Negative: SAFE Justice Act

By “Coach Vance” Trefethen

***Resolved: The United States federal government should substantially reform the use of Artificial Intelligence technology***

Case Summary: The AFF plan passes the “SAFE Justice Act,” a bill pending in Congress but not yet enacted. It reduces sentences for low level drug offenses, sends home geriatric and low-risk prisoners, and generally tries to reduce federal prison overcrowding. It also adds programs that are supposed to reduce recidivism and adds more mental health treatment and drug rehab. Plan is based on a model used in Texas at the state level recently. But the Texas model actually failed and, if anything, made things worse.

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Negative: SAFE Justice Act

TOPICALITY

1. Modest changes, not significant reform

Link: AFF Plan says they’re implementing the “Texas model” of prison reform

It’s in their 1AC.

Link: Texas model is a “modest change”

Dr. Marie Gottschalk 2021 (PhD; professor of political science, Univ of Pennsylvania;  served on the American Academy of Arts and Sciences National Task Force on Mass Incarceration and was a member of the National Academy of Sciences Committee on the Causes and Consequences of High Rates of Incarceration) “Tougher Than the Rest: No Criminal Justice Reform “Miracle” in Texas” (accessed 16 Sept 2021) https://www.prisonlegalnews.org/news/2021/jan/1/tougher-rest-no-criminal-justice-reform-miracle-texas/

The origin story of the so-called Texas “miracle” in criminal justice reform dates back to 2007 when legislators decided against spending an estimated $2 billion on new prison construction to accommodate projections that the state would need an additional 17,000 prison beds by 2012. Instead, lawmakers enacted modest changes in probation and parole to divert some people to community supervision. They also restored some funding for substance abuse and mental health treatment that had been slashed a decade earlier.

Link: Texas legislature specifically avoided significant reforms

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As the Texas District and County Attorneys Association (TDCAA) recently observed, “‘criminal justice reform’ is almost too broad a topic to mean much nowadays.” A close look at Texas’s actual record reveals that the state has been a laggard, not a leader, in dismantling the carceral state. Numerous criminal justice reform proposals — none of them radical — have been beaten back in the Texas legislature since 2007, thanks to the fierce opposition of the TDCAA, the bail industry, the for-profit prison sector, police unions, and individual legislators, some of whom have been hailed as criminal justice reform crusaders. Furthermore, public officials and policymakers in Texas have not availed themselves of the potent discretionary powers they possess — including greater use of executive clemency, parole, and compassionate release — to reduce the prison and jail population and improve the conditions in penal institutions.

Violation: Modest change isn’t significant reform

Affirmative cannot use the Texas model for their solvency claims without also accepting the fact that the Texas model doesn’t comply with the resolution. If they want the Texas Model, they have to accept all of it. And if the Texas model isn’t a significant reform, then neither is their Plan.

Impact: No Affirmative team means Negative ballot

Since one team is affirming a modest change and the other is upholding the Status Quo, there is no one in the room today affirming a significant reform. Since there’s no one affirming the resolution, no matter who wins, you should vote Negative.

INHERENCY

1. First Step Act

First Step Act reduced federal prison sentences and improved federal prison conditions

Christopher Hooks 2021 (journalist) “Who Killed Criminal Justice Reform in Texas?” Oct 2021 <https://www.texasmonthly.com/news-politics/who-killed-criminal-justice-reform-texas/> (accessed 16 Sept 2021)

Though Trump’s rhetoric was often harsh, he signed important reforms into law, notably the First Step Act, which reduced some draconian federal prison sentences and sought to improve conditions in federal lockups. Conservatives are now more willing to make substantial investments in the mental health-care system (such as updating the state’s aging psychiatric hospitals) and other alternatives to incarceration, Levin says.

