

The Enemy Within: Preventing Suicide in the Marine Corps

A Monograph

by

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Abstract

The Enemy Within: Suicide Prevention in the Marine Corps, by Major Jeremy Smith, US Marine Corps, 56 pages.

Despite a major reduction in combat deployments, suicide remains a major issue in the US Marine Corps. In 2018, the Marine Corps recorded its highest number of suicides, and was also the service with the highest proportional number of suicides in the Department of Defense. The suicide rate among Marines has risen in parallel with the American population, notwithstanding rigorous mental health screening and suicide prevention training. This epidemic has a significant impact on readiness because of its multicausal nature and its negative shock to the immeasurable morale of units. Current approaches to suicide prevention focus on identifying warning signs and seeking care, but prevention also occurs through an understanding of socialization. Training and doctrine should address the effects of socialization on the individual Marine. This monograph studies statistics, prevention policies, and applicable case studies to understand suicide and its relation to human isolation and socialization. Indoctrination at military boot camp is limited in its transformation ability. Individuals create their worldview long before enlistment, making their reactions to trauma and stress vastly unique. The elements of socialization cannot be changed in some cases. However, they can be understood. This is when suicide prevention occurs yet is sometimes never known. Sustaining the transformation from civilian to Marine is vital to preventing suicide and addressing mental health issues. The Marine Corps must continue to stress the importance of social health, unit cohesion, and engaged leadership to prevent the loneliness and isolation that exist in American society today.

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Abbreviations

AC	Active Component
ACE	Ask, Care, Escort
ASR	Annual Suicide Report
CDC	Centers for Disease Control and Prevention
CMC	Commandant of the Marine Corps
CPG	Commandant's Planning Guidance
DC	Deputy Commandant
DoD	Department of Defense
DSPO	Defense Suicide Prevention Office
FMF	Fleet Marine Force
FPC	Force Preservation Council
M&RA	Manpower and Reserve Affairs
MCO	Marine Corps Order
MCRP	Marine Corps Reference Publication
MCSP	Marine Corps Suicide Prevention Program
MCTP	Marine Corps Tactical Publication
MCWP	Marine Corps Warfighting Publication
PTSD	Post-Traumatic Stress Disorder
RACE	Recognize, Act, Care, Escort
UMAPIT	Unit-Based Marine Awareness and Prevention Integrated Training

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Introduction

When Jim Mattis anticipated his new position as Secretary of Defense in 2016, he knew it would be mentally taxing, since many previous individuals in the position had departed as changed men, and the first Secretary had committed suicide.¹ Anxiety, depression, mental illness, and suicide are not limited to a specific group of people, and the warning signs are not always as obvious as was the case of the first US Secretary of Defense. Even so, in 1949 Secretary James Forrestal was a prominent and powerful individual in Washington. He received the best possible care all while having the attention of the President of the United States, yet still fell victim to an enemy within. Today, suicide is an epidemic that impacts readiness in the US military. Over the past few years, the Department of Defense (DoD) and the US Marine Corps have raised awareness and are taking action to prevent these tragedies, based on a recent upward trend in suicide rates.

As a result of these rising rates, in May 2019 the Commandant of the Marine Corps (CMC) released a letter and created an unscripted video message to all Marines addressing the issue of suicide and its impact on readiness. Despite a reduction in combat deployments over the past five years, suicide remains a significant issue in the Marine Corps. The current problem holistically affects the DoD and is not completely correlated to service-connected post-traumatic stress disorder (PTSD) or combat deployments. In 2018, seventy-seven Marines committed suicide, the highest number since the service began tracking suicide rates.² Every life lost to suicide is a unique tragedy that impacts family and friends of the fallen. The historical response to this issue typically is to increase annual training on how to identify the warning signs of suicide.

¹ Jim Mattis and Bing West, *Call Sign Chaos: Learning to Lead* (New York: Random House, 2019), xi.

² Commandant of the Marine Corps (@CMC_MarineCorps), "Mental Wellness," Twitter, 21 May 2019, accessed 15 August 2019, https://mobile.twitter.com/CMC_MarineCorps/status/1130866252321370112; This number includes the reserve component.

Additionally, the Marine Corps Force Preservation Council (FPC) requires that leaders account for the activities and well-being of every Marine that is thought to be under certain levels of stress.³ The Marine Corps also conducts mental health screening upon enlistment and annually thereafter.⁴ When a suicide occurs, investigations attempt to determine the cause and identify ways to prevent future suicides. Views on causes of suicide are based on individual experiences, which are very complex. With this context in mind, a closer examination of current Marine Corps policy and training on suicide prevention is necessary.

Suicide is not just a problem within the Marine Corps. It is an issue that has captured the attention of experts as a wide-ranging concern within American society. Suicide rates among every demographic have been steadily increasing since 2000 with no signs of slowing. The age-adjusted suicide rate per 100,000 people in America grew from 10.4 to 13.5 from 2000-2016, which is a 30% rise.⁵ The Centers for Disease Control and Prevention (CDC) released a report in June 2018 that named suicide as the tenth leading cause of death in the United States since 2008 and the second leading cause of death for those between the ages of 10 and 34.⁶ According to the National Institute of Mental Health, there were twice as many suicides as there were homicides in 2017.⁷ These statistics paint a troubling picture of American society and also imply that the military is a direct reflection of America's mental health issues.

The DoD created the Defense Suicide Prevention Office (DSPO) in 2011 to create unity of effort among each service's response to the growing number of suicides over the previous ten

³ US Marine Corps, Marine Corps Order (MCO) 1500.60, *Force Preservation Council Program* (Washington, DC: Government Printing Office, 2016), 1-1.

⁴ US Department of Defense, DoD Instruction 6130.03, *Medical Standards for Appointment, Enlistment, or Induction into the Military Services* (Washington, DC: Government Printing Office, 2018), 44.

⁵ Holly Hedegaard, Sally Curtin, and Margaret Warner, *Suicide Rates in the United States Continue to Increase*, National Center for Health Statistics Data Brief no. 309 (Hyattsville, MD: National Center for Health Statistics, June 2018), 1.

⁶ *Ibid.*, 6.

⁷ National Institute of Mental Health, "Mental Health Information Statistics," April 2019, accessed 29 October 2019, <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.

years.⁸ In 2018, DoD reported the highest number of suicides since the organization started tracking them.⁹ The total number of deaths by suicide in 2018 among service members was 541, while the age-adjusted suicide rate was 24.8 per 100,000.¹⁰ The DoD released its first ever Annual Suicide Report (ASR) in September 2019, which said that US civilian suicide rates are similar to military rates when demographics are adjusted for a reasonable comparison.¹¹ The DSPO's strategy in combating suicide is focused on collecting better and more standardized data, the evaluation of current prevention initiatives and their results, and more partnership with internal and external agencies.¹² This top-down approach has gained slow momentum during the 2010s and highlights the fact that this issue is not limited to any one organization or specific cause.

Although public attention focuses on PTSD based on two decades of combat in Iraq and Afghanistan, it is not the prominent factor in today's growing suicide rates.¹³ In fact, most DoD suicide victims have no combat experience, and many have not deployed. For example, in 2017, 41.7% of service members who died by suicide had no deployment history, combat or otherwise.¹⁴ The ASR also released the numbers of family members who died by suicide, which was generally the same rate as the US population. It is important here to emphasize the fact that the US military generally represents the American people in terms of suicide rate and risk.

⁸ Courtney Buble, "Pentagon Struggles to Address Service Member Suicides," *The Government Executive*, 28 August 2019, accessed 1 September 2019, <https://www.govexec.com/defense/2019/08/pentagon-struggles-address-service-member-suicides/159518/>.

⁹ Ibid.

¹⁰ Todd C. Lopez, "DOD Releases Report on Suicide Among Troops, Military Family Members," Department of Defense, 26 September 2019, accessed 28 October 2019, <https://www.defense.gov/explore/story/Article/1972793/dod-releases-report-on-suicide-among-troops-military-family-members>.

¹¹ US Department of Defense, *Annual Suicide Report: Calendar Year 2018* (Washington, DC: Government Printing Office, 13 September 2019), 5.

¹² Buble, "Pentagon Struggles to Address Service Member Suicides."

¹³ US Department of Defense, *Annual Suicide Report*, 35.

¹⁴ Ibid.

The ASR emphasizes the fact that military demographics are vastly different than the US population, since initial statistics can be a bit misrepresentative. For example, the US population's suicide rate was 18.2 deaths per 100,000 during 2017, while the rate was 21.9 for all active duty military and 29.8 in the National Guard during the same year.¹⁵ This initially seems as if DoD rates are much higher, but this comparison does not consider gender or age. When accounting for differences in gender and age, the US population's rate was 26.2 per 100,000, while it was 23.4 for the Marine Corps.¹⁶ Again, the US military is generally a representation of the US population when demographics are adjusted to make a reasonable comparison. This leads to the conclusion that the root causes of suicide could have manifested earlier in a military member's life, perhaps during primary socialization.¹⁷

Suicide has always been a tough issue to grasp, especially when attempting to prevent it in an organization as large as the Marine Corps. Approaches to prevention are also very difficult to measure and require many years of research. Over the last 20 years, American society has endured a vast culture change due to technological transformations and globalization that have negatively impacted mental wellness. The current effort to prevent suicide in the Marine Corps is not working. The reality is that in many cases, there is no way the institution could have prevented it. The emotional reaction is to always ask "why?" but the real question should be "what can we learn from this?"

Opinions on how leaders should approach this problem vary widely. The Marine Corps as an institution could not have prevented suicides that occur in many instances. In numerous situations, the reason a person commits suicide is unknown and the event was completely

¹⁵ US Department of Defense, *Annual Suicide Report*, 35.

¹⁶ US Marine Corps, "Marine and Family Programs Suicide Surveillance Update" (PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 3 October 2019), slide 3, accessed 21 October 2019, https://www.manpower.usmc.mil/webcenter/portal/oracle/webcenter/page/scopedMD/s0107ba7e_ddc6_4df3_a11c_225cfb60b48b/Page7229ef1c_b4ee_463c_b5e4_c9d1062164ea.jspx.

¹⁷ Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (New York: Anchor Books, 1989), 130.

unexpected. Even close family members and friends of the lost are surprised by the event. Additionally, successful suicide prevention is very difficult to measure. Many Marines prevent others from taking their own life based on their own personal ability to help, yet may have no way of knowing they made a difference. Although many suicides are a complete shock to the victim's social network and could not have been stopped, suicide prevention training should continue to include how to identify warning signs. This monograph will propose that training should also address the effects of primary socialization on the individual Marine. People are transformed into Marines by their acceptance of the eagle, globe, and anchor at boot camp, but they still bring with them a life shaped by previous and unique experiences. This monograph will explore the idea that many elements of primary socialization cannot be changed, but they can be understood and addressed. This is when prevention *does* occur. Although the CMC says there is no shame in asking for help, getting care for mental health issues remains a stigma in the military today.

This work will study what the Marine Corps is currently doing to prevent suicide and whether or not a new approach is needed. First, the problem of suicide will be framed around the CMC's letter that was introduced in May 2019, readiness and its relation to suicide in the Marine Corps, and the Commandant's Planning Guidance (CPG) that was released in July 2019. Second, this monograph will evaluate current Marine Corps initiatives to combat suicide and its current leadership approach to the issue. Finally, the realities of human action in this realm will be explored with a focus on the history of suicide, socialization, and isolation. Recommendations offered will focus on a more holistic approach with regard to education on social issues and the reality of how this subject has evolved. This monograph is not a scientific study of suicide, nor will it claim to identify a singular cause or solution. There is no checklist or technical approach that will change a person's mental health. This monograph is about leadership and will serve as a reminder that Marines are individual people long before they take an oath of office. Caring,

engaged leaders can prevent suicide, even though the successes of those leaders in doing so may never be known.

Through the lenses of theory, history, and doctrine, research will focus on historical vignettes, recent scholarship, current policy, and theoretical frameworks to determine how the Marine Corps can best prevent suicide in its ranks. Although some primary sources contain valuable statistics, the opinions of scholars will drive the heavy use of secondary sources. Primary sources include Marine Corps Order (MCO) 1720.2, *Marine Corps Suicide Prevention*, the most recent DoD Annual Suicide Report, and data from studies compiled by the National Institute of Mental Health. Secondary sources include many journal articles and books that discuss leadership and mental wellness. The problem of suicide will be framed by current context as it relates to suicide prevention within the Marine Corps and the larger civilian society. Viewing this issue through the lens of Marine Corps doctrine will be particularly important, as it lays the foundation upon which suicide prevention training is created and executed.

Individual Marines and their units are at the center of operational art, and combatant commanders must employ them to attain strategic end states. To provide Marines to the Secretary of Defense and combatant commanders, the CMC has made readiness his number one priority. Suicide is large detractor to that readiness and has been steadily increasing both in the military and civilian society over the past twenty years. Many suicides are related to PTSD, but the rates continue to increase despite a decrease in combat deployments. Commanders must understand how to deal with this issue to ensure every unit in the Marine Corps is mission capable and ready to fight. Although there is no accurate way to completely measure the success of suicide prevention, understanding the warning signs is only part of the solution.

Tragedy

If we're waiting to talk to a Marine when there's a problem, it's too late.

—General Robert Neller, 37th Commandant of the Marine Corps

General Robert Neller was very discouraged when he found out that Marines were committing suicide at the highest recorded rate in Marine Corps history. His efforts to prevent suicide culminated during his display of raw emotion in a video he presented to Marines via YouTube in May 2019, only two months before he retired.¹⁸ Neller demonstrated engaging leadership by having a one-on-one conversation with the viewer. He was making a final plea for Marines to help each other and themselves. He made numerous attempts before this video to figure out why such a high number of Marines struggling with mental health ended their own lives. The current problem of suicide in the Marine Corps can be understood first by exploring Neller's initiatives and their impact on readiness. Secondly, this problem must be framed by current Marine Corps statistics and their correlation to the US population. Finally, General David Berger, thirty-eighth CMC, released his CPG in July 2019, which highlights core values and the importance of engaged leadership.

