

MORE U.S. SOLDIERS HAVE KILLED THEMSELVES THAN HAVE DIED IN THE AFGHAN WAR. WHY CAN'T THE ARMY WIN THE WAR ON SUICIDE?

BY MARK THOMPSON AND NANCY GIBBS

Returning home without him
Rebecca Morrison with some of her late husband's belongings in her parents' Texas home, where she moved after his suicide

Photographs by Peter van Agtmael for TIME

LESLIE MCCADDON SENSED THAT THE ENEMY HAD RETURNED WHEN SHE OVERHEARD HER HUSBAND ON THE PHONE WITH THEIR 8-YEAR-OLD DAUGHTER. “DO ME A FAVOR,” HE TOLD THE LITTLE GIRL. “GIVE YOUR MOMMY A HUG AND TELL HER THAT I LOVE HER.”

She knew for certain when she got his message a few minutes later. “This is the hardest e-mail I’ve ever written,” Dr. Michael McCaddon wrote. “Please always tell my children how much I love them, and most importantly, never, ever let them find out how I died... I love you. Mike”

She grabbed a phone, sounded every alarm, but by the time his co-workers found his body hanging in the hospital call room, it was too late.

Leslie knew her husband, an Army doctor, had battled depression for years. For Rebecca Morrison, the news came more suddenly. The wife of an AH-64 Apache helicopter pilot, she was just beginning to reckon with her husband Ian’s stress and strain. Rebecca urged Ian to see the flight surgeon, call the Pentagon’s crisis hotline. He did—and waited on the line for more than 45 minutes. His final text to his wife: “STILL on hold.” Rebecca found him that night in their bedroom. He had shot himself in the neck.

Both Army captains died on March 21, a continent apart. The next

day, and the next day, and the next, more soldiers would die by their own hand, one every day on average, about as many as are dying on the battlefield. These are active-duty personnel, still under the military’s control and protection. Among all veterans, a suicide occurs every 80 minutes, round the clock.

Have suicides spiked because of the strain of fighting two wars? Morrison flew 70 missions in Iraq over nine months but never engaged the enemy directly. McCaddon was an ob-gyn resident at an Army hospital in Hawaii who had never been to Iraq or Afghanistan. Do the pride and protocols of a warrior culture keep service members from seeking therapy? In the three days before he died, Morrison went looking for help six times, all in vain. When Leslie McCaddon alerted commanders about her husband’s anguish, it was dismissed as the result of a lovers’ quarrel; she, not the Army, was the problem.

This is the ultimate asymmetrical war, and the Pentagon is losing. “This issue—suicides—is perhaps the most frustrat-

ing challenge that I’ve come across since becoming Secretary of Defense,” Leon Panetta said June 22. The U.S. military seldom meets an enemy it cannot target, cannot crush, cannot put a fence around or drive a tank across. But it has not been able to defeat or contain the epidemic of suicides among its troops, even as the wars wind down and the evidence mounts that the problem has become dire. While veterans account for about 10% of all U.S. adults, they account for 20% of U.S. suicides. Well trained, highly disciplined, bonded to their comrades, soldiers used to be less likely than civilians to kill themselves—but not anymore.

More U.S. military personnel have died by suicide since the war in Afghanistan began than have died fighting there. The rate jumped 80% from 2004 to 2008, and

while it leveled off in 2010 and 2011, it has soared 18% this year. Suicide has passed road accidents as the leading noncombat cause of death among U.S. troops. While it’s hard to come by historical data on military suicides—the Army has been keeping suicide statistics only since the early 1980s—there’s no denying that the current numbers constitute a crisis.

THE SPECIFIC TRIGGERS FOR SUICIDE ARE unique to each service member. The stresses layered on by war—the frequent deployments, the often brutal choices, the loss of comrades, the family separation—play a role. So do battle injuries, especially traumatic brain injury and posttraumatic stress disorder (PTSD). And the constant presence of pain

and death can lessen one’s fear of them.

