OPINION

THE LEDGER INDEPENDENT
Founded 1968 | A Champion Media LLC Newspaper
120 Limestone St., Maysville, KY 41056 // (606) 564-9091
maysville-online.com/news/opinion

JENNIFER DONAHUE, Publisher
jdonahue@cmpapers.com, ext. 1240

LESLIE BAKER, Sales Manager
lbaker@cmpapers.com, ext. 1119

PEYTON DUNAWAY
Editor
pdunaway@cmpapers.com
ext. 1270

CHAD SHELTON
Production/IT Manager
cshelton@cmpapers.com
ext. 1224

DANIEL MILLER, Sports Editor
dmiller@cmpapers.com
ext. 1273

COMMENT LINE – 606-564-9091 ext. 1251

Veteran suicide: The numbers are still high, but expanded care is helping

Veteran suicide remains a serious national problem, but recently released data show that expanded access to care is helping save lives.

Moral injury

According to the September 2026 National Veteran Suicide Prevention Annual Report, 6,488 veterans died by suicide in 2024 — an average of 17.7 a day, down from 18.2 a day in 2023.

Still, the suicide rate remains far higher for veterans than non-veterans — roughly 57 percent higher for male veterans and nearly twice as high for female veterans.



TOM PURCELL

Iraq War veteran Danny O'Neel, a speaker on suicide prevention, post-traumatic stress disorder and mental health for the Independence Fund, has explained why veteran suicide is such a persistent problem.

"War inflicts permanent psychic scars on survivors," he wrote. "Scrubbing a friend's flesh out of a Bradley reconnaissance vehicle, packing up the cold clothes of a new dad to ship home to his family, pulling tortured corpses out of a water treatment facility — the trauma from these experiences is deep and lasting."

Veterans who have seen such horrors may suffer from "moral injury," which psychiatrist Jonathan Shay explored in his 1994 book "Achilles in Vietnam."

Rita Nakashima Brock of the Shay Moral Injury Center and Ann Kansfield, a New York City Fire Department chaplain, further explain the concept in their recent USA Today feature.

Moral injury occurs when people experience events that violate their deepest beliefs about right and wrong, leaving them with profound feelings of guilt, shame, regret or betrayal.

For veterans, it can stem from killing an enemy combatant, witnessing the deaths of innocent civilians or fellow soldiers, being unable to save a wounded comrade or participating in something they believe was morally wrong.

Even when they acted under orders or had no control over what happened, they may carry the emotional burden for years, questioning their actions, their survival and even their own sense of worth.

Expanded help is available

Without the right help for the depression and guilt that moral injury can bring, some veterans start to think suicide is their only way out.

To compound the challenge, many veterans think that seeking help is a sign of weakness — which it surely is not.

The VA is working to meet that problem head-on three ways:

First, a big push this year has been simply getting more veterans signed up for VA care. That matters because the data show that veterans who actually use VA health care services have lower suicide rates than those who stay outside the system.

Second, the VA is screening more people than ever for suicide risk through a program called RISK ID. Millions of veterans who already receive VA care are being asked the hard questions, and those who show warning signs get a full follow-up evaluation and a support plan — often within a day.

Third is expanded funding for a program aimed at veterans the VA doesn't already see. The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program sends money directly to community groups across the country — about $112 million in the latest round.

These local organizations do the outreach, the screening, the peer support and the case management — especially for veterans who aren't enrolled in VA care or who live far from a clinic.

Last year they reached thousands of veterans and helped many of them get connected to VA services for the first time.

What we can do

There are roughly 17 million living veterans in America. Most will never be in crisis, but too many still struggle in silence.

To help prevent veteran suicide, we can support local veterans' organizations, volunteer our time, donate to suicide-prevention programs and help veterans we know navigate the VA health care system or community resources, such as the Staff Sergeant Parker Gordon Fox grants.

We can also learn the warning signs. The signs include withdrawing from family and friends, expressing hopelessness, increased alcohol or drug use, and reckless or self-destructive behavior. Sudden changes in mood, giving away belongings or talking about being a burden are other red flags.

Most of all, we can simply reach out and check in with the veterans in our lives. Listen without judgment.

If someone shows signs of depression and danger, the Veterans Crisis Line is the first place to go (dial 988 and press 1, text 838255 or visit VeteransCrisisLine.net).

No single program or person can end this problem, but we can pay better attention and help our veteran family members and friends gain access to the VA's improved care.

