

Selections from

Battling BIPOLAR Disorder

My Brain's Invisible War

*a Soldier's Journey of Service and Success,
Mental Health Disaster, Recovery, and New Life*

by

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Warning

You are about to enter the mind of a person whose brain was damaged in combat, and literally went to war against him, driving him into madness for several years. This is a book I never planned or hoped to write, but one I must write. I owe it to my fellow veterans, service members, and human beings – brothers and sisters of the globe – to share my experiences, lessons learned and understanding of how to survive, recover from, and manage this brutal mental disorder. Fortunately, my brain is now stable; I am healthy and happy; and living a new life of meaning and purpose. I am not ashamed or embarrassed to be a Bipolar Survivor who is once again thriving. Rather, I am thankful and proud. Together, let's abolish the medieval stigma, taboo and discrimination associated with mental illness.

This precis tells the story of a general's service and success, followed by mental health disaster and recovery, then new life. The purpose is to raise understanding, build hope, and help abolish the stigma of mental illness.

Précis

I. Maniac

It was mid-July 2014. I was 58 years old and in my 35th year of active duty Army service, and was the President of National Defense University (NDU), the nation's highest military educational institution, located in Washington, DC. NDU fell under the supervision of the Chairman of the Joint Chiefs of Staff, the country's top-ranking military officer. That afternoon the Chairman, my boss, had summoned me to report to him at his office in the Pentagon.

It was an unusual summons on that hot, humid day in Washington, DC. Until very recently, my job performance had been rated as exemplary, with extremely positive feedback. Had the Chairman approved my request for a three-year extension at the university? Did he want to reinforce what a great job I was doing and give me guidance for my upcoming third year at the helm? Was he unhappy with me and about to terminate my presidency? Or, was it something else? I would soon find out.

The Chairman was a brilliant, inspirational, friendly man. He had been a fabulous boss, colleague, mentor and friend for nearly 20 years. When I walked through his office door, I noticed his lawyer was in the room, which was not a good sign. I saluted the Chairman and he walked over to me and gave me a hug.

“Gregg, I love you like a brother,” he said. “But *your time at NDU is done*. You have until 1700 (5 PM) today to submit your letter of resignation to me or I will fire you. Is that clear?”

The Chairman continued, “A lot of people think you have serious mental health problems. I’m ordering you to get a command-directed psychiatric health exam at Walter Reed. You need to go this week.”

Indeed, my behavior *had* become erratic and disruptive to the mission. I *had* lost the confidence of much of the staff and faculty of National Defense University. That afternoon I resigned. My 35-year career would end sooner than I had anticipated.

Let me be clear. I was not wronged. The chairman made the absolute right decision. He was taking good care of my own health and welfare, as well as his university’s welfare and mission success. Had I been in his shoes, I would have made the exact same decision. NDU benefited greatly under the leadership of the ambassador who took my place as interim president. I do not dispute any decision, medical or administrative. Furthermore, I am not a medical doctor and I believe that the clinicians at Walter Reed are true professionals who did their best.

But consider this: in the two weeks before I was summoned to resign, three medical doctors - my general practitioner and a psychiatrist, plus the chief of psychiatry - *had* evaluated me - on two separate occasions - giving me a clean bill of health. “It is my professional opinion that MG [Major General] Martin is physically and mentally fit for duty,” wrote one. “I do not find evidence of psychiatric illness. Specifically, he does not have depression, mania or psychosis...he is psychiatrically fit for duty”, confirmed the other, a psychiatrist. *I say this not as a criticism, but to point out how devilishly difficult it is - even for medical professionals - to recognize and properly diagnose bipolar disorder, even when it is in an acute state.*

That afternoon in the Chairman’s office, it had never crossed *my own* mind that I was mentally ill. In my two recent evaluations, I had been given a clean bill of health - “fit for duty.” I felt terrific and was full of drive, enthusiasm and ideas. There was important work to be done. The following week, after I had resigned, I was given yet a third unremarkable medical examination - “fit for duty.”

II. Bipolar Disorder

For more than a decade, unknowingly, I had served as a senior leader in the United States military with bipolar disorder.

So what exactly is bipolar disorder? Bipolar disorder (formerly known as manic depression) is a general term that, according to the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)*, comprises a cluster of related disorders that is characterized by distinctive shifts or cycles in mood. These moods oscillate between varying degrees of two poles: mania and depression, or “highs” and “lows.” Manic states are typically marked by elevated, expansive or irritable moods and increased energy. Depressive states are marked by decreased energy, diminished interest, worthlessness and recurrent thoughts of death.

