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WEBSTER'S TIME

A hot position battle ends with the Broncos choosing nine-year veteran Nate Webster as starting middle linebacker » SPORTS, 1B



Graveyards going green

Eco-friendly measures may rejuvenate old grounds like Riverside. » 1C



dp Online today » Follow Gustav, which could hit Cuba as a hurricane. » denverpost.com

Soldiering on in pain

Troops who return from war with battered bodies and minds are increasingly turning to prescription medication to ease their injuries.



The Battle Within
Second in a three-day Denver Post special report

By David Olinger and Erin Emery
The Denver Post

Video.
Affected soldiers and their families tell their stories.
» denverpost.com/thebattlewithin

In the last six months of his life, Staff Sgt. Mark Waltz tried 23 different prescription medications to relieve the pain of war.

He came home from his second tour of Iraq suffering from combat stress, a traumatic brain injury, or TBI, and relentless back pain. Army doctors prescribed a treatment that included 15 different painkillers and anti-inflammatory drugs, plus antidepressants, muscle relaxants and a blood-pressure medicine. The last two medications — morphine plus methadone — were prescribed on a Friday afternoon.

"He was in bad pain," said his wife, Renea. "When they put him on the methadone, we both freaked because all we knew was that it was for heroin addicts. We didn't know anything else. His neurologist said, 'Oh, no, this is used for long-term pain, and he should do fine.'"

That weekend, Waltz went to sleep and never woke up. The coroner's conclusion: mixed-drug in-

toxication.

After five years of war in Iraq and more than six in Afghanistan, a growing segment of the Army is marching on pharmaceuticals.

Defense Department records obtained by The Denver Post through a Freedom of Information Act request show that spending for some pain medication, antidepressants, sleeping pills and even an epilepsy medicine used to treat post-traumatic stress disorder and brain injuries has grown by 62 percent to 400 percent since the Iraq war began.

Those records are bolstered by military mental-health surveys indicating that nearly 20,000 soldiers — more than 12 percent of the fighting force — have taken antidepressants or prescription sleeping pills in the war zones.

Some, like Waltz, survived the war only to die from pills they took to recover from it.

To date, six soldiers in the Army's new Warrior Transition Units — created to help them heal from the physical and psychological wounds of war — "have died from lethal combined drug toxicity," ac-

CHUCK CLAMON | With the help of his wife, Sandra, Clamon stretches to ease some of his back and shoulder pain, the result of an injury in Iraq in March. Clamon now uses a cane and takes more than 20 pills a day for pain and anxiety.

Photos by Andy Cross, The Denver Post



DRUGS » 12A

This spud's not for you

A potato-chip shortage has its roots in soggy fields and the switch to higher-profit crops.

By Steve Raabe The Denver Post

What, no chips? Potato-chip aficionados are discovering their cherished snack may be in short supply. And if they find it, they're likely to pay a bit more for it. The problem: not enough chipping spuds to supply manufacturers. "I wouldn't use the word 'shortage,' but supplies are fairly limited," said Tim O'Connor, president and chief executive of the Denver-based U.S. Potato

Board. "I know there have been some (retail) outages where not all products are available every day."

King Soopers has posted signs in snack aisles, warning customers that various brands of chips may be temporarily absent.

Potatoes of all varieties are in shorter supply than usual because many farmers are opting to replace potato acreage with corn, wheat and barley — crops that have gone up in price faster than potatoes.

"There's definitely a shortage of fresh potatoes," said Katy Strobauer, who with her husband, Harry, grows russets, reds, Yukons and fingerlings near Gree-

CHIPS » 6A

OPINION Women on the political stage

Former congresswoman Pat Schroeder writes on Hillary Rodham Clinton's run. » 19A



Infections might influence preemie births, study finds

By Lauran Neergaard
The Associated Press

WASHINGTON» Infections may play a bigger role in premature birth than doctors have thought, says a new study that found almost one in seven women in preterm labor harbored bacteria or fungi in their amniotic fluid.

It's a small study, and it doesn't prove that the germs triggered the early labor. But Monday's research used specialized molecular testing to uncover microbes that ordinary methods miss, and it thus uncovered

more women with simmering infections than previously estimated.

The more heavily infected the amniotic fluid, the more likely the woman was to deliver a younger, sicker baby, researchers reported in PLoS One, the online journal of the Public Library of Science.

"We don't think any organisms belong in the amniotic sac," said Stanford University microbiologist Dr. David Relman, the study's senior author. "You'd have to presume there's something wrong."

