

Suicide

by

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This commentary takes a look at the possible root causes of suicide. It is not a scientific or medical discussion as the majority of so-called experts are looking at symptoms rather than root causes.

In the news of late have been reports of increasing suicides among teens and military personnel. People seem to think that this is fairly new phenomena but the reality is that suicides, whether individual or in mass have existed throughout mankind's history.

My first face-to-face experience with suicide was when I was 15 years old. At the time I was living overseas in a co-ed dorm for high school students. One day, I went down to the student lounge and saw a girl sitting in a chair with a blanket over her lap and her hands beneath it, crying. This was not normal for the girl so I asked what was wrong. As she told me her story of a boyfriend breaking up with her, I noticed that the blanket was turning red and lifted it only to see bloody hands and wrists. That young girl had sliced both wrists, but fortunately not deep enough. I got medical help for her and later on she thanked me for saving her life. I did not really saved her but rather the medical treatment she got and caring parents were her true saviors.

In the early 1980's, my encounters with suicides were with adults who successfully killed themselves. When looking back on these suicides and current suicide research, there appears to be three broad classifications of suicides:

- Depression, combined with prescribed drugs. The victims in this category received a variety of different drugs over time causing what I believe was a chemical imbalance in the body. According to one study, depression accounts for two-thirds of all suicides (Scientific American).
- Substance abuse is another leading cause for suicides. Inappropriate use of alcohol and/or narcotics reduces the inhibitions that are associated with living productive lives, causing the user to have less inhibitions toward suicide.
- Mental health is the third major cause for suicides. Many studies have associated various aspects of mental health with suicides. Most of these studies center around neurological changes in the suicide victim's brain. For example a University of Chicago study reveals that 1 in 20 women have a hormone

sensitivity brain disorder Of this number, 34% of females have premenstrual dysphoric disorder (PMDD) and have attempted suicide.

While suicides may fall into one or more of these classifications, it is still largely unclear as to why someone commits suicide even when they leave a “note” behind. Consequently the “experts” believe there are a variety of indicators that can be used to identify someone with suicidal tendencies. Regardless of whether suicide is committed or not, these indicators, such as catastrophic or life-changing events, are often seen toward the end of a “suicide timeline.”

Study after study cites suicide statistics and risk factors associated with the three categories mentioned. For example, studies of inmates in prison indicate that they have a higher rate of suicide than their counterparts in the outside world. Almost every study indicates mental health as a major issue. The conclusion of these studies is to simply provide more mental health services to the prisoners.

An NIH report stipulates that while mental health is an issue for inmates, it is a preventable disorder by proper screening, appropriate medical aid, and changing the lock-up environment. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314922/>)

In 2023 the suicide rate in the US is 16.1 per 100,000 people. (World Population Review). The country with the highest rate (72.4) is Lesotho, while Singapore has the lowest rate (11.2). The US is basically in the middle of the nations reported. When viewed in this manner, the overall suicide rate in the US has fluctuated little over the past several decades. However within that group, the rates of teens and servicemen have increased.

Teens

According to the CDC, adults who are 75 years old or older have the highest suicide rates in the US. Yet there is an increasing rate of teen suicides. According to the CDC youth and young adult (10 to 24 year olds) account for 155 of all suicides. While the rate is low compared to other age groups, the rate for this group increased 52% from 2000 to 2021 and is the second leading cause of death.

Like many studies of suicide within various age groups, the “experts” continue going down rabbit holes to find non-existent answers. The problem is that the experts are not looking at root causes but rather symptoms and devise so-called diagnosis and treatment for the symptoms.

The CDC has stated that “Suicide and suicidal behavior are influenced by negative conditions in which people live, play, work, and learn.” What a broad statement that does not get to the root of the problem and leads to “curing symptoms.” For example, bullying is a major cause for teen suicide. Oxford Languages defines bullying as “seek to harm, intimidate, or coerce (someone perceived as vulnerable).” When a child is bullied in school, the typical approach is to establish and enforce policies that describe expected student behavior. In fact Stopbullying.gov makes this statement, “prevent bullying by talking about it, building a safe school environment, and creating a community-wide bullying prevention strategy.” To solve the bullying issue both the bully and the victim must be addresses. The bully will not change his/her behavior unless there are serious consequences including psychiatric treatment. Likewise the victim, who is now dead, needed help long before the bullying incident.

