



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
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CCO 1720.16
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MAY 23 2016

COMBAT CENTER ORDER 1720.16

From: Commanding General
To: Distribution List

Subj: COMMAND SUICIDE PREVENTION AND CRISIS INTERVENTION PROGRAM

Ref: (a) MCO 1720.2
(b) MCO 3040.4
(c) MCO 1700.29
(d) MARADMIN 512/14
(e) SECNAVINST 5211.5E
(f) DoDI 6490.4, "Mental Health Evaluations of Members of the Military Services," March 4, 2013
(g) DoDD 6490.14, "Defense Suicide Prevention Program," June 18, 2013
(h) MCO 3504.2A
(i) MARADMIN 073/14
(j) DoDI 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
(k) MCO 5100.29B

Encl: (1) Definitions
(2) Resources/Links
(3) Example Recognition Citation

Reports Required: I. Report of Casualty (Report Control Symbol DD-1300), paragraph 4b1(h)6
II. Department of Defense Suicide Event Report (DoDSER) (<https://dodser.t2.health.mil>), paragraph 4b1(h)6

1. Situation

a. Deaths by suicide and other non-fatal suicide-related events often occur in association with stressors such as relationship stressors, work related stressors, pending disciplinary action, and illness such as depression, and in association with periods of transition in duty status and between duty stations.

b. This Order emphasizes the importance of leadership for the early identification and intervention for stressors that detract from personal and unit readiness.

c. This Order provides information for creating local suicide prevention programs in all units and directorates. All definitions applicable to this Order are explained in enclosure (1).

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2. Mission. In accordance with the references, provide local policy and procedural guidance for a suicide prevention program that focuses on intervention at all levels throughout the Combat Center.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Leaders will take all necessary steps to create and sustain a climate of risk awareness, non-judgmental assistance, positive reinforcement, and unit member responsibility for others in need.

(b) Suicide prevention is not a single activity or training.

(c) Service Members should be shown that getting help for fellow service members in distress is a duty, not an option, and is consistent with Marine Corps ethos and values.

(d) Psychological, spiritual, physical, and social fitness should be linked with personal and mission readiness.

(e) Peer-to-peer leadership is expected. At any time a Marine or Sailor is in distress, whether due to a relationship stressor, stress injury, financial crisis, or combat experience, it is the responsibility of everyone to get that service member help.

(f) The desired outcome of this Order is a proactive, efficient and effective plan to maintain the readiness of individual Marines, Sailors, and their units. It is aligned with the Marine Corps' larger, holistic prevention approach to behavioral health that seeks to develop coping skills, increase resilience, and increase access to and engagement of behavioral healthcare services.

(g) Implementation of this program reduces the risk of suicide for active-duty Marines and Sailors, Reservists, dependents, and civilians, minimizes the adverse effects of suicidal actions on command readiness and morale, and preserves mission effectiveness.

(h) Suicide prevention is an integral part of mission accomplishment through force preservation.

(2) Concept of Operations

(a) Medical professionals, chaplains, Community Counseling Center (CCC) counselors, health promotion program leaders, substance abuse counselors, and command suicide prevention program officers support local commanders with information in their areas of expertise, intervention services, and assistance in crisis management.

(b) Commanders at the battalion/squadron (Bn/Sqdrn) level are responsible for implementing a command suicide prevention program in

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accordance with this Order. The command suicide prevention program involves a continuum of care with seven elements: Awareness, Promotion, Intervention, Postvention, Reporting, Reintegration, and Assessment.

1. Awareness. Education and health promotion in the form of unit annual suicide awareness.

2. Promotion. Active promotion of healthy lifestyles for all military personnel.

3. Intervention. Crisis intervention and risk management procedures for the referral and evaluation of service members requiring emergency behavioral healthcare, and/or who have problems that increase risk for suicide such as depression and/or drug and alcohol abuse.

4. Postvention. Services providing support to families and units affected by the suicide of a member.

5. Reporting. Casualty reporting to higher authority in order to assist in improving knowledge regarding suicide through research to improve future prevention efforts.