2. Federal prison population declining in Status Quo

Federal prison population trend is declining, starting with Obama and continued under Trump

John Gramlich 2021. (senior writer/editor at Pew Research Center, a non-profit policy research organization ) Under Trump, the federal prison population continued its recent decline 17 Feb 2021 (accessed 16 Sept 2021) https://www.pewresearch.org/fact-tank/2021/02/17/under-trump-the-federal-prison-population-continued-its-recent-decline/

The federal prison population, which declined for the [first time in decades](https://www.pewresearch.org/fact-tank/2017/01/05/federal-prison-population-fell-during-obamas-term-reversing-recent-trend/) under President Barack Obama, fell further during the administration of President Donald Trump. The number of federal prisoners sentenced to more than a year behind bars decreased by 5% (or 7,607 inmates) between 2017, Trump’s first year in office, and the end of 2019, the most recent year for which final data is available from the Bureau of Justice Statistics. Preliminary figures for 2020 show that the decline continued – and even accelerated – during Trump’s last full year in office, meaning that the overall reduction in inmates during his tenure will likely exceed 5% once final data is available.

HARMS / SIGNIFICANCE

1. A/T “Problems in federal prisons” – Impacts are exaggerated

Federal Bureau of Prisons has better track record on violence and recidivism than most state prisons

Michael Carvajal 2020 (DIRECTOR, FEDERAL BUREAU OF PRISONS) Statement BEFORE THE COMMITTEE ON THE JUDICIARY SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY U.S. HOUSE OF REPRESENTATIVES FOR A HEARING ON OVERSIGHT OF THE FEDERAL BUREAU OF PRISONS AND THE U.S. MARSHALS SERVICE 2Dec 2020 <https://www.congress.gov/116/meeting/house/111100/witnesses/HHRG-116-JU08-Wstate-CarvajalM-20201202.pdf> (accessed 11 July 2021)

As the Subcommittee recognizes, it is imperative that we effectively reintegrate individuals back into the community following release from prison to reduce the likelihood of future criminal behavior and associated victimization. To that end, the mission of the Bureau is to confine offenders in prisons and community-based facilities that are safe, humane, cost-efficient, and secure, and to assist inmates in becoming productive, law-abiding citizens when they return to our communities. The Bureau has had great success with respect to both parts of our mission: we have low rates of inmate on staff and inmate on inmate assaults, disturbances, and escapes, and our recidivism rate is lower than that found in most studies of state prisons using comparable definitions and methodologies.

All prisons have higher suicide rates than regular society. But federal prisons are only slightly higher, and far lower than state prisons and jails

Kristiana J. Dixon PhD, Allison M. Ertl PhD, Rachel A. Leavitt MPH, Kameron J. Sheats PhD, Katherine A. Fowler PhD, Shane P. D. Jack PhD 2020. (all are with 1Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta) <https://stacks.cdc.gov/view/cdc/94033/cdc_94033_DS1.pdf> (accessed 12 July 2021)

Suicide rates are higher among incarcerated than nonincarcerated persons (Konrad et al., 2007; Snow et al., 2002). In 2014, the suicide rate was 50 per 100,000 jail inmates (Noonan, 2016a), 20 per 100,000 state prisoners, and 14 per 100,000 federal prisoners (Noonan, 2016b), while the age-adjusted suicide rate for the entire U.S. population was 12.9 per 100,000 (Centers for Disease Control and Prevention [CDC], 2017).

SOLVENCY

1. “Texas model” failed

**[SAFE Justice Act is based on the Texas Model of prison reform. AFF argues “it worked in Texas, so it will work for the federal government.” Actually, it failed in Texas…]**

Texas reforms failed: 1) didn’t cause drop in crime 2) didn’t reduce spending on corrections 3) didn’t reduce mass incarceration 4) didn’t make Texas a leader in prison reform

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Champions of the Texas “miracle” have portrayed the 2007 measures as a decisive turning point that spurred major drops in the crime rate and incarcerated population that saved taxpayers billions of dollars. Although the 2007 changes may have headed off a surge in new prison construction, they did not spark a major contraction of the penal system or in state spending on corrections. Nor did they propel a large drop in crime rates, which had been steadily falling in Texas and in much of the United States since the mid-1990s. Nonetheless, lawmakers, public officials, policymakers, advocates, and the media in Texas and across the country extol the Lone Star State’s record on criminal justice reform. This bipartisan haze has obscured the state’s actual record in reducing the number of people under state control and in fostering a safe, humane criminal legal system that is respectful of human dignity. As the Texas District and County Attorneys Association (TDCAA) recently observed, “‘criminal justice reform’ is almost too broad a topic to mean much nowadays.” A close look at Texas’s actual record reveals that the state has been a laggard, not a leader, in dismantling the carceral state.

