

## North Carolina Veteran Suicide Data Sheet

*This is a print on demand edition of a hard to find publication. Numerous news stories have documented suicides among servicemembers and vets returning from Iraqi and Afghanistan. The VA has carried out a number of suicide prevention initiatives, incl.: establishing a national suicide prevention hotline for vets, conducting awareness events at VA med. centers, and screening and assessing vets for suicide risk. Contents of this report: Intro.; Data Systems for Tracking Suicide; Suicide in the U.S. General Pop.n.: Incidence of Suicide; Risk and Protective Factors; Suicide Among Vets: Incidence of Suicide; Risk and Protective Factors; Effects of PTSD, TBI, and Depression on Suicide Risk; VA’s Suicide Prevention Efforts: Mental Health; Strategic Plan; Suicide Awareness; Screening; Suicide Prevention Hotline. Table. Straightforward recipes for cannabis-infused treats that will elevate your enjoyment of the recreational and medicinal benefits of edibles, accompanied by stories from those who partake. A self-described wholesome hockey mom, Ann Allchin goes for bike rides, hangs at the dog park, and bakes on Saturdays. But much to her kids’ embarrassment, when Ann bakes, it’s most often with cannabis. She got her start baking cookies for a relative who suffered from debilitating migraines, and has since introduced many to the medicinal and recreational benefits of baking with flower. Based on foundational recipes for cannabis-infused butter, oils, and sugar, this debut cookbook includes 40 recipes with classics like blondies and oatmeal raisin cookies, chocolate-forward desserts, fruity and nutty concoctions, and a few savoury bites. With vivid photos and sophisticated food styling, these are definitely not your roommate’s lumpy hash brownies. More than a cookbook, Butter and Flower also features stories from people who have had a transformative relationship with the plant. Ann has spoken with cannabis activists, a legal defender and defendants, entrepreneurs, medicinal users, and healthcare practitioners—the NHL enforcer, the sixties Berkeley hippie, the PTSD-afflicted U.S. Marines veteran. It’s a diverse collection of stories of lives lived under the War on Drugs, including revelations with mental and physical health, the road to legalization, and hopes for the future of cannabis use. Butter and Flower includes an opener on health and safety, guidelines on the basic math for moderate, straightforward dosing, and a glossary of cannabis terms to help newbies steer between CBD and THC, indica and sativa. Like the fun chaperone at the dance, Ann is irreverent and safe in equal doses, the perfect pal for when you’re baking something “special.” In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual’s health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.*

A National Imperative

A Non-traditional Therapeutic Space

Review of VA Clinical Guidance for the Health Conditions Identified by the Camp Lejeune Legislation

A Healthy Reintegration of Our Troops

SSI Recipients by State and County

Women of Color Health Data Book

Stopping Military Suicides: Veteran Voices to Help Prevent Deaths

Suicide rates continue to increase globally. The volume of research in this field has also expanded rapidly. In A Concise Guide to Understanding Suicide, leading researchers and clinicians provide a concise review of recent literature, report solutions achieved and give practical guidance for patient care to aid understanding and help prevent suicide. Each chapter is highly focused to provide pertinent information covering all major aspects of the field, from epidemiology and theories of causation through to treatment and prevention. This text will educate practising clinicians (psychologists, psychiatrists, nurses, counsellors, and emergency room personnel) and other health care workers and researchers, as well as providing a pathway for undergraduate and graduate students interested in furthering their understanding of the complexities surrounding suicide. Further, mental health professionals and those in the social sciences will be extremely interested in this monograph, as will the University community, armed forces and interested lay public.

After almost thirteen years of deployments, there is an influx of Veterans that are in need of assistance as they reintegrate back into civilian life. Headlines inform us that soldiers are not receiving necessary health care, are committing suicide at an alarming rate, and generally struggling to survive. To gain insight on reintegration experiences, this thesis focuses on the space of Tom’s Coffee shop, which caters to Veterans in a small southeastern town, and the narratives and interactions that are a result of this space. The purpose of this narrative analysis was to emphasize the manner in which a non-traditional therapeutic space assists in the reintegration process of Veterans and was guided by three distinct themes helping the reader understand how the design and materiality, along with the rituals and camaraderie, created a non-traditional therapeutic space to assist with reintegration. Keywords: Reintegration, Military, Third Space, Ritual, Spatial Architecture, Materiality, Non-Traditional Therapeutic Spac

