DODLIVE BLOGGERS ROUNDTABLE WITH RETIRED U.S. ARMY MAJOR ED PULIDO; MAJOR JEFF HALL AND DR. RAMYA SUNDARARAMAN, PUBLIC HEALTH PHYSICIAN, DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY SUBJECT: SUCCESSFUL SUICIDE PREVENTION TOOLS, PRACTICES AND RESOURCES WITHIN THE DEPARTMENT OF DEFENSE, THE SERVICES AND DCOE TIME: 1:00 P.M. EDT DATE: THURSDAY, SEPTEMBER 9, 2010

PETTY OFFICER WILLIAM SELBY (Office of the Secretary of Defense Public Affairs.): And hello. I'd like to welcome you all to the Department of Defense's Bloggers Roundtable for Thursday, September 9, 2010. My name is Petty Officer William Selby with the Office of the Secretary of Defense Public Affairs, and I will be moderating the call today.

A note to anybody on the line today. Please remember to clearly state your name and blogger organization in advance of your question. Please remember to respect our guests' time, keeping questions succinct and to the point. Also, please remember to keep your phone on mute if you are not asking a question. Today, our guests are retired U.S. Army Major Ed Pulido, U.S. Army Major Jeff Hall, and Dr. Ramya Sundararaman. They will discuss successful suicide prevention tools, practices and resources within the Department of Defense, the services and DCoE.

With that, if any of our speakers -- if you have an opening statement, you can go ahead with those now. And I guess we'll start with Major Pulido. Did you have an opening statement, sir?

MAJ. PULIDO: Well, this is Major Ed Pulido.

I want to thank all of you and thank everyone for participating in raising awareness about the issues related to suicide. I was injured on August 17 of 2004 by an improvised explosive device, or roadside bomb. And what's changed in regards to the services that were back then to what it is now, we are very important to be working with the Real Warriors Campaign and promoting that effort all across the nation and asking our servicemen and women and their families and everyone in this great nation to get involved and understand the issues related to the combat stress, post-traumatic stress but then also the other issues related to suicide and other health risks that affect our nation's heroes.

PETTY OFFICER SELBY: Thank you, sir.

And did somebody else just join us?

Q Yes, I did.

PETTY OFFICER SELBY: Who is this?

Q This is Karen Francis.

PETTY OFFICER SELBY: Karen Francis. Okay.

And let's see. Dr. Sundararaman, do you have an opening statement you'd like to say?

DR. SUNDARARAMAN: I'll just echo the thanks to everyone for being on here and addressing this very important issue. As you all, if you work in the area, already know, the area of evidence-based practices in this -- in the field of suicide prevention is relatively new. It's emerging in the civilian world, and there's definitely a lag as far as military -- evidence-based suicide prevention initiatives. Not to say that there's a lack of initiatives as such but the lack of the evidence base evidence them.

So thank you for your interest in this.

PETTY OFFICER SELBY: Thank you, ma'am.

And Major Hall, did you have an opening statement, sir? MAJ. HALL: Yes. Again, I would like to thank everybody for joining the blog. A little background on me, I spent two deployments in Operation Iraqi Freedom then on to the Joint Readiness Training Center at Fort Polk, Louisiana, as an OC. I spent quite a bit of time training soldiers there where I had suicide ideations.

So my expertise, if you will, on this will be based on a guy who had suicide ideations but did not carry it through because I was saved by a commander who was aware, Colonel Dan Pinnell (ph), and put in the proper channels through the deployment health clinical center at Walter Reed which is an arm of the DCoE, Defense Center of Excellence, which has brought me to a road where I have been on with the Real Warriors Campaign to try to spread the word, in many ways, successfully throughout DOD that there is help out there and available.

So I do appreciate this opportunity to speak.

PETTY OFFICER SELBY: Thank you very much, sir.

With that, we can get started with the questions.

Bryant Jordan, you were first on the line. Bryant, are you still there?

