



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

May 25, 2022

The Honorable Paul G. Pinsky  
Chair, Senate Education Health, and  
Environmental Affairs Committee  
3 West, Miller State Office Building  
Annapolis, MD 21401

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
3 West, Miller Senate Office Building  
Annapolis, MD 21401

The Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government  
Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

George W. Owings III  
Secretary  
Maryland Department of Veterans Affairs  
16 Francis Street, 4th Floor  
Annapolis, MD 21401

**Re: Health-General §4-219—Veteran and Armed Forces Member Suicides in Maryland  
Annual Report 2021 (MSAR # 11678)**

Dear Chair Pinsky, Chair Kelley, Chair Peña-Melnyk, and Secretary Owings:

Pursuant to Maryland Health-General §4-219, the Maryland Department of Health respectfully submits the enclosed annual report on the deaths due to suicide among Maryland residents who were veterans of the United States Armed Forces, or who were currently serving in the U.S. Armed Forces at the time of their death. This statute stipulates that the report is only to include information on suicide deaths disaggregated by age, sex, race/ethnicity, and method of suicide among those who had served in the Armed Forces.

If you have any questions regarding this report, please contact Heather Shek, Director, Office of Governmental Affairs at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,

Dennis R. Schrader  
Secretary

Cc: Heather Shek, Director, MDH Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services, 5 copies (MSAR #11678)



# **Veteran and Armed Forces Member Suicides in Maryland Annual Report 2021**

**Health – General Article § 4-219**

**Larry Hogan, Governor  
Boyd K. Rutherford, Lt. Governor**

**Dennis R. Schrader, Secretary  
Maryland Department of Health**

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## **Background**

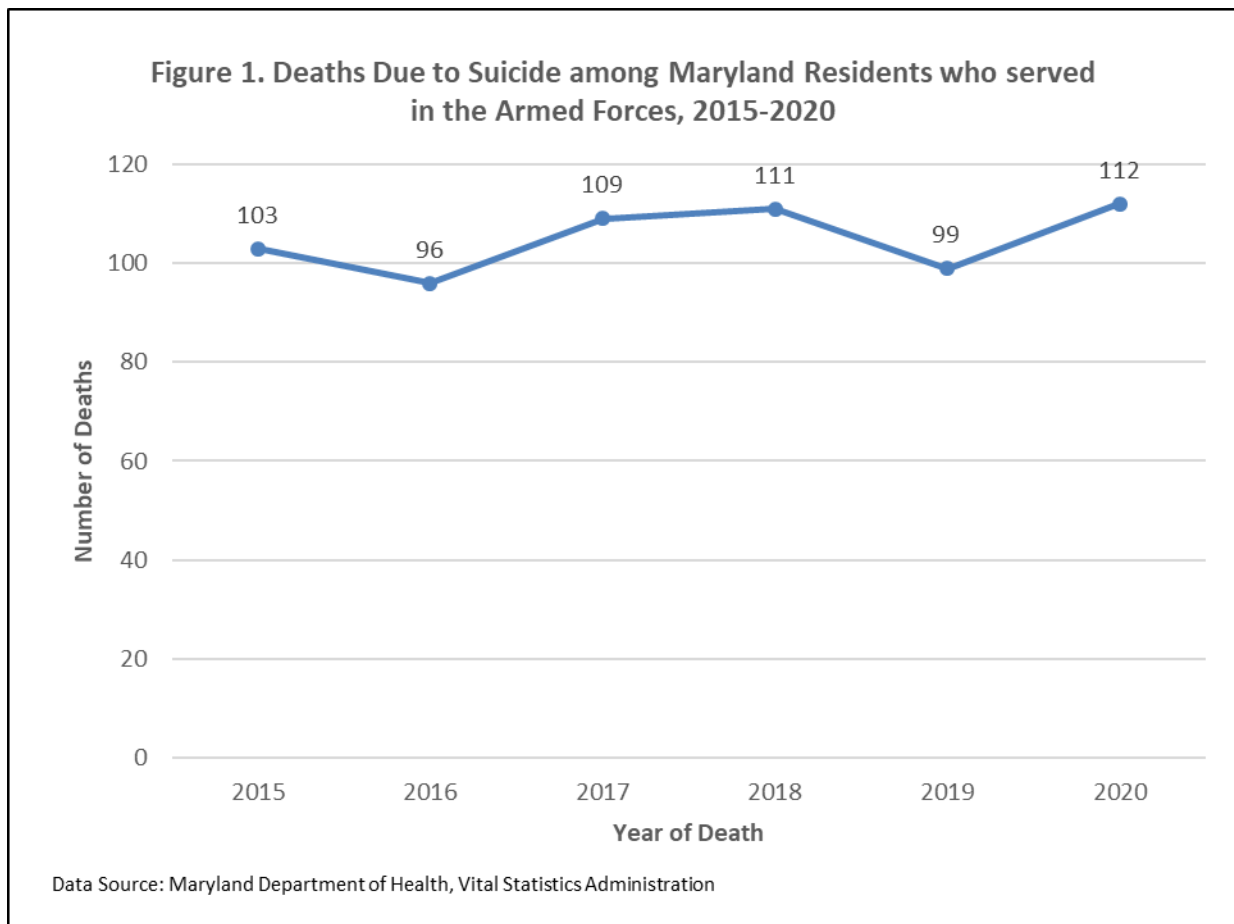
Maryland Ann. Code Health-General Art., §4-219, established a requirement for the Maryland Department of Health to produce an annual report through 2021 describing deaths due to suicide among Maryland residents who were veterans of the United States Armed Forces, or who were currently serving in the U.S. Armed Forces at the time of their death. This statute stipulates that the report is only to include information on suicide deaths disaggregated by age, sex, race/ethnicity, and method of suicide among those who had served in the Armed Forces. This report is submitted to the State Department of Veterans Affairs, the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee.