If we are honest with ourselves, most of the suicides in this age group can be prevented. However its prevention starts long before the teen years. In fact it starts before birth. The parents, mother in particular, needs to avoid bad health habits such as smoking, alcohol, and drugs. We know that these habits can effect fetal development. In the case of drugs it is not unusual for a baby to be addicted to whatever drug the mother is on. Consequently, brain chemistry is already changed.

From birth onward, the child is subjected to many situations that change his/her brain chemistry. For example, *thimerosal* is “capable of inducing neuronal cell damage” (NIH). Thimerosal is found in most of the vaccines that children and adults receive. Simply put, it is a form of mercury that is “approved” by the FDA.

Another substance that is given to children in large does, and which negatively affect brain chemistry and other body organs is sugar (CDC). Sugar, in all its forms, is added to almost all processed foods. Consider that most babies are fed processed baby foods. While a leading maker of baby foods claim that their foods do not contain GMOs, they do not state that the food is organic. This raises the question as to what fertilizers and pesticides are in the food. It is a known fact that **Glyphosate**, a primary pesticide used in farming, causes many health issues in people. According to the CDC, more than 80% of urine samples drawn from children and adults in a U.S. health study contained glyphosate. Glyphosate induced inflammation and stress on various types of cells.

While food and vaccines, and their associated chemical composition, can be major factors for changing brain and body chemistry, there are other issues at work as well. Other factors, which interact with each other in complex ways, can contribute to suicidal behavior.

One of the most highly studied groups, with regard to suicide, are inmates in prison. Substance abuse and mental health issues are claimed to be the leading cause of suicides of inmates. The majority of studies however fail to examine, in-depth, the victim's backgrounds. Those studies which did examine the backgrounds usually discovered that family history usually played an important role in a victim's suicide..

When compared to strong family units, the victims' families were usually dysfunction. These families had a history of depression, substance abuse, suicide, a lack of quality social involvement, and/or a lack of parental guidance and family cohesiveness.

With teens two of the greatest issues are raging hormones and peer pressure, both of which are highly misunderstood by teens. Both of these issues often lead to making inappropriate and dangerous decisions. The effects of both are well documented.

Additionally there are also adults who should be good role models for teens but instead provide inappropriate and inaccurate information in our schools. Three of the most notorious topics being pushed on our children are:

- Incorrect historical facts
- Critical race theory
- Transgender and other LGBTQ+

All three topics are devised to create confusion in the minds of teens and to sway both teens and adults toward a socialist agenda and government. By creating more confusion with baseless information these actions only increase the risks of suicide. These individuals do not care about children other than to dominate them both mentally and physically. These individuals need to be charged with child endangerment, found guilty and imprisoned so that they can no longer poison the minds of our youth and future generations.

There are many factors that can effectively prevent suicide. These same factors also help produce an adult who will be a contributing member of society. These include:

- Developing a strong faith and belief in God
- Establishing and holding to, specific rules with regard to smoking, drugs, alcohol
- Establishing and holding to rules of behavior awards and punishments
- Establishing chores and responsibilities
- Teaching moral and ethical behavior, reward it accordingly
- Involving the child in quality social gatherings

- Involving the child in both individual and team sports

While there is no parenting handbook, psychologist Laurence Steinberg has identified ten basic principles of good parenting.

1. What you do matters
2. You cannot be too loving
3. Be involved in your child's life
4. Adapt your parenting to fit your child
5. Establish and set rules
6. Foster your child's independence
7. Be consistent
8. Avoid harsh discipline
9. Explain your rules and decisions
10. Treat your child with respect

Two other good principles are:

1. Do not live your life vicariously through your children
2. Most importantly provide a solid spiritual base for your children

Military

To understand why suicide has increased in the military we have to go back to World War II. In 1939, the Great Depression ended when WW-2 broke out. Although America was not directly in the war at that time, the economy was stimulated by the needs of the Allied forces. The Japanese attack on Pearl Harbor on December 7, 1941 was the impetus for the US to become actively involved in the war.