Q Yes, I am. I had the mute on. Sorry. Yeah.

Bryant Jordan, Military.com. Thank you all for getting together for this.

I was wondering, Major Hall, could you give us a little bit more background on your own experience and exactly how it is that the colonel was able to, you know, get you the help you needed or what he did?

MAJ. HALL: Yes, sir. I'd be glad to.

On my own personal experience, we were -- I was with the First Armored Division, Third Brigade right after the fall of Baghdad. I spent a year in Baghdad through 2003, early 2004 where I ran a combat observation/lasing team, a small unit that we put together. It was more of a mechanized rifle platoon.

We were given the mission of quick reaction force throughout a large section of Baghdad, and in some ways, we became a raid unit for the battalion picking up a lot of targets for division and corps level and brigade level targets.

A couple of IEDs -- got real personal with the war. Came home in early 2004, was sent back in late 2004 for another year. The terrain had changed a little bit on us, and this time I was in command of a 100-man unit -- company, if you will, and, again, let the war get very personal for me.

Several IED strikes -- a little bit bloodier year for us. I brought that back to the Joint Readiness Training Center where I was -- (audio break) -- our deployment, where I became an OC and trained the surge, literally, to go back to Iraq. So every combat brigade that was going through -- that was going to the surge, either we picked them up or the National Training Center picked them up. So we were busy for about two years there.

During that particular time I think some of the stresses of combat started to really wear on me. I describe it in my profile that's on the "Real Warriors" website, at RealWarriors.net, that I had 800 television sets -- or 600 television sets going off in my head, and it was all war-related and what I could do better. And I was -- I was beating myself to death, and I began to look for an honorable way to end it. And I know that sounds -- I know that sounds weird, but I was looking for an honorable way to slow down and I couldn't find it. I knew that I was unable to continue at the pace that I was at, and suicide became an option.

In April of 2008 I was in the backyard in my house in -- (inaudible) -- Louisiana with a pistol to my head. And my wife, she contacted Colonel Pannell (sp) to tell him something was wrong. He was my boss at JRTC at that particular time. And I figured, well, the cat's out of the bag now. I'm in trouble. I'm going to have to go get locked up in a mental institution or whatever. My career is over.

But it absolutely was the opposite direction with Colonel Pannell (sp). He was understanding. He went forward into the behavioral

health community and told them about what he had seen -- recognized with me, as far as frustrations. Anger was a big issue with me. And he told them that if they could not handle it there on Fort Polk that there was a program called the Deployment Health Clinical Center at Fort Riley -- or, at Walter Reed that he would prefer to see me in. So he kind of front-loaded it.

I will tell you, it was the -- it saved my life. I was able to bring my wife out here. And the three weeks that we spent out here, I really got to know myself, got to reintegrate with my wife, take a break. And I think that's what -- that's what saved me, sir.

Did I answer your question, sir?

Q Yes, you did. Thank you very much. But since you've given me the -- I should let somebody else ask a question first. I hope we can go around again. PETTY OFFICER SELBY: Yeah, I'm sure we'll probably be able to do that, Brian.

Matthew, you were second on the line, so you can go ahead with your question.

Q Yeah, Matthew Hickman from Army News Service.

I guess this question is for the doctor. How does the PTSD treatment differ from the treatment that you provide for people that are having suicide ideations? And also, what steps -- and I guess maybe the soldiers can chime in here -- what steps can soldiers take in the field to kind of prevent this from happening once they get back to home?

DR. SUNDARARAMAN: I'll start off by saying that PTSD is a risk factor for suicide. So the treatment for PTSD would be -- again, it depends on the level of PTSD and the severity. There's the acute PTSD, and then the chronic PTSD, and the treatment can really range all the way from -- (audio break) -- counseling alone through medication and counseling.

Again, for suicide it's a similar kind of range of treatments, depending on the level of suicidal ideation, through, you know, whether the individual has already thought of means and they have made an attempt, and things like that. There's really a range of treatments and it's individual to the person that you're looking at to treat to see what would work.