More than half a million babies a

PREEMIES » 6A



"He looked older (than 19). He was drinking. At night he told me horrific stories. Then he'd go to bed, and I'd just sit there and cry."

Julie Oligschlaeger, mother of Chad, top. Left, at her home in Glendale, Ariz., Julie sits in bed with her son's urn at her side.

DRUGS: Troops' overdosing increasingly common

◀◀FROM 12A

"They tell you, 'Don't drive a motor vehicle,' but you can go shoot a machine gun on Parcocet," Covell said.

Sgt. 1st Class Chuck Clamon also is frustrated by the number of drugs he has been prescribed since he was injured March 29 during his third tour in Iraq.

An improvised explosive device hit a truck filled with ammunition a few feet ahead of Clamon's truck. When the ammunition blew, his head smacked into the windshield. His spine slammed into the radios behind him. His shoulder dislocated.

Now he is one of more than 16,000 people who have entered new Warrior Transition Units, where injured soldiers are transferred to recover. At 33, he walks with a cane and occasionally falls on the floor when his legs give out. Pounding headaches form behind his eyes. His short-term memory is gone. His hands shake uncontrollably.

"They think I've developed a seizure disorder in my left hand where it does what it wants to when it wants to, from my fingertips all the way up to my shoulder. It bounces all over the place," he said.

He takes Seroquel and Ambien to sleep; Vicodin, Migranal, Naproxen and Neurontin for pain; plus an antidepressant and a muscle relaxer.

He said the Army's drugs are helping — but haven't gotten to the root of his medical issues.

His wife walks the dogs, mows the lawn, takes out the trash. "I feel helpless," he said. "I don't feel like an active person. I could care less about actually leaving the house now."

Soldier goes "over the edge"

Other families are asking whether the cocktails of medication prescribed for combat stress, head injuries and body pains are lethal.

Chad Oligschlaeger "was completely different" when he returned from his first tour in Ramadi, Iraq, in 2006, his mother, Julie, said. He was 19, but "he looked older. He was drinking. At night he told me horrific stories. Then he'd go to bed, and I'd just sit there and cry."

On a rescue mission, the young Marine had seen his mentor, "Fitz" — 2nd Lt. Almar Fitzgerald — fatally wounded by a roadside bomb. "I think that was the catalyst that threw Chad over the edge. Body

parts of friends, the women and the kids he killed, that got him," his mother said.

In March 2007, Oligschlaeger told a substance-abuse counselor he was drinking a liter of whiskey in two to three hours every day. His mother said he also divulged his mental-health problems to a sergeant, who accused him of faking illness to avoid his next tour.

Oligschlaeger was sent back to Ramadi the next month. When he left Iraq in November, the nightmares and hallucinations were getting worse. Sometimes he would awaken and see Fitz sitting beside him.

He entered a substance-abuse program in April, then was referred to a PTSD-treatment facility. But it had a waiting list, and "they kept pushing the date out," his mother said.

In the meantime, he was ordered back to the Twentynine Palms base in the Southern California desert. He was given an assortment of medication: a sleeping pill, a sedative, an antidepressant and Seroquel.

He also began taking Chantix, an anti-smoking drug the Federal Aviation Administration recently forbade pilots to use because it had been linked to seizures, loss of consciousness and other serious side effects.

Oligschlaeger's roommate had moved off base, so he was alone. When he returned home for a visit on Mother's Day, May 11, his family noticed he seemed confused about how many pills he was taking and when he had taken them.

Back at the base, he made his last phone call at 12:48 a.m. May 17. Two days later, his fiancée, Adrianna Avena, called to tell him her wedding dress had arrived, but she got his voice mail. She called the next day and again got his voice mail. Finally, at 5:30 p.m. May 20, after frantic calls and text messages from Chad's fiancée and others, two Marines went to check his room. They found him alone — and dead — on the floor.

His mother suspects her son accidentally took too many pills. She also found a re-

ceipt for a six-pack of beer he had bought on the base.

"I believe he had been lying there for three days," she said. "The barracks are supposed to be checked daily."

Three months later, she is waiting for a formal report on her son's death.

Pill combinations can be fatal

In West Virginia, 23-year-old Andrew White, a Marine reservist, died suddenly this year while taking the antidepressant Paxil along with Klonopin, an anti-anxiety medicine, and massive doses of Seroquel.

His father, Stan, said Andrew's mental health deteriorated after his brother was killed in Afghanistan, and the Marines subsequently told him he would be going for a second round of combat in Iraq.

