“Medicating Our Troops Into Oblivion”: Prescription Drugs Said To Be Endangering U.S. Soldiers

By Jamie Reno

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Former Army Specialist Kyle Wesolowski, toward the end of his yearlong deployment in Iraq in 2009. Courtesy Kyle Wesolowski

This story was updated on April 20, 2014, to correct the misspelling of Georg-Andreas Pogany's name.

When former U.S. Army Specialist Kyle Wesolowski returned from Iraq in December 2010 following a brutal yearlong deployment, psychiatrists at the Fort Hood army post in Texas gave him “a cocktail of seven different drugs” for his anxiety, depression and other war-related mental health issues.

More than three years later, Wesolowski has come to an uncomfortable conclusion about the unintended consequences of ingesting those medications: They made him homicidal.

While desperately struggling to taper off the drugs without an exit strategy from his military doctors, Wesolowski contemplated murdering a young woman he met in a bar near the base. “When she talked to me, I put on a fake smile and tried to be nice,” Wesolowski said, though in reality he recalled hating her for being happy and carefree, and now says that due to the side effects of his drug cocktail, he felt violent urges. “I began to fantasize about killing her,” he said.

Stories such as Wesoloeski’s generally remain submerged unless they end in tragedy, as happened at Fort Hood on April 3 when Iraq war veteran Ivan Lopez shot and killed three people and wounded 16 others, then killed himself.

The violent tendencies of some mentally traumatized soldiers and veterans cannot be written off as an aberration, said Dr. Peter Breggin, a psychiatrist and author who’s written extensively about the potential dangers of the use of psychotropic drugs to treat mental illness among servicemen and servicewomen. Breggin contends such episodes are the result of what he describes as a “massive prescription drug epidemic” that encompasses the Department of Defense and the Department of Veterans Affairs, in which tens of thousands of soldiers and veterans returning from traumatic tours of duty ingest drugs – in some cases multiple varieties – that can have significant side effects, including intensifying feelings of rage.

The unprecedented use of prescription drugs by soldiers and veterans began during the second Gulf War and continues unabated today, Breggin said, adding, “The combination of increasing prescribing of such drugs during and after military service has led to violence and suicide and in many cases to chronic mental disability while being treated at the VA. This becomes a disability from which they often can’t recover because of multiple psychiatric drugs.”

Breggin, author of the 2008 book “Medication Madness: The Role of Psychiatry Drugs in Cases of Violence, Suicide and Crime,” told IBTimes that the intensive use of prescription medications came about through the influence of the pharmaceutical industry over the military and VA. Soon after the start of the second Gulf War, Breggin said, “we saw a sea change in the prescribing of these drugs to our troops. This cannot be accounted for by anything other than military decisions at the very top that were certainly influenced by the pharmaceutical industry, which markets from the top down, then the drugs flow to millions.”

Ivan Lopez, who served in Iraq for four months in 2011 and had been stationed since February at Fort Hood, was being treated for depression, anxiety, insomnia and other issues and was also being evaluated for post-traumatic stress (PTSD); he had also been prescribed Ambien for sleep, according to the army. While Wesolowski overcame his urge to kill innocent people, Lopez – who was being treated for similar issues, likely in similar ways -- did not.

Fort Hood, one of the largest military installations in the world, was also the site five years ago of the deadliest attack on a domestic military installation in U.S. history. In that shooting, 13 people were killed and more than 30 wounded – a crime for which army psychiatrist Nidal Hasan was convicted and sentenced to death.

Breggin, who has testified before Congress about what he describes as the over-drugging of troops and its consequences, said there is a “disturbingly rampant practice” of prescribing psychotropic prescription drugs to young soldiers both in combat and after they return home. The extent of the military’s use of prescription drugs was quantified in a 2012 analysis by

the Austin American-Statesman of nearly every drug purchase made by Department of Defense during that period, which found that spending on drugs ballooned by more than 123 percent, from $3 billion in 2002 to $6.8 billion in 2011, which outpaced by nearly double the overall increase in reported pharmaceutical sales in the U.S.