Cognitive behavioral therapy is one of the therapies that has shown to be effective in the treatment of suicide ideation and suicidal attempts. But then again, I'm making a very generalized fact there -- I mean, if someone has an underlying mental illness, and someone has substance abuse issues, if there are other risk factors, traumatic brain injuries, and other risk factors. So there really -- it's very individual as to what treatment you would pick, but one of the evidence-based therapies has been cognitive behavioral therapy.

Was that -- do you have another question?

Q I was wondering if there was any steps that soldiers can take while in the field to kind of prevent these thoughts once they get home.

DR. SUNDARARAMAN: I think the best thing that soldiers can do when they're out in the field is to learn the warning signs and risk factors for suicide, to know what -- know what the triggers are, know what the risk factors are, and also know -- be able to identify the warning signs in a colleague and get them the help they need.

It's very -- it's often very difficult for a person who is suffering from a suicidal ideation himself to recognize that and ask for help. It generally has -- it generally needs someone else looking at that person to say, "you look down," or "you look depressed, do you want to talk about it," basically to see the warning signs, be able to read when the person is doing things like giving away prized possessions. So look for warning signs and behavioral risk factors, and get them the help they need.

PETTY OFFICER SELBY: Thank you.

And Karin Henriksson, you are next.

Q Yeah, I'm Karin Henriksson from the Swedish newspaper Svenska Dagbladet.

I'm interested in the contacts between the military and the civilian world in this respect. What can you learn from each other and what is going on in this area?

DR. SUNDARARAMAN: Okay, I can start to address that and others can chime in probably.

The field of suicide prevention overall is very new, so we're looking at about 15 years worth of research in the field. And that's been mostly in the civilian world. The military is, overall, a bit newer to the field of suicide prevention -- not to the field of suicide but to the field of suicide prevention, and it's been exacerbated with the latest combat.

So if you look at suicide prevention initiative and you want evidence-based, you need to go -- start with the civilian world and see what works there. If you look at the Substance Abuse Mental Health Services Administration website they have -- and they are actually compiling an evidence-based registry of programs and practices that have been shown to be effective for suicide prevention.

Again, in each intervention is in a specific population -- some are more effective amongst young people, some are more effective amongst older adults. So it generally depends on the intervention, and then adapting that to the military culture, or to the service's culture, or even to the platoon's culture, and then testing the initiatives there.

The other thing that DCoE has coming out, hopefully very soon, is a report by the RAND Corporation, and they looked at programs across the services -- suicide prevention programs across the services to just catalogue them and to talk about those programs. And as you will see in their report when it's released -- and I don't have a date for that release, it's -- there isn't a whole lot of evidence behind them, but there are lots of programs that intuitively make sense, that seem to make sense in terms of, this would reduce suicides, but whether they do or not, it's still being evaluated. MAJ. PULIDO: This is Major Ed Pulido, and I'm would chime in on saying that one of the things that we've been working on through the Real Warriors campaign and also with various states is to integrate and educate states and connect the dots between the public and private aspects of partnershipping. And what that means is having the Veterans Administration, or VA hospitals, or vet centers working alongside with private contract workers that are dealing with the psychological issues or mental health research, et cetera.

And for us in Oklahoma where I live, we basically brought all these groups together. I actually chair a committee of various major stakeholders across the state. And what we've done is developed a plan of action to where we have all of these encompassing issues. And if it's suicide, then we have a group that's set aside for the state to actually work on those issues of intervention, and also bring other folks together to talk about it, and also develop a plan -- a comprehensive plan.

And also ask that, from a leadership standpoint, ask state officials to get involved. And for us, the Department Of Mental Health and Substance Abuse Services there in the State of Oklahoma has made it a point in their programming and in their goal-setting that these issues will be put on the table. And so I think what we can do, to just finalize on that question, is really bring groups together to basically talk about it, and ask our leaders in our community to really step up to the plate and provide leadership and understanding of the needs of our nation's heroes and their families.