Since January 1, 2015, the Maryland Certificate of Death has included a checkbox that indicates whether a decedent had ever served in the U.S. Armed Forces. Information on whether the decedent had previously or was currently serving in the Armed Forces is provided by an informant, usually a relative or neighbor, to the funeral facility that submits the death certificate for registration. Therefore there may be cases where veteran service is missed because the informant was not aware that the decedent had served in the U.S. Armed Forces. The checkbox does not differentiate between veteran and current active service at the time of death.

Suicides are identified by the Office of the Chief Medical Examiner as intentional self-harm and indicated in the cause of death. These causes of death are then sent to the National Center for Health Statistics, which codes all causes of death using the International Classification of Diseases version 10 (ICD-10). The following ICD-10 codes were used to identify the deaths determined to be suicide for this report: Intentional self-harm (suicide) (U03, X60-X84, Y87.0).

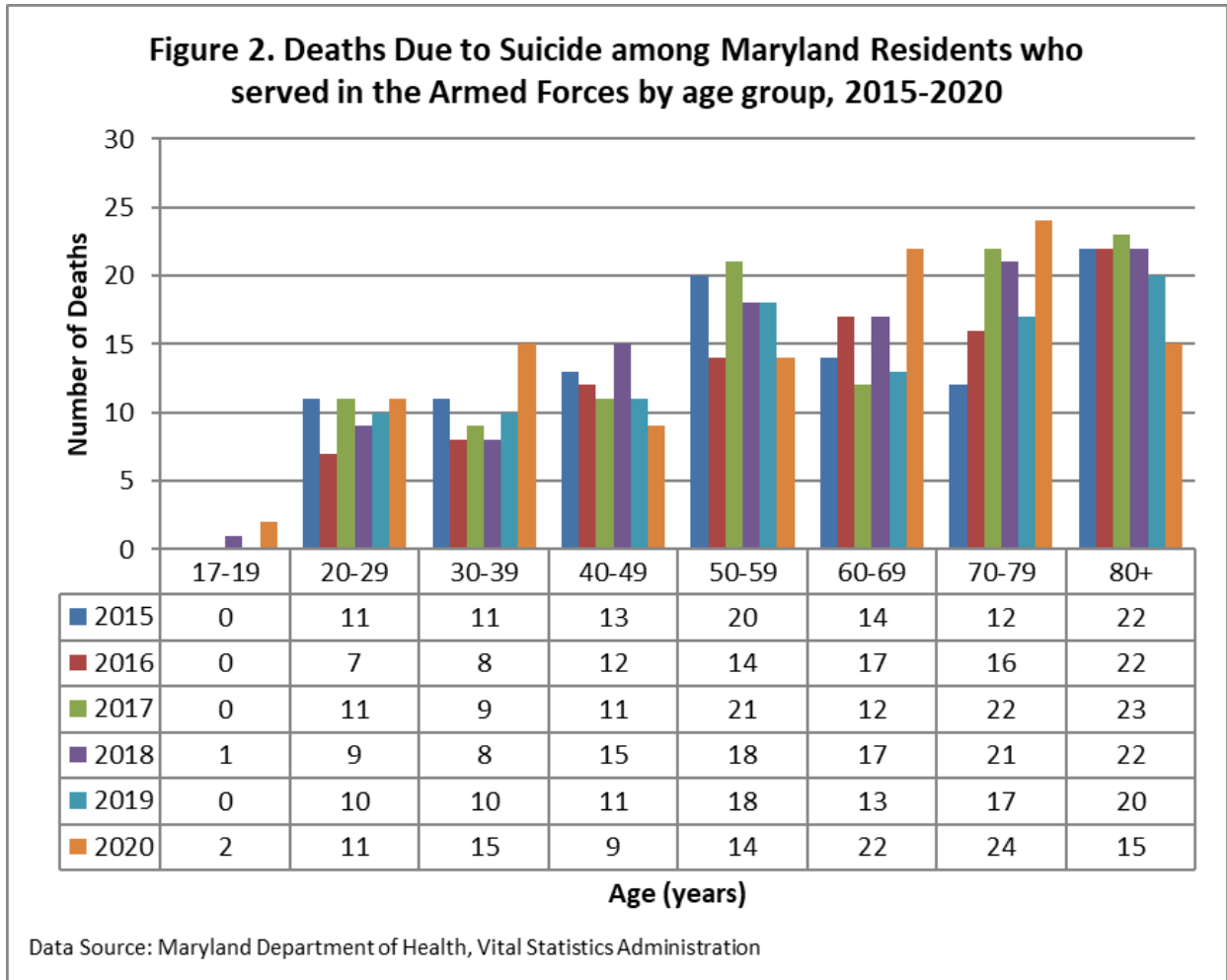
## Suicide Deaths among Maryland Residents who served in the U.S. Armed Forces:

Over the six-year period that Maryland has been capturing information on Armed Forces service on death records, 2015 through 2020, there was an average of 105 deaths by suicide among Maryland residents who had served in the Armed Forces. Deaths by suicide reached a high point in 2020 of 112 over this time period (Figure 1). Over this period, suicides represented one percent of all deaths among Maryland residents whose death certificate indicated they had served in the U.S. Armed Forces, which was similar to the percentage of suicides in the general population who had not served in the Armed Forces over this timeframe. Deaths by suicide among those who had served in the Armed Forces represented 17% of all suicides among Maryland residents during this six-year period. Twenty-one percent of Maryland residents that died during this period had death certificates that indicated they had served in the Armed Forces.