According to medical authorities, my own bipolar disorder was “triggered” in 2003 as a colonel and brigade commander in the United State’s invasion of Iraq. It grew worse for nearly a decade, and between 2012 and the summer of 2014 my mania became “acute.” At last, in late 2014, four months after my resignation from NDU, I spiraled, then crashed, into hopeless, terrifying depression and psychosis. From late 2014 through 2016, I was in a battle for my life.

Had there been warning signs and indications? How did I myself miss them? How did my family, friends and colleagues miss them? How did the institution I worked for so long miss them? If there were warnings, what were they?

For an excellent 7-minute bipolar primer, I invite you to watch the youtube video “Bipolar disorder (depression & mania) - causes, symptoms, treatment & pathology – You Tube”. <https://youtu.be/KSvk8LLBo2g>.

III. Service and Success - An Empowering Illness?

My first four decades of life were healthy, happy and successful, from childhood through West Point and throughout most of my military career. I was an accomplished student, athlete and leader, known for high levels of energy, enthusiasm and drive. Among other things, I completed the Army's elite and grueling Ranger school, ran seven marathons (each under three hours), and completed a Ph.D. at the Massachusetts Institute of Technology. All things considered I had a great marriage and family, with a wonderful wife and three terrific sons.

But in 2003, after a life of good health, something changed. I thrived while commanding and leading a combat engineer brigade of thousands of soldiers in the Iraq War, including the attack to Baghdad. The more intense the pressure, stress and danger, the happier, more exuberant, energetic and enthusiastic I became. Indeed I had never felt so alive, so focused, and so high on life – so full of joy. I marveled at the courageous and amazing things our engineers did on the battlefield, that helped enable the destruction and defeat of enemy forces, while helping to enable friendly forces to advance and survive in harsh combat. Perhaps this confession alone is evidence of mental illness. That's for the reader to decide. Either way, my combat euphoria—like other chemical intoxicants—would have long-lasting *physical* effects on my brain.

What I did not realize at the time (in 2003 and 2004) was that this fabulous euphoria and “high” was my brain's response to the intense elevation of stress, a high-performing state of mania or hypomania. My doctors suspect that my genetic predisposition for bipolar disorder was activated by the intense stress of the war. I suddenly went from having a *latent bipolar potential*, to actual, activated bipolar disorder. This Iraq War “triggering event” is the confirmed opinion of the Army Medical Department and the Veterans Affairs (VA) in their medical analysis and assessments of my condition.

At the time, however, neither I—nor anyone around me—detected or communicated, that anything was wrong. Manifestly, my extra energy, enthusiasm, focus and creativity—

generated by my mania—significantly enhanced my performance in combat. I felt like I was a kind of superman, who could accomplish anything.

Over the next decade, my performance and recognition by my superiors continued to rise. I was promoted twice and assigned to seven increasingly complex and difficult assignments by the Army. During this time—most of which I was a General Officer—my manic highs and depressive lows surged higher and higher, then sank lower and lower. Yet neither my family, friends, work colleagues, nor I, had any idea that I was afflicted with a brain malady, let alone bipolar disorder.

The only complaints in 2014 at NDU were either anonymous, and went around me to the top—which is how my boss determined I might be mentally unstable, or not clear and direct enough to get and hold my manic attention. And the doctors themselves had told me I was healthy – mentally, physically and psychiatrically. By the time my family realized something was seriously wrong, I had resigned and the moon of depression had begun to eclipse the sun of mania.

IV. Depression

During the months following my manic resignation in July, 2014 I gradually spiraled, then crashed, into a depression that was increasingly characterized by diminished energy, hopelessness, anxiety and psychosis (mainly delusions.) It was at this point, in November 2014, I was correctly diagnosed with Bipolar Disorder Type I. Now I was in the depression phase of bipolar disorder, formerly known as manic depressive illness. My major depression and psychosis worsened steadily through my retirement from the Army in May 2015, through my and my wife's move to New Hampshire in June 2015. In March of 2016 I was admitted to the Psychiatric Inpatient Ward at the VA Hospital in White River Junction, Vermont.