PETTY OFFICER SELBY: Thank you very much.

And on to Karen.

Q Hi.

PETTY OFFICER SELBY: Karen -- oh, there you are. Sorry.

Q Yes, I put myself on mute. I'm doing my psychology homework.

My question is, the level of suicides -- the recent study that I saw -- and I only saw the summary because I can't print 300-and-some pages -- was that a lot of the suicides that are being noted are not from people with multiple deployments.

I'm wondering if anyone is of the opinion that that could be, number one, because we've got better health for those who've been deployed, as Major Hall was saying; someone saw what was going on because

they were on the lookout for it, and maybe those who haven't been deployed, no one's looking out. Is that a possibility?

MAJ. HALL: I'm not sure if it's -- this is Major Hall. I'm not sure that that is a complete possibility because of the level of suicides that we've had throughout the Army. We don't have whole units made of just young first-timers. There's plenty in the ranks. And I would venture to say that there's been self-harm in just about every unit that we have out here in some form or fashion, not necessarily in a suicide.

I don't know if I'm actually qualified to answer that question completely, but I do believe that the -- I know that the Army, in the 1st Infantry Division, anyway, is definitely on alert for suicidal behavior within our young troops and even in our seniors, because we've seen it in our senior leaders lately also.

Q But you do think that maybe -- from what I've been seeing -- as I said, I've only seen a summary -- that suicides -- the number of suicides were not as I thought they would be, for those who'd been deployed multiple times. For some reason, there seemed to be more suicides amongst those who've never been deployed. And I'm still trying to get the correlation there. I mean, it didn't make a whole lot of causation sense to me, if that makes any sense. MAJ. HALL: Right. And I don't believe that there -- you know, I personally don't believe that there is -- deployment is the cause of the suicide. There is -- it is such a complicated thing to get into, especially for myself. I had a multiple deployment and they were practically back to back. But it had nothing to do with the deployment itself that caused suicide to become grabby for me.

What it did -- what was my issue was a loss of identity of what I was doing, not just for the military but for my family, for my life. I lost my identity a little bit there. And I don't think it takes multiple deployments to figure -- or to get into that rut.

And I will tell you, I asked my father this question. I hope to not go off on a tangent here. I asked my father, who was in the Army in '67 through '68, about the same issue: did you have suicide issues then? And he believes that it's a complete cultural shift in our community, because he said it was just wrong to do that. And then, secondary to that, he said, "We never had enough time or was alone long enough to be able to do something like that, either."

But it was a different mentality toward suicide in previous times. And I think that there might be something to that. However, I'm not a scientist. I am an artilleryman. So that is an opinion I'm giving you.

Q Thank you very much.

MAJ. PULIDO: Well, if I could add to that, because I think this is important. I agree with that. I don't -- for me it wasn't the deployment. It was actually the amputation of my leg and the post-issues related to that, to the injury, and how I was going to go on. I

was going to take care of my family, and what would be my life -- what would my life look like next?

And so that -- you make some great points, Major, in that, you know, for us, we deployed. We came back. But it was after you got back that things kind of changed, you know. And we were changed people. And I feel that and tell people that. It wasn't a bad thing. It was just we changed from the environment that we were in to what it looked like before we left.

Q So post-deployment is more dangerous than deployment?

MAJ. HALL: I believe so. This is Major Hall. Yes, I believe so.

Q Okay, thank you very much.

PETTY OFFICER SELBY: Thank you.

And we will -- Bryant, you can go with your follow-up now.

Bryant, are you there? Q Yeah, here I am.

Major, you mentioned at a certain point you were looking for an honorable way to end it, and "it" being, I guess, all the feelings that you had going on. And looking back, is there such a thing as -- beyond counseling and treatment that you got, is there -- would there have been any way -- there was an honorable way to end it, or was that in itself kind of something that you had created? It was not really there. The only way to deal with it is through treatment. There's nothing else the Army could have done for you.

