



By Trevor Woods

As the wars in Iraq and Afghanistan wind down, the suicide epidemic among veterans and still-serving military is gradually replacing the tragedies of war. Record-high numbers of military and veteran suicides receive little media coverage, particularly in the era of the COVID-19 pandemic, sweeping social movements, and a contentious presidential election currently at the forefront of the American consciousness. And yet, the invisible war- and its toll- rages on.

[According to the Department of Defense's Annual Suicide Report for CY 2019](#), the Active Component suicide rate statistically increased over the past five years from 20.4 to 25.9 suicides per 100,000 service members. When accounting for all represented Veterans (all

branches and components), the suicide rate has steadily increased since 2006. [The 2020 National Veteran Suicide Prevention Annual Report](#) by the U.S. The Department of Veteran Affairs showed that in 2018, 6,435 Veterans took their own lives, just 54 less than in 2008.

Over the past decade, leaders across all branches of the military have been unable to quell the rising suicide rate and change the culture of behavioral health for the better. Rising suicide awareness campaigns across the military seem to elicit some response from strategic leaders, but seem to have failed to change the attitudes of self-sufficiency so common among military members. Due to this, there still seems to be a stigma attached to depression, PTSD, and other behavioral health conditions.

Military leaders must explore alternative means in addition to just raising suicide awareness. We must address the suicide issue at the root of the problem—with each of our Soldiers in a more personal way than just strategic messaging.

More suicide awareness is appreciated, but it's not enough. I offer my story in hopes that leaders at all levels re-think how they approach the issue of suicide.

This is my story

In the summer of 2016, I placed my 9mm to my right temple with the intention of killing myself. Then I didn't. I thought about the damage it would do to my three-year-old daughter and three boys living their life without their father, or god forbid, one of them walking in and finding me lying on the floor. I thought about the mess I would make, knowing my wife would have to clean it up. I also thought about how my legacy would be painted as a broken man who was too weak to ask for help—a shame associated with my name forever. Ultimately, those thoughts prevailed, and I didn't pull the trigger.

Instead, I made an appointment with behavioral health the next day.

Multiple deployments to Iraq and Afghanistan left their marks as they do for everybody. If someone claims their experiences left them unmarked, they're probably lying or in denial. Some Veteran's scars are just more pronounced than others. Those marks should be mended professionally and through personal lifestyle choices. Those who choose to live in denial risk suffering the consequences of years of built up psychological scar tissue.

What led me to contemplating taking my own life was a combination of many factors, including actions of my own doing. After my deployment to Africa, I sought the care of behavioral health professionals at Fort Riley. I sought care not due to my experiences in Africa, but mainly due to residual issues that rose to the surface from my Iraq and Afghanistan deployments years before. At that point, I had endured three deployments to Iraq and one to Afghanistan. One of those deployments to Iraq was 15 months long.

Once I completed a permanent change of station (PCS) to Fort Benning, I discontinued that care due to my schedule. I was assigned as a Ranger Instructor and often worked more than 24 hours when we had students. I put my behavioral health on the backburner because I didn't want anyone to have to cover my responsibilities while I was away at an appointment.

As a Ranger instructor, I didn't really have the chance to think about anything—I was too busy. When I was selected for Master Sergeant (MSG) and assigned a First Sergeant (1SG) position outside of the Airborne and Ranger Training Brigade (ARTB), things began to slow down. As a first sergeant, I had time to get care, but I didn't. Initially, I felt fine, satisfied with the change of pace.

Only, I wasn't fine. Over the course of a year, I fell into bad habits: isolating myself after work, spending less time with my wife and kids, and showing less affection to my family. As the darkness crept in, I started to feel worthless as a father and husband. I started to lose the intimacy with my wife and the closeness of my children. Every day, the tension between

my wife and me caused strife. It got to the point I didn't want to go home. Then I thought, "What good father doesn't want to go home to their kids?" When I did, I isolated myself in another room, then thought how worthless I was again. This negative feedback loop pushed me deeper and deeper into darkness. It became so severe that without the help I so desperately needed, I put that gun to my head.

