit others. Also known as Seppuku, it is commonly associated with Japanese culture. Altruistic suicides manifest from a sense of failure to society or the irredeemable loss of honor.

Anomic: Anomic suicide arises from a sense that life is pointless. This type of suicide is rare among practicing Catholics and most Christian denominations. This form of suicide arises from an absence of social norms Durkheim calls anomie.

Egoistic: Egoistic suicide results from feelings of self-reproach and sense of failure. It occurs more often among single people than those who are married. Egoistic suicides arise from a lack of social cohesion.
Glossary

Anomie. A state of society in which rules and standards of belief and conduct have weakened or broken down; an analogous condition in an individual, characterized by hopelessness, disorientation, loss of belief, a sense of purpose, and social isolation.

Combat and Operational Stress Behavior. The behavioral reactions resulting from exposure primarily experienced while conducting operations, reflecting the full range of behavior from adaptation to combat and operational stress reaction.

Combat and Operational Stress Reaction. Emotional, intellectual, physical, and/or behavioral reactions of service members who have been exposed to stressful events in combat or steady state operations.

Comorbidity. The simultaneous presence of two chronic diseases or conditions in a patient.

Post-traumatic Stress. A variety of anxiety-related symptoms that start with a particular traumatic event and then continue for a long time after the event.

Prevention. A continuum of awareness, intervention, and postvention. All efforts that surround building resiliency, reducing stigma, building awareness, and strategic communication.

Self-harm. A self-inflicted, potentially injurious behavior for which there is evidence (either explicit or implicit) that the person did not intend to kill himself or herself (that is, had no intent to die). Persons engage in self-harm behaviors when they wish to use the appearance of intending to kill themselves in order to attain some other end (for example, to seek help, punish others, to receive attention, or to regulate negative mood).

Stress. The psychological and physiological response to overtaxing changes; results in responses such as anxiety, depression, and elevated physiological arousal.

Stressor. Any event or situation that requires a non-routine change in adaptation or behavior. It may pose a challenge to an individual’s well-being or self-esteem.

Suicide Attempt. A self-inflicted, potentially injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries.

Suicidal Ideation. Thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.

Suicide. The act of killing oneself deliberately.
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*Los Angeles Times."


*New Yorker."


*Washington Post.*