



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

JUL 23 2026

Dear Mr. Chairman:

The Department's response to House Report 116-453, pages 23-24, accompanying H.R. 7617, the Department of Defense Appropriations Bill, 2021, "Suicide Prevention and Outreach," as modified by the Explanatory Statement accompanying H.R. 133, the Consolidated Appropriations Act, 2021, is enclosed. This semiannual report provides the number of suicides, attempted suicides, and known occurrences of suicidal ideation involving members of the Armed Forces, including the Reserve Component.

This report provides cumulative data covering the period from January through December 2024. It updates data provided in the first report previously submitted covering the period from January through June 2024.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the Senate Appropriations Committee.

Sincerely,

A black rectangular redaction box covers the signature of Sean O'Keefe.

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Rosa L. DeLauro
Ranking Member



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OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
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The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

JUL 23 2026

Dear Madam Chair:

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Sincerely,



Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Patty Murray
Vice Chair

Report to the Committees on Appropriations of the Senate and the House of Representatives



Suicide Prevention and Outreach

July 2026

The estimated cost of this report or study for the Department of War (DoW) is approximately \$4,760 for the 2025 Fiscal Year.

This includes \$3,920 in expenses and \$840 in DoW labor.

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BACKGROUND

Suicide is multifaceted and can involve interactions among environmental, psychological, biological, and social factors. The Department of War (DoW) is committed to preventing suicide through an integrated and comprehensive public health approach.

This report satisfies the request in House Report 116–453, pages 23-24, accompanying H.R. 7617, the Department of Defense Appropriations Bill, 2021, as modified by the Explanatory Statement accompanying H.R. 133, the Consolidated Appropriations Act, 2021, for DoW to submit a report semi-annually to the Committees on Appropriations of the Senate and the House of Representatives on the number of suicides, attempted suicides, and occurrences of suicidal ideation involving members of the Armed Forces, including the Reserve Components. The report also includes sex, age, rank, and method of suicide for each member. This report provides cumulative data covering the period from January through December 2024. It updates data provided in the first report previously submitted covering the period from January through June 2024.

SUICIDE AMONG MEMBERS OF THE ARMED FORCES

The current report presents data from January through December of 2024 for Active and Reserve Component Service members, and includes the number of suicides, known cases of suicide attempts, and known cases of suicidal ideation by sex, age, grade, and method.

The Armed Forces Medical Examiner System (AFMES) is the official DoW entity responsible for verifying and reporting deaths by suicide for the Active Component and, to the extent available, the Reserve Component, to the Defense Suicide Prevention Office.^{1,2} Data on known cases of suicide attempts and ideation are identified by diagnosis code from the Military Health System Data Repository. Both Department of Defense Suicide Event Report (DoDSER) data and data available in the medical record are utilized to get the most comprehensive identification of possible events. The numbers used in the demographic data reflect an event reported in either data source. Method data are only available for events that were submitted in the DoDSER system and therefore do not have the same subtotals as the other demographic data presented. Data are evolving and subject to change. Caution should be used when making comparisons across groups using suicide counts because counts do not account for differences in population size. Rates account for differences in the population sizes and provide a more standardized way to make comparisons across groups or over time.^{3,4} Counts of fewer than four events are suppressed.

¹ Active Component: Full-time members of the U.S. Armed Forces and Cadets/Midshipmen at the designated Military Service Academies.

² Reserve Component: Limited to members of the Selected Reserve (SELRES). SELRES are drilling and training members of the National Guard and Reserve, Individual Mobilization Augmentees, and full-time support Active Guard and Reservists. This excludes members of the Individual Ready Reserve and Inactive National Guard.

³ Rates are defined as the total number of suicides divided by the population for a given time period.

⁴ For the most recent DoW annual suicide rates and trends/changes over time, please see the Annual Report on Suicide in the Military for Calendar Year 2024 (available at: <https://www.dspo.mil/Annual-Reports>).

January through December 2024 Counts (Active and Reserve Components)			
	Suicide Death	Suicide Attempt	Suicide Ideation
Sex			
Male	431	3,254	22,198
Female	40	1,254	6,949
Unknown	0	0	0
Age Group			
17-19	17	569	4,345
20-24	182	1,965	12,401
25-29	103	1,084	6,278
30-34	58	474	3,072
35-39	58	234	1,756
40-44	30	121	868
45-49	13	25	276
50-54	9	18	110
55-59	<4	5	32
60-74	0	0	9
Unknown	0	13	0
Grade			
Enlisted E1-E4	212	3,042	19,537
Enlisted E5-E9	209	1,233	7,454
Commissioned Officer	46	136	1,188
Warrant Officer	<4	44	157
Cadet	<4	7	87
Unknown	0	46	724
Method[±]			
Firearm	311	128	N/A
Hanging/Asphyxiation	104	228	N/A
Drugs/Alcohol/Poisoning	11	870	N/A
Trauma [§]	16	332	N/A
Other	<4	65	N/A
Pending/Unknown	27	11	N/A

“<4” Indicates suppression of counts of fewer than four events.

[±]Method of suicide death is based on available information from AFMES and the Service branches at the time the report is authored. It is common for a notable number of cases to indicate that method of death is “pending/unknown” for partial years’ data as cases continue to be investigated. The method of suicide attempts reflects the mechanism of injury for suicide attempts that were submitted to the DoDSER system.

[§]Trauma includes death from a sharp or blunt object and by falling or jumping.