But combat trauma alone can’t account for the trend. Nearly a third of the suicides from 2005 to 2010 were among troops who had never deployed; 43% had deployed only once. Only 8.5% had deployed three or four times. Enlisted service members are more likely to kill themselves than officers, and 18-to-24-year-olds more likely than older troops. Two-thirds do it by gunshot; 1 in 5 hangs himself. And it’s almost always *him*: nearly 95% of cases are male. A majority are married.

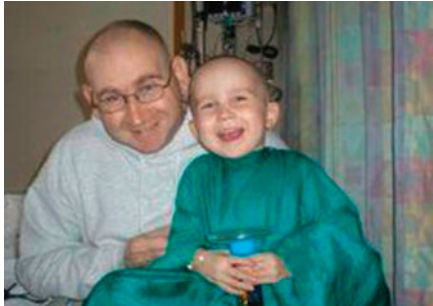
No program, outreach or initiative has worked against the surge in Army suicides, and no one knows *why* nothing works. The Pentagon allocates about \$2 billion—nearly 4% of its \$53 billion annual medical bill—to mental health. That simply isn’t

enough money, says Peter Chiarelli, who recently retired as the Army’s second in command. And those who seek help are often treated too briefly.

Army officials declined to discuss specific cases. But Kim Ruocco directs suicide-prevention programs at the nonprofit Tragedy Assistance Program for Survivors, or TAPS. She knows what Leslie McCaddon and Rebecca Morrison have endured; her husband, Marine Major John Ruocco, an AH-1 Cobra helicopter-gunship pilot, hanged himself in 2005. These were highly valued, well-educated officers with families, with futures, with few visible wounds or scars; whatever one imagines might be driving the military suicide rate, it defies easy explanation. “I was with them within hours of the deaths,” Ruocco says of the

Living with grief Leslie McCaddon and her children clamber over the rocks near her parents’ home in Rockport, Mass., where she now lives





Devoted dad Mike McCaddon shaved his head when his son was diagnosed with leukemia in 2005; above, a 2007 family photo and his daughter's 2009 snapshot of him

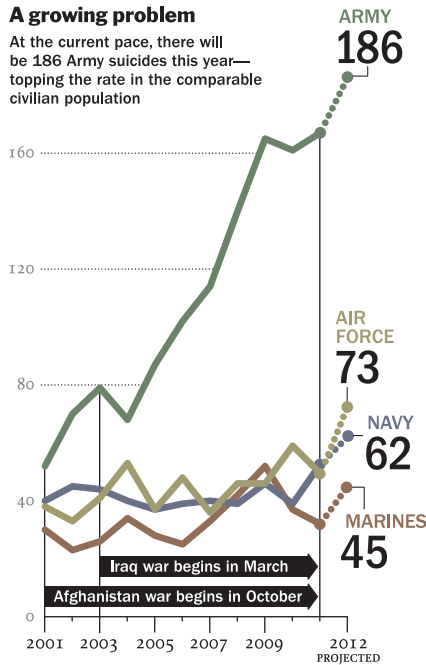


Self-Inflicted Crisis

Military suicides are at record levels, but the causes are unclear

A growing problem

At the current pace, there will be 186 Army suicides this year—topping the rate in the comparable civilian population



*Through June 10. Note: Statistics apply to all Defense personnel for 2010. Sources: U.S. Department of Defense; Centers for Disease Control and Prevention

Who commits suicide in the military?