Texas reforms didn’t substantially reduce their prison population. It’s still higher than most other states

Dr. Marie Gottschalk 2021 (PhD; professor of political science, Univ of Pennsylvania;  served on the American Academy of Arts and Sciences National Task Force on Mass Incarceration and was a member of the National Academy of Sciences Committee on the Causes and Consequences of High Rates of Incarceration) “Tougher Than the Rest: No Criminal Justice Reform “Miracle” in Texas” (accessed 16 Sept 2021) https://www.prisonlegalnews.org/news/2021/jan/1/tougher-rest-no-criminal-justice-reform-miracle-texas/

Other states have far surpassed Texas in reducing the size of their incarcerated populations and in providing safer and more humane lockups that are not such blatant affronts to the Eighth Amendment’s prohibition on cruel and unusual punishments. About one-quarter of a million people are incarcerated in jails and prisons in Texas — more that the total number of prisoners in Germany, France, Japan, and the United Kingdom combined. If Texas were a country, its incarceration rate would rank eighth in the world, just behind Oklahoma and six other Southern states. If you add up all the people in prisons and jails and on probation, parole, or some other form of community supervision in Texas, it comes to over 700,000 people. That amounts to about one out of every 30 adults in the state. That’s enough to fill a city the size of El Paso. Only five other states have higher proportions of their residents under state control.

Claims that Texas substantially reduced prison population are based on phony statistics

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Claims that Texas has been a model of criminal justice reform are based on a highly selective reading of incarceration figures and trends that does not fully account for everyone who is under lock and key in Texas. These claims also rest on crediting the 2007 legislation rather than other more significant factors for the slight decline in the number of incarcerated people. Specifically, emphasizing trends in the number of people in state prisons rather than in the total number of people confined in state prisons and county jails paints a rosier picture. So, too, does relying on official figures from the Texas Department of Criminal Justice (TDCJ), which undercounts how many people are locked down under its authority, rather than the yearly state-by-state figures on the number of people confined to state prisons compiled by the U.S. Department of Justice’s Bureau of Justice Statistics.

Any reduction in Texas prisoners was done by the parole board, not the 2007 reforms

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The actions of the Texas Board of Pardons and Paroles (TBPP) have been far more consequential in reducing the size of the prison population than the overhyped 2007 reforms. For decades now, the board has acted alternatively as a key accelerator and a critical brake on the state prison population. Incarceration rates peaked in the late 1990s in Texas, before beginning a downward slide that continues to this day, thanks to rising parole release rates, the boom in the state’s population, and the ongoing decline in crime rates.

Other states had much larger drop in prisoner population WITHOUT the Texas reforms

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In 2007, Texas’s total incarceration rate of about 900 per 100,000 residents ranked sixth in the nation. By 2018, the state had fallen just one spot to be tied with Arizona for seventh place. Even if we take the TDCJ’s 7% drop in state prisoners as the benchmark, Texas lags behind other states in reducing its state prison population. Between 2007 and 2018, the national average for the states was an 8% decline. Other large states, notably New York (a decline of 21%) and California (a drop of nearly 25%), dwarf what Texas has accomplished.

Texas didn’t reduce prison beds. Turn: It actually increased them by 4000 and called them something else

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Tracking the total number of incarcerated people is more of a shell game in Texas than in many other states. As part of the 2007 measures, the state increased the number of prison beds — it just did not call them that. Texas legislators expanded the number of beds in locked-down facilities designated for substance abuse treatment. They also increased the use of “intermediate sanction facilities” (ISFs), which are de facto prisons where parole violators are confined, typically for a few months, for technical violations, such as a failed drug test. “The dirty little secret is we built about 4,000 beds, but we made them short-term substance-abuse facilities and after-care in communities,” Republican Jerry Madden, a state representative at the time who was a key architect of the 2007 measures, told the press. “Those are lockup facilitates. They’ve got razor wire,” concurred Democrat John Whitmire of Houston, the longest-serving senator in the Texas legislature and the other leading architect of the 2007 legislative package.