Impact on Readiness

Shortly after becoming commandant in 2015, General Neller received a troubling question from a Marine during one of his first visits to a Marine Corps base since taking command. The young sergeant told Neller that his fellow Marines were taking their own lives after surviving many months in dangerous war zones. He then asked, "What are you doing about that?"¹⁹ Neller was aware of mental health issues in the Corps, and he focused on combating the

¹⁸ US Marine Corps, "My Brother's Keeper," Official Marine Corps YouTube Channel, 17 May 2019, video, 1:11, accessed 15 August 2019, <https://www.youtube.com/watch?v=rVAGr6L8pIE>.

¹⁹ Jeff Schogol, "Marines' hidden battle scars," *Marine Corps Times*, 29 May 2016, accessed 31 October 2019, <https://www.marinecorpstimes.com/news/your-marine-corps/2016/05/29/marines-hidden-battle-scars>.

stigma associated with asking for mental health care. His personal experience impacted his mental health efforts as commandant, which then drove his emphasis on simply asking for help with no shame. At the American Psychiatric Association's annual meeting in 2016, Neller told the audience that he did not have a good answer for the Marine who asked him about suicide prevention efforts a few months earlier. Neller requested to attend the annual meeting to seek assistance and raise awareness. He then asserted that most suicides in the Marine Corps occur among Marines that have never seen combat, further indicating that mental health problems are being brought into the DoD upon enlistment.²⁰ The American Psychiatric Association's annual meeting allowed Neller to officially seek assistance from the mental health professional community, and he continued to demonstrate as commandant that there is no shame in asking for help.

During his final year as commandant in 2019, General Neller released a final message to the force entitled "Continue the Attack," which further highlighted his personal feelings about mental health and suicide, just as he did during his first year as commandant. He said that there is "...no dishonor in coming up short or needing help" and that if "you need help, please ask..."²¹ Neller's strength as a leader came through in a personally written note to all Marines, asking them to assist themselves and each other. In 2018, seventy-seven Marines, both active and reserves, had committed suicide. During the same month that Neller's January 2019 message to the force was released, the Marine Corps released the suicide number for 2018, which was the highest ever recorded.²²

²⁰ Gale Scott, "Marine Commandant Gen. Robert Neller: Help Us With Suicides," *MD Magazine*, 18 May 2016, accessed 31 October 2019, <https://www.mdmag.com/conference-coverage/apa-2016/marine-commandant-gen-robert-neller-help-us-with-suicides>.

²¹ US Marine Corps, *Message to the Force 2019: Continue the Attack* (Washington, DC: Government Printing Office, 2019), 2.

²² Shawn Snow, "The Corps' suicide rate is at a 10-year high. This is how the Marines plan to address it," *Marine Corps Times*, 30 January 2019, accessed 1 September 2019, <https://www.marinecorps.com/news/your-marine-corps/2019/01/30/suicide-rate-across-the-corps-is-at-a-10-year-high-this-is-how-the-marines-plan-to-address-it>.

Shortly after releasing his statement on YouTube in May 2019, General Neller published a very compelling letter to all Marines that was focused on seeking help, which he entitled “Mental Wellness.”²³ His letter centered around the fact that Marines need to feel comfortable talking about mental fitness much like they are at talking about physical fitness. Once again, the letter was written from a personal standpoint, as if he were talking to each Marine individually. This type of engaging leadership, one that encourages empathy, is how Neller connected to Marines. He offered possible triggers for suicide and laid out the complexity of how every suicide, every attempt, and every ideation amounts to a combination of many factors that are generally a reflection of mental health struggles. He ends with a discussion on resiliency and how no bout of trauma can be conquered alone. Marines must support one another, which directly contributes to accomplishment of the mission and the readiness of the Corps.

The Marine Corps relies on readiness guidance from the eighty-second Congress, which in 1952 stated that, “The nation’s shock troops must be the most ready when the nation is least ready...to provide a balanced force in readiness...”²⁴ The loss of one Marine, no matter the circumstance, means that another must take their place. During General Neller’s four years as commandant, there were 224 deaths by suicide, with only four combat-related deaths.²⁵ The rates have gone up, while the opportunity for combat deployments has diminished. These facts demonstrate the severe and preventable impact that suicide has on readiness.

Suicide in Numbers

In September 2019, Secretary of Defense Mark Esper said that American society is currently suffering a “national epidemic of suicide.”²⁶ Increased suicide rates in American society

²³ Commandant of the Marine Corps, “Mental Wellness.”

²⁴ US Marine Corps, MCO 3000.13A, *Marine Corps Readiness Reporting* (Washington, DC: Government Printing Office, 2017), 2.

²⁵ Commandant of the Marine Corps, “Mental Wellness.”

²⁶ Dan Lamothe, “U.S. military’s suicide rate for active-duty troops up over the past five years,

have carried over into the military. The DoD's first annual suicide report generally portrayed a gradual increase in the active component over the past five years.²⁷ In December 2019, the Personnel Subcommittee of the Senate Armed Forces Committee heard testimony from Dr. Karin Orvis, Director of the DSPO, and Captain Mike Colston, US Navy, Director of Mental Health Programs for the Office of the Assistant Secretary of Defense. During this testimony, Dr. Orvis and Captain Colston both stated that among all statistics, the "significant increase" of suicide within the active duty component of the US military brought about the most concern.²⁸ While the US military is a representation of American society, it is expected to absorb and better prevent tragedies such as suicide.

The DoD's first ASR, released in September 2019, says that suicide rates in the DoD are roughly equal to the US civilian population.²⁹ This analysis is based on data from 2017, since the CDC had not yet released US population data from 2018.³⁰ US population data from 2017 shows that the rate of suicide was 18.2 deaths per 100,000 during that year for individuals aged 17-59. The rate for the same year was 21.9 for active duty service members and 29.8 for National Guard.³¹ At first glance, it may seem that the rate is higher for the military than the US civilian population. However, these rates must be adjusted to create a reasonable comparison. For example, according to the CDC, men are four times as likely than women to commit suicide.³²

Pentagon says," *The Washington Post*, 26 September 2019, accessed 10 December 2019, <https://www.washingtonpost.com/national-security/2019/09/26/us-militarys-suicide-rate-active-duty-troops-rises-fifth-consecutive-year-pentagon-says>.

²⁷ US Congress, Senate, Committee of the Armed Services, *Servicemember, Family, and Veteran Suicides and Prevention Strategies: Hearings before the Personnel Subcommittee of the Committee of the Armed Services*, 116th Cong., 1st sess., 2019, 3.

²⁸ Ibid.

²⁹ US Department of Defense, *Annual Suicide Report*, 5.

³⁰ As of March 2020, the CDC still had not released data from 2018.

³¹ US Department of Defense, *Annual Suicide Report*, 35.

³² Centers for Disease Control and Prevention, "Web-based Injury Statistics Query and Reporting System," Editors Official, 18 September 2019, accessed 23 December 2019, <http://www.cdc.gov/injury/wisqars/index.html>; the rate was 22.3 per 100,000 for males, while it was only 6.1 for females in 2017.

The DoD includes a much higher number of male service members than female service members. Age percentages must also be adjusted, since the US military contains a large percentage of young individuals. The Marine Corps views suicide statistics through this adjusted lens.

Suicide rates within the Marine Corps vary from year to year, but have been rising since 2009. Combat deployments have dropped, while suicides have risen. In 2018, fifty-seven active duty Marines died by suicide, the highest number ever recorded.³³ Most of these deaths (63%) were attributed to Marines under the age of twenty-five.³⁴ The Marine Corps has a suicide rate that is comparable to the US population when adjusted for age and gender. The rate per 100,000 in 2017 was 23.4, which is generally similar to the US population rate of 26.2 (see figure 1).

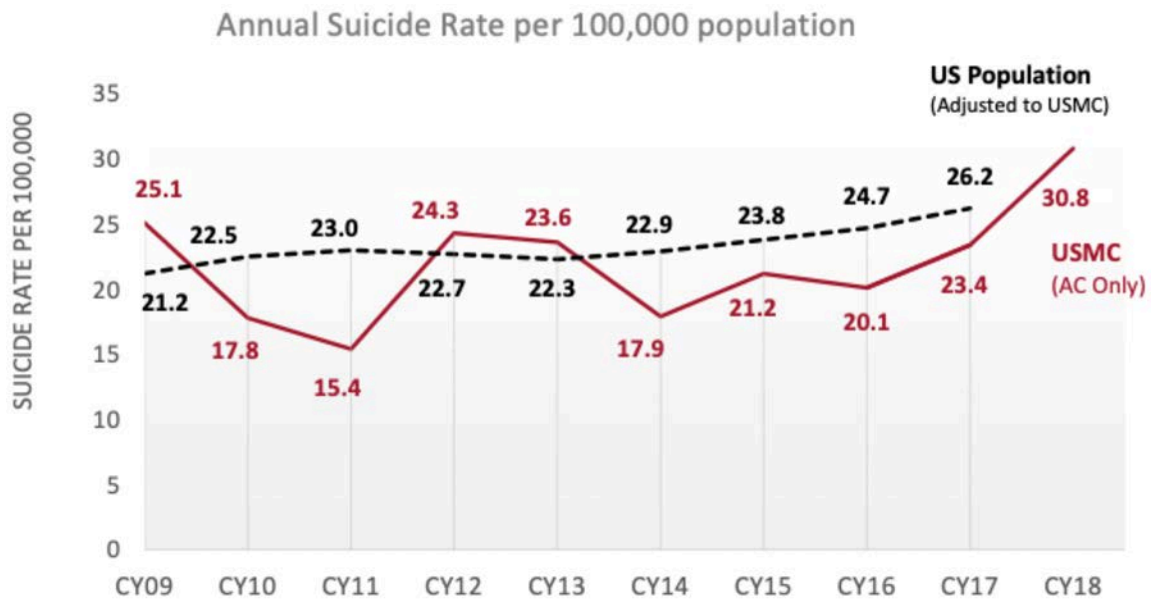


Figure 1. Suicide in the Marine Corps is comparable to the US population when adjusted for age and gender (AC = Active Component). US Marine Corps, “Marine and Family Programs Suicide Surveillance Update” (PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 3 October 2019), slide 3, accessed 21 October 2019, https://www.manpower.usmc.mil/webcenter/portal/oracle/webcenter/page/scopedMD/s0107ba7e_ddc6_4df3_a11c_225cfb60b48b/Page7229ef1c_b4ee_463c_b5e4_c9d1062164ea.jspx.

³³ US Marine Corps, “Marine and Family Programs Suicide Surveillance Update,” slide 4.

³⁴ Matthew Burke, “Marine Corps suicides hit 10-year high,” *Stars and Stripes*, 30 January 2019, accessed 1 September 2019, <https://www.stripes.com/news/marine-corps-suicides-hit-10-year-high-1.566651>.

To better understand 2018 statistics, comparisons within the active component of DoD must be made. When compared to the other active component military services, the Marine Corps rate of suicide in 2018 was the highest and is coupled with an upward trend that has continued over the past three years.³⁵ It should be noted that while the Marine Corps has an official rate of 30.8 per 100,000 for 2018 (figure 1), the ASR has a differing statistic of 31.4 (see figure 2). This is because a single case was excluded by the Armed Forces Medical Examiner System in March of 2019, which changed the rate to 30.8.³⁶ Statistics recorded by the CDC, DoD, and the Marine Corps indicate an alarming rise in suicide in both American society and the US military. When Neller retired as CMC in July 2019, he passed on this very challenging issue to General Berger, the new CMC.

DoD Component/Service	CY 2016		CY 2017		CY 2018	
	Count	Rate	Count	Rate	Count	Rate
Active Component	280	21.5	285	21.9	325	24.8
Army	130	27.4	114	24.3	139	29.5
Marine Corps	37	20.1	43	23.4	58	31.4
Navy	52	15.9	65	20.1	68	20.7
Air Force	61	19.4	63	19.6	60	18.5

Figure 2. The Marine Corps suicide rate in 2018 was the highest of the active component within the DoD. US Department of Defense, *Annual Suicide Report: Calendar Year 2018* (Washington, DC: Government Printing Office, 13 September 2019), 35.

The Commandant’s Planning Guidance

With every new commander comes a different style of leadership, but acknowledgement of suicide as a problem is not something that many strategic leaders disagree on. When General Berger became CMC, he immediately released his CPG. This document replaced the previous Marine Operating Concept authored by General Neller and contains a very aggressive tone when read holistically. It indicates revolutionary change to the traditional organization and makeup of the Marine Corps. The document refers to the Marine Corps as an “elite institution of warriors”

³⁵ US Department of Defense, *Annual Suicide Report*, 9.

³⁶ *Ibid.*, 35.

that upholds high standards as part of a traditional culture.³⁷ The document does not mention suicide or even mental health, but it does discuss mental toughness, taking care of Marines, and leadership issues within the organization.

Two of the CPG's five focus areas are "Core Values" and "Command and Leadership."³⁸ The Marine Corps values of honor, courage, and commitment are inherent to command and leadership. Marine Corps Warfighting Publication (MCWP) 6-11, *Leading Marines*, says that these values "give us strength, influence our attitudes, and regulate our behavior."³⁹ All three values are intertwined into everything Marines do and every decision Marines make. Berger emphasizes these values as a way to attack the current problems of sexual assault, drug use, and hazing within the Marine Corps. He uses the CPG to remind Marines that these values are embodied within the institution and should not be taken for granted.

On the last page of the CPG, Berger uses Marine Corps values to highlight the importance of command and leadership. Although aspects of leadership are discussed throughout the CPG, this short section speaks to the need for Marines to take care of each other by enforcing high standards through mission command. Company grade officers and staff non-commissioned officers are the ones that lead Marines face-to-face on a daily basis. General Berger wants the Marine Corps to understand that mission-type orders and commander's intent are the key to effectively taking care of each other. General Berger did not mention mental health or suicide awareness in his planning guidance like General Neller did. However, when the ASR was released by DoD, he acknowledged the issue of suicide and the need for Marines to seek help.