In hindsight, in the years following my 2003 Iraq War stress, I *had* undergone depressions; however, none of those periods of depression were crippling enough to prevent me from

doing my assigned duties, powering through, and gradually regaining my interest, drive and motivation in order to achieve and succeed.

In the depths of my depression, which commenced in late summer of 2014, I was crippled and terrified by the delusion that I had committed financial fraud against the US Government. For over a year (almost all of 2015 and some of 2016) I lived in perpetual fear that I would be arrested, convicted, tortured, and murdered in prison. Alternatively I imagined I would be stripped of my achievements and retirement, demoted retroactively, lose my pension and medical benefits - leaving my wife in poverty, and me homeless and dying on the streets. I believed that my closest colleagues were conspiring against me.

These delusions were totally fabricated by my own damaged brain; but I *believed* them to be completely true. I was *absolutely* convinced that the delusions were real. I was certain that I would be better off dead – dying before “they” could arrest me. My psychotic mind was filled with thoughts of death and vivid ideas of how I quickly and painlessly could be killed. I later learned in the VA that these thoughts are called passive suicidal ideations. By the grace of God, my suicidal ideations remained passive and never became active. I never *wanted* to take my own life - which so many people with bipolar and other brain maladies do – but could not see any other viable alternative to dying, and soon, before “they” came get me, which would lead to my wife’s poverty and my own murder.

V. Recovery

One of my sons insists that a major difference between my own case of bipolar disorder and many millions of others’ cases is that I was fortunate enough to recover. Indeed, I was alive, and recovered with my marriage and family intact, a pension, medical care, no addictions, and no criminal record. While I understand that I worked hard to earn these benefits, millions of Americans are nowhere near as fortunate as I was. More important is the fact that even with these benefits, my recovery took years, and for two of those years I was largely incapacitated, virtually on life support.

My recovery simply could not have happened without a myriad of willing actors, compassionate institutions and the networks among those actors and institutions. When I wasn't enough, family saved me. When family wasn't enough, friends helped out. When friends did all they could, institutions were necessary. When the institutions had done all they could, it was once again family who stepped in.

First among those actors were my wife and close family members who refused to give up on me. My wife calls her secret the "P" Word, for *perseverance*. She just kept on going, one foot in front of the other, one day at a time, while I was largely in a zombie-like state. After a year of paranoid delusions my youngest son confronted me and pushed me, yet again, to call one of my closest former colleagues and last boss—a three-star general—to confirm or deny with him that I was indeed justified in my psychotic beliefs that I was under secret surveillance and would be arrested. When my old friend and boss heard what I was asking him he was in shocked disbelief.

For nearly fifteen months I had been too terrified and depressed to ask this question, afraid that my inquiry would speed up my arrest and conviction. I required a few conversations with old colleagues to believe their assurances, but once I allowed myself to trust them, my delusions quickly faded, although my depression continued to hold me in its unyielding grip. I'm forever in my son's debt for that push I needed to begin reengaging reality; and my friend's empathy and pushing me to get more medical help. My old boss and friend, along with other senior Army leaders, never abandoned me, their fallen comrade. They continued to support me and my family. Army leaders care and take care of their people - "never leave a fallen comrade."

Second was another former colleague, comrade and friend with whom I had worked very closely. Although my family supported me, effectively making sure I was still breathing and eating without abandoning me, they and I were not enough to help me get the proper level of professional medical treatment. I was seeing a local doctor, but the fit was not right and the confidence was not there. By this point, a number of my once strong friendships and relationships had faded away, crumbled, or even been ruined, due to the

destructiveness of bipolar disorder on relationships. They knew and loved the *old* Gregg, but could not cope with seeing me in my depressed psychotic state, or grasp the *fact* that bipolar disorder is a *real* physical manifestation of a brain malady and not due to a weakness of will. Sadly, this included my previously ideal relationship with my own mother, who was nearly 90 at the time. (Thankfully, after my recovery, our relationship recovered and we were on very good terms before she passed away last year.)

My great friend realized that a more serious intervention was needed. I needed inpatient care, both the *right* inpatient care, and the right *team*. He helped make this happen. He was relentless in facilitating and basically holding my wife and my hands to get me into the particular VA hospital he had in mind. Sometimes we need a helping hand.

