



# Suicide and Military Families: A Report on the Feasibility of Tracking Deaths by Suicide among Military Family Members

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# **Suicide and Military Families: A Report to Congress on the Feasibility of Tracking Deaths by Suicide among Military Family members**

## **EXECUTIVE SUMMARY**

The Department of Defense (DoD) acknowledges family member resilience as a key component of Service member resilience and the readiness of the entire Joint Force. This report is in response to the Senate (SASC) and House Armed Service Committee (HASC) Reports requesting an assessment of the “ability of the Services to collect information and perform analysis on suicide among immediate family members as part of their suicide information retention and analysis.”

The Department reviewed its ability to collect information and perform analysis of suicide among family members (as defined in title 10, U.S. Code) as part of DoD’s suicide surveillance efforts. Currently, the Department does not have the ability to investigate, monitor, or receive notification of military family member deaths. This report details the feasibility of an approach that could provide DoD an ability to track, retain, and analyze suicide death information of military family members. This report also includes an overview of associated costs and limitations to this approach.

The attached review highlights that developing a process to collect information and perform analysis on death by suicide among immediate family members is possible; however it would require leveraging existing data from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS), which is currently not available. A proposed DoD approach could combine death data purchased from the CDC, and combine it with data already maintained by DoD. The combined data could then be aggregated into an already-existing DoD Suicide Data Repository (SDR). By aggregating this information into the SDR, the DoD would be better able to conduct analyses of family member deaths by suicide, and focus strategies for increasing resilience in military family members. Even with CDC and NCHS data combined with DoD's, the Department can never be confident in having a fully complete picture of military family suicides, as there are a number of complicating factors regarding how civilian deaths are reported.

The DoD estimates approximately 18-24 months to complete this expanded SDR. Costs associated with this approach are: Initial Year = \$681,600; Out Years = \$502,200 per year are based on the National Death Index (NDI) user fees that CDC charges to cover the NDI operating costs.

If directed to track deaths by suicide for military family members, the Department will continue to assess and address data limitations over time, and identify impediments to progress. These efforts will enhance military readiness, while informing suicide prevention and military family member resilience efforts. The health, safety and wellbeing of our military families are tantamount to our most critical mission.

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## **List of Abbreviations**

AFMES	Armed Forces Medical Examiner System
CDC	Centers for Disease Control and Prevention
DEERS	Defense Enrollment Eligibility Reporting System
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DSPO	Defense Suicide Prevention Office
HASC	House Committee on Armed Services
IG	Inspector General
NDAA	National Defense Authorization Act
NDI	National Death Index
SDR	Suicide Data Repository
VA	Department of Veterans Affairs

# **Suicide and Military Families: A Report to Congress on the Feasibility of Tracking Deaths by Suicide among Military Family members**

## **1. Introduction**

This report is submitted pursuant to House and Senate Armed Services Committees' requests in reports accompanying the proposed National Defense Authorization Act (NDAA) for Fiscal Year 2014. The Committees have both expressed concern over the numbers of deaths by suicide within military families. The Committees have received information to suggest the number of deaths by suicide among family members of Service members is increasing. They have asked the Secretary of Defense to evaluate the feasibility of tracking the deaths by suicide of military family members and report the feasibility to the Committees on Armed Services of the Senate and the House of Representatives. This report specifically outlines an approach for tracking deaths by suicide among family members and addresses the feasibility, cost, and limitations of the approach.

## **2. Definition of Family Members**

For this report, family members are considered spouses and children who are eligible for benefits under the Defense Enrollment Eligibility Reporting System (DEERS). Parents and siblings of Service members are considered family members eligible for certain benefits under title 10 only if the Service members declare them as family members or if the parent or sibling resides in the Service member's household and depends on the Service member for over one-half of their support. (Applicable provisions of title 10 use the term "dependents.") DoD cannot track the incidence of deaths by suicide among these individuals.

