

EXHIBIT 3
 DATE 2.16.15
 HB 456

Tracking Veteran Suicides

Veterans commit suicide at double and sometimes triple the rates of civilian suicides, with the rates varying from state to state. The veteran suicide rate has grown annually at more than double the percentage of the civilian rate.

Suicide rates by state

News21 calculated veteran and civilian suicide rates based on mortality data received from most states.

The rate is the average number of suicide deaths per 100,000 people in each state's veteran and adult civilian populations, respectively. Years 2005 to 2011 had the most complete available information.

[Download the data.](#)

Suicide deaths per 100,000

0+ 10+ 20+ 30+ 40+ 50+ 60+

Veterans (2011)

Rollover state for data

ME												
VT	NH	MA										
WA	ID	MT	ND	MN	WI	MI	NY	CT	RI			
OR	NV	WY	SD	IA	IL	IN	OH	PA	NJ			
CA	UT	CO	NE	MO	KY	WV	VA	MD	DE			
AZ			NM	KS	AR	TN	NC	SC	DC			
OK			LA	MS	AL	GA						
AK	HI	TX	FL									

Veterans average (2005 - 2011)

Rollover over state for data

ME												
VT	NH	MA										
WA	ID	MT	ND	MN	WI	MI	NY	CT	RI			
OR	NV	WY	SD	IA	IL	IN	OH	PA	NJ			
CA	UT	CO	NE	MO	KY	WV	VA	MD	DE			
AZ			NM	KS	AR	TN	NC	SC	DC			
OK			LA	MS	AL	GA						
AK	HI	TX	FL									

Civilians average (2005 - 2011)

Rollover over state for data

ME												
VT	NH	MA										
WA	ID	MT	ND	MN	WI	MI	NY	CT	RI			
OR	NV	WY	SD	IA	IL	IN	OH	PA	NJ			
CA	UT	CO	NE	MO	KY	WV	VA	MD	DE			
AZ			NM	KS	AR	TN	NC	SC	DC			
OK			LA	MS	AL	GA						
AK	HI	TX	FL									

Veteran suicides

Average percentage of all suicides among veterans between 2005 and 2011.

Sort by:

State

Percentage of all suicides

MT	26.43%
WA	25.25%
ID	24.6%
WV	24.39%
OR	24.09%
AL	24.06%
ME	23.02%
NV	22.74%
AZ	22.6%
SC	22.51%
KS	22.25%
MO	22.1%
ND	22.02%
OK	21.9%
CO	21.62%
AR	21.56%
WY	21.49%
NM	21.35%
VA	20.81%
NH	20.58%
PA	20.44%
SD	20.25%
IA	20.02%

Comparing rates

Veteran and civilian suicide rates compared between 2005 and 2011.

Sort by:

Veteran and civilian rates

Veterans	Civilians
MT	55.9
MT	23.9
NV	50.6
NV	23.3
ID	49.5
ID	20
NM	47.4
NM	23.5
WY	47.2
WY	25.6
CO	44.3
CO	20
UT	43.8
UT	20.3
OR	43.5
OR	18.3
AZ	42.6
AZ	19.2
AK	41.2
AK	28.3
WV	39.6
WV	16.2
OK	38.5

Rate growth

Growth of veteran suicide rates between 2005 and 2011.

Sort by:

Suicide rate growth

KY	26.57%
VT	26.14%
GA	16.19%
WY	15.76%
HI	12.73%
MA	12.72%
IN	12.14%
RI	10.4%
ND	9.87%
SC	9.44%
UT	7.44%
CT	7.05%
NJ	6.52%
OK	6.45%
NY	6.35%
WI	5.32%
TN	5.27%
IA	5.17%
AL	4.5%
ID	4.37%
MS	4.36%
CA	4.27%
MN	4.02%

OH	20.01%
NC	19.94%
AK	19.94%
MS	19.89%
WI	19.69%
MI	19.42%
TN	19.32%
LA	18.92%
CA	18.82%
MN	18.61%
TX	18.57%
GA	18.26%
MD	17.92%
IL	17.72%
RI	17.27%
IN	17.2%
DE	16.83%
UT	16.04%
NY	15.27%
VT	15.17%
HI	14.79%
CT	14.42%
NJ	13.96%
KY	11.71%
MA	9.81%