It is no stretch to proclaim that the staff at the Veterans Affairs hospital in White River Junction, Vermont—where my friend helped arrange for me to go, and where I lived for six weeks, two weeks as an inpatient and four more as an outpatient—saved my life. The VA inpatient treatment was a game-changer. My VA team and I tried different medications, psychotherapy, electroconvulsive therapy (14 treatments), chaplain counseling, marriage counseling and more. But again: my depression was intractable. Even with world-class care I remained deeply depressed and mostly hopeless. While it pains me to write this, my life-long go-to of prayer and the reading and recitation of powerful Bible verses, along with hearing inspirational religious music and intense exercise, that had lifted and empowered me my whole life, had virtually none of the uplifting effect on my depressed mood that it once had. Perhaps they prevented me from sinking even lower and falling into the abyss. Maybe the real story here is that this form of “self medication” had worked so well for me for decades. But God’s grace would soon lift me up and out of depression through the expertise of VA medical professionals and the wonders of modern medicine and science.

Exasperated by my seemingly unending depression, my determined wife persevered in pushing me and my psychiatrist to try a stronger pharmaceutical intervention. In August 2016—over two years after my mania had shattered my career—my doctor and I agreed to begin lithium carbonate, a naturally occurring salt and tried-and-true mood stabilizer for

bipolar disorder. Unfortunately, lithium comes with significant side effects, which up until then, my doctors and I had not wanted to risk. Astoundingly, within one week of starting lithium, I began to feel steadily better. I had new energy and hope, and began to enjoy my life again. The lithium lifted me out of major depression; another perspective suggests that the lithium created the physical neurochemistry enabling *me* to begin pulling *myself* out of depression. Furthermore it prevented me from shooting back towards mania. Almost a kind of magic bullet, lithium worked—and continues to work—for *me*, despite the negative side effects, principally hand tremors at this point, in my fifth year of use. Lithium is a miracle medicine that is found in nature, that works wonders for many bipolar patients – God’s grace at work.

My road to recovery would be incomplete if I left out the fact that, shortly after commencing with lithium and raising myself out of depression, my wife and I relocated from New Hampshire to Florida, where the summer lasts most of the year and the weather is much sunnier and warmer than in the northeast. In addition to the subtropical climate, we also live in a fun community, with disproportionate numbers of happy, fit, vibrant people who enjoy a similar lifestyle. We have built a whole new life, and are loving it.

VI. Maintenance

I will always *have* bipolar disorder. The disorder seems to be an inextricable part of my brain’s *physical* design. And there is no known cure. Yet bipolar disorder can be effectively managed, and people who have bipolar disorder can live healthy, fulfilling, successful lives. The list of famous people with bipolar disorder is very long, and includes people in virtually every profession. Just google it.

According to my doctors, the keys to my staying healthy and preventing another onset of mania or depression, are to: religiously take my medications; get plenty of sleep – at least seven to eight hours per night; exercise regularly, and stay fit – mind, body, spirit, emotions; eat a healthy diet; make friends, be a friend, enjoy friends; avoid stress, construct guardrails to protect myself from known stressors, and cultivate calmness; have fun and enjoy life.

VII. Culture and The Way Ahead

Bipolar disorder can strike virtually anyone, regardless of gender, race, education or class, from pre-teens into our sixties. It is an equal opportunity *destroyer* of lives and health, marriages and families, careers, friendships, finances and more.

Many people with bipolar disorder are not as fortunate as I was. 25 to 50 percent of the five million or more people with bipolar disorder in the US attempt suicide at least once. Eight percent succeed in killing themselves, and the suicide rate for people with bipolar is four times higher than the general population.

As a former military leader I ask: of the more than 6,000 veterans per year who kill themselves, and the 541 service members who killed themselves in 2018, how many were suffering from bipolar disorder? The same question goes for Post Traumatic Stress and major depression.

I personally offer my story to the more than five million fellow bipolar survivors in the US alone, along with their tens of millions of family members, friends and work colleagues; and especially to the unknown numbers of current military personnel and nearly 700,000 veterans suffering from the disorder.

I do not take this public admission of my story lightly. But “mental illness”—I prefer “brain malady”—needs to be destigmatized and dealt with the same way our culture deals with cancer, or a broken arm. We recognize the symptoms, get medical help, recover, and get on with our lives. We don’t *blame* or *shame* the sick or injured person for their malady. We love, support and help them get well.