## **3. Current Capabilities**

DoD does not currently have the ability to investigate, monitor, or receive notification of military dependent deaths, which limits its ability not only to track suicide and other manners of dependent deaths, but also to assess the full scope of the suicide problem among military family members. Formalization and trained personnel are required for DoD to acquire and maintain this capability, which the Defense Suicide Prevention Office can provide at an annual labor cost estimated at \$155,000. In addition, development of standardized procedures for the DoD and Military Departments to increase awareness of deaths by suicide among family members is required.

The HASC report states that "Currently, the Department of the Army is the only service that attempts to track the number of military family members that commit suicide." In addition to the Department of Army, the Department of Navy (including the Navy and Marine Corps) has instituted practices to identify deaths by suicide among military family members but the accuracy and completeness of the data collected may vary based on the municipal authority procedures for death determinations.

The approach described in this report would enable DoD to leverage existing SDR data augmented by death data secured through CDC to manage the data and report dependent suicide information in a standardized manner when such information is not made available to

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the Military Departments. DoD will gain more complete information regarding deaths by suicide among family members. In addition, this information could identify areas to improve suicide prevention and resilience programs and policies specifically targeting military family members.

In the HASC report, the Secretary of Defense is asked to review the “ability of the services to collect information and perform analysis on suicide among immediate family members as part of their suicide information retention and analysis.” The remaining sections reflect the results of this review. For those Departments that do track military family member deaths, exact practices vary. The ensuing paragraphs describe how each Military Department tracks family member deaths by suicide. In keeping with the focus on feasibility, DoD documented challenges associated with each approach. Attachment 1 includes a summary of suicide-related regulations and procedures for the Services that include but are not limited to tracking of deaths by suicide among family members.

### **3-1. Department of Army**

***Practice.*** When the Army command learns that a family member of a title 10 Active Duty soldier dies by suicide (either on- or off-base), case information is reported through Army Criminal Investigation Command to the Army Suicide Prevention Program for official tracking.

***Challenge.*** Methods of notification can vary from receipt of a death certificate or criminal investigator reports to Service member notification of the dependent death. Deaths by suicide by family members of soldiers not on title 10 Active Duty orders are not currently tracked due to the lack of a capability to collect reliable and substantiated decedent data not already captured by the Army.

### **3-2. Department of Navy, Navy**

***Practice.*** Navy commands report dependent deaths by submitting a Personnel Casualty Report (PCR) to the Navy Casualty Office (NCO). The NCO tracks the submission and status of claims for Family Service Member’s Group Life Insurance (FSGLI) in order to provide the family with benefit application procedures. The sailor or other dependent may submit a death certificate as part of the FSGLI claim package.

***Challenge.*** Navy currently does not have a formal system to track or analyze suicides for Navy family members. PCRs do not necessarily specify suicide as the manner of death. There is no agency that provides confirmation on the manner of death for suicides. There is no automated system for gleaned manner of death from death certificates submitted as a part of the FSGLI claim package. The overwhelming majority of dependent deaths are by means other than suicide. Families do not always file a claim for FSGLI; therefore, not all dependent deaths are captured. Cause and manner of death on death certificates can change and/or are ambiguous or incorrect, even years after a death. Navy lacks the scientific and legal justification and resources to track deaths by suicide among Navy family members.

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## **3-3. Department of Navy, Marine Corps**

*Practice.* Marine Corps Behavioral Health (MCBH) monitors each PCR. If the MCBH suspects a death by suicide, a copy of the death certificate from the Casualty Assistance Program is obtained to determine the manner of death.

*Challenge.* Marine Corps Behavioral Health tracks these deaths for internal purposes, but does not report them.

## **3-4. Department of Air Force**

*Practice.* The Air Force does not track deaths by suicide among military family members.

*Challenge.* The Air Force has a comprehensive suicide prevention approach targeted to airmen and their families. Although the Air Force recognizes the value of this data and the effects family suicides may have on readiness, at this time, the Air Force does not have a requirement to track deaths by suicide among military family members.