Now that I'm well, I know my depression and individual choices manifested those thoughts. I've learned from my own experience there's nothing shameful about needing help and asking for it. Renewed clarity helped me realize my wife deserves a husband, and my kids deserve their father. I can't thank the Fort Benning behavioral health department and the professionals who work there enough. By the time I PCSed to United States Army Cadet Command (USACC), I felt like a new man.

But it's important for leaders to share their story, especially our senior leaders. I remember when I was navigating that rough patch in my life, suicide wasn't commonly discussed. I might have reached out if I felt like it was safe to do so.

I've only recently told my wife and two other people about this incident. Three months ago, no one knew. No one knew because I didn't *want* anyone to know. Today, I am committed to sharing my story with as many people as possible if it means empowering leaders to tell their stories or Soldiers to reach out for help.

Hiding my issues

By all measurable metrics, I was a stellar Soldier. I had great evaluations and was viewed as an effective leader. In fact, I was considered one of the top First Sergeants in my Brigade. I was selected to serve as the Headquarters and Headquarters Troop (HHT) First Sergeant over several other First Sergeants. From everyone else's perspective, I did well during my time at Fort Benning before my Permanent Change of Station (PCS) to Gannon University ROTC, where I currently serve as the Senior Military Science Instructor (SMSI).

From the outside, it seemed as if I was okay, but I wasn't.

Ironically, that year at Fort Benning I served as a lifeline for one of my Soldiers suffering from alcoholism. He was a geographical bachelor, so he was isolated from his family—two high-risk factors of suicide. The “22 push-up Challenge” was also going viral during this time, and I participated to show my support. In fact, organizations across the Army took part in the challenge. It seemed suicide awareness was spreading across the force and the country like wildfire. Despite the inundation of suicide awareness efforts across the country's social media platforms, I continued to suffer in silence. No one knew what was going on inside me because I chose for people to see what I wanted them to see— a stellar First Sergeant who had his life figured out— the darkness inside me hidden in plain sight.

I hid my pain because I was ashamed of it. I was the first sergeant— I felt like I needed to be strong for my Soldiers and my family. I didn't want anyone's pity, and I especially didn't want anyone to view me as broken. I can't help but wonder, how many other Soldiers are walking amongst us suffering in the background like I was?

Leaders shouldn't sit and wonder why Soldiers won't reach out for help.

What's easier, convincing soldiers on the brink to climb over their mountain of shame alone or offering a helping hand by exposing your own vulnerabilities? As leaders, we should be talking to our Soldiers in a more deliberate and personal way to break through that wall of shame through dialogue.

A culture change

Authenticity can strongly tie Soldiers together and cultivate foundations of trust—an essential attribute for positive personal and professional relationships. Along with authenticity, being vulnerable can also connect leaders to their Soldiers in profound ways—it provides *hope* for Soldiers who suffer from these types of issues.

Leaders across our formations should foster environments in which displaying vulnerability is an acceptable way to connect to Soldiers, understanding that there is a time and place to be vulnerable. Counterintuitively, being vulnerable with our Soldiers can make organizations stronger—strength and vulnerability can coexist.

The lessons of war are slowly fading away as our OEF and OIF Soldiers separate from service. I fear we will repeat the travesties of care of the Vietnam War if we fail to address this crisis appropriately. We must keep the issue of veteran suicide and behavioral health at the forefront during peacetime, so in times of war, we can be adequately prepared to fight the silent epidemic once it manifests itself.

I urge our current Veteran population—particularly our senior leaders—to talk about their invisible wounds. I also urge our senior leaders to reach out to their peers. It's atypical that senior leaders reach out for help when something is wrong. We should be talking about how we can support our Soldiers to our left and right by connecting with them daily. My hope is leaders will see the value of authenticity, vulnerability, empathy, and sustained engagement.