"He started having nightmares. Everything went downhill from there," Stan White said.

Seroquel, an antipsychotic drug, is dispensed in doses as small as 25 milligrams for anxiety and insomnia. A doctor with the Department of Veterans Affairs and then a private psychiatrist both prescribed much larger doses to Andrew White — up to 1,600 milligrams a day. When his mother came home from work Feb. 12 and found her son unresponsive, he was also taking Paxil and Klonopin.

Stan White said the state medical examiner ruled that his son's death was accidental due to intoxication from Paxil and Seroquel.

Ritchie said she did not want to comment on an individual case.

But in general, 1,600 milligrams of Seroquel would be "an enormous dose," she said. "The normal maximum dose would be about 800 milligrams a day."

She said the Army maintains an electronic medical record that can "put up red flags" when a soldier is taking a combination of drugs that can have dangerous side effects.

But that safeguard gets complicated by the reality that soldiers sometimes seek to avoid the stigma of taking behavioral medication by getting them from civilian doctors. And the Army counts on its soldiers to take medicines as prescribed.

"The soldier is an adult," Ritchie said. "We don't want to be Big Brothers."

Andrew White was one of four young veterans in West Virginia who died this year while taking similar combinations of

DRUGS » 15A



JULIE OLIGSCHLAEBER and ADRIANNA AVENA | Chad Oligschlaeger's mother and fiancée look at photographs of Chad at Julie's home. Julie suspects Chad died of an accidental drug overdose but is waiting for a formal report on his death in May at a military base in Twentynine Palms, Calif. Andy Cross, The Denver Post

Change of medicine for Ft. Carson soldier turns tragic

By David Olinger The Denver Post

Fort Carson sent Emily Ort to train for the war in Iraq with bottles of narcotic medicines for neck and back pain.

In April, Ort reported her medicines had been stolen from her at Fort Irwin, a training base in Southern California. Her prescriptions were not refilled. Instead she was given four new medicines, including morphine.

On May 3, three days after Ort was prescribed the potent new batch of painkillers, her bunk mates heard her moaning in her sleep at dawn. At 7:10 a.m. she was found unconscious on her cot.

Ort, a 24-year-old soldier with a 16-

month-old son, was pronounced dead an hour later. A coroner's report concluded an "accidental overdose of prescription medications" caused her death.

The night before she died, she had talked to her mother, according to the San Bernardino County sheriff coroner's investigation.

Vickey Ort told the coroner's investigator that her daughter did not sound like herself, that she was "drugged up" and slurring her words, and that her daughter admitted she was "out of it" because of her new medicines.

The coroner's report noted that three days before her death Ort had been prescribed three painkillers — morphine sulfate, gabapentin and hydrocodone — and a muscle relaxant marketed as Flexeril. Bot-

tles of another painkiller and an antidepressant were found by her cot.

Ort's mother told the coroner that her daughter had been taking medicines for neck and back pain stemming from a December 2007 traffic collision, as well as Prozac for depression.

Fellow soldier's account

In an e-mail to The Denver Post, a fellow soldier, who did not want to be identified for fear of repercussions from speaking out, said that Weed Army Community Hospital told Ort she could not replace her stolen medicines without a police report and that a sergeant refused to file a report because he didn't want to make a "big deal" about it. A physician's assistant then prescribed

morphine and other painkillers, and Ort "was observed many times falling asleep eating, red eyes, uncoordinated, stumbling when she walked down the hall, and could barely get up," the soldier wrote. "What the doctors are calling an accidental overdose is a cover-up for their mistakes."

The coroner's investigation found no evidence that Ort was suicidal — she was engaged to be married in June — nor that she had any history of drug abuse. "Toxicology testing is positive for several prescription medicines, and they have side effects of drowsiness, respiratory depression, hypotension and coma," the report concluded. "Cause of death is multiple prescription drug toxicity, and manner of death is accident."

DRUGS

◀◀ FROM 13A

medicine for PTSD.

Eric Layne was another. "He was taking a lot of medicines," his wife, Janette, said. "Paxil and Seroquel. He had been taking Klonopin. He was taking pain medicines. You should not die from taking pain medicine with PTSD."

His symptoms had worsened gradually after he came home from Iraq in 2005. As a young West Virginia National Guardsman, "he was physically fit. He had a clear head. He was calm. He was easygoing. He was funny. Everyone wanted to be around him," his wife said. Postwar, he had grown angry and withdrawn even from his best friends. "It got to the point where he wouldn't even pick up the phone when they called."