## **3-5. National Guard**

*Practice.* The National Guard does not track deaths by suicide among military family members.

*Challenge.* The National Guard recognizes the importance of this issue, but does not have an established requirement to track suicides among military family members.

## **4. Action**

Under the direction of the Suicide Prevention General Officer Steering Committee, the Defense Suicide Prevention Office (DSPO) has set up and consulted with the Military Data Surveillance Working Group (MDSWG). DSPO elicited from the MDSWG recommended solutions on improving upon current capabilities for tracking suicides among military family members. The following section outlines planned actions informed by such recommendations.

Recognizing that the over-arching action may take a considerable amount of time to achieve, DoD has a pragmatic approach that would enable DoD to manage the data and report dependent deaths by suicide information to the Services in a standardized manner. DoD will improve its ability to more completely report death by suicide among family members, and the effect on readiness. The approach would also provide standardized information to the Services to support their efforts at implementing suicide prevention and resilience programs for military families.

The DoD approach will link death data obtained from civilian authorities with data already maintained by DoD at the Defense Manpower Data Center (DMDC). The data will be added

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to an existing SDR, which is sponsored jointly with the Department of Veterans Affairs (VA). The SDR was established to improve the completeness and accuracy of suicide death tracking for Service members, the Reserve and National Guard, and veterans. Through this linkage, DoD's analysis of suicide events will be extended to include deaths by suicide within military families. The availability of these data would inform suicide prevention and resilience programs and policies that specifically target military family members.

DoD intends to use the data from the CDC NCHS system, the civilian authority that tracks deaths among members of the U.S. general population. DoD prefers this approach because deaths by suicide among military family members are determined by a civilian authority and the corresponding cause of death information already is included in the CDC records. These are the same records the CDC uses to calculate mortality statistics for the civilian population, including suicide rates. The records are organized and tabulated in the NDI system. The CDC describes the NDI as...

...a central computerized index of death record information on file in the state vital statistics offices. Working with these state offices, NCHS established the NDI as a resource to aid epidemiologists and other health and medical investigators with their mortality ascertainment activities.

The CDC can retrieve military dependent death records by linking identifying information (e.g., social security number, birthdate, full legal name) provided by the DoD. All data transfers would be compliant with federal regulations relating to privacy and information security including the Privacy Act of 1974, the Federal Information Security Management Act, and the Defense Information Assurance Certification and Accreditation Process.

DoD has concluded that the NDI approach can contribute to the knowledge of deaths by suicide for military family members in a highly feasible way for the following reasons:

- DMDC engages in continuous efforts to maintain up-to-date identifying information of all military family members going back to 1983. The existing Systems of Records Notice for DMDC's Defense Enrollment Eligibility Reporting System (DEERS) allows for the use of military dependent identifying information for the purpose of performing statistical analysis and personnel and manpower studies.
- DoD, VA<sup>1</sup>, and the CDC already have an inter-agency process to utilize the NDI for the purpose of tracking Service member deaths when they are not on title 10 Active Duty

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<sup>1</sup>VA does not serve spouses or family members, unless acting as caregivers or aides/attendants or are eligible for the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) program.



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orders and do not fall under Armed Forces Medical Examiner System (AFMES) jurisdiction. This information is stored in the SDR. A modification of the inter-agency agreement could permit DSPO to obtain deceased dependent information as part of the information currently received from the CDC and store this information in the SDR.

- DMDC provides a secure hosting environment in which NDI cases matched with military dependent information may be stored and analyzed.

### **5. Cost**

The costs associated with this approach are derived from existing agreements supporting the SDR between DSPO and the CDC. These costs (Initial Year = \$681,600; Out Years = \$502,200 per year) are based on standard NDI user fees that CDC charges to cover the NDI's operating costs. These published costs are derived from fees charged by the state vital statistics offices and costs associated with storage and analysis of the data. The table below summarizes the initial operating costs, costs to DMDC for secure hosting within the DMDC enterprise architecture, and one-half of a full-time equivalent analyst at a General Schedule Pay Grade 13, Step 5, to collect and analyze data. The analyst is expected to have at least intermediate knowledge of epidemiology and statistics.