The military spent at least $2.7 billion on antidepressants alone in the decade after 9/11, and the free dispensation of meds has continued after soldiers' care passes to VA. In September 2013, CBS News obtained VA data through a records request which showed that while the overall number of patients treated by VA was up 29 percent, narcotics prescriptions were up 259 percent.

Breggin attributes such dramatic increases to the influence of big pharmaceutical companies over the Department of Defense and the Department of Veterans Affairs. "When you have a government-run client, pharma only needs to get to a few people at the top, and that's what we've seen here," he said. Though he was unable to identify who those people might be, Breggin said the result is "a national disgrace that reflects on some of the leadership in the military, but not the military as a whole."

That view is shared by Dr. Stephen Xenakis, who was chief psychiatrist at Fort Hood in the 1980s and part of the crisis response team sent there after the mass shooting in 2009. "The pharmaceutical companies' influence is so strong, as are the pressures from Congress to keep things just the way they are," Xenakis told IBTimes. "Congress is lobbied heavily by pharma. It makes it difficult to get any endorsement or enthusiasm for any non-pharmaceutical types of treatment."

The Pentagon and the Department of Veterans Affairs, or VA, do not share the view. Both agencies have touted their efforts to address widely publicized problems with the over-prescribing of psychotropic and other drugs, and insist that their doctors and therapists offer alternative therapies to address mental health issues and responsibly manage chronic pain, and that awareness of the risks of prescription drugs has increased with initiatives as well as literature given out to troops and veterans. In fact, between 2009 and 2013, the Defense department increased its number of therapists by 43 percent, to 9,425, and in 2010, the army issued a policy on the use of multiple medications that called for increased training for clinicians and comprehensive reviews of cases in which patients are receiving four or more drugs.

But Xenakis argues that such efforts have fallen short, and that not enough is done to evaluate and monitor troubled soldiers and veterans. He cited Lopez as an example. "The prudent practice is to follow people carefully when they are on these medications," Xenakis said. "It appears he [Lopez] had not been seen in as long as a month. What happened during that time? Was he getting worse because of the medications? We may never learn that information."

Lt. Col. Cathy Wilkinson, a Defense spokesperson, said the department considers the management of multiple medications a priority, and that its online prescription data repository checks new prescriptions against the patient's medication history for possible adverse events, which she said identified more than 700,000 "potentially life-threatening drug interactions" between 2001 and 2013. Drug testing has also been expanded to identify nearly all prescription opiates and benzodiazepines, which Wilkinson said has been DOD's "single most important effort made in demand-reduction for these potentially dangerous medications."

The military has not released information about the specific drugs Lopez was taking due to privacy restrictions and the fact that an investigation is underway, Wilkinson said.

After the Fort Hood shootings, Army Secretary John McHugh told reporters that Lopez had been fully examined a month earlier by a military psychiatrist and that there were no signs he was likely to commit violence against himself or others. “The plan was just to continue to monitor and treat him as deemed appropriate,” McHugh said.

Some news reports have suggested a link between the shooting and Lopez’s likely PTSD, but Xenakis said prescription drugs are more likely to contribute to the urge to murder innocent people than PTSD is. Xenakis, a retired brigadier general for 30 years in the military’s mental health sector, said the vast majority of people with PTSD do not become more aggressive, and that there is “about a 90 percent chance” that Lopez was on multiple psychotropic drugs and that “these drugs definitely could have made him more homicidal.”

“It’s inevitable that he was on psychotropic drugs, and almost certainly more than one,” said Breggin, who also acts as a medical consultant to military attorneys who represent soldiers accused of committing violent crimes while on prescription drugs. Noting that Lopez had multiple mental health issues and had already seen a psychiatrist, he added, “When you see a psychiatrist, you get increased medication.”