Texas reforms didn’t reduce length of sentences. Turn: They’ve gone up 35% since 2005

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Since the purported big bang of criminal justice reform legislation in 2007, Texas has yet to enact any landmark measures to slash the number of people in prison and jail or improve penal conditions. The average sentence length of people incarcerated in state prisons in Texas has remained unchanged at 19 years over the last decade, according to an analysis by the ACLU. Since 2005, the average sentence length for people committed to Texas prisons has increased by 35%. This figure would be even higher if it factored in people who have been sentenced to life or life without parole.

Texas reforms didn’t do much to help elderly and sick inmates

Dr. Marie Gottschalk 2021 (PhD; professor of political science, Univ of Pennsylvania;  served on the American Academy of Arts and Sciences National Task Force on Mass Incarceration and was a member of the National Academy of Sciences Committee on the Causes and Consequences of High Rates of Incarceration) “Tougher Than the Rest: No Criminal Justice Reform “Miracle” in Texas” (accessed 16 Sept 2021) https://www.prisonlegalnews.org/news/2021/jan/1/tougher-rest-no-criminal-justice-reform-miracle-texas/

Texas has hundreds of permanently bedridden inmates and many others who are elderly, gravely ill, and unable to take care of themselves, let alone commit new crimes. But these aged and ailing prisoners are not likely to be granted medical parole, even though the compassionate release laws in Texas have some remarkably liberal features, at least on paper.

Texas reforms didn’t help mental health treatment. Turn: It got worse

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The lack of adequate resources for mental health treatment and suicide prevention is a key factor in deaths in custody. Despite a declining county jail population, 2019 was the deadliest year ever for county jails in Texas, with around 130 deaths in custody from suicide and other causes. The actual number is likely much higher. In 2019, suicides in Texas state prisons hit a 20-year high despite a declining prison population. An exhaustive 2016 University of Texas Law School report on suicides and mental health in Texas jails concluded that these county lockups lacked the “resources, training or will to provide adequate care.” The 2017 Sandra Bland Act sought to remedy some of these issues but Texas continues to lag woefully behind in alternative mental health services and facilities for people who are diverted from jail.

Texas reforms didn’t save money. They’d have to do a lot more to get any serious savings

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Most years, the TDCJ’s [Texas Dept. of Criminal Justice] budget continues to hover around $3.3 billion in constant dollars, despite the seven percent drop in the number of inmates in state prisons over the last decade and the closure or idling of 11 TDCJ penal facilities since 2011. This is not surprising. The TDCJ’s health care costs have continued to skyrocket with the rapid aging of its prison population. Furthermore, most prison costs are fixed and not easily cut. Serious savings will only come by shutting down numerous penal facilities and laying off guards and other staff (which typically comprise about two-thirds of prison budgets).

2. “More mental health treatment” doesn’t mean more success

“Number of patients receiving treatment” is not the measure of success. Could be the measure of fraud

John Schwade 2017 (retired prison psychologist, formerly stationed at Polk Correctional Institution in Butner, a North Carolina state prison) Feb 2017 “Full report: ‘Every supposed reform has been harmful’ to inmates“ <https://www.charlotteobserver.com/news/local/article134506394.html> (accessed 13 July 2021)

Of course, the fact that more inmates are receiving prescriptions for psychiatric medications does not mean that either (a) those inmates most in need of treatment are receiving it or (b) those receiving treatment are receiving appropriate treatment, or even need treatment. It is impossible to conceive of another area of medicine where the number of patients receiving a type of treatment would be construed as a measure of success without regard for whether patients receiving that treatment actually needed it or whether all of those who needed that treatment were receiving it. Indeed, this is a hallmark of fraud, as in the recent case of a Palm Beach dermatologist who falsely diagnosed skin cancers in hundreds of patients and subjected them to unnecessary and very profitable treatments.

