

Suicide Prevention and the Marine Corps DSO

Answering the phone

by Col Stephen C. Newman, USMC(Ret)

September is National Suicide Prevention Month, and recent high-profile suicides have brought suicide directly to the forefront of the American consciousness. Suicide now represents one of the top ten leading causes of death in the United States.¹ As a microcosm of society, the Marine Corps has seen its fair share of suicides. For example, a Marine in distress once tried to call his SNCO and his NCO before lying down in front of a moving freight train. No one answered the phone. However, one measure of success in suicide prevention is the work of the Marine Corps Defense Services Organization (DSO). DSO Marines are “answering the phone.”

Marines with Legal Problems Are Susceptible to Suicide

It should come as no surprise that Marines facing legal problems are susceptible to suicide. From 1998 through 2007, more than 40 percent of the Marines who took their own lives were suffering from the negative ramifications of legal issues.² And since the military’s punitive process is command driven, it should also be no surprise that Marines with legal problems sometimes lose faith in the institution and, perhaps, in their command. This delta between the commander’s legitimate interest in the well-being of his Marines and the distance legal processes create is where suicide presents both its greatest risk and its greatest opportunity. But when command-sponsored suicide prevention programs are ineffective, who is

available to step into that gap? Who is it that has the trust of a Marine with legal problems and can also answer the phone? One answer is the independent tribe of Marine defenders.³

The Role of the DSO

The DSO is a functionally independent organization within the Marine Corps legal community. It consists of 70 to 100 Marines, officers, and civilians divided into four geographic “regions.” These regions, East, West, National Capital Region, and Pacific, align with the four legal services support sections (LSSS) they support. But while administratively attached to the LSSS—under administrative control, not operational control—these Marines and civilians report to their regional defense counsel (RDC), typically a lieutenant colonel. The RDCs report to the Chief Defense Counsel of the Marine Corps (CDC), a colonel. The CDC reports directly to the Staff Judge Advocate to the Commandant of the Marine Corps.⁴

Tribalism or Trust-Building?

This concept of “functional independence” is not an easy thing. It creates dissonance between what the Marine Corps expects—*esprit de corps*—and what a Marine defender is ethically

bound to do—be loyal to best interest of his client, sometimes over and above *esprit de corps*. The defender ethos means that, unlike his prosecutor-counterpart, a defender can’t expect understanding from his command as he executes his duties. After all, everyone from the LSSS officer in charge to the command staff judge advocate to the commander is intent on seeing the client convicted.⁵ This necessarily isolates both client and counsel, creating an “us versus them” mentality, or tribalism. And while functional independence may foster some degree of tribalism between the DSO and the rest of the legal community, it is fundamental to the development of an effective attorney-client relationship and to the creation of an environment where a defender can do his job.

The attorney-client relationship is a strange thing. When we assume the mantle of the accused, we assume every aspect of their struggle.⁶ This shared struggle becomes a type of crucible, forging a unique bond not only between counsel and client but also between Marines of the DSO.⁷ This “crucible of camaraderie” fosters tribalism between defenders who are likewise engaged in the same struggle.⁸

This type of tribalism serves a vital purpose—it is foundational to trust.

>Col Newman is currently the Federal Public Defender for the Northern District of Ohio. He served as the Chief Defense Counsel of the Marine Corps, 2014–2016, with grateful appreciation for the Marines of the DSO, past and present, who have ‘answered the phone.’