Each year, more than 33 million Americans receive health care for mental or substance-use conditions, or both. Together, mental and substance-use illnesses are the leading cause of death and disability for women, the highest for men ages 15-44, and the second highest for all men. Effective treatments exist, but services are frequently fragmented and, as with general health care, there are barriers that prevent many from receiving these treatments as designed or at all. The consequences of this are seriousâ€”for these individuals and their families; their employers and the workforce; for the nationâ€™s economy; as well as the education, welfare, and justice systems. Improving the Quality of Health Care for Mental and Substance-Use Conditions examines the distinctive characteristics of health care for mental and substance-use conditions, including payment, benefit coverage, and regulatory issues, as well as health care organization and delivery issues. This new volume in the Quality Chasm series puts forth an agenda for improving the quality of this care based on this analysis. Patients and their families, primary health care providers, specialty mental health and substance-use treatment providers, health care organizations, health plans, purchasers of group health care, and all involved in health care for mental and substanceâ€”use conditions will benefit from this guide to achieving better care.

Proceedings of a Workshop

Medical examiners’ and coroners’ handbook on death registration and fetal death reporting

Returning Home from Iraq and Afghanistan

Suicide Prevention Among Veterans

Mortality Among Teenagers Aged 12-19 Years

Veterans and Agent Orange

Cost-Benefit Analysis of Changing the DoD and VA Standard of Care for TBI and Suicide Prevention Ah

**Collects entries on domestic violence that cover topics that include ritual abuse-torture and domestic violence against women with disabilities.**

**A comprehensive study of the post-deployment health-related needs associated with post-traumatic stress disorder, major depression, and traumatic brain injury among servicemembers returning from Operations Enduring Freedom and Iraqi Freedom, the health care system in place to meet those needs, gaps in the care system, and the costs associated with these conditions and with providing quality health care to all those in need.**

**Scores of talented and dedicated people serve the forensic science community, performing vitally important work. However, they are often constrained by lack of adequate resources, sound policies, and national support. It is clear that change and advancements, both systematic and scientific, are needed in a number of forensic science disciplines to ensure the reliability of work, establish enforceable standards, and promote best practices with consistent application. Strengthening Forensic Science in the United States: A Path Forward provides a detailed plan for addressing these needs and suggests the creation of a new government entity, the National Institute of Forensic Science, to establish and enforce standards within the forensic science community. The benefits of improving and regulating the forensic science disciplines are clear: assisting law enforcement officials, enhancing homeland security, and reducing the risk of wrongful conviction and exoneration. Strengthening Forensic Science in the United States gives a full account of what is needed to advance the forensic science disciplines, including upgrading of systems and organizational structures, better training, widespread adoption of uniform and enforceable best practices, and mandatory certification and accreditation programs. While this book provides an essential call-to-action for congress and policy makers, it also serves as a vital tool for law enforcement agencies, criminal prosecutors and attorneys, and forensic science educators.**

**Vital Statistics Rates in the United States, 1940-1960**

**Communities in Action**

**America’s Forgotten Wars and the Experience of Combat**

**Union Veterans, Psychological Illness, and Suicide**

**A Concise Guide to Understanding Suicide**

**Behavioral Health Barometer (United States) - Volume 5**

**Pathways to Health Equity**

*Taking its title from The Face of Battle, John Keegan’s canonical book on the nature of warfare, The Other Face of Battle illuminates the American experience of fighting in "irregular" and "intercultural" wars over the centuries. Sometimes known as "forgotten" wars, in part because they lacked triumphant clarity, they are the focus of the book. David Preston, David Silbey, and Anthony Carlson focus on, respectively, the Battle of Monongahela (1755), the Battle of Manila (1898), and the Battle of Makuan, Afghanistan (2020)—conflicts in which American soldiers were forced to engage in "irregular" warfare, confronting an enemy entirely alien to them. This enemy rejected the Western conventions of warfare and defined success and failure—victory and defeat—in entirely different ways. Symmetry of any kind is lost. Here was not ennobling engagement but atrocity, unanticipated insurgencies, and strategic stalemate. War is always hell. These wars, however, profoundly undermined any sense of purpose or proportion. Nightmarish and existentially bewildering, they nonetheless characterize how Americans have experienced combat and what its effects have been. They are therefore worth comparing for what they hold in common as well as what they reveal about our attitude toward war itself. The Other Face of Battle reminds us that "irregular" or "asymmetrical" warfare is now not the exception but the rule. Understanding its roots seems more crucial than ever.*