OK	18.6
ND	37.8
ND	16.7
KS	37.2
KS	15.9
AL	37.1
AL	15.1
WA	36.9
WA	15.3
AR	36.4
AR	17.4
MS	35.8
MS	15.5
SD	35.5
SD	18.7
MO	35.4
MO	16
TN	35.2
TN	17.5
CA	33.9
CA	11.8
WI	33
WI	15.2
SC	32.7
SC	15
MI	31.5
MI	13.9
LA	31.2
LA	14.2
ME	31
ME	15.7
NC	30.5
NC	14.7
TX	30.2
TX	13.4
PA	30.2
PA	13.9
NH	29.5
NH	15.4
IA	29.3
IA	13.8
IN	29.2
IN	15.8
OH	28.6
OH	13.6

AK	3.93%
LA	3.85%
AR	3.72%
DE	3.4%
NV	3.38%
NH	3.23%
WV	3.02%
SD	2.5%
MI	1.76%
MT	1.5%
OH	1.45%
NM	1.44%
AZ	1.44%
MO	1.43%
OR	1.42%
IL	1.42%
TX	1.08%
KS	0.41%
MD	0.38%
VA	0.34%
WA	0%
CO	-0.05%
PA	-0.36%
NC	-1.13%
ME	-4.34%

MN	27.7
MN	13.3
VT	26.9
VT	18.2
GA	26.7
GA	13.4
VA	25.9
VA	14.4
IL	25.5
IL	10.6
RI	23.3
RI	11.8
KY	22.4
KY	18.8
DE	22
DE	14.3
NY	21.2
NY	8.6
MD	20.2
MD	10.9
HI	20.2
HI	15.2
CT	19
CT	11
NJ	17.6
NJ	8.6
MA	12.3
MA	10.3

NOTES: Less populated states might show larger growth rates because of their sample sizes. All rates are crude rather than adjusted.

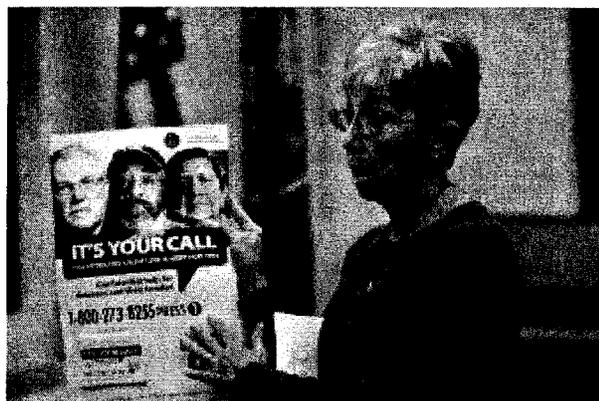
SOURCES: Individual state health and vital records departments, U.S. Census Bureau American Community Survey one-year estimates spanning 2005 to 2011 and Centers for Disease Control annual national mortality reports.

CREDIT: Forrest Burnson, Bonnie Campo, Chase Cook, Jeff Hargarten, Greg Kohn



STATE OF DESPAIR

Veterans twice as likely to commit suicide as civilians



DECEMBER 30, 2012 12:30 AM • BY CINDY UKEN

They return from war traumatized.

They have survived the grinding stress of being in constant danger. They have seen the worst. Some have injuries that will never heal.

To stay alive, they have learned to trust no one and to never show weakness.

It's something they don't want to talk about.

And it's killing them.

Veterans commit suicide at a rate that is twice the national average. In fact, the annual military death toll from suicides has for several years exceeded the number killed on the battlefields of Iraq and Afghanistan.

For some returning vets, their injuries are obvious. Many others struggle with unseen wounds like post-traumatic stress disorder and traumatic brain injuries.

But, it's not just combat vets. In 2010, at least 54 percent of U.S. military suicides had no history of deployment and 89 percent had no combat experience, according to the U.S. Department of Defense's one-year-old Suicide Prevention Office.

Even for healthy veterans, returning home isn't always a relief. Many miss the structure of military life and the companionship of their comrades. They find themselves competing for jobs with younger workers who have more up-to-date training. And some return to relationships that have withered or even broken in their absence.

It can all be too much.

In Montana, where nearly 10 percent of the population has served in the military, at least 460 veterans committed suicide between 2002 and 2011, according to the Montana Department of Health and Human Services.

"We go to war to protect ourselves and to give our kids, our grandkids and ourselves the lifestyle we have every day," said Kellie Lafave, an RN and suicide prevention coordinator for VA Montana since 2005. "Sometimes we don't want to think about the consequences of what we ask people to do in order to make that happen."

The rate of suicides among veterans in Montana reflects the state's high rate.

During 2010, at least 227 Montanans killed themselves. Another 225 people killed themselves in 2011. That's about 22 people per 100,000 residents, nearly twice the national average.

