

NOT PUBLIC UNTIL RELEASED BY THE
HOUSE ARMED SERVICES COMMITTEE

STATEMENT
OF
LIEUTENANT GENERAL ROBERT E. MILSTEAD, JR.
DEPUTY COMMANDANT FOR MANPOWER & RESERVE AFFAIRS
UNITED STATES MARINE CORPS
BEFORE THE
SUBCOMMITTEE ON MILITARY PERSONNEL
OF THE
HOUSE ARMED SERVICES COMMITTEE
CONCERNING
SUICIDE
ON
SEPTEMBER 9, 2011

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Introduction

Chairman Wilson, Ranking Member Davis, and distinguished Members of the Subcommittee, on behalf of your Marine Corps, I would like to thank you for inviting me here today to discuss the issue of suicide. We are grateful for your continued generous and faithful support and attention to this critical issue.

With every suicide, there is a unique life to understand. 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 painful questions of why and how.

The Marine Corps believes that one suicide is one too many. Suicides are a loss that we simply cannot accept, and leaders at all levels of the Marine Corps are personally involved in efforts to help address and prevent future tragedies. Our suicide prevention efforts focus on building a resilient force and encouraging Marines to seek help early, before problems worsen to the point of suicide. Taking care of Marines is fundamental to our ethos and serves as the foundation of our resolve to do whatever is necessary to help. As Marines, we pride ourselves in “taking care of our own.” It is this commitment to one another that will serve as the foundation of our efforts to learn from these tragedies and guide us in our vital work of suicide prevention.

Understanding the Statistics

Between 2001 and 2007, the number of suicides in the Marine Corps fluctuated between 23 and 34, but between 2007 and 2009 we saw 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. Our suicide rate in 2009 was 23.7 suicides per 100,000 Marines, which exceeded the most recent (2007)

national civilian rate of 20.0 per 100,000 when adjusted to match the demographics of the Marine Corps.

During Calendar Year 2010, 37 Marines died by suicide. The 2010 suicide rate was 17.2 suicides per 100,000 Marines, which is a nearly 30 percent decrease from 2009. Thus far this year, from January 1 through July 31, 21 Marines have died by suicide. Through this same time period in 2010, 28 Marines died by suicide.

Attempted suicides have increased from 103 attempts in 2007, to 146 in 2008, to 164 in 2009 and to 172 in 2010. Thus far this year, from January 1 through July 31, 108 Marines have attempted suicide. Through this same time period in 2010, 116 Marines had attempted suicide.

We are hopeful that the reduction in suicides will be part of a downward trend and that we are seeing the rewards of our prevention efforts; however, we will continue our implementation of a wide-range of prevention strategies on several fronts.

Primary Stressors and Risk Factors

Marine suicides and attempts resemble our institutional demographics: Caucasian male, 17-25 years old, and between the ranks of Private and Sergeant (E1-E5). Based on our analysis, we know that the primary stressors and risk factors associated with Marine suicides and attempts are relationship problems, legal or disciplinary problems, behavioral health diagnoses, financial problems, and substance abuse.

Our Marine Corps leaders educate all Marines about the relationship between suicide and stressors, warning signs, and risk factors through annual awareness and prevention training as well as additional training in all formal schools - from recruit training to our Commanders Course. We also teach Marines that it is their duty to seek help for themselves or for a fellow Marine at risk for suicide. Leaders teach Marines the importance of seeking help early, before

problems escalate to the point of suicide risk. Through example, Marines are shown that they need not choose between their military career and getting help for normal reactions to stressful circumstances. While helpful, reacting appropriately to suicide risk and encouraging early help-seeking are not sufficient by themselves.

The Marine Corps is conducting additional analysis to assess the impact that operational deployments may have on suicide rates. To date, our data suggests that, while the continuing stress resulting from a high overall operational tempo may be a factor in our increasing suicide rate, there does not appear to be a direct correlation between an individual Marine's suicide risk and deployment or combat history. Our analyses also suggest that there is no specific time period post deployment that is associated with increased risk of suicide for Marines.

Based on on-going assessments, we are concerned that our current surveillance and investigative procedures may be missing qualitative data from the final 72 hours prior to a Marine's death. Similar to studies conducted on civilian suicides, we are engaged in a forensic psychological autopsy study to more fully understand the detailed processes that lead to a Marine suicide, which we hope will further inform the points at which intervention may prevent another tragedy from occurring. We also continue to stress the critical role of focused and engaged leadership in suicide prevention, especially at the NCO level.

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, which is the final arbiter on the manner of death for Marines. 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 suicide attempts as well. 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, will result in better data, and will enhance our suicide prevention efforts.

After each suicide, we conduct an extensive review of the factors that led up to the suicide. This process involves the collection of 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.

