

Lieutenant General H.P. (Pete) Osman, United States Marine Corps, Deputy Commandant for Manpower and Reserve

Statement of

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United States Marine Corps

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Senate Committee on Veterans Affairs

Concerning

?The State of VA Care in Hawaii?

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#### Introduction

Mr. Chairman, Senator Akaka, and distinguished members of the Subcommittee, I am grateful for this opportunity to appear before you today to discuss the interaction between the Marine Corps, DoD and the Department of Veterans Affairs (VA) to care and support for our returning service members, including those from the State of Hawaii.

The State of Hawaii has been the source of great help to the Marine Corps in the Global War on Terrorism (GWOT). Marine Corps Base Hawaii, including the Kaneohe Bay and Camp H.M. Smith installations, is home to over 16,000 Marines, Sailors, family members, and Marine Corps civilian employees. Tripler Army Medical Center in Honolulu is also an important facility for the Marine Corps, currently providing medical care to several injured Marines. The Spark M. Matsunaga VA Medical Center and Oahu VA health care clinic are also resources for our injured service members. The State of Hawaii has also witnessed its share of casualties and injuries during GWOT, with 2 Marines with Hawaii homes of record killed in combat and 9 others injured. The Marine Corps is highly focused on caring for these and all injured Marines, ensuring that their family members are provided for and comforted in the wake of their injury, and, when necessary, assisting with their transition to civilian life.

Supporting injured Marines and their families is a complex task. We do our best to tailor our support to fit their individual needs. This support comes from numerous Marine Corps initiatives designed to promote and provide treatment for the mental and physical well being of all service members and their families. These include community-based services, buddy care, non-medical support resources, chaplains, morale, recreation, and welfare programs, and the full spectrum of clinical care and patient movement of the Military Health System. There are also many joint VA-DoD programs whose goal is to help injured service members transition from DoD to VA health care, convert from DoD to VA benefits systems, improve VA-DoD sharing of personnel and health care information, and to otherwise assist service members who, for whatever reason,

are transitioning to civilian life.

Today, I'd like to touch upon several programs, many of which are the result of lessons learned from the Marine Corps' central role in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Many of these programs involve close communication and joint effort with VA. All of these programs are available to all Marines, including those stationed here in Hawaii; many have program liaisons based at Marine Corps Base Hawaii.

Combat/Operational Stress Control (COSC).

Military leaders and medical professionals realize that many deployed service members experience combat stress and that it affects some individuals more than others. The stress of current operations has affected not only those Marines deployed to a war zone, but also those remaining in garrison and their family members. To maintain the readiness of the Marine Corps as a warfighting force, we remain vigilant in watching our young, expeditionary, and vigorous members for signs of distress and effectively manage operational stress at every level. The goal of this effort is to provide pre-deployment training, assistance when the stress is occurring, and post-combat monitoring and assistance to identify mental health problems early so they will have the best chance of healing completely.

Since the Marine Corps crossed the line of departure into Iraq in March 2003, we have continuously developed and improved our operational stress control programs based upon lessons learned. For example, in January 2004, we launched the Operational Stress Control and Readiness (OSCAR) program, which embeds mental health professionals with ground units. OSCAR has been successful in helping Marines deal with the acute stress of combat. It also keeps Marines with low-level problems at their assigned duties and allows those with more severe conditions to immediately receive appropriate treatment. In addition, we learned that as we redeployed from OEF and OIF, that returning home from an operational deployment can be a stressor, not only for Marines, but for their family members. In response, in May 2003, we launched the Warrior Transition and Return and Reunion Programs. These programs help Marines and their families cope with the stress of homecoming.

Though we provide many prevention and treatment programs, we know that their success is dependent upon Marines confidently availing themselves of the support offered. As such, we consistently reassure Marines that the combat/operational stress they are experiencing is not uncommon, and we urge use of available resources. We also emphasize that stress heals more quickly and completely if it is identified early and managed properly. With this in mind, over the past two years we have greatly expanded our efforts to educate Marines and their family members about combat/operational stress control.