Without trust, the relationship and communications collapse. They break down not only in terms of a client trusting that his attorney is acting in his best interest but also in the development of an environment where a Marine defender feels empowered and supported to act on behalf of the client. In this way, functional independence and tribalism are crucial to successful early suicide intervention by Marine defenders. Functional independence and tribalism create an environment of trust where the client can talk to his attorney with confidence that whatever is said is privileged but that if he threatens to harm himself, the client's confidence is not jeopardized by the attorney's response.⁹ Just as importantly, it fosters a leadership environment where the attorney is trained, supported, and empowered to act on behalf of a suicidal client. This is where we create opportunity. *CDC Policy Memo 2.4A* puts it this way:

As Defense Counsel we are uniquely positioned to identify persons at risk of doing harm to themselves. The nature of the attorney-client relationship provides us with a unique window into the very personal and intimate details about the lives, families, and relationships of our clients. We, as their counsel, are frequently one of the few persons left in their world they trust. We will use this trust as the foundation upon which we sustain our ongoing efforts to combat suicide.¹⁰

The DSO Suicide Prevention Program

Trust is what makes the DSO suicide prevention program so successful. The CDC executes this program through three mutually supportive mechanisms. First, the DSO leadership relies on an internal DSO case reporting system. Marine defenders report and update the status of each of their cases and the clients they represent. The CDC regularly receives and reviews case status updates, including reports of suicidal ideations or attempts.

Additionally, like any other commander, the CDC has critical information requirements. The CDC requires that he be immediately notified of "any interaction with a client, including in-

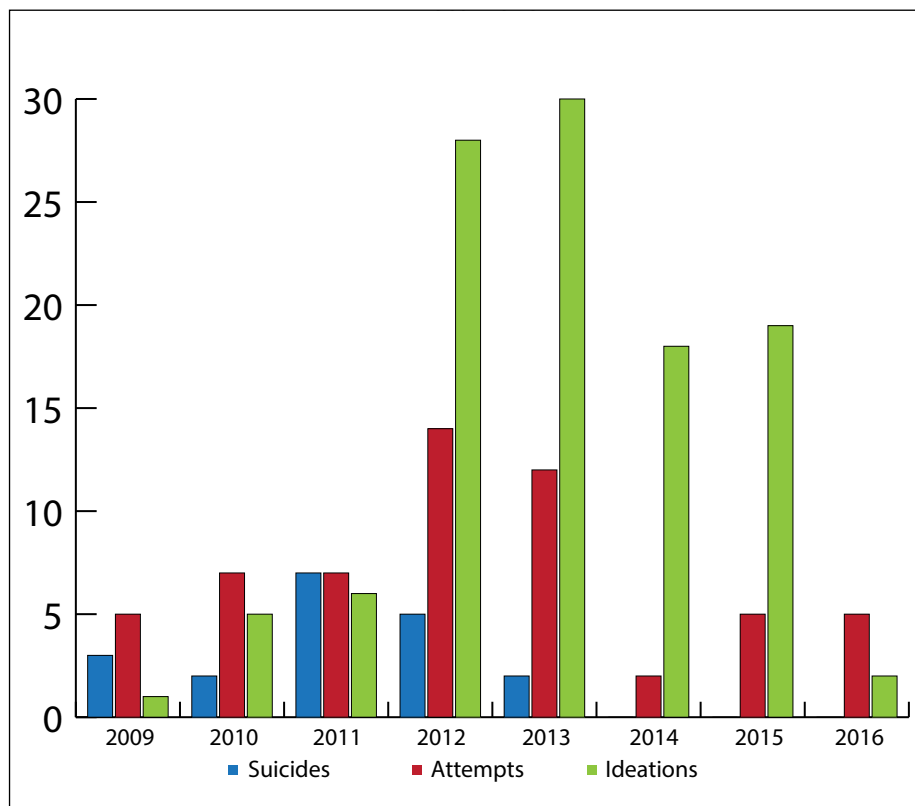


Table 1.

dividuals who are present for limited purposes such as NJP [non-judicial punishment] counselling, who in the estimation of the DSO member appears to be at risk for suicide."¹¹

Finally, the CDC trains the DSO at least annually and his RDCs train their regions at least quarterly on suicide prevention. This training includes tactics, techniques, and procedures on how to talk to and evaluate a suicidal client, such as the *Columbia Suicide Severity Rating Scale*, and various mnemonics to assess the seriousness of a client's ideation.¹²

Answering the Phone

At least anecdotally, it appears that these measures make a difference. Table 1 reflects data on client suicides, attempted suicides, and suicidal ideations.¹³ From 2009 to 2016, the DSO tracked 19 suicides, 55 attempts, and 107 ideations. The table reflects that between 2009 and 2013, there were roughly five clients who committed suicide each year.¹⁴ That number declined contemporaneous with the creation of

the functionally independent DSO and implementation of this program.

