"SURVIVORS HELPING SURVIVORS HEAL"

TAPS Provides Peer Support, Resources And Comfort in Tragedy

Part One
This is the first in a two-part series that covers the work of Tragedy Assistance Program for Survivors (TAPS) in caring for those grieving the loss of a military loved one. Part two will appear in the March issue of Leatherneck.

By Sara W. Bock

In the months following the death of her husband, Marine Corps Major and AH-1 Cobra pilot John Ruocco in 2005, Kim Ruocco contacted numerous organizations looking for help and emotional support as she and her two young sons struggled to make sense of their devastating loss. But to her dismay, she repeatedly was denied services when she told them the cause of John’s death: suicide.

These experiences of rejection made an already terrible situation even more unbearable.

Before Ruocco could even begin to truly grieve her husband’s death, she needed answers to the questions that kept her awake at night: “How could this happen?” “Why did this happen?” “How can I get my kids through this?” Her world had been turned upside down, and in the immediate aftermath of John’s death she had received some well-intentioned but terribly misguided “advice” about suicide loss that did more harm than good and left her feeling unable to move forward.

But late one night, as she was looking through the books and resources that had been given to

Top: Survivors of fallen military servicemembers display photos of their loved ones on stage during the annual TAPS Honor Guard Gala, held at the National Building Museum in Washington, D.C., April 12, 2017. (Photo by Cliff Owen)
Since 1994 the organization has provided a national network of comfort and resources, including a 24/7 National Military Survivor Helpline, to all those grieving the death of a military loved one.

her by a Marine Corps casualty assistance calls officer (CACO), Ruocco found a pamphlet from Tragedy Assistance Program for Survivors (TAPS). On the front, the CACO had written, “Call them, they’ll help you.”

It was after midnight, but Ruocco picked up the phone and dialed the number on the pamphlet, planning to leave a message. She was so startled to hear an actual person on the other end of the line that she nearly hung up. The voice belonged to Bonnie Carroll, the president and founder of TAPS, herself the surviving spouse of a fallen servicemember. And rather than turn Ruocco away after hearing her family’s story, Carroll welcomed her to the TAPS family with open arms. She encouraged her to attend the organization’s annual National Military Survivor Seminar in Washington, D.C., held over Memorial Day weekend, so that Ruocco could attend sessions alongside other survivors, and her sons could participate in the TAPS “Good Grief” camp, where they would be paired with military mentors.

According to Carroll, who retired as a major from the Air Force Reserve and was awarded the Presidential Medal of Freedom in 2015 for her work with TAPS, since 1994 the organization has provided a national network of comfort and resources, including a 24/7 National Military Survivor Helpline, to all those grieving the death of a military loved one, regardless of their relationship to the deceased or the circumstances of their death. It’s that kind of inclusivity—and a focus on “survivors helping survivors heal”—that attracted more than 19,000 individuals to attend the organization’s programs and events in 2019.

For Ruocco’s sons, who first attended the Good Grief camp in 2006, being paired with military servicemembers who volunteer as TAPS mentors turned out to be what Ruocco calls a “divine intervention,” particularly because one of the boys was arbitrarily assigned to a Marine who knew John and had flown multiple missions with him in Iraq.

“He was able to tell my boys all about their dad in combat and who he was as a Marine,” said Ruocco, who added that her now-grown sons kept in contact with their mentors year after year and would call them after their football and hockey games and other important life events. “These guys showed up at their high school graduations and their college graduations,” she said of the mentors.

As beneficial as that first year was for her boys, Ruocco found herself feeling “completely lost” as
the only suicide loss survivor at the seminar. At the time, TAPS didn’t have any suicide-specific programming. The things she was struggling with, she said, were very different from what those around her were dealing with, and she had trouble relating to those whose loved ones were killed in combat or died from illnesses or training accidents.

Rather than walk away, Ruocco, a social worker by trade, shared her thoughts with Carroll and said she wished TAPS could develop some resources specific to suicide loss survivors.

“Well, let’s build it,” she remembers Carroll telling her. And that’s exactly what they did.

