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UNTIL RELEASED BY
THE HOUSE ARMED
SERVICES COMMITTEE

STATEMENT OF

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ASSISTANT COMMANDANT OF THE MARINE CORPS

BEFORE THE

HOUSE ARMED SERVICES COMMITTEE

SUBCOMMITTEE ON MILITARY PERSONNEL

CONCERNING

"PSYCHOLOGICAL STRESS IN THE MILITARY: WHAT STEPS ARE LEADERS TAKING?"

29 JULY 2009

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I. Introduction

Chairwoman Davis, Ranking Member Wilson and distinguished Members of the Committee; on behalf of your Marine Corps, I would like to thank you for your continued generous and faithful support over the past few years, and look forward to this opportunity to discuss the efforts we are taking to prevent suicides in the Marine Corps. Your Marines know that the people of the United States and their Government are behind them; your support has been exceptional.

The loss of a Marine is deeply felt by all those who remain behind. When a Marine dies by suicide, the needless loss of life is a tragedy, and the family members and fellow Marines who are left behind must grapple with the fundamental questions of why, how and what. Why did this happen? How can we avert a future tragedy? What actions did we take or fail to take, and what could we have done to identify these Marines who most needed our help and get them that support? What lessons can be learned to prevent another loss? As Marines, we pride ourselves in "taking care of our own;" it is this commitment to one another that will mark our efforts in learning from these tragedies and guide us in our vital work of suicide prevention.

II. Understanding the Statistics

Between 2001 and 2006, the number of suicides in the Marine Corps fluctuated between 23 and 34, but in the past two years we have seen a disturbingly sharp increase. From a recent low point of 25 suicides in 2006, the number increased to 33 in 2007, and in 2008, the Marine Corps had 42 confirmed or suspected suicides. Our suicide rate in 2008 of 19.5 suicides per 100,000 Marines approaches the national civilian rate of 19.8 per 100,000. In 2008, we had 146 reported suicide attempts, a significant increase from

99 attempts in 2006 and 103 in 2007. The number of Marine suicide attempts has consistently been between three and four times the number of actual suicides.

These increases are unacceptable. We have looked at the data to try to find answers that will enable us to address this needless loss of life. The data shows that the most likely Marine to die by suicide corresponds to our institutional demographics: Caucasian male, 18-24 years old, and between the ranks of Private and Sergeant (E1-E5). The most common associated stressor is a failed relationship. Male Marines are at greater risk of suicide than female Marines, similar to the civilian population. The most common methods of suicide are gunshot or hanging, also similar to our civilian counterparts.

We have been concerned that one outcome of the stress from operational deployments might be increased suicides; however, to date, we have not seen that hypothesis prove out. Although the number of Marines who kill themselves and have a deployment history has increased, that increase is proportionate with the overall deployment history of all Marines. In 2008, 68 percent of our confirmed or suspected suicides were Marines with a current or past deployment history in support of OPERATION ENDURING FREEDOM / OPERATION IRAQI FREEDOM (OEF/OIF), which is roughly the same as the percentage of all Marines with deployment experience (69%). Marines with multiple deployments are similarly not over-represented in the suicide population. For the six year period of 2003-2008, 48% of our suicides were Marines with a deployment history, and 52% were Marines with no OIF/OEF deployment history. Sixteen percent of all Marine suicides in this period occurred in the OEF or OIF area of operations, and 32% of Marines who committed suicide during this period had been deployed in OEF/OIF. Taken together, this data suggests that while the

continuing stress resulting from overall Operational Tempo (OPTEMPO) may be a factor in our increasing suicide rate, there does not appear to be a difference in suicide risk resulting from deployment history. Preliminary data from a current analysis of suicide and deployment related factors suggest that there is no specific time period post deployment associated with increased risk for suicide for Marines. Studies of combat injuries also show no relationship to suicide related incidents.