*The surprising story of the Army’s efforts to combat PTSD and traumatic brain injury The wars in Iraq and Afghanistan have taken a tremendous toll on the mental health of our troops. In 2005, then-Senator Barack Obama took to the Senate floor to tell his colleagues that “many of our injured soldiers are returning from Iraq with traumatic brain injury,” which doctors were calling the “signature wound” of the Iraq War. Alarming stories of veterans taking their own lives raised a host of vital questions: Why hadn’t the military been better prepared to treat post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI)? Why were troops being denied care and sent back to Iraq? Why weren’t the Army and the VA doing more to address these issues? Drawing on previously unreleased documents and oral histories, David Kieran tells the broad and nuanced story of the Army’s efforts to understand and address these issues, challenging the popular media view that the Iraq War was mismanaged by a callous military unwilling to address the human toll of the wars. The story of mental health during this war is the story of how different groups—soldiers, veterans and their families, anti-war politicians, researchers and clinicians, and military leaders—approached these issues from different perspectives and with different agendas. It is the story of how the advancement of medical knowledge moves at a different pace than the needs of an Army at war, and it is the story of how medical conditions intersect with larger political questions about militarism and foreign policy. This book shows how PTSD, TBI, and suicide became the signature wounds of the wars in Iraq and Afghanistan, how they prompted change within the Army itself, and how mental health became a factor in the debates about the impact of these conflicts on US culture.*

*This book explains how telemedicine can offer solutions capable of improving the care and survival rates of cancer patients and can also help patients to live a normal life in spite of their condition. Different fields of application – community, hospital and home based – are examined, and detailed attention is paid to the use of tele-oncology in rural/extreme rural settings and in developing countries. The impact of new technologies and the opportunities afforded by the social web are both discussed. The concluding chapters consider eLearning in relation to cancer care and assess the scope for education to improve prevention. No medical condition can shatter people’s lives as cancer does today and the need to develop strategies to reduce the disease burden and improve quality of life is paramount. Readers will find this new volume in Springer’s TLe Health series to be a rich source of information on the important contribution that can be made by telemedicine in achieving these goals.*

*The Other Face of Battle*

*Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*

*Encyclopedia of Domestic Violence*

*Update 2012*

*Improving Care to Prevent Suicide Among People with Serious Mental Illness*

*Suicide Among Veterans and Other Americans 2001-2014*

*The National Brain-Wounded Veteran Brain Drain*

*Approximately 4 million U.S. service members took part in the wars in Afghanistan and Iraq. Shortly after troops started returning from their deployments, some active-duty service members and veterans began experiencing mental health problems. Given the stressors associated with war, it is not surprising that some service members developed such mental health conditions as posttraumatic stress disorder, depression, and substance use disorder. Subsequent epidemiologic studies conducted on military and veteran populations that served in the operations in Afghanistan and Iraq provided scientific evidence that those who fought were in fact being diagnosed with mental illnesses and experiencing mental healthâ€”related outcomesâ€”in particular, suicideâ€”at a higher rate than the general population. This report provides a comprehensive assessment of the quality, capacity, and access to mental health care services for veterans who served in the Armed Forces in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn. It includes an analysis of not only the quality and capacity of mental health care services within the Department of Veterans Affairs, but also barriers faced by patients in utilizing those services.*

*Nearly 1.9 million U.S. troops have been deployed to Afghanistan and Iraq since October 2001. Many service members and veterans face serious challenges in readjusting to normal life after returning home. This initial book presents findings on the most critical challenges, and lays out the blueprint for the second phase of the study to determine how best to meet the needs of returning troops and their families.*

