

**MEETING of the DOD
TASK FORCE ON THE PREVENTION OF SUICIDE
BY MEMBERS OF THE ARMED FORCES**

8 OCT 09

**The Hilton San Diego Resort & Spa
1775 East Mission Bay Drive
San Diego, California, 92109**

1. ATTENDEES

PRINCIPAL MEMBERS & REPRESENTATIVES

	TITLE	LAST NAME	FIRST NAME	ORGANIZATION
	Ms.	Embrey	Ellen	Performing Duties of the ASD for HA
X	MG	Volpe	Philip	Joint Task Force National Capital Region Medical, Task Force Co-Chair
X	Ms.	Carroll	Bonnie	Tragedy Assistance Program for Survivors, Task Force Co-Chair
	Dr.	Wilensky	Gail	President, Defense Health Board
X	CDR	Feeks	Edmond	Executive Secretary, Defense Health Board
	Col	Bader	Christine	Senior Advisor to the Assistant Secretary of Defense Health Affairs
X	Dr.	Berman	Alan	American Association of Suicidology
X via phone	COL	Bradley	John	Walter Reed Army Medical Center
X	Dr.	Certain	Robert	St. Peter and St. Paul Episcopal Church
x	SgtMaj	Green	Ronald	HQ Marine Corps, Arlington, VA
x	Dr.	Holloway	Marjan	Uniformed Services University of the Health Sciences
	Dr.	Jobes	David	The Catholic University of America

	TITLE	LAST NAME	FIRST NAME	ORGANIZATION
	Dr.	Kemp	Janet	Veteran's Administration
x	Dr.	Litts	David	Suicide Prevention Resource Center/Education Development Center, Inc.
x	CMSgt	McIntosh	Troy	Air Force Reserve Command
x	Dr.	McKeon	Richard	Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
	MGySgt	Proietto	Peter	CMC (SD) Navy Annex, Washington, DC.
x	CDR	Werbel	Aaron	HQ Marine Corps (MRS), Quantico, VA

GUESTS & OTHER ATTENDEES

	TITLE	LAST NAME	FIRST NAME	ORGANIZATION
X	LTC	Ueoka	Alan	Executive Officer to MG Volpe Deputy Commander, JTF CAPMED
X	Mr.	Hamme	Richard	HQMC, Suicide Prevention
X	Mr.	Chandler	James	TriWest
X	Mr.	Bowman	Mike	Survivor
X	Ms.	Gallagher	Mary	Survivor
X	Ms.	LaMone	Jill	TAPS
X	Ms.	Simon-Arndt	Cynthia	NHRC
X	Ms.	Hurtado	Suzanne	NHRC
X	Mr.	McCaslin	Creed	DCoE
X	Mr.	Farmer	Ken	TriWest Healthcare Alliance
X	COL	Patrin	George	JTF CAP MED
X	CDR	Hawkins	Janet	DCoE
X	Mr.	Colley	Ed	TAPS

	TITLE	LAST NAME	FIRST NAME	ORGANIZATION
X	Mrs.	Colley	Kathy	TAPS
X	Mr.	McKinney	Charles	TAPS
X	Mrs.	McKinney	Rhonda	TAPS
X	Ms.	Sweet	Liz	TAPS
X	Ms.	Berry	Tammy	TAPS
X	Ms.	Scott	Connie	TAPS
X	Ms.	Pelkey	Stefanie	Survivor/MRM
X	Ms.	Alley	Eva	TAPS/Survivor
X	Mrs.	Hartig	Elizabeth	TAPS/Survivor
X	Mr.	Hartig	Michael	TAPS/Survivor
X	Ms.	Alegria	Roxine	TAPS/Survivor
X	Ms.	Lente	Anne	TAPS/Survivor
X	Ms.	Parris	Lisa	TAPS/Survivor
X	Mr.	Canepa	Daniel	Member of the Press\ NBC
X	Mr.	Cadriel	Isaac	Member of the Press \ XETV Channel 6

2. ADMINISTRATIVE SESSION (closed)

3. OPENING REMARKS AND INTRODUCTIONS

MG Volpe welcomed attendees to the meeting of the Task Force on the Prevention of Suicide by Members of the Armed Forces and explained the role of the Task Force under the Defense Health Board. MG Volpe asked CDR Feeks to officially call the meeting to order.