Like Neller, General Berger displays a genuine concern for the well-being of Marines that are struggling with mental health. On the day that the DoD published its first annual suicide

³⁷ US Marine Corps, *38th Commandant's Planning Guidance*, 21.

³⁸ *Ibid.*, 1.

³⁹ US Marine Corps, Marine Corps Warfighting Publication (MCWP) 6-11, *Leading Marines* (Washington, DC: Government Printing Office, 2014), 1-6.

report, Berger posted on Twitter that any Marine lost to suicide hurts readiness, and that “we must view asking for help as a...smart decision, not a sign of weakness.”⁴⁰ His tweet demonstrates the continued desire to normalize self-seeking behavior into Marine Corps culture. Berger also released a press statement on the issue that said Marines must be comfortable talking about mental wellness “just as we talk about physical fitness.”⁴¹ This echoes General Neller’s letter released earlier in the year about mental wellness.

The tragedy of suicide in the Marine Corps has steadily been growing over the past decade, despite a reduction in combat deployments. Suicide statistics among the US population generally correlate to adjusted levels in the Marine Corps, which has the highest rate of suicides among all services within the DoD. General Neller’s initiatives as the thirty-seventh CMC highlight suicide as a detriment to readiness. As Commandant, Neller displayed concern for Marines by beginning a campaign to end the stigma that surrounds self-seeking behavior. General Berger published an aggressive planning guidance when he became Commandant, emphasizing the need for engaged leadership that stresses core values of honor, courage, and commitment. Berger also continued Neller’s initiative to end the stigma surrounding seeking help by encouraging a culture that takes care of its own and is comfortable with discussing mental health struggles. Suicide within the DoD and the Marine Corps has gained much needed attention after an alarming increase over the past decade and is currently being addressed with a mix of both new and archaic approaches. It seems that no leader at the strategic level knows how to prevent suicide.

⁴⁰ Commandant of the Marine Corps (@CMC_MarineCorps), “I need every Marine out there. We can't afford to lose a single Marine or Sailor...,” Twitter, 26 September 2019, accessed 12 November 2019, https://twitter.com/cmc_marinecorps/status/1177337398407180291.

⁴¹ Major Craig Thomas, “DoD Annual Suicide Report CY18,” United States Marine Corps, 26 September 2019, accessed 23 December 2019, <https://www.marines.mil/News/Press-Releases/Press-Release-Display/Article/1971775/dod-annual-suicide-report-cy18>.

Out of Ideas

I wish I could tell you that we have an answer to prevent further, future suicides in the Armed Services. We don't.

—Mark Esper, US Secretary of Defense

Suicide prevention, like many social issues, requires an approach that is layered with a balance of both scientific and artistic aspects of leadership. The scientific piece is easier to understand in many aspects because of the ability to measure something based on a common standard. For example, statistics say that most suicides that occurred within the DoD during 2018 involved enlisted males under the age of thirty.⁴² This allows the DoD to target a specific population with a “multifaceted public health approach,” which is scientific.⁴³ The artistic or creative side of suicide prevention is somewhat harder to grasp. The DoD does not keep records on *why* such high numbers of service members are taking their own lives. This is nearly impossible to determine, because many cases come as a shock to family members and friends with few noticeable warning signs. It is also very hard to measure the effectiveness of current and past prevention approaches. Strategic leaders do not acknowledge any one solution to this issue because of the complexities that surround it. Current suicide prevention efforts within the DoD and the Marine Corps are mostly scientific in their approach, but also heavily rely on an artistic application by leaders. This can be best understood by examining the recent history, training, and the application of these suicide prevention programs.

The DoD has only significantly focused on suicide prevention since 2009. That year, Congress created a task force to study suicide more closely in response to rising rates within the DoD.⁴⁴ The most significant recommendation of the task force was to stand up a permanent

⁴² US Department of Defense, *Annual Suicide Report*, 5.

⁴³ *Ibid.*

⁴⁴ *Ibid.*, 7.

organization with the sole purpose of suicide prevention. As a result, the Secretary of Defense established the DSPO as part of the DoD's Office of the Undersecretary of Defense for Personnel and Readiness in 2011.⁴⁵ DSPO's mission is to advance "holistic, data-driven suicide prevention in our military community through policy, oversight, and engagement to positively impact individual beliefs and behaviors, as well as instill systemic culture change."⁴⁶ They have the strategic duties of collecting data, measuring performance, and coordinating suicide prevention measures internally and externally to the DoD, which are all very scientific. DSPO does not serve as an immediate response force for those in need of help, but they do provide policy guidance, engagement, and oversight to each military service. These fairly recent efforts to raise awareness about suicide have given the military departments a foundation for creating separate approaches to the problem.

Suicide Prevention Policy in the Marine Corps

As a result of varying DoD approaches, the Marine Corps Suicide Prevention Program (MCSPP) was created and consists of several organizations that work together under the guidance of the CMC. The Deputy Commandant for Manpower and Reserve Affairs (DC, M&RA) is a three-star general officer responsible to the CMC for all manpower issues within the Marine Corps related to recruiting, assignments, promotions, policy, budgeting, and pay. DC, M&RA contains the Marine and Family Programs Division, which is led by a two-star and is responsible for all family programs in the Marine Corps.⁴⁷ This includes behavioral programs, readiness programs, and the wounded warrior regiment (see figure 3). Behavioral programs, which is led by a colonel, includes the Behavioral Health Branch, which hosts many initiatives that help address

⁴⁵ Defense Suicide Prevention Office, "About DSPO," Editors Official, accessed 26 December 2019, <https://www.dspo.mil/AboutDSPO>.

⁴⁶ Ibid.

⁴⁷ US Marine Corps, "Manpower and Reserve Affairs," Editors Official, accessed 1 September 2019, <https://www.manpower.usmc.mil/webcenter/portal/MRAHome>.

domestic violence, substance abuse, and suicide prevention. These programs are separate from the medical system and are meant to assist Marines and families that are under some type of stress and do not know where to turn for help. The MCSPP is the responsibility of DC, M&RA, but all units in the Marine Corps are charged with carrying out the program’s mission.



Figure 3. The Behavioral Health Branch falls under the Director of Marine and Family Programs and is responsible for the Marine Corps suicide prevention program. Created by author.

The MCSPP takes a holistic approach to the problem, much like DSPO. As of March 2020, DC, M&RA is in the process of reviewing and rewriting MCO 1720.2, *Marine Corps Suicide Prevention Program*, which has not been updated since April 2012.⁴⁸ This order states that the mission of the suicide prevention program is to “establish policy and provide resources, guidance, and training for suicide prevention programs throughout the Marine Corps in order to reduce suicides and suicide attempts.”⁴⁹ The word “programs” is plural here because every O-5 level command is charged with maintaining a unique suicide prevention program of its own.⁵⁰

⁴⁸ Shawn Snow, “The Corps' suicide rate is at a 10-year high.”

⁴⁹ US Marine Corps, MCO 1720.2, *Marine Corps Suicide Prevention Program* (Washington, DC: Government Printing Office, 2012), 1.

⁵⁰ O-5 is the military abbreviation for lieutenant colonel. This is the traditional battalion or squadron level commander that is selected by a board and appointed by the Commandant of the Marine

Because suicide is not monocausal, the MCSPP stresses the importance of leadership down to the lowest level.⁵¹ Many of the stressors associated with suicides or attempts, such as work-related stress, pending disciplinary action, medical problems, and substance abuse are visible to unit members and commanders. An individual's apathetic response to these events are often called *warning signs* and allow unit members and commanders to assist the Marine in distress. The MCSPP also highlights the importance of data collection to continually inform leaders and modify training. This holistic approach places the responsibility on everyone by stating that assisting Marines in need is a "duty, not an option," which is in line with the organization's core values.⁵²

Successful execution of the suicide prevention program requires the effort of many experts throughout the Marine Corps. MCO 1720.2 provides an exhaustive list of professionals including chaplains, substance abuse counselors, and medical personnel who are responsible for carrying out this program and assisting commanders with technical expertise. Additionally, every O-5 commander must appoint a suicide prevention officer responsible for ensuring compliance with MCO 1720.2 and executing the program under the commander's specific vision. This includes crisis intervention in the event of an ideation, postvention services for those affected by suicide, reintegration of Marines who attempted suicide or were treated for stress and returned to duty, and inspections of the program to ensure compliance with the order.⁵³ The suicide prevention officer also coordinates annual training that is presented with materials not only provided by DC, M&RA, but also tailored to the unit's specific needs.

Corps.

⁵¹ US Marine Corps, MCO 1720.2, 2.

⁵² Ibid.

⁵³ Ibid., 3.

Annual Training

One of the most scrutinized aspects of suicide prevention is annual training. In October 2019, the *Marine Corps Times* featured its weekly dose of “Terminal Lance,” a military comic strip authored by Marine veteran Maximilian Uriarte. This very short comic typically portrays realistic events in the life of junior enlisted Marines. For example, the cartoon sometimes features interesting and funny conversations that may take place among junior Marines during “field day” or when they clean their barracks. Most Marines relate to the comic strip and find it humorous. However, in October 2019, the comic was somber and fairly passive aggressive (see figure 4). In it, a senior enlisted Marine informs a general officer that the suicide rate among enlisted Marines is rising and that nothing they do appears to be reducing it. The general officer responds by saying that his only idea is to make Marines “sit through PowerPoint presentations.”⁵⁴ If this does not work, the general officer seems to be “out of ideas” as the title of the comic strip suggests.

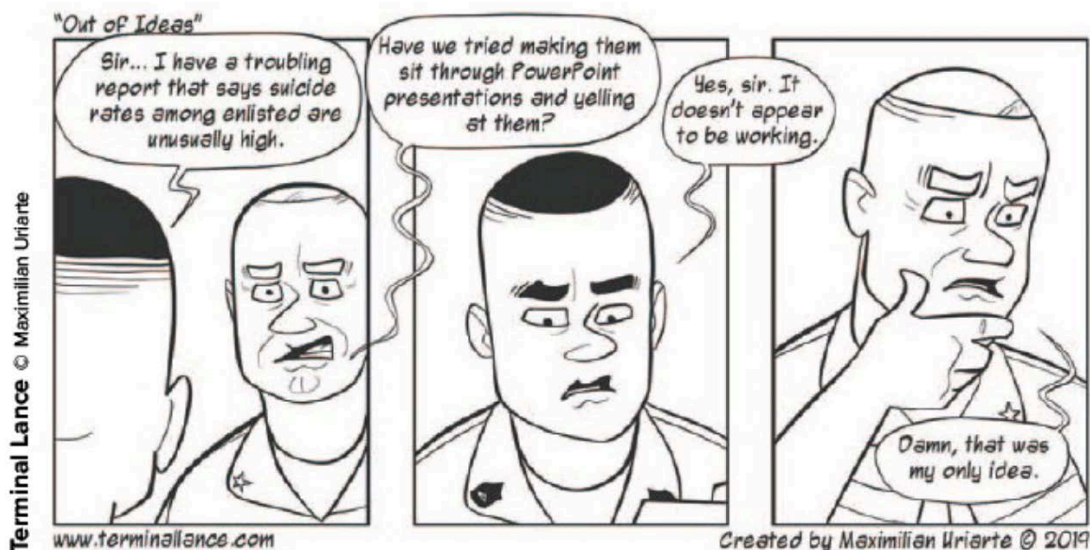


Figure 4. The perception among Marines today is that annual training has no effect. Reprinted with permission from Maximilian Uriarte, “Out of Ideas,” *Marine Corps Times*, Terminal Lance comic strip, 28 October 2019, 37.

⁵⁴ Maximilian Uriarte, “Out of Ideas,” *Marine Corps Times*, Terminal Lance comic strip, 28 October 2019, 37.

The scenario in the above edition of “Terminal Lance” does not paint an accurate picture of how the Marine Corps approaches suicide prevention training, but it does provide some insight on how many junior Marines possibly perceive current efforts by senior leaders. It is this scrutiny that drives a need to closely examine the training and programs associated with suicide prevention in the Marine Corps. The *Suicide Prevention Program Officer Desktop Reference Manual* provides detailed guidance on annual training, leadership training, and how to ensure every unit is in compliance with Marine Corps policy.⁵⁵

Annual suicide prevention training in the Marine Corps is very standardized, which can be viewed as part of the scientific approach to prevention. In 2015, the Director of Marine and Family Programs under DC, M&RA ordered that annual training would be included under a program called Unit Marine Awareness and Prevention Integrated Training (UMAPIT).⁵⁶ The purpose of creating this new program was to consolidate combat stress, substance abuse, family advocacy, and suicide prevention training into one session.⁵⁷ All of these issues have the potential to be interrelated, and training is meant to be interactive, taught by leaders, and given to groups of thirty Marines or fewer. The goal of the program is to “increase acceptance, practice help-seeking behaviors, and promote willingness to refer and/or report behavioral health incidents.”⁵⁸

The UMAPIT effort emphasizes the “whole Marine concept” by teaching that “total fitness” is defined as the health of a Marine’s mind, body, spirit, and social activities.⁵⁹ The training begins by highlighting skills necessary to overcome issues and help others in times of

⁵⁵ US Marine Corps, *Suicide Prevention Program Officer Desktop Reference Manual* (Washington, DC: Government Printing Office, 2012), 9.

⁵⁶ US Marine Corps, Marine Administrative Message 512/14, *Implementation of Unit Marine Awareness and Prevention Integrated Training* (Washington, DC: Government Printing Office, 2014).

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ US Marine Corps, “Unit Marine Awareness and Prevention Integrated Training 2.0” (PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 13 December 2016), slide 4, accessed 23 December 2019, <https://www.hqmc.marines.mil/Portals/61/Docs/HQ%20Svc%20BN/Annual%20Training/UMAPIT/UMAPIT%202%200%20Presentation.pdf>.

need. Various vignettes are discussed, and can be altered at the command’s discretion. For example, if a leader within the unit has experience with a particular issue, they could tell a story, ask the audience to divide up into groups, and have more intimate discussions. UMAPIT allows for flexibility, and the focus is on family advocacy, substance abuse, and suicide.