Regarding mental health, why do we wait for people to *fail* before we get them the help they need? How is it that failure—often with permanent family, legal, social, career, or academic consequences—tends to be the first and only indicator of brain maladies? How can we change this? We need more research on: the genetics and causes of bipolar disorder and other brain maladies; early identification; ways to curb the symptoms; ways to cure;

and ways to eliminate the stigmas. Moreover, how can we accommodate people who have these maladies so they can continue their careers? The medical and academic professions have found a way to do so. Look at Dr. Kay Redfield Jamison of Johns Hopkins University; she has suffered from severe bipolar disorder for decades, has figured out how to *manage* it, and is both a renowned psychiatrist and scholar. Can other professions follow suit?

Millions continue to suffer. Worse still, their suffering is compounded by the stigma many members of our society continue to attach to brain maladies. By some grim coincidence I have found myself finally healthy enough to begin to tell my story during the worst public health crisis of our time. I hope it will be over soon. But even when the pandemic is over, our mental health crisis will remain, and even appears to have worsened.

I am absolutely *not* ashamed or embarrassed to be a *Bipolar Survivor*. Rather, I am thankful and proud to have fought my way through this toughest of wars – *with* my wife, family and friends - and I am once again thriving, with the unexpected gift of a great new life. I invite you to help me abolish the stigma and taboo associated with bipolar disorder and other brain maladies.

VIII. Final Word

If you or someone you love is demonstrating the warning signs of bipolar disorder, go get medical help immediately. Engage your medical professionals, understanding that bipolar is difficult to diagnose, can blend in and interweave with other brain maladies, and can take years to properly diagnose and treat. Read, study and learn all you can about bipolar and mental illness in general. Engage fully in this effort.

Once you are prescribed medication and treatment, stick to it religiously and maintain an informed dialog with your doctor and therapist. Steel yourself to be compliant for life. Bipolar disorder never takes a break or lets its guard down, and neither can you. You will be in a “forever war” that you cannot quit or walk away from, without potentially disastrous results.

The great news is that bipolar disorder is a treatable medical issue. With proper treatment and a positive, determined attitude, you can live a wonderful, successful, happy life. Take hope that you will join the legions of bipolar survivors who have overcome this brutal malady and are now thriving. Be proud and grateful of how far you have come and will progress. Help abolish the stigma!

1. ncbi.nlm.nih.gov ; “Undiagnosed Bipolar Disorder: New Syndromes and New Treatments”, Ira D. Glick, MD.
2. www.washingtonpost.com September 26, 2019; en.m.wikipedia.org “National Veterans Suicide Prevention Annual Report”, 2019.
3. Four percent of a veteran population of 17.4 million, from CNN, US Census; and VAclaimsinsider.com, “Understanding Bipolar Disorder in Veterans”.

Major General Gregg F. Martin, Ph.D., US Army (Retired) is a 36-year Army combat veteran and bipolar survivor. A graduate of West Point and MIT, he is now writing a book and giving talks on his experiences in battling bipolar disorder.

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"The views expressed in this publication are those of the author and do not necessarily reflect the official policy or position of the Department of Defense or the U.S. government, nor does DoD clearance of this op-ed constitute DoD endorsement or validate its factual accuracy."

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**Foreword by General Martin E. Dempsey, US Army (Retired),
18th Chairman of the Joint Chiefs of Staff**

Major General (Retired) Gregg Martin and I served together over a 17-year period in a number of assignments, beginning in 1997. Gregg was serving as the 5th Combat Engineer Battalion Commander, and I was commanding the 3rd Armored Cavalry Regiment. We later served in adjacent units in Iraq and Germany when I commanded the 1st Armored Division as a 2-star and Gregg commanded the 130th Engineer Brigade as a colonel. And as a 4-star, I was Gregg's commander when he commanded Fort Leonard Wood, the Army War College, and then the National Defense University as a 2-star.

Gregg was an outstanding officer and leader – bright, energetic, enthusiastic, and outgoing. A real people person, he was creative, innovative, and driven. Among the Army's hundreds of general officers of his era, I considered him a transformational leader. We had a goal of transforming the curriculum of National Defense University, and I selected Gregg to lead the transformation.

