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Special Forces Suicides Raise Questions

Associated Press | October 12, 2005

DENVER - Chief Warrant Officer William Howell was a 15-year Army Special Forces veteran who had seen combat duty all over the world. Sgt. 1st Class Andre McDaniel was a military accountant. Spc. Jeremy Wilson repaired electronics.

They had little in common, other than having served in Iraq with the 10th Special Forces Group based at Fort Carson, Colo. They did not know each other, and they had vastly different duties.

Each, however, committed suicide shortly after returning home, all within about a 17-month period.

The Army says there appears to be no connection between the men's overseas service and their deaths, and Army investigators found no "common contributing cause" among the three. The fact they were in the same unit is only a coincidence, Special Operations Command spokeswoman Diane Grant said at Fort Bragg, N.C.

Others are not so sure. Steve Robinson, a former Army Ranger and veterans' advocate, said he suspects there were problems in the men's unit - namely, a macho refusal to acknowledge stress and seek help.

"It could be that there's a climate there that creates the stigma which prevents people from coming forward," said Robinson, executive director of the National Gulf War Resource Center. "The mentality of this particular group seemed to be 'Ignore what you think and feel and keep doing your job and don't talk to me about that (expletive) combat stress reaction stuff.'"

Special Forces soldiers specialize in what the Army calls "unconventional warfare" - commando raids, search-and-destroy missions, intelligence gathering. They go through specialized psychological screening. They also undergo rigorous physical training and learn survival techniques and other skills, including foreign languages.

Howell, 36, a father of three, shot himself March 14, 2004 - three weeks after returning from Iraq - after hitting and threatening to kill his wife, Laura.


She said she did not see any warning signs until the night he threatened her.

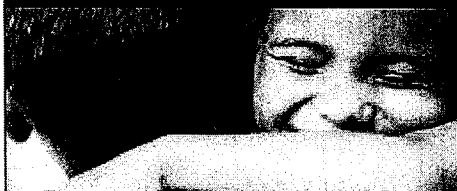
"You look back every day and think what could I have done different. I can't think of anything," she said.

She said she did not know of any connection between her husband and the two other soldiers, and did not know them or their families. But she agreed with Robinson that Special Forces soldiers might have a more difficult time than other military personnel overcoming the stigma associated with seeking counseling.

"My husband would probably see getting help as a weakness," she said. "Even as mature and old and experienced as he was, he may look at it as 'I can handle it, it's not that bad.'"

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Special Forces officials said the Colorado-based unit experienced heavy combat in Iraq. Two members were killed in the first half of 2004 - one by a roadside bomb, another in a vehicle rollover. Another member, former Staff Sgt. Georg-Andreas Pogany, was sent home and charged with cowardice when the sight of the mangled body of an Iraqi caused a panic attack and prompted him to ask for psychological help. Charges against Pogany were later dropped, and he received a medical discharge.

Staff Sgt. Kyle Cosner, spokesman for the 10th Special Forces Group, declined to comment. Grant said unit morale appears high because the unit's soldiers re-enlist at a rate that is among the highest in the command.

She also said chaplains trained in counseling and suicide intervention are available to members of the 10th Special Forces Group and their families, and every Army unit's commanders are required to provide regular suicide prevention training.

The Army says its overall suicide rate in 2003 was 12.8 per 100,000 active-duty soldiers, while the rate in the general U.S. population was 10.5 per 100,000, according to the Centers for Disease Control and Prevention.

Military officials contend the 2003 figure for the Army was skewed by a spike in suicides among soldiers in Iraq and Kuwait; the 2004 rate was 11 per 100,000, Army spokeswoman Maj. Elizabeth Robbins said. An Army surgeon general's report said the suicide rate among soldiers sent to Iraq and Kuwait in 2004 was 8.5 per 100,000.

The Army has learned much about mental health in recent years and is working to improve treatment and ease soldiers' reluctance to seeking help, Robbins said.

Robinson has been pushing military leaders to stop using paper questionnaires to screen for problems among returning soldiers and switch to face-to-face meetings with mental health professionals.

"There have been improvements, but it's been like pulling teeth from a lion's mouth to get the Department of Defense to do things they're not willing to do because of the dollars," he said.

Laura Howell said she blamed Lariam, an Army-issued anti-malaria drug, for her husband's suicide. The drug's manufacturer, Roche Pharmaceuticals, says side effects can include anxiety, paranoia, depression, hallucinations and psychotic behavior. Pogany, the soldier unhinged by the sight of a mangled corpse, also believes the drug played a role in his case.

Roche and the military maintain the drug is safe, and it is among the drugs recommended by the CDC for preventing and treating malaria.

Wilson, 23, hanged himself in the post barracks July 9, about a month after returning from Iraq. The Associated Press was unable to find members of his family.

McDaniel, 40, a father of two, shot himself in August 2004, six weeks after he returned from Iraq. He had recently been arrested for allegedly arranging to have sex with an undercover officer who had posed on the Internet as a 13-year-old girl.

His widow, Linda, said her husband seemed withdrawn when he returned from Iraq. He had called home around Easter 2004 and said his unit was being shelled.

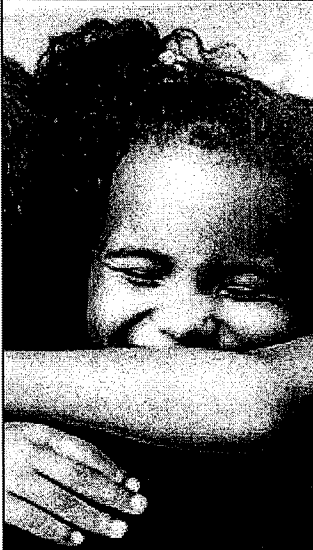
"He said goodbye at that particular time because he was scared he wouldn't be coming home," she said.

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