

A National Security Crisis: The Escalating Suicide Epidemic in the Military

By Abigail Gilson

The United States is currently experiencing a military recruitment crisis in all armed forces. In 2023 the Navy, Army, and Air Force all fell short of their recruitment goal by a range of 3,000-11,000 new recruits [1]. Overall, the military is down 39% since the 1980s. In a recent study, researchers found that 65% of young people when asked why they would not want to enter the military said they had a fear of PTSD or mental health ramifications after serving. This was the second largest reason behind 70% of youth voicing fear of death or injury [1]. The mental health disorders that affect service members will have major implications on national security through not only the recruiting crisis, but loss of resilience and military effectiveness and through transitional and post-duty stages of service members.

This paper investigates the military mental health crisis, examining key aspects such as shortcomings in recruitment, resilience-building efforts, and retirement transitions. It also explores the role of the Department of Veterans Affairs, analyzes relevant data, and identifies causes and contributing factors that affect the mental health of both active-duty and retired service members with relevant exploration of the civilian population and young men at-large. The analysis concludes with a policy proposal addressed to the current Secretary of Defense, The Honorable Lloyd Austin. The proposal seeks to mitigate the pressing national security risks posed by insufficient suicide prevention measures within the military.

Recruitment, Resilience, and Retirement

The recruiting crisis of the United States military began several years ago. The Army, Air Force, and Navy have all repeatedly fallen short of their recruiting goals rather significantly. This is even more so concerning when considering the decrease in recruitment goals by all branches in the last several years. The Army, for example, cut its end strength from 476,000 to 466,000 in FY23, the smallest the force has been since before World War II. The shortage of new recruits could be attributed to many factors, but a commonality in the lack of interest may be the way that the population generally sees our military. There has been a major, “loss of trust in U.S. institutions among the American populace,” [2]. Young people especially have lost faith in the military institutions, and the percentage of Americans who expressed “a great deal” or “quite a lot” of confidence in the military is at an all-time low of 27% [2]. Another often-overlooked factor in recruiting are the standards for qualification. About 23% of Americans aged 17-24 are qualified to serve in the Army without a waiver. Obesity, history of drug use, and academic requirements stand as the biggest threats to qualified potential soldiers. Though there is much to be said about the standards that are in place for qualification currently, it stands that the size and recruitment failures of all branches are concerning.

A smaller force means more demanding duties, deployments, and responsibilities for every service member. Because of the decrease in force, “Soldiers will face more demanding deployment-to-dwell ratios, and units will struggle to meet readiness requirements. A more demanding tempo could exacerbate end-strength shortfalls if it harms retention and if soldiers are less willing to encourage others to serve” [2].

Recommendations for service are something the armed forces rely on heavily. Eighty percent of young people who join the military have a family member who has served. Recently, there have been recruitment initiatives that incentivize service members to refer new recruits. In addition to the new Army Recruiting Ribbon award, soldiers can earn points toward promotion or achieve promotion to a higher rank if they successfully recruit new soldiers [2].

This problem cannot be addressed without acknowledging the poor treatment and limited transitional resources available to veterans after their service. “Young veterans regularly observe that the military does an extremely effective job of training them to operate within the military, and an extremely poor job of reversing that training or preparing them before sending them back into civilian life” [3]. In the military, service members are trained using a very specific set of rules and for a very niche set of skills. The failure of these skills to transition practically to civilian life is apparent, as each branch has unique skills and language used to train service members.

A Paradox: The Problem in the Solution

The Veteran Affairs Military Transition Assistance Program has made significant improvements over the last few years. However, the reality is that service members typically complete this training in the final days and weeks of their service and are in no position to fully understand the dramatic effects that a transition to civilian life inevitably has. After returning home, most service members report feeling undervalued, without direction, and rejected by potential employers or colleagues who don’t understand or

respect the structure in which they were trained [3]. Resources for service members re-entering civilian life should include a group of trained professionals who understand the complex nature of this phase. Physical and mental challenges will affect the way veterans seek employment, deal with rejection, and re-engage with their families and friends. The current Transition Assistance Program is simply not sufficient, given the gravity of the transitional period for service members.

The VA has been heavily criticized in recent years. A report on hospital leadership and the cultural standards in place at VA facilities “...found that high staff turnover occurred because people from a variety of services across the hospital ‘felt psychologically unsafe, deeply disrespected, and dismissed, and feared that speaking up or offering a difference of opinion would result in reprisal’” [4]. There have been numerous reports of poorly treated staff, surgery delays and halts, and a significant loss of trust in the VA system. Veterans, in general, do not have faith in the administration. There is arguably a conflict of interest within the VA: the organization offering treatment, care, and solutions for veterans is the same one diagnosing their problems.