*More than 150 years after its end, we still struggle to understand the full extent of the human toll of the Civil War and the psychological crisis it created. In Aberration of Mind, Diane Miller Sommerville offers the first book-length treatment of suicide in the South during the Civil War era, giving us insight into both white and black communities, Confederate soldiers and their families, as well as the enslaved and newly freed. With a thorough examination of the dynamics of both racial and gendered dimensions of psychological distress, Sommerville reveals how the suffering experienced by Southerners living in a war zone generated trauma that, in extreme cases, led some Southerners to contemplate or act on suicidal thoughts. Sommerville recovers previously hidden stories of individuals exhibiting suicidal activity or aberrant psychological behavior she links to the war and its aftermath. This work adds crucial nuance to our understanding of how personal suffering shaped the way southerners viewed themselves in the Civil War era and underscores the full human costs of war.*

*The War Within*

*The Truth about Veterans’ Suicides*

*Hearing Before the Committee on Veterans’ Affairs, United States Senate, One Hundred Eleventh Congress, Second Session, March 24, 2010*

*Updated Edition*

*Butter and Flower*

*Signature Wounds*

*Invisible Wounds of War*

Suicide prevention initiatives are part of much broader systems connected to activities such as the diagnosis of mental illness, the recognition of clinical risk, improving access to care, and coordinating with a broad range of outside agencies and entities around both prevention and public health efforts. Yet suicide is also an intensely personal issue that continues to be surrounded by stigma. On September 11-12, 2018, the National Academies of Sciences, Engineering, and Medicine held a workshop in Washington, DC, to discuss preventing suicide among people with serious mental illness. The workshop was designed to illustrate and discuss what is known, what is currently being done, and what needs to be done to identify and reduce suicide risk. Improving Care to Prevent Suicide Among People with Serious Mental Illness summarizes presentations and discussions of the workshop.

The psychological aftereffects of war are not just a modern-day plight. Following the Civil War, numerous soldiers returned with damaged bodies or damaged minds. Drawing on archival materials including digitized records for more than 70,000 white and African-American Union army recruits, newspaper reports, and census returns, Larry M. Logue and Peter Blanck uncover the diversity and severity of Civil War veterans’ psychological distress. Their findings concerning the recognition of veterans’ post-traumatic stress disorders, treatment programs, and suicide rates will inform current studies on how to effectively cope with this enduring disability in former soldiers. This compelling book brings to light the continued sacrifices of men who went to war.

In this major study, Christian Baudelot and Roger Establet provide a wide-ranging account of the changing nature of suicide. Drawing on the work of Durkheim and his successor Maurice Halbwachs, the authors argue that classical sociological theories of suicide require some modification.

Adolescents to Seniors

A Path Forward

Ensuring Care for Our Aging Heroes : Hearing Before the Special Committee on Aging, United States Senate, One Hundred Tenth Congress, First Session, Washington, DC, October 3, 2007

Student Veterans and Service Members in Higher Education

Federal Benefits for Veterans, Dependents, and Survivors

Hearing Before the Committee on Veterans' Affairs, U.S. House of Representatives, One Hundred Tenth Congress, Second Session, May 6, 2008

National Death Index Plus

*U.S. Marine Corps Base Camp Lejeune, located in eastern North Carolina, is a large installation that covers 156,000 acres and is home at any given time to a population of about 170,000 active-duty personnel, family members, retirees, and civilian employees living on base or in the surrounding community. Between 1957 and 1987, the ground water at Camp Lejeune was inadvertently contaminated with chemicals, primarily industrial solvents that are now known to cause cancer and other health problems. In 1980, drinking water contaminants, primarily trichloroethylene (TCE) and perchloroethylene (PCE), as well as other solvents, were first detected at Camp Lejeune in treated drinking water. The contaminated wells were closed in 1987. In 1989, the U.S. Environmental Protection Agency placed Camp Lejeune on the National Priorities List, also known as Superfund. It is estimated that between 500,000 and 1,000,000 people may have used the contaminated water and many of them continue to have concerns about the long-term effects that might result from that exposure. In 2012 Congress passed the Honoring America's Veterans and Caring for Camp Lejeune Families Act. The law provides health benefits to veterans and family members who have any of 15 health outcomes associated with exposure to TCE, PCE, or solvent mixtures. At the request of the Veteran's Administration, Review of the VA Guidance for the Health Conditions Identified by the Camp Lejeune Legislation reviews the latest scientific literature to ensure that the clinical guidance provided for the 15 covered medical conditions is scientifically sound. This report also describes the medical conditions that result from renal toxicity due to solvent exposures and characterizes neurobehavioral effects as mandated for coverage in the law.*