95% ARE MALE
85% of the military is male

95% ARE ENLISTED
83% of the military is enlisted

80% ARE WHITE
70% of the military is white

47% ARE UNDER 25
36% of the military is under 25



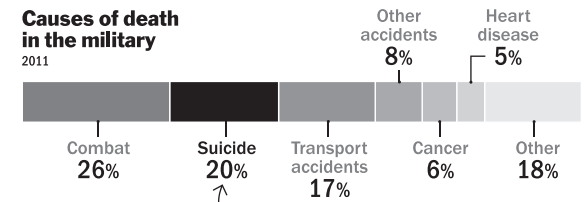
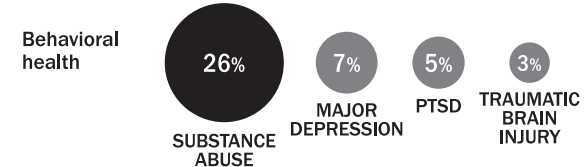
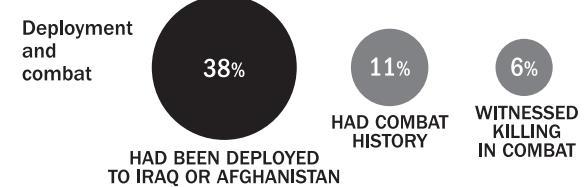
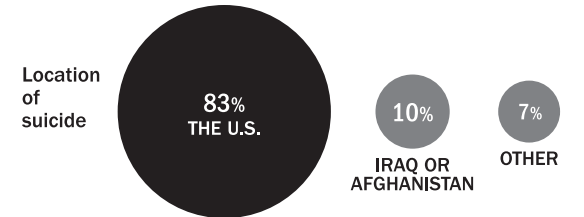
41% HAD RECEIVED OUTPATIENT BEHAVIORAL-HEALTH SERVICES

34% COMMUNICATED THE INTENT TO DIE TO SOMEONE

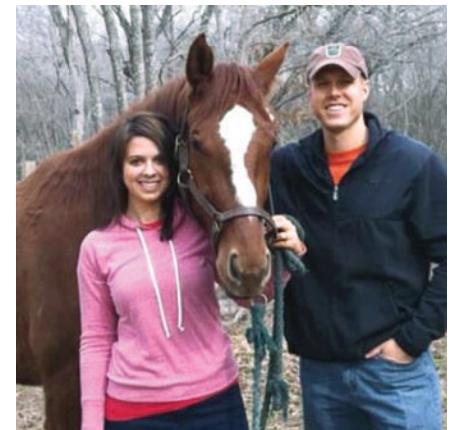
30% HAD A FAILED INTIMATE RELATIONSHIP IN THE PRIOR MONTH

20% WERE PRESCRIBED ANTIDEPRESSANTS

14% HAD PREVIOUSLY INJURED THEMSELVES



Compared with 7% of deaths among civilian men ages 17 to 60



Long gray line Ian Morrison graduated from the U.S. Military Academy in 2007; top, above, with Rebecca and their horse Ike in January

two new Army widows. "I experienced it through their eyes." Their stories, she says, are true. And they are telling them now, they say, because someone has to start asking the right questions.

The Bomb Grunt

MICHAEL MCCADDON WAS AN ARMY BRAT born into a uniquely edgy corner of the service: his father served in an ordnance-disposal unit, and after his parents divorced, his mother married another bomb-squad member. McCaddon entered the family business, enlisting at 17. "When I joined the Army I was 5'10" and weighed 129 lbs," he blogged years later. "I had a great body... for a girl." But basic training made him stronger and tougher; he pushed to get the top scores on physical-fitness tests; he took up sky-diving, snorkeling, hiking. If you plan

to specialize in a field in which a single mistake can cost you and your comrades their lives, it helps to have high standards. "Ever since I was new to the Army, I made it my personal goal to do as well as I can," he recalled. "I thought of it as kind of a representation of my being, my honor, who I was."

The Army trained him to take apart bombs. He and his team were among the first on the scene of the 1995 Oklahoma City bombing, combing the ruins for any other devices, and he traveled occasionally to help the Secret Service protect then First Lady Hillary Clinton. He met Leslie in 1994 during a break in her college psychology studies. They started dating, sometimes across continents—he did two tours in Bosnia. During a Stateside break in January 2001, he married Leslie in Rancho Santa Fe, Calif. They had three

children in four years, and McCaddon, by then an active-duty officer, moved with his family to Vilseck, Germany, where he helped run an Army dental office.