Within the suicide prevention portion of the training, a combination of possible risk factors, triggering events, and warning signs are discussed (see figure 5).⁶⁰ No specific length of time is required to discuss suicide prevention during the UMAPIT training. Emphasis is that suicide is not an issue caused by one factor, but by many that must be recognized by the individual, their peers, and their leaders. While triggering events are a bit easier to see, risk factors related to past events are much harder to identify. In addition to recognizing warning signs and the possibility of suicidal ideation, action is required to prevent it.

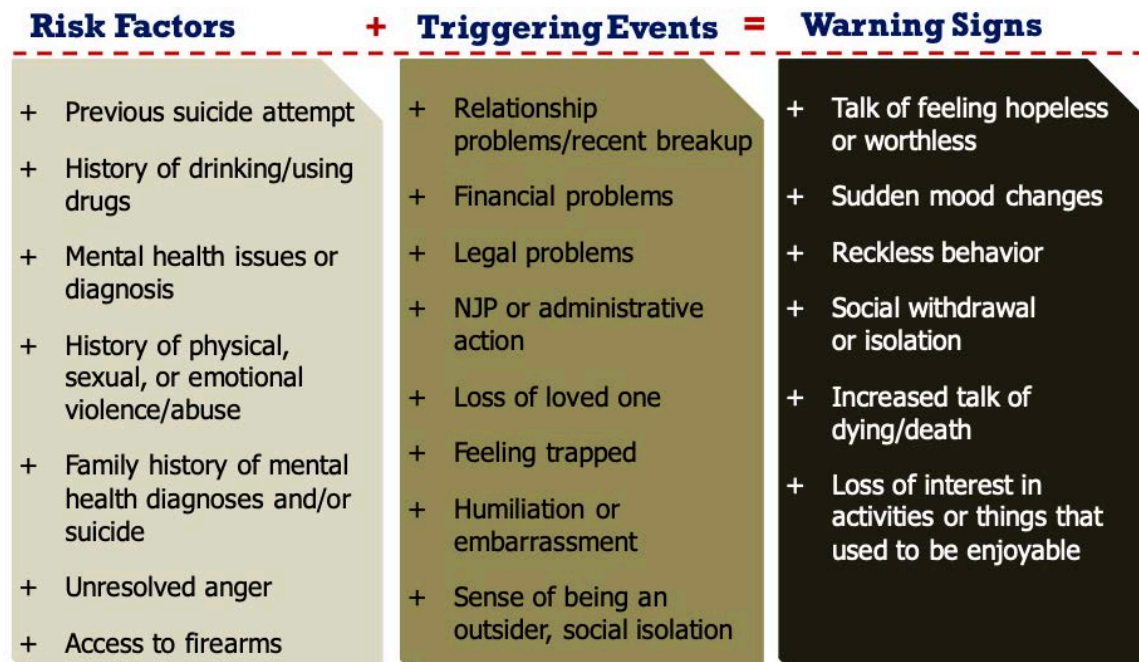


Figure 5. In a slide titled “Suicide: Indicators,” warning signs for suicide are discussed. US Marine Corps, “Unit Marine Awareness and Prevention Integrated Training 2.0” (PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 13 December 2016), slide 38, accessed 23 December 2019, <https://www.hqmc.marines.mil/Portals/61/Docs/HQ%20Svc%20BN/Annual%20Training/UMAPIT/UMAPIT%202%200%20Presentation.pdf>.

⁶⁰ US Marine Corps, “Unit Marine Awareness and Prevention Integrated Training 2.0,” slide 38.

Many Marines may have never encountered a fellow human being in serious distress and may not understand how to help. The tool that is used for taking action is an acronym called RACE which stands for recognize, ask, care, and escort (see figure 6).⁶¹ Similarly, the acronym ACE (Ask, Care, Escort) is used by some of the other military services and also many civilian organizations. Asking the question, caring with words, and escorting to help are the actions that must be taken to prevent suicide. Asking someone if they are thinking of taking their own life may be very hard, so much time is spent discussing this portion through the use of vignettes. Care is using simple human interactions to indicate concern and propose taking action, such as contacting the chain of command, chaplain, counselor, or medical personnel. When it is determined that a person needs serious assistance, they must be escorted to help and not left alone under any circumstances. Every suicidal ideation must be taken seriously.

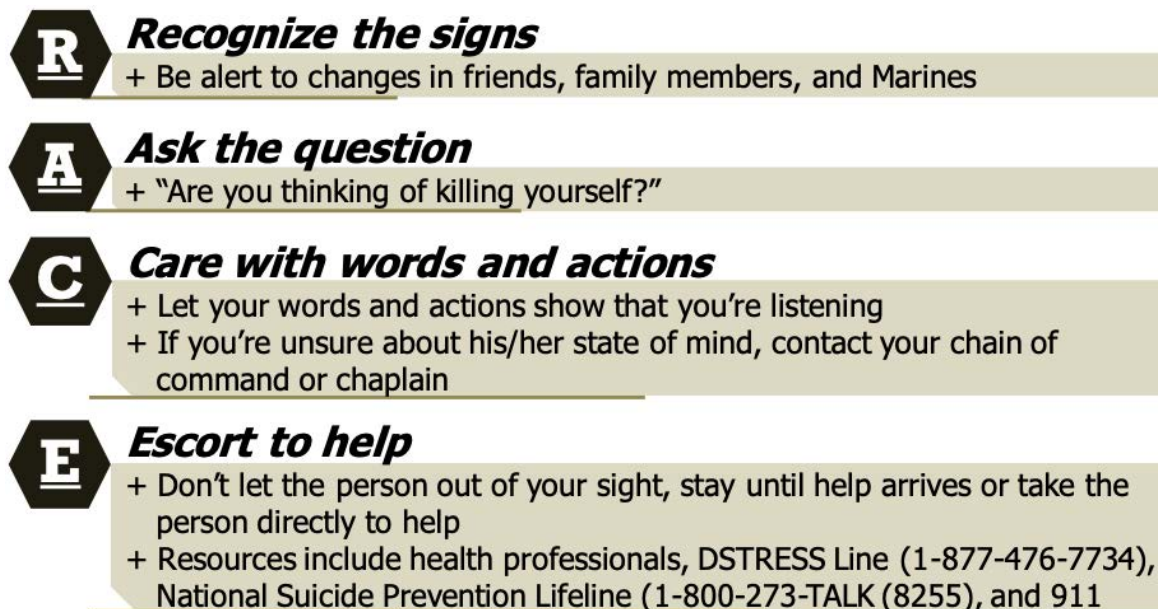


Figure 6. The Marine Corps uses the acronym RACE as a tool to remember how to best assist those in distress. US Marine Corps, "Unit Marine Awareness and Prevention Integrated Training 2.0" (PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 13 December 2016), slide 39, accessed 23 December 2019, <https://www.hqmc.marines.mil/Portals/61/Docs/HQ%20Svc%20BN/Annual%20Training/UMAPIT/UMAPIT%202%2000%20Presentati on.pdf>.

⁶¹ US Marine Corps, "Unit Marine Awareness and Prevention Integrated Training 2.0," slide 39.

Unit leaders must also undergo similar training that is tailored to help them understand, at the organizational level, how to intervene in situations where Marines are at risk of suicide.⁶² Additionally, leaders need to know the reporting requirements for certain incidents and how to facilitate the appropriate reaction to those events. Battalion and squadron commanders, executive officers, and sergeants major are required to attend training given by certified counselors from the unit's local community counseling center. Some of this training, such as family advocacy, is in a group setting. Other training, such as suicide prevention, is one-on-one. The training highlights the importance of timely and strict reporting of suicides, attempts, and ideations to Headquarters, US Marine Corps. All of this leadership training is facilitated by the Community Counseling Program, which is also overseen by DC, M&RA and provided at all Marine Corps installations.⁶³ While all of this annual training is rigid and scientific, its application requires the art of leadership.

Annual training is required to ensure certain items such as warning signs, the RACE tool, and reporting requirements are understood by all Marines. However, unit commanders must tailor all of these tools to the specific needs of their Marines. This is the artistic side of suicide prevention. During suicide prevention month in September 2019, the DSPO posted a tweet that said, "You do not need special training to support service members..."⁶⁴ The tweet further indicated that suicide prevention can only occur when individuals inquire about an issue with a fellow service member and take action. Regardless of how many PowerPoint slides are presented to Marines, leaders must apply what they have learned to prevent suicide.

⁶² US Department of Defense, DoD Instruction 6490.16, *Suicide Prevention Program* (Washington, DC: Government Printing Office, 2012), 16.

⁶³ US Marine Corps, "Community Counseling," Marine Corps Community Services, Editors Official, accessed 14 January 2020, <https://usmc-mccs.org/services/support/community-counseling>.

⁶⁴ Defense Suicide Prevention Office (@DSPOmil), "You do not need special training to support service members..." Twitter, 23 September 2019, accessed 30 October 2019, <https://twitter.com/DSPOmil/status/1176150355022950404>.

The Force Preservation Council

A tool that forces the application of suicide prevention training is the FPC. The FPC program does not fall under the MCSPP. In fact, MCO 1500.60, *Force Preservation Council Program*, does not contain the words suicide or prevention. The program falls under the responsibility of CMC's Safety Division, and the Executive Force Preservation Board is chaired by the Assistant CMC. This program was designed to give unit commanders the ability to understand the overall well-being of Marines within their unit and take action when necessary.⁶⁵ It allows the commander to visualize how risky behavior in their unit could potentially impact readiness. FPC scientifically evaluates potential risk through the use of spreadsheets and formulas, while also artistically judging possible mitigation through in-depth discussions and collaboration. The overall intent is to prevent adverse events, mishaps, and tragedies through the leadership principle of "know your Marines and lookout for their welfare."⁶⁶ Suicide prevention is not mentioned in MCO 1500.60, but the emphasis on mental wellness and its facilitation of input from chaplains and medical officers indicates the link.

Much like the suicide prevention program, O-5 level commanders are responsible for maintaining an FPC, but they are also given the latitude to execute the program as they see fit. Commanders must conduct their FPC meeting on a monthly basis but can decide who will attend. Many commanders follow the guidance of the CMC Safety Division by bringing in subordinate commanders and supplemental personnel to assist in providing a holistic picture of what is going on in a Marine's life (see figure 7).⁶⁷ Every member of every command must be individually evaluated, but usually only personnel of highest risk are discussed during the meeting.⁶⁸ Many


⁶⁵ US Marine Corps, MCO 1500.60, 2.

⁶⁶ US Marine Corps, MCWP 6-11, 2-6.

⁶⁷ US Marine Corps, "Force Preservation Council Basics" (PowerPoint Presentation, Safety Division, Washington, DC, 13 January 2015), slide 2, accessed 14 January 2020, <https://www.safety.marines.mil/Portals/92/FPC%20Toolbox/FPC%20Basics.pptx>.

⁶⁸ US Marine Corps, MCO 1500.60, 2.

commands maintain one detailed PowerPoint slide for every Marine. When combined with completed risk management matrixes, each slide scientifically articulates indicators of potentially adverse events. However, if this information stood alone, it would face the same scrutiny as annual training. Every commander must carefully create an FPC program that fits the individual needs of their unit.



FPC Membership

Safety Division

Principal

- Chair: CO or XO
- Sergeant Major
- Company Commanders / Department heads
- Company / Department Head Senior Enlisted Advisor
- Medical Officer
- Aviation Safety Officer

Supplemental

<ul style="list-style-type: none"> - Safety Officer/Manager - Tactical Safety Specialist - Operations Officer - Senior Enlisted Leadership - Platoon Commander / Platoon Sergeant - Chaplain - Substance Abuse Control Officer (SACO) - Legal Officer - Family Readiness Officer 	<ul style="list-style-type: none"> - Suicide Prevention Program Officer - Operational Stress Control and Readiness (OSCAR) Representative - Family Advocacy Representative - Military and Family Life Consultant (MFLC) - Sexual Assault Response Coordinator (SARC) - Mental Health Professional - Violence Prevention Officer (VPO)
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Figure 7. The Force Preservation Council consists of multiple members that contribute to the readiness of individual Marines and their units. US Marine Corps, “Force Preservation Council Basics” (PowerPoint Presentation, Safety Division, Washington, DC, 13 January 2015), slide 2, accessed 14 January 2020, <https://www.safety.marines.mil/Portals/92/FPC%20Toolbox/FPC%20Basics.pptx>.

While annual training and the FPC are great tools for commanders to use, engaged leadership is the bedrock of unit morale. MCWP 6-11, *Leading Marines*, says that Marine leaders are “responsible for the physical, mental, and moral welfare of those in their charge.”⁶⁹ This statement was taken from MCO Number 29, which was published in 1920, and serves as the

⁶⁹ US Marine Corps, MCWP 6-11, 2-3.

timeless foundation for understanding what it means to exercise engaged leadership.⁷⁰ The principle of “know your Marines and look out for their welfare” has no specific definition in MCWP 6-11, but is backed by individual preparation that requires character, the application of leadership principles, and experience.⁷¹ This is the art of leadership, and is required to manage an FPC program that positively supports a unit’s suicide prevention program. Engaged, caring leaders must understand what is going on in their Marines’ lives in order to enable the FPC and assist the commander with understanding the holistic situation and options available to mitigate the risk of suicide.

Suicide prevention must balance art and science. The Marine Corps provides commanders with scientific tools, such as annual training and the FPC, but commanders must take action when those tools highlight trends or bring about previously unknown issues or warning signs. Current annual suicide prevention training is being scrutinized by Marines but provides a method for identifying and addressing warning signs through the use of RACE at the small unit level. Commanders are required to convene a monthly FPC, which gives them the opportunity to hold subordinate commanders responsible for exercising engaged leadership. Leaders are responsible for the well-being of their Marines and can only accomplish this by knowing their Marines, understanding their viewpoint, and assisting them with struggles. An individual’s view on reality is established long before they wear the uniform, which is why suicide is such a complex issue.

