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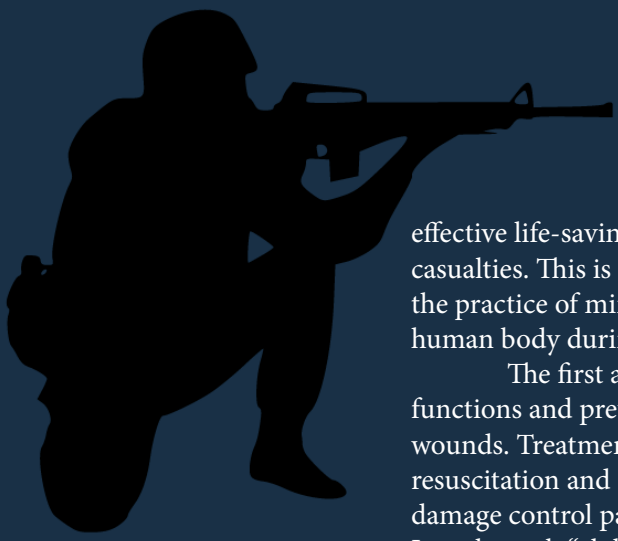
Content Warning: Suicide

BODY BAGS

A young clinician in the military experienced a fellow soldier succumb to his injuries on the battlefield. Not understanding how to approach the concept of death, the man fell to the soldier's side, unable to uphold his duties. As the clinician wept, four other fellow soldiers lost their lives because they were not given proper attention and treatment. The young man succumbed to the concept known as "diseases of despair," something that remains unaddressed in the military.



Diseases of despair refer to premature deaths through suicide, overdose or alcoholic liver disease in communities plagued by poor social or economic conditions. According the the U.S. Department of Veteran Affairs, an average of 17.6 veterans commit suicide every day. In military environments, this premature mortality of soldiers can have an addition and profoundly negative impact on the peers of the deceased. The deaths of fellow soldiers from diseases of despair can put emotional weight on survivors, and individuals affected with social despair tend to gravitate toward death prematurely, themselves.

In an article titled "Damage Control Interdisciplinarity: An Antidote to Death Despair in Military Medicine," Dr. Erica Jeschke explains what "diseases of despair" entail, and how effective interventions are needed to reduce preventable deaths. A common misconception is that "diseases of despair" are limited to individuals; however, this concept can be applied to networks or communities of people. When members in a community are exposed to a grievous event, such as witnessing the death of a fellow soldier, the emotional, behavioral and biological despair of the community can rise, thus further raising individuals' despair.
Soldiers are at great risk for "socially-mediated mechanisms" that spread diseases of despair, according to Jeshcke. An example would be the idea of social contagion, or the diffusion of emotions, behavior and biology in social contexts. After the death of a fellow soldier, despair-related emotions can diffuse easily amongst peers at a military base, who live, eat, train and relax together. In this environment, overcoming the loss of a soldier from a disease of despair is incredibly challenging. In order for soldiers to move forward from a painful loss, the way that military medical personnel handle these preventable diseases and their subsequent deaths must be shifted.

Jeshcke highlights the challenges of addressing death despair in combat casualty management, demonstrating how to reduce preventable deaths with combat medicine. Interventions to reduce preventable deaths are not a new concept for the military. In the past 20 years, military medical research has sought to create effective life-saving adaptations in order to reduce these casualties. This is shown in damage control medicine, or the practice of minimizing major trauma inflicted on the human body during combat.

The first adaptation was to stabilize the body functions and prevent any ongoing bleeding through the wounds. Treatment would involve intensive care unit resuscitation and surgical interventions. This "combat damage control paradigm" was used in Afghanistan and Iraq through "global aero-evacuation capabilities" that allowed for efficient evacuation on the battlefield and transcontinental transportation through surgical facilities before arriving at a definitive medical care location. This adaptive use of medicine resulted in a 92% survival rate for soldiers who suffered from injuries in Iraq and Afghanistan, according to Jeshcke. Further adaptive interventions could help address "diseases of despair," but there is much misconception surrounding the topic.

Jeshcke argues that the Defense Health Agency (DHA) should do interdisciplinary research on "strategic second-order organizational change" in order to prepare for future large-scale combat operations (LSCO). In essence, doing more research on diseases of despair can help develop more productive health policies and safer medical training.

Military Prevention for Diseases of Despair

This is especially important for soldiers who experience events with a high number of casualties, such as war or genocide intervention.

Jeshcke urges for more research on death despair in the military by developing a team of experts in political science, anthropology and history to collaborate with military strategists and medical experts. The team would bring forth research-based solutions that would shift the expectations of how military medical personnel handle death, dying and diseases of despair in soldiers.

After doing initial research and advocating to military officials, Jeschke noticed that some still do not understand the importance of doing research and placing effective measures to reduce preventable deaths by diseases of despair. She noticed two main counter-arguments against the research: first, the idea that clinicians do not need to be trained to deal with death, and humans can figure out how to deal with death if exposed to it. Jeschke argues that clinicians would not be able to make sense of death when overwhelmed with it during a time of mass casualties. If expectations are not shifted to focus on life and death care, in times of mass casualties, they will not be able to act fast or effectively to save lives.

Another counter-argument is the belief that it is impossible to predict the future and figure out what the unknowns are; we simply do not know when our military's next mass-casualty event will be. Jeshcke argues that while it may be impossible to predict the specifics of the future, it is incumbent upon the military strategists to anticipate future military involvements and mitigate the harm they have on soldiers. Defense leaders are tasked with preparing for future large-scale combat operations where there are mass casualties. Not knowing the specifics of the future is not a reason to resist preparation.

More research on this subject is needed by military officials to properly develop interventions to reduce the preventable deaths that may occur from diseases of despair. Already, counterinsurgency operation (COIN) paradigms have led to damage control interventions where injured soldiers are taken quickly off the battlefield to advanced definitive medical care. This paradigm reduced the number of preventable deaths that could have occured; however, this paradigm does not address death and dying.

The majority of military medicine and research has been focused on saving lives and not accepting death. If clinicians are just focused on continuously attempting to save the lives of the soldiers during times of mass casualties, there will be more deaths due to diseases of despair and inability to cope. Emotional borders need to be taken down and a bridge needs to fill the gap between the reality of the military and the reality of death.

In their poem "For Eli," poet Andrea Gibson discusses post-traumatic stress disorder, suicide and the military. Gibson laments that "not all casualties come home in body bags." These wounds need care too.