*Student Veterans and Service Members in Higher Education bridges theory to practice in order to better prepare practitioners in their efforts to increase the success of veteran and military service members in higher education. Bringing together perspectives from a researcher, practitioner, and student veteran, this unique author team provides a comprehensive but manageable text reviewing relevant research literature and presenting accessible strategies for working with students. This book explores the facilitators and barriers of student veteran learning and engagement, how culture informs the current student veteran experience, and best practices for creating and maintaining a campus that allows for the success of these students. The latest to publish in the Key Issues on Diverse College Students series, this volume is a valuable resource for student affairs and higher education professionals to better serve veteran and military service members in higher education.*

*Blending illustrative narratives from veterans with cutting-edge research, this book provides a model for a needed shift from treatment post-trauma to psychological training pre-trauma to prevent deep depression and resulting suicides. As suicides among members of the U.S. military and veterans continue at a rate higher than in the general population—at least 22 each day—and their calls for help become more tragically blatant, with three veterans waiting for treatment outside Veterans Administration hospitals in 2019 committing suicide there—authors and former US Marines, Kate Hendricks Thomas and Sarah Plummer Taylor, present a call for a new approach to help halt the needless deaths. Thomas, now a researcher and assistant professor of public health, and Plummer Taylor, now a social worker and adjunct professor, detail a plan to establish preventative training for mental fitness that will help psychologically "vaccinate" service members against depression and PTSD, the most common precursors to suicidal thoughts. Thomas and Plummer Taylor detail their mental fitness training program to shift from post-trauma treatment to pre-trauma prevention. Each topic addressed is illustrated with stories from veterans. Part of the solution, Thomas and Plummer Taylor explain, is to present prevention as something for all service members, and as a positive, strength-building, challenging activity for champions, as opposed to a post-trauma treatment only for "weak and broken" warriors. Includes a plan for proactive military measures to establish knowledge and habits to help service men and women, before trauma, become depression- and suicide-resistant Includes vignettes from veterans explaining the "warrior culture" that makes service members and veterans treatment-recalcitrant after trauma Includes vignettes from veterans who suffered sexual assault in the military Describes the alienation felt by veterans and reasons for it Explains the key components of a mental fitness program to rewire the brain for resilience*

*Strengthening Forensic Science in the United States*

*Suicide and Suffering in the Civil War—Era South*

*Aberration of Mind*

*Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*

*The Hidden Side of Modernity*

*Reducing Suicide*

*The Untold Story of the Military's Mental Health Crisis*

*Every year, about 30,000 people die by suicide in the U.S., and some 650,000 receive emergency treatment after a suicide attempt. Often, those most at risk are the least able to access professional help. Reducing Suicide provides a blueprint for addressing this tragic and costly problem: how we can build an appropriate infrastructure, conduct needed research, and improve our ability to recognize suicide risk and effectively intervene. Rich in data, the book also strikes an intensely personal chord, featuring compelling quotes about peopleâ€™s experience with suicide. The book explores the factors that raise a personâ€™s risk of suicide: psychological and biological factors including substance abuse, the link between childhood trauma and later suicide, and the impact of family life, economic status, religion, and other social and cultural conditions. The authors review the effectiveness of existing interventions, including mental health practitionersâ€™ ability to assess suicide risk among patients. They present lessons learned from the Air Force suicide prevention program and other prevention initiatives. And they identify barriers to effective research and treatment. This new volume will be of special interest to policy makers, administrators, researchers, practitioners, and journalists working in the field of mental health.*

*The increase in suicides among military personnel has raised concern. This book reviews suicide epidemiology in the military, catalogs military suicide-prevention activities, and recommends relevant best practices.*