MAJ. PULIDO: For me personally, I believe that is a fact. You know, I've -- my story is huge. I lost a lot of my spirituality in combat. Losing that was detrimental to my return. I don't think sitting through any PowerPoint presentation or film or anything like that would have helped my case, if that makes any sense.

And it seems strange to say that that was an honorable way out. It was a way of just shutting off everything for me, because I didn't feel like I would be able to continue on at the standard that I knew I needed to bear at my rank and at my age. And for some reason it didn't feel like a copout at all. It just felt like a way out.

I will tell you, I've had interaction with one of my -- he was my unit sniper. He came back. And one night he was extremely angry, and I was called out to where he was at. And he looked me in my face and he said, "I never planned on coming back." And the reason why I bring that up is because I felt the same way. I didn't have a plan for when I came back.

I've had great discussions with some leadership on Fort Riley about this same thing, of personalizing combat. There were times in Baghdad that we never felt so alive. And then we came back to what? It

was from going 600 miles an hour to zero. And that was a very, very difficult stop for us. And at my particular time, the Army wasn't ready for that.

And I don't really know how to address that right now. We have some programs now that we're exploring on Fort Riley with our resilience effort, with Warrior Adventure Quest, where we kind of keep them at a high level of arousement and then bring them down slowly. And I think there may be something to that. But I just don't know. I don't know what to tell you.

Q Okay.

MAJ. PULIDO: Hopefully I answered your question.

Q Thank you.

MAJ. PULIDO: You're welcome. PETTY OFFICER SELBY: And Matthew, did you have another question?

Q Yeah, to the two soldiers. I know, Major Hall, you said that when your wife called the colonel, you thought, Oh no -- you know, the cat's out of the bag.

MAJ. HALL: Yes.

Q For both of you, were there any repercussions? And have you seen soldiers treated differently because they came forward with these kind of thoughts?

MAJ. HALL: Um -

MAJ. PULIDO: Well, I -

MAJ. HALL: Go ahead. Go ahead.

MAJ. PULIDO: If I could, let me go first.

MAJ. HALL: Yes, absolutely.

MAJ. PULIDO: I've got to get off after this question. But let me -- I have seen both. I will tell you, on my personal experience, I was given the red-carpet treatment in the sense that I actually was able to access everything. People understood what I needed, and I was able to receive it.

I've seen on other instances, though, where commanders, our first-line leaders, need education and need to be provided the tools and the resources and the information. One instance that we had that I got called on, because I'm utilized as a resource all over the country, was "How do we deal with this individual?" And one of the individuals that I'm talking about was on his third deployment, and he was having some major personal issues at home, and that was what was going to change the outlook of having this individual deployed with all these problems. And

once you got him in that environment, he could be a detriment to his fellow service members.

And at that particular time, safety is the key to making sure that we're combat-ready.

And so in those situations, there's different ones. And then I've also seen situations where service members basically will not say anything, but you know something's going on. And finally, an intervention has to take place, because they've gotten involved with some criminals in the criminal justice system or they've done something to their spouse or they've had erratic behavior. And for those individuals, you know, there were chances and at times opportunities to get these services, but they never accessed them or they never followed through.

And there's still a lot of issues there. I think balance-wise, we're trying to do the best we can. But it takes everyone really coming together to create a team approach. And as a commander of a unit, going in front of your service members and speaking out and saying, listen, you need to utilize each other. And you also need to do after-action reviews and debriefings about experiences, so that when we go into the field of battle, we're prepared and we're combat- ready.

MAJ. HALL: This is Major Hall.

I can't agree more with you on that issue. I'm a big advocate of not letting units shatter when they come back from deployments. In other words, people PCS-ing, you know, within their 90-day regen cycle, whatever. I believe that units need to stay together until they're healed.