Since DSPO already assumes responsibility for NDI-related costs, there would be no additional cost to the Military Departments. The total costs reflect a volume discount because DSPO acquires NDI data as part of the SDR agreement. Extending the SDR will offer the opportunity to leverage the existing system to enhance understanding of Service member families in a cost effective manner similar Service members and veterans. The two subsequent tables summarize costs for the initial and future operating years of the planned action.

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*Table 1. Summary of NDI-related Costs for Initial Operating Year*

<b>Group</b>	<b>Estimated # of Deceased Family members [1983-2011 timeframe]</b>	<b>Cost/record</b>	<b>Total Cost (in K thousands when applicable)</b>
<b>Family members Death Records</b>	1,024,000 <sup>2</sup>	\$.21/record	\$430.1K
<b>Initial Submission Cost</b>	All records	All records	\$350
<b>Service Charge</b>	All records	All records	\$100
<b>Labor (Analyst)</b>	All records	All records	\$51K
<b>DMDC Hosting</b>	All records	All records	\$200K
<b>Total Costs</b>	All records	All records	\$681.6K

*Table 2. Summary of NDI-related Costs for Out Years*

<b>Group</b>	<b>Estimated # of Deceased Family members [Out Years]</b>	<b>Cost/record</b>	<b>Total Cost (in K thousands when applicable)</b>
<b>Family members Death Records (3 preceding years searched)</b>	100,000 <sup>3</sup>	\$.21/record	\$63K
<b>Family members Death Records (2 preceding years searched)</b>	924,000 <sup>4</sup>	\$.21/record	\$388.1K
<b>Service Charge</b>	All records	All records	\$100
<b>Labor (Analyst)</b>	All records	All records	\$51K
<b>Total Costs</b>	All records	All records	\$502.2K

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<sup>2</sup>Population estimated is based on available DMDC records and may be an under-estimate due to reasons cited in the Limitations section.

<sup>3,4</sup>Populations estimated are based on arithmetic average of deaths by suicide among family members reported in Table 2; totals provided may under-estimate actual deaths due to reasons cited in the *Limitations* section. The need to search for multiple years is based on potential lags between the year in which the dependent death occurred and the year in which DoD becomes aware of the death.

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## **6. Limitations**

### **6-1. Use of DoD Data**

The completeness of DMDC's records relies to some extent on the ability of DMDC to capture comprehensive information on military family members in DEERS. Some family members, especially for those of National Guard and Reserve members, do not receive military benefits. Therefore, DoD may not be able to retrieve all CDC suicide death records on military family members. DEERS relies on the Service member to update information in a timely manner, so a divorced dependent's death, for example, may not be captured accurately.

One reason why some military family members do not receive benefits is that they are military veterans themselves who choose to receive some benefits through VA and not DoD. To address this issue, DoD may leverage the current SDR to identify deaths by suicide among veteran military family members that might not be captured using DEERS and can avoid double counting of death records. For example, if a title 10 Active Duty Service member's spouse who died by suicide is a veteran who served in Operation Enduring Freedom and separated with an honorable or medical discharge. This spouse may have opted to receive VA instead of DoD benefits. Thus, the Active Duty Service member might not have listed the spouse as a title 10 dependent, and the spouse would not be captured in DEERS.

In addition to limitations inherent to DEERS, there are limitations specific to the NDI. Some Service members marry foreign nationals especially when they engage in long-term overseas deployments. Upon marriage, the Service member could list the foreign-born spouse as a title 10 dependent. However, if this spouse died by suicide or another manner of death, while s/he was overseas then that death would not be captured in the NDI because it does not include death determinations from non-U.S. authorities.

This mitigation step would only cover missing military family members who are veterans and would not cover missing family members who never served in the military. DMDC is engaged in continuous efforts to improve the accuracy and completeness of military dependent information in DEERS. As these efforts produce more complete records of military family members, the ability of the NDI-based approach to account for all deaths by suicide among military family members is expected to improve.