To coordinate our efforts, we have established a Combat and Operational Stress Control (COSC) section in our Manpower and Reserve Affairs Department. The objectives of the Marine Corps' COSC program are to provide the tools to prevent, identify, and treat combat/operational stress injuries in warfighters and their family members before, during, and after deployment.

To assist during the pre-deployment phase, Marine Officers and staff NCOs are trained to prevent, identify, and manage stress injuries. Moreover, Marines are trained on the stressors to be expected and how to monitor and manage personal stress levels. During deployment, in addition to OSCAR, there are mentorship programs and treatment services by Chaplains. For our dedicated families who await the return of their Marine, we have counseling and referral services available through various venues. For example, the Key Volunteer Network supports

the spouses of the unit Marines by providing official communication from the Command about the welfare of the unit and other key status or information. We also have Marine Corps Community Services programs, and Military/MCCS One Source. Military/MCCS One Source is a 24/7/365 information and referral tool for Marines and their families that provides counseling on virtually any issue they may face, from childcare to deployment stress, to financial counseling.

Additionally, in the case of mass casualties experienced by a command/unit, the Marine Corps' Critical Incident Stress management trained teams provide crisis management briefings to family members and friends of the command/unit. During crisis management briefings, Marine Corps personnel, Chaplains, and Managed Health Network (MHN) counselors are available to provide information and answer questions concerning the casualties. MHN is an OSD-contracted support surge operation mechanism that allows us to provide augmentation counselors for our base counseling centers and primary support at sites around the country to address catastrophic requirements.

After deployment, we help with readjustment by providing briefs for Marines and families on how to recognize problems and seek help, and by screening redeployed Marines for mental health problems. Marine officers and NCOs receive training close to the time of redeployment on the normal stress of readjusting to life in garrison and of reuniting with family members. They also are taught how to identify their Marines who are having problems, and how to get them help. We have begun screening all returned Marines and sailors for a wide variety of health problems after they have been back home for 90-180 days, and those who screen positive are evaluated and treated. Family members also receive redeployment stress briefs, including information about how to take care of their own stress as they reunite with their Marine spouses, and how to know whether their spouse is experiencing a stress problem that requires attention.

To ensure COSC training participation, we have a system using the Marine Corps Total Force System for unit-level tracking by individual Marines during pre-deployment, re-deployment, and post-deployment. We have also implemented the Department of Defense pre-deployment and post-deployment health assessments, which facilitates early identification and treatment of persistent stress problems.

Another important component of COSC is our web-based information and referral tool, the ? Leaders Guide to Managing Marines in Distress.? The guide gives leaders the ability to help Marines at the point of greatest positive impact: Marine-to-Marine. It offers leaders at all levels information to resolve high-risk problems faced by Marines that could be detrimental to personal and unit readiness. The faster and more effectively these problems are solved, the more time the individual and unit will have to focus on the mission. The guide is separated into six major categories: deployment, family, personal, harassment, substance use, and emotional. Within these categories, there are 16 main problem areas that include an overview of the problem, risk factors, why Marines may not seek help, prevention strategies, resources, and Marine Corps guidance. The guide can be accessed at <http://www.usmc-mccs.org/leadersguide>.

The Marine Corps appreciates the Committee's attention to this important issue, and I commend your steadfastness in ensuring that service members receive appropriate care, in terms of both prevention of combat stress and treatment. I can assure you the Marine Corps' commitment to the mental and emotional well-being of our force remains strong. We will continue to seek validation of our COSC program and closely interact with Commands to capture lessons learned and best practices for future improvements and adjustments.

## Care for Injured Marines

The Marine Corps has a long history of caring for its fallen and injured Marines. Many of the Marines and Sailors who have suffered extremely serious combat injuries would not have survived in previous wars. Due to improved combat equipment, forward-deployed trauma stations, and post-injury medical care, they are fortunately still with us. Nevertheless, their trauma still has a potentially devastating impact on them, their families and their future. Therefore, the Marine Corps places top priority on the health care of our returning, injured Marines.