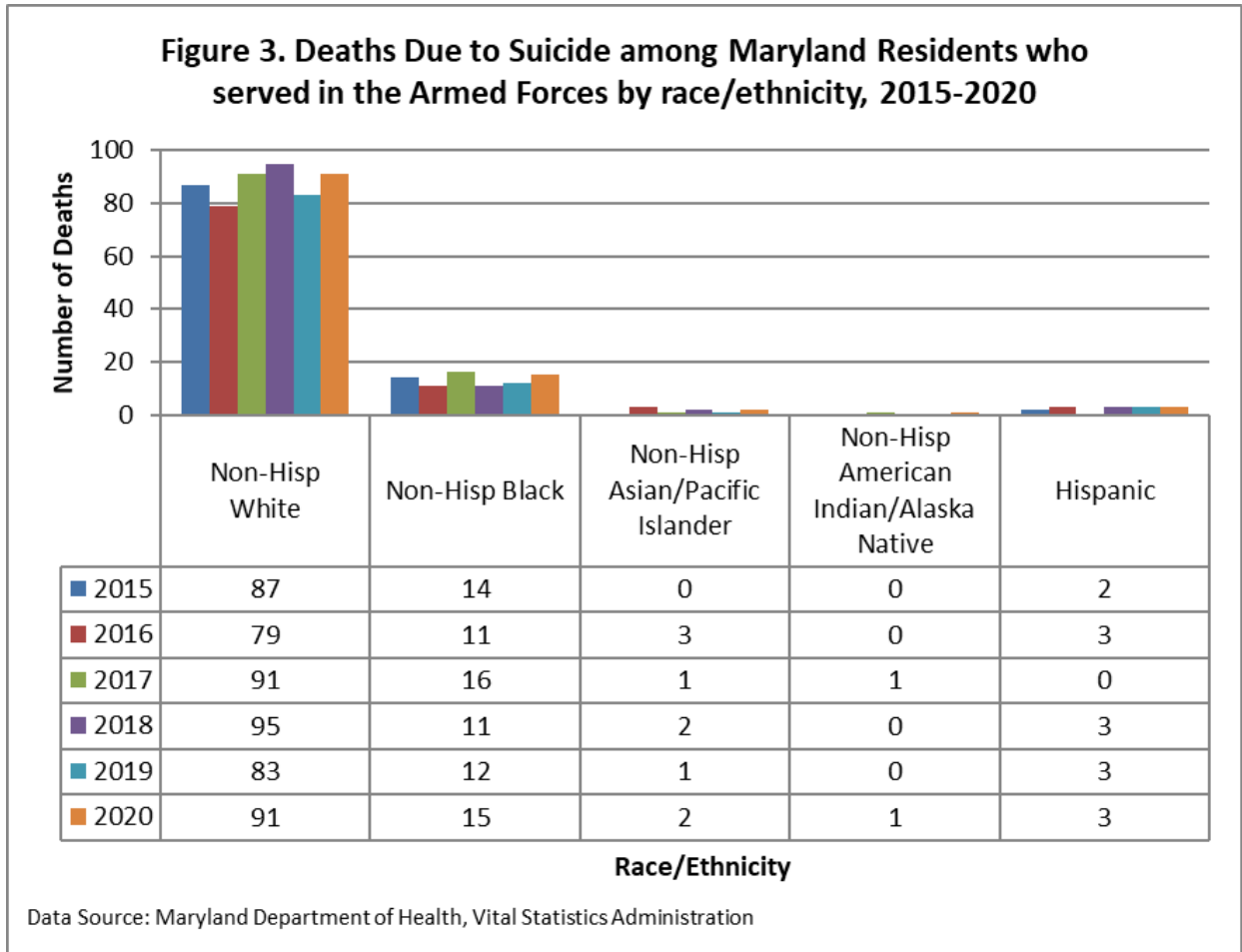
## By Age Group

Figure 2 shows the number of suicides by age group and year of death. In 2020, those aged 70 to 79 years had the highest number of suicides. In each prior year the highest number of suicides occurred in the 80 years and older group. The youngest age groups, those less than 50 years, had the fewest suicide deaths.



