



DEPARTMENT OF VETERANS AFFAIRS  
Under Secretary for Health  
Washington DC 20420

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Suicide is a national public health problem that disproportionately affects those who served our Nation. Preventing suicide among Veterans is VA's top clinical priority. Our commitment in the Veterans Health Administration (VHA) is to help Veterans establish and maintain a healthy balance of unique protective factors to equip and empower them to live their fullest lives. We cannot do this alone; we call on our community partners to join us in this effort.

As you will see in the following pages, there is no significant change in the suicide death data between 2016 and 2017, which is the most recent year of available information for Veterans. This data is the result of a thoroughly vetted process based upon all available data from the Centers for Disease Control National Death Index. The report outlines efforts VHA has initiated since 2017, including the launch of the National Strategy for Preventing Veteran Suicide. The strategy is based upon a widely successful public health model that includes interventions for the entire population, for groups at higher risk, and for targeted individuals. We will only be successful at preventing suicide if we break this work into actionable, manageable steps.

Based upon discussion with our colleagues in the Department of Defense (DoD), this report moves away from an approach that previously grouped together current service members, and former Guard and Reserve members (who were never Federally Activated), and Veterans eligible for care and services from VA. Therefore, DoD is publishing a separate report of current service member suicide deaths and VA's attached report focuses on Veterans with a separate section on Never Federally Activated Former Guard and Reserve Members. Looking across both reports, the aggregate remains about 20 suicide deaths per day under that broader definition. Indicating the average of 16.8 Veterans who died by suicide in 2017 in the following pages is intended to portray a more individualized look at the data of various sub-populations. Moving forward, the annual report will provide greater fidelity of Veterans to better inform targeted interventions to address suicide risk.

Thank you for your partnership in this critically important work.

A handwritten signature in blue ink, appearing to read "Richard A. Stone", is positioned below the text.

Richard A. Stone, MD