6. Reintegration. Publicly or privately welcome the service member back to the unit. Thoughtful reintegration of those treated for stress injury and found fit to return to duty will reduce future suicide risk and encourage others to engage helping services when needed.

7. Assessment. Suicide awareness and prevention training completion and record keeping inspections will be scheduled and conducted by the Inspector General annually.

(c) For the purposes of this Order, covered communications are oral, written, or electronic communications of personally identifiable information. All involved parties must maintain the integrity of privacy policies. Use and disclosure of such information shall be in compliance with reference (e). For the purposes of suicide prevention, failure to maintain the integrity of privacy policies undermines the service member's trust in leadership, and deters them from seeking help for themselves and others.

b. Subordinate Element Missions

(1) Commanding Officers, Headquarters Battalion, Marine Corps Mountain Warfare Training Center, Marine Corps Tactics and Operations Group, and Marine Corps Logistics Operations Group

(a) Appoint, in writing, a Marine to fulfill duties as the unit suicide prevention program officer, and provide a copy of this appointment letter to the Command Suicide Prevention Program Officer [the Adjutant for the Marine Air Ground Task Force Training Command (MAGTFTC), Marine Corps Air Ground Combat Center (MCAGCC)].

(b) Appoint, in writing, a Marine to receive personal health information, and provide a copy of this appointment letter to the Command Suicide Prevention Program Officer.

(c) All Commanders shall create an 8-Day Brief for submission to the Assistant Commandant of the Marine Corps, via the first general officer in their chain of command, no later than the 8th day following the suicide, and follow-up with a Death Brief within 30 days.

(d) Notify the Command Suicide Prevention Program Officer when a Personnel Casualty Report/Serious Incident Report (PCR/SIR) is submitted for all suicides, attempts, and gestures.

(e) The Company Gunnery Sergeant (CoGySgt) is the designated unit point of contact and shall liaise with the Department Head, Mental Health, Medical Services Directorate, Naval Hospital Twentynine Palms at (760) 830-2724. When the CoGySgt transfers, ensure that the Directorate is informed of the following information for the new CoGySgt: Rank, FName MI, LName, Unit, (760) 830-XXXX.

(f) Ensure that the service member's respective directorate (Assistant Chief of Staff, Special Staff Officer, or Officer-in-Charge) is informed of the service member's status, and provide any further instructions to assist the service member.

(g) Training

1. Ensure all Marines/Sailors receive standardized annual suicide prevention training utilizing the Universal Marine Awareness and Prevention Integrated Training (UMAPIT) curriculum. The month of September is Suicide Prevention month. During this month ensure that an event is planned in conjunction with Marine Corps Community Services (MCCS) which involves UMAPIT and the Marine Intercept Program (MIP).

2. For those units whose training coincides with the month of September, contact MCCS for assistance when training permits to ensure this event takes place.

(h) Complete an operations event/incident report on all suicides, attempts, and gestures, per references (a), (h), and (i).

(i) Utilize the installation's and unit's key leaders and resources: Marine leaders, medical professionals, chaplains, MCCS program coordinators from Marine and Family Program's (M&FP) Behavioral Health Branch, and Semper Fit Division in order to coordinate, evaluate, and sustain an integrated program of awareness education, early identification, and referral of at-risk personnel for treatment and follow-up services.

(j) Ensure trainers providing annual training possess requisite knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

(k) Follow all procedures, per references (f) and (g), for commander actions in the screening, evaluation, disposition, and treatment of

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all service members deemed at risk for harm to themselves or others. Per reference (a), some recommended specific questions to assess suicide potential are:

1. Ideation: "Do you have or have you had any thoughts about dying or hurting or killing yourself?"

2. Intent: "Do you wish to die?"

3. Plan: "Will you hurt, kill, or allow yourself to be hurt or killed accidentally or on purpose?" "Do you have access to weapons at work or at home?"

4. Behaviors. "Have you taken any actions toward hurting yourself; for example, obtaining a weapon with which you could hurt yourself?"

