



*Veterans Healthcare Policy Institute
Strengthening Care for Veterans and the Nation*

VA Gets it Right on Suicide Data

Ignore the critics, it's America's Warrior Partnership, not VA, whose veteran suicide data and conclusions are faulty

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For years, the Department of Veterans Affairs (VA) has painstakingly labored to track, research and address veteran suicide. Their exceptional work was dealt an unwarranted blow a month ago with the publication of an incomplete report entitled [Operation Deep Dive](#) (OpDD). The \$3.9 million study from America's Warrior Partnership (AWP) examined death data of former service members in eight states between 2014-2018. The interim report criticized the VA for minimizing the extent of veteran suicide, asserting, "former service members take their own lives each year at a rate approximately 2.4 times greater than previously reported by the VA."

The sensational results were accepted at face value and immediately garnered negative nationwide headlines, with lawmakers, media outlets, and veterans rushing to impugn the VA. Senate Committee on Veterans' Affairs Ranking Member Jerry Moran (R-KS) [opined](#) "The disparity between the numbers of veteran suicides reported by the VA and [OpDD] is concerning. We need an honest assessment of the scope of the problem." *U.S. Medicine's*

[heading](#) stated “VA undercounted thousands of veteran suicides. Operation Deep Dive posited daily suicide rate is 240% higher.” Fox News [declared](#) “Veterans committing suicide at rate 2 times higher than VA data show: study,” as did [Military Times](#) “Veterans suicide rate may be double federal estimates, study suggests.”

Disturbingly, those who echoed AWP’s claims got the story backwards. It’s AWP, not VA, whose suicide data and conclusions are faulty.

For starters, [VA’s data](#) encompasses veterans across all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. In contrast, AWP inferred national veteran suicide figures based on partial, skewed data. As delineated by four researchers in an in-press *Military Medicine* Letter to the Editor, seven of the eight states sampled (Alabama, Florida, Maine, Massachusetts, Michigan, Minnesota, Montana, and Oregon) had suicide rates above the national average for the years under investigation. This factor alone overinflates AWP’s purported suicide numbers.

Additionally, AWP altered the definition for “taking one’s life” and then misapplied that designation. Conventionally, the term refers to suicide, but AWP used it to also include non-natural deaths whose causes are assessed by coroners and medical examiners as “accidental” or “undetermined.” Two examples of this “self-injury mortality” (SIM) are opioid overdoses and single-driver car crash deaths. AWP added together suicides and SIMs for the total number of veterans who “took their life” and falsely contrasted that aggregate against VA’s count of suicides. That’s like comparing the whole category of fruit to the subcategory of apples.

AWP should be applauded for drawing attention to, and accounting for, accidental and undetermined deaths. However, standard protocol is to [consider SIMs distinctly from suicides](#). Among the many reasons for precise labeling is so that grieving family members aren’t mistakenly informed that their loved one died by suicide. VA conveys the rate of veteran overdose deaths in separate reports, for example, the Veteran Drug Overdose Mortality, 2010–2019 [publication](#). Those numbers were ignored in AWP’s calculations.

AWP was neglectful in another way. The second phase of the project – a deep examination of community-level factors preceding suicides and non-natural deaths – began in 2019. This information was collected and analyzed through “sociocultural death investigation” (SDI) interviews of three to four family, friends, and colleagues of the deceased. ([SDIs consisted of 19 factors](#), such as history of the veteran’s mental health problems, social connectedness, finances, group memberships, and access to firearms.) However, the interim report omitted the preliminary analysis of these factors, which AWP [stated](#) would be made available this year.

The OpDD conclusions were so unfounded that AWP’s analytic research partner, the University of Alabama (UA), distanced itself from the interim report. “We were not consulted on the released figures,” Dr. Karl Hamner, the UA principle investigator on the study, told me. “We did not make any conclusions and we don’t endorse the reported findings about national rates or numbers per day. Nor did we make any statements about the VA’s data.”

As it happens, the VA’s [2022 National Veteran Suicide Prevention Annual Report](#) was issued the same week as the OpDD report. VA found that veteran suicides decreased 9.7 percent over the last two years, nearly twice the decrease of non-veterans. Yet, in a contemporaneous hearing of the House Committee on Veterans’ Affairs, AWP’s President and CEO, Jim Lorraine [testified](#) that the progress preventing veteran suicide was “a disgrace” and “a failure.” He misattributed that it was VA (not AWP) that “must be more open and transparent about their data.”

Unsupported denigration of VA tarnishes its reputation, undermining veterans’ trust in the health care system. That increases barriers for seeking needed services. More broadly, it fortifies those forces who wish to redirect allocations away from VA and towards non-VA veterans’ entities like AWP. The media and other stakeholders must take a lesson about getting the story straight before reflexively amplifying false accusations about the VA. Veterans deserve better.