III. Suicide Reporting, Risks, and Stressors

We review all non-hostile casualty reports to identify possible suicides and coordinate weekly with the Armed Forces Institute of Pathology, who is the final arbiter on manner of death for the Marine Corps. Investigations into the possible suicide of a Marine often include the command investigation and reports from the Naval Criminal Investigative Service, the Armed Forces Medical Examiners Office, and civilian police and medical personnel. After each suicide, we do an extensive review of the factors leading up to the suicide. We seek information from leaders, co-workers, friends, and medical personnel. We do not require information from family members so as not to burden the family at a time of such tragic loss and grief, but include it in our analysis when available in such a manner that will not compound the family's loss. A comprehensive survey tool, the Department of Defense Suicide Event Report, is required for all Marine suicides and suspected suicides. We, in conjunction with the Navy, are currently determining the best approach to facilitate the use of that survey tool for all suicide attempts as well.

From our analysis, the most common risk factors associated with suicides include a history of previous suicides in family or by a close friend, depression, psychiatric treatment, anxiety, and a sense of failure. As we look deeper into these cases, the most

prevalent associated stressors we find are romantic relationship troubles, work-related problems, pending adverse legal or administrative actions, physical health problems, and job dissatisfaction. While all these risks and stressors can be commonly found in the civilian sector, they are exacerbated in the young, male, single population that makes up much of the Marine Corps. In many cases, our younger Marines are still developing the life skills and resiliency that will enable them to better cope with the stressors in their lives.

We continue to look at our data to identify actionable differences. Unfortunately, the relatively small size of our suicide population limits in–depth analysis into causal factors or contributors. In most cases, multiple stressors and risk factors are present. In a third of our suicides, we have found more than ten stressors or risk factors present. We are confident that there is no single answer that will prevent suicides, and solutions must include initiatives that approach the problem from multiple angles and from multiple disciplines.

IV. Actions Taken

Training and Education

Suicide awareness has been an annual training requirement for all Marines since 1997. This requirement is inspected by the Marine Corps Inspector General (IG) at every command inspection visit and has been a Commandant Special Interest area for the IG for over a year. Suicide prevention is required training for recruits in boot camp and for new officers at The Basic School. It is part of the curriculum at our Staff Non-commissioned Officer Academies, Commanders Courses, and other professional military education courses. We have incorporated suicide prevention training into the Marine Corps Martial Arts Program, a program practiced by all Marines. Simply put, suicide prevention

training is incorporated into our formal education and training at every level of professional development and throughout a Marine's entire career.

An additional new training opportunity which we provide is our Frontline Supervisors Training, a three to four hour gatekeeper-type training for Marines in leadership positions. The training reinforces the leadership skills all Non-Commissioned Officer (NCO) and Staff Non-Commissioned Officer (SNCO) Marines have learned and further teaches these leaders how to recognize the signs of distress, to engage their Marines in a discussion about suicide related thoughts and risk, to effectively refer them to local support resources, and to recognize the importance of sustained effort even after a Marine has received professional assistance. We have instructors at all Marine installations who are prepared to provide additional training for our NCOs, SNCOs, and junior officers.

In November, 2008 and April, 2009, I met with our two and three star commanding generals, their sergeants major, and representative non-commissioned officers (NCOs) to review our suicide awareness and prevention program in depth. At those meetings, the NCOs present asked us to provide them with additional training so that they could take ownership of suicide prevention for their peers and their Marines. The goal of this initiative is to fully engage our non-commissioned officer leaders by providing them Marine-relevant information to assist them in identifying and responding to distress in their Marines. Given the fact that 85% of our suicides in 2008 were Marines of the rank of Sergeant and below, this is a strategic initiative towards our target population. To accomplish this, we developed a mandatory, high-impact, peer led, leadership training program, focused on our non-commissioned officers and corpsmen, to provide them additional tools to identify and assist Marines at risk for suicide. Our

NCOs have the day-to-day contact with their Marines and the best opportunity to recognize changes in their behavior. Properly equipped, we believe our NCOs, the first line of defense, will have a real impact. This cutting-edge training program is rolling out across the Marine Corps this summer, during which all of our 67,000 NCO's and Corpsman will be instructed by trained Sergeant instructors.

One challenge we must overcome is the perception that asking for help will damage your career or somehow makes you less of a Marine. We are combating this stigma with focused leadership, communicating the message that it is okay to seek help. Marines must know that being ready for the mission means ready in every way, and getting help is a duty, not an option. We teach Marines at all levels that seeking help, and looking out for their buddy, is the right and necessary thing to do. One initiative aimed at reducing stigma is the creation of suicide prevention leadership videos by all General Officers in command and their Sergeants Major. These 3-5 minute personal videos include messages from senior leadership designed to demonstrate the importance of addressing this tragedy at the most senior levels and reduce the stigma inherent throughout society of asking for help.