Now the TAPS Vice President for Suicide Prevention and Postvention, Ruocco has taken her grief—and the findings from her personal quest to better understand why suicide is so prevalent among military servicemembers—and channeled it into an opportunity to help others who find themselves in the unimaginable position she was once in. According to Ruocco, TAPS now has approximately 16,000 suicide survivors in its database with more added each day. In recent years, she said, suicide is the leading cause of death among those whose survivors are referred to the organization. In response to an ever-growing need, TAPS developed a best practice “postvention” model to help stabilize survivors after a suicide and provide a pathway for post-traumatic growth. That same model has now been implemented by the Department of Defense in its suicide postvention toolkit that’s distributed across all branches of military service.

“Every time there’s a suicide, those who are exposed to it are at increased risk for suicide, addiction, reclusiveness and other mental health disorders.”

—Kim Ruocco

“Every time there’s a suicide, those who are exposed to it are at increased risk for suicide, addiction, reclusiveness and other mental health disorders,” said Ruocco, referring not only to family members of the deceased servicemember but also their friends and others assigned to their unit. “It’s really important to check in with those people who were exposed and make sure they’re not at risk for suicide themselves and that their mental health has not become unstable because of this exposure.”

Ruocco describes the postvention model as a guide for properly treating the associated trauma and addressing issues specifically related to suicide loss, such as an understanding of why people die by suicide. After having personally witnessed the way her husband’s death affected his fellow Marines, she recognizes firsthand the importance of making sure all who are affected are given the proper tools to process the loss.

“If you don’t help process that stuff, that Marine can go on through their career and feel responsible for that death for the rest of their lives, so you’ve got
to get in there, you’ve got to process and educate and stabilize so they move forward in a healthy way,” said Ruocco.

By helping survivors process and grieve a suicide loss, Ruocco says they can move on to the final phase of the model, post-traumatic growth, and find meaning in their loss—whether that’s through organizing memorial runs, committing to live life in a more intentional and connected way, or making efforts to prevent other deaths by suicide.

“We teach people to acknowledge grief as love for that person. To embrace it, feel it, release it,” said Ruocco. “Understanding that grief is something that you need to feel and need to process.”

Through her work with TAPS, Ruocco has been given a platform to share her husband’s story, and hopes that in doing so, deaths by suicide will be prevented and families like hers who are grieving the loss of a loved one by suicide will know they are not alone.

“I was so afraid that John’s death would be what defined him, and he was so worried that his struggles with mental health would be what defined him,” said Ruocco. “I was determined to make his story not end there.”

After graduating at the top of his class in flight school, Cobra pilot John Ruocco flew 75 combat missions in Iraq and was by all accounts a selfless individual and a natural leader.

“People were drawn to him because he was funny and kind and the kind of guy that would drop everything for anybody at any time, even if he had so much on his plate,” said Ruocco, who pinpoints a series of stressful events during her husband’s time in the Marine Corps that she believes led to his death and talks candidly about what she believes was a pervasive stigma associated with getting help for mental health issues.

From the loss of their first child during pregnancy to a series of aviation mishaps at Marine Corps Air Station New River, N.C., that claimed the lives of numerous peers and friends in the 1990s, Ruocco looks back and realizes that there were a number
A Marine embraces a survivor during a TAPS event. The organization works closely alongside the military service branches and hosts national, regional and local seminars, events and retreats as well as providing casework assistance, connections to counseling and a variety of other services for those grieving the death of military loved ones.

YOU’RE NOT ALONE

The following helplines are staffed 24/7 and offer free and confidential support from people who care:

- If you’re in suicidal crisis or emotional distress, call the National Suicide Prevention Lifeline at (800) 273-TALK (8255)

- If you’re grieving the loss of a military loved one and are in emotional crisis or just want to connect with programs and resources, call the TAPS 24/7 National Military Survivor Helpline at (800) 959-TAPS (8277)

of traumas her husband lived through during that time that he never really had the chance to properly grieve or process.

“We used to go to the memorial service, comfort the widow and then he’d jump back in the cockpit,” said Ruocco, who added that after the third crash, “he started to just be withdrawn and depressed … he was having trouble flying, he was making mistakes, he was even having trouble getting out of bed.”

During this time, Ruocco feared that telling anyone about her husband’s depression would only make things worse for him, even though she knew, particularly from her experience as a clinical social worker, that he needed help and support.

