



# INTERNATIONAL JOURNAL OF EMERGENCY MENTAL HEALTH

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## America's Sons and Daughters

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**Key words:** *Marines, reintegration, PTSD, suicide, suicide prevention*

My reassignment to the desolate, harsh environment of the Mojave Desert came as quite a shock. Leaving my family to join sturdy, hard core Marines at the largest Marine Corps base in the world, all of whom were deploying to Operation Iraqi Freedom II was exhilarating and distressing. It was hard to believe that young men and women: warriors, Olympians, brave athletes, in the prime of their lives could be so shattered by the horrors of war. Youthful and battle-hardened combatants returned from Iraq with a Purple Heart, a Bronze Star and battle decorations for bravery under fire while saving fellow Marines and their country. Many warriors returned without a limb. In their dreams however, they relive the violent episodes of witnessing a 50mm round taking a life, the deadly effects of Improvised Explosive Devices (IEDs), and the all too familiar process of “clearing a room” of insurgents, where the first Marine entering a room was usually wounded or killed.

As a registered trainer in Critical Incident Stress Management (CISM), this four-year assignment to the Marine Air Ground Combat Center, at Twentynine Palms, California would involve guiding Marines through combat nightmares

while resolving multiple drug abuse issues, including prescription medications, alcohol, and illegal drugs. With a specialty in substance abuse, treating Snipers and Forward Assault Special Tactical Unit teams returning from Iraq proved to be a challenge. As a seasoned CISM trainer and therapist, all my skills and insights would be pulled from me. Hundreds of hours of group therapy and psycho-educational groups with hundreds of Marines resulted in my own secondary traumatization and Compassion Fatigue.

Many Marines had become fossilized in their emotions and immobilized in their psyches, retreating into an emotional survival mode, burying their feelings, stuck in the emotional trenches of war. Stymied, they were ambushed by posttraumatic stress disorder (PTSD). But, where was the resiliency and psychological hardening training? Where were the Critical Incident Stress Debriefings (CISD) and tactical interventions? They were few to none. When I did conduct a Defusing, a CISD, or Crisis Management Brief for widows, parents of deceased Marines, and combat survivors it was a gut wrenching and excruciating experience. Attempting to put a layer of understanding on top of this emotional hemorrhaging is a challenge for any seasoned trainer. Even though their psychological wounds remained, the volume was turned down on the volatility. Hate was replaced by compassion, and grief with forgiveness and understanding.

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Hilary Valdez, MS, is a Survivor Outreach Services Coordinator for the U.S. Army in Tokyo, Japan and provides services that support the Families of Fallen Soldiers. He conducts support groups and life skills training to the community and leadership.

I have seen absolute miracles transpire in a CISD. Pain, agony, crying, survivor guilt, profuse swearing have all segued into a sense of global understanding. So what does the treatment community offer a young female or male warrior upon their return from the emotional fragmentation and psychological paradoxes of combat? What other treatments do we have available for our heroes? Juxtaposed between fragility and strength, who could Marines turn to? What could they turn to? Where could they go for help? Only in the company of other warriors, battle buddies, could they find temporary solace. But peace always seemed just beyond their grasp. It was a grueling psychological struggle, searching for the balance between nightmares and sanity, peace and violence, hope and despair, between trust and suspicion. Hypervigilance was a constant companion.

As the weeks and months pass, untreated symptoms can turn into depression, pathologies emerge, PTSD shows its ugly head, and maladaptive behaviors surface as Marines are forced to mask their emotions while hiding their haunting demons and the atrocities of war behind a veneer of normalcy. In the solitude of their homes, each Marine has to relive the pain and agony and actual horrors of seeing friends become a “pink cloud” (a 50mm round with an explosive device that hits a human body and totally dissolves the person into a vapor/spray). To live and tell about the event in a CISD takes emotional courage. It is hard to discount the traumatic effect and total psycho-biological shock of a traumatic death. Yet for some, they dare to dip their heads into the psychological pool of wellness to gain a deeper understanding into the power of the human spirit.