To rapidly raise the level of awareness across the Marine Corps, 100% of all Marines received additional training on suicide prevention during the month of March of this year. The training package was delivered by Marine leaders and educated all Marines on warning signs, engagement with their buddies, and how to access the variety of local and national support resources.

Additionally, I recently directed the Marine Corps Combat Development Command to take an additional and independent look at our suicide prevention training throughout the entire Corps. A special task force commenced their study this month and

is examining how we are specifically training our Marines, and exploring how we can modify training at all levels to improve resilience, decrease stigma, and to strengthen the character of our Marines such that taking one's life is not an option.

The Combat Operational Stress Control Program

The Combat Operational Stress Control Program (COSC) is a program through which Marine leaders are trained by mental health professionals and chaplains in the operating forces to detect stress problems in warfighters as early as possible. COSC provides leaders with the resources to intervene and manage these stress problems in theater or at home. Collaboration between warfighters in the Marine Expeditionary Forces, Navy Medicine, and Navy Chaplains resulted in the Combat Stress Continuum Model. This tool facilitates the identification of distress in Marines and offers a decision tree to guide leaders in what to do.

To assist with prevention, rapid identification, and effective treatment of combat operational stress, we are expanding our program of embedding active duty Navy mental health professionals in operational units — the Operational Stress Control and Readiness (OSCAR) Program — to directly support all active and reserve ground combat elements and eventually all elements of the Marine Air Ground Task Force. We currently have three teams with forward deployed units. Our goal is that OSCAR capabilities are extended down to all of our infantry battalions and companies by providing additional training to existing medical personnel (doctors and Corpsmen), chaplains, and selected leaders within each unit to make the expertise more immediately available, and to decrease stigma through building relationships. In addition, Navy Medicine has increased the number of mental health providers in Deployment Health Clinics and in the TRICARE network over the past two years.

We coordinate our suicide prevention efforts with other experts from across the federal government, our civilian counterparts, and with international military partners. We actively participate as a member of the DoD Suicide Prevention and Risk Reduction Committee (SPARRC), meeting monthly with our DoD and Veterans Affairs (VA) partners to join efforts in reducing suicides. The Marine Corps currently chairs the Federal Executive Partners Priority Workgroup on Suicide Prevention. This program, led by the Department of Health and Human Services (HHS), provides an opportunity to share best practices and build collaboration between all of our federal partners. Besides VA and HHS, this workgroup includes members from 12 other federal agencies working together to facilitate efforts in support of the National Strategy on Suicide Prevention. The Marine Corps also chairs the International Association of Suicide Prevention Task Force on Defense and Police Forces. This Task Force includes membership from 15 different countries working together to develop effective suicide prevention programs, building on shared unique experiences in military culture that crosses national boundaries.

Prior to deployment, all Marines complete a comprehensive Pre-Deployment Health Assessment which gives us a chance to identify and respond to problems before Marines leave their home station. During the re-deployment process, Marines complete a Post-Deployment Health Assessment designed to alert medical personnel to medical and mental health issues. Within 90-120 days after return to home installations, a Post-Deployment Health Reassessment is conducted. This is designed to identify problems that might not have surfaced immediately upon their return home. These examinations provide us another opportunity to detect Marines who may be at risk.

V. Conclusion

We believe that focused leadership at all levels is the key to having an effect on the individual Marine and in reducing suicides. Understanding that there is no single suicide prevention solution, we are actively engaged in a variety of prevention efforts and early identification of problems that may increase the risk of suicide. We are working to reduce the stigma sometimes associated with seeking help by creating a command climate in which it is not only acceptable to come forward, but is a duty of all Marines through taking care of our own.

Suicides are a loss that we simply cannot accept, and leaders at all levels are personally involved in efforts to address and prevent future tragedies. Taking care of Marines is fundamental to our ethos and serves as the foundation of our resolve to do whatever it takes to help those in need. Thank you again for your concern on this very important issue.