“He had worked so hard to get where he was and he was so well-respected and good at what he did,” she said, alluding to the fear they both had that seeking help for depression would ultimately be a career-ender for him.

Eventually, he sought the advice of a Marine in his command, but the message he received was that depression didn’t need treatment; rather, it was something he could overcome and push through if he could just be strong enough. This, she said, caused deep shame and guilt and the belief that his battle with mental health was a sign of weakness.

After a tour as a rotary-wing monitor and an exchange tour at Vance Air Force Base in Oklahoma instructing flight students in T-37 jets, John planned to start a new career as an airline pilot just prior to 9/11. But after the attacks that day, his sense of duty to country and Corps led him to join a Reserve unit that was scheduled to deploy to Iraq.

“He was not OK when he came back from Iraq,” Ruocco recalled. She recognized that he had just returned from a combat zone and was trying to process the things he saw and did, all while transitioning back to being with his family. But she couldn’t shake the feeling that something was “off.” The two of them talked at length about getting him the help he needed.

“Those conversations were really about him thinking that if he got help that people would look at him differently, think about him differently, that he wouldn’t be a good leader, that people would think he just didn’t want to deploy again,” said Ruocco. “He was so consumed with that that he didn’t really want to see anyone or talk to anyone.”

The evening before he planned to visit the behavioral health clinic to get help, just three months after his return from Iraq, John Ruocco took his own life.

Kim Ruocco says her husband’s death propelled her to try to understand suicide, something that just hours earlier he told her he would never do. She believes that military servicemembers,

“We used to go to the memorial service, comfort the widow and then he’d jump back in the cockpit,” said Ruocco, who added that after the third crash, “he started to just be withdrawn and depressed … he was having trouble flying, he was making mistakes, he was even having trouble getting out of bed.”

During this time, Ruocco feared that telling anyone about her husband’s depression would only make things worse for him, even though she knew, particularly from her experience as a clinical social worker, that he needed help and support.

“He had worked so hard to get where he was and he was so well-respected and good at what he did,” she said, alluding to the fear they both had that seeking help for depression would ultimately be a career-ender for him.

Eventually, he sought the advice of a Marine in his command, but the message he received was that depression didn’t need treatment; rather, it was something he could overcome and push through if he could just be strong enough. This, she said, caused deep shame and guilt and the belief that his battle with mental health was a sign of weakness.

After a tour as a rotary-wing monitor and an exchange tour at Vance Air Force Base in Oklahoma instructing flight students in T-37 jets, John planned to start a new career as an airline pilot just prior to 9/11. But after the attacks that day, his sense of duty to country and Corps led him to join a Reserve unit that was scheduled to deploy to Iraq.

“He was not OK when he came back from Iraq,” Ruocco recalled. She recognized that he had just returned from a combat zone and was trying to process the things he saw and did, all while transitioning back to being with his family. But she couldn’t shake the feeling that something was “off.” The two of them talked at length about getting him the help he needed.

“Those conversations were really about him thinking that if he got help that people would look at him differently, think about him differently, that he wouldn’t be a good leader, that people would think he just didn’t want to deploy again,” said Ruocco. “He was so consumed with that that he didn’t really want to see anyone or talk to anyone.”

The evening before he planned to visit the behavioral health clinic to get help, just three months after his return from Iraq, John Ruocco took his own life.

Kim Ruocco says her husband’s death propelled her to try to understand suicide, something that just hours earlier he told her he would never do. She believes that military servicemembers,

“You’re not alone. The following helplines are staffed 24/7 and offer free and confidential support from people who care:

- If you’re in suicidal crisis or emotional distress, call the National Suicide Prevention Lifeline at (800) 273-TALK (8255)

- If you’re grieving the loss of a military loved one and are in emotional crisis or just want to connect with programs and resources, call the TAPS 24/7 National Military Survivor Helpline at (800) 959-TAPS (8277)
especially Marines, are particularly susceptible to suicidal ideations.

“If they get in a state of mind where they see themselves as the problem and they feel like they’re a burden to others, and they feel like everyone would be better off without them—in that dark place where they’re not thinking clearly, they’re going to go with their instinct which is to use lethal force to solve a problem,” Ruocco said.