Employees and victims speaking out on the systems corruption have been labeled "whistleblowers" and are being silenced and fired by current oversight. Though there has been significant pushback against the corruption, no meaningful consequences have been delivered to key leaders and decision-makers. “Employees risk their careers to protect veterans while senior VA officials travel to Europe, attend NASCAR events, and curry favor with contractors at taxpayer expense” [5].

The VA has shocked media channels with a slew of alarming stories about unwelcoming environments. “Experts told ProPublica that the failures revealed in the inspector general reports point to broad problems, including inadequate mental health staffing, outdated policies, and the inability to enforce high standards across a large, decentralized healthcare network” [6]. After transitioning into civilian life, veterans have limited options for mental health resources outside the VA. There is unity among the veteran population, with a consensus that the VA is “...inept in their ability to care for physical ailments, let alone mental disorders. This has led many not to utilize the counselors within the VA system” [7].

The Mental Health Crisis Unveiled: A Data Analysis

To combat the issues of recruitment, resilience, and retirement life for service members, we must acknowledge the mental health crisis, as it is crucial for the national security and military effectiveness of the United States. Suicide rates in the military are staggering. Since 9/11, 7,057 service members have been killed in combat, while 30,177 active-duty members have died by suicide, making suicide 327.5% more lethal than combat. According to VA data, 6,392 service members died by suicide from 2020 to 2021, averaging 17.5 per day. However, the real number is likely much higher. “The VA gets its numbers reported by county authorities throughout the country. This method failed to identify veterans about 18% of the time. The VA data also doesn’t include deaths related to self-harm, predominantly overdose deaths” [8]. A study concluded that the real number is likely 40-44 veterans taking their lives every day, a drastic increase from the VA’s estimate of 17.

The role of combat in active-duty suicides is an important factor in understanding causation. Studies have pointed to many different explanations for the increased suicide rates, particularly regarding the impacts of combat on service members' psychological health. It's been concluded that mental health disorders, such as PTSD and depression, increase the risk of suicide. However, combat was not found to be *directly* related to death by suicide. "For now, the scientific evidence indicates that it's best to view the increase in military suicides as a result of an increase in mental health issues among service members, driven in large part, but not entirely, by combat and deployment experiences" [9].

"Suicide attempts occur when hopelessness stemming from thwarted belongingness and burdensomeness meets acquired capability," which puts service members at a disproportionate risk of successfully carrying out a suicide attempt given their access to lethal means [9]. Other important factors include a strong sense of burdensomeness to their family, friends, or society at large. A damaged sense of belonging and a lack of meaningful connection and contribution are also significant factors in the likelihood of lethal self-harm. The training that service members undergo makes them more susceptible to the psychological theory of suicide and gives them a higher capability of death by suicide compared to civilians.

The belongingness that service members experience in the military is unlike that of any other environment. Deep bonds and relationships are formed through a distinct and shared sense of purpose, pride, and dedication to the military mission. The military transition theory "describes the progression through which service members transition out

of the military... moving from military culture to civilian culture, producing changes in relationships, assumptions, work context, and personal and social identity” [9]. This theory involves three phases that explain the unique nature of transition for each service member.

The first phase, *Approaching the Military Transition*, addresses factors such as discharge status, combat history, and personal characteristics that affect one’s ability to adjust to civilian life. The second phase, *Managing the Transition*, highlights factors such as coping styles and beliefs that help individuals navigate resources provided by the VA and other financial and educational assistance programs. At this stage, the civilian world in which a veteran enters (such as town size and cultural views on service members) has a significant impact on the success of the transition. Finally, the *Assessing the Transition* phase includes factors such as employment status, familial relationships, and adjustments to social networks and psychological health. Studies show that “...successful transition back to civilian life is a function of several interrelated factors, such as having a job, health status, family support, stable housing, and identity. All these findings have important implications for how service members can be assisted as they prepare to leave the military and rejoin civilian life” [10].

