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Senate Armed Services Committee

STATEMENT OF
GENERAL JAMES F. AMOS
ASSISTANT COMMANDANT OF THE MARINE CORPS
BEFORE THE
SENATE ARMED SERVICES COMMITTEE
CONCERNING
SUICIDE, TRAUMATIC BRAIN INJURY, AND POST TRAUMATIC STRESS
ON
JUNE 22, 2010

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Chairman Levin, Senator McCain, and distinguished Members of the Committee; on behalf of your Marine Corps, I would like to thank you for inviting me here today to discuss the issues of suicide, traumatic brain injury (TBI), and post traumatic stress (PTS). We are grateful for your continued generous and faithful support and for your attention to these critical issues.

Suicide

With every suicide case there is a unique life to understand. As a matter of practice, I am fully briefed on each and every suicide and believe that suicide prevention is a leadership issue. We are certain of this: 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.

Central to our efforts, we are educating all Marines to be focused on this fight. Whenever a Marine is in distress, whether due to a relationship problem, mental illness, financial crisis or combat experience, it is the responsibility of all Marines to get that Marine to help. We are working hard to eliminate the stigma that deters some Marines from seeking care.

Whether our total suicide numbers trend higher or lower, one suicide is still one too many. The Commandant and I, along with other Marine Corps leaders, remain actively engaged in this fight.

Understanding the Statistics

Between 2001 and 2007, the number of suicides in the Marine Corps fluctuated between 23 and 34, but in the past two and a half years we have seen a disturbing increase. From a recent low point of 25 suicides in 2006, the number increased to 33 in 2007, 42 in 2008, and 52 in 2009. This year, from January 1, 2010 through June 8, another 21 Marines have died by suicide, which the exact same number of suicides that we had last year through the 8th of June. Our suicide rate in 2009 was 24.0 suicides per 100,000 Marines, which exceeded the national civilian rate of 20.0

per 100,000 when adjusted to match the demographics of the Marine Corps. Attempted suicides have also increased from 103 attempts in 2007, to 146 in 2008, and to 164 in 2009. Through June 8 of this year, 89 Marines have attempted suicide. This is an increase from the same time last year.

Marines who attempt suicide resemble our institutional demographics: Caucasian male, 17-25 years old, and between the ranks of Private and Sergeant (E1-E5). As with suicides, reported risk factors and stressors for suicide attempts also center on mental health issues and relationship problems.

Based on our on-going assessment, we are also concerned that our current surveillance and investigative procedures may be missing qualitative data from the final 72 hours prior to a Marine's death. As a result, we are exploring a forensic psychological autopsy study to more fully understand the detailed processes that lead to a Marine suicide, which we hope will further inform points at which intervention may prevent another tragedy from occurring.

Additional analysis is being conducted to assess the impact that operational deployments may have on suicide rates. To date, this data suggests that while the continuing stress resulting from overall operational tempo may be a factor in our increasing suicide rate, there does not appear to be a difference in suicide risk resulting from deployment history. Our analyses also suggest that there is no specific time period post deployment that is associated with increased risk of suicide for Marines.

Suicide Reporting

We review and investigate all non-hostile casualty reports daily to track both suicides and suicide attempts and we coordinate weekly with the Armed Forces Institute of Pathology, who is the final arbiter on the manner of death for the Marine Corps. When a suspected suicide or

attempt is reported, our Suicide Prevention Program Office makes contact with the local command to verify the report and facilitate their completion of the Department of Defense Suicide Event Report (DODSER). This surveillance tool is standardized for use by all Services. Along with the other Services, we initiated use of the DODSER in January 2008 for suicides, and in December 2009, we began using it for all suicide attempts. We believe that the standard operating procedures put into place for reporting suicide attempts will facilitate a richer dialogue between medical personnel and Marine leadership.

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 when available in such a manner that will not compound their loss.

In November 2009, I directed all Commanding Generals to personally receive investigative information on all suicides under their command and to report those deaths directly to me. Lessons learned identified in these reviews are analyzed and selected for inclusion in a monthly report that is sent to all Marine Corps General Officers, Senior Executive Service civilians, and Sergeants Major across the Marine Corps.

Suicide Prevention Efforts

Training

We have learned that peer to peer leadership is essential and our gradually increasing understanding of this problem over the last five years led directly to the creation of the Non-Commissioned Officer (NCO) suicide prevention course, "Never Leave a Marine Behind." The course was developed with a targeted process approach to ensure it was reality-based, relevant for and about NCO Marines. Despite NCOs and the Marines they lead making up about 75

percent of the Marine Corps, that group of Marines has accounted for up to 93 percent of Marine suicides. Since the implementation of the course, they now account for 81 percent of Marine suicides. We have directed the development of similarly targeted courses for our youngest Marines (private to lance corporal), staff-NCOs and officers.

