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“ONE TEAM”

Script

IN THIS ISSUE:

2 Resources for Suicide Prevention

3-4 Silent Victims (cont.)

5 Resources for Suicide Prevention (cont.)

6 Killeen Medical Home

7 Customer Service Spotlight
.....
Killeen Medical Home (cont.)

8 Breast Cancer Awareness
.....
Happenings

SUICIDE PREVENTION

Silent victims speak out



By Patricia Deal
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“It just wasn’t something you talked about--ever.”

“To this day, my daughter won’t talk about her brother.”

“I thought I was ok all these years, but just out of the blue it hit me and I couldn’t stop crying.”

These are the cries of pain and anguish suffered by some members of the Carl R. Darnall Army Medical Center family who have been personally affected by the trauma of suicide. Many lost a parent, a sibling, a child, a co-worker, a friend. Some are survivors from their own attempts.

They are Soldiers, civilians, spouses. They come from all areas of the hospital, some even work in the behavioral health field. No profession or rank is exempt from the dark reaches of suicide.

All agreed to tell their stories in hopes their experiences can help other “silent victims,” those impacted by the trauma of suicide, and help themselves heal a bit in the process.

Nancy Gist’s experience has made her an advocate of sorts for speaking out against the stigma associated with suicide.

Her youngest brother shot himself in the head exactly one month after his 19th birthday.

“Even though it’s been 12 years now, it still has a profound effect on everyone in our family,” Gist, a pharmacy tech, said. “Our father took it the hardest. I think just seeing how much it has affected him actually affected all of us as much as the suicide did.”

Gist said that while her brother had some issues and was believed to be taking drugs, his suicide still came as a shock to them all.

“In hindsight, we can say that maybe there were some signs. But we don’t focus on the guilt or shame. We see what that has done to our father.”

But the stigma is still the worse thing, Gist said.

“People can be so insensitive. When people talk about suicide, often they make comments like ‘he was just looking for an easy way out’ or ‘how could they have not known.’ That just perpetuates the stigma, and causes more shame and guilt. We need to stand up to those people, just as you would stand up to someone who was making racist comments.”

Suicide stigma has also hindered Capt. Patricia Catlin’s healing, as she is still recovering from her son’s suicide 2 1/2 years ago.

“It’s just been horrible. And has really affected our family as we struggle to come to terms with {son’s} death, deal with our own demons and then have to face society’s issues,” she said. “I don’t know who to talk to, or even how to talk about it. I tried a grief support group, but felt no connection to them, because I was experiencing a whole different range of emotions.

“People just don’t want to talk about suicide or mental health problems. Or if they do talk about it, they can be so insensitive.”

Catlin and her family are starting to heal now, although she said they have a long way to go.

“The one good thing that has come from this, is I’ve developed this sort of sixth sense where I can make

SILENT VICTIMS | CONTINUED

a connection to someone who may be suffering. As a family nurse practitioner at the SRP, (Soldier Readiness Processing site) I see quite a few Soldiers who give in to the stigma and try to hide their problems. I've been able to reach out to them, and make them realize that it's ok to ask for help."

Richard Weihert, a physician's assistant who works with Catlin, said



Patricia Deal, CRDAMC Public Affairs

Richard Weihert shows Capt. Patricia Catlin the news clipping about his brother's murder-suicide. Since Catlin lost her son to suicide 2 ½ years ago, both providers developed a bond, and find they have a type of sixth sense that allows them to tune into Soldiers who may be in crisis.

he could attest to her ability to reach out to troubled Soldiers in a way others can't.

"I've seen her comforting and crying with tough senior NCOs," he said. "She even got me to open up about my younger brother's murder-suicide that I haven't talked about in over 30 years."

Weihert was in Vietnam in 1967 when he got the call to go home. His brother had shot his wife, shot and killed his two young children, and then killed himself.

"I've seen a lot of death and tragedy in my life, starting at a very young age. Buddies died in my arms in Vietnam. I lost my brother, my niece and nephew in a violent way. Plus I lost my 15-year old son in a car accident," he said. "I've lived with years of survivor guilt, anger, and deep sadness. I do have some issues, but for the most part, I've managed to deal with all the tragedies in my life."

But Weihert said his way of dealing with it—not talking about it, burying the emotions—is not what he would recommend for anyone, especially the Soldiers he sees at the SRP.

"You may think strong and silent is the way to go, but it isn't. Forget the stigma. The best thing you can do is talk about it," he said. "I do my best to get Soldiers to open up to me. And if they won't talk to me, I try to get them to talk to someone else."

Several others who have been affected by a suicide admit to having developed a special way to connect with those that may be suffering.

Finding a teenage girl hiding in a closet, massively bleeding from the vertical cuts in her wrists, was not anything he wanted to see then or would ever want to see again. Anthony Fowlkes helped save that girl's life that day. But even as a counselor for a center for physically and sexually abused teenagers, he was not prepared for the profound impact that it would make on his life.

Now a sergeant and squad leader at the Warrior Transition Brigade, he is diligent in making sure that nothing like that happens again on his watch.

"It was such a shock finding her like that. I went through the whole slew of emotions: fear, guilt, worry. It really left a lasting impact on me," he said. "You can't forget something like that."

It has made him much more alert and sensitive to those around him. "I don't take even the most off-hand remark lightly. I take all the suicide prevention training to the max. Some might think I'm too serious, but I don't ever want to have to go through something like that again."

Another NCO wasn't as lucky as Fowlkes, because she wasn't able to prevent her patient from killing himself. Staff Sgt. Antonia Stone said that the event left such a deep-rooted impression on her that she, too, now stays attuned to those around her.