Viewed another way, from program inception in 2012 through 2016, there were a total of 58 suicidal ideations reported. As Tables 2 and 3 show, since the creation of a functionally independent DSO and the implementation of the DSO suicide prevention program, not only has the number of completed client suicides dropped but the number of reported ideations has increased. If an increase in reports of sexual assault are the result of a successful Sexual Assault and Response Program, so too an increase in reported suicidal ideations to a functionally independent Marine DSO, leading to early intervention and a decrease in completed attempts, is a success. The program is working, but its success is contingent on a functionally independent Marine DSO tribe.

Conclusion

As evidence of success, consider the story of a Marine stationed on the west coast. He wasn't well liked by his command. He claimed to have been sexually

By Disposition

Dispositions	
ADSEPs	13
32s	4
BOI	1
GCMs	8
SCM	1
SPCM	31
Total	58

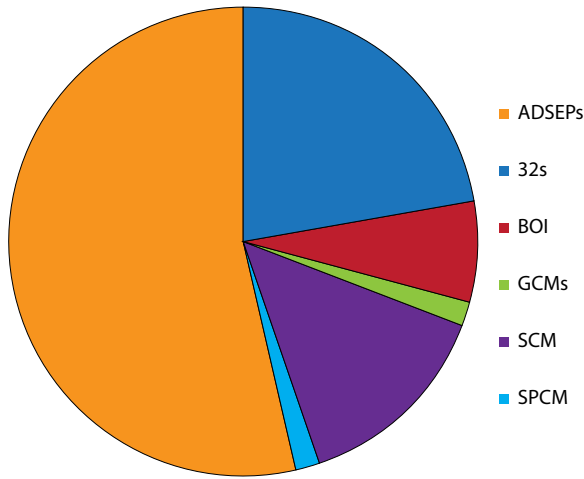


Table 2.

assaulted, but no one believed him. In fact, the complaint alone led to him being ostracized. Depression set in, and he went UA. He came back but didn't feel safe, so he went UA again.

During his second UA, he found himself with his wife in San Diego. But she didn't know this was the day he had

resolved to end his life. Earlier, he had been to a hardware store to purchase load-bearing hooks and rope. He also visited a local liquor store for a bottle of courage. When his wife went shopping, he turned out the lights, closed all the windows, and sat in the dark, drinking. But in that dark place, he picked up the

phone and dialed the only number he had where he thought someone would help, reaching the duty phone for the DSO branch office at MCAS Miramar. One of our defenders answered the phone and drove to his apartment. He kept him on the phone, guiding police to his location. He saved that young man's life.

Marines under legal scrutiny are Marines under stress. The fact is they are more likely to have suicidal thoughts or ideations than their peers. The delta between a commander and his Marines with legal problems may seem difficult to breach. A functionally independent DSO created the environment where this defender was not only trained to deal with this situation but also felt empowered to apply his training. The DSO answered the phone then, and is there to answer the phone today. Commanders should be aware that even if the perceived adversarial relationship between a Marine with legal issues and his command prevents command-sponsored suicide prevention measures from being effective, a DSO Marine stands ready and will answer the phone.

Notes

1. Center for Disease Control and Prevention, "Leading Causes of Death," *National Center for Health Statistics*, (Online: 14 June 2018), available at <https://www.cdc.gov>.