*Traumatic Brain Injuries (TBI), the “invisible wounds” and the “signature injuries” to US service members, number over eight hundred thousand. The costs of those injuries over time have not been adequately tallied. The DoD, VA and medicine in general use an inadequate protocol that treats symptoms and fails to treat underlying brain wounds. It is fair to say that costs continue to escalate partly as a result of politics brought about by medicine's unwillingness to accept worldwide science and evidence of new, non-standard treatments that are healing brain wounds. Annually, millions of people in the US sustain TBIs and Concussions. Over a quarter of million are hospitalized and survive. According to CDC estimates, 1.6 to 3.8 million sports and recreation related concussions occur each year in the U.S. Over 80,000 experience the onset of long-term disability. Acquired brain trauma is the second most prevalent disability in the U.S., now estimated at 13.5 million Americans. A war lasting twenty years has coincided with interrelated epidemics of suicide, opioid overdoses, and mental health deterioration in the military services. \$118.1 billion per year is the current annual economic impact on our country by TBI veterans who live with untreated, undiagnosed, or misdiagnosed brain wounds. The costs are spread across a complex of known impacts. It includes Veteran homelessness, loss of state and federal income taxes, sales taxes, vehicle taxes, drug and opioid induced costs, non-taxable VA and Social Security disability payments, state incarceration and hospitalization costs, pharmaceuticals, and caregiver costs. The costs of the moral, mental, social and behavioral damage are hard to quantify. The financial modeling approach used in this study reflects the estimated economic impact to each state and our country's annual tax revenues and expenses. A similar analysis is done to assess the costs of treating and healing brain wounds with Hyperbaric Oxygen Therapy (HBOT) and other proven alternative, functional medicine interventions. This contrasts with the current standard of care: merely treating symptoms and palliating pain and suffering with drugs. Treating and healing brain wounds, now possible, can reverse the suicide epidemic among service members and brake accelerating costs; improve Quality of Life for the wounded and their families; and affect military readiness and national security. The cost savings are profound: Treating the estimated 877,000+ brain-wounded post-9/11 Veterans with Hyperbaric Oxygen (HBOT) and other proven alternative therapies will cost an estimated \$19.7 Billion. That is less than ½ of one percent of the \$4.7 Trillion 40-year lifetime costs attributable to NOT treating those brain wounds. Recommendations include: Immediate use of proven alternative therapies such as HBOT to arrest the suicide epidemic and heal wounded brains; implementation of a comprehensive plan to promote a collaborative, prospective TBI treatment agenda, with the sense of urgency that epidemics demand; URGENT DoD and VA efforts to develop coordinate, and implement a measurement-based TBI management system that documents patients' progress over the course of treatment and long-term follow-up; highest priority assigned to ensure DoD and VA medical personnel are fulfilling their medical ethical obligations of “Informed Consent” about current alternative treatments, science and the need for immediate identification and treatment of a brain wounded service members; independent audits of all mental health statistics and numbers coming out of DoD and the VA, along with budget numbers masking total costs for TBI Veterans; and application of the principles of Functional Medicine in assessing and treating all combat veterans.*

*Hearing on VA's Plan for Ending Homelessness Among Veterans*

*Veteran's Health*

*Cannabis-Infused Recipes and Stories for the Cannacurious*

*Hearing Before the Subcommittee on Military Personnel of the Committee on Armed Services, House of Representatives, One Hundred Thirteenth Congress, First Session, Hearing Held March 21, 2013*

*Policy & Politics in Nursing and Health Care - E-Book*

*Suicide*

*Hearing Before the Committee on Veterans' Affairs, United States Senate, One Hundred Eleventh Congress, Second Session, March 3, 2010*

From 1962 to 1971, the US military sprayed herbicides over Vietnam to strip the thick jungle canopy that could conceal opposition forces, to destroy crops that those forces might depend on, and to clear tall grasses and bushes from the perimeters of US base camps and outlying fire-support bases. Mixtures of 2,4-dichlorophenoxyacetic acid (2,4-D), 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), picloram, and cacodylic acid made up the bulk of the herbicides sprayed. The main chemical mixture sprayed was Agent Orange, a 50:50 mixture of 2,4-D and 2,4,5-T. At the time of the spraying, 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD), the most toxic form of dioxin, was an unintended contaminant generated during the production of 2,4,5-T and so was present in Agent Orange and some other formulations sprayed in Vietnam. Because of complaints from returning Vietnam veterans about their own health and that of their children combined with emerging toxicologic evidence of adverse effects of phenoxy herbicides and TCDD, the National Academy of Sciences (NAS) was asked to perform a comprehensive evaluation of scientific and medical information regarding the health effects of exposure to Agent Orange, other herbicides used in Vietnam, and the various components of those herbicides, including TCDD. Updated evaluations are conducted every two years to review newly available literature and draw conclusions from the overall evidence.Veterans and Agent Orange: Update 2012 reviews peer-reviewed scientific reports concerning associations between health outcomes and exposure to TCDD and other chemicals in the herbicides used in Vietnam that were published in October 2010-September 2012 and integrates this information with the previously established evidence database. This report considers whether a statistical association with herbicide exposure exists, taking into account the strength of the scientific evidence and the appropriateness of the statistical and epidemiological methods used to detect the association; the increased risk of disease among those exposed to herbicides during service in the Republic of Vietnam during the Vietnam era; and whether there exists a plausible biological mechanism or other evidence of a causal relationship between herbicide exposure and the disease.

