

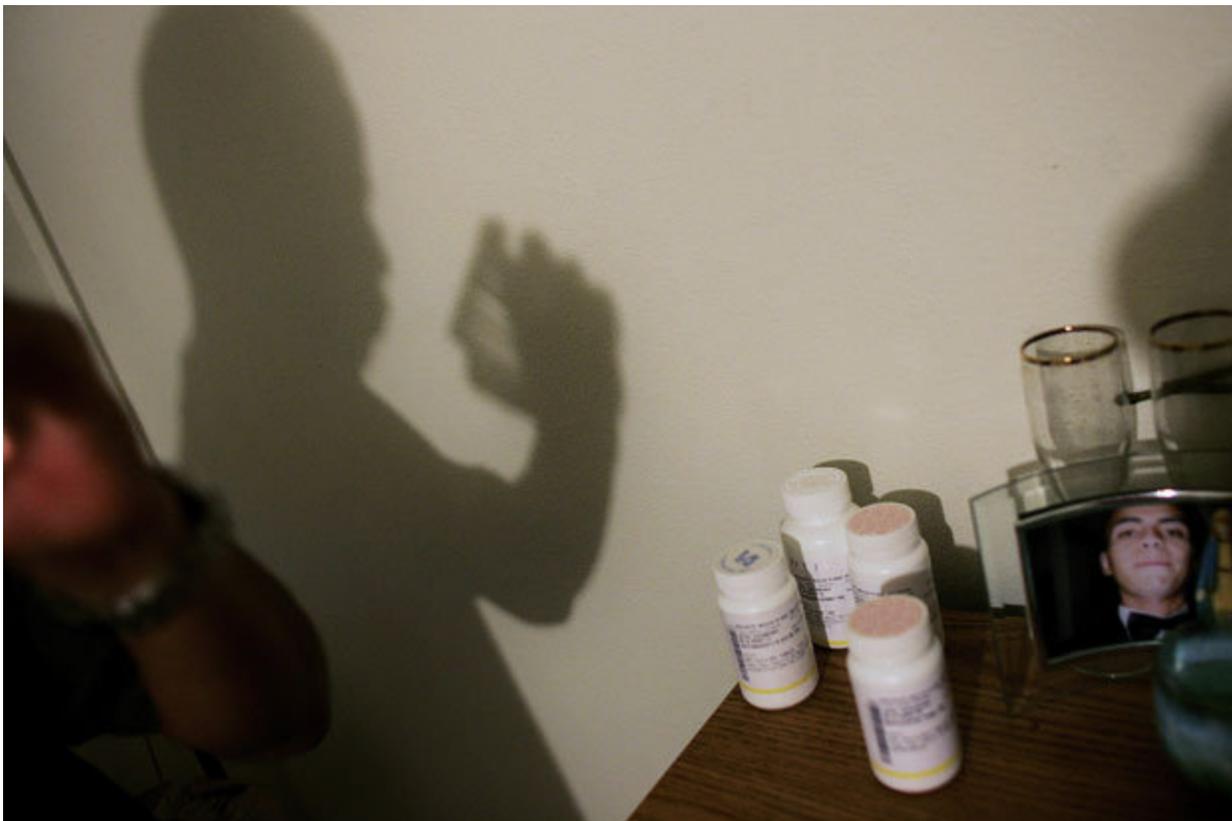


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# Medical Reports, Veterans' Families Suggest VA Is Overmedicating Vets

Family members, veterans and physicians tell of dangerous drug cocktails being administered to injured soldiers.



By [Elizabeth Flock](#) | Oct. 10, 2013 | 3:08 p.m. EDT

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In the months before Joseph Petit, a trained Army airborne ranger, died in a bathroom at the Atlanta Veterans Affairs Medical Center, his sister Brandie watched her brother age far beyond his 42 years.

"He would twitch and run his fingers through his hair in the manner of an old person when their motor skills are slowing. It took him physically longer to think. Because of the medication, he wasn't there," she says.

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The medical examiner's report on Petit's death, which was obtained by U.S. News, ruled the death a suicide, by plastic bag asphyxiation. But the report also listed six anti-psychotic, antidepressant and anti-anxiety drugs in Petit's system, including the drug duloxetine, which has failed at least one use-approval in the U.S. because of incidents of suicide among its users. Petit suffered from knee pain as a result of an injury during parachute training, as well as mental health issues, according to his sister.

Dr. Franklin Schneier, a professor of psychiatry at the Columbia University Medical Center, says it would be "hard to have a rationale" for the combination of anti-psychotics Petit was on, but that it was "not necessarily poor medicine."

Brandie Petit feels otherwise. "Do I think they overmedicated him?" she asks. "There is not a doubt in my mind."

For years, veterans groups and advocates have warned that the U.S. Department of Veterans Affairs was dangerously medicating returning soldiers, while the VA has said it wasn't. (However, the Department of Defense took Seroquel -- a controversial anti-psychotic the VA widely prescribed off-label to veterans for years -- [off its list of approved drugs in June 2012](#).)

And since September, data have come out that for the first time quantified the levels of medication the VA has given out. A [CBS records request](#) of VA data in mid-September revealed that while the number of patients at the VA had risen by just 29 percent in the last 11 years, narcotics prescriptions written by VA doctors and nurse practitioners have risen 259 percent.

Days later, the Center for Investigative Reporting [found](#) that the number of VA prescriptions for four major opiates -- hydrocodone, oxycodone, morphine and methadone -- had spiked by 270 percent in the past 12 years.

On Thursday, the House Committee on Veterans Affairs sought to move on the new data, hosting a combative hearing to investigate the VA's "skyrocketing prescription painkiller rate."

"It's nothing less than skyrocketing," Committee Chairman Jeff Miller, R-Fla., told U.S. News. "Because unfortunately the status quo has been to medicate veterans and not to help veterans manage their pain."

[[STUDY: Narcotic Painkillers Another Threat to Injured Vets](#)]

Two spouses of deceased veterans testified Thursday that their husbands died because of the interaction of multiple drugs prescribed to them by the VA. Pamela Gray, a physician who formerly

worked at a VA medical center in Hampton, Va., said she was coerced multiple times to prescribe large amounts of Schedule II narcotics that "I knew in my medical judgment were wrong," and that she was later dismissed by the agency for speaking out. Schedule II drugs are drugs deemed by the U.S. Controlled Substances Act as having a high possibility for abuse or for serious physical or psychological dependence.

In his testimony, Veterans Health Administration health secretary Robert Jesse apologized to the spouses who had spoken, but said veterans receive more medication in part because they are more affected by pain than the general population. Fifty percent of veterans treated by the VHA suffer from chronic pain, he said.

The VA, which declined to provide a spokesperson for an interview for this story, said in a statement provided to U.S. News that it was working hard to provide "safe and effective" drug therapy for veterans with acute pain, cancer pain and chronic pain, and that VA clinicians are careful to discuss the drugs and side effects with their patients.

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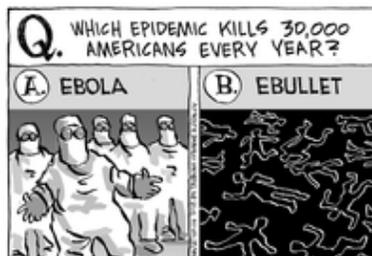
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