CDR Feeks welcomed the Task Force members and the public to the meeting. CDR Feeks explained that he was the alternate designated federal officer for the Defense Health Board, a federal advisory committee and a continuing independent scientific advisory body to the Secretary of Defense, via the Assistance Secretary of Defense for Health Affairs, and the Surgeons General of the military departments called the meeting to order (rapped the gavel).

MG Volpe asked the attendees to stand for a moment of silence in honor of military service members.

MG Volpe asked the Task Force members and the speakers to introduce themselves to the audience. Members of the Task Force and the speakers introduced themselves.

MG Volpe asked CDR Feeks to begin with the presentations.

CDR Feeks welcomed everyone to the meeting and provided administrative announcements. He stated that the next meeting of the Task Force will be held on Tuesday, November 10th at the North Bethesda Marriott, and suggested that attendees visit the DHB web site to obtain more information.

4. SUICIDE PREVENTION AND RISK REDUCTION COMMITTEE

CDR Feeks introduced CDR Janet Hawkins. (Biographies attached)

CDR Janet Hawkins presented, “**Suicide Prevention and Risk Reduction Committee**”. (Briefing attached)

SUMMARY OF PRESENTATION:

- CDR Hawkins presented 7 SPARRC Projects.
 - **RAND Research project**
 - Contracted in November 2008
 - Purpose: Catalog and review DoD suicide prevention programs to identify the occasions for enhancing the programs.
 - SPARRC is currently working on a draft report which will be released to the task force in December.
 - CDR Hawkins explained the 5 objectives of the RAND Study.
 - Focusing on the five objectives will help in identifying the DoD sources of Suicide data, document the existing programs and understand how they are implemented.
 - **Program Evaluation Working Groups**
 - SPARRC epidemiologist will evaluate data and develop recommendations on how to enhance and evaluate suicide prevention activities service wide.
 - The results will be released in January at the Suicide Prevention Conference.
 - **Second Opinion Working Group**
 - Purpose: Evaluate the possibility of providing a second opinion for potential suicidal patients in combat theater.
 - A survey was developed to define what the current practices were in terms of a second opinion.
 - The survey was given to social workers, psychologists and mental health experts.
 - The task force came up with 5 recommendations.
 - Educate mental health providers and consultations on evidence-based suicide assessment and risk management strategies.
 - Make consultations readily accessible to deployed mental health providers.
 - Enhance clinical communication and documentation of suicide risk assessment, management and treatment.
 - Develop DoD-wide guidelines for suicide risk assessment, management and treatment in deployed settings.

- Conduct program evaluation research on theater consultation procedures for quality assurance and improvements.
- **2010 DoD/VA Suicide Prevention Conference**
 - This is the second annual conference.
 - The conference is scheduled for January 10th through the 14th.
 - The theme for the conference is “Growing a Community of Resilience and Prevention”.
 - Four tracks will be covered to meet the needs of all populations in the services
 - Clinical
 - Muti-disciplinary
 - Practical applications
 - Tool
 - Research
 - One of the primary speakers for the conference is an Army Major who lost his leg in the war and went through depression and thoughts of suicide.
- **SPARRC Website**
 - DCoE plans to establish a SPARRC website.
 - The site may be linked to the DCoE site.
 - The site will be used as a place to coordinate the existing resources and expand the audience
- **DoD/VA New Incentives**
 - The Department of Defense Instruction (DoDI) was developed to define what processes people are using and how business in the suicide area will be implemented.
 - The draft has been submitted.
- **VA/DoD nomenclature Working Group**
 - This project is in its early stages.
 - Purpose: Determine how DoD and VA’s systems can work together in terms of nomenclature.
- CDR Hawkins spoke about the Real Warrior Campaign DCoE Project.
 - The Real Warrior Campaign emphasizes the issue of stigma.
 - CDR Hawkins presented a video featuring CPT Emily Stehr.
- CDR Hawkins introduced MSG Creed McCaslin, senior enlisted advisor to General Sutton.
- MSG Creed McCaslin read a letter that was written by Command SgtMaj Thomas B. Adams III.
- MSG McCaslin stated that it is important that clinicians, leaders, colleagues and peers be cognizant of how they say things. Wounded soldiers still feel like they are a part of their unit and when they have not seen their unit after being injured for some time they feel abandoned and the words that they receive from clinicians, leaders, colleagues and peers can cause destructive action because they no longer have any hope.
- CDR Hawkins thanked MSG McCaslin for sharing his story and concluded her presentation.