**Marine Casualty Services.** Marines who are seriously wounded in Iraq or Afghanistan, once stabilized, are ordinarily transported first to National Naval Medical Center (NNMC) in Bethesda, MD. Based on lessons learned from the treatment and processing of service members injured during OIF/OEF, we established a Marine Casualty Services (MCS) patient administration team at that facility under the leadership of a Marine officer. MCS at Bethesda is a team of 27 professionals dedicated to assisting every admitted Marine. The team is composed of surgeons, mental health specialists, nurses, case management specialists, and a VA benefits coordinator. The team helps with all facets of the service member's care ? from assisting with family members' travel and lodging, to filing all appropriate claims for entitlements, to ensuring medical records are transferred in a timely fashion. They collaborate with the hospital staff, family members and VA Medical Center staff on a daily basis in order to ensure a seamless transition of care and services. Intensive case management is a key component for post discharge and follow-up care. Continued communication and coordination between the Marine Corps Medical Treatment Facility Case Manager, Veterans Health Administration-DoD Liaison, VA Medical Center OEF/OIF Case Manager, and the Marine for Life ? Injured Support representative, is absolutely crucial as our injured proceed through their recovery. To enhance continuity, clinical outcomes, and improve family support, the trauma team doctors at NNMC conduct weekly teleconferences with primary VA transfer sites. Because of the importance of the MCS, the Marine Corps has established teams at Andrews Air Force Base to meet all incoming medevac flights, a team at Walter Reed to provide on site support for Marines receiving amputee rehabilitation, and personnel augmentation to the Joint Personal Effects Division at Aberdeen. These teams remain actively involved with the day to day care of our injured Marines and do their best to support and advocate for our Marines and families even after they transfer to a VA Medical Center or other facility.

**Marine for Life ? Injured Support.** Marine for Life ? Injured Support is a formal program instituted by our Commandant to assist injured service members and their families. The concept of Injured Support gives renewed meaning to ?Once a Marine, Always a Marine? and assures all Marines that they never truly leave the Corps. The goal of this program is to bridge the difficult gap between military medical care and transition to VA. The key is to ensure continuity of support through transition and, in combination with Office of the Secretary of Defense Military Severely Injured Center, to provide case management tracking for several years forward. As our injured Marines continue with their recovery, potentially transfer from active to veteran status, and assimilate back into their communities, Marine for Life -Injured Support will be their greatest supporter and advocate. This program has been in operation since last January with features that include advocacy within both DoD and external agencies, assistance with military disability processing and physical evaluation boards, assistance with employment, and improved VA handling of health care and benefit cases. On average, 30 percent of our discharged injured Marines who have been contacted request and receive assistance. Injured Support

representatives interact with Marine Casualty Services on a weekly basis to provide program information and contact numbers to hospitalized Marines and family members. Marine for Life ? Injured Support is living proof of our motto -- ?Semper Fidelis.?

Health Insurance Portability and Accountability Act (HIPAA). While the Marine Corps is not a keeper of service member medical records, it wants to make sure that MCS and Marine For Life-Injured Support follows the law's mandates. As such, these personnel have received training from the NNMC HIPAA Compliance Specialist, as well as online follow-up training. Moreover, all injured Marines receiving health care at DoD and VA installations are counseled on their HIPAA rights and provided the necessary disclosure forms. In June 2005, DoD and VA signed MOU on the sharing of medical information, called the ?HIPAA MOU.?

### Transition Assistance

Our hope is that many of our injured Marines will be able to return to duty. Clearly, in many cases, this is not possible. Consequently, the Marine Corps and DoD, along with the help of VA, has developed several initiatives to assist service members who, for whatever reason, transition back to civilian life.