He was still ambitious—two of Leslie's pregnancies had been difficult, so he decided to apply to the military's medical school and specialize in obstetrics. But then, while he was back in Washington for his interview, came a living nightmare: his oldest son, who was 3, was diagnosed with leukemia. Just before entering med school, McCaddon prepared for his son's chemotherapy by shaving his head in solidarity so the little boy wouldn't feel so strange. McCaddon may not have been a warrior, but he was a fighter. "I became known as a hard-charger," he wrote. "I was given difficult tasks, and moved through the ranks quickly." He pushed people who didn't give 100%; he pushed himself.

COURTESY OF LESLIE MCCADDON (3)

The Apache Pilot

IAN MORRISON WAS BORN AT CAMP LEJEUNE in North Carolina, son of a Marine. An honor student at Thomas McKean High School in Wilmington, Del., he sang in the chorus, ran cross-country and was a co-captain of the swimming team before heading to West Point. He had a wicked sense of humor and a sweet soul; he met Rebecca on a Christian singles website in 2006 and spent three months charming her over the phone. One night he gave her his credit-card information. "Buy me a ticket, because I'm going to come see you," he told her before flying to Houston. "The minute I picked him up," she recalls, "we later said we both knew it was the real deal." He proposed at West Point when she flew in for his graduation.

Morrison spent the next two years at Fort Rucker in Alabama, learning to fly

the two-seat, 165-m.p.h. Apache helicopter, the Army's most lethal aircraft. He and his roommate, fellow West Pointer Sean McBride, divided their time among training, Walmart, church, *Seinfeld* and video games, fueled by macaroni and cheese with chopped-up hot dogs. Morrison and Rebecca were married two days after Christmas 2008 near Dallas. The Army assigned him to an aviation unit at Fort Hood, so they bought a three-bedroom house on an acre of land just outside the town of Copperas Cove, Texas. They supported six African children through World Vision and were planning to have some kids of their own. "We had named our kids," Rebecca says.

Morrison was surprised when the Army ordered him to Iraq on short notice late in 2010. Like all young Army officers, he saluted and began packing.

Triggers and Traps

ONE THEORY OF SUICIDE HOLDS THAT people who feel useful, who feel as if they belong and serve a larger cause, are less likely to kill themselves. That would explain why active-duty troops historically had lower suicide rates than civilians. But now experts who study the patterns wonder whether prolonged service during wartime may weaken that protective function. Service members who have bonded with their units, sharing important duties, can have trouble once they are at a post back home, away from the routines and rituals that arise in a close-knit company. The isolation often increases once troops leave active duty or National Guardsmen and reservists return to their parallel lives. The military frequently cites relationship issues as a predecessor to suicides; that irritates

survivors to no end. “I’m not as quick to blame the Army as the Army is to blame me,” Leslie McCaddon says. “The message I get from the Army is that our marital problems caused Mike to kill himself. But they never ask why there were marriage problems to begin with.”

AS MCCADDON MADE HIS WAY THROUGH med school in Maryland, he encountered ghosts from his past. He was reaching the age at which his biological father had died by suicide, which statistically increased his own risk. But he wasn’t scared by it, Leslie says; he told associates about it. What did bother him was that he was gaining weight, the physical-training tests were getting harder for him, and the course work was challenging to juggle with a young family. He hid the strain, “but inside it is killing me,” he blogged. He called Leslie a hero “for not kicking me out of the house on the several times I’ve given her reason.” And he told her he sometimes thought of suicide.

“But he would tell everyone else that he was fine,” Leslie says. “He was afraid they’d kick him out of medical school if he was really honest about how depressed he was.” McCaddon sought counseling from a retired Army psychiatrist and seemed to be turning a corner in May 2010, when he graduated and got his first choice for a residency, at Tripler Army Medical Center in Honolulu.

