



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

March 8, 2024

The Honorable Brian Feldman, Chair
Education, Energy and the Environment Committee
2 West
Miller Senate Office Building,
Annapolis, MD 21401

Subject: Request for a FAVORABLE Report - SB 615 - General Provisions – Commemorative Days – Maryland Veterans Suicide Awareness Day

Dear Chair Feldman and Members of the Senate Education, Energy and the Environment Committee:

On behalf of the Maryland Military Coalition and as its Communications Director, I write to recommend a FAVORABLE report by the Committee on **SB 615 - General Provisions – Commemorative Days – Maryland Veterans Suicide Awareness Day**, sponsored by Senators Simonaire, Ready and Sallings, Jennings, Iam, Hershey, Hester, Gallion, Folden, Augustine, McKay, Jackson, Lewis-Youn and Brooks—all members of the Veterans Caucus. I am grateful to all of you for this measure. I am a nurse and I currently serve on the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans and Families.

Suicide rates have been increasing for the past twenty years, but among active-duty personnel and veterans of the post-9/11 wars, the suicide rate is even higher, outpacing average Americans. Do you know that **FOUR times** as many active-duty personnel and war veterans of post-9/11 conflicts **have died of suicide rather than in combat**? These high suicide rates are caused by multiple factors, including risks inherent to fighting in any war such as high exposure to trauma, stress, the “military” culture and training, continued access to guns, and the difficulty of reintegrating into civilian life.

According to the Centers for Disease Control’s most recent data, **Maryland had 620 suicides in 2021¹; of which 89 were veterans².**

Here are some suicide statistics from the Department of Veteran Affairs³

- In each year from 2001 through 2020, the age- and sex-adjusted suicide rates of Veterans **exceeded those of non-Veteran U.S. adults.**
- In 2020, there were **6,146 Veteran suicides.**

¹ Centers for Disease Control and Prevention, [Suicide Mortality by State](#).

² U.S. Department of Veterans Affairs, [State-Level Veteran Suicide Data](#): 2021 Update

³ U.S. Department of Veteran Affairs, [2022 National Veteran Suicide Report](#).

Subject: **SB 615 - General Provisions – Commemorative Days – Maryland Veterans Suicide Awareness Day - Favorable**

- the rate for Veterans was **57.3% higher than that of non-Veterans adults.**
- **Firearms accounted for 71% of those deaths.**
- Suicide was the **13th leading cause of death among Veterans** overall, and **the second leading cause of death among Veterans under age 45.**

Remember “22 a day”? Despite all that we have done to improve behavioral health services across Maryland and the Nation, the veteran rate of suicide is only down to **16.8 per day.**

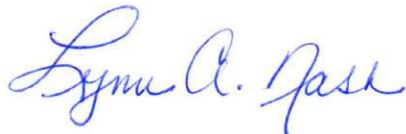
Even ONE veteran suicide death is too much! Raising awareness of Veteran suicide helps.

Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members⁴. These are Department of Defense numbers only and do not include the 1,700 active-duty U.S. Public Health Service (PHS) members and the 7,000 PHS retirees and their families or the active duty and retired National Oceanic and Atmospheric Administration (NOAA) service members who also live in Maryland. In addition, there are 355,787 veteran households⁵. **Maryland must continue to raise awareness about veteran suicide.**

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition ***strongly supports*** SB 615 - **General Provisions – Commemorative Days – Maryland Veterans Suicide Awareness Day** and asks for your **favorable report.**

We thank the Veteran Caucus Sponsors of this important legislation and their continued support of the uniformed services community in Maryland.

Respectfully,



Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPT (R), U.S. Public Health Service
Communications Director

Attachment: Maryland Veteran Suicide Data Sheet, 2021

Maryland Military Coalition Member Organizations Follow

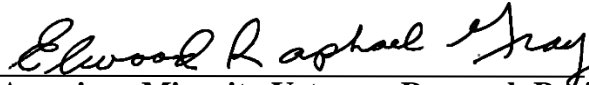
⁴ [Military One Source](#), as of December 31, 2022

⁵ [VA Claim Insider](#), August 10, 2023

Member Organizations, Maryland Military Coalition


Air Force Sergeants Association


American Military Society


American Minority Veterans Research Project

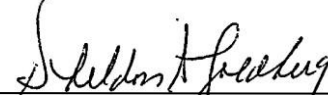

Association of the United States Navy



Commissioned Officers Association of the
US Public Health Service


Disabled American Veterans


Distinguished Flying Cross Association


Fleet Reserve Association


Jewish War Veterans of the USA


Maryland Air National Guard Retirees'
Association


Maryland Veterans Chamber of Commerce


Military Officers Association of America


Military Order of the Purple Heart

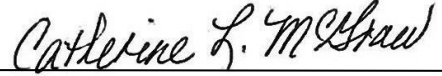

Montford Point Marines of America



National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America

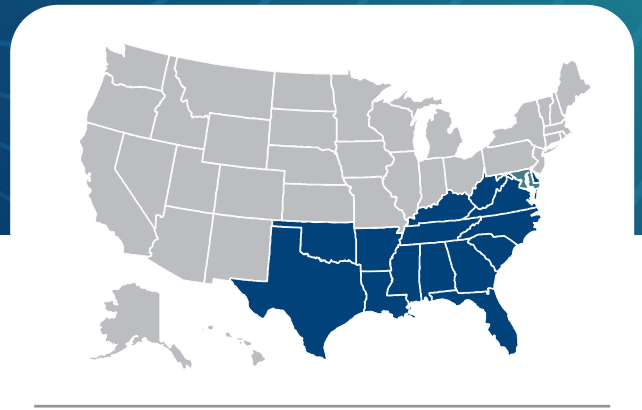

Society of Military Widows


National Active and Retired Federal Employees
Veterans Affairs Directorate, NARFE MD