SUMMARY OF QUESTIONS AND DISCUSSION:

- Dr. Richard McKeon asked whether the DoDI will recommend new policy directions or restate what currently exists. CDR Hawkins stated that SPARRC currently does not have an instruction that defines the process for how business is conducted service wide. The process has been informal. She stated that the DoDI formalizes the process. She provided the example that SPARRC was implemented in 1999, but it wasn't until 2008 that SPARRC was formally chartered as a functioning group.
- Dr. Richard McKeon asked whether the RAND study is looking at both military and civilian programs. CDR Hawkins stated that the study is open to the international work that's being done. CDR Hawkins mentioned that the project officer looks at many of the programs that have service population so the best practices can be sorted.
- CMSgt McIntosh asked how large the suicide prevention conference is, how big was it was last year and whether senior enlisted leadership, for instance the CMSgt of Air Force was invited. CDR Hawkins stated that initially the conference was fairly small--about 200 people. CDR Werbel added that the first annual conference was one day and there were 50 attendees. CDR Hawkins stated that last year nearly 800 people attended the conference and then discussed the DoD and Service specific personnel that would be in attendance at this year's conference.
- CMSgt McIntosh asked if the organization "Yellow Ribbon" was integrated with SPARRC. CDR Hawkins replied that SPARRC was working to collaborate with Guard and Reserve organizations like "Yellow Ribbon".
- Kim Ruocco asked whether there were any programs that would take soldiers that have been through warrior transition units and allowed them to come back on active duty as peer based support systems for soldiers struggling. CDR Hawkins stated that the Army has a peer-to-peer program that is expanding to the other services. CDR Hawkins does not know the specifics of the program. MSG McCaslin mentioned that he has seen a lot of the soldiers being pulled back to volunteer at the academy to do the peer-to-peer support.
- Dr. Certain asked when the RAND Study will be completed and submitted. CDR Hawkins stated that the report should be submitted by January 2010.
- MG Volpe and CDR Feeks thanked CDR Hawkins for her presentation. CDR Feeks announced a break and told the task force members if any other questions were necessary, they should be asked during the discussion later in the afternoon.

5. DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT

CDR Feeks introduced Dr. Gahm. (biography attached)

Dr. Gahm presented, "**Department of Defense Suicide Event Report (DoDSER)**."
(briefing attached)

SUMMARY OF PRESENTATION:

- The DoDSER was developed by the services through the SPARRC to standardize the process by which we gather risk-related data on suicides.

- This is the first year that a comprehensive report that summarized the information for all the services was put together.
- Prior to 2008 each of the services had their own system of collecting suicide risk data. The report is currently in its final steps of formal release.
- The biggest challenge in this report is analyzing data and looking for trends of very low frequency events.
- The DoD is undergoing efforts to inform services and the public whether or not the variables are just risk factors or whether they are frequency distributions of variables of interest.
- DoD is currently working on standardizing the process of the individual DoDSERS to limit the variability of how the answers are answered.
- With the data reported for any category for which there are less than 20 single cases, it is not represented as a frequent because it could mislead comparisons.
- Demographic groups at highest risk for suicide were similar White/Caucasian, young, and GED/less than high school education.
- Across the Services, non-military firearms were the most frequently utilized method for suicide.
- Military Firearms were less frequently used by Air Force and Navy decedents.
- There is an opportunity to intervene through communication of potential self harm, communication to a medical/support clinic/program, and the observation of others.
- Common significant stressors were failed marital/intimate relationships, other failed relationships (non-intimate), history of Article 15 proceedings, and civil legal problems.
- 36% of suicides had been diagnosed with a mental health disorder; PTSD was fairly rare (4%).
- Majority of suicides did not occur during deployment.
- For those who did not die in theater, the most recent deployment location was Iraq/Afghanistan for 27%.
- 13% of DoD suicide cases had a history of multiple deployments to Iraq or Afghanistan.