So, in 2014, when I started receiving reports that his behavior was becoming erratic and disruptive to the mission, I was shocked. Yet when I would engage Gregg one-on-one, he seemed fine – the same smart, thoughtful, energetic and enthusiastic officer I had known for years. However, as the reports of his mood swings increased in frequency and severity,

I directed a series of assessments to discern, objectively, what was going on between Gregg and the staff and faculty of National Defense University and our on-going transformation efforts.

The assessments were clear that while many positive things were going on, Gregg Martin had lost the confidence of the staff and faculty of National Defense University. Moreover, though none of the individuals conducting the assessments were medical personnel, there were clear indications that Gregg was suffering emotional instability. I made the decision to remove him from his leadership position at National Defense University and encouraged him to seek medical care.

We now know that Gregg was suffering from acute bipolar disorder at the time. According to the Army Medical Department and the VA, this condition began in 2003 during combat in Iraq, when the intense stress and trauma of the war “triggered” his genetic pre-condition for bipolar disorder. Although he was exuberant, happy, energized and “up” during combat operations and performed brilliantly, damage was done to the brain circuitry that produces and regulates dopamine, endorphins and other critical chemicals. As a result, from 2003 until his bipolarity peaked in 2014 at NDU, his manic episodes swung higher and higher, while his depressive episodes sunk lower and lower, ultimately resulting in acute bipolarity from 2014 until he stabilized two years later in 2016.

Bipolar disorder is a brutal and destructive disease that indiscriminately affects the lives, health, marriages, families, careers, finances, and friendships of some 5 to 10 million Americans each year, including veterans and active military service members. Those with bipolar disorder can end up as alcoholics and drug addicts, homeless or in prison, and as victims of suicide.

Gregg was fortunate. He made a grueling multi-year recovery thanks to his own desire to get better, his loving wife and family, a committed Army battle buddy, and the VA. He fought through adversity and successfully stabilized his brain bio-chemistry in September 2016.

Since then, he has moved to Florida and constructed a new life of meaning, purpose and hope. He and his wife are the healthiest and happiest they've been in many years. He is passionately committed to increasing bipolar and mental health awareness, to reduce the "stigma" of bipolar and other brain maladies, to help mitigate the effects of bipolarity on the millions of Americans who have bipolar disorder. He writes with the hope of educating the many tens of millions of family members, friends and work colleagues who are affected by the illnesses associated with the disorder.

I am enormously proud of Gregg and Maggie for their career of Army service, their ability to survive the brutal storm of their bipolar crisis, their steadfast perseverance through a grueling recovery, and in the way they have re-imagined and re-created their lives in the warm Florida sunshine.

I am personally and professionally inspired to support Gregg and Maggie in their efforts to fight the brutal effects of bipolar disorder through education, understanding, and action.

This is an important book, as far as I know the first of its kind in telling the story of an Army general officer who was struck down and then recovered from bipolar disorder. Gregg and Maggie have been great ambassadors for the Army for decades. Now they will be ambassadors and warriors in the battle against bipolar disorder and other mental health challenges.

MARTIN E. DEMPSEY

GENERAL, U.S. ARMY (RETIRED)

18th CHAIRMAN of the JOINT CHIEFS of STAFF

Prologue

I joined the US Army in 1975, at age 18. My motivation for entering the US Military Academy at West Point was first and foremost, to obtain a top-notch education on a full scholarship. Once there, I became hooked on the Army culture, challenge and spirit. I willingly and enthusiastically accepted my five-year active duty service obligation, as a commissioned officer in the Regular Army.

My first six years were primarily as a leader of combat engineer soldiers, first as a platoon leader (40 soldiers) and then company commander (180 soldiers), in the Federal Republic of Germany (West Germany) during the Cold War. This experience pulled me into what would be a 36-year active duty Army career.

I fell in love with the soldiers, with leading them, and with the tremendous satisfaction of doing hard, often dangerous, and always important things. I became addicted to the excitement, challenge, and mission.

The Army has a powerful system for recognizing, rewarding, and keeping talented officers on the team, and over the course of the next few decades, I was incentivized to stay on the Army team with civilian graduate school, great assignments, further military education, and more. My career was extremely successful, being selected to command a battalion of 500 soldiers as a lieutenant colonel at age 41, a brigade in combat of several thousand troops as a colonel at age 46, and then promotion to the rank of brigadier general (1-star) at age 49, and later major general (2-star) at age 52.