Suicide Prevention Efforts

The Marine Corps has taken a number of actions to improve our overall suicide prevention efforts:

Training

We have learned that peer-to-peer intervention is essential to our prevention efforts. As such, we have further refined our award-winning, peer-led suicide prevention course for Non-Commissioned Officers (NCOs) - "Never Leave a Marine Behind" - and tailored it to address additional Marine Corps audiences. In January 2011, we released this evocative, reality-based training module for our junior Marines, and updated the existing NCO module. In April 2011, we released officer and staff noncommissioned officer modules that give leaders the necessary tools to build resilience and encourage our Marines to engage helping services early.

In addition to our targeted training approaches, we incorporate prevention into our formal education and training at all levels of professional development and throughout a Marine's career - from recruit training to 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 most up to date information and evidence-based practices. Suicide prevention skills are also taught using warrior metaphors in the Marine Corps Martial Arts Program, in which every Marine participates.

DSTRESS Line Pilot Program

One of our relatively new initiatives, established in 2010, is the DSTRESS Line with TRICARE West. This "By Marines-For Marines" call center is designed to assist Marines with problems at an early stage. The call center is staffed by veteran Marines, providing *anonymous* service to Marines, veteran Marines, attached Sailors, and their families. In the event that a caller in need is struggling with complex issues that are out of the scope of a responder, we have licensed clinical counselors available to provide more in-depth, urgent assistance. We are currently finishing the evaluation of this pilot program and considering Corps-wide expansion.

Combat Operational Stress Control Program

Other suicide prevention initiatives include our Combat and Operational Stress Control Program (COSC) which provides Operational Stress Control and Readiness (OSCAR) team training. OSCAR training creates teams of leaders, Marines, medical and religious ministry personnel within each battalion-sized operational unit who have the skills to help a commander in the prevention of stress injuries and early identification of Marines impacted by stress. By changing social norms and outdated beliefs, OSCAR team members seek to reduce the stigma

associated with behavioral health treatment, which improves referral, rapid case identification and treatment, and contributes to our Marines' overall well-being.

Resiliency Training

We believe improving our Marines' resilience will foster their ability to cope with the widely-varying stressors of life both in combat and garrison, improve their overall sense of well-being, and reduce suicides. We are working aggressively and creatively to build a training continuum that is founded and focused on our core values and recognizes the interconnectedness between physical, social, psychological, and spiritual health. For instance, we know that physical fitness and participation in sports and recreation strengthen resiliency and prevent unhealthy behavior choices. We also know that there is a strong connection between physical health and mental health. We have recently started focusing more strategically on these four pillars - physical, social, psychological, and spiritual - in an effort to build resilience-based concepts and principles into the very fabric of the Corps. This year, we have reorganized many of our existing psychologically-based resiliency programs under a new behavioral health branch. We believe this effort will improve their efficiency and effectiveness while better leveraging other programs across the spectrum of behavioral health. We also believe that connecting these programs will result in increased quality of care provided to Marines, commanders, and communities, and proactively prevent suicide.

In addition to focusing on psychological resilience, we have begun to focus on the social aspects of building resilience. We recognize that individuals who feel "connected" to one another are more engaged at work and home and, therefore, tend to be more resilient. Therefore, over the course of the next year, we will be working to develop and implement a plan that utilizes a more community-based approach to taking care of our Marines and their families.

Connecting our Marines, their units, and their families to the programs and services in the Marine Corps, as well as those in their communities, will encourage them to become more involved and active in their communities, and ultimately build and maintain their overall resiliency.

Partnerships

The complex nature of suicide prevention requires an important balance between immediate action and long-term planning. Partnerships and effective collaboration are necessary to stay abreast of the latest available information within the suicide prevention arena and also to explore future program needs.

We are fully engaged in research efforts with both federal and civilian partners to fill in gaps in our understanding and continue to guide our prevention efforts. In collaboration with the Department of Defense, our sister Services, and federal and civilian agencies, we continually adapt our efforts to reflect the latest public health science and the ever-changing needs of the Marine Corps family. We have an ongoing partnership with the American Association of Suicidology to help guide and inform our work.

In addition, we continue to coordinate our suicide prevention efforts with other experts from across the federal government, civilian organizations, 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 Department of Veterans Affairs partners to join efforts in reducing suicides.

We are also attentive to the mental health of our warriors and are dedicated to ensuring that all Marines and family members who bear the invisible wounds caused by stress receive the

best help possible. We are partnered with the Navy to address the needs of Marines and their families in the face of the nationwide shortage of qualified mental health care providers, and are committed as a Corps to making sure every Marine struggling with a stress issue gets the support and treatment they need.

Conclusion

Suicides are a loss that we simply cannot accept. 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. We are aggressively increasing our suicide prevention activities and follow-on care. We have taken concrete steps forward and will continue our efforts to build resilience and reduce the stigma of seeking help. Our leaders at all levels are personally involved in efforts to address and prevent future tragedies and will remain actively engaged in this fight.

Thank you again for your concern on this very important issue.