“He loved being a soldier,” Leslie said, “and he was going to do everything he could to protect that relationship.”

Leslie had relationships to protect as well. He was increasingly hard on her at home; he was also hard on the kids and on himself. “He was always an amazing father—he loved his children—but he

started lashing out at them,” Leslie recalls. “He wasn’t getting enough sleep, and he was under a lot of stress.” Leslie began exploring options but very, very carefully; she had a bomb-disposal problem as well. “When I was reaching out for help, people were saying, Be careful how you phrase this, because it could affect your husband’s career,” she says. “That was terrifying to me. It made me think that by advocating for him I’d be making things worse.”

The Pilot’s Pain

CAPTAIN MORRISON HEADED TO IRAQ IN early 2011. Once there, he and Rebecca Skyped nearly every day between his flight assignments. When he took R&R leave in early September, they visited family in Dallas, then San Antonio, and caught concerts by Def Leppard and Heart. There were no signs of trouble. “He was so mentally stable—he worked out every day, we ate good food, and we always had good communication,” his wife says. “Most people would say he was kind of quiet, but with me he was loud and obnoxious and open.”

Morrison never engaged the enemy in direct combat; still, some 70 missions over Iraq took their toll. His base was routinely mortared. After one mission, he and several other pilots were walking back to their hangar when a rocket shot right past them and almost hit him; he and his comrades ran and dived into a bunker, he told Rebecca once he was safely home. He impressed his commander—“Excellent performance!” his superior raved in a formal review of the man his buddies called Captain Brad Pitt. “Unlimited potential... continue to place in position of greater responsibility.”

It was not the war that turned out to be hard; it was the peace. Morrison returned to Fort Hood late last year and spent his month off with Rebecca riding their horses, attending church and working out. He seemed unnerved by slack time at home. “He said it was really easy to fall into a routine in Iraq—they got up at the exact same time, they ate, they worked out, they flew forever and then they came back, and he’d talk to me, and then they did it all over again,” Rebecca says. “When he came back to Texas, it was really difficult for him to adjust.”

Morrison was due to be reassigned, so he and his wife needed to sell their house, but it just sat on the market. His anxiety grew; he was restless, unable to sleep, and they thought he might be suffering from PTSD. The couple agreed that he should see a doctor. Military wives, especially those studying mental health, have heard

the stories, know the risks, learn the questions: Is their spouse drinking more, driving recklessly, withdrawing from friends, feeling trapped? Be direct, they are told. “I looked him right in the face and asked, ‘Do you feel like you want to hurt or kill yourself?’” Rebecca recalls. “He looked me right in the face and said, ‘Absolutely not—no way—I don’t feel like that at all. All I want to do is figure out how to stop this anxiety.’”

The Stigma

WHEN TROOPS RETURN FROM DEPLOYMENT, they are required to do self-assessments

of their experience: Did they see people killed during their tour? Did they feel they had been at risk of dying? Were they interested in getting counseling for stress or alcohol use or other issues? But a 2008 study found that when soldiers answer questions anonymously, they are two to four times as likely to report depression or suicidal thoughts. Independent investigations have turned up reports of soldiers being told by commanders to airbrush their answers or else risk their careers. A report by the Center for a New American Security cited commanders who refuse to grant a military

burial after a suicide for fear that doing so would “endorse or glamorize” it.

The U.S. Department of Veterans Affairs (VA) and all the services have launched resiliency-training programs and emergency hotlines, offering slogans like “Never leave a Marine behind” and “Never let your buddy fight alone” that try to speak the language of the unit. Last year the Pentagon released a video game meant to allow soldiers to explore the causes and symptoms of PTSD from the privacy of their homes. “We want people to feel like they are encouraged to get help,” says Jackie Garrick, who runs the

new Defense Suicide Prevention Office. “There are a myriad of ways you can access help and support if you need it.”