Finally he began going to a VA hospital for intensive PTSD treatment. The medication and camaraderie with other veterans helped him mentally, "but physically he was deteriorating," his wife said. "Everything from slurred speech to excessive weight gain, inability to urinate. He would shake, developed tremors in his hands. Every weekend he came home, it was something more noticeable."

In January, 29-year-old Layne came home from the hospital for the last time. He died in his sleep that night.

His wife said the death certificate listed a combination of four drugs as the cause: paroxetine (generic Paxil), morphine, Seroquel and the painkiller Tramadol.

VA, Army investigate deaths

This month, the VA's inspector general issued a report on the deaths of White and Layne, referring to them as Patient A and Patient B. It said both had taken medication besides those prescribed to them, reflecting "a tendency of young, returning veterans to self-medicate using non-prescribed prescription medication obtained from friends, family members and co-workers."

The report found "no apparent signal to indicate increased mortality" among other patients taking the generic equivalents of Seroquel, Paxil and Klonopin, and noted the daily Seroquel dose for Patient A (White) had been reduced before he died.

Stan White said he believed his son's doctors advised he could take extra Seroquel if he "was having a bad day and it's not working."

The inspector general's report did question why a residential PTSD program in West Virginia had refused to accept White and other veterans who were prescribed the class of drugs that includes Klonopin. It recommended re-examining that policy.

In the Army, Ritchie said all soldier deaths are reviewed by the armed forces medical examiner, and her office also watches for any emerging patterns of problems associated with medicine use.

"There is no question that overdoses of the combination of multiple medications, often combined with narcotics, alcohol or illegal drugs, can result in death," she said. "Some of the deaths have been ruled suicides and others accidental overdoses. We are not aware of deaths that have occurred when soldiers were taking their medicines as prescribed."

Renee Waltz disagrees.

After her husband's first combat tour, he told a sergeant he felt sick and was having nightmares, and he was advised to "just keep it under wraps," she said. "I felt like they treated him like he was a malingering, that there was nothing wrong with him, that he was just a pain in their ass, to be honest with you."

After his second combat tour, he took the drugs prescribed to him, she said, and he died.

The Army is "100 percent" responsible for his death, she said.

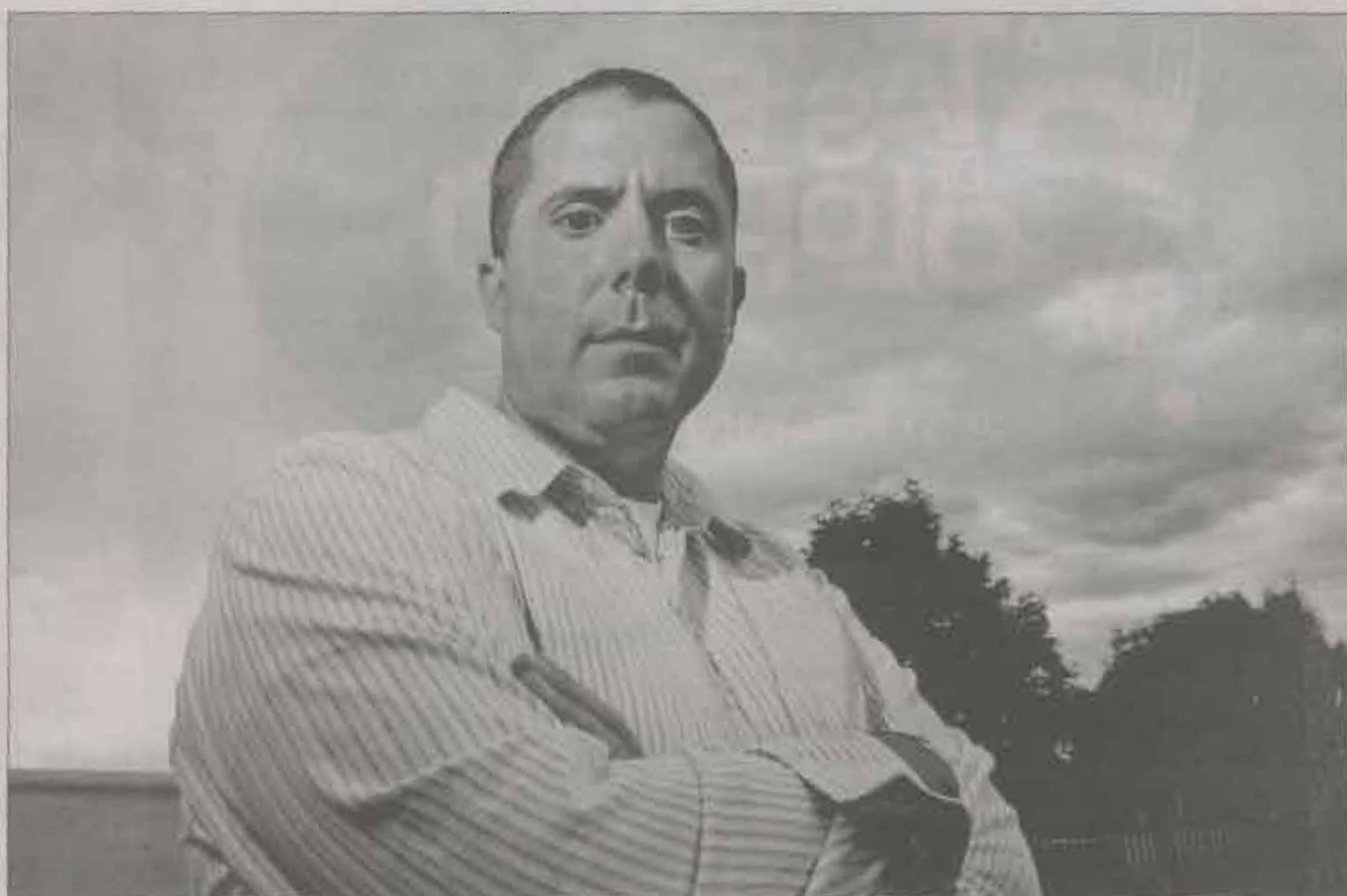
"He'd still be alive had they not given him that crap, and he would have been medically retired, and he probably would have lived a comfortable life," she said. "It really upsets me that nothing's been done about it."