To give that some perspective, of an officer cohort that enters the Army in a given year, less than one percent are promoted to general officer; and out of a cohort of colonels (the highest rank before general), less than ten percent are promoted to brigadier general. So, making general is rare and selective – there are fewer than 400 serving in the Army at a given time, out of an active force of around 500K soldiers.

Being a general is a tremendous honor and privilege that comes with great responsibility to serve our soldiers, our elected and politically appointed government officials, and the American people. While our soldiers are the primary workers in the military, sergeants are the blue-collar foremen, and officers are the white-collar supervisors, the generals develop the strategies, policies and resourcing in order to organize and orchestrate the entire complex system, to ensure the Army can deploy, fight and win. They engage upwardly with elected and politically appointed officials at the highest levels of government; laterally with other services, agencies, allied armies, industry, academia, and others; and downward with their own forces.

Serving as a general entails a tremendous amount of hard, complex, important work. Our soldiers and their loved ones, the nation and our allies, and the American people all trust and depend on us to do the job we've been entrusted to do. This is all extremely rewarding, and requires the serving general to be in tip-top shape – mind, body, spirit and emotionally.

Unknowingly, I served with active bipolar disorder from 2003, when it was triggered in the Iraq War, until it became acute, and I was diagnosed in 2014. From 2014 through 2016, I was in a battle for my life. After years of mania from 2003 to 2014, I crashed into a hopeless, terrifying state of depression and psychosis. Thanks to my desire to get better, my wife and family, a great friend, God's grace, the VA and Lithium, I recovered and have recreated my life. I'm living a fantastic new life now in Florida, where my wife and I are the happiest and healthiest we've been in many years.

I decided to write this book because I want to share my experiences and lessons learned with others – who may have bipolar disorder or another form of mental health/illness challenge, a family member, a friend, or a work colleague. My goal is to give hope and practical knowledge to people who are suffering from mental illness, to help them get diagnosed and treated, to recover, and to create a new life. I want to help others who may be going through what my family and I went through. That's why I've come out in the open and told my story.

Biographical Sketch

Gregg F. Martin retired in May 2015, as an Army major general, after 36 years of active duty service. An Airborne-Ranger-Engineer qualified soldier, combat veteran, and Army Strategist, he holds a Ph.D. and two masters degrees from MIT, masters degrees in national security strategy from both the Army and Naval war colleges, and a bachelors degree from West Point. He commanded an engineer company, battalion, the 130th Engineer Brigade (V Corps) in combat during the first year of the Iraq War in 2003-04, including the assault from Kuwait, up the Euphrates River Valley, into Baghdad and beyond. He served multiple overseas tours, and, as a general officer, commanded the Corps of Engineers Northwest Division, was Commandant of the Army Engineer School, commanded Fort Leonard Wood, was Deputy Commanding General of Third Army/US Army Central, Commandant of the Army War College, President of National Defense University, and Special Assistant to the Chief of Engineers. He was awarded the Distinguished Service Medal (twice), the Bronze Star Medal, and the Combat Action Badge. He is married with three sons, two of whom are Army combat veterans, and one an artist. His daughter in law is also an Army combat veteran. His wife is an “Army brat” and heroine for persevering though their Army career and their bipolar ordeal, which has been the toughest fight of their lives. They are bipolar survivors and overcomers, living in Cocoa Beach, FL. He is writing and speaking on his experiences in Battling Bipolar Disorder.

Summaries (from short to long)

One Sentence Summary

Major General Martin’s latent genetic predisposition for bipolar disorder was triggered by the intense stress of combat in Iraq; mania, depression and delusions nearly ruined his career, marriage, family, health and life; wanting to get better but unable to do so by himself, his wife, an army friend and the VA Medical System, saved him from destruction and gave him hope and recovery; he has regenerated a life of meaning, purpose and health; he is a Bipolar Survivor; this is his story.

One Paragraph Summary

Major General Gregg Martin's stellar army career came to an abrupt and puzzling end due to acute Bipolar Disorder, which was triggered by the intense stress of the Iraq war. The manic insanity, dark hopelessness of depression, and terrifying delusions nearly destroyed his career, marriage, family, health and life. His recovery is a story of *desire to get well*; plus the courage, love and perseverance of his wife and an army friend; and the compassionate competence of the VA medical system. There are many life lessons in this turbulent journey that travelled from success, to bipolar disaster, through recovery, then back to a life of health, happiness, purpose and meaning. It's the raw, authentic story of a Bipolar Survivor.

