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Added to the stress of eight years of war in Iraq and Afghanistan, of chasing guerrillas through the streets and dodging makeshift bombs, U.S. armed forces are now grappling with an even more insidious threat: suicide in the ranks.

So far this year, at least 349 men and women on active duty and reservists have taken their own lives — more than have been killed by enemy action in Afghanistan (259) and Iraq (76) combined, according to the records of the individual services as of last week.

Only in recent months have military leaders begun talking much about suicides in the ranks — an embarrassing subject for an institution built on discipline and esprit de corps. For instance, presidents have a longstanding policy of not sending condolence letters to the families of military suicides, something these spouses and parents are trying to persuade Barack Obama to change. The reason such notes are appropriate, these people say, is that their next of kin are just as much casualties of war as those who died from gunshot wounds or bomb blasts.

Historically, military suicide rates have been as low as half that of the civilian population. That has changed with the conflicts in Iraq and Afghanistan, and military leaders are plainly worried, particularly since there does not appear to be a common reason for the self-inflicted carnage.

“This is horrible,” Gen. Peter Chiarelli, the Army’s vice chief of staff and a leading military theoretician, told reporters last month. “We talk about these incidents of suicide using figures and percentages. However, the grim reality is each case represents an individual, a person with family and friends, and a future ahead of him or her. Every single loss is devastating.”

Influential members of Congress, such as John P. Murtha, the Pennsylvania Democrat who chairs the House Defense Appropriations Subcommittee, have been equally shocked by the numbers. Murtha, a Marine Corps veteran of Vietnam, attributes the rising mental health problems in today’s military to “the stress of a long war where people just don’t have the opportunity to come home to get healed.”

Rising Rates of Suicide

Of course, the number of suicides looks particularly grim now compared with the number of combat deaths in Iraq and Afghanistan, because casualties are lighter than they were several years ago. The 349 self-inflicted deaths represent a small fraction of the more than 2 million men and women on active duty or in the reserve forces.

Nevertheless, the rate of military suicides has been increasing, and the Army’s rate has exceeded that of civilians for the first time since the government started tracking the data in 1990. The suicide rate that the Army uses for comparison — the rate for adult civilians before retirement age, adjusted for the Army’s mostly male population — has held steady during the first half of this decade at about 18 for every 100,000 people. Last year, the Army’s figure jumped by more than 10 percent, to 20.2 for every 100,000.

Similarly, the active-duty Marine Corps rate in 2008 was 19.5 per 100,000; six years before, it was 12.5 per 100,000.

Most of this year’s suicides — 218 to date — have been in the Army, which has the most personnel and, along with the Marines, has borne the brunt of fighting in Iraq and Afghanistan. The Navy this year has had 46 suicides, the Marines 46 and the Air Force 39.

The actual death toll is all but certainly higher. Not included in the statistics are certain classes of reservists. Also not reckoned are suicides among veterans of the current conflicts who took their lives after leaving the service.

The veterans’ numbers, in particular, could increase the total substantially. The Department of Veterans Affairs said an average of about 50 people who had been discharged after fighting in Iraq and Afghanistan committed suicide each year between 2002 and 2006. And that number is itself probably too low, because it includes only suicides among the quarter of all veterans who use the VA’s health system.

Beyond the actual numbers, experts worry that the suicide figures are the most extreme sign of deep and widespread problems in a military worn down by eight years of combat. In short, they worry that a mental health crisis is threatening in the ranks.

Indeed, the Rand Corp., after completing a survey last year of nearly 2,000 veterans and service members, estimated that one-third of those who served in Iraq or Afghanistan suffer from probable traumatic brain injury, major depression or post-traumatic stress disorder, or some combination of those three. Today, that would be nearly 675,000 people, and it doesn’t include many who manifest psychological problems in ways not diagnosed, such as substance abuse or domestic violence.

Caring for them will require thousands more mental health professionals, Rand wrote, and it will require erasing some of the stigma that has long been associated with a soldier asking for help with psychological wounds. But those steps will not be sufficient to make inroads on the problem unless military personnel know that their careers will not be imperiled simply because they seek support, the experts said.

“These numbers are just staggering and, tragically, are an indication that we are simply not doing the job of providing adequate mental health care for both our active-duty service people and our veterans,” said California Democrat Bob Filner, the chairman of the House Veterans’ Affairs Committee.

No Common Thread

The surge in suicides has become a part of the war debate in Congress and across the country. The rise in self-inflicted death has coincided with the stepped-up deployment of military units to Iraq and, particularly now, to Afghanistan — often returning to combat with only a few months’ rest and retraining in the United States.

However, Army leaders and other officials say they’re at a loss to find common factors underlying the upward trend in suicides, and they have not concluded that the deployments are the principal cause. Indeed, one-third of the active-duty soldiers who killed themselves this year had never been sent overseas, Chiarelli said.

However, many senior members of Congress say they believe there is, in fact, a connection between war and suicide. For several years, Murtha and others in Congress have held hearings, given speeches, and put billions of dollars in defense and veterans’ bills for psychological health programs. Using that money, the military services have conducted several dozen programs to address the suicide problem. The Defense Department has focused on better screening for such problems, better education programs and treatment.

Keeping Things to Themselves

Nonetheless, Rand found that only about half of those in the military who need help are getting it, and even those who get care do not always get the best. Rand found widespread concern among military personnel that their careers would be hurt if they disclosed counseling or treatment. That kept people from seeking help.

“Confidentiality was a huge area of concern for returning veterans,” said Terri Tanielian, director of the Rand project.

Recognizing this, the Army now has a pilot program in three locations that permits soldiers to refer themselves for substance abuse treatment without notifying their commands, Chiarelli said. But it is only a limited program.

To be sure, the confidentiality should not be absolute, the Rand experts noted. Treatment providers are obligated to tell authorities if patients could be a threat to themselves or others, the report noted. That is even more of a concern in light of last month’s massacre at Fort Hood, Texas, when an Army psychiatrist, Maj. Nidal Hasan, allegedly gunned down 12 soldiers and one civilian.

Congress has taken a number of steps to address mental health issues among current military personnel and veterans, noted Daniel K. Akaka, the Democrat from Hawaii who chairs the Senate Veterans’ Affairs Committee and is a senior member of the Armed Services Committee.

“In the past two years, Congress passed sweeping legislation to address veterans’ mental health issues, from a far-reaching omnibus bill to raise VA mental health standards to a suicide prevention hotline,” Akaka said.

Congress created a suicide prevention task force in the Defense Department, and members are monitoring its progress, aides said. Moreover, the newly enacted fiscal 2010 defense authorization law requires significant increases in the number of mental health professionals in all the military services. Chiarelli said the Army alone needs hundreds more mental health and substance abuse counselors.

Filner, meanwhile, is drafting legislation that would require the secretaries of Defense and Veterans Affairs to set up a pilot program to help servicemembers reintegrate into society after they return from deployments. The program would require psychological evaluations and screenings for brain trauma and provide for follow-up care. Filner says he is convinced the process of questioning military personnel is not thorough enough.

Defense Secretary Robert M. Gates testified this month that he could not guarantee that military personnel with severe psychological problems are being kept out of the war zones. “Can I say with certainty that we’re not deploying somebody who has severe problems? No. But I can tell you, we’re making every effort to avoid doing so.”

What he cannot avoid are hundreds of thousands returning home with psychic scars.