It's important to understand the evolving demographics of veterans in the United States. Only 12% of the male population and 3% of females under age 35 are veterans of the Afghanistan or Iraq wars, compared to around 50% of the male population and 15% of females under age 35 who were World War II veterans [10]. The difference between the post-World War II and current states of the military means that, in terms of the Military Transition Theory, service members entering civilian life today face communities without a

shared cultural identity or understanding of the military. This disruption to a service member's sense of belongingness puts them at an increased risk for a thwarted sense of burdensomeness and can strain their relationships with family, friends, and the community. A successful transition is contingent upon veterans' ability to establish a civilian identity that is sufficiently distanced from their military experience. However, because of the nature of the military and the deep sense of purpose and pride that comes with service, this is no easy ask and makes for a clear explanation of why it is so challenging for service members to smoothly transition. Service members are instilled with the belief that life in the military is much more difficult than civilian life. If upon returning home, veterans experience unexpected challenges, they are much more likely to feel a sense of shame and burdensomeness, which of course is a large factor in the psychological risks that lead to suicide [10].

In more recent years, service members have been dealing with the aftermath of trauma in new ways, not solely associated with PTSD. The concept of moral injury refers to "the result of trauma that shakes the foundations of one's sense of moral goodness, right and wrong" [11]. The symptoms of moral injury are similar to those of other psychological disorders, including depression, anxiety, sleeplessness, and anger. In recent wars like Afghanistan, many veterans were left feeling betrayed and deeply dissatisfied with the U.S. withdrawal. Many had made promises to people in the places they served, and after the withdrawal, those veterans naturally questioned their morality and the weight of their promises. "Many people have hard questions about the costs of the war and what their sacrifices meant" [12]. The concept of moral injury may have a significant correlation with

the suicide crisis in the military: “Perceived transgressions against one’s sense of morality had the strongest association with ongoing suicidal ideation among active-duty military personnel compared with transgressions by others or betrayal by others” [11].

Moral injury has not yet been adopted by the DSM-5, and there is no universally accepted definition within the psychological community. However, the nature of military service often places many aspects of a service member’s life beyond their direct control. While betrayal of morals and values may not always be a service member's decision, the mental health effects are increasingly recognized and crucial to understanding the full scope of the factors contributing to suicidal ideation in the military.

For a long time, the stigma surrounding mental health disorders in the military posed a significant threat to a service member’s career. The Brandon Act, signed by President Biden in December 2021, is a policy designed to ensure confidential, self-initiated referral processes for service members seeking mental health resources. Its aim is to reduce the stigma and repercussions that previously accompanied seeking help [13]. In the military, being perceived as "weak" is one of the most stigmatized attributes. This perception directly conflicts with the deeply ingrained culture of resilience and toughness, which not only defines military identity but also heavily influences promotion decisions and leadership potential. While the Brandon Act is a step in the right direction, there has been criticism over its slow implementation, particularly in the Army. It will take years to determine whether the benefits and effectiveness of the Act are both real and sustainable [20].

The lack of resources and the stigma surrounding suicide and mental health in military culture must change, not only for the sake of the lives of our service members but also for the future of our military and our country. In 2020, the Department of Defense employed 1,487 social workers to treat mental health disorders in the military. That same year, there were 1.3 million active-duty service members, which averages to 874 service members per social worker. While there are significantly more resources for veterans, despite their questionable effectiveness, the problem remains both staggering and lethal among active-duty personnel.

The Root of the Problem

Data shows that the age group at the highest risk of suicide is males aged 15-34. Boys and young men are nearly four times more likely than girls to lose their lives to suicide [14]. The military, with its approximately 6:1 male-to-female ratio, reflects this trend. Richard V. Reeves, researcher at the Brookings Institute and author of the book *Of Boys and Men*, has recently studied the struggles facing boys and men in society today. As suicide rates among civilians are overwhelmingly dominated by young males, to effectively address the issue among service members, it may be necessary to consider the broader context of the male population.

Since 2010, suicide trends among men have changed significantly. Deaths by suicide were once dramatically outweighed by men aged 45-64, but the recent shift shows men aged 15-34 now especially susceptible. While suicide rates have risen among women too, in 2023 the rate for men was 21 per 100,000, compared to 5 per 100,000 for women

aged 15-24 [14]. Men are much less likely to be diagnosed with mood disorders like anxiety and depression, and while women are more likely to admit feelings of hopelessness and seek help, men often turn to other unhealthy coping strategies [15].

Civilian suicide rates are crucial to understanding military suicide rates. The tendencies of young men toward suicidal ideation are reinforced through military training. “... the military simultaneously prepares service members for participation in violence and the rigors of military life with protective resources while also making it easier, even instinctive, for them to cause harm” [11]. Military culture prioritizes strict obedience, often stripping individuals of their moral agency. However, service members are still personally affected by the outcomes of the orders they carry out, regardless of their own judgments. This disconnect can leave individuals grappling with profound feelings of shame and guilt as they confront consequences of the actions they were duty-bound to perform.