She points out that her husband was even the designated suicide prevention officer during his tour as a flight instructor, and she recalls specific instances when he stayed up all night with young Marines who were suicidal, helping them come up with a plan to stay safe.

“He did that for other people, but couldn’t do it for himself,” Ruocco said. “Other Marines had been vulnerable with him and shared their deepest, darkest pain, but he didn’t give them that gift. He didn’t allow them the honor of helping him. And that’s the message for our Marines … give them the gift of trusting them with your pain.”

Through her suicide prevention platform at TAPS, Ruocco emphasizes the importance of getting help for post-traumatic stress and depression long before you find yourself in a crisis situation.

“It’s so important to get ahead of these things way, way before you have that perfect storm day, because if it could happen to John, it could happen to anybody really,” said Ruocco. “It was years of unresolved grief and trauma and pain and trying to please and trying to do the right thing that all came together in a day where it was too much for him.”

Today, more than 15 years after her husband’s death, Ruocco says she tries to live her life more intentionally and meaningfully—“and use what’s happened to us to do something good,” she said.

“It’s been quite a journey,” said Ruocco of her
experience with TAPS. “The people I’ve met along the way, the other survivors, have become family … because when you have a common experience that’s so horrible and traumatic, the bonding and the amount of intimacy that you share is a depth of connection I think you don’t often see in your regular life, and that’s been a huge gift in this whole journey.”

TAPS’ development of suicide loss support and resources has benefitted the lives of many, including Angel Pansini, who was just 12 years old when her brother, Sergeant Nicholas Pansini, died by suicide in 2010, just six months after being honorably discharged from the Marine Corps following two tours in Iraq with 5th Air Naval Gunfire Liaison Company (ANGLICO). She and her family attended their first TAPS seminar later that year.

“From that first experience at 12 years old going to a suicide seminar I felt a lot of comfort with TAPS, and they completely helped shape my grief journey,” said Pansini, who recalls that initially she was angry at her dad for making her attend. “I remember I only wanted to feel my brother’s spine-cracking hugs. The thing about him that I
“Lean in. The first stages of grief are scary, and it’s hard to reach out and trust an organization when you’re in such a vulnerable spot, but TAPS is absolutely going to be there every step of the way.”

—Angel Pansini

TAPS communications department while completing her undergraduate degree.

In 2019, Pansini was recognized as the recipient of TAPS’ annual Senator Ted Stevens Leadership Award, named for the late U.S. Senator from Alaska who helped Carroll found TAPS, and is presented to “a young military survivor who has demonstrated outstanding leadership and service to other surviving military families.”

The award is presented at the annual TAPS Honor Guard Gala, an awe-inspiring, black-tie event honoring survivors. During the gala, held at the National Building Museum in Washington, D.C., Pansini was honored to have the opportunity to look out across a large audience and talk about her brother and how far she’s come in her grief journey thanks in large part to TAPS.

Pansini’s message to survivors like her is this: “Lean in. The first stages of grief are scary, and it’s hard to reach out and trust an organization when you’re in such a vulnerable spot, but TAPS is absolutely going to be there every step of the way. Everyone who’s a part of TAPS will embrace you and love you.”

TAPS resources and support are available to all those grieving the loss of a fallen servicemember, regardless of how much time has passed since their death; what their relationship was with the deceased; or what their duty status was at the time of their passing.

In addition to the annual National Military Survivor Seminar and Good Grief camps, TAPS offers casework and education support services, regional seminars and youth programs, empowerment retreats, expeditions around the world, connections to counseling in a survivor’s community, local care groups and one-day “TAPS Togethers,” assistance with navigating benefits and resources and even opportunities to attend sponsored sports and entertainment events.

And despite the organization’s tremendous growth and the addition of programs and services, the core mission of TAPS has remained the same since day one.

“Our niche, first and foremost, is peer-based emotional support,” said Carroll. “Peer support works. Connecting with others who can normalize and validate your own experience in grief really works. Grief is not a mental illness. Grief isn’t a physical injury. Grief isn’t something that you can take a pill for or put a bandage on, or ‘see someone’ to fix. We grieve because we love ... and the one thing that we can do to help get through is just know that we’re not alone.”