That's worth noting as we observe Veterans Day on Nov. 11, to honor the more than 41 million Americans who have served in the U.S. military.

The Comment Line is 606-564-9091 ext. 1251. A tape recorder is used to record messages. Please speak slowly and clearly and keep background noises low. It is not necessary to leave your name in order to participate in the Comment Line, however we ask that callers not dominate the medium. The Ledger Independent reserves the right to edit comments for libel, obscenities or other inappropriate material.



A lasting tribute to Kentucky's veterans must recognize their lung cancer risk

Cristina Johnson

At its core, a military uniform symbolizes a lifetime of dedication that asks endurance and commitment from the members of the Armed Forces, entailing long deployments and assignments far from home. Nonetheless, for the veterans in communities throughout the Buffalo Trace area, home to over 2,700 veterans from Kentucky's five counties and nearly 5,100 retirees from Ohio's two localities, service meant more than answering the call of duty—it likewise involved spending years in environments that may have serious repercussions on their health long after returning home. That is why, as Veterans Day approaches, we should remember that honoring veterans means more than commemorating their service—it also means recognizing the health challenges they continue to face long after their time in uniform.

Essentially, this recognition must encompass lung cancer and several other illnesses resulting from exposure to asbestos, a hazardous mineral extensively employed aboard naval vessels and throughout military facilities during World War II. Yet because the material's toxicity wasn't fully understood at the time, military personnel worked with or around asbestos without being aware of their exposure and risked developing severe diseases decades later. Ultimately, that lengthy latency places military exposure at the forefront of alarming health concerns—underscoring the urgent need for early lung cancer screenings.

Veterans carry an exposure history warranting recognition

While much public attention focuses on the immediate dangers of combat, many service members were exposed to hazardous substances in the environments where they lived and worked. These risks—ranging from toxic chemicals to industrial pollutants—were often hidden, with their harmful effects only emerging years or even decades later. For much of modern medical history, smoking has been identified as a primary contributor to lung cancer—influencing how doctors assess an individual's risk for the condition. A closer examination, however, reveals another established occupational carcinogen: asbestos. Health experts found that inhaling its tiny fibers can cause lung scarring and inflammation, which may eventually lead to cancer. Accordingly, this discovery carries profound implications for Navy veterans living in Kentucky—a landlocked state, yet one whose residents have long served aboard ships—particularly given that a study indexed by the National Institutes of Health indicated that most naval ships built before 1980 contained asbestos.

Today, the state's active military presence is largely Army, anchored by Fort Campbell on the Tennessee line, Fort Knox south of Louisville, and the Blue Grass Army Depot in Richmond, alongside the Kentucky National Guard, including an Air National Guard presence in Louisville. Closer to home, veterans' numbers are modest but meaningful, with approximately 900 veterans in Mason County and over 450 in Maysville city. Kentucky Department of Veterans Affairs figures show that more than a third of the state's veterans served in the Vietnam era—precisely the generation for whom decades-old exposures are now surfacing as illness.

The consequences of asbestos exposure have reached beyond the military, with an updated interactive map unraveling troubling statistics: from 1999 to 2017, an estimated 3,109 Kentuckians succumbed to asbestos-related diseases. Of these, an estimated 2,316 cases were linked to lung cancer. And because this malignancy often takes decades to manifest, the long interval between exposure and diagnosis makes it especially crucial to consider whether service members with past contact could benefit from early lung cancer screening.

Lung cancer screening should not overlook veterans' exposure histories

Even if lung cancer screening has evolved, the criteria for identifying individuals who should benefit from it remain overly focused on smoking history. In fact, to this day, the country's Preventive Services Task Force only recommends an annual low-dose CT screening for adults aged 50-80 who have at least a 20 pack-year smoking history and are still smokers or have quit within the last 15 years, assigning this recommendation an A or B grade. Yet these guidelines do not recognize asbestos exposure as an independent eligibility criterion. That gap is especially concerning for Navy veterans exposed to asbestos during service, whose occupational risk may be overlooked when screening focuses primarily on smoking history.

Ultimately, policymakers should consider that military exposure can provide important context when veterans and their doctors consider long-term lung health. And as Veterans Day approaches, it is an opportunity to acknowledge the environments where military personnel served and the health impacts they may have carried. Keeping that narrative visible is one meaningful way to ensure that the risks associated with their service are not forgotten alongside the years themselves.