### **6-2. Use of Civilian Data**

DoD relies on the AFMES to make a determination of cause and manner of death for all title 10 Active Duty Service members. AFMES maintains a real-time registry of all title 10 Active Duty Service member deaths including those who died by suicide. Approximately 60 percent of these deaths occur in civilian jurisdictions (i.e., the death certificate and autopsy, if performed, are not completed by AFMES). For these deaths,

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AFMES case managers track down autopsy reports, death certificates, and/or medical records to inform the determination of cause and manner of death. AFMES does not have the infrastructure or funding to track deaths by suicide among family members on or off military installations. Military dependent deaths, by suicide or other manner, are tracked by civilian authorities (e.g., state vital statistics offices).

The process and criteria used by civilian authorities to determine manner of death varies widely across the United States, based on local law and customary practice. The CDC captures information in aggregate at the national level, in partnership with the States, but has no authority over the timeliness, accuracy, or completeness of the mortality data (see Attachment 2, Death Investigations Jurisdiction Map). The variation in death determination, recording procedures, and reporting practices could have an adverse effect on the ability of DoD to understand deaths by suicide among military family members.

Another limitation with civilian data is the reporting time lag. It can take between 12 to 18 months for the CDC to receive death information from the state vital statistics offices. As a result, there would be a 2-year lag between the most recent available death information and any related report on military dependent suicides. However, that is consistent in civilian mortality reports released by the CDC, so military dependent statistics would still be comparable to their civilian counterparts. Despite the lag, death data from the CDC is used to inform many public health and resilience programs in the civilian settings and can have the same benefit for military family resilience programs.

### **7. Conclusion**

With the acquisition of the NDI data, suicide data for military family members can be tracked. Within the DoD, DSPO and DMDC will manage the data and report dependent suicide information to the Services in a standardized manner. From 2001 to 2011, the DoD observed an increase in the suicide rate among Service members. If a similar suicide rate among military family members is observed, then the DoD will consider additional analyses to address the following concern identified in the HASC NDAA Report section Suicide and Military Families: “Suicide among the force has a direct impact on military readiness, and suicide among family members can have a direct impact on individual readiness.”

DoD will consider such analysis because of the importance DoD places on the safety and well-being of military families. As part of those considerations, DoD will consult with the MDSWG as well as other military suicide research experts. In addition, DoD will review information from the Department of Defense Suicide Event Reports (DoDSER) over the last several years, which are available at <http://www.suicideoutreach.org/Pages/Library/Reports.aspx>. While the DoDSER does not make any causal or predictive claims, descriptive data suggest that relationship problems or losses may be a significant factor for suicidal ideation and behavior. Death by suicide among family members is a potential relationship loss included in these data.

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Whether deaths by suicide among military family members have a distinct or significantly worse impact on Service members in comparison to other relationship losses, through a possible suicide clustering effect<sup>5</sup>, is a question that only a carefully designed research study can answer. In addition to understanding impact on readiness, such a study could inform efforts to prevent suicides among military families.

Regardless of whether such a study would occur, DoD recognizes the significant role family members play in support of the military mission, which is a key factor to Service member readiness. Therefore, the Military Departments and the Office of the Secretary of Defense on Military Community and Family Policy have developed several programs to build family readiness. Table 3 presents an illustrative sample of such programs.

