

Veterans talking veterans back from the brink: A new approach to policing and lives in crisis

By Rob Kuznia
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LOS ANGELES — The former Army soldier was slumped in the back seat of a sheriff's department squad car when Shannon Teague and Tyrone "T-bone" Anderson arrived on the scene. A couple of hours earlier, high on meth, he'd been yelling "you will die" from the front porch of a transition house for homeless veterans.

Teague made the introductions. Neither she nor Anderson wore a uniform, except for the patch on their jackets and the ID tags clipped to their shirts.

"I'm a social worker, and this is my partner, T-bone," she told the man. "We are from the VA. You're not in trouble."

Encounters such as this one represent a new approach to dealing with veterans in crisis. Against the backdrop and heartache of their persistently high suicide rates, authorities are touting the Los Angeles County program as a breakthrough in policing that could save lives.

At its core is the belief that veterans are often best equipped to talk brethren back from the brink — and to guide them to services. Since the program's launch in September, local law enforcement agencies answering such 911 calls have dispatched not only deputies or officers but also two-person teams from the Veterans Affairs hospital in Long Beach.

The duos have responded to more than 125 emergencies. A Vietnam vet whose thoughts had become so bleak he'd hung a noose in his backyard. A former soldier who'd run through traffic on a busy L.A. thoroughfare, swinging a knife and yelling at drivers that a voice was telling her to kill herself.

Vets "speak their own language," said Lt. John Gannon of the L.A. County Sheriff's Department, who helped create the program and believes it's already made a difference. "It's a subculture."

On the call outside that transition house in a Los Angeles suburb, the distress was all too familiar: The man had PTSD and a brain injury suffered in combat. He also had a diagnosis of schizophrenia.

As Teague and Anderson learned, the veteran had spent the last three days wandering the streets. The home's operators refused to allow him back in given his repeated violations of their no-drugs rule. That's when he started shouting threats and kicking the door.

The pair coaxed him out of the squad car and into the back of their unmarked SUV to talk.

"It seems like you're having a rough morning," Teague said. "Can you tell me what happened?"

"You're probably going to laugh."

She remembers assuring him that she wouldn't judge him. He seemed exhausted. He apologized that his feet were smelly.

"I can see evil in people," he told her. "I can tell which people are evil."

Was anyone at the house evil? she asked.

"Yes."

What did he want to do to people who are evil?

"Cut their heads off."

The Veterans Health Administration runs about 170 medical centers across the country and employs roughly 4,700 sworn officers to patrol the grounds of its hospitals. With rare exceptions, officials acknowledge, they stay within their campus confines.

But the pilot program run by the VA Long Beach Healthcare System sends officers and clinicians off the grounds, either to respond to emergency calls or to check on veterans who have missed therapy appointments. Supporters call the program the first of its kind and hope it will be replicated nationwide.

"Instead of telling veterans, 'Hey call the crisis line and then figure out a way to get to the hospital to get care,' we're going to change things up. . . . We're coming to you," said David Weiner, who recently retired as the Long Beach VA police chief.

About 20 veterans kill themselves every day in the United States — a suicide rate that is 1.5 times that of the civilian population, according to the Department of Veterans Affairs. On average, officials say, nearly three-quarters of those veterans had not sought therapy, drug rehab and other services for which they are eligible.

Teague doesn't need statistics to understand the magnitude of the problem. Just in the past two years, three of the roughly 75 soldiers from her unit who served in Iraq have taken their own lives.

"It's really hard to be on Facebook and you see somebody starting to decline and showing those signs of, like, 'Dude I'm struggling really bad,'" she said. "And then, next thing you know, we find out he's passed."

She and Anderson make an interesting pair. She's 37, a social worker with two sleeve tattoos that end in messages at each wrist — Love God on the left, Love Others on the right. He's 55, tall and bald, a longtime cop whose demeanor seems as suited to teaching as policing.