Is it treatment or punishment? Stoically, each Marine accepted his assignment to treatment, usually for an alcohol-related incident or a drug pop; each Marine choked back his resentment and anger while becoming compliant to an indifferent and punitive treatment regime. At times, accepting treatment meant losing a top secret clearance, a chance at a new duty station, orders to a school, going home on leave, or missing out on a dream duty assignment. Better to stay under the radar and not admit to any symptoms. Acknowledging “weakness” or a problem meant being admitted to in-patient treatment (Level Four) for a month or more, but it was the 4 - 6 month waiting list and being in limbo, which consisted of being separated from friends, living in transient quarters, and having a sense of isolation, that was the true debilitation. During this period of disconnection from a Unit, while attending either Level 1, 2, or 3 pre-hospital treatments,

Marines had a chance to relive the stories of the violence of combat, shed tears, vent agony, pain, and humiliation, reveal horror stories about man’s brutal inhumanity. But for some Marines, all the violent episodes created a deadly mixture resulting in suicide and spousal abuse, while unleashing acts of uncontrolled spontaneous aggression, eventually leading to jail or an undesirable discharge from the Corps. They never made it to Level 4.

Why do Marines complete suicide? What made them lose hope? What happened to the ray of brightness and belief in humanity that led them to join the Corps? Was it multiple deployments and the operational tempo? Relationship issues? Marines do not voluntarily identify themselves as suicidal at post-deployment screenings. So, how do we identify mental distress? In 2009 the Corps reported 24 suicides per 100,000, the highest rate throughout the military according to service statistics. In 2010, from January through October, 139 Marines attempted suicide. The Army’s suicide completion rate last year was 22 per 100,000 while the Air Force’s was 15.5 and the Navy’s was 13.3. The hardest day for me was when a father grabbed me and began shaking me and repeatedly shouting, “Why is my son dead? Why are you alive?” while sobbing uncontrollably, then collapsing in my arms. It was humbling, sad, and painful. When it comes to fallen warriors, better have some psychological leadership skills in your back pocket. Better have some psychological muscles.

The Corps has numerous training and prevention programs on suicide prevention, but the motto “Suck-it-up Butter Cup” is the Marine slogan that remains today. No sissies here. No problems here. Everyone is fit to fight and combat ready. It does not matter that Marines are getting DUIs, popping positive for illicit drugs, fighting each other, abusing spouses and their kids, all the while becoming increasingly indifferent to military protocol and discipline. It does not matter if he or she has a Purple Heart, a Bronze Star and battle decorations for bravery. Treatment in many cases worked against Marines; it was career ending.

So, what is the Battle Plan for saving Marines? The concept is to salvage good Marines and preserve morale. Everyone makes poor decisions at times. But we learn from our mistakes. Mistakes give us wisdom. It’s time for a cultural change. Make it okay to call for help and to receive assistance for the “hidden wounds” of combat. Currently, the services of Marine Corps Community Services (MCCS) One Source supplement the existing support system for Marines and their families by providing assistance 24 hours a day, 7 days

a week via toll free telephone and Internet access. Marines or family members seeking assistance can call 800-869-0278 in CONUS, or 800-8690-2788 OCONUS. MCCS One Source Online can be visited at [www.mccsonesource.com](http://www.mccsonesource.com); Userid - marines; password - semperfi.

Here's my Battle Plan – my recommendations.

- 1) It's time to modify the drug policy. If it's the first offense: treatment. No reduction in rank or Dishonorable Discharge. Second offense: discharge.
- 2) With alcohol, provide Courtesy Rides, but without any punitive action, reduction in rank or disciplinary action. A verbal warning off the record will suffice. But the second offense - reduction in rank and treatment.
- 3) Expand and modify post-deployment briefs and include a CISD and appropriate CISM interventions.
- 4) Release Marines early from work. Provide one half-day a week for family time.
- 5) Reduce the number of suicide workshops and improve their substance and content. Provide resiliency training, psychological hardening skills, mental fitness workshops, socialization training, coping with life, communications, and conflict resolution seminars.
- 6) Improve after-care services following in-patient treatment.
- 7) Include more suicide prevention and intervention small group role-playing scenarios.
- 8) Survey Marines at the Platoon level and ask for their input on suicide prevention.
- 9) Up-grade and improve gym facilities.
- 10) If the Base has a band, have them play colors once a week and perform John Philip Sousa military songs.
- 11) Have small unit discussions regarding Combat experiences.
- 12) Have a monthly bar-b-que.
- 13) Treat female Marines with respect. The Marine Corps is not exclusively a "Man's Corps." It's America's Corps.
- 14) Increase the mental health budget and mental health billets in the military services and at the Veteran's Administration.
- 15) Increase the basic pay for lower enlisted Marines.
- 16) Provide Family Readiness Group (FRG) Training to include ethics and cross-cultural training to help diminish the squabbles among wives of lower enlisted and Officer wives.
- 17) At the end of the day, don't choke back your feelings. If you can feel it, you can heal it. Volunteer to help yourself.