⁷⁰ US Marine Corps, MCWP 6-11, 2-2.

⁷¹ Ibid., 2-3.

Reality

People develop into unique individuals long before they are transformed into Marines. Many view their military profession as simply a job rather than an identity. This reality is hard for some leaders to accept, because they were socialized in an era of “once a Marine, always a Marine.” However, mental health issues are not so simple that they can be erased or modified at recruit training. The DSPO describes suicide as “the culmination of complex interactions among biological, social, and psychological factors operating at the individual, community, and societal levels.”⁷² Indeed, the phenomenon is physical, social, and mental. It is all inclusive and wide-ranging. Such a complex issue cannot be solved in a simple way, but it can be addressed through multiple avenues. The problem of suicide in the Marine Corps is most heavily influenced by isolation, because many Marines continue to feel secluded from their group, even when they are physically surrounded by members of their unit, family, and tribe. Engaged leadership will continue to be the primary method for preventing suicide in the Marine Corps. Loneliness and isolation are central themes to the history of suicide, individual worldviews affected by socialization, and a civilization impacted by dramatic technological advances. Isolation is absent from recruit training, but it can negatively affect a Marine’s life afterwards if they are not immersed into their follow-on unit.

A Brief History

Like many social phenomena, cultural views on suicide have changed throughout history. Jacques Choron was a philosopher and theorist that studied death and self-destructive behavior throughout the twentieth century.⁷³ In *Suicide*, which he published just one month before his

⁷² US Department of Defense, *Annual Suicide Report*, 7.

⁷³ “Jacques Choron, a philosopher, 68,” *New York Times*, obituary, 31 March 1972, accessed 16 January 2020, <https://www.nytimes.com/1972/03/31/archives/jacques-chor01q-aphil00pher-68-student-of-suicide-deadm-author-and.html>.

death in 1972, Choron describes the word itself as fairly new, having been created in the seventeenth century to replace the English term “self-murder.”⁷⁴ Fascination with death has always been of great importance ever since humanity began to understand individual existence in the world through self-awareness.⁷⁵ Before the nineteenth century, many scholars believed suicide did not occur in primitive civilizations, but that claim was disproved in 1896 when German sociologist Alfred Vierkandt wrote about suicides committed by tribes in Madagascar and New Zealand.⁷⁶ Choron asserts that “primitive” civilizations in this sense were somewhat already advanced, because they are aware of the ability to inflict death on other humans and themselves.⁷⁷

Social isolation and a desire to be present in the afterlife were perceived reasons for suicide during ancient times. Choron cites an early Egyptian document titled, “Dispute over Suicide” as the first recorded story of someone contemplating taking their own life.⁷⁸ The subject of the story debates with his soul about ending it all, and speaks of a violent world with no righteous companions and a “lack of intimate friends.”⁷⁹ Additionally, Greek playwright Sophocles was known for his tragedies, with suicide being the only reasonable alternative to the situations presented in *Ajax* and *Oedipus at Colonus*.⁸⁰ In one of the first instances of mass suicide during battle, Eleazar, a Jewish commander at Massada in 74 A.D., told his troops that they should rather die by their own hands than be captured by the Romans, saying that “death affords our souls their liberty and sends them to their own place of purity...”⁸¹ These examples

⁷⁴ Jacques Choron, *Suicide* (New York: Charles Scribner’s Sons, 1972), 91.

⁷⁵ *Ibid.*, 3, 11.

⁷⁶ *Ibid.*, 9-10.

⁷⁷ *Ibid.*, 10-11.

⁷⁸ *Ibid.*, 12.

⁷⁹ *Ibid.*, 12-13.

⁸⁰ *Ibid.*, 18.

⁸¹ *Ibid.*, 14.

during ancient times acknowledge suicide as an important phenomena to understand, but widespread awareness did not come until much later.

As a result of this lack of awareness, the study of suicide and ways to prevent it were not explored by scholars until the twentieth century.⁸² Before that time, research on the subject was scarce and there were no wide-ranging statistics for suicide in America or its military.⁸³ John Bateson, who served on the steering committee of the National Suicide Prevention Lifeline, wrote a book called *The Last and Greatest Battle*, in which he says no comprehensive data on suicide in the US military officially existed before the US invaded Iraq in 2003.⁸⁴ The US military began recording “self-inflicted” (and other) deaths in individual medical records during the 1840’s, but there was no central organization that recorded suicides as they happened.⁸⁵ The events were logged with all other instances of death. Every study of suicide in the military before 2003 was done using individual records and previous unrelated studies. This includes the “Military Investigations of Alleged Suicides by Service Personnel” study conducted in 1994 that compiled data from the late 1980’s and early 1990’s.⁸⁶

The central theme of recent findings suggests that although veterans are more likely to kill themselves than the general population, combat deployments do not increase the risk.⁸⁷ Over the past nineteen years (2001-2020), America has been sending young men and women into combat, which, when combined with current statistics, reinforces the false assumption that

⁸² Choron, *Suicide*, 79.

⁸³ John Bateson, *Last and Greatest Battle: Finding the Will, Commitment, and Strategy to End Military Suicides* (New York: Oxford University Press, 2015), 11.

⁸⁴ *Ibid.*

⁸⁵ Leo Shane, “Historic data on military suicide shows no clear link with combat operations,” *Military Times*, 13 December 2019, accessed 23 December 2019, <https://www.militarytimes.com/news/pentagon-congress/2019/12/13/historic-data-on-military-suicide-shows-no-clear-link-with-combat-operations>.

⁸⁶ Thomas G. Knight, “Suicide and Public Organizations: The Incidence within United States Special Operations Forces” (PhD diss., University of Alabama, Tuscaloosa, 1997), 6.

⁸⁷ Bateson, *Last and Greatest Battle*, 23-24.

combat stress is directly correlated to the rising rate of suicide among veterans. However, this argument is based on studies that are not wide ranging and do not make an extensive historical approach to the problem. In 2019, Dr. Christopher Frueh and Dr. Jeffrey Smith, both professors of Psychology at the University of Hawaii, released a study which concluded that most suicides have historically occurred among veterans with no combat experience.⁸⁸ They conducted extensive research of previous studies, government publications, and individual records of suicides in the US Army dating back to 1819.⁸⁹ There was no compiled repository of historical suicide statistics previous to the study, so they had to create one. Frueh and Smith had conducted similar analysis in 2012 that focused on alcoholism and mental illness during the US Civil War.⁹⁰ Their 2019 study revealed that suicide rates actually decreased among soldiers during the US Civil War, Spanish-American War, World War I, World War II, and the Korean War, but increased during the wars in Vietnam, Afghanistan, and Iraq.⁹¹ The study asserts that because the recent increase is a paradigm shift from previous wars, suicide among soldiers must be associated with many other causes that are unrelated to combat.⁹²

Bateson suggests that another reason suicide cannot be correlated to combat experience is because the rate of that experience has fallen dramatically when compared to previous wars. Exposure to combat during America's recent limited wars is dramatically lower than previous wars, yet suicide rates continue to increase. In *On War*, Prussian theorist Carl von Clausewitz said

⁸⁸ Shane, "Historic data on military suicide shows no clear link with combat operations."

⁸⁹ Jeffrey A. Smith, Michael Doidge, Ryan Hanoa, and B. Christopher Frueh, "A Historical Examination of Military Records of US Army Suicide, 1819 to 2017," *JAMA Network Open*, 13 December 2019, accessed 16 January 2020, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2757484>.

⁹⁰ B. Christopher Frueh and Jeffrey A. Smith, "Suicide, alcoholism, and psychiatric illness among Union forces during the U.S. Civil War," *Journal of Anxiety Disorders* 26, no. 7 (October 2012): 769-775.

⁹¹ Smith et al., "A Historical Examination of Military Records of US Army Suicide, 1819 to 2017."

⁹² *Ibid.*

the dangers of combat are appealing to those who have never been exposed to them yet disturbing to those who have.⁹³ Pieces of his detailed description are worth noting:

...we reach the firing line, where the infantry endures the hammering for hours with incredible steadfastness. The air is filled with hissing bullets that sound like a sharp crack if they pass close to one's head. For a final shock, the sight of men being killed and mutilated moves out pounding hearts to awe and pity.⁹⁴

His description resonates with many who have experienced combat, because it can be applied to virtually any scene of battle. During the US Civil War, ninety percent of military members experienced combat, but the rate dropped to just thirty percent in World War II and further down to twenty percent in Afghanistan and Iraq.⁹⁵ Bateson also notes an Armed Forces Health Surveillance Center report that said eighty-four percent of military suicide victims from 2008-2010 had never experienced combat.⁹⁶ Instances of suicide have risen over the past twenty years among military members, yet most of those victims had never been to war.

The Death of James Forrestal

Today the DoD is dealing with its highest rate of suicide, yet in 1949 the first Secretary of Defense ended his own life after a very trying time while in service to the nation. James Forrestal never experienced combat. He displayed many warning signs including talk of feeling worthless, sudden mood changes, and admitted suicide attempts. Forrestal was also given direct access to the best care available. Despite the warning signs and appropriation action taken by his loved ones, his suicide was not prevented. His death was caused by many factors that were mostly related to his worldview, which was created during his childhood.

Throughout Forrestal's career, he was known to be confident and proud of accomplishing things on his own. After working his way through college, he spent many years in the private

⁹³ Carl von Clausewitz, *On War*, ed. and trans. Michael Howard and Peter Paret (Princeton: Princeton University Press, 1984), 113.

⁹⁴ *Ibid.*

⁹⁵ Bateson, *Last and Greatest Battle*, 24.

⁹⁶ *Ibid.*, 24.

sector as an investment banker.⁹⁷ He briefly served in the Navy during World War I but did not deploy. In 1940, he was nominated by President Franklin D. Roosevelt to be the Undersecretary of the Navy, serving in that position for four years. It was during this time that Forrestal built an assertive reputation, having created many initiatives under this newly established position.⁹⁸ He was aggressive on communism, and was described as very confident and calm when making decisions during his time as the Secretary of the Navy.⁹⁹ However, at the beginning of his third year as Secretary of Defense, his initiative and leadership abilities began to deteriorate.

In early 1949, the Cold War began and Forrestal became increasingly dependent on his boss with regard to making decisions. One day in January 1949, President Truman asked his naval aide, “Do you know who the Secretary of Defense is?” The aide responded with the obvious answer that it was James Forrestal. Truman immediately corrected him: “You’re wrong. I’m the Secretary of Defense. Jim calls me ten times a day to make decisions that are completely within his competence...”¹⁰⁰ Political attacks against Forrestal that were portrayed in the media also aggravated the President’s attitude. Forrestal appeared mentally absent from his duties, yet physically present. He had recently been known to stare off into space during meetings as if he was in deep thought, which was out of character for him. Forrestal also made paranoid comments from time to time, indicating that someone may be trying to hurt him. When Truman asked Forrestal to resign his position, many viewed the Secretary of Defense’s mental state as simply an exhausted man who needed rest.

⁹⁷ Arnold A. Rogow, *James Forrestal: A Study of Personality, Politics, and Policy* (New York: Macmillan, 1963), 66.

⁹⁸ *Ibid.*, 93.

⁹⁹ *Ibid.*, 121.

¹⁰⁰ Townsend Hoopes and Douglas Brinkley, *Driven Patriot: The Life and Times of James Forrestal* (New York: Knopf, 1992), 437.

Forrestal did not display any warning signs of suicide until his last day in office.¹⁰¹ Louis Johnson replaced Forrestal during a formal ceremony at the Pentagon on March 28, 1949. During that day, he was honored by many military leaders, Congressmen, and White House staff members. It was to be a happy day of retirement for a man who had worked so hard for so many years. However, on that evening he admitted to one of his close friends that he had been contemplating suicide. Even though he had a patriotic reputation and was even called a hero by many, he saw himself as a complete failure. His family and friends flew him to Hobe Sound, Florida, where he was able to be with his wife and relax near the beach. During his first few days there, he admitted at least one suicide attempt occurred. Forrestal's family took the appropriate precautions, never allowing him to be alone. He displayed symptoms of a very mentally ill individual, but fortunately was aware of his issues and agreed to speak with Dr. William Menninger, a psychiatrist who was a consultant to the Surgeon General of the Army.¹⁰²

Many press reports during this time said that Forrestal must have been suffering from something similar to "operational fatigue," which was the term used to describe a human reaction to "fighting too long without respite."¹⁰³ However, no one predicted his suicide, as it was a shock to many, including President Truman. After almost two months of care at Bethesda Naval Hospital, Forrestal seemed to be in better spirits. He spent much of his time reading, received many visitors, including the President, and was given more freedoms once he was no longer a high suicide risk. During the early morning hours of May 22, Forrestal began writing and copying lines from *Ajax* by Sophocles, which tells the story of a warrior contemplating suicide. At around 1:45 a.m. he stopped copying and jumped out of a window in an adjacent kitchen, falling to his death.¹⁰⁴

¹⁰¹ Hoopes and Brinkley, *Driven Patriot*, 437-438.

¹⁰² Rogow, *James Forrestal*, 1, 5-7.

¹⁰³ *Ibid.*, 11.

¹⁰⁴ *Ibid.*, 11-18.

Forrestal demonstrated the tragic truth that sometimes, no matter what an institution or individual intervener does, suicide is unavoidable. It is impossible to completely understand what another individual is thinking in such a critical moment. Forrestal was surrounded by family and friends. He was regularly seeing a therapist. He openly acknowledged his internal agony. He appeared to be very honest about previous suicide attempts and sought out help. However, his mind must have been filled with raw emotion that was tangled in hopelessness. In his book, *Cry of Pain*, Professor of Clinical Psychology Dr. Mark Williams states that impulses to commit suicide are very hard to predict and can only be prevented by removing the means of death and creating a distraction at the “critical moment.”¹⁰⁵ Those critical moments are impossible to foresee. In Forrestal’s case, he was alone in his room at the hospital reading a story about suicide, which was a critical moment. He then used the only means available, which was a nearby window.