Troops returning from Iraq and Afghanistan with PTSD, traumatic brain injuries, depression, anxiety, paranoia and other mental health problems are typically put on multiple medications by military and VA doctors -- sometimes as many as 10 or even 15 drugs, Breggin said. Because Lopez was being treated for depression, he said, he was likely taking an antidepressant known as a selective serotonin reuptake inhibitor, or SSRI. “This man had the perfect storm of factors pushing him toward violence,” Breggin said. “Alleged TBI [traumatic brain injury], possible PTSD and antidepressants, all of which loosen inhibitions and self control, and antidepressants can in fact fuel violence and cause an amphetamine-like effect of overstimulation.” Add the sleep-inducing drug Ambien to the mix, as well as a benzodiazepine drug such as Klonopin or Ativan, which Breggin said Lopez was also likely taking for his anxiety, and “you get an even greater loss of control,” he said.

Ambien’s amnesic effects and other rare but bizarre behaviors such as sleep driving, sleep eating and sleep shopping are documented, a fact that has been successfully used in court in defense of people who committed violent crimes.

“Ambien is a terrible drug that can make you walk out a window in your sleep. And it has an association with aggression and violence,” Breggin said. “This drug causes profoundly abnormal thinking and behavior. In the 2014 Physicians Desk Reference that every patient is supposed to get but no one in the army ever gets, it says that Ambien’s possible side effects include more aggressive behavior, confusion, hallucinations and worsening of depression.” Breggin believes “there is a very strong likelihood that this [latest Fort Hood] shooting is a classic case of drug-induced violence caused by Ambien, antidepressants and a combination of other drugs including benzodiazepines.”

Lopez had no prior criminal record.

Prescription drug use often starts before troops even begin their combat deployments, and Breggin said he has interviewed soldiers who were told they could not be deployed if they did not accept psychiatric drugs. “By contrast, in the past American wars you could not go on deployment if you *were* on psychiatric drugs and could probably not even get into the service,” he said. “Before the last Iraq War, soldiers simply did not go into combat on these drugs.”

In interviews with military nurses who are involved in the treatment of soldiers returning home from combat, “The nurses told me they were shocked to find these guys were already on three or more psychiatric drugs,” Breggin said.

One Iraq War Army combat veteran who spoke on condition that he not be named, out of concern for possible repercussions, told IBTimes that nearly 10 years after he returned from war, he is still dealing with the effects of taking so many prescription drugs while in combat. “For a long time, doctors and even medics had bags of pills and gave us meds whenever we asked for them, while we were in theater,” he said. “There was no tracking or reporting for any of these transactions. We’d bring anti-anxiety meds, pain meds, sleeping pills and more into combat. It was insane.”

As the 2010 PBS Frontline documentary The Wounded Platoon showed, American soldiers in combat zones did not take psychotropic medications prior to the Iraq War, but by the time of the 2007 surge more than 20,000 deployed troops were taking them. According to Nextgov, a June 2010 internal report by the DOD's Pharmacoeconomic Center said 213,972, or 20 percent of the 1.1 million active-duty troops surveyed, were taking some form of psychotropic drug — antidepressants, antipsychotics, sedative hypnotics or other controlled substances. The prescription-drug trend has likewise grown as military and VA doctors responded to the waves of troops returning from Iraq and Afghanistan.

A November 2012 report from the Government Accountability Office concluded that neither DOD nor VA effectively manages the medication needs of all service members during their transition from active to inactive military.

Even critics of the military’s prescription drug practices agree that medications most commonly provided -- antidepressants, anti-anxiety meds, sleep aids, narcotic painkillers and anti-disease agents -- can help some who are suffering. But they contend the drugs can also make matters worse, especially when given in combination or in too-large doses.

As far back as 2009, VA put in place regulations designed to improve pain management regimens by requiring doctors to follow an “integrated approach” to helping veterans in pain, and emphasizing that clinicians should explore the root causes of pain rather than simply treat it with drugs. The Department of Defense also established a Pain Management Task Force comprised of military and civilian experts to assess the role of various treatment modalities in managing chronic pain. The task force released a 2010 report that included more than 100 recommendations for managing chronic pain while reducing opiate dependency and abuse.

