CSM Column
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I'd like to follow-up on a subject addressed by LTG Campbell in his August column. Specifically what are we, the Army's Soldiers and enlisted leaders doing to help quell the unacceptable loss of Soldiers. Young men and women lost not to war, but of high risk behavior and suicide. To better understand the issue, you can download and read the Army Health Promotion, Risk Reduction, Suicide Prevention report 2010 (HP-RR-SPReport2010). It's a large document, packed with good information to assist us in stopping the needless loss of Soldiers.

As the report notes, "Soldiers are seeking behavioral health care in record numbers with over 225,000 behavioral health contacts, indicating that our efforts to emphasize the importance of behavioral health are working. They are working because Soldiers recognize the importance of individual help-seeking behavior and commanders realize the importance of intervention." That's the good news.

Unfortunately, the report also identifies a problem that we as NCOs and Soldiers must take action against – "a troubling subset of our population who increasingly place themselves at risk." These Soldiers refuse help. Some abuse alcohol, some abuse family members, some use and distribute drugs, and some commit crimes. The report estimates that approximately 106,000 Soldiers are prescribed some form of pain, depression or anxiety medications and notes the obvious potential for abuse. "There were 74,646 criminal offenses including 16,997 drug and alcohol related offenses in FY 2009 alone," a number that doesn't take into account the offenses handled "in house."

As enlisted leaders, it's our job to identify at-risk Soldiers within the unit and help them get help. We work really hard at training our Soldiers for combat, leading them through deployments, resetting the force, and getting ready for the next deployment. We cannot afford to overlook unacceptable behavior within the unit. Our focus should be on the overall well-being of the Soldier and the unit. Sometimes that means taking a hard stand on unacceptable behavior. Mostly, it means getting back to leadership basics.

Individual Soldiers have a critical role to play. High risk behavior does not happen in isolation. If your battle-buddies are abusing alcohol or prescription drugs, you or other members of your unit may know about it. Likewise, if there are drugs in the barracks some Soldiers are aware of their presence.

It's crucial that we take proactive steps to help Soldiers who are caught up in high risk activities. Post-traumatic stress disorder (PTSD) may be a contributing factor. If so, it's important that we get the Soldier into treatment. As the report states, "we must identify our Soldiers who are at-risk, mitigate their stress and, if necessary, personally intervene to assist them." Personal intervention is a difficult choice, but one we sometimes must make if we are to help an at-risk Soldier.

Our primary goal is to help the Soldier overcome his/her high risk behavior. If, after intervention, the Soldier cannot meet Army standards, then as General Chiarelli states in the report, "we must ensure that Soldiers who cannot adapt to the rigors and stress of this profession find sanctuary elsewhere for their own wellbeing and for that of the force." Harsh? Perhaps – but necessary if we're going to reduce their risk to themselves and to the Army. This is not the preferred option, but it is the final solution when all other avenues have been exhausted.

I'm a proud member of the finest Army in the world. There are no better Soldiers than those serving in the United States Army. We must all work to maintain our high standards and to help our at-risk Soldiers overcome their personal demons – looking after our brothers and sisters.

Secure the High Ground