

# United States Senate

WASHINGTON, DC 20510

October 16, 2019

The Honorable James Stewart  
Performing the Duties of Under Secretary of Defense (Personnel and Readiness)  
400 Defense Pentagon  
Washington, D.C. 20301-4000

Dear Secretary Stewart:

We write to express our serious concern regarding the tragic occurrence of suicide among servicemembers, specifically members of the National Guard.

For several years, suicide mortality rates for the National Guard have been consistently higher than rates for Active component members. The *Department of Defense Annual Suicide Report for Calendar Year 2018* found that suicide rates in the National Guard are higher than the rates for the general U.S. population after controlling for differences in age and sex. In 2018, the suicide rate for members of the Guard was 30.6 suicides per 100,000 population. That is compared to 24.8 suicides per 100,000 population in the Active component and 22.9 suicides per 100,000 population in the Reserves.

Recent *Department of Defense Suicide Event Report (DoDSEER) Annual Reports* have also found similar trends in suicide rates over the past few years. In 2017, the suicide rate for the National Guard Component was 29.1 suicides per 100,000 population, compared to 25.7 suicides per 100,000 population in the Reserve Component and 21.9 suicides per 100,000 population among Active Duty servicemembers. In 2016, the suicide rate for members of the National Guard was 27.3 suicides per 100,000 population, while the rates in the Reserves and Active component were 22.0 and 21.1, respectively. The increase in the suicide rate among members of the National Guard from 2016 to 2018 is concerning, especially since the rate is consistently higher than that of both Reserve and Active Duty servicemembers.

There are several possible reasons for the discrepancy in National Guard suicide rates. The first is access to mental health care. The Center for Disease Control and Prevention has identified a number of risk factors associated with suicide, one of the most prominent being the lack of access to mental health care. National Guard servicemembers face a unique challenge in accessing quality mental health care. Some members of the National Guard are eligible for TRICARE Reserve Select; however, many members choose not to enroll due to access concerns, especially in rural areas, and find it cost prohibitive. Existing mental and behavioral health care resources for members of the National Guard are unfortunately inadequate.

A second consideration is employment. According to a 2017 paper on suicides in the Army National Guard from 2007 to 2014, approximately 20% of suicides during this time were associated with problems finding full time employment. While not necessarily a differentiating factor between Reserve and National Guard servicemembers, this could explain some of the gap in suicide rates between the Active component and National Guard. Finally, we believe it is important to look at the potential ramifications of institutional and conditional isolation. While this is more difficult to quantify, the reality that National Guard soldiers and airmen are not connected to the military community on a daily basis is important to consider. Their inherently more isolating structure could be another contributing factor that is worth examining.

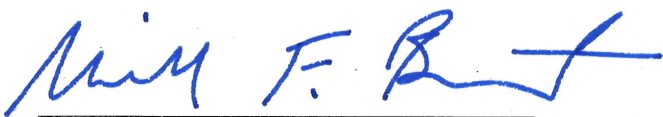
Over the last two decades, the National Guard has been deployed at nearly comparable levels to Active Duty. According to a 2015 RAND report on deployment experiences across services, Active Army units had an average of 17.5 months deployed, while those in the Army National Guard had an average of 12.7 months. Those in Active Air Force units had an average of 12 months deployed, while those in the Air National Guard had an average of 7.3 months. For the National Guard, these combat deployments are in addition to the increasing domestic deployments across the country, including to the southern U.S. border, active wildfires in the Western U.S., and hurricanes in the South and Mid-Atlantic, along with other natural disasters. In a comprehensive study published in January, *The U.S. Army in Iraq*, Army researchers found that in Iraq in 2005, half of all the brigades in country were Guard units.


We cannot continue to treat the National Guard as just another branch of the Active Army and Air Force while not paying special attention to their unique needs. We must ensure the National Guard has care and community that is comparable to the Active components. The National Guard maintains comparable operational tempos but lacks the support of a community that fully empathizes with their unique and sometimes isolating experience of being both soldier and civilian.

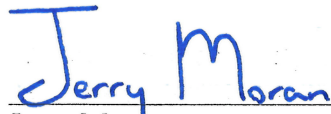
We therefore ask that your office prepare a brief no later than December 2019 on the gaps, if any, that remain across Department of Defense, branch-level, or interagency suicide prevention programs for the National Guard. We also ask that you provide an analysis of any explanatory factors contributing to differences in suicide rates between the Active and Reserve Component and the National Guard.


Thank you and we look forward to your response.


Sincerely,


  
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Michael F. Bennet  
U.S. Senator


  
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Jon Tester  
U.S. Senator


  
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Jerry Moran  
U.S. Senator

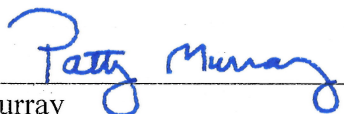
  
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Richard Blumenthal  
U.S. Senator

  
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Bernard Sanders  
U.S. Senator

  
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Mike Crapo  
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U.S. Senator

  
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Patty Murray  
U.S. Senator