In addition to targeted training approaches, prevention is incorporated into our formal education and training at all levels of professional development and throughout a Marine's career; from recruit training in boot camp and new officer training in The Basic School, to the Sergeants Major Symposium and the Commanders Course for senior leaders. Training is continuously evaluated and revised to reflect the best practice as science knows it today. It is also taught using warrior metaphors in the Marine Corps Martial Arts Program, in which every Marine participates.

Partnerships

The complex nature of suicide requires an important balance between immediate action and long-term thinking. We are fully engaged in research efforts with both federal and civilian partners to fill in the gaps in our understanding and continue to guide our prevention efforts. We continue to coordinate our suicide prevention efforts with other experts from across the federal government, civilian organizations, and with international military partners. Some specific examples include:

- The Secretary of the Navy authorized \$10 million to fund the Marine Corps' participation in the Army's ground breaking study with the National Institute for Mental Health (NIMH) called the "Study to Assess Risk and Resilience in Servicemembers" (STARRS). The Marine Corps and NIMH program managers are currently developing the procedures that will guide the study. The Army STARRS

team is providing their full and complete support as we join this unprecedented five-year longitudinal study on modifiable risk and protective factors related to mental health, suicide and resilience. The study has been specifically designed to return timely information to Marine Corps leadership to inform our evolving prevention strategies and is likely to inform our suicide prevention program this year and for many years to come.

- 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 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 share best practices and develop effective suicide prevention programs, building on shared unique experiences in military culture that crosses national boundaries.

Traumatic Brain Injury and Post Traumatic Stress

Traumatic Brain Injury (TBI).

Naval medicine remains at the forefront of researching and implementing pioneering techniques to treat traumatic brain injury. The Marine Corps is an active partner with the medical experts within and outside the Department of Defense in continuing to advocate for innovative research and best practice dissemination to improve the lives of our Marines. We are complying fully with the DoD directive for each deploying Marine to complete the Automated Neuropsychological Assessment Metrics (ANAM) test prior to deployment. Along with the Vice Chief of the Army, I have personally been involved in the development of theater

guidelines for the detection and treatment of TBI. These Departmental level guidelines are aimed at Leaders as well as medical personnel and will ensure that Marines who are exposed to potentially concussive events will have this information recorded for future reference as well as removing the onus from the individual to self identify to receive a medical evaluation.

We have put into effect this new protocol for concussive events that will improve our ability to diagnose, track, and treat Marines and Sailors who may suffer mild TBI. This protocol requires all personnel in proximity to the blast event to be screened by medical personnel to better identify those that might have suffered a concussion. Those that show signs of a concussion are required to rest and are treated and evaluated prior to being returned to duty. The protocol takes into account the severity of the injury as well as whether this is the Marine's first concussive event or if he has been subject to previous events. This new protocol will result in better diagnosis, record keeping, and treatment of Marines and Sailors at the time of the injury, which in turn will reduce the chances that the Marine or Sailor will suffer effects of the injury at some later date.

Post-Traumatic Stress (PTS).

We are attentive to the mental health of our warriors and we are dedicated to ensuring that all Marines and family members who bear the invisible wounds caused by stress receive the best help possible. We developed the Combat Operational Stress Control (COSC) program to prevent, identify, and holistically treat mental injuries caused by combat or other operations. Again partnering with the medical community we are committed as a Corps to making sure every Marine struggling with a stress issue gets the support and if needed, treatment, they need.

Resiliency Training

We have taken steps in our pre-deployment training to improve our Marines resiliency and give them the tools to deal with the stresses of combat. Realistic training prepares our deploying Marines by simulating as closely as possible the sights, sounds, smells, and sensations of combat. Our Infantry Immersive Trainer at Camp Pendleton, California is a state of the art facility that seeks to give the experience of combat to our Marines in training. We are expanding this capability by establishing other immersive trainers at locations such as Camp Lejeune, North Carolina.

Combat and Operational Stress Control (COSC) Program

The Combat and Operational Stress Control Program (COSC) is a program through which Marines and leaders are trained to prevent, detect, and manage stress problems in Marines 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' responses.

To assist with prevention, rapid identification, and effective treatment of combat operational stress, we have expanded 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 in theater. We are extending OSCAR capabilities down to all of our infantry battalions and companies by providing additional training to doctors and corpsmen, chaplains, and selected leaders within each unit to make expertise more immediately available, and to decrease stigma through building relationships.

Conclusion

Suicides are a loss that we simply cannot accept. 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 at every possible juncture whether it be suicide prevention, documenting and tracking concussive events, and assisting those with PTSD and combat operational stress. We are aggressively acting to increase our prevention activities and follow-on care in these areas. The further left of an incident is our best opportunity to save lives by connecting Marines to needed help and mentorship. Likewise, TBI and PTS are very real injuries that must be diagnosed, recorded, and treated. We have taken concrete steps to do just that and will continue our efforts to build resilience and reduce the stigma of seeking help for these wounds. Thank you again for your concern on these very important issues.