Veterans of Foreign Wars

Maryland

Veteran Suicide Data Sheet, 2021



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2021 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.^a This data sheet includes information about Maryland Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

Southern Region

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

After accounting for age differences,^b the Veteran suicide rate in Maryland:

- Was significantly lower than the national Veteran suicide rate
- Was not significantly different from the national general population suicide rate

Maryland Veteran Suicide Deaths, 2021

Sex	Veteran Suicides
Male	80–90
Female	<10
All	89

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

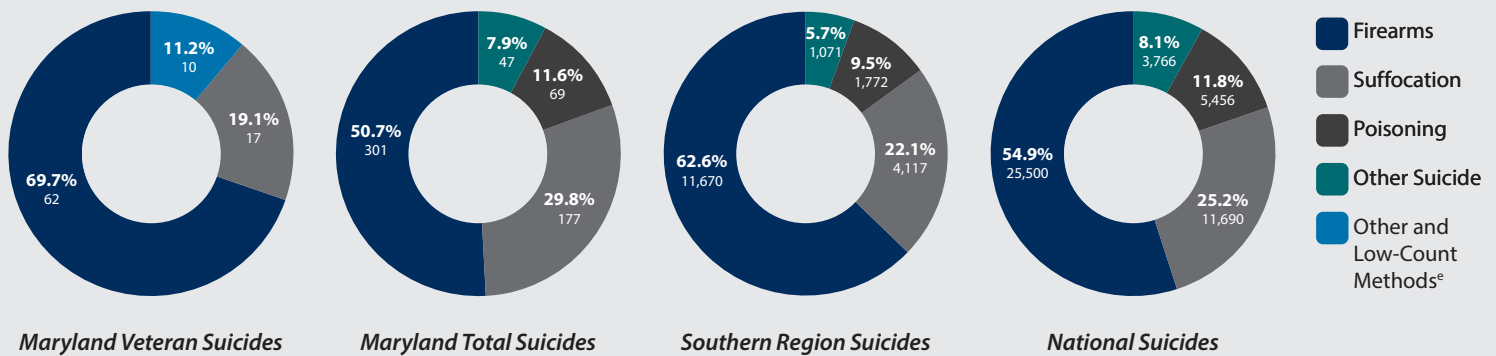
Maryland, Southern Region, and National Veteran Suicide Deaths and Rates by Age Group, 2021^c

Age Group	Maryland Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Maryland Veteran Suicide Rate per 100,000	Southern Region Veteran Suicide Rate per 100,000	National Veteran Suicide Rate per 100,000
18–34	<10	389	894	--	47.8	49.6
35–54	20–30	757	1,704	--	33.9	35.5
55–74	35	1,001	2,286	22.9	30.4	29.9
75+	27	636	1,467	35.1	35.6	32.1
All	89	2,798	6,392	24.5	34.4	33.9

Maryland Veteran and Total Maryland, Southern Region, and National Suicide Deaths and Rates by Age Group, 2021^c

Age Group	Maryland Veteran Suicides	Maryland Total Suicides	Southern Region Total Suicides	National Total Suicides	Maryland Veteran Suicide Rate per 100,000	Maryland Suicide Rate per 100,000	Southern Region Suicide Rate per 100,000	National Suicide Rate per 100,000
18–34	<10	171	5,667	14,230	--	12.7	19.7	18.8
35–54	20–30	193	6,141	15,263	--	12.0	19.0	18.2
55–74	35	165	4,970	12,411	22.9	11.4	17.2	16.2
75+	27	65	1,852	4,508	35.1	16.3	22.1	20.3
All	89	594	18,630	46,412	24.5	12.4	18.9	18.0

Maryland Veteran and Total Maryland, Southern Region, and National Suicide Deaths by Method,^d 2021



These 2021 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Health Outcomes Military Exposures (HOME) Program, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office.

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Mortality Data Repository (MDR). Suicide death counts for the general U.S. population were obtained from CDC WONDER (Wide-ranging ONline Data for Epidemiologic Research).¹ Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.⁹ The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84, U03, and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2021 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 projected U.S. population as the standard.¹⁰ Linearly interpolated estimates of the Veteran Population Projection Model 2020 (VetPop2020) were used in calculating rates to estimate the Veteran population for each state and age group.¹¹ These estimates were calculated to reflect the Veteran population estimate as of July 1st. Based on guidance from the VA Office of Enterprise Integration, the interpolated July 1st Veteran population estimates were generated by calculating the population difference between current and prior year estimates on September 30th provided in VetPop and multiplying by an adjustment factor for the time difference between July 1st and September 30th. NCHS single-race population estimates were used to estimate the general U.S. population.¹²

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

^a The 2021 state data sheets contain suicide information for all 50 states and the District of Columbia.

^b Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

^c Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).

^d Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm, including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

^e "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods involved in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

^f National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

^g World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

^h Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

ⁱ Veteran Population Projection Model 2020 (VetPop2020), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

^j CDC, NCHS, Single-race Population Estimates, United States, 2021. July 1st resident population by state, age, sex, single-race, and Hispanic origin, on CDC WONDER Online Database. Vintage 2021 estimates released by U.S. Census Bureau on June 30, 2022. Accessed at <http://wonder.cdc.gov/single-race-single-year-v2021.html>.