WHERAS, According to the Department of Veterans Affairs (VA) an average of twenty (20) veterans died by suicide each day in 2014, approximately 6,079 veterans died by suicide in 2016, and veterans now account for eighteen (18) percent of all deaths by suicide among U.S. adults; and

WHERAS, According to the Department of Veterans Affairs, the average suicide rate for veterans who used Veterans Health Administration (VHA) services between 2005 and 2016, were on average 32% higher than for veterans who did not use VHA services; and

WHERAS, According to the Defense Suicide Prevention Office (DPSO), Quarterly Suicide Report (QSR), 3rd Quarter, CY 2018, from CY 2016-2018, 797 Active Component service members, 575 Reserve Component service members and 346 National Guardsmen died by suicide; and

WHERAS, Veterans who have access to Veterans Health Administration (VHA) services have greater access to psychiatric care than veterans who do not have access to VHA services; and

WHERAS, Veterans who have been diagnosed with a mental health condition and have access to psychiatric care are more likely to be prescribed antidepressant drugs than veterans who do not have access to psychiatric care or VHA services; and

WHERAS, According to the Department of Veterans Affairs (VA), the suicide rate for male veterans between the ages of 18-34 is 45/100,000, and it is this veteran population at the greatest risk to die by suicide; and

WHERAS, A study comparing suicide rates between seven (7) different types of antidepressants, found that the suicide rate for the first ninety (90) days of treatment for six (6) of those seven (7) drugs studied, had suicide rates greater than 451/100,000, more than ten (10) times that of even the most at risk veteran population, male veterans between the ages of 18-34; and

WHERAS, According to the Congressional Research Service, there have been over 128,000 deployed veterans diagnosed with post-traumatic stress disorder (PTSD) between 2000-2014, and
WHEREAS, According to a study by the Department of Defense (DoD), antidepressants were prescribed to 70-80% of service members that had been diagnosed with depression or Post Traumatic Stress Disorder; and

WHEREAS, Veterans and service members have been prescribed antidepressant drugs that could take months and years to safely withdraw from, but may not have provided informed consent related to those withdrawal risks; and

WHEREAS, Antidepressant drug makers are required by the Food & Drug Administration to include a “BLACK BOX WARNING” that antidepressants can increase the risk of suicidal thoughts and behaviors in young adults; and

WHEREAS, In spite of the “BLACK BOX WARNINGS” and other indicators listed above that identify the use of antidepressants could be causing veteran suicides and other physiological and psychological harms, the word “antidepressant” is not mentioned one time in the United States Department of Veterans Affairs 42 page “National Strategy for Preventing Veteran Suicide, 2018-2028”; now, therefore, be it

RESOLVED, That The American Legion urge the State of Michigan and Congress to require the Department of Veterans Affairs and the Department of Defense, as part of the “Antidepressant Harms Analysis”, to investigate the harms caused to veterans, service members, Reservists and members of the National Guard who were prescribed antidepressant drugs, but did not provide informed consent for the need to taper off of these drugs over the course of many months or years, once they have begun treatment; and, be it further

RESOLVED, That the completed Antidepressant Harms Analysis should be provided to the Governor and The American Legion to show the total number of acts of suicide, homicide and violent crimes that veterans and service members committed while they were actively taking or may have been withdrawing from an antidepressant drug, and that this Antidepressant Harms Analysis should also show the number of VHA using veterans and service members who have open prescriptions for antidepressants, but have not seen a psychologist or counselor within the previous ninety (90) days; and, be it further

RESOLVED, That the Antidepressant Harms Analysis also investigates and details the role of antidepressant medications in causing veteran job loss, relationship failures, homelessness and the exacerbation or creation of disabilities; and, be it further

RESOLVED, That every veteran or service member who has an open prescription for an antidepressant and has not been seen by a psychologist or counselor within the previous ninety (90) days, shall receive a wellness check from the VHA or DoD health care providers to ensure the veteran or service member patient’s health and safety, and that the veteran or service member be reenrolled in counseling services at the patient’s request; and, be it finally
RESOLVED, By The American Legion, Department of Michigan, in annual Department Summer Convention assembled in Kalamazoo, Michigan, June 28-30, 2019, That The American Legion, Department of Michigan urge the State of Michigan, the State Legislature and the State Attorney General to conduct a comprehensive “Antidepressant Harms Analysis” to investigate the role antidepressants have in veteran, active and reserve component service members and National Guard personnel suicides, homicides, violent crimes, job loss, relationship failures, homelessness, and permanent disabilities previously thought to be PTSD, which may instead be the side effects of the antidepressant drugs causing or exacerbating depression or PTSD related symptoms.