There was absolutely no doubt that America had to protect itself from both Japanese and German hostilities. It became clear that our military had a clear objective to protect our nation and way of life, and our freedoms. Our very existence was at stake. As the war progressed many servicemen were captured and imprisoned in POW camps where the conditions were far worse than any American jail or prison. One POW survivor said that the conditions in the Japanese camps were even worse than those of Andersonville (Camp Sumter – GA). There is no doubt that many German POW camps were far worse than any American prison.

Yet, even among the worse of the worse POW camps there were survivors. Several common threads have emerged from interviews of those survivors during WW-2, Korea, and Vietnam. These common threads include:

- Strong belief in God and country
- Dreams that took them away from the horrors of POW camps
- Forming strong bonds with fellow prisoners
- Pooling their skills and trades to help one another
- Acknowledging a new realities and facing facts without losing hope
- Identifying internal and external resources
- Realizing they were not alone
- Maintaining mental balance and perspective
- Realizing little things can make a big difference
- Practicing resilience

In 1955, prior to Vietnam, President Eisenhower issued Executive Order 10631, **The Code for Members of the Armed Forces of the United States.** jj

Article I

I am an American, fighting in the forces which guard my country and our way of life. I am prepared to give my life in their defense.

Article II

I will never surrender of my own free will. If in command, I will never surrender the members of my command while they still have the means to resist.

Article III

If I am captured I will continue to resist by all means available. I will make every effort to escape and aid others to escape. I will accept neither parole nor special favors from the enemy.

Article IV

If I become a prisoner of war, I will keep faith with my fellow prisoners. I will give no information or take part in any action which might be harmful to my comrades. If I am senior, I will take command. If not, I will obey the lawful orders of those appointed over me and will back them up in every way.

Article V

When questioned, should I become a prisoner of war, I am required to give name, rank, service number and date of birth. I will evade answering further questions to the utmost of my ability. I will make no oral or written statements disloyal to my country and its

allies or harmful to their cause.

Article VI

I will never forget that I am an American, fighting for freedom, responsible for my actions, and dedicated to the principles which made my country free. I will trust in my God and in the United States of America

Since 2004 is one of the most vexing issues facing military leaders has been the continual rise of suicides in the military. The rates have increased in both active duty personnel and in the veteran community. It is understandable why the rates have increased among veterans given issues with PTSD and TBI (traumatic brain injury).

However when looking at active duty suicides, the waters become increasingly murky. A lot of suicide prevention research has been conducted since the **War on Terrorism** began. However most of that research has failed to identify the root cause(s) for the increase of active duty suicide.

For the first three years after 9/11 there was a perceived rise in patriotism across the nation. We went to war to fight not a country or a state but rather a faceless non-state enemy. This had never happened in our history. In all of our past wars we knew who the enemy was. Vietnam should have given us a hint of what might come when we learned that the “enemy” lived among our allies, that the enemy could be a child or woman. As we went into Afghanistan to fight al-Qaida, we knew nothing about the enemy, who they were, where they came from. About the only thing we really knew was that the Russians spent years fighting the Afghans and lost. With all of our intelligence, we knew very little about the country, the Taliban, al-Qaida, or even the strategies and tactics the Russians used.

In essence we entered a war without knowing who to fight. Our troops were pumped up to fight terrorism, but our civilian and military leaders had no strategic goal or even what tactics to use. They were blind to their own egos which create a massive number of issues for the “soldier on the ground.” Like Vietnam, the goal of winning became so blurred that the answer as to “Why are we here?” was lost amongst the leadership. We can point to other reasons that took a mental toll on our servicemen. These included

- Poor equipment,
- Lack of cantonment facilities,
- Prolonged mental and physical stress, and
- Much more.

So what is the “Much more?” Again that answers falls to failed leadership which failed to incorporate the philosophy of Be, Know, Do. The Army has many documents and courses on leadership, but when leaders fail to follow the doctrine, to stand up for those they are supposed to lead, and allow non-military dictates to drive their decision making, those doing the actual fighting suffer.

To reduce the military’s suicide rates, it must get back on track for what its purpose is. We have to eliminate the woke ideologies, the social and political influences, and give back to our servicemen and women their Code of Conduct, their purpose for being, and instill the common threads that were the bases for survival.

There is a lot of commonality between teen and military suicide. Prevention and reduction occurs only when strong parents/leaders instill the values of God, country, and family into each and every child/soldier.