*Table 3. Resources to Support Military Family members*

<b>Program/Initiative</b>	<b>Description</b>	<b>Web Site Link</b>
Military/Veterans Crisis Line	Responders are specially trained to help Service members and veterans’ families and friends make sure they are connected to care providers.	<a href="http://www.veteranscrisisline.net/ForFamilyAndFriends.aspx">http://www.veteranscrisisline.net/ForFamilyAndFriends.aspx</a>
Military OneSource	Confidential non-medical counseling sessions are available at no cost to title 10 Active Duty Service members, National Guard and Reserve Service members (regardless of their activation status), and their family members through Military OneSource. Confidential non-medical counseling is also available at no cost through the Military and Family Life Counselor Program for Active Duty service members and their families. Family members may seek counseling with or without consent of their Serve member sponsor.	<a href="http://www.militaryonesource.mil/">http://www.militaryonesource.mil/</a>
Yellow Ribbon Reintegration Program (YRRP)	A DoD-wide effort to promote the well-being of National Guard and Reserve members, their families, and communities,	<a href="http://yellowribbon.mil">http://yellowribbon.mil</a>

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<sup>5</sup> CDC defines suicide clusters as “as a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community”.

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	by connecting them with resources throughout the deployment cycle. Through YRRP events, Service members and families connect with local resources before, during, and after deployments.	
Army Comprehensive Soldier & Family Fitness	Comprehensive Soldier and Family Fitness (CSF2) are designed to build resilience and enhance performance of the Army Family -- soldiers, their families, and Army civilians. CSF2 does this by providing hands-on training and self-development tools so that members of the Army Family are better able to cope with adversity, perform better in stressful situations, and thrive in life.	<a href="http://csf2.army.mil/">http://csf2.army.mil/</a>
Navy Fleet and Family Support Program	Fleet and Family Support Programs support individual and family readiness through a full array of programs and resources, which help Navy families to be resilient, well informed, and adaptable to the Navy environment.	<a href="http://www.cnmc.navy.mil/ffr/family_readiness/fleet_and_family_support_program.html">http://www.cnmc.navy.mil/ffr/family_readiness/fleet_and_family_support_program.html</a>
Marine and Family Programs	Marines and Family Programs (MFP) strives to build strong families by meeting the demands of the challenging lifestyle that our families experience every day. MFP offers integrated, balanced, quality programs that support the continuum of marines and their families on and off base to include Children Youth & Teens, Counseling, Exceptional Family Member, Family Advocacy, Family Member Employment Assistance, Information & Referral, Education & Career Services, Marine Corps Family Team Building, New Parent Support, Personal Financial Management, Retired Activities, Relocation Assistance, Substance Abuse Counseling, Transition Assistance, School Liaison, and Victim Advocacy services.	<a href="http://www.mccshh.com/MFS.html">http://www.mccshh.com/MFS.html</a>

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Airman and Family Readiness Center	The Airman & Family Readiness Center supports individuals, families, and leadership with programs and services to strengthen communities, encourage self-sufficiency, enhance mission readiness, and ease adaptation to the Air Force way of life. The center serves singles, couples, and families alike.	<a href="http://www.wpafb.af.mil/afarf/">http://www.wpafb.af.mil/afarf/</a> <sup>6</sup>
National Guard Family Readiness Center	The Family Readiness System (FRS) is the network of programs, services, people, and agencies, and the collaboration among them, that promotes the readiness and quality of life of Service members and their families. The services available through the FRS can help you develop new skills and tackle life's challenges - in every stage of military life.	<a href="https://www.jointservicesupport.org/FP/FamilyReadinessSystem.aspx">https://www.jointservicesupport.org/FP/FamilyReadinessSystem.aspx</a>

### 8. References

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Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Vital Statistics. (2004, October 1). *National Death Index User Fees*. Retrieved September 16, 2013, from National Center for Health Statistics: [http://www.cdc.gov/nchs/data/ndi/Users\\_Fees\\_Worksheet.pdf](http://www.cdc.gov/nchs/data/ndi/Users_Fees_Worksheet.pdf)

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Centers for Disease Control and Prevention. (1988, August 19). *CDC Recommendations for a Community Plan and Containment of Suicide Clusters*. Retrieved from Morbidity and

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<sup>6</sup> The web site link describes the program at one Air Force base. However, this program is implemented in a similar fashion at many installation bases and is considered an Air Force-wide initiative.