3. Rehabilitation fails

Apply all the arguments from the Monument Publishing generic NEG brief “Rehabilitation Fails”

DISADVANTAGES

1. Masking Disad. Plan distracts us from real reforms that could actually work

Link: Texas reform model distracts us from real reforms and substitutes a false solution

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In short, Texas is in the midst of a deeper political transformation that has radically changed the political landscape compared to 30 years ago at the height of the prison boom or even 15 years ago when mass incarceration was not yet a national issue. The ballyhooed Right on Crime approach is fundamentally at odds with this transformation. So are some of its top leaders, who are top-shelf arch conservatives. Right on Crime promotes a narrow, top-down approach to criminal justice reform that tinkers around the edges of the carceral state without spurring a major contraction. Uncritical promulgation of this elite-driven, win-win political model of reform with Right on Crime as its anchor has come at a high political cost. It is premised on promoting a “pragmatic” vision of politics that is actually deeply ideological and incapable of ameliorating the country’s most pressing problems — from mass incarceration to global warming to massive economic and political inequality.

Impact: Turn the harms

Whatever impact the AFF’s harms have, they get worse if you vote AFF and adopt the Texas model.

2. More crime

Link: AFF claims the Texas model, which is their Plan, causes crime to go down in Texas

That means they’re claiming a link of cause and effect based on the statistics and order of events. But that’s a problem because…

Next Link: Violent crime rate is rising in Texas

Christopher Hooks 2021 (journalist) “Who Killed Criminal Justice Reform in Texas?” Oct 2021 (brackets added) <https://www.texasmonthly.com/news-politics/who-killed-criminal-justice-reform-texas/> (accessed 16 Sept 2021)

[Texas Gov. Greg] Abbott and his allies are responding to a real issue, as well as a political opportunity. [Rising rates of violent crime](https://www.washingtonpost.com/outlook/we-dont-know-why-violent-crime-is-up-but-we-know-theres-more-than-one-cause/2021/07/09/467dd25c-df9a-11eb-ae31-6b7c5c34f0d6_story.html), especially in large cities, have prompted politicians of all stripes to offer solutions. For many, and particularly for conservatives, a well-worn playbook—more police, less tolerance toward even petty crimes—is an obvious answer.

Impact: Higher crime

If AFF claims their reforms made the crime rate go down but then the rate goes up, then they have to take the blame for it, if they’re going to take the credit for the initial decline.

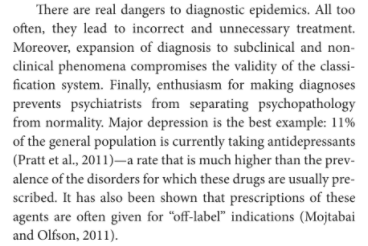
3. Over-medicating

Link: SAFE Justice Act claims to increase mental health treatment in federal prisons

It’s in their Solvency evidence (Safavian 2018)

Link: Epidemic of over-diagnosing mental illness leads to incorrect and unnecessary treatment

Prof. Joel Paris 2020. (Professor of Psychiatry at McGill Univ. in Canada, and Research Associate in the Dept of Psychiatry at the Jewish General Hospital. He is a former editor-in-chief of the *Canadian Journal of Psychiatry) Overdiagnosis in Psychiatry: How Modern Psychiatry Lost Its Way While Creating a Diagnosis for Almost All of Life's Misfortunes, 2nd edition* <https://books.google.com/books?id=EbvyDwAAQBAJ&pg=PR15&lpg=PR15&dq=%22Diagnoses+are+made+rapidly+%E2%80%93+and+often+inaccurately.+Instead+of+listening%22&source=bl&ots=Hwv7N6jSGb&sig=ACfU3U2Ma3Xxbq28ZQMpJ4jURRkIUiCgPw&hl=en&sa=X&ved=2ahUKEwiB-LbcheHxAhW0KVkFHfIzDZIQ6AEwAnoECAoQAw#v=onepage&q=%22Diagnoses%20are%20made%20rapidly%20%E2%80%93%20and%20often%20inaccurately.%20Instead%20of%20listening%22&f=false> *(accessed 13 July 2021)*



Link: Lots of discrepancies in determining the effect of psyc medications. And sometimes placebo is more effective