QUESTIONS/DISCUSSION:

- Dr. Certain asked Dr. Gahm about information on Slide 16, specifically for the definition of work problems in reference to Article 15 and other actions. Dr. Gahm responded that work problems are not the same as Article 15. Work problems are defined by the individual having problems with their supervisor or problems with their peers or their work study.
- Dr. Berman asked Dr. Gahm to talk about the quality of his data and regarding to command appointed representatives. Dr. Gahm replied that for the Army a command appointed representative was aligned to hospitals at every port. The Navy and Marines also use command representatives.

- Dr. Berman asked how intent of suicide was being defined and how it differed. Dr. Gahm responded that the intent to die is judged by the individual appointed to complete the DoDSER.
- MG Volpe asked if there is outcome data regarding individuals who were sent to a mental health professional and those who were never sent to a mental health professional. Dr. Gahm replied that he does not have that data.
- CDR Werbel asked whether the data of intent was based on the person filling out the report making a determination that there was some evidence. Dr. Gahm answered yes.
- Dr. Holloway asked if there were any services between data entry for the DoDSER in deployed settings and non-deployed settings. Dr. Gahm replied that he did not do a comparison.
- Dr. Holloway asked who fills out the DoDSER in a deployed setting. Dr. Gahm answered that there are behavior health representatives, senior mental health consultants are called for the theater and for the Marines Command representative's fills out the forms.
- Dr. Holloway asked whether medical records are checked or whether the answers are determined by the individual's judgment. Dr. Gahm responded that someone would not select a response if they did not have evidence for it.
- Dr. Holloway asked if the 2008 data compares to the other individuals who did not die by suicides. Dr. Gahm did not have that information.
- Dr. McKeon asks how quickly the Task Force would be able to see the report. Dr. Gahm replied that there will be a formal release forthcoming.
- CDR Werbel suggested that the DoD focus on providing training to family members in suicide prevention.
- Ms. Carroll asked whether family input is included in the DoDSER. Dr. Gahm replied that the individual completing the report could contact the family.

MG Volpe and CDR Feeks thanked Dr. Gahm for his presentation. CDR Feeks announced a lunch break. He asked that if any other questions were necessary, they be asked during the discussion later in the afternoon.

BREAK FOR LUNCH (1 hour)

6. PANEL DISCUSSION

- CDR Hawkins discussed the processes of the outreach center and which centers were effective. She also explained what professionals are working at the hotlines.
- MG Volpe asked CDR Hawkins whether there was a strategic planning process for DoD suicide prevention. CDR Hawkins explained that there is currently no strategic plan, but hopes to create one. CDR Hawkins mentioned that there are mechanisms in place such as the RAND study.

SPARRC is also involved in different federal partnerships working groups. SPARRC is a group of volunteers.

- Dr. Gahm spoke about the capacity of the DoD to organize selective prevention programs dealing with target populations to the extent that they were known or knowable, such as those who have a history of self harm or substance abuse.
- CDR Werbel asked what are the recommendations for an ideal level of staffing at the DoD level for suicide prevention. CDR Hawkins mentioned that the suicide staff is just herself and a contractor. She is hoping for a proposal for more staffing and administrative support to address suicide. She is also looking for funding support to create a group that focuses on suicide.
- MSG McCaslin discussed recommendations on what the unit and medical professionals can do to provide better support. He explained that medical professionals were dispensing drugs in large doses rather than helping individuals.
- MG Volpe asked MSG McCaslin his thoughts in stigma. MSG McCaslin replied that it's going to take a long time to change the military culture but suggests that there be some kind of resiliency and leadership training at the basic levels.