Learn how to influence policy and become a leader in today's changing health care environment. Featuring analysis of cutting-edge healthcare issues and first-person insights, Policy & Politics in Nursing and Health Care, 8th Edition continues to be the leading text on nursing action and activism. Approximately 150 expert contributors present a wide range of topics in policies and politics, providing a more complete background than can be found in any other policy textbook on the market. This expanded 8th edition helps you develop a global understanding of nursing leadership and political activism, as well as the complex business and financial issues that drive many actions in the health system. Discussions include the latest updates on conflict management, health economics, lobbying, the use of media, and working with communities for change. With these innovative insights and strategies, you will be prepared to play a leadership role in the four spheres in which nurses are politically active: the workplace, government, professional organizations, and the community. Comprehensive coverage of healthcare policies and politics provides a broader understanding of nursing leadership and political activism, as well as complex business and financial issues. Key Points at the end of chapters helps you review important, need-to-know lesson content. Taking Action essays include personal accounts of how nurses have participated in politics and what they have accomplished. Expert authors make up a virtual Nursing Who's Who in healthcare policy, sharing information and personal perspectives gained in the crafting of healthcare policy. NEW! The latest information and perspectives are provided by nursing leaders who influenced health care reform, including the Affordable Care Act. NEW! Added information on medical marijuana presents both sides of this ongoing debate. NEW! More information on health care policy and the aging population covers the most up-do-date information on this growing population. NEW! Expanded information on the Globalization of Nursing explores international policies and procedures related to nursing around the world. NEW! Expanded focus on media strategies details proper etiquette when speaking with the press. NEW! Expanded coverage of primary care models and issues throughout text. NEW! APRN and additional Taking Action chapters reflect the most recent industry changes. NEW! Perspectives on issues and challenges in the government sphere showcase recent strategies and complications.

In 2014, suicide was the 10th leading cause of death in the U.S. and rates of suicide in the U.S. general population are increasing. The Department of Veterans Affairs (VA) has worked tirelessly to develop suicide prevention resources for every Veteran who is experiencing a mental health crisis. VA is committed to identifying and reaching all Veterans who may be at risk for suicide and continues to enhance programs designed to reduce risk among those who receive services from the Veterans Health Administration (VHA). This report is unprecedented in its breadth and depth of information about the characteristics of suicide among Veterans. It contains the first comprehensive assessment of differences in rates of suicide among Veterans with and without use of VHA services and comparisons between Veterans and other Americans. Figures and tables. This is a print on demand report.

Epidemiology, Pathophysiology and Prevention

Heavy Laden

Tele-oncology

Preventing Suicide in the U.S. Military

Hearing on Mental Health Care and Suicide Prevention for Veterans

Update on Military Suicide Prevention Programs

Improving the Quality of Health Care for Mental and Substance-Use Conditions

**An official, up-to-date government manual that covers everything from VA life insurance to survivor benefits. Veterans of the United States armed forces may be eligible for a broad range of benefits and services provided by the US Department of Veterans Affairs (VA). If you're looking for information on these benefits and services, look no further than the newest edition of Federal Benefits for Veterans, Dependents, and Survivors. The VA operates the nation's largest health-care system, with more than 1,700 care sites available across the country. These sites include hospitals, community clinics, readjustment counseling centers, and more. In this book, those who have honorably served in the active military, naval, or air service will learn about the services offered at these sites, basic eligibility for health care, and more. Helpful topics described in depth throughout these pages for veterans, their dependents, and their survivors include: Vocational rehabilitation and employment VA pensions Home loan guaranty Burial and memorial benefits Transition assistance Dependents and survivors health care and benefits Military medals and records And more**

**United States, 1999-2006**

**Evaluation of the Department of Veterans Affairs Mental Health Services**