Seamless Transition Program. The Marine Corps is an active participant in the DoD-VA Joint Seamless Transition program. VA established the program in coordination with the services to facilitate and coordinate a more timely receipt of benefits for injured service members while they are still on active duty. There are VA social workers and benefit counselors assigned at eight Military Treatment Facilities (MTFs) that serve the highest volumes of severely injured service members, including Walter Reed Army Medical Center and National Naval Medical Center in Bethesda. VA staff stationed at these MTFs brief service members about the full range of VA benefits including disability compensation claims and health care. They coordinate the transfer of care to VA Medical Centers near their homes, maintain follow-up with patients to verify success of the discharge plan and ensure continuity of therapy and medications. These VA case managers also refer patients to VA benefits and vocational rehabilitation counselors. As of August 2005, more than 3,900 patients have received VA referrals at the participating military hospitals.

In order to enhance the important value of the Seamless Transition program, the Marine Corps recently assigned two field grade officers to the VA Seamless Transition Office. This has facilitated better integration of Marine Corps and VA handling of service member cases, involving both VA health care and benefits delivery. These liaisons, with the help of other Marine for Life-Injured Support counselors and VA liaisons, also help ensure that all documents needed by VA are gathered to begin VA processing.

Many of the seriously injured Marines will already be under the VA umbrella for care and treatment by the time their case is finalized at the physical evaluation board. With the Marine Liaison Officers at the VA Seamless Transition Office, injured service members are now provided better case management oversight throughout the transition process to VA. In many instances, the Marine Corps has expedited a Marine's separation, making them eligible to receive compensation from VA in 30 days instead of the 60+ days that was previously experienced. This Marine Corps effort has assisted not only Marines, but members of the other services too.

Transition Assistance Management Program. In addition to health care transition, the Marine Corps also focuses on assisting service members in their transition from DoD's to VA's benefits system. Our Transition Assistance Management Program (TAMP) provides resources and assistance to enable separating Marines and their families to make a successful and seamless

transition from military to civilian life. TAMP provides information and assistance on various transition topics, including: employment, education and training benefits, determining health and life insurance requirements, financial planning, the benefits of affiliating with the Marine Corps Reserves, and veteran's benefits and entitlements. For our injured Marines, we provide TAMP services at a time and location to best suit their needs, whether at bedside at a military treatment facility or their home. In cases where the Marine is not in a condition to receive transition information, but the family members are, assistance and services are provided to the family member. We have 5 full-time TAMP representatives at Marine Corps Base Hawaii, who are prepared to help Marines at Tripler Army Medical Center one-on-one at their bedside. Transition services are available to all Marines and their family members who are within 12 months of separation or within 24 months of retirement. On a space-available basis, separated Marines can attend workshops up to 180 days after their date of separation. Pre-separation counseling and the Transition Assistance Program workshops are mandatory for all separating Marines. Other services include:

- ? Career Coaching Employment and training assistance
- ? Individual Transition Plan Career assessment
- ? Financial planning Instruction in resume preparation, cover letter, and job applications
- ? Job analysis, search techniques, preparation and interview techniques
- ? Federal employment application information
- ? Information on Federal, State, and local programs providing assistance
- ? Veteran's benefits
- ? Disabled Transition Assistance Program

## Conclusion

Severe injury has a traumatic impact on our Marines and their families. Not only are life and death at stake, but there are also significant disruptions to family systems for months and years to come. The Marine and his or her family will find themselves navigating new territory and facing possibly some of the greatest challenges of their lives. Without a doubt, taking care of our wounded service members and their families is one of the Marine Corps' top priorities. It is why we tackle mental and physical health issues before, during, and after deployments. The goal is for our Marines to get the information, services, resources and assistance they need to be self-sufficient, contributing members of their communities.

On behalf of all the selfless, dedicated men and women who serve in our Armed Forces, I thank this Committee for your continued support during these demanding times. I want to specifically thank you for the recent Traumatic SGLI program. The idea began with this Committee and, without your efforts, would not be law today.

The Department of Defense, Department of Veterans Affairs, and all of the individual services are committed to keeping the treatment, recovery and transition of our injured as their highest priority. As challenges arise, they will be addressed and resolved, and best practices will be instituted as they are developed. We must continue to partner and communicate to ensure the transition process is a positive one, helping our veterans to face this next phase of their lives with optimism and confidence.

Again, I thank the committee for its unwavering support.