If mental health among males is, at least in part, a societal issue that needs to be addressed, the military must understand the social backgrounds of its recruits. Young people are disproportionately affected by trends and societal norms that undeniably contribute to the rising suicide rate. Understanding the backgrounds and unique circumstances in which young people view their lives and purpose could be significant. Seventy-eight percent of service members first join the military under age 24 [16]. The Marine Corps has the lowest age average, with 51% enlisting at ages 17-18. The current Mental Resilience Program used by the military focuses on six major mental competencies: self-awareness, self-regulation, optimism, mental agility, strengths of character, and

connection. Studies have concluded that three factors—self-regulation, mental agility, and strength of character—are the most important for enhancing mental resilience [17].

A strong focus on coping strategies and emotional intelligence programs for young service members could be key to mitigating suicidal ideation, particularly by emphasizing those three mental competencies that have shown the greatest advantage for improvement. Experts often focus on solutions from a policy or clinical perspective, which, while valuable, frequently overlook the unique lived experiences and social contexts within the military that contribute to the suicide crisis. A more holistic approach is essential. By creating comprehensive solutions that resonate with service members—not despite, but with acknowledgment of their diverse backgrounds and challenges—success can be achieved in ways that numbers and clinical data have clearly failed. “Cultivating an environment where emotional intelligence is valued can foster trust and teach soldiers to seek help before reaching a crisis point. This means creating training modules that teach service members how to recognize their own emotional struggles, identify signs of burnout, and access mental health resources before issues escalate,” [18].

Conclusion

At the very lowest, four times as many service members and veterans after 9/11 died by suicide than in combat. Physical and mental stress, along with psychological disorders, access to lethal weapons, and a military instilled mindset concoct a complex mixture of coping strategies, all too many of which involve self-harm, harm to others, and suicide. The U.S. military faces a recruiting crisis that reflects broader societal trends and

systemic challenges. Loss of public trust in institutions, restrictive eligibility standards, and the demanding nature of military service have all contributed to recruitment shortfalls. These issues are compounded by inadequate transitional resources for service members returning to civilian life, further dissuading potential recruits.

While programs such as the Veteran Affairs' Military Transition Assistance Program has made progress, data shows that it falls short of adequately addressing the unique challenges veterans face when re-entering civilian life. Reports of insufficient resources, inadequate mental health care, and systemic issues within the VA call for urgent reform. The recurring failures such as unwelcoming environments, mismanagement, and poor oversight have led veterans to lose trust in the system altogether.

Challenges transitioning to civilian life, including a disrupted sense of belonging and purpose, further exacerbate risks for suicide. While policies like the Brandon Act aim to reduce stigma and increase access to mental health care, their slow implementation shed light on the system's shortcomings [13]. Additionally, a shortage of mental health professionals leaves many active-duty members underserved. Addressing this crisis requires destigmatizing mental health care and increasing resources by implementing a more holistic approach of fostering a culture of support to ensure the well-being of service members and the future strength of the military.

Data shows men aged 15-35 are at the highest risk for suicide, even among civilians, putting the military at a heightened disadvantage as men make up an overwhelming majority of service members. Factors such as a lower likelihood of men seeking mental

health support, societal norms, and the unique pressures of military culture contribute to this risk. Additionally, military training and culture, which prioritize obedience and readiness for violence, reinforce tendencies toward suicidal ideation and create a disconnect between service members' actions and their moral agency. To address this, the military must consider the social backgrounds of its young recruits and focus on fostering emotional intelligence and resilience. Programs that emphasize self-regulation, mental agility, and character strength, combined with holistic, context-aware solutions, are crucial for reducing suicide rates and supporting the mental health of all service members. All this is not only in the best interest of the country's national security, but arguably critical to it.

Policy Proposal

The Honorable Lloyd Austin, Secretary of Defense

The U.S. Military Suicide Crisis: A Growing Threat to National Security

November 2024

Problem Statement:

The U.S. military is facing a severe recruiting crisis, with the Navy, Army, and Air Force all projected to fall short of their recruitment goals by 6,000-10,000, and overall recruitment down 39% since the 1980s. Despite the lowest recruitment targets since World War II, a key barrier is young people's fear of PTSD or mental health issues after service,

cited by 65% of respondents, second only to the fear of death or injury. This crisis impacts not only recruitment but also military resilience, effectiveness, and national security [1].