No one could have prevented Forrestal’s suicide without being able to read his mind at the critical moment. All of his thoughts and actions leading up to his final act of death were formed by the lens through which he viewed the world. He did not remain close with his parents or siblings throughout his life. Arnold Rogow, a Forrestal biographer, says that Forrestal began withdrawing from his family shortly after moving out of the house.¹⁰⁶ He did not immediately join the military as his father hoped, and he did not become a priest, as his mother had wished.¹⁰⁷ He actually rejected the church and quit attending altogether after leaving college. Records indicate that his parents supported him financially through school, yet as an adult he did not speak about his childhood and he never visited his hometown.¹⁰⁸ James Forrestal’s older brother Henry

¹⁰⁵ Mark Williams, *Cry of Pain: Understanding Suicide and Self-Harm* (London: Penguin Books, 1997), 187.

¹⁰⁶ Rogow, *James Forrestal*, 61.

¹⁰⁷ *Ibid.*, 61.

¹⁰⁸ *Ibid.*, 58.

indicated that James was actually afraid of their mother when they were kids, for she dominated the home with strict rules on conduct, curfews, and church attendance.¹⁰⁹ Many unknown factors contributed to his worldview. His lens was a unique, individual consciousness that was more distinct than a fingerprint.

Different Reactions to Trauma

People react differently to similar events because of an individual lens shaped by childhood. Some experience traumatic events in combat situations and suffer from years of anxiety and depression, while others do not. One such story is of US Army Specialist Alyssa Peterson and Sergeant Kayla Williams. In 2003, both soldiers were serving with their unit at Tal Afar Air Base when they participated in what is now described as torture during the interrogation of enemy combatants.¹¹⁰ Bateson highlights this case study to emphasize the fact that individuals are usually blamed for their suicidal actions because others going through the same trauma do not resort to killing themselves.¹¹¹ Upon being ordered to torture detainees, both Peterson and Williams immediately objected. When they both refused to continue after only a few interrogation sessions, they were reassigned to other duties at Tal Afar. They had each witnessed detainees being abused physically, psychologically, and sexually. On September 15, 2003, Peterson fatally shot herself with her own weapon only two weeks after her first day on the job.¹¹² Williams exited the Army honorably after her service ended and eventually wrote about her experiences in a book titled *Love My Rifle More Than You*.¹¹³ Williams stated, “I witnessed abuse. I felt uncomfortable with it, but I didn’t kill myself.”¹¹⁴ Peterson and Williams experienced

¹⁰⁹ Rogow, *James Forrestal*, 53.

¹¹⁰ Bateson, *Last and Greatest Battle*, 112.

¹¹¹ *Ibid.*, 137.

¹¹² *Ibid.*, 111.

¹¹³ *Ibid.*, 113.

¹¹⁴ *Ibid.*, 138.

the same trauma, but their individual worldviews shaped their very different reactions to those events.

Evidence suggests that out of the small percentage of Americans who do experience combat trauma, most do not suffer from PTSD. Disorder is the key word here, because it indicates a chronic illness. In his book *Tribe*, Sebastian Junger notes that after combat experience, most combat veterans suffer from short term post-traumatic stress but not a long-term disorder.¹¹⁵ He cites a 2007 study from the Institute of Medicine and the National Research Council that says chronic PTSD is mostly a result of experiences that happen prior to combat.¹¹⁶ In other words, an individual who experienced trauma as a child is more likely to be diagnosed with PTSD after enduring combat shock than someone whose childhood was void of violence. Indeed, as this monograph has already stated, no evidence exists to support the argument that suicide rates are directly linked to combat. The act is individual and multicausal, shaped by socialization.

Socialization

The complexity of suicide can be more easily understood when its causes are recognized to be rooted in primary socialization. Suicide is not completely preventable, because it is impossible to know the inner most thoughts and feelings of another individual. Many times, people even have problems interpreting their own thoughts. Individuals craft their personality and worldview long before they begin military service. People create social order in the world, while also making themselves a product of institution and socialization.¹¹⁷ Sociologists Peter Berger and Thomas Luckmann describe primary socialization as the “first socialization that an individual undergoes during childhood, through which he becomes a member of society.”¹¹⁸ Individuals and

¹¹⁵ Sebastian Junger, *Tribe: On Homecoming and Belonging* (New York: Hatchette Book Group, 2016), 82.

¹¹⁶ Ibid.

¹¹⁷ Berger and Luckmann, *The Social Construction of Reality*, 52-55.

¹¹⁸ Ibid., 130.

events that shape one's childhood also form the way in which they view the world for the rest of their lives, ultimately forming their identity. This socially created view of the world is at the core of a person's sense of self and continues to exist after one has endured the military indoctrination of bootcamp, officer candidate school, or military college. The details of what specific events actually create a particular individual's identity are difficult to understand, and almost impossible to change. To change one's worldview, a person must completely reverse their understanding of reality and replace it by undergoing a process that Berger and Luckmann call "alternation" or re-socialization.¹¹⁹ One example of alternation is religious conversion, which is difficult because it requires one to fundamentally change everything they believe about their place in the world. The two most common methods of inducing alternation are psychotherapy and indoctrination.¹²⁰ Since the effects of primary socialization may never change through alternation, and the initial effects can span an entire lifetime, they continually influence thought processes that can lead to suicide or its prevention.

Secondary socialization happens after primary socialization, and also has tremendous impacts on everything people do for the rest of their lives. During primary socialization, an individual becomes a member of society by internalizing that society through the influence of significant others, such as parents and siblings. During secondary socialization, people begin to expand their role in society by building on what they have learned from significant others. Berger and Luckmann define secondary socialization as "any subsequent process [to primary socialization] that inducts an already socialized individual into new sectors of the objective world of his society."¹²¹ This happens when an individual begins to be influenced by those outside the home. It happens when a person begins attending school or church, and it becomes more influential as time away from significant others increases. Memories of high school are what

¹¹⁹ Berger and Luckmann, *The Social Construction of Reality*, 157.

¹²⁰ *Ibid.*, 158.

¹²¹ *Ibid.*, 130.

many people reference as having shaped the future of their lives. Those recollections of secondary socialization shape a person's view of self and the world. They are hard to forget.

In fact, it is not uncommon for some people to say that high school constitutes the best years of their lives. For others however, those years were the worst. They endured an alcoholic father, an abusive mother, or a school bully. Writer and spoken word poet Shane Koyczan said that when he was a kid, "the school halls were a battleground."¹²² Koyczan had always wanted to be a writer, but as a child he was constantly told about what he could *not* do, rather than what he *could* do. In the introduction to his twelve-minute presentation of "To This Day," Koyczan said "...I've been shot down so many times, I get altitude sickness just from standing up for myself. But that's what we were told. Stand up for yourself."¹²³ Artists from all over the world created an animated video to accompany Koyczan's presentation, which has been viewed over twelve million times online.¹²⁴ From his perspective, growing up was filled with discouragement by adults and bullying by other children.

The phrase "To This Day" is impactful to many people because they can relate it to their own secondary socialization. Koyczan's poem gives an example of an eight-year-old girl who was constantly called ugly by her classmates. To this day she still does not feel beautiful, "despite a loving husband...raising two kids whose definition of the word beauty begins with the word mom."¹²⁵ He writes another example of a boy who tried to kill himself because someone told him to "get over" his depression. To this day, "he is a stick of TNT lit from both ends."¹²⁶ The poem

¹²² Shane Koyczan, *To This Day: For the Bullied and Beautiful* (New York: Annick Press, 2014), 23.

¹²³ Shane Koyczan, "To This Day...for the bullied and beautiful," TED, February 1, 2013, video, 11:49, accessed 16 January 2020, https://www.ted.com/talks/shane_koyczan_to_this_day_for_the_bullied_and_beautiful.

¹²⁴ Koyczan, *To This Day*, inside cover.

¹²⁵ *Ibid.*, 28, 31.

¹²⁶ *Ibid.*, 36, 38.

ends by saying there are many kids today coming of age that are being bullied and called hurtful names. Koyczan highlights the classic sticks and stones metaphor. He says that doctors can easily place a cast around a broken bone, but only individuals can place a cast around their own broken hearts.¹²⁷ Depression cannot be “remedied by the contents found in a first aid kit.”¹²⁸ Words hurt and have lasting impact. To this day, those bullied in school long ago are still hurting in some way. Present triggers and warning signs of suicide are related to primary and secondary socialization from many years ago.

Surrounded and Isolated

Socialization can have a lasting positive or negative impact on one’s worldview, but isolation from others can severely degrade an individual’s self-confidence and contribute to suicidal thoughts and actions. Human beings are social creatures. After creating man, God recognized the need for social order by saying, “It is not good that the man should be alone.”¹²⁹ The idea behind creating woman was based on giving man companionship. Berger and Luckmann said that the individual is “born with a predisposition toward sociality...”¹³⁰ People are starved for affection and attention.

Not only do people instinctively desire a connection with others, they actually require it in order to survive. Individuals need purpose, which is often created by hardship and reinforced by the contributions of others. To support this argument, Sebastian Junger quotes Irish psychologist H.A. Lyons, who said, “When people are actively engaged in a cause, their lives have more purpose...with a resulting improvement in mental health.”¹³¹ People are often told to keep busy during hard times, because boredom has the potential to create insanity or depression.

¹²⁷ Koyczan, *To This Day*, 55.

¹²⁸ *Ibid.*, 37.

¹²⁹ Genesis 2:18 (King James Version).

¹³⁰ Berger and Luckmann, *The Social Construction of Reality*, 129.

¹³¹ Junger, *Tribe*, 48-49.

Junger continues his argument by saying that most purpose in life is created by suffering or disaster, thus generating the need for individuals and groups to unite in an effort to overcome adversity. Indeed, most people unconsciously create vast social networks that consist of close relatives and friends because they understand that no difficult task can be accomplished alone.¹³²

This sense of community is the third pillar of Junger's "self-determination theory," which says that man needs three things in order to be content in life (autonomy, competence, and community).¹³³ Junger argues that these intangibles are what make people happy.¹³⁴ Many young men and women join the Marine Corps not for money, status, or even a free college degree. They enlist for structure, confidence, and cohesion. In his book, *Odysseus in America*, clinical psychiatrist Jonathan Shay writes that fear is dramatically reduced in people when they have cohesion.¹³⁵ He says, "the human brain codes social recognition, support, and attachment as physical safety."¹³⁶ According to Junger, if man is free, knows what he is doing, and has cohesion with his fellow man then he will be pleased with life.

The concepts of cohesion and community have changed dramatically with technological advances over the past 100 years. In *Tribe*, Junger describes many stories of Native Americans in eighteenth century America who attracted white men to join their tribes, while very few Native Americans themselves felt compelled to join the white man's new civilization.¹³⁷ Native American tribes, while very violent, had the ultimate sense of community where every member was required to contribute and earn their survival through harsh physical conditions. No one was

¹³² Joshua Green, *Moral Tribes: Emotion, Reason, and the Gap Between Us and Them* (New York: The Penguin Press: 2013), 49.

¹³³ Junger, *Tribe*, 21-22.

¹³⁴ *Ibid.*, 22.

¹³⁵ Jonathan Slay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribner, 2002), 210-211.

¹³⁶ *Ibid.*, 210.

¹³⁷ Junger, *Tribe*, 2.

left behind, and no one was ever alone. As man created a new society in North America, he pushed out the Native Americans, and invented new ways for an even more comfortable, sedentary, and disconnected lifestyle. Even before 1840, life on the farm was a “struggle against nature,” working more with machinery than people.¹³⁸ As cities were developed and people moved physically closer together, they became more disconnected.

Isolation is something that many people face today, even when they are surrounded by others. Junger argues that as society progressed, people began seeing themselves more as individuals rather than members of a group.¹³⁹ In *Tribe*, he writes that “A person living in a modern city or a suburb can, for the first time in history, go through an entire day—or an entire life—mostly encountering complete strangers.”¹⁴⁰ This scenario continues to become more common as technology allows modern conveniences to be delivered faster and from a larger selection. In January 2020, Cigna released their annual Loneliness Index, which said that 61% of Americans reported feeling lonely and that “social media has a major impact on loneliness with very heavy social media users significantly more likely to feel alone, isolated, left out and without companionship.”¹⁴¹ People are connected online, but they are disconnected socially.

Community is the most important pillar of Junger’s self-determination theory. Being part of something bigger than yourself is not something money can buy. Indeed, Junger concludes that poor people are actually much happier than wealthy people because they are forced to rely on others for survival.¹⁴² Financial success leads to independence and potential isolation, which “can

¹³⁸ John Kotter, *Power and Influence: Beyond Formal Authority* (New York: Free Press, 1985), 22.

¹³⁹ Junger, *Tribe*, 18.

¹⁴⁰ *Ibid.*

¹⁴¹ Cigna, “Cigna Takes Action to Combat the Rise of Loneliness and Improve Mental Wellness in America,” 23 January 2020, accessed January 28, 2020, <https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-action-to-combat-the-rise-of-loneliness-and-improve-mental-wellness-in-america>.

¹⁴² Junger, *Tribe*, 20-21.

put people at a greatly increased risk of depression and suicide.”¹⁴³ People desire purpose, structure, and social interaction. They want to gain intangible qualities that come with good character. People join the Marine Corps because they want cohesion.

Sustaining the Transformation

After enlisting in the Marine Corps, recruits undergo an extreme period of indoctrination. At recruit training, a transformation occurs, during which people earn the title of Marine. According to MCWP 6-11, the Marine Corps’ recruiting campaign is different from other services because it asks the question “Do you have what it takes to be a Marine?” rather than “What can the Marine Corps do for you?”¹⁴⁴ This decades-long recruiting campaign has historically sought out individuals that do not expect tangible benefits, but want to be part of an organization that sees itself as different than the others. It makes volunteering for military service seem like a challenge itself (see figure 8).