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Mortality Weekly Report Supplements:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm>

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# Attachment 1. Relevant Policies and Regulations

The policies and regulations listed in Attachment 1 are relevant to tracking deaths by suicide among military family members for the Departments of Army and Navy that discover deaths by suicide as part of their usual operations.

*Table 4. Department of Army*

<b>Policy</b>	<b>Section</b>	<b>Text</b>
<b>Department of Army Casualty Reporting</b>	Chapter 3 Casualty Reporting Section I Personnel Requiring a Casualty Report 3-1. Categories of reportable casualties	A casualty report is required when any of the personnel listed in the categories below becomes a casualty. t. All family members of Active Duty personnel. Family members are those who are entitled to military identification (ID) cards or are claimed as family members on the Soldier’s tax returns.
<b>Department of the Army Pamphlet (DA PAM) 600-24 Health Promotion, Risk Reduction, and Suicide Prevention</b>	2-2. Army Suicide Prevention Program strategy	c. It is the Army’s goal to prevent suicide for Soldiers, Family members, and DA civilian employees.
<b>Army Regulation (AR) 600-63 Army Health Promotion</b>	1-26. The garrison Installation Management Command chaplain	i. Integrates suicide-prevention into community, Family, and Soldier support programs as appropriate.
<b>AR 600-63 Army Health Promotion</b>	1-27. Suicide Prevention Program manager	f. Integrates suicide-prevention into community, Family, and Soldier support programs as appropriate.
<b>AR 600-63 Army Health Promotion</b>	2-4. The Suicide Prevention Task Force	c. The SPTF will— (11) Implement an integrated Family member suicide-prevention program.
<b>AR 600-63 Army Health Promotion</b>	4-4. Suicide prevention and surveillance	a. Army Suicide Prevention Program (ASPP) purpose. The ASPP— (1) Supports the Army’s goal to minimize suicidal behavior by reducing the risk of suicide for Active Army and Reserve Component Soldiers, Army civilians, and Army Family members. Suicide-prevention programs implement control measures to

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Policy	Section	Text
		address and minimize risk factors for suicide while strengthening the factors that mitigate those risks.
<b>AR 600-63 Army Health Promotion</b>	4-4. Suicide prevention and surveillance	(8) Family members. Garrison commanders will provide suicide-prevention training to Family members using chaplains as primary trainers. Army Community Services (ACS) personnel may assist as required.
<b>AR 600-63 Army Health Promotion</b>	4-4. Suicide prevention and surveillance	<p>k. Family Member Suicide Prevention Program (FMSPP).</p> <p>(1) Installation-based FMSPP.</p> <p>(a) The FMSPP will be executed by the installation Suicide Prevention Program Manager in coordination with the CHPC. The FMSPP is intended to promote an understanding of the potential for suicide in the community. The installation chaplain office will conduct an education awareness program for Family members to help them recognize the signs of increased suicide risk and to learn about referral sources for friends and Family members. Educational programs will focus on three groups: parents, teenagers, and spouses.</p> <p>(2) The noninstallation based FMSPP is unique in that it must address the needs of units, Soldiers, and Families that are geographically dispersed and not normally in close proximity to Army-based services and support.</p> <p>(a) The noninstallation based FMSPP will be coordinated at the local unit level between the commander and the unit Family Program Coordinator. The SPTF in conjunction with the state or Army Reserve DRU/MSA Family Program will provide support as requested. The SPTF, with the support of local unit commanders, will develop memorandum of agreements (MOAs) to leverage community services for crisis intervention and referral and ensure that commands are publicizing these resources to their Soldiers and Families.</p>

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<b>Policy</b>	<b>Section</b>	<b>Text</b>
		(b) The SPTF will ensure that training programs tailored to Families are available and that units have access to qualified trainers to conduct the training. At a minimum, training will include suicide awareness to help recognized signs and symptoms of increased suicide risk and information on referral resources.