Not only has Montana's suicide rate hovered in the top five nationally for decades, it has lately increased. The nation is also experiencing a spike in suicides.

"There are a lot more suicides than we ever wanted to know about," said Lafave. "I think it's always been like that, but we didn't have the numbers. When you give people numbers it makes people sit up and take notice."

Along with everything else veterans have to deal with, their troubles are compounded by the same factors that push up the suicide rate for all Montanans: a shortage of mental health professionals and facilities; a high rate of alcoholism; a cowboy culture where seeking treatment may be seen as weakness; and the prevalence of firearms.

Guns are the most common means of committing suicide in Montana, which ranks third in the nation for per capita gun possession.

In 2010, the most recent year statistics are available, 62 percent of U.S. military suicides involved firearms, and 48 percent of the guns used were personal weapons, not military-issued. The Pentagon recently distributed 70,000 free gun locks to the military services in an attempt to stop the death toll.

The government has also increased the number of programs and services designed to help veterans cope. Yet almost 40 percent of veterans don't take advantage of any kind of military medical service.

That's partly because of a military culture that can view seeking help as failure.

"It could be the end of their career if they say, 'Oh, I just can't do this today,' or if they say, 'I just can't face it one more time,'" said Lafave, the VA nurse.

They also fear that seeking help for mental health issues will get them discharged or passed over for promotion.

A national average of 18 veteran suicides a day is too high, said Jan Kemp, director of the U.S. Department of Veterans Affairs' Mental Health Program for Suicide Prevention. If there's any good news it's that the number has stabilized over the past few years and might be down slightly since the beginning of Operation Iraqi Freedom and Operation Enduring Freedom. A report is due at year's end.

"Veterans are still at greater risk than the general population," Kemp said. "We have to continue to work on that."

There are two groups of veterans that concern her because their rates of suicide are higher than others: young adults in their early to mid-20s and those from the Vietnam era.

"That relates back to all sorts of issues like retirement, loss, physical pain, medical problems and on top of that, they may have some unresolved PTSD issues that are manifesting themselves now."

The VA has been taking a proactive approach toward military-related suicides since the passage of the Joshua Omgig Veterans Suicide Prevention Act in 2007. Omgig was a 22-year-old veteran Army specialist from Gillette, Wyo., who served an 11-month tour of duty in northern Iraq with the 339th Military Police Company.

Omgig returned from Iraq in 2005, less than a week before Thanksgiving and quickly began to exhibit signs of depression, suffering from flashbacks and nightmares. He never sought professional counseling because he worried that doing so would damage his career. In December 2005, Omgig sat in his truck in his parents' driveway and shot himself.

Five years ago, the VA dedicated resources, programs, services, crisis numbers and chat lines to suicide prevention. The goal was to save one veteran at a time and reduce the stigma associated with mental illness.

"We're really trying to teach these folks that it's just another act of courage to get help," Kemp said.

The apparent stabilization of veteran suicides is different from what's happening in the military, however, Kemp said, and is cause for concern.

A 2011 report from the Center for a New American Security found that, nationally from 2005 to 2010, a service member took his or her life about every 36 hours.

For 2012, the Pentagon has reported a record number – 320 suicides, or nearly one a day. That's double the number of military suicides in 2001, before more than a decade of war.

No one, no matter the rank, is immune. One of the latest high-profile suicides occurred less than two weeks ago.

U.S. military officials are investigating the apparent suicide of a Navy SEAL commander in Afghanistan. Cmdr. Job W. Price, 42, of Pottstown, Pa., died of a gunshot wound to the head Dec. 22 while supporting stability operations in Uruzgan Province, Afghanistan, according to the Associated Press.

So grave is the problem that U.S. Sen. Max Baucus, D-Mont., has secured an amendment to the National Defense Reauthorization bill that will create a comprehensive and standardized suicide prevention program for military service members. U.S. Sen. Jon Tester, D-Mont., the state's only member of the Senate Veterans Affairs Committee, co-sponsored the measure.

"This is about taking care of these men and women, just as they have taken care of us," Baucus said. "These people have put their lives on the line in the name of freedom. We have a responsibility to do everything we can to help them return to their families and lives back home."

The amendment, which passed the Senate last month, is known as the Mental Health ACCESS Act and is headed to the president for his signature. The provision will:

- Create a comprehensive, standardized suicide prevention program within the Department of Defense
- Expand eligibility for VA mental health services to family members of veterans
- Create more peer-to-peer counseling opportunities
- Require the VA to establish accurate and reliable measures for mental health services.