THE SERIES

Monday. Facing the unprecedented demands of simultaneous wars fought by volunteers, the Army has sent wounded and drug-dependent soldiers back into battle, sometimes overruling the recommendations of physicians.

Today. Defense Department spending for narcotics, antidepressants, sleeping pills and other drugs has soared, but some soldiers complain that they are simply being medicated to return to war while the causes of their injuries go untreated.

Wednesday. The number of suicides committed by soldiers has reached its highest recorded level, and the multiple deployments are increasingly identified as a cause.



ROBEY COVELL | The Army cut Covell off of Percocet "cold turkey." His subsequent attempts to wean his injured body from painkillers met with no support until he contacted Sen. Edward Kennedy of Massachusetts. Andy Cross, *The Denver Post*

After GI's injury, painkillers "kept coming and coming"

By Erin Emery *The Denver Post*

The Army prescribed Percocet — 1,110 pills — for the pain Robey Covell endured after he injured himself at Fort Carson while training to become a Green Beret.

For six months, the Percocet "kept coming and coming" after he went to a physician's assistant in March 2007 for broken ribs.

On some days, Covell took four Percocets, a potentially addictive combination of the narcotic oxycodone and acetaminophen that can cause drowsiness. Other days, he took 12 — the maximum recommended dose. Under Army regulations, physician's assistants can prescribe controlled substances.

Covell suffered broken ribs in March and a knee injury in April, but it wasn't until August 2007 that he saw an orthopedic doctor for his knee. By then, Covell was also suffering from neck and back pain, from an injury he suffered in June 2007. He hurt himself while running with a rucksack and lifting weights.

Last August, an MRI showed Covell had degenerative disc disease in his back, but it wasn't until February — eight months after he suffered the neck and back injury — that Covell first saw a medical doctor.

From June until this February, he continued to train with the 2nd Brigade Combat Team, 4th Infantry Division while awaiting a class for Special Forces candidates. Some days, Covell said, he worked as the range safety officer overseeing live machine-gun fire.

"They tell you, 'Don't drive a motor vehicle,' but you can go shoot a machine gun on Percocet," said Covell, 33. Within a few months, Covell felt awful, as if he had a wicked flu. He knew he had become addicted. In September 2007, he admitted himself to the Army's substance-abuse program at Fort Carson. He was sent to the Lighthouse, a detoxification center in Colorado Springs. Covell was taken off the medication.

After Covell admitted himself to the substance-abuse program, his commander, Capt. David Park, still supported him. Covell, who is from Boston, played minor-league professional baseball and earned a bachelor's degree in physiology in 1999 from Bridgewater State College.