5. Attempts: "Have you made prior suicide attempts?" "When?" "What did you do?" "How serious was the injury?" "Did you tell anyone?" "Did you want to die?"

(l) In accordance with reference (a), ensure all service members who engage in suicide related behavior or who are at risk for harm to self or others are kept in sight and escorted to an evaluation with a mental healthcare provider. Ensure appropriate follow-up appointments are completed by the referred service member.

(m) Coordinate with Military and civilian authorities to complete appropriate investigations or inquiries into all cases of suspected suicide by Marines/Sailors.

(n) Implement command procedures to be followed for suicide prevention and crisis intervention that include the process for identification, referral, access to treatment, and follow-up procedures for service members at risk of suicide. Ensure procedures are written and at a minimum shall include:

1. Internal suicide-related event notification procedures.

2. Measures to facilitate crisis management.

3. Methods to restrict access of at-risk personnel to lethal means that can be used to inflict harm to themselves or others.

4. Suicide hotline contact phone numbers, see enclosure (2).

5. Training requirements.

6. Reporting requirements, per references (a), (b), and (h) [e.g., PCR and Department of Defense Suicide Event Report (DoDSER)].

7. Protection of confidentiality and personally identifiable information.

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(o) When applicable, assign Casualty Assistance Calls Officers, in accordance with reference (b), to ensure family support and access to appropriate survivor benefits. For those family members of suspected suicide, ensure that adequately trained medical personnel, MCCS counselors, or chaplains assess needs and facilitate requirements for the supportive needs of the family.

(p) Following a suicide, ensure an ongoing needs assessment is maintained and facilitate access to required care, as appropriate for those service members affected by the suicide.

(q) DoDSER Process. The DoDSER is designed to standardize the review and reporting process on suicide-related events among military service members. The information is used to identify risk factors and assist commanders in targeting and improving local suicide prevention efforts. A DoDSER account can be completed online at <https://dodser.t2.health.mil>. Once created, and training is complete, an event can then be created. Submit a completed DoDSER for all suicides (medical personnel will submit DoDSERs for suicide attempts), in accordance with reference (b). This includes undetermined deaths for which suicide has not been excluded by the medical examiner, consistent with reference (b).

1. Suicide Attempts. The DoDSER is due within 30 days of the determination of the attempt by competent medical authority. (Medical personnel will submit DoDSERs for suicide attempts).

2. Suspected Suicide. The DoDSER for a suspected suicide is due within 15 working days of the date of the initial PCR.

(r) Facilitate access to medical, dental, and service records to aid in the thorough completion of DoDSERs.

(s) Recognize personal preventive and/or proactive efforts in suicide prevention. One manner is to publicly commend Marines/Sailors who have assisted others. For an example of language consistent with such a citation see enclosure (3).

(t) Publicly or privately welcome the service member back to the directorate. Thoughtful reintegration of those treated for stress injury and found fit to return to duty will reduce future suicide risk and encourage others to engage helping services.

(2) Commanding Officer, Marine Aviation Weapons and Tactics Squadron One. As a tenant unit, work in conjunction with Marine Corps Air Station Yuma directives regarding suicide prevention.

(3) Tenant Unit Commanders. It is requested all unit commanders ensure that the procedures and services within this Order are followed and utilized to ensure the mental health and safety of all Marines, Sailors, and family members within your respective units.

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(4) Assistant Chiefs of Staff, Special Staff Officers, and Officers-in-Charge

(a) Notify the unit commanding officer when it comes to your attention that you have a service member in crisis for suicide.

(b) Per reference (b), ensure the service member who engages in suicide-related behavior, or who are at risk for harm to self or others, are kept in sight and escorted to an evaluation with a mental health provider.

(c) Ensure the service member attends all treatment and follow-up services.

(d) Ensure the protection of confidentiality and personally identifiable information.

(e) Coordinate with military and civilian authorities to complete appropriate investigations or inquiries into all cases of suspected suicide.

(f) Ensure all Marines/Sailors receive annual suicide prevention training.

