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Dying In Their Sleep: The Invisible Plague Attacking U.S. Soldiers



Corporal Andrew White USMC

While doing research for the book *Murder In Baker Company*, I came to know many military family members from the support group "Home of the Brave." The group's goal is to help one another gain information and justice in the noncombat related deaths of their loved ones. According to the Department of Defense nearly 1 out of 4 fatalities in the military are noncombat related.

Stan and Shirley White of West Virginia represent one of the "Home of the Brave" families. Three of their four children have served in the armed forces. Two have died because of their time in war. On September 26, 2005, their son Robert, an Army Staff Sergeant, was killed in a rocket attack in Afghanistan. On February 12, 2008, their youngest son, 23 year-old Marine Corporal Andrew White died in his sleep after being treated for PTSD with lethal prescription drugs.

Struggling with PTSD compounded by grief over the death of his brother, Andrew sought help from VA doctors. Their first line of defense was to prescribe him 20 mg. of Paxil, 4 mg of Klonopin and 50 mg of Seroquel. These medications helped at first, but later proved ineffective. Instead of changing the course of treatment, the doctors responded by continually increasing his dosage until the Seroquel alone reached a whopping 1600 mg per day. Within weeks of Andrew's death, three more young West Virginia veterans died while being treated for PTSD with the same drugs, prompting Stan and Shirley White to begin a mission to find out what the deaths have in common.

"When we first learned of the other West Virginia soldiers who died in their sleep," Stan says. "We thought it must be a reaction to biological warfare, we thought they must have been exposed to something in Iraq and now it is killing them." Indeed, if you conduct an internet search with the phrase "soldier found dead" the results are staggering. Narrow it down even further by including the phrase "unexplained" and you will begin to get a glimpse of what some would call an epidemic.

When the White's received Andrew's autopsy report, the official cause was listed as "accidental intoxication of Seroquel, Paxil, and pain medication." Andrew had not committed suicide, nor did he take his medication in a manner it was not prescribed. Death, as it turned out, is a potential side effect of Seroquel. The doctors and the pharmaceutical company knew that, however nobody told Andrew, despite the fact that he was experiencing many of Seroquel's most serious side effects.

In the 11-months Andrew was taking Seroquel, he gained 40 lbs., suffered from tremors, severe constipation and swelling of the mammary glands. Before his death, a VA doctor referred Andrew to an endocrinologist for tests to determine the cause of his symptoms, even though it is clearly stated in Seroquel's literature that all of this can be caused by using the drug.

Andrew passed away before the appointment.

Dr. Fred Baughman, a neurologist and outspoken critic on the use of anti-psychotic drugs has studied the West Virginia soldier deaths and has determined that "sudden cardiac death" is the cause. In a May 2010 press release, Dr. Baughman states:

"All were diagnosed with PTSD. All seemed "normal" when they went to bed. And, all were on Seroquel (an antipsychotic) Paxil (an antidepressant) and Klonopin (a benzodiazepine). They were not comatose and unarousable -- with pulse and respirations or pulse intact, responsive to CPR, surviving transport to a hospital, frequently surviving. These were sudden cardiac deaths."

Between the VA medical doctors and psychiatrists Andrew was going to for help, none tried to assess the effectiveness of these drugs on his PTSD symptoms. They just kept increasing the dosage as if he were a guinea pig in some twisted lab experiment. Whether sudden cardiac death, polypharmacy, or suicide, a prescription tracking system could be a major step toward preventing tragedy.

To that end, in March 2010, Senator Jim Webb of Virginia called on the Surgeons General from the Department of Defense to provide data regarding prescription drugs in the military. This vital information was never received despite repeated requests, so on June 9, 2010, Senator Webb released a public statement calling on the DOD to finally adhere to the request:

Three months ago in an Armed Services hearing, Army Surgeon General Schoomaker downplayed media reports of skyrocketing prescription drug use of those serving in the Army. I am still waiting to see existing data across services and a judgment of these findings.

Webb's statement went on to say:

A reporting requirement has been added to the FY 2011 National Defense Authorization Act requiring the DOD to keep health records that detail the prescription and administration of psychotropic medications.

There are many possible reasons why an avalanche of prescriptions are befalling our soldiers with no accountability even as those drugs kill. Financial gain by medical personnel of the DOD is one of the most serious allegations being examined and I will continue to follow this matter.

Let us hope the powers that be do not continue to stall and downplay the seriousness of this issue.

I shudder to think of how many more young, vibrant soldiers will die in their sleep in the meantime.