A promising beginning

Before his injury, Covell had been successful at Fort Carson. He was promoted within his first month from Specialist to corporal, and he became a squad leader. His captain wrote a letter of support to superiors after Covell checked himself into treatment.

The letter said: "Upon release from Lighthouse, ensure that service member is no longer prescribed Percocet. Keep him on an updated profile (to limit his

"I think that what this kid received was unconscionable. That's ludicrous. ... This is a kid who, when they cut him off cold turkey, would be a high suicide risk."

Dr. Bob Scaer, neurologist who was medical director at the Mapleton Rehabilitation Center in Boulder

physical activity) for his back, neck and knee until he is completely healed. ... Service member is motivated and mature. I have full confidence that he can recover from this incident."

Covell did not receive a profile — a document from a doctor that indicates limitations due to a medical problem — and therefore continued to train with his unit. In October and November, medical records show, he was cut off the Percocet.

"They stopped me abruptly. I was sick as a dog and then forced to go train with a neck injury still," Covell said.

Dr. Bob Scaer, a neurologist who was medical director at the Mapleton Rehabilitation Center in Boulder, said he would never recommend using Percocet for more than a few weeks.

"The use of narcotics in the military for chronic pain is very high. I think it is bad medicine, but unfortunately I think it may be close to the standard of care," he said.

"I think that what this kid received was unconscionable. That's ludicrous," he said of Covell's prescriptions for 1,110 Percocet. "This is a kid who, when they cut him off cold turkey, would be a high suicide risk."

Deeper into the drug morass

After Covell's prescription was cut off, counselors at the Army's substance-abuse program recommended he attend Narcotics Anonymous meetings in Colorado Springs. He met people there who sold him heroin. During a random urinalysis test on Dec. 20, he tested positive for the opiate. The Army initiated an Article 35 — nonjudicial punishment — for testing positive for drugs. The Army demoted him to private and took away \$600 in monthly pay.

Covell checked himself into Cedar Springs, a psychiatric hospital in Colorado Springs that provides substance-abuse counseling. In April, a soldier from his unit came to the hospital with paperwork to discharge him from the Army for "patterns of misconduct" — a Chapter 14 in Army jargon.

"A Chapter 14 as the first visit from my unit since Feb. 20 that I was there," Covell said.

Such a discharge — general under honorable conditions — would preclude him from getting medical benefits for his injuries. Covell would have had to petition the Department of Veterans Affairs to receive medical benefits. Covell said his commanders called him a "---bag" and a drug addict.

A second MRI, done April 28, showed that his neck and back injuries had gotten worse. Covell decided he would contact Sen. Edward Kennedy, D-Mass. Once Kennedy got involved, Fort Carson took a closer look at Covell's medications and his medical care. He was sent to Fort Carson's Warrior Transition Unit, where a soldier's main responsibility is to heal.

"It was a fight to get to the WTU, after countless phone calls made to Maj. Gen. (Mark) Graham; none were returned. I thought I would go to the press in case any soldier was suffering in the same circumstances that I was."

On May 30, Covell was given a permanent profile that limited most physical activity and triggered a medical evaluation board process. The doctor wrote that he had osteoarthritis of the cervical spine, a condition that indicated under Army regulations that he should be considered for medical retirement.

A third MRI in June showed Covell had a tumor in his thoracic region as well as a tumor and disc damage in his lumbar region.

Despite receiving a permanent medical profile, the Army on June 4 sent orders to discharge Covell while he was still awaiting medical appointments.

Covell signed the Chapter 14, but when he met with Army attorneys, Covell was advised that he was getting the "run-around."

Now, it's "mostly bad days"

Covell currently has prescriptions for painkillers Vicodin and Ultram, the muscle relaxant Flexeril and Valium, and is going through the medical retirement process.

Once Covell's medical-board process is completed, Maj. Gen. Mark Graham of Fort Carson will decide whether to accept the medical board findings or discharge Covell for a pattern of misconduct, which Covell believes started when the Army kept giving him Percocet to keep him on the job rather than fixing his injuries.

"I have good days where I might go to the gym a couple of times and then it is misery for a week. So it's good days and bad days, but mostly bad days. I don't want to be one of these guys that you see going to the VA every week on the shuttle and getting pain meds and coming back."

"I don't. I'd rather be dead, to be honest with you, than deal with that kind of life."

"They tell you, 'Don't drive a motor vehicle,' but you can go shoot a machine gun on Percocet."

Robey Covell, 33, who was prescribed 1,110 Percocets in six-month period by military doctors