*Table 5. Department of Navy, Navy Service Branch*

<b>Policy</b>	<b>Section</b>	<b>Text</b>
<b>MILPERSMAN 1770-250 Navy Family members: Casualty Reporting and the Submission of Claims for Family Service members' Group Life Insurance (FSGLI)</b>	1. Purpose	This article provides procedures for reporting the death of a Sailor's dependent and guidance for the submission of a claim when a dependent is covered by Family Service members' Group Life Insurance (FSGLI) (also see MILPERSMAN 1741-030).
<b>MILPERSMAN 1770-250 Navy Family members: Casualty Reporting and the Submission of Claims for FSGLI</b>	2. Reporting Requirements	A Personnel Casualty Report (PCR) must be submitted as soon as possible once the command is notified of a dependent death. Note: It is not required to report the injury or illness of a Navy dependent. The commanding officer is responsible for submitting the PCR.
<b>MILPERSMAN 1770-250 Navy Family members: Casualty Reporting and the Submission of Claims for FSGLI</b>	3. Initial Reporting of Dependent Deaths	The PCR should contain the following information: b. Data Blocks: (4) DELTA: Date (Local time of casualty incident), place, circumstances of incident, and cause of death.
<b>MILPERSMAN 1770-250 Navy Family members: Casualty Reporting and the Submission of Claims for FSGLI</b>	5. Required Documentation	c. Death Certificate: Final death certificate specifying cause of death.

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<b>Policy</b>	<b>Section</b>	<b>Text</b>
<b>MILPERSMAN 1770-250 Navy Family members: Casualty Reporting and the Submission of Claims for FSGLI</b>	6. Claim Processing	Upon receipt of all applicable items, NPC (PERS-13) will certify, validate, and forward the required documentation to the office of SGLI for final determination of eligibility and payment. Send all applicable items listed in paragraph 5 of this MILPERSMAN article to NPC (PERS-13) via: a. Email: MILL_FSGLI@NAVY.MIL (MILL underscore FSGLI at NAVY.MIL); or b. FAX: Navy Casualty Assistance Division, attention FSGLI claims examiner, at COMM (901) 874-2265, or DSN 882-2265

*Table 6. Department of Navy, Marines Corps Service Branch*

<b>Policy</b>	<b>Section</b>	<b>Text</b>
<b>Marine Corps Order (MCO) P3040.4E Marine Corps Casualty Procedures Manual (MARCORCASP ROCMAN)</b>	3102. Reportable Casualties – Other Personnel	Reports are required when an individual in table 3-4 below, is placed in one of the associated casualty status. Eligible family members of Active Duty Marines only.
<b>MCO P3040.4E MARCORCASP ROCMAN</b>	2. PCR Message.	The casualty’s reporting unit is primarily responsible for submitting the PCR immediately upon learning and verification of a reportable casualty unless: e. the casualty is an eligible family member of an Active Duty Marine, (the reporting unit of the Marine will submit the PCR).
<b>MCO P3040.4E MARCORCASP ROCMAN</b>	3200. PCR Requirements.	The PCR is used to report casualty information and is used by the Casualty Assistance Calls Officer (CACO) to inform the casualty's next of kin (NOK) of the details surrounding the incident. The report is administrative rather than operational; it should be sent immediately, in an unclassified manner, to the CMC (MRC) directly from the activity submitting the report. The report must be accurate and contain only verified information.
<b>MCO 1720.2 Marine Corps</b>	3. Execution a. Commander’s Intent	(a) This Order requires the Suicide Prevention Program be implemented throughout the

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<p><b>Suicide Prevention Program (MCSPP)</b></p>	<p>and Concept of Operations (2) Concept of Operations</p>	<p>Marine Corps to reduce the risk of suicide for active-duty Marines and Sailors, Reservists, family members and civilian Marines employed by the Marine Corps; to minimize adverse effects of suicidal actions on command readiness and morale; and to preserve mission effectiveness and war-fighting capability.</p>
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## Attachment 2. Civilian Death Investigation Jurisdictions

The below graphic demonstrates variability in death investigation practices across the different States and District of Columbia.