There is some abandonment that happens with you when you leave your unit, go to another unit. Throughout all of our -- you know, all of our military time, you show up with your PT card, you show up with your height-weight, you show up as a ready-to-fight soldier. They don't ask any questions; it's all paperwork.

If you get into a situation where they don't know who you are, it's very difficult to break that stigma block, because they cannot see the injury itself. A mental injury is hard to detect in the line. And just like the gentleman before me said, there are particular times when you have a guy who may not be operating at 100 percent level where you need to probably remove him from that job.

However, in my case -- and in many cases, also, throughout the Army -- there are places for them. I have not received any repercussions. As a matter of fact, it kind of jumpstarted the second half of my career, to be honest with you. I was promoted. I have been able to advocate for soldiers through the Real Warriors program and help bring awareness to psychological issues throughout all of DOD and different organizations.

So I personally have not seen the stigma. However, there are, down in the line units, there is a need -- and I say it this simple: In

the line company, he needs 125 soldiers. And that poor -- that commander who knows that he has just got his DEP order and he has to go to Afghanistan in the next three months. It's very difficult to -- how am I trying to say this -- it's very difficult to balance psychologically-hurting soldiers and the mission that is at hand.

So stigma comes out of the sheer fact that mission has not gone away in many ways. But I can tell you, especially in the 1st Infantry Division, the stigma line has changed, because the command has gotten behind the fact that we will not have stigma in our troops. Is it gone? No. Is it -- has it been treated? Yes.

The command has said if you have soldiers that are suffering from or if you identify or if they identify themselves, they will receive treatment; they will receive help. And the command has gotten behind that in the 1st Infantry Division at least. And I think throughout the rest of the Army too, because it's a directive.

So I do see -- I do see the stigma coming off, but it is not an issue that is completely dead yet.

Hopefully that answers your question.

Q Yep. Thank you.

PETTY OFFICER SELBY: Thank you very much, sir.

And we went over our time a little bit, but that's no problem. We're going to go ahead and close down with any further comments that any of our speakers have, starting with Major Pulido.

Did you have any final comments, sir?

MS. : Hi. Unfortunately, Major Pulido had to drop off for a last-minute engagement.

PETTY OFFICER SELBY: Roger that, ma'am.

How about you, Major Hall?

MAJ. HALL: Just as a final parting shot, I would check out the -- the DCoE-sponsored Real Warriors website, see what they have to offer. It's very interactive and it will show you that the Army has made -- not just the Army -- the Defense Center of Excellence has made many resources available and easy-access to soldiers, the community. You don't have to have a CAC card to -- to be able to get on the website.

So you can see that there is a lot of things driving forward to attack this issue. And I just -- I just hope everybody understands it is a very, very difficult issue. It's not going to easily be taken away from us any time in the near future.

PETTY OFFICER SELBY: Thank you very much, sir.

And Dr. Sundararaman, did you have any final remarks?

DR. SUNDARARAMAN: No, not -- nothing aside from saying thank you for joining this call. Thank you for your interest. And yeah, I totally agree DCoE is doing some great work in this area and DCoE is working very closely with other federal agencies and other partners. So you know, there are tons of resources there.

PETTY OFFICER SELBY: Thank you very --

Q Do any of you have an e-mail or a contact information in case we have a follow-up question?

DR. SUNDARARAMAN: Sure. I don't mind mine being shared.

PETTY OFFICER SELBY: Well, actually, ma'am, probably better not to do that over the phone, because it might -- this is recorded for a show online.

So I can -- if you would like to forward your question to Christen McCluney and your e-mail, ma'am, to Christen McCluney or myself, William Selby, we'd be more than happy to facilitate those questions for you.

Q Thank you.

PETTY OFFICER SELBY: Yes, sir.

And that about wraps up today's program, which will be available on the bloggers link on DODlive.mil where you'll be able to access a story based on today's call, along with source documents such as the audio file and print transcript.

Again, thank you to all of our speakers and thank you to our blogger participants. This concludes today's event. Feel free to disconnect at this time.

END.