2. John G. Baker, "Saving Lives by Caring," *Marine Corps Gazette*, (Quantico, VA: August 2013), available at <https://search.proquest.com>. See also, Chief Defense Counsel of the Marine Corps, *CDC Policy Memorandum 2.4A, Suicide Awareness and Response for Clients in Crisis*, (Online: 21 March 2017), available at <https://www.hqmc.marines.mil>.

3. The phrases "Marine defenders," and "defenders" are not doctrinal but are intended to be inclusive of officers, enlisted, and civilians in the Marine Corps DSO and are therefore apt descriptions in the context of this article.

4. Headquarters Marine Corps, *MCWP 11-10, Marine Corps Legal Support*, (Washington, DC: 19 June 2018). See also *MCO 5800.16, Legal Support and Administrative Manual, Marine Corps Defense Services Organization*, (Washington, DC: 20 February 2018).

By Rank

Rank	
PFC/SA	8
LCpl	17
Cpl/PO3	14
Sgt/PO2	9
SSgt	6
GySgt	1
MSgt	1
WO	1
Maj	1
Total	58

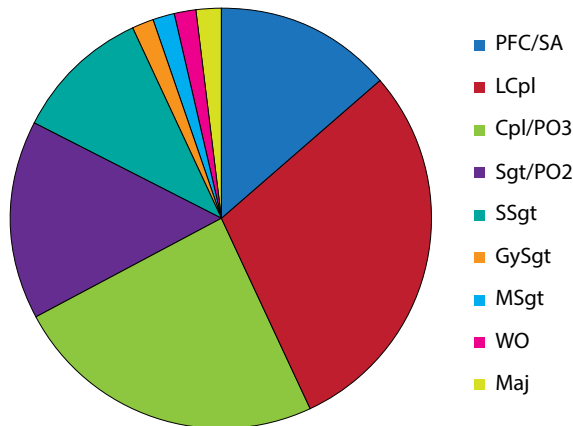


Table 3.

5. While representing a Marine in Iraq, a very senior and well-respected Marine Corps general officer once told me, “I wouldn’t have charged your client if I couldn’t prove he was guilty.”

6. The client’s struggle is commonly broader than what one sees on the charge sheet. It is both existential and mundane. As defenders, we take on both. For example, I had a client whose mother visited him at the base brig. Prior to leaving, she went shopping at the local mall, where she accidentally left her packages. I attended to the packages by driving to the mall and holding them until my client’s mother picked them up. Another client with a religious objection to the anthrax vaccine led me to become as much chaplain as I was lawyer. More on point, I had a drunk client expressing suicidal ideations to me on the phone. I used the assessment tools referenced in this article, determined a disclosure was required, and called a command representative on the other line.

7. The attorney representing a Marine is commonly associated with that Marine’s purported behavior. For example, a commander once sent out an email to his staff referring to a defense counsel as a “criminal like her clients.”

8. This “crucible of camaraderie” also necessitates functional independence.

9. With three distinct exceptions, the attorney-client privilege is sacrosanct. One of those exceptions is where the client makes a legitimate threat to harm herself.

10. *CDC Policy Memorandum 2.4A.*

11. Chief Defense Counsel of the Marine Corps, *CDC Policy Memorandum 1.2A, Chief Defense Counsel’s Critical Information Requirements*, (Online: 20 July 2017), available at <https://www.hqmc.marines.mil>.

12. *CDC Policy Memorandum 2.4A.* An increase in completed client suicides between 2009 and 2012 led DSO leaders to develop a relationship with the experts at the Marine Corps’ Suicide Prevention Office. This how the DSO learned to use and apply tools such as the Columbia Suicide Severity Rating Scale.

13. In reviewing this data, it is important to understand that the DSO did not exist as a functionally independent organization within the legal community until 2012.

14. There were no client suicides in 2017. In 2018, there has been one legitimate attempt and one completed client suicide. I am cognizant of how it looks to footnote a suicide in an article on suicide prevention. This loss of life was, and is, a tragic event. But accuracy dictates I at least tell the reader.