[Koustuv Saha](https://www.ncbi.nlm.nih.gov/pubmed/?term=Saha%20K%5BAuthor%5D&cauthor=true&cauthor_uid=32280562), [Benjamin Sugar](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sugar%20B%5BAuthor%5D&cauthor=true&cauthor_uid=32280562), Dr. [John Torous](https://www.ncbi.nlm.nih.gov/pubmed/?term=Torous%20J%5BAuthor%5D&cauthor=true&cauthor_uid=32280562), Prof. [Bruno Abrahao](https://www.ncbi.nlm.nih.gov/pubmed/?term=Abrahao%20B%5BAuthor%5D&cauthor=true&cauthor_uid=32280562), [Emre Kıcıman](https://www.ncbi.nlm.nih.gov/pubmed/?term=K%26%23x00131%3Bc%26%23x00131%3Bman%20E%5BAuthor%5D&cauthor=true&cauthor_uid=32280562) and Prof. [Munmun De Choudhury](https://www.ncbi.nlm.nih.gov/pubmed/?term=De%20Choudhury%20M%5BAuthor%5D&cauthor=true&cauthor_uid=32280562) 2019 (Saha and Sugar – PhD candidate in computer sci. at Ga. Tech. Torous – MD; director of the digital psychiatry division, in the Department of Psychiatry at Beth Israel Deaconess Medical Center. Abrahao -  Assistant Professor of Information Systems and Business Analytics at NYU Shanghai. Kiciman - Senior Principal Researcher at Microsoft Research. Choudhury – PhD; Associate Professor in the [School of Interactive Computing](http://www.ic.gatech.edu/) at [Georgia Tec](http://www.gatech.edu/)h Univ.) “A Social Media Study on the Effects of Psychiatric Medication Use” June 2019 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/> (accessed 14 July 2021)

As highlighted earlier, there are complexities in determining the effects of psychiatric medications in individuals; but at the same time, there are discrepancies in the claims made by clinical studies. For example, Geddes et al. found no major differences in the efficacy of SSRIs and TCAs, whereas other studies found one kind to perform better than others ([Cipriani et al. 2018](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/#R12)). Other studies found placebos or non-pharmacological care to have outperformed certain antidepressants ([Szegedi et al. 2005](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/" \l "R66)).

Impact: Unnecessary or incorrect psych medication can exacerbate (make worse) mental illness

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Given the pervasiveness of their use, psychiatric medications can either alleviate or exacerbate mental illness burden on both personal and societal levels ([Rosenblat et al. 2016](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/" \l "R56)). One reason behind the mixed success of psychiatric medications stems from the fact that the mechanisms by which they modify the brain operation are poorly understood. In practice, their effects vary across individuals, and often do not achieve the intended result. Without any biological markers to match patients with the most appropriate medication, the selection of drug treatments is based primarily on trial-and-error ([Cipriani et al. 2018](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/#R12); [Trivedi et al. 2006](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/#R68)). Un-surprisingly, frustration with treatment and side effects often causes treatment discontinuation ([Bull et al. 2002](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152507/#R6)).

Impact: Anti-depressants can worsen depression, suicide risk, hostility and violence in individuals facing stress

Dr. Peter R. Breggin 2010 (MD, a psychiatrist in private practice) Witness Testimony of Peter R. Breggin, M.D., Ithaca, NY (Psychiatrist and Author) [Hearing on 02/24/2010: Exploring the Relationship Between Medication and Veteran Suicide](https://web.archive.org/web/20121018101836/https:/veterans.house.gov/hearing/exploring-the-relationship-between-medication-and-veteran-suicide) https://web.archive.org/web/20121018101836/https://veterans.house.gov/witness-testimony/peter-r-breggin-md/

The Black Box Warning provides additional information.  Then the label continues with an elaborate WARNINGS section subtitled, Clinical Worsening and Suicide Risk, which contains the following statement:  
There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) showed that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18-24) with major depressive disorder (MDD) and other psychiatric disorders.  
This section continues with a specific warning about the increased risk of medication-induced suicidality during “the initial few months of a course of drug therapy, or at times of doses changes, either increases or decreases.”  It then describes an activation or stimulant-like array of adverse effects:  
The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric.  
Note the specific mention of “irritability, hostility, aggressiveness, impulsivity”—a virtual prescription for causing suicide and violence, especially in an already stressed individuals, including soldiers.