One Page Summary

At the apex of a superb military career full of stellar achievements, career Army officer and combat veteran Major General Gregg Martin is dismissed by the Chairman of the Joint Chiefs of Staff (*resign...or you're fired*) from his prestigious position as President of National Defense University, amid reports and rumors of mental health issues.

As the general's decades-long career comes to an abrupt and puzzling halt, and no medical diagnosis is achieved, he and his family begin a grueling journey in which separation from the Army becomes a fight for life, and in which the quest to regain sanity gradually illuminates the unknown and long-hidden reality of a devastating, family-related, and frighteningly common disease – bipolar disorder.

This is a story of courage, love and faith; overcoming madness, hopelessness and darkness; the relentless perseverance of a wife and a friend who loved and cared deeply; and the professional competence and compassion of the VA medical system. It is the story of a Bipolar Survivor.

Advanced Praise for Gregg Martin's Coming Book

Advance Praise for *BATTLING BIPOLAR* by Gregg Martin...

"This is an important and compelling story. Gregg Martin's experience exposes the need to study and understand better mental health issues among senior leaders. The traits that obscure bipolar and other disorders are prevalent in leaders. If those disorders go untreated, they can lead to behavior harmful to those leaders and others. Gregg has taken on his challenge with the same courage he displayed in combat. Readers and those who might encounter similar circumstances are the beneficiaries."

-H.R. McMaster, Lieutenant General, US Army (Ret.)
former National Security Advisor
and author of *Battlefields: The Fight to Defend the Free World*.

"An intense, compelling, courageous book by a gifted senior combat leader whose life was taken over by severe bipolar disorder—and who ultimately recovered and built a new life with the help of his wife, an Army comrade, the VA, and his faith. I served with Gregg Martin in combat; he is the real deal and so is his book, one that will provide enormous insight and inspiration to families grappling with mental illness."

-David Petraeus, General, US Army (Ret.)
former Commander, Coalition Forces in Afghanistan
and former Director of the CIA

"This is a groundbreaking and courageous book—the first of its kind. A senior military officer reveals his personal battle with bipolar disease in an effort to reduce the stigma that so many in public service still attach to mental illness. Kudos to Gregg Martin, for his willingness to share his journey from a nightmare back to good health."

-Ambassador Wanda Nesbitt
former Senior Vice President and Acting President, National Defense University

"A gripping account of his own "invisible wounds of war." Must be read by everyone who either has a brain disorder or injury, or is affected by someone who does, which equals virtually the entire population. An authentic, honest, first-hand look at the life of a highly successful general whose life was devastated by bipolar disorder that was triggered in combat. He then climbed back up, out of the pit, with the love and perseverance of his wife, family, friends, and the VA. He and Maggie have rebuilt their life and are healthy and happy. This story is about faith, hope, love, perseverance and inspiration. Read it!"

-Michael Linnington, Lieutenant General, US Army (Ret.)
CEO, Wounded Warrior Project

"Moral courage of the highest order!!! This is a groundbreaking book that will enlighten and inspire those that suffer from mental injury. A must read for caretakers, medical professionals, and those that suffer from bipolar disorder, PTS, and TBI."

-Donald C. Bolduc, Brigadier General, US Army (Ret.)
Former Commander, Special Operations Command Africa

"I was Gregg Martin's 3-star commander in combat in Iraq. He was an outstanding battlefield commander—highly skilled and courageous under fire. His soldiers loved him. I was shocked to learn he has bipolar disorder. This proves that anyone can be overcome with severe mental illness. Gregg's book tells the harrowing story of his bipolar crisis, how he recovered, and his creation of a new life. I strongly recommend this powerful book to anyone afflicted by, affected by, or interested in mental illness. It's a must read."

-William S. Wallace, General, US Army (Ret.)
Former Commander, US V Corps

"Gregg is my friend. He is a true soldier, scholar, and statesman. Gregg's powerful story will assist many individuals and families across the globe who struggle with the impact of bipolar disorder in one of their loved ones."

-Thomas P. Bostick, PhD, Lieutenant General, US Army (Ret.)
Former Chief of Engineers

For an excellent 7-minute bipolar primer, I invite you to watch the youtube video "Bipolar disorder (depression & mania) - causes, symptoms, treatment & pathology – You Tube". <https://youtu.be/KSvk8LLBo2g>