Based on my experience, I propose these three changes to help quell suicide rates in the Army and create a safe environment for soldiers to seek help, when needed.

1. We need to create a psychologically safe environment. Soldiers have to feel safe within their units and workgroups. Some people may think psychological safety and the military can't coexist, but they can. Understanding that we have to create demanding training environments to prepare for war, we still have to be cognizant of the psychological ramifications of the work we do and mitigate impacts as much as possible. Leaders have to create an environment where Soldiers feel safe talking about behavioral health issues, family issues, and other personal concerns.

In the Infantry, some stereotypical 'Infantry' personas are perceived as strong, invulnerable, 'do as you're told,' and unbreakable. Trying to live up to these types of personas can prevent

us from revealing our vulnerabilities. We have to balance the hardened environments we train in and the times we open the curtains to our true selves. This balance has to start with senior leaders starting the conversation and talking about their personal experiences. It's more than just talking about suicide awareness; it's also creating a safe space for others to reveal their pain by sharing personal experiences to illustrate to Soldiers that it's okay to talk about them.

2. We need to normalize behavioral health. When I think of behavioral health in the Army, a few words come to mind: brokenness, PTSD, and depression. Behavioral health has always had a negative connotation attached to it. At one of my assignments, I remember our leaders using the euphemism, "The Fourth Floor," to describe the hospital floor where our Soldiers have behavioral health appointments. For some reason, they didn't just say our Soldier has a "behavioral health" appointment. I understand HIPAA concerns, but there has to be a more normalized way to talk about this type of care.

When we approach behavioral health, we tend to be more reactive. We should create proactive opportunities daily. The Army is charged with fighting our nation's wars. It's **NORMAL** for Soldiers to suffer from a range of psychological issues resulting from experiencing traumatic events. Aside from war experiences, other issues can lead to—or are associated with—behavioral health issues, marriage issues, family, alcoholism, and financial issues. We are Soldiers 24 hours a day. We have a responsibility for the care of our Soldiers on and off duty.

Why don't we exercise behavioral health-related strategies daily? A great example of this method in action is the Performance Triad (P3). It's an outstanding program that would be even better if we added a tenant for behavioral health. If we are integrating P3 related activities (Sleep, Diet, and Activity), why aren't we integrating behavioral health strategies, as well?

3. Leaders need to be engaged at all levels. The only way to fight this epidemic is to have personal relationships with our Soldiers. The Army's senior leaders do a good job raising awareness at times, but it's futile if leaders at all levels aren't engaged daily.

In 2nd Brigade, USACC, we talk about suicide as much as we can. It's hard sometimes because the brigade is so geographically dispersed. The 2nd Brigade, USACC, Command Sergeant Major, CSM Gregory Caywood said it best, "It's going to take engaged leadership at all levels."

Leaders who want to have productive conversations with their Soldiers should preface those conversations with a psychologically safe environment to ensure authentic engagement. It is the only way to truly find out which of their soldiers live in the darkness every day. Talking with our Soldiers regularly and implementing behavioral health strategies are critical to effective leadership at all levels.

Conclusion

If leaders take anything from my story, it's that we need continued engagement, even at senior levels to quell this crisis. If we want to integrate behavioral health-related activities every day, it doesn't mean having a 'therapy session' with your Soldiers. It can be as simple as talking about behavioral health, suicide awareness, and telling your Soldiers a personal story of a time you overcame a behavioral health crisis, or just messaging to your Soldiers every day after PT formation that leaders are easily accessible about any issue or concern they wish to share.

Take the time to be vulnerable and create an environment where it's okay to talk about behavioral health issues. Then, when it's time to train hard and prepare our Soldiers for the rigors of war, create that hardened environment and get after it!

MSG Trevor P. Woods is currently serving as Senior Military Science Instructor (SMSI) in

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