But faith in that commitment was shaken this year when Army Major General Dana Pittard, commander of the 1st Armored Division at Fort Bliss, Texas, complained on his official blog that he was “personally fed up” with “absolutely selfish” troops who kill themselves, leaving him and others to “clean up their mess. Be an adult, act like an adult, and deal with your real-life problems like the rest of us,” he continued. He later said he wanted to “retract” what he called his



Solace in riding
Rebecca Morrison with
her horse Ike near her
parents' home in Texas

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“hurtful statement,” but he didn’t apologize for what he said. Many soldiers and family members believe Pittard’s attitude is salted throughout the U.S. military.

Just a Lovers’ Quarrel

IN AUGUST 2010, LESLIE WENT TO McCaddon’s commanding officer at the hospital. She didn’t tell Michael. “It was the scariest thing I’ve ever done,” she says. She recalls sitting in the commander’s office, haltingly laying out her concerns—McCaddon’s history of depression, his struggle to meet his high standards while doing right by his family. She was hoping that maybe the commander would order him into counseling and defuse the stigma somehow: he’d just be following orders. She watched the officer, a female colonel, detonate before her eyes. “No one at the medical school told me he had a history of depression, of being suicidal,” Leslie recalls her shouting. “I have a right to know this. He’s one of my residents. Why didn’t anyone tell me?” The commander was furious—not at Leslie, exactly, but at finding herself not in command of the facts.

The colonel called several colleagues into the room and then summoned McCaddon as well. Leslie registered the shock and fear on his face when he saw his wife sitting with his bosses. “I was shaking,” she says. “I told him I continued to be concerned that his depression was affecting our family and that I was really concerned for his safety but also for the well-being of our children and myself.”

The commander encouraged McCaddon to get help but wouldn’t order him to do it. He left the room, livid, and Leslie burst into tears. “Honey, don’t worry,” Leslie remembers the commander saying. “My first marriage was a wreck too.”

Can’t you make him get some help? Leslie pleaded again, but the colonel pushed back. McCaddon was doing fine at work, with no signs of a problem. “Leslie, I know this is going to be hard to hear, but this just doesn’t sound like an Army issue to me,” McCaddon’s wife recalls the colonel saying. “It sounds like a family issue to me.” Leslie felt her blood run cold. “No one was going to believe me so long as things were going fine at work.”

McCaddon did try to see an Army psychiatrist, but a month or more could pass without his finding the time. “I’d say, ‘He’s in the Army,’” Leslie recalls telling the doctor, “‘and you make him do everything else, so you should be able to make him go to mental-health counseling.’” But McCaddon was not about to detour

from rounds to lie on the couch. He barely ate while on his shift. “Everybody here is under stress,” he stormed at Leslie. “I can’t just walk out for an hour a week—I’m not going to leave them when we’re already short-staffed.”

The marriage was cracking. Back in Massachusetts, Leslie’s mother was not well. Leslie and the kids moved home so she could take care of her. She and Michael talked about divorce.

The Waiting Room

EARLY ON MONDAY, MARCH 19, IAN MORRISON showed up at a Fort Hood health clinic, where he sat waiting in his uniform, with his aviation badge, for three hours. Finally someone saw him. “‘I’m sorry you had to wait all this time,’” Rebecca says he was told. “‘But we can’t see you. We can’t prescribe you anything.’” He had to see the doctor assigned to his unit. When Morrison arrived at the flight surgeon’s office, he told Rebecca, the doctor was upset that Morrison hadn’t shown up at the regular daily sick call a couple of hours earlier.

“He told me this guy was so dismissive and rude to him. You need to follow procedure. You should have been here hours ago,” Rebecca says. “Ian wanted to tell the doctor he was anxious, depressed and couldn’t sleep, but this guy shut him down.” Morrison acknowledged only his sleeplessness, leading the doctor to give him 10 sleeping pills with orders to return the next week. He’d be grounded for the time being.