While working as a physical therapy specialist, she helped her patients heal from their injuries—physically and mentally.

But she couldn't help everyone.

"I had a feeling that something was wrong with one of my patients, but dismissed it because no one else there said they noticed anything," she said. "Then later on, I heard that he had taken a gun to his head."

That incident changed her forever. She felt such guilt and remorse, thinking she should have done more. Now, as the NCOIC of the Medical Evaluation Board (MEB) clinic, Stone said she makes sure she is really focused on her patients, reaching out to those she thinks may be suffering.

Plus, she added, she acts on that little voice in her head, however faint.



Patricia Deal, CRDAMC Public Affairs

After her experience with the trauma of a suicide of a former patient, Staff Sgt. Antonia Stone said she makes sure she is really focused on her patients, reaching out to those she thinks may be suffering.

"It's not easy to get people to open up. But there's been a couple times here when I went that extra step to reach out to some people, and I know I helped them at that moment in their lives."

One senior NCO also believes his own dark experience and his managing to beat down his demons as a teenager has enabled him to help his fellow Soldiers.

"I was in a bad place. I had so much pressure on me at a young age. My parents worked so much I basically had to raise my younger siblings and still try to make a life for myself," he said.

SILENT VICTIMS | CONTINUED

He had his plan and was ready to go through with it, but it was thoughts about what would happen to his brother and sisters if he left them, that stopped him that day.

“I decided to go on, just for them,” he said. “But I still didn’t have a good mind set. It wasn’t until I had been in the Army for a couple of years that I really started to come out on top.”

That nurturing spirit he felt for his siblings has made him the “big brother” in the Army, too.



One senior NCO looks at his sister’s baby photo, a stark reminder of his dark experience as a teenager. Struggling with thoughts of suicide, it was thoughts about what would happen to his younger brother and sisters if he left them, that stopped him that day.

“I can tell if they’re hiding something because I was good at hiding it, too,” he said. “I just keep at it, and take the time to make sure they know I care, and can help them get the care they need. I don’t know if I’ve actually prevented a suicide, but I know how important it is to know that someone speaks to them from the heart.”

One Darnall wife and mother wants to get the message out to those mothers or fathers who may be struggling with suicidal thoughts. Although she wished to remain anonymous, her message is that they should “stop and seriously think about what will happen to the children they would leave behind.”

She was only 12 years old when her mother shot herself, and said that her already dysfunctional life suddenly got worse.

“I resented her for being so selfish and abandoning me and my sister. I hated her for a very long time,” she shared. “It got worse when I became a mother, because I know there is nothing that I would ever do to intentionally inflict pain on my children. I can’t forgive my mother, knowing that she purposely chose to leave us and cause us so much pain.”

She admits that the suicide left her with some marks, but is thankful to have a supportive husband and happy, healthy, grown children.

“I just want people who are struggling with mental health issues to consider their children. If you love them, fight to be with them,” she said. “Be strong and seek treatment or counseling. There are lots of people who are willing to help you.”

Sgt. Mark Gilmore also believes reaching out for help. He reached out so that he could go on living for his family. Reaching out was what helped him become “one of the success stories.”

Gilmore lost a battle buddy to suicide, and almost lost his own life to it, too.

“It came as a complete surprise when I found out that Sgt. ‘A’ had

killed himself. We were in combat and we knew we could possibly face death, but none of us in the platoon had expected this. It really affected all of us. We all felt guilty that we didn’t save him, and then we were angry that he chose to leave us and jeopardize our mission.”

Gilmore soon developed problems of his own. After getting blown up for the seventh time, suffering from a broken spine and neck and knee damage, and given a 30 percent chance of walking again, Gilmore said he fell into a deep depression.

“I just had so much anger and hatred over what was happening to me. My own family didn’t know who I was anymore. I was in constant pain, and couldn’t do normal father-son things. I was always raised that taking your own life was a sin but I saw no way out, so. I created my plan,” he said.

It was his wife who finally convinced him to get help.

“I didn’t think it would do any good, but I did go, for her and my son. That turned out to be the single most important step I ever took. I’m grateful for every step I take now as I continue down the road to recovery,” he said. “Getting help saved me from killing myself and spared my family untold grief. I’m proof that there is a better option out there. You just have to make that first step.”

The hospital commander wants everyone to be a “success story.”

As a former battalion and brigade commander, Col. Patrick Sargent personally lost five of his Soldiers to suicide.

“I know firsthand how much pain and suffering suicide can cause Soldiers and their families. It doesn’t have to be that way. As the hospital commander, I promise you that the hospital is dedicated to educating, informing, and treating those who are struggling with mental health issues. From the stories you’ve just read, you can trust us when we say we are committed to helping our patients in crisis,” Sargent stated.

“You just need to ask. No one will think badly of you for seeking help,” he continued. “This might sound morbid, but the truth is, I would much, much rather talk to you now, than have to say a few final words about you at some later date.”

For more many more personal stories and advice about suicide prevention from mental health professionals, visit the CRDAMC Facebook page at www.facebook.com/pages/Carl-R-Darnall-Army-Medical-Center/202369659514?ref=ts.

Visit the Darnall website at www.crdamc.amedd.army.mil/default.asp?page=index to hear the commander’s message on suicide prevention.



Sgt. Mark Gilmore’s son, Conner, pins E-5 rank on his dad at Gilmore’s recent promotion ceremony, while his daughter, Mikaela, and wife, Nicci, look on. Gilmore, severely wounded from an IED, struggled with depression and thoughts of suicide, but reached out for help so he could go on living for his family.