The problem, critics say, is that a range of drugs – not only psychotropic meds – are still being freely prescribed by military and VA doctors that are highly addictive and have been linked to violence and even death. Last week, a doctor at a VA hospital in Missouri claimed she was fired for refusing to prescribe higher doses of painkillers to her veteran patients. Dr. Basimah Khulusi told ABC News and the Center for Investigative Reporting (CIR) that the majority of her patients were addicted to the drugs, and that some of them were taking as many as 900 narcotic pain pills a month and 1,000 milligrams of morphine a day, which is 10 times the level she believed was safe.

An American Academy of Pain Medicine study released last week said that of the nearly 1 million veterans who receive opioid painkillers to treat painful conditions, more than half continue to consume them chronically. CIR also recently noted that prescriptions by VA doctors

for four highly addictive opiates – hydrocodone, oxycodone, methadone and morphine – have increased by 270 percent nationwide since 9/11. And a 2012 VA study of 141,000 post-9/11 veterans concluded that combining prescription opioids such as oxycodone and hydrocodone with PTSD, which many military and VA doctors continue to do, is dangerous. The study showed that veterans with mental health diagnosis issues were nearly three times more likely to be prescribed opiates than veterans without them, and more likely to have poor outcomes, including overdoses. CIR cited a VA study from two years ago that showed that the fatal overdose rate among VA patients was nearly double the national average.

Psychotropic drugs are not the only ones being frequently prescribed that have potentially dangerous side effects. Iraq War veteran Georg-Andreas Pogany told IBTimes that he believes military doctors are "medicating our troops into oblivion," and that his own life and reputation were nearly destroyed because of a drug army doctors prescribed just before he entered a combat zone.

Pogany, a former army interrogator, went to Iraq in 2003 with a team of Green Berets, during which he encountered a scene that temporarily incapacitated him and continues to haunt him today. After only a few days in-country, Pogany came upon the body of an Iraqi man so riddled with gunfire – it had been cut in half – that he could not tell if it was a civilian or a soldier. He was so traumatized by the experience that he suffered a severe panic attack, began vomiting and hallucinating that his fellow troops appeared like zombies. For three days he was unable to function, and told his commanding officers he was in serious trouble. The response from a military psychologist, Pogany said, was that his was a normal reaction to combat stress and that he should just get some sleep. A week later, he was charged with "cowardly conduct as a result of fear," a crime punishable by death.

Pogany's story made headlines on CNN, and the army ultimately ruled that his incapacitation had been a reaction to the anti-malaria drug Lariam, prescribed to him and many other troops by army doctors, which has side effects including psychosis, paranoia and hallucinations. The army eventually found that Pagony had "a medical problem that requires care and treatment," promoted him and honorably discharged him.

Larium has since been implicated in a high-profile, violent psychotic episode. Last year, Time reported that army Staff Sgt. Robert Bales may have been on Lariam (also known as Mefloquine) when he went on a 2012 rampage and killed 16 Afghan civilians. Bales, who was sentenced to life in prison, admitted to slipping away from his outpost in southern Afghanistan late one night in March 2012 and going house-to-house killing sleeping villagers in Kandahar province, then setting their bodies on fire. The Washington Post, which interviewed Bales' family members and friends, reported that by all accounts he had previously been a polite, even-tempered family man who was coping with the emotional stress of a decade of deployments.

NBC News similarly reported that a VA review found 34 articles in medical journals about patients who took Lariam and became paranoid or psychotic. Lariam's manufacturer, Roche, has denied that the drug turns people violent.

Episodes of inexplicable soldier and veteran violence, including the Fort Hood shootings, should prompt a national conversation about drugs and the military, Pogany said. After Fort Hood, "The army managed to shape the narrative that mental health did not play a role, that it was just a single isolated case of workplace violence," Pogany said. "No one is asking questions about the medications he [Lopez] was on and how they could have influenced his behavior. This is a

public health and safety issue that should still be on the front burner rather than the Malaysian airline story."