7. TAPS TESTIMONY

- Kim Ruocco: Survivor of husband Major John Ruocco, U.S. Marine Corps Cobra Pilot
 - **Recommendations:**
 - Reduce mental pain being undiagnosed and untreated.
 - Stigma/ Death before dishonor.
 - Diminish the thought of seeking for help as being seen as dishonorable or weak.
 - Need to bring soldiers back to their unit so they can feel a sense of purpose, a hope for the future a hope to be purposeful to their unit again.
 - Increase peer-base support.
- Mike Bowman: Survivor of Son Timothy, National Guard OIF-2
 - **Recommendations:**
 - Army treated soldiers unfairly after returning from being deployed.
 - Educate the families to be prepared when soldiers come back home.
 - Diminish the stigma of asking for help.
 - Regular mental and physical evaluations for all deployed soldiers.
 - Provide more resources to assist soldiers in transition.
 - Provide better access to military health care.
 - Provide more education in theater for soldiers to try to help the PTSD problem before it manifests.
 - Diminish the honor of death by gun.
- Mary Gallagher: Survivor of husband Gunnery Sergeant James S. Gallagher, U.S. Marine Corps
 - **Recommendations:**
 - Preserve the sense of belonging the soldier has with his unit.
 - Reduce stigma of weakness to seek help (Death before dishonor).
 - Help soldiers trust their resources.

- Educate the military and families about mental health and stigma.
- Ed Colley: survivor of son Steven Colley
 - **Recommendations:**
 - Have trained medical professionals.
 - Assure that the medical professionals within the military health care system are qualified professionals who provide quality health care.
 - Have no tolerance for medical professionals who only prescribe drugs to solve a problem.
 - Improve leadership training.
 - Create a policy that does not allow an enlisted member to leave a medical facility with a mind altering drug without having a battle buddy there to sign for them.
 - Mentioned that his family was not provided a gold star because his son died by suicide. Relation to stigma after death.
- Charles McKinney: Survivor of son First Sergeant Jeff McKinney
 - **Recommendations:**
 - The soldiers in the unit should speak up if they see someone is mentally unstable.
 - Reduce the stigma.
 - Complete medical evaluations of all troops.
- Roxanne Alegria: Survivor of husband Alfonso Alegria, U.S. Army
 - **Recommendations:**
 - Consults for service men coming back from deployment.
 - Mental health checkups for all military.
 - Improve quality of care within the military.
- Emma Lente: Survivor of husband Corporal Jay Lente, U.S. Marine Corps
 - **Recommendations:**
 - Diminish the stigma of being seen as weak and hurting your career if you seek help.
- Connie Williams: Survivor of son Brian Williams, U.S. Army
 - **Recommendations:**
 - Medical history of individuals before entering the military.
 - Do not abruptly separate the soldier from their unit.
 - Improve support for the troops and families.
- Michael Hartig & Elizabeth Hartig: Survivor of brother David Hartig, U.S. Army
 - **Recommendations:**
 - Diminish failures of leadership in the office.
 - Diminish misplaced priorities and abuses of power
 - Stop merciless harassment.
 - Allow extensive support and access to secular counselors.
 - Reassess what is considered a good leader and the definition of leadership.
 - Restructure priorities so that the military views a soldier as a whole person.
- COL Patin: Survivor of teenage dependent son, Andrew
 - **Recommendations:**
 - Look at family members who are committing suicide.

- Partner with communities through the VA.
 - Revise primary care program.
- Ms. Pelkey: Survivor of husband Captain Michael John Pelkey, U.S. Army
 - **Recommendations:**
 - Educate family members about TBI, PTSD, and mental health.
 - Support soldiers while they transition back to home.
 - Train on mental health warning signs.
 - Command should check on all of their soldiers.
 - Train health care professionals.
 - Health care facilities and staff need to be more accessible regarding to mental health consultations.
- Liz Sweet: Survivor of son Sergeant Thomas J. Sweet, U.S. Army
 - **Recommendations:**
 - Enforce effective investigation process and structure within CID.
 - The pin is like a scarlet letter (not having the gold star pin representing family member killed in action).
 - Diminish stigma.
 - Change the Army culture.
- Kim Roucco thanked the Task Force for hearing the stories of the TAPS members.
- MG Volpe asked the Task Force members if they had any questions or comments before closing.
- Dr. McKeon thanked that TAPS member for their testimony and asked the members to put in writing recommendations they have.
- Ms. Carroll & MG Volpe thanked all the speakers and the TAPS members for their presentations and turned the meeting over to CDR Feeks.
- CDR Feeks adjourned the meeting.

MEETING ADJOURNED