Suicide rates in the military are staggering: Since 9/11, 7,057 service members have died in combat, while 30,177 have died by suicide, making it 327.5% more lethal. Between 2020 and 2021, 6,392 service members died by suicide, an average of 17.5 per day, but the true number is likely much higher. The VA's reporting method misses 18% of veteran suicides and excludes self-harm-related deaths, which leaves data suggesting 40-44 veterans die by suicide daily [8]. Despite policy changes like the Brandon Act and Military Resilience Training, the suicide crisis continues to worsen [13].

The sense of belonging that service members experience in the military is unique, built on shared purpose and camaraderie. However, as service members transition to civilian life, they face communities that lack this shared cultural understanding, as the demographics for veterans have changed significantly since the end of World War II, heightening feelings of burdensomeness and disrupting relationships with family and peers [10]. The VA's Military Transition Assistance program, completed in the final days of service, fails to address the profound emotional and psychological effects of this transition. Unfortunately, many veterans still report feeling undervalued, lost, and rejected by civilian employers or colleagues who do not understand military structure or respect [3].

Proposed Solution:

A focus on emotional intelligence and coping strategies for young service members could be essential in reducing suicidal ideation. Given that 87% of recruits join under age

24, incorporating a more comprehensive, ongoing emotional intelligence program into the military could have lasting benefits [16]. The program should transform and build on key factors from the Military Resilience Training, including self-regulation, mental agility, and strength of character, and be designed as a more holistic approach to support service members throughout their careers, from basic training through retirement [17].

- **Basic Training:** Introduce emotional intelligence (EI) basics, such as self-regulation and stress management techniques. Conduct quarterly EI coaching sessions integrated into standard military training, focusing on emotion recognition, conflict resolution, and relationship-building. Incorporate real-world military and civilian scenarios. Address the risks of lethal weapons, integrating awareness about self-harm and appropriate interventions during training. This program should support service members throughout their careers, fostering resilience and mental well-being.
- **Active-Duty:** Provide ongoing workshops to address unique challenges like burnout, separation from family and friends, and moral injury. Introduce peer-led "Resilience Teams" within units. These teams would have access to psychologists and emotional intelligence professionals to enhance their effectiveness and provide peer support. Consider a mandatory monthly check-in with professionals on an individual or team basis, and ongoing training protocols for team leaders. This model would acknowledge the stark transition to active-duty, foster resilience, improve mental health awareness, and offer a structured support system to help service members navigate challenges during their service.

- **Transition:** Specialized modules on managing post-service identity, adapting to civilian work environments, and sustaining mental health. A community engagement process would be implemented giving veterans volunteer projects, mentorship programs with youth, or public speaking events that allow them to share their stories and build positive civilian relationships. This would help educate the public on military experiences and spread awareness throughout communities, potential employers and colleagues to help them better understand the impact of the military. Peer support through job search and rebuilding of identity is critical in transition periods.
- **Post-Service:** Lifetime access to counseling, workshops, and support groups tailored for veterans. Implementation of mentorship programs would guide members through transitions, offer personal advice, and provide an emotional outlet for sharing experiences and challenges. These services would extend beyond the VA and could be implemented through non-profit organizations funded by grants to ensure long-term availability and accessibility for all veterans despite their feelings or previous experiences with the VA.

Major Obstacles:

The Department of Defense allocates \$1.4 billion annually to the Defense Health Program (DHP), which funds a wide array of health-related initiatives for active-duty personnel, veterans, and their families. The proposed Emotional Intelligence Program would use existing program funds and employees in a more effective way rather than

require additional funding. These changes include shifts in how military mental health support is delivered, such as the introduction of peer support teams that operate at no additional cost to the government [19].

However, cultural resistance to change, particularly the military's emphasis on toughness, may hinder the program's success. The stigma around mental health and the prioritization of operational needs over personal well-being are significant obstacles that could promote cultural pushback [14][18]. Additionally, implementing peer-led programs could face logistical and leadership challenges within the hierarchical military structure [17].

Conclusion:

The mental health crisis in the military is not just a concern for the well-being of service members, but it directly impacts U.S. national security. A strong and resilient military is essential for the country's defense, and the current mental health and suicide crises threaten its readiness. Strengthening mental health programs, despite potential cultural resistance, is critical to ensuring that service members are mentally equipped for their roles. Protecting their well-being ensures a capable, effective military force, vital to maintaining the highest standards of national security in the United States.

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