Both faced their share of trauma while in the Marines. Anderson was shot at repeatedly during his tour of Lebanon, where he arrived just after 17 comrades from his company were killed in a 1983 terrorist attack. And Teague broke her neck during a training exercise before her unit's deployment in 2003.

As a rule, neither shares their war stories with the vets they assist, nor do they pry for details about their clients' combat histories.

"Sometimes you don't want to bring stuff up, because there are certain trigger mechanisms that can set people off," Anderson said.

The work that brought them together on the Veterans Mental Evaluation Team — VMET for short — was inspired by a tragedy in early 2018. As a former Marine who had been making threats was being arrested, he wheeled around and clocked a deputy. In the ensuing melee with other deputies, 47-year-old Jeremy Spencer started having trouble breathing. He died at the scene. (No cause of death has been released, and the county district attorney continues to investigate, a homicide detective confirmed.)

"Most of our people were not connecting with this guy on a personal level," said Gannon, who runs the Sheriff's Department Mental Evaluation Teams — also clinician-cop pairings dispatched to scenes where mentally ill people are posing a danger to themselves or others. He wondered whether that effort could add a veterans component and pitched the idea to area VA officials.

The Long Beach facility was receptive. Talks are underway about a similar program at the VA West Los Angeles Medical Center. The VA in Spokane has also expressed an interest.

During VMET's first four months, Teague and Anderson — with help from a night crew of two VA officers — responded to about 275 calls. About half of them were urgent calls in the field; the other half were follow-ups monitoring the progress of vets they'd helped connect to services.

"When there are situations that could potentially lead to really bad outcomes, we need to be out there and we need to be getting our veterans the care that they need," said Larry Albers, chief of psychiatry at the Long Beach VA. He believes lives have already been saved, though the program is too new for any studies of its outcomes.

On at least one occasion, the situation was very far afield, involving a 27-year-old combat veteran in Phoenix who'd texted his brother a disturbing message and a photo of a shotgun. Their aunt knew Weiner and so contacted his office at the VA. The chief had Teague phone the vet, who'd recently lost two cousins — also combat veterans — to suicide.

"Him getting a call from the VA — the exact organization he feels has abandoned him — meant the world to him," April Peters said of her nephew. Teague persuaded him to try therapy.

Any intervention that keeps a vet safe is considered a success, yet there's no certainty for what happens after that. The veteran at that suburban transition house agreed to a psychiatric evaluation at the Long Beach VA and then was sent to an outside detox facility. By early March, he seemed to have disappeared.

Sometimes, though, a full transformation takes place.

Thirty-six-year-old Jermaine Petit was a tragedy waiting to happen when Teague and Anderson first met him.

As an Air Force medic in Germany during the early 2000s, he'd treated U.S. soldiers gravely wounded in Iraq. But when he returned to Los Angeles after his tour, his life began unraveling. He started using crystal meth. He'd often wander the streets, homeless, paranoid and delusional, armed with hatchets and knives. He was arrested more than a dozen times, with police once subduing him with a Taser.

The VA team got called late one night after Petit had a confrontation with some men his mother feared were gang members. The team drove 30 miles to her home, arriving to find the veteran clutching a hammer. They eventually persuaded him to set it aside and go with them to the VA hospital in Long Beach.

Teague and Anderson began visiting Petit there in the psychiatric ward. At first he was nonresponsive. "He felt we kidnapped him," Anderson remembers.

Yet in rehab, he started focusing on goals and even mentoring others. These days he hugs his visitors.

"When you see someone at one of their lowest points and you see them in such desperation, and then to be able to kind of follow them through their journey of recovery, to see them at a point where they are flourishing — it's really heartwarming and gratifying," Teague said.

Petit is now in a transitional living house. He wants to go to school, find a place of his own and rekindle his relationship with his estranged 14-year-old daughter.

He says he is trying to reinvent himself: "I don't want my mom to die from a broken heart."

Charlotte Blackwell is grateful. Her son "sounds like the old Jermaine," she says. Without the VA program's help, he "would be out there on the streets, dead."

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