But that didn’t seem to affect his mood. Morrison toasted his wife’s success on a big exam that day—she was close to earning her master’s in psychology—by

cooking a steak dinner and drawing a bubble bath for her that night. “He was dancing around and playing music and celebrating for me,” she remembers. “He seemed really hopeful.” He took a pill before bed but told Rebecca in the morning that he hadn’t slept.

On Tuesday, March 20, Morrison tried to enroll in an Army sleep study but was told he couldn’t join for a month. “Well, I’ll just keep taking Ambien and then go see the flight surgeon,” he told the woman involved with the study. She asked if he felt like hurting himself. “No, ma’am, you don’t have to worry about me at all,” he said. “I would never do that.” That day, Morrison typed an entry in his journal: “These are the things I know that I can’t change: whether or not the house sells, the state of the economy, and the world ... these are things that I know to be true: I’m going to be alive tomorrow, I will continue to breathe and get through this, and God is sovereign over my life.”

Rebecca awoke the next morning to find her husband doing yoga. “I’m self-medicating,” he told her. She knew what that meant. “You couldn’t sleep again, huh?” Rebecca asked.

“No,” Morrison said. “I’m going back to the doctor today.” Given the lack of success with the medication, she told him that was probably a good idea. She left the house, heading for the elementary school on post where she taught second grade.

A System Overwhelmed

THE ARMY REPORTED IN JANUARY THAT there was no way to tell how well its suicide-prevention programs were working, but it estimated that without such interventions, the number of suicides could have been four times as high. Since 2009, the Pentagon’s ranks of mental-health professionals have grown by 35%, nearing 10,000. But there is a national shortage of such personnel, which means the Army is competing with the VA and other services—not to mention the civilian world—to hire the people it needs. The Army has only 80% of the psychiatrists and 88% of the social workers and behavioral-health nurses recommended by the VA. Frequent moves from post to post mean that soldiers change therapists often, if they can find one, and mental-health records are not always transferred.

Military mental-health professionals complain that the Army seemed to have put its suicide-prevention efforts on the back burner after Chiarelli, a suicide fighter, left the service in January. “My husband did not want to die,” Rebecca

says. “Ian tried to get help—six times in all ... Think about all the guys who don’t even try to get help because of the stigma. Ian was so past the stigma, he didn’t care. He just wanted to be healthy.”

The Breaking Point

ON MARCH 15, MCCADDON GAVE A MEDICAL presentation that got rave reviews. Then he called Massachusetts to speak to his children and sent Leslie that last e-mail. He regretted his failures as a husband, as a father. Don’t tell the children how I died, he begged her. “Know that I love you and my biggest regret in life will always be failing to cherish that, and instead forsaking it.” Leslie read the e-mail in horror. “In the back of my mind, I’m saying to myself, He’s at work—he’s safe,” she recalls. “It never occurred to me that he would do what he did at work.” But she immediately dialed the hospital’s delivery center. She had just received a suicide note from her husband, she told the doctor who answered, and they needed to find him immediately. The hospital staff fanned out.

“They’ve sent people to the roof, the basement, to your house. We’re looking everywhere,” a midwife told Leslie in a call minutes later. As they talked, Leslie suddenly heard people screaming and crying in the background. Then she heard them call a Code Blue. They had found him hanging from a noose in a call room. It had been less than 30 minutes since McCaddon had sent his final e-mail to his wife. Among the voices Leslie thought she recognized was that of McCaddon’s commander, whose words came rushing back. “Does it seem like a family issue to her now?” Leslie remembers thinking. “Because it looks like it happened on her watch.”

It took 15 minutes for the first responders to bring back a heartbeat. By then he had been without oxygen for too long. Leslie flew to Hawaii, and Captain McCaddon was taken off life support late Tuesday, March 20. He was pronounced dead early the next day.