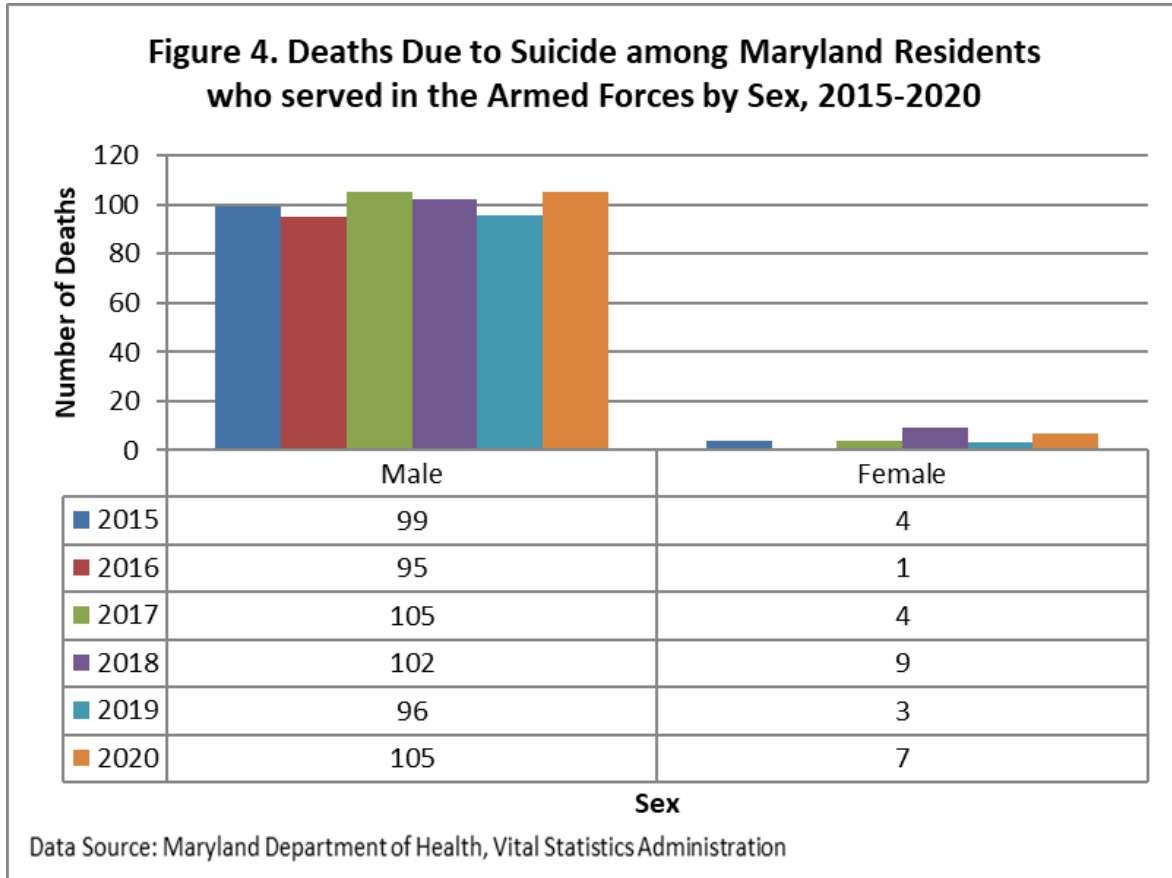
## By Race and Ethnicity

The majority of suicide deaths among Maryland residents that had served in the Armed Forces were among non-Hispanic Whites (Figure 3). In 2020, 81% of the suicide deaths occurred among non-Hispanic Whites, 13% occurred among non-Hispanic Blacks, 3% occurred among Hispanics, and 2% among non-Hispanic Asian/Pacific Islanders.



## By Sex

In 2020, 94% of suicide deaths among Maryland residents who had served in the Armed Forces were men (Figure 4).





## By Method of Suicide

The majority of suicides among Maryland residents who had served in the Armed Forces were committed using a firearm (Figure 5). In 2020, 67% of these suicides involved a firearm, 16% were committed by hanging, 9% involved drug or alcohol intoxication, 4% involved jumping from a high place, 3% were due to exposure to gases, 1% involved drowning, and 1% involved as sharp object.