(g) Welcome (publicly or privately) the service member back to the directorate. Thoughtful reintegration of those treated for stress injury and found fit to return to duty will reduce future suicide risk and encourage others to engage helping services when needed. Recognize personal preventive and/or proactive efforts in suicide prevention. One manner is to publicly commend Marines/Sailors who have assisted others. For an example of language consistent with such a citation see enclosure (3).

(5) AC/S G-1, Adjutant

(a) The MAGTFTC, MCAGCC G-1 Adjutant is appointed as the Command Suicide Prevention Program Officer. Your duties are as an administrative and coordinating resource for the Combat Center.

(b) Coordinate with Behavioral Health Branch (BHB) Head to provide updated suicide information to all unit suicide prevention program officers.

(c) Work in conjunction with all unit suicide prevention program officers to ensure that annual training for UMAPIT is completed.

(6) AC/S Marine Corps Community Services

(a) M&F Programs Division/BHB

(1) In accordance with references (a) and (c), provide standardized annual suicide prevention training for commanders to use in their local suicide prevention program that targets all Marines and Sailors assigned and attached to their units.

(2) Provide evidence-based tools and resources for use in command suicide prevention programs.

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(3) Coordinate with the Public Affairs Officer and develop effective communication plans to promote awareness of the Suicide Prevention Program.

(b) Semper Fit. Coordinate with M&F Division to make training available, in accordance with references (a) and (c). Offer various training programs for delivery to the smallest possible element, as well as train-the-trainer programs for leaders to deliver to specific audiences.

(c) Community Counseling Program (CCC)

1. Once notified by Headquarters Marine Corps, Marine and Family Programs Division (MF) that an SIR or PCR has been submitted to HQMC on an installation/attached service member who experienced a suicidal thought or attempt, make contact with the command leadership within 24 hours.

2. Once the service member's information is received, explain CCC's function and coordinate service delivery.

3. Contact the service member immediately, and begin the MIP intervention and actions needed for care and reintegration.

4. Once contact is made with the service member, notify MF.

5. Ensure subsequent contact is made at day 3, 7, 14, 30, 60, and 90 to talk about safety concerns and service coordination.

6. Respective CCC counselor shall contact the commander after each contact is made with the service member, to ensure appropriate command coordination is in place throughout the care coordination process.

(7) Command Inspector General

(a) Per reference (a), ensure the command suicide prevention program is an item of special interest during regular Command and Unit Inspection Programs.

(b) Utilize the Functional Area checklist as the standard for ensuring compliance with this Order.

(8) Commanding Officer, NHTP

(a) In coordination with MCCS M&FP Division, establish a supporting relationship with local commanders to provide services to include evaluation, referral, and treatment for service members at risk.

(b) Ensure treatments are based on the potential for therapeutic benefit, as determined by the behavioral healthcare provided.

(c) Provide serial clinical assessments and ensure mental status examinations are performed, with or without specific therapies, to assess a service member's ongoing suicide risk until the service member is deemed clinically to be psychologically stable and no longer represent an imminent danger to self or others.

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(d) Ensure recommendations are based on the master-level behavioral healthcare providers who are qualified to assess, evaluate, and treat suicidal Marines. Recommendations for precautions shall be considered, especially in cases of those service members who have demonstrated to be a potential danger in the past, as evidenced by violent or destructive behavior. Recommendations for precautions may include, but are not limited to, an order to move into military barracks for a given period; an order to avoid the use of alcohol; an order not to handle firearms or other weapons; or an order not to contact a potential victim or victims.

(e) Ensure healthcare providers comply with references (a) through (g) regarding suicide prevention and reporting of suicide-related events.

(f) Ensure medical personnel notify the Command's Company Gunnery Sergeant if a service member's mental state or condition presents a moderate or high risk of suicide, in order to coordinate appropriate prevention actions.

(g) Ensure medical personnel are familiar with reference (a) and understand the requirement for command consultation in the event of a suicide-related event. Ensure they are able to coordinate prevention activities, in accordance with references (f) and (g).

(9) AC/S Religious Ministries

(a) Ensure all chaplains assigned to the Combat Center are fully aware of the contents of this Order.