THAT SAME DAY, WEDNESDAY, MARCH 21, Morrison saw a different Army doctor, who in a single 20-minute session diagnosed him with clinical depression. He got prescriptions for an antidepressant and a med to treat anxiety but hadn’t taken either when he called his wife. Rebecca encouraged him to stop by the resiliency center on post to see if he might get some mental-health counseling there. Just before noon, Morrison texted Rebecca,

18%
PERCENTAGE INCREASE IN SUICIDES AMONG U.S. ACTIVE-DUTY TROOPS IN 2012, COMPARED WITH 2011, THROUGH JUNE 3

saying he was “Hopeful :)” about it. She wanted to know what they told him. “Will have to come back,” he responded. “Wait is about 2 hrs.” He needed to get back to his office.

Rebecca was still concerned. At about 4 p.m., she urged her husband to call a military hotline that boasted, “Immediate help 24/7—contact a consultant now.” He promised he would. “I said, ‘Perfect. Call them, and I’ll talk to you later,’” Rebecca says. “He was like, ‘O.K., bye.’”

That was the last time she ever talked to him. Their final communication was one more text about 45 minutes later. “STILL on hold,” he wrote to her. Rebecca responded moments later: “Can’t say you’re not trying.”

Morrison called Rebecca at 7:04 p.m., according to her cell phone, but she was leading a group-therapy session and missed it. He didn’t leave a message.

Two and a half hours later, she returned home from her grad-school counseling class. She threw her books down when she entered the living room and called his name. No answer. She saw his boots by the door; the mail was there, so she knew he had to be home. “I walked into our bedroom, and he was lying on the floor with his head on a pillow, on my side of the bed.” He was still in his uniform.

Rebecca stammers, talking softly and slowly through her sobs. “He had shot himself in the neck,” she says. “There was no note or anything. He was fully dressed, and I ran over to him and checked his pulse ... and he had no pulse. I just ran out of the house screaming, ‘Call 911!’ and ran to the neighbors.”

The Next Mission

AT A SUICIDE-PREVENTION CONFERENCE IN June, Panetta laid down a charge: “We’ve got to do everything we can to make sure that the system itself is working to help soldiers. Not to hide this issue, not to make the wrong judgments about this issue, but to face facts and deal with the problems up front and make sure that we provide the right diagnosis and that we follow up on that kind of diagnosis.”

But what makes preventing suicide so confounding is that even therapy often fails. “Over 50% of the soldiers who committed suicide in the four years that I was vice [chief] had seen a behavioral-health specialist,” recalls Chiarelli. “It was a common thing to hear about someone who had committed suicide who went in to see a behavioral-health specialist and was dead within 24, 48 or 72 hours—and to hear he had a diagnosis that said, ‘This individual is no danger to himself or anyone else.’ That’s when I realized that something’s the matter.”

There’s the horrific human cost, and there is a literal cost as well. The educations of McCaddon and Morrison cost taxpayers a sum approaching \$2 million. “If the Army can’t be reached through the emotional side of it—that I lost my husband—well, they lost a \$400,000 West Point education and God knows how much in flight school,” Rebecca says. (The Army says Morrison’s pilot training cost \$700,000.) Adds Leslie: “They’d invested hundreds of thousands of dollars into this asset. At the very least, why didn’t they protect their asset?”

Captain McCaddon was buried with full military honors on April 3 in Gloucester, Mass. A pair of officers traveled from Hawaii for the service and presented his family with the Army Commendation Medal “for his selfless and excellent service.” Leslie and their three children also received the U.S. flag that had been draped over his casket and three spent shells fired by the honor guard. They visited his grave on Father’s Day to leave flowers, and each child left a card. After two years of chemotherapy, their oldest child’s leukemia remains in remission.

Captain Morrison was buried in central Texas on March 31. The Army had awarded him several decorations, including the Iraq Campaign Medal with Campaign Star. There were military honors graveside, and a bugler played taps. At his widow’s request, there was no rifle volley fired. ■

4%
PERCENTAGE OF THE PENTAGON’S \$53 BILLION ANNUAL MEDICAL BILL ALLOCATED TO MENTAL HEALTH