

### III. THE MCLO

#### *THE MARINE LIAISONS OFFICE - MCLO*

The Marine Corps Liaison office (MCLO) is located at the right side of the lobby inside building 10, where Marines provide 18 + hour phone service and watch over our combat injured. Our sentry serves with a “never say no” policy to the family of our Marines. From V.I.P. visits to families’ requests, the uniqueness of each Marine’s situation becomes our life. The Marine Corps Liaison is divided into sections: a Reception Section, Administrative Section, Transportation Section, Out-Patient Section, and a Donations and Events Section. This is truly an all hands approach to every Marine—and no system works independently of the other. We are a collaborative effort utilizing a learned standard operating procedure (SOP) as a crutch, and not a means—while recognizing that “the system” is designed to care for our Marines and not to hassle our Marines.

The Marine Liaisons serve each request from families and put simply: Marines take care of their own, but others as well. The Marine Liaisons serve to be an integral piece of the team that cares for all combat injured, regardless of service. Where there is need, Marines stand to provide both leadership and commitment. In the course of a day we manage visitors and events, support returning Marines from convalescent leave, and answer complex questions from in-patients, medical hold, and out-patients. Outside of the actual Marine we care for any need that the family might incur.

The Marines at the Marine Liaison recognize the shock and severity of the situation as the family faces trauma. But, be it shock or relief during in processing, you feel cared for and secure. All pertinent documents are filled out ahead of time, and although you may have missed something; no worries, our offices are inside the hallways and down in the lobby.

#### *How we handle the challenges of NNMC at Bethesda Maryland...*

**The fact is that Montgomery County and Marines do not mix. Having the premiere care facility for the war in the heart of a wealthy community presents problems.** The MCLO provides government transportation, while relying on donated rental cars, taxi vouchers, volunteers, and public transportation to support the families. Shuttles are also used. Financially, families are on orders and rate both housing and per diem. After 30 days each set of ITOs is paid. Families are also escorted to the Navy Marine Corps Relief Society which supplements lost income. Funds also provide grants to families, money without restriction or expectation of payment back.

#### *Lodging...*

There are three main options for paying for lodging ITO, Armed Forces Foundation, and Pay out of pocket. A myriad of alternative options are out there to pay for lodging, but there are some considerations we have to take in effect. First, although Navy Lodge will do whatever it takes to keep families of injured on base, they can not walk guest after 1800. The key is to imagine yourself as the family of the Marine and already know that they are not going to want lodging in town, when lo

#### *The National Naval Medical Center...*

Casualty care after Bethesda requires the “Wounded Warrior Regiment” for management of Marines; and, dedicated rehabilitation facilities like Walter Reed, Minneapolis VA, Palo Alto VA, Tampa VA, and Richmond VA. A major concern in the military is that as personnel changes occur; there is always the concern of: “who is new and who is in the know?” The IMADET at Bethesda is necessary. It has a system that not only exists to serve those at the National Naval Medical Center (NNMC)—but also reaches out to others because it is flexible and adaptive. First, it has to be that way. And second, it can not be any other way. Each Marine is unique and each family of each Marine unique as well. There are no two combat casualties that will heal and progress the same way and to try and force a wounded Marine into any single process is incomprehensible.

#### TRAUMA ROUNDS & MED BOARDS

The Marine Liaisons sit in on Trauma Rounds. Much like agenda meetings the doctors, case workers, and Marine Liaisons work to provide the best route, which is right for each Marine.

Trauma Rounds:

1. Head Trauma Doctor.
2. Reasons for delayed amputation
3. Traumatic Brain Injuries (TBI), and further screening for head injuries.
4. Who is responsible for what?
5. Ortho/Neuro: How to best treat combined
6. Case Managers make the Doctors appointments outside the hospital and on return visits, while case managers also track patients around the world.
7. Social Workers manage the inpatient care and arrange for discharge and follow on care

#### Medical Boards:

1. Limited Duty or LIMDU Sheet: Archive and track requests for a Limited Duty status.
2. Information Sheets: generic information on the Marine and current status.
3. Non-Medical Assessment (NMA): Information about service members desires and OICs input.
4. Doctors dictations and addendums.
5. Decision (Findings)

#### TECHNOLOGY:

- GMT- General Military Trainings and who wants to know the process.
- MIT/IT services: Video conferences and telecommunications during operations and surgeries between continents.

#### COSTS:

Armed Forces Foundation, Sempri Fi Fund, Yellow Ribbon Fund, Marine For Life, SGLI, TSGLI, Initial Travel Orders, Social Security, Navy Marine Corps Relief Society, and VA benefits...

#### THE CORPS:

- Commandant/Assistant Commandant awards the Purple Heart
- Food on the Weekends: Donated meals when the cafeteria is closed Saturday and Sunday.
- Chaplains
- Casualty Services Branch
- The Casualty Affairs Calls Officer (CACO)
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#### THE DEPARTMENT OF VETERANS AFFAIRS:

- VA locations
- VA Benefits

#### MISCELLANEOUS:

- 26 Drill Instructors coming into a hospital to visit at once
- What to give and what not to give: money vs. socks?
- Dixie Bones
- Marine is in a Comma and the family is handling their son's credit cards, notices of debt, and can not access online accounts; or, family needs power of attorney.
- Attending dinners put on by funds supporting the combat wounded.
- Coalition with the Red Cross and Social Workers and Case Managers.

#### *End State...*

Marines here must emotionally prepare to work late, on weekends, and outside their MOS. Since inception Marines have helped transfer patients, change bandages, and assume any role where need exists. **Families do not need to know about all the details of what it is the MCLO does: YOU DO.** It is more important that the family feel safe. Marines will come from all units, these arrivals are now in your unit and are your Marines: take care of your Marines. As a Marine Corp Liaison Officer watch over the family as though it was your own: provide security and over-watch. Listen to all sides and be a United States Marine standing post at one of—if not the most critical posts in our service.