U.S. Territories

VETERAN SUICIDE DATA SHEET, 2024

American Samoa

Guam

U.S. Virgin Islands

Northern Marianas

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 2024 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. This data sheet includes information about U.S. Territories Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

U.S. Virgin Islands, American Samoa, Guam, and Northern Marianas Veteran Suicide Deaths, 2024

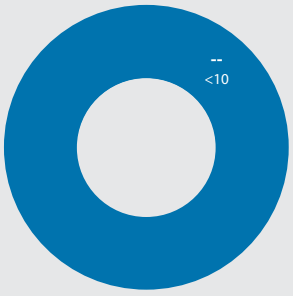
Sex	*Veteran Suicides*
Male	<10
Female	<10
All	<10

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

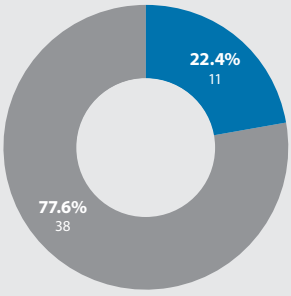
U.S. Virgin Islands, American Samoa, Guam, and Northern Marianas Veteran and Total Suicide Deaths, 2024[abc]

Age Group	*U.S. Territories Veteran Suicides*	*U.S. Territories Total Suicides*	*U.S. Territories Veteran Suicide Rate per 100,000*	*U.S. Territories Suicide Rate per 100,000*
18-34	<10	25	--	Not available at this time
35-54	<10	10-20	--	Not available at this time
55-74	<10	<10	--	Not available at this time
75+	<10	<10	--	Not available at this time
All	<10	49	--	Not available at this time

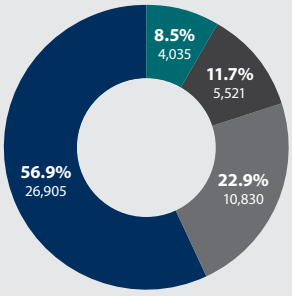
U.S. Virgin Islands, American Samoa, Guam, and Northern Marianas Veteran and Total Suicide Deaths by Method,[de] 2024



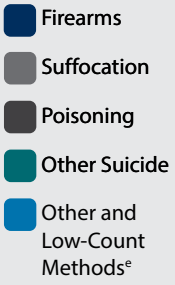
U.S. Territories Veteran Suicides



U.S. Territories Total Suicides



National Suicides (not including Territories)



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These 2024 state data sheets accompany the 2026 National Veteran Suicide Prevention Annual Report. They reflect data coordination between VA, the U.S. Department of War (DoW), 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, the VA Health Outcomes Military Exposures (HOME) Program, the VA Center of Excellence for Suicide Prevention, and the DoW Defense Manpower Data Center.

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. Deaths in U.S. territories are reported in separate sheets and are not included in national counts or rates. 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/DoW 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).[f] 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.g 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 2024 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.[h] Linearly interpolated estimates of the Veteran Population Projection Model 2023 (VetPop2023) were used in calculating rates for the Veteran population in each state and age group.[i] These estimates were calculated to reflect the Veteran population estimate as of July 1 of each year. The interpolated July 1 Veteran population estimates were generated by calculating the population difference between current and prior year estimates as of September 30 of each year, provided in VetPop2023, and multiplying by an adjustment factor for the time difference between July 1 and September 30.

Veteran age- or sex-specific counts may not sum to the total counts because there are a small number of deaths for which age or sex information is unavailable. These deaths are included in overall counts and rates but are not distributed among age or sex groups; therefore, they are not included in age-specific counts, age- or sex-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 fewer than 20 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 fewer than 10 individuals. To maintain confidentiality, 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.

[a] General Population data from: National Center for Health Statistics. Mortality Multiple Cause-of-Death Public Use Record Territories File, 2024. Hyattsville, Maryland. 2025. Downloaded June 2026 from: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm#Mortality_Multiple.

[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.

[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 (*). 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.

[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 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 Model 2023 (VetPop2023), National Center for Veterans Analysis and Statistics, Office of Enterprise Integration, Department of Veterans Affairs.

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