(b) Ensure Command Religious Program personnel, in cooperation with the Naval Hospital Twentynine Palms, and the installation resources (e.g., Substance Abuse Counseling Center, etc.), are a resource to assist local commands in developing stress management and suicide prevention programs.

(10) AC/S G-5, Public Affairs Officer

(a) Coordinate with MCCA M&FP Division to ensure key Combat Center themes, programs, events, and updates are incorporated into the command's public affairs plans.

(b) Disseminate information on key Marine Corps Suicide Prevention Program (MCSPP) themes, programs, events, and updates through the Observation Post, the Commanding General's Channel, and the MAGTFTC, MCAGCC website, as appropriate.

(c) Coordinate with MCCA M&FP Division to obtain information and/or provide a subject matter expert as spokesperson when responding to civilian media inquiries pertaining to MCSPP programs.

(d) Coordinate with tenant command Public Affairs Officers to ensure information on Marine Corps-wide MCSPP themes, programs, events, and updates are incorporated into the local command's information effort.

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c. Coordinating Instructions(1) Individual Marines and Sailors

(a) Learn and practice skills for maintaining a healthy lifestyle that promotes psychological health, physical readiness, and positive stress management.

(b) Provide assistance and immediately notify the chain-of-command if a fellow service member is observed to be experiencing distress or difficulty in addressing problems, or if he/she is exhibiting behavior consistent with suicidal ideation.

(c) For those experiencing distress or difficulty in addressing problems, assistance is available through the chain-of-command for support. See enclosure (2) for resources.

(d) Participate in suicide prevention training on an annual basis, at a minimum.

(2) Marines/Sailors placed on 1-1 Command Watch by the Emergency Room (ER) Duty Personnel

(a) Acknowledge that this is a difficult situation - whatever they are going through, as well as being directed to be on 1-1.

(b) The 1-1 Marine/Sailor will follow the service member everywhere, i.e. following to the head, shower, etc.

(c) Check for potential hazards such as belts, glass objects, razors, etc.

(d) Observe for signs of odd behaviors/psychosis and report to Mental Health (MH) these observations.

1. Seems to be talking to someone that is not there, responding to conversations when no one is talking (shaking head in agreement/disagreement).

2. If they act irrational, become combative or non-compliant, call the Provost Marshal's Office for immediate transport to the ER.

(e) Leave your beliefs/thoughts regarding suicide outside.

(f) You will not allow the service member to go **ANYWHERE** without you or another assigned command escort. You must see the service member at all times. This includes using the head, shower, or anywhere else the service member may go.

(g) You will not leave the service member without ensuring that he/she has another command escort.

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(h) You will not allow the service member to have access to any weapons, ammunition, or pyrotechnics. If someone tries to give him/her any of these items, you will ensure they do not have access to them and inform the duty officer/staff noncommissioned officer.

(i) You will not encourage, recommend, provoke, or allow the service member to harm him/herself or others. You are to take all precautions minimizing any potential embarrassment or stigma associated with these command-watch responsibilities.

(j) During shift changes, the service member being watched will not be left unattended.

4. Administration and Logistics

a. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center directives can be found at <http://www.29palms.marines.mil/Staff/G1Manpower/AdjutantOffice/Orders.aspx>.

b. The available internal and external suicide prevention resources can be viewed at: https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention.

5. Command and Signal

a. Command. This Order is applicable to all active duty, reserve, and civilian personnel under the cognizance of the Commanding General, MAGTF/TC, MCAGCC.

b. Signal. This Order is effective the date signed.