More Montanans per capita volunteered for service after 9/11 than anywhere else in the country. There are nearly 300 Montanans currently serving in Afghanistan.

"Montana's military men and women make tremendous sacrifices on the battlefield, but too often they return home with wounds unseen," Tester said. "This measure makes sure we live up to our responsibilities to them and puts everyone on the same page when it comes to making sure our hardworking men and women get the care they earned."

Deploying to Iraq and Afghanistan isn't the only risk factor in soldier suicides. In 2010, at least 54 percent of the U.S. military suicides had no history of deployment and 89 percent had no combat history, according to the U.S. Defense Department's Suicide Prevention Office.

Military leaders are working to emphasize that seeking help is a sign of strength and courage, not weakness.

Editor's note

Today, The Gazette continues its series exploring the epidemic of suicide in Montana. During the next several weeks, we'll explore how the crisis affects American Indians and the elderly. And, we'll hear from people who are working on solutions.

Suicide warning signs for veterans, others

Presence of any of these warning signs requires immediate attention and referral:

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons, or other means
- Talking or writing about death, dying, or suicide

Additional warning signs may include:

- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking

- Feeling trapped, like there's no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family and society
- Anxiety, agitation, inability to sleep, or sleeping all the time
- Dramatic changes in mood
- Perceiving no reason for living, no sense of purpose in life

Source: U.S. Department of Veterans Affairs

Veterans Suicide Prevention Hotline

1-800-273-TALK, Veterans Press "1"

The Department of Veterans Affairs' Veterans Health Administration has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors.

It provides confidential help for veterans and their families. If you would rather chat than call, you may chat confidentially at VeteransCrisisLine.net.

To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Services Administration and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Suicide Prevention Hotline.

Since its launch in 2007, the Veterans Crisis Line has answered more than 650,000 calls and made more than 23,000 life-saving rescues. In 2009 the Veterans Crisis Line added the anonymous chat service, which has helped more than 65,000 people.

Feds Sign Off On Study Using Marijuana To Treat Veterans' PTSD

Posted by VNN (<http://www.veteransnewsnow.com/author/admin/>) on September 13, 2014



BY MATTHEW PERRONE, THE ASSOCIATED PRESS

The federal government has signed off on a long-delayed study looking at marijuana as a treatment for veterans with post-traumatic stress disorder, a development that drug researchers are hailing as a major shift in U.S. policy.

The Department of Health and Human Services' decision surprised marijuana advocates who have struggled for decades to secure federal approval for research into the drug's medical uses.

The proposal from the University of Arizona was long ago cleared by the Food and Drug Administration, but researchers had been unable to purchase marijuana from the National Institute on Drug Abuse. The agency's Mississippi research farm is the only federally-sanctioned source of the drug.

In a letter last week, HHS cleared the purchase of medical marijuana by the studies' chief financial backer, the Multidisciplinary Association for Psychedelic Studies, which supports medical research and legalization of marijuana and other drugs.

"MAPS has been working for over 22 years to start marijuana drug development research, and this is the first time we've been granted permission to purchase marijuana from NIDA," the Boston-based group said in a statement. The federal government has never before approved medical research involving smoked or vaporized marijuana, according to MAPS.

A spokesman for the group said organizers have called off a protest over the stalled study that was planned for later this year.

While more than 1 million Americans currently take medical marijuana — usually for chronic pain — rigorous medical research into the drug's effects has been limited, in part due to federal restrictions.

Marijuana remains a Schedule I substance under the federal government's Controlled Substance Act. That means the drug is considered a high-risk for abuse with no accepted medical applications.

In the past NIDA has focused its research on the risks of drug abuse and addiction, turning away researchers interested in studying the potential benefits of illegal substances.

Even with the latest green light from the Health and Human Services department, MAPS and the University of Arizona Professor Suzanne Sisley must still get approval from the Drug Enforcement Administration, though they expect that clearance to come more quickly.

Sisley's study will measure the effects of five different potencies of smoked or vaporized marijuana in treating symptoms of PTSD in 50 veterans.

The Veterans Administration estimates between 11 and 20 percent of soldiers who served in the recent Iraq and Afghanistan wars have PTSD, which can cause anxiety, flashbacks, depression and sleep deprivation. About 7.7 million American adults are estimated to have the disorder.

Read Full Story Here! (http://www.huffingtonpost.com/2014/03/17/ptsd-medical-marijuana-study_n_4980702.html)

Comments Closed