Figure 8. The Marine Corps actively seeks individuals that desire no tangible benefit to service. US Marine Corps, Marine Corps MCWP 6-11, *Leading Marines* (Washington, DC: Government Printing Office, 2014), 1-4.

¹⁴³ Junger, *Tribe*, 21.

¹⁴⁴ US Marine Corps, MCWP 6-11, 1-4.

The transformation at Marine Corps recruit training has been portrayed and discussed throughout society and pop culture for many years. It has the reputation for being more physically and mentally demanding than the other military services. Recruit training has evolved over the years, but there have been two dramatic changes that are notable. First, the thirty-first Commandant, General Charles Krulak, introduced “the crucible” in 1996, which is a grueling fifty-four-hour culmination to recruit training.¹⁴⁵ The event consists of sleep and food deprivation and requires that recruits work together in small teams during physically and mental challenging scenarios. Upon finishing the crucible, recruits are presented with the coveted eagle, globe, and anchor, which officially transforms them into Marines, and is the final training event before graduation. It remains the ultimate builder of cohesion and comradery among Marines today.

The second notable adjustment to recruit training happened in 2017. During that time, CMC General Neller saw a need to capitalize upon the extreme changes that happen to Marines at recruit training. Before 2017, Marines would finish the crucible and graduate recruit training in the same week, with no real time to reflect on what they had just experienced.¹⁴⁶ In a matter of days, they would transition from a very stressful and controlled environment to the much slower and “normal” environment of everyday life. Whereas before they were constantly being yelled at, they were now being treated with respect. It was a very abrupt transition. Neller addressed this by adding a fourth phase to recruit training, which consists of a two-week period of mentorship with drill instructors.¹⁴⁷ During this phase, the drill instructors no longer yell at the Marines. They teach, coach, and mentor them. The drill instructors advise them on what to expect during their time in the Fleet Marine Force (FMF). This time also gives the Marines a chance to gradually decompress rather than be shocked by the immediate freedom given at graduation. Neller saw this

¹⁴⁵ Michael Martinet, “Sustaining the Transformation,” *The Marine Corps Gazette* 103, no. 8 (August 2019): 46.

¹⁴⁶ *Ibid.*, 47.

¹⁴⁷ *Ibid.*

transition period as critical, because Marines needed to exploit their recent accomplishments at recruit training, rather than simply see them as a rite of passage. They needed to manage expectations for their future experiences in the FMF.

As this monograph previously discussed, socialization during one's early years dramatically impacts worldview. According to Burger and Luckmann, alternation can be accomplished with indoctrination, but Marine Corps recruit training only lasts twelve weeks. That is shorter than a professional football season. As commandant, General Krulak implemented the crucible at recruit training, but he also published Marine Corps Reference Publication (MCRP) 6-11D, *Sustaining the Transformation*. This document focuses on the Marine Corps leadership principle of "know your Marines and look out for their welfare."¹⁴⁸ The publication emphasizes basic Marine Corps concepts that should continue to be highlighted throughout the Marine's career. In terms of time, the document defines transformation as a continual process that starts upon meeting a Marine recruiter and does not end until one exits the service.¹⁴⁹ After many years it may be easy for a Marine to take the lessons of recruit training for granted. The transformation from civilian to Marine is described as a "...defining moment in a person's life."¹⁵⁰ It is something that must be remembered and built upon throughout a Marine's career. The publication provides detailed guidance on how to ensure Marines sustain the transformation by immersing themselves into their FMF unit, ultimately giving them the invaluable cohesion they desire.

Many causes of suicide are rooted in loneliness and socialization. Individual consciousness is created long before a person graduates from recruit training. Their worldview was formed during primary and secondary socialization. Since man's ability to be self-aware, he has been concerned with self-destructive behavior. Suicide has historically been caused by

¹⁴⁸ US Marine Corps, Marine Corps Tactical Publication (MCTP) 6-10A, *Sustaining the Transformation* (Washington, DC: Government Printing Office, 2014), i; MCTP 6-10A replaced MCRP 6-11D in 2014.

¹⁴⁹ *Ibid.*, 2-7.

¹⁵⁰ *Ibid.*, i.

depression rooted in isolation. Many scholars believe the act of suicide is not caused by combat experience, but by traumatic events that occurred long before combat. Evidence also suggests that when two people experience similar trauma, they can react very differently. Today people are connected online but are disconnected socially. They are surrounded, yet lonely. Author Jonathan Haidt calls this an “individualistic” view, where the individual is the center of attention and is actually served by society.¹⁵¹ Marines are transformed at recruit training, but their view of self and the world remains founded in their childhood. Suicide is not completely preventable, because leaders cannot know everything about an individual Marine’s understanding of reality. This tragedy is prevented when leaders take action and continue to sustain the transformation through engaged leadership. Immersion within the unit is what makes a Marine feel comfortable seeking help when needed, rather than being stigmatized. Unit cohesion and purpose are unmatched to any other type of prevention.

¹⁵¹ Jonathan Haidt, *The Righteous Mind: Why Good People are Divided by Politics and Religion* (New York: Vintage Books, 2013), 17.

Conclusion

Suicide is negatively impacting readiness across the DoD today at an alarming proportion. Senior leaders have tried a multitude of possible solutions, but the fact remains that the rate of suicide in the Marine Corps is continuing to increase, with 2018 being the highest ever recorded.¹⁵² As these rates continue to increase, annual training is modified with an emphasis on recognizing warning signs and taking action. Both General Neller and General Berger addressed the issue as CMC, but the subject needs to be taken a step further and put into doctrine. Marines will feel more comfortable talking about this tragedy when it actually becomes “normal” to seek care for mental health, just as it is already “normal” to seek care for physical injuries. It will never be that simple, because mental wounds are not tangible. However, the institution must take this first step. Annual training, even when conducted in an intimate setting, is not enough. Most suicides could not have been prevented and many of those that are prevented are never known unless an attempt occurs. It is an individual act that is sometimes unknowingly affirmed by “less significant others.”¹⁵³ In today’s individualist society, people often react very differently to similar situations, especially combat. True prevention will continue to happen through engaged leadership. Even the most respected leaders face extreme anxiety at times. Overcoming adversity happens when individuals feel like they are part of a group. It happens when they have cohesion.

General Neller addressed suicide many times during his tenure as CMC. He spoke at the American Psychiatric Association’s annual meeting in 2016, asking for help from experts.¹⁵⁴ He addressed the problem again during his message to the force in 2019. During a final plea in the summer of 2019, Neller wrote a letter to all Marines and created an emotional video that

¹⁵² Commandant of the Marine Corps, “Mental Wellness.”

¹⁵³ Berger and Luckmann, *The Social Construction of Reality*, 151.

¹⁵⁴ Scott, “Marine Commandant Gen. Robert Neller: Help Us With Suicides.”

encouraged Marines to seek out help if needed.¹⁵⁵ That summer, he passed the colors to General Berger, who became CMC and addressed suicide a few months later, shortly after the DoD ASR was released. Clearly this is an issue that has the attention of senior leaders, but do they know how to address it? When asked in 2019 if the DoD had a solution to suicide, Defense Secretary Mark Esper simply said, “We don’t.”¹⁵⁶ The perception among junior Marines is that senior leaders are simply out of ideas.

The foundation for annual suicide prevention training in the Marine Corps was set in 2011, with the creation of the DSPO. The Marine Corps, under the guidance of DSPO, takes a scientific approach to suicide prevention, which is then reinforced by the artistic ability of individual commanders. Marines are trained to recognize the common warning signs of suicide and take action when required. Annual training is standardized but can be tailored to the individual unit. Commanders and small unit leaders also take an artistic approach with engaged leadership. This function is forced through the use of the FPC and other tools available to commanders. Suicide prevention, both in training and action, creates a healthy tension between art and science. Individual commanders have many resources available that can reinforce their vision of a healthy, productive, and cohesive unit. Perception may be that strategic leaders do not know how to prevent suicide, but the reality is that this individual act is not monocausal. It cannot be addressed in a simple or generalized way.

The Marine Corps propagates the fundamental belief that individuals are transformed at recruiting training. This is the very core of how the service has recruited for the past century. Marketing campaigns generally display the same general narrative that focuses on character and cohesion. It is very effective because young Americans want structure and comradery. They want to be a part of something bigger than their own lives. They desire intangible qualities that cannot

¹⁵⁵ Commandant of the Marine Corps, “Mental Wellness.”

¹⁵⁶ 13 News Now, “U.S. Secretary of Defense says stopping suicide is top priority,” 13 News Now YouTube Channel, 25 September 2019, video, 2:28, accessed 12 November 2019, <https://www.youtube.com/watch?v=wVDOns94IaE>.

be seen physically. Marines routinely talk about how recruit training changed them and their outlook on life. Transformation at boot camp must be sustained in order to truly immerse a person into a Marine Corps unit, because individual worldviews are created long before enlistment.

While studies do not show that suicide has a singular cause, evidence does point to socialization as a huge contributing factor. Indeed, many suicide victims have no combat experience, and those who have seen combat are likely to have experienced traumatic events as a child. Man is a product of the social environment that he produces. Suicide is an individual act that is sometimes reinforced by what Berger and Luckman call “less significant others.”¹⁵⁷ During primary and secondary socialization, significant others “are the principle agents for the maintenance of...subjective reality” and “function as a sort of chorus.”¹⁵⁸ While significant others provide valuable and usually reliable encouragement or discouragement in an individual’s life, less significant others offer feedback inconsistently. This means that their feedback can reinforce a person’s negative worldview, ultimately guiding the actions of a vulnerable mental state. Actions and words from less significant others can set conditions for triggering a traumatic memory or suicidal thought. When this is combined with a means for action, suicide can occur. Because these “critical moments” are impossible to predict, suicide sometimes cannot be prevented, and tragedies that are prevented may never be known.¹⁵⁹ Foundations of socialization create a person’s conscience and sense of self. This can rarely be changed, but it can be acknowledged.

Recommendations

The Marine Corps suicide rate is a reflection of American society, but because most of that society is not qualified to enlist, high standards should actually equal lower suicide rates. The

¹⁵⁷ Berger and Luckmann, *The Social Construction of Reality*, 151.

¹⁵⁸ *Ibid.*, 150-151.

¹⁵⁹ Williams, *Cry of Pain*, 187.

service should be educated enough for every Marine to understand what socialization is and what being transformed at recruit training truly means psychologically. Further research is needed regarding military members with no combat experience and their mental status before enlistment. The DoD conducts mental health screening on all service members prior to entry, but this process must be much more thorough. When he became the thirty-sixth CMC in 2014, General Joseph Dunford proposed that the Marine Corps start employing “psychological screening tools currently used by special operations forces, law enforcement organizations, and industry.”¹⁶⁰ Research is needed on the effectiveness of this proposal and a mental health screening bill that was part of the 2015 National Defense Authorization Act.¹⁶¹ Many Americans bring mental health issues into the Marine Corps that result in suicide. A RAND study completed in 2011 highlighted that an estimated 90% of suicide victims had some type of mental disorder.¹⁶² These disorders must be properly identified before military service begins.

Suicide in the Marine Corps is now common enough that it needs to be included in doctrine. As of this writing, the only mention of suicide in doctrine is within MCO 1720.2, *Marine Corps Suicide Prevention Program*. Mental health should be addressed in Marine Corps leadership doctrine. Sustaining the transformation does not just involve keeping Marines out of trouble and ensuring they retain what they have learned at recruit training. It may also be about reinforcing Berger and Luckmann’s “alternation” that occurred at recruit training. The worldview of Marines whose childhoods were on the receiving end of comments from bullies or the abuse of loved ones may need to be reprocessed. Marines will not talk about their mental health simply because the CMC says they should. Mental health and suicide should be acknowledged in

¹⁶⁰ US Marine Corps, *Commandant’s Planning Guidance: 36th Commandant of the Marine Corps* (Washington, DC: Government Printing Office, 2015), 6.

¹⁶¹ Travis J. Tritten, “House Passes New Recruit Mental Health Screening,” *Stars and Stripes*, 22 May 2014, accessed January 30, 2020, <https://www.stripes.com/news/house-passes-new-mental-health-screening-for-recruits-1.284738>.

¹⁶² Rajeev Ramchand, *The War Within: Preventing Suicide in the U.S. Military* (Santa Monica, CA: RAND Corporation, 2011), 29.

doctrine. Marines should know how their minds process information both now and when they were children. They should be trained on the effects of primary and secondary socialization. This does not mean that officers and non-commissioned officers should become psychologists, but real discussions about suicide and its potential causes should not be limited to the suicide prevention order.

Privacy is a key attraction for those who need mental health treatment. While it may be impossible to remove the stigma of seeking mental health care, privacy can encourage more Marines to get help. Since 2009, nurses and doctors at the University of California San Diego (UC San Diego) have used what is called the Healer Education Assessment and Referral (HEAR) program.¹⁶³ It gives nurses and doctors the opportunity to conduct online mental health screenings anonymously. HEAR is not the same as a crisis hotline like what the military services offer. It allows one to anonymously complete an online questionnaire and then receive an assessment from a provider, complete with a referral. Before the program started, UC San Diego had at least one suicide per year. Since the program started, there have been none. The Marine Corps and DoD have many programs that offer privacy in counseling that is separate from DoD's medical system. Implementing an anonymous program *within* the medical system would encourage more Marines to seek help from medical providers voluntarily, before a suicidal ideation or attempt occurs.

Final Thoughts

Every leader deals with anxiety and depression in their own, unique way. Clausewitz said that “the human mind...is far from uniform.”¹⁶⁴ He also said that “deep anxiety” is a test of will that can only be addressed by the individual that feels it.¹⁶⁵ The Marine Corps refers to morals

¹⁶³ University of California San Diego, “Healer Education Assessment and Referral Program,” Editors Official, accessed 30 January 2020, <https://medschool.ucsd.edu/som/hear>.

¹⁶⁴ Clausewitz, *On War*, 112.