J. F. HARP
Chief of Staff

Distribution A

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Key Terms and Definitions

1. 1-1 - When a Marine/Sailor is instructed to watch the service member.
2. Behavioral Health - The reciprocal relationship between human behavior, individually or socially, and the well-being of the body, mind, and spirit, whether the latter are considered individually or as in integrated whole.
3. CCC - Community Counseling Center.
4. Crisis Management - Responding to unforeseen circumstances with no time to plan ahead.
5. Crisis Intervention - Intervention provided when a crisis exists to the extent that one's usual coping resources threaten individual or family functioning.
6. Depression - A mental state characterized by pessimistic sense of inadequacy and a despondent lack of activity.
7. DoDSER - Department of Defense Suicide Event Report.
8. Ethos - The distinctive spirit of a culture.
9. Intervention - The act of intervening (interfering so as to modify, etc.).
10. MCSPP - Marine Corps Suicide Prevention Program.
11. MIP - Marine Intercept Program.
12. Multidisciplinary - Several branches of medicine, science, or other professions working together toward common goals.
13. PCR - Personnel Casualty Report.
14. Postvention - Intervention after a suicide to aid the survivors.
15. Prevention - attempt to reduce occurrence of a problem.
16. Protection Factors - Any factor whose presence is associated with an increased protection from a disease or condition. Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome.
17. Risk - Exposure or vulnerability to harm, disease, or death.
18. Risk Factor - Attribute associated with the likelihood of suicide.
19. Risk Management - Effort to lessen exposure to liability or adverse outcome.

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20. SIR - Serious Incident Report.
21. Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
22. Suicide Attempt - A non-fatal self-directed potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
23. Suicidal - In acute crisis with ideation, definite tendencies or an attempt to end one's own life.
24. Suicidal Behavior - Suicide attempts and completion.
25. Suicidal Ideation - Thoughts of engaging in suicide-related behavior.
26. Stressor - A precipitating factor.

Enclosure (1)

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Resources/Links

1. M&RA Behavioral Health Information: https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention
2. Military OneSource:
 - a. http://www.militaryonesource.mil/f?p=MOS3:SEARCH:0::::P10_SEARCH:suicide
 - b. From the U.S. 1(800) 869-0278
 - c. From outside the U.S. (where available) 1(800) 869-0278
 - d. En Español: 1(888) 732-9020
 - e. TTY/TDD: 1(800) 346-9188
3. Post-Traumatic Stress Disorder:
 - a. <http://dcoe.health.mil>
 - b. email: Resources@DCoEOutreach.org
4. Military Crisis Line 1(800) 273-8255 press 1 (24/7)
5. DSTRESS LINE 1(877) 476-7734 (24/7) (Completely Anonymous)

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Recognition Citation Example

Recognizing Exceptional Peer-To-Peer Suicide Intervention

CORPORAL DEV L. DAWG
UNITED STATES MARINE CORPS

FOR EXCEPTIONAL PERFORMANCE OF DUTY BY HELPING A FELLOW MARINE IN NEED WHILE SERVING AS _____ ON _____. ON THIS DAY, CORPORAL DAWG TOOK IMMEDIATE ACTION TO ENSURE THAT A FELLOW MARINE RECEIVED IMMEDIATE CARE AND ASSISTANCE. UPON NOTIFICATION THAT A CLOSE PERSONAL MARINE FRIEND AND CO-WORKER HAD THE INTENTION OF POSSIBLY CAUSING HIMSELF PERSONAL HARM, CORPORAL DAWG IMMEDIATELY CONTACTED THE MARINE'S CHAIN OF COMMAND. HIS EFFORTS WERE DIRECTLY RESPONSIBLE FOR THIS MARINE RECEIVING IMMEDIATE AND MUCH NEEDED MEDICAL ATTENTION. HIS UNTIRING DEVOTION AND SPECIFIC ACTIONS ON THIS DAY EXEMPLIFIED THE CHARACTERISTICS OF A TRUE NONCOMMISSIONED OFFICER AND DIRECTLY CONTRIBUTED TO SAVING THIS MARINE'S LIFE. THE MARINE CORPS IS DEEPLY INDEBTED TO HIM. CORPORAL DAWG'S INITIATIVE, PERSEVERANCE, AND TOTAL DEDICATION TO DUTY REFLECTED CREDIT UPON HIM AND WERE IN KEEPING WITH THE HIGHEST TRADITIONS OF THE MARINE CORPS AND THE UNITED STATES NAVAL SERVICE.

I. M. COMMANDING
Colonel, U.S. Marine Corps
Commanding

Enclosure (3)