Though the Pentagon and VA have actively promoted drug treatment, the agencies have also acknowledged that problems exist. Responding to a controversy over the drug Seroquel, the Department of Defense in 2012 conceded that antipsychotics are not an effective treatment for PTSD – a conclusion that an American Medical Association study had reached a year before -- and removed Seroquel from its approved formulary list. The same year, the Army Surgeon General's office warned regional medical commanders against using anti-anxiety meds such as Klonopin, Ativan and Valium to treat PTSD. And an April 10, 2012 policy memo from the Army Medical Command pointed out that the benzodiazepine drugs could increase rather than reduce combat stress symptoms and lead to addiction.

VA, meanwhile, unveiled what is known as the Opioid Safety Initiative to reduce the number of narcotic painkiller prescriptions. Some of VA's 21 healthcare networks have taken similar steps to reduce the use of opiates; one Minneapolis-based network reported having cut its use of high-dose opiates since 2012 by more than 50 percent and all but eliminating Oxycontin prescriptions, decreasing its use by 99 percent.

A VA spokesperson, Meagan Lutz, told IBTimes that department clinicians discuss with patients the potential benefits of drugs as well as possible side effects, and are "provided the latitude to deliver treatment that is in the best interest of the veteran." VA also has guidelines and procedures for providing pain management care and continuing education programs, she said.

Despite those measures, Xenakis said military and VA doctors continue to overprescribe because there are not enough therapists to ensure adequate alternative treatments are available and because treating problems with drugs is what most doctors are trained to do. And, like Breggins, he contends that the entrenched relationship between the government and the pharmaceutical industry is also partly to blame.

Chip Fisher, president of Fisher Wallace Laboratories, which has manufactured cranial electrotherapy stimulation devices that are FDA-cleared to treat depression, anxiety and insomnia since 1991, said many non-pharmacological treatments for depression, anxiety, insomnia and pain are available, but that that military and VA psychiatrists typically favor treatment through medication. "These drugs are ruining lives, but the military continues to spend billions on them and they don't sincerely explore many alternatives," Fisher said. "They typically quash anything that goes against pharmaceutical companies' wishes." He said his concern goes beyond his own vested interest in alternative treatments. "We can't function as a country with this psychiatric crisis in our armed services," he said.

The problem has attracted the attention of the House Veterans' Affairs Committee's Subcommittee on Health, which in October began looking into what a committee press release described as the "skyrocketing rate at which VA is prescribing powerful painkillers and the effect this trend is having on veterans and their families." The committee's chair, Rep. Jeff Miller (R-Fla.), told IBTimes that the strides the Pentagon and VA say they have made are not nearly enough, given what is at stake.

"It is clear that the Department of Veterans Affairs has become increasingly reliant on prescription medications to treat the injuries of many of our veterans," Miller said. VA, he added, "still has a lot of explaining to do regarding how this problem escalated in the first place and why it's taken the department so long to do anything about it."

For Specialist Wesolowski, who is now off of most of the drugs he formerly took and is using his GI Bill benefits to attend college in Thailand, the debate comes down to one thing: “The problem is, VA and military doctors prescribe too many and too much.”

Wesolowski, who still struggles with PTSD and has been diagnosed with bipolar disorder, said he would like to get off all medications, “but I do see a place for them in my case currently. I also see an importance in prescription drugs for soldiers and veterans.” But, he said, military and VA doctors “don’t take into account the severity of these cocktails of drugs. These drugs can help you, but they can also kill you.”

Editor's Note: After this story was published, Dr. Peter Breggin told IBTimes that when he was discussing the guidelines that are supposed to be handed out to patients on Ambien but often are not, he meant to refer to the Medication Guide for Ambien, which is within the 2014 Physician Desk Reference and is also printed out separately from the book, and is supposed to be given out to every patient who is on the drug but is not routinely distributed.