¹⁶⁵ *Ibid.*, 104.

and human will as the “driving force of all action in war.”¹⁶⁶ Because all war is based on human action, the mind is the most valuable asset on a battlefield. Engaged leadership is essential to preventing suicide, no matter what type of war is being fought. Ultimately, the act is preventable only by the individual who may commit it.

Suicide negatively impacts the immeasurable moral force of a unit and the overall readiness of the DoD. Joint Publication 3-0, *Operations*, says that operational art is a “*cognitive* approach...”¹⁶⁷ Anxiety, depression, and thoughts of suicide cloud the judgement of even the most mentally tough individuals. General Al Gray, twenty-ninth CMC, said that “...an officer’s principle weapon is his mind.”¹⁶⁸ No matter the specialty or circumstance, the top priority of an officer is to lead Marines and look out for their welfare. The nation depends on leaders to take care of themselves and each other, both physically and mentally.

Sometimes suicide cannot be prevented. It may have been inevitable from the moment a bully in junior high school made a hurtful comment or the day physical abuse started. It is impossible to completely know another person’s worldview and their possible triggers without engaged leadership. On one hand, some Marines view engaged leadership as an invasion of their privacy. On the other hand, prevention does occur with engaged leadership, but successful prevention may never be known. The Marine Corps must continue to stress the importance of social health and unit cohesion to prevent loneliness and isolation. Human beings are social creatures that strive for the attention of others. Leaders must understand that some suicides could never have been prevented, and that successful prevention through engaged leadership may never be known. It is during this realization that the Marine Corps will truly defeat the enemy within.

¹⁶⁶ US Marine Corps, Marine Corps Doctrinal Publication 1, *Warfighting* (Washington, DC: Government Printing Office, 1997), 14.

¹⁶⁷ US Department of Defense, Joint Staff, Joint Publication 3-0, *Operations* (Washington, DC: Government Printing Office, 2017), I-13.

¹⁶⁸ US Department of the Navy, *Education for Seapower* (Washington, DC: Government Printing Office, 2018), i.

Bibliography

- 13 News Now. "U.S. Secretary of Defense says stopping suicide is top priority." 13 News Now YouTube Channel, 25 September 2019, video, 2:28. Accessed 12 November 2019. <https://www.youtube.com/watch?v=wVDOs94IaE>.
- Bateson, John. *Last and Greatest Battle: Finding the Will, Commitment, and Strategy to End Military Suicides*. New York: Oxford University Press, 2015.
- Berger, Peter L., and Thomas Luckmann. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. New York: Anchor Books, 1989.
- Buble, Courtney. "Pentagon Struggles to Address Service Member Suicides." *The Government Executive*, August 28, 2019. Accessed 1 September 2019. <https://www.govexec.com/defense/2019/08/pentagon-struggles-address-service-member-suicides/159518/>.
- Burke, Matthew. "Marine Corps suicides hit 10-year high." *Stars and Stripes*, January 30, 2019. Accessed 1 September 2019. <https://www.stripes.com/news/marine-corps-suicides-hit-10-year-high-1.566651>.
- Centers for Disease Control and Prevention. "Web-based Injury Statistics Query and Reporting System." Editors Official, 18 September 2019. Accessed 23 December 2019. <http://www.cdc.gov/injury/wisqars/index.html>.
- Choron, Jacques. *Suicide*. New York: Charles Scribner's Sons, 1972.
- Cigna. "Cigna Takes Action to Combat the Rise of Loneliness and Improve Mental Wellness in America." 23 January 2020. Accessed January 28, 2020. <https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-action-to-combat-the-rise-of-loneliness-and-improve-mental-wellness-in-america>.
- Clausewitz, Carl von. *On War*. Edited and translated by Michael Howard and Peter Paret. Princeton: Princeton University Press, 1984.
- Commandant of the Marine Corps (@CMC_MarineCorps). "Mental Wellness." Twitter, 21 May 2019. Accessed 15 August 2019. https://mobile.twitter.com/CMC_MarineCorps/status/1130866252321370112.
- . "I need every Marine out there. We can't afford to lose a single Marine or Sailor..." Twitter, 26 September 2019. Accessed 12 November 2019. https://twitter.com/cmc_marinecorps/status/1177337398407180291.
- Defense Suicide Prevention Office. "About DSPO." Editors Official. Accessed 26 December 2019, <https://www.dspo.mil/AboutDSPO>.
- Defense Suicide Prevention Office (@DSPOMil). "You do not need special training to support service members..." Twitter, 23 September 2019. Accessed 30 October 2019. <https://twitter.com/DSPOMil/status/1176150355022950404>.
- Frueh, B. Christopher and Jeffrey A. Smith. "Suicide, alcoholism, and psychiatric illness among

- Union forces during the U.S. Civil War.” *Journal of Anxiety Disorders* 26, no. 7 (October 2012): 769-775.
- Green, Joshua. *Moral Tribes: Emotion, Reason, and the Gap Between Us and Them*. New York: The Penguin Press, 2013.
- Haidt, Jonathan. *The Righteous Mind: Why Good People are Divided by Politics and Religion*. New York: Vintage Books, 2013.
- Hedegaard, Holly, Sally Curtin, and Margaret Warner. *Suicide Rates in the United States Continue to Increase*. National Center for Health Statistics Data Brief no. 309. Hyattsville, MD: National Center for Health Statistics. June 2018.
- Hoopes, Townsend, and Douglas Brinkley. *Driven Patriot: The Life and Times of James Forrestal*. New York: Knopf, 1992.
- “Jacques Choron, a philosopher, 68.” *New York Times*. Obituary. March 31, 1972. Accessed 16 January 2020. <https://www.nytimes.com/1972/03/31/archives/jacques-chor01q-aphil00pher-68-student-of-suicide-deadm-author-and.html>.
- Junger, Sebastian. *Tribe: On Homecoming and Belonging*. New York: Hatchette Book Group, 2016.
- Knight, Thomas G. “Suicide and Public Organizations: The Incidence within United States Special Operations Forces.” PhD diss., University of Alabama, Tuscaloosa, 1997.
- Kotter, John. *Power and Influence: Beyond Formal Authority*. New York: Free Press, 1985.
- Koyczan, Shane. *To This Day: For the Bullied and Beautiful*. New York: Annick Press, 2014.
- . “To This Day...for the bullied and beautiful.” TED, 1 February 2013, video, 11:49. Accessed 16 January 2020. https://www.ted.com/talks/shane_koyczan_to_this_day_for_the_bullied_and_beautiful.
- Lamothe, Dan. “U.S. military’s suicide rate for active-duty troops up over the past five years, Pentagon says.” *The Washington Post*, 26 September 2019. Accessed 10 December 2019. <https://www.washingtonpost.com/national-security/2019/09/26/us-militarys-suicide-rate-active-duty-troops-rises-fifth-consecutive-year-pentagon-says>.
- Lopez, C. Todd. “DoD Releases Report on Suicide Among Troops, Military Family Members.” Department of Defense, 26 September, 2019. Accessed 28 October 2019. <https://www.defense.gov/explore/story/Article/1972793/dod-releases-report-on-suicide-among-troops-military-family-members>.
- Martinet, Michael D. “Sustaining the Transformation.” *The Marine Corps Gazette* 103, no. 8 (August 2019): 46-51.
- Mattis, Jim, and Bing West. *Call Sign Chaos: Learning to Lead*. New York: Random House, 2019.
- National Institute of Mental Health. “Mental Health Information Statistics.” April 2019. Accessed

- 29 October 2019. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.
- Ramchand, Rajeev. *The War Within: Preventing Suicide in the U.S. Military*. Santa Monica, CA: RAND Corporation, 2011.
- Rogow, Arnold A. *James Forrestal: A Study of Personality, Politics, and Policy*. New York: Macmillan, 1963.
- Schogol, Jeff. "Marines' hidden battle scars." *Marine Corps Times*, 29 May 2016. Accessed 31 October 2019. <https://www.marinecorpstimes.com/news/your-marine-corps/2016/05/29/marines-hidden-battle-scars>.
- Scott, Gale. "Marine Commandant Gen. Robert Neller: Help Us With Suicides." *MD Magazine*, 18 May 2016. Accessed 31 October 2019. <https://www.mdmag.com/conference-coverage/apa-2016/marine-commandant-gen-robert-neller-help-us-with-suicides>.
- Shane, Leo. "Historic data on military suicide shows no clear link with combat operations." *Military Times*, 13 December 2019. Accessed 23 December 2019. <https://www.militarytimes.com/news/pentagon-congress/2019/12/13/historic-data-on-military-suicide-shows-no-clear-link-with-combat-operations>.
- Slay, Jonathan. *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Scribner, 2002.
- Smith, Jeffrey A., Michael Doidge, Ryan Hanoa, and B. Christopher Frueh. "A Historical Examination of Military Records of US Army Suicide, 1819 to 2017." *JAMA Network Open* 2, no. 12 (December 2019): 1-11. Accessed 16 January 2020. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2757484>.
- Snow, Shawn. "The Corps' suicide rate is at a 10-year high. This is how the Marines plan to address it." *Marine Corps Times*, 30 January 2019. Accessed 1 September 2019. <https://www.marinecorpstimes.com/news/your-marine-corps/2019/01/30/suicide-rate-across-the-corps-is-at-a-10-year-high-this-is-how-the-marines-plan-to-address-it>.
- Thomas, Major Craig. "DoD Annual Suicide Report CY18." United States Marine Corps, 26 September, 2019. Accessed 23 December 2019. <https://www.marines.mil/News/Press-Releases/Press-Release-Display/Article/1971775/dod-annual-suicide-report-cy18>.
- Tritten, Travis J. "House Passes New Recruit Mental Health Screening." *Stars and Stripes*. 22 May 2014. Accessed 30 January 2020. <https://www.stripes.com/news/house-passes-new-mental-health-screening-for-recruits-1.284738>.
- University of California San Diego. "Healer Education Assessment and Referral Program." Editors Official. Accessed 30 January 2020. <https://medschool.ucsd.edu/som/hear>.
- Uriarte, Maximilian. "Out of Ideas." *Marine Corps Times*, Terminal Lance comic strip, 28 October 2019.
- US Congress. Senate. *Servicemember, Family, and Veteran Suicides and Prevention Strategies: Hearings before the Personnel Subcommittee of the Committee of the Armed Services*. 116th Cong., 1st sess., 4 December 2019.

- US Department of Defense. *Annual Suicide Report: Calendar Year 2018*. Washington, DC: Government Printing Office, 13 September 2019.
- . DoD Instruction 6130.03, *Medical Standards for Appointment, Enlistment, or Induction into the Military Services*. Washington, DC: Government Printing Office, 2018.
- . DoD Instruction 6490.16, *Suicide Prevention Program*. Washington, DC: Government Printing Office, 2012.
- US Department of Defense, Joint Staff. Joint Publication 3-0, *Operations*. Washington, DC: Government Printing Office, 2017.
- US Department of the Navy. *Education for Sea Power*. Washington, DC: Government Printing Office, 2018.
- US Marine Corps. *Commandant's Planning Guidance: 36th Commandant of the Marine Corps*. Washington, DC: Government Printing Office, 2015.
- . *Commandant's Planning Guidance: 38th Commandant of the Marine Corps*. Washington, DC: Government Printing Office, 2019.
- . "Community Counseling." Marine Corps Community Services. Editors Official. Accessed 14 January 2020. <https://usmc-mccs.org/services/support/community-counseling>.
- . "Force Preservation Council Basics." PowerPoint Presentation, Safety Division, Washington, DC, 13 January 2015. Accessed 14 January 2020. <https://www.safety.marines.mil/Portals/92/FPC%20Toolbox/FPC%20Basics.pptx>.
- . "Manpower and Reserve Affairs." Editors Official. Accessed 1 September 2019. <https://www.manpower.usmc.mil/webcenter/portal/MRAHome>.
- . Marine Administrative Message 512/14, *Implementation of Unit Marine Awareness and Prevention Integrated Training*. Washington, DC: Government Printing Office, 2014.
- . "Marine and Family Programs Suicide Surveillance Update." PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 3 October 2019. Accessed 21 October 2019. https://www.manpower.usmc.mil/webcenter/portal/oracle/webcenter/page/scopedMD/s0107ba7e_ddc6_4df3_a11c_225cfb60b48b/Page7229ef1c_b4ee_463c_b5e4_c9d1062164ea.jsp.
- . Marine Corps Doctrinal Publication 1, *Warfighting*. Washington, DC: Government Printing Office, 1997.
- . Marine Corps Order 1500.60, *Force Preservation Council Program*. Washington, DC: Government Printing Office, 2016.
- . Marine Corps Order 1720.2, *Marine Corps Suicide Prevention Program*. Washington, DC: Government Printing Office, 2012.

- . Marine Corps Order 3000.13A, *Marine Corps Readiness Reporting*. Washington, DC: Government Printing Office, 2017.
- . Marine Corps Tactical Publication 6-10A, *Sustaining the Transformation*. Washington, DC: Government Printing Office, 2014.
- . Marine Corps Warfighting Publication 6-11, *Leading Marines*. Washington, DC: Government Printing Office, 2014.
- . *Message to the Force 2019: Continue the Attack*. Washington, DC: Government Printing Office, 2019.
- . “My Brother’s Keeper.” Official Marine Corps YouTube Channel. 17 May 2019, video, 1:11. Accessed 15 August 2019. <https://www.youtube.com/watch?v=rvAGr6L8pIE>.
- . *Suicide Prevention Program Officer Desktop Reference Manual*. Washington, DC: Government Printing Office, 2012.
- . “Unit Marine Awareness and Prevention Integrated Training 2.0.” PowerPoint Presentation, Marine and Family Programs Division, Washington, DC, 13 December 2016. Accessed 23 December 2019. <https://www.hqmc.marines.mil/Portals/61/Docs/HQ%20Svc%20BN/Annual%20Training/UMAPIT/UMAPIT%202%200%20Presentation.pdf>.
- Williams, Mark. *Cry of Pain: Understanding Suicide and Self-harm*. London: Penguin Books, 1997.