

statesman.com

Posted: 11:00 p.m. Saturday, Sept. 29, 2012

Uncounted Casualties: Home, but not safe

Scores of recent Texas war veterans have died of overdoses, suicide and vehicle crashes, investigation finds



Jay Janner

Related

By American-Statesman Investigative Team

They survived the battlefields of Iraq and Afghanistan. But they did not survive the homecoming.

A six-month American-Statesman investigation, which paints the most complete picture yet of what happened to Texas' Iraq and Afghanistan veterans who died after leaving the military, reveals that an alarmingly high percentage died from prescription drug overdoses, toxic drug combinations, suicide and single-vehicle crashes — a largely unseen pattern of early deaths that federal authorities are failing to adequately track and have been slow to respond to.

The Statesman obtained autopsy results, toxicology reports, inquests and accident reports from more than 50 agencies throughout the state to analyze the causes of death for 266 Texas veterans who served in operations Enduring Freedom and Iraqi Freedom and were receiving Department of Veterans Affairs disability benefits when they died.

The Statesman investigation, which relied on 345 fragmentary death records provided by the VA — as well as obituaries and interviews with veterans' families — reveals a phenomenon that has mostly been hidden from public view.

The investigation found that:

- More than 1 in 3 died from a drug overdose, a fatal combination of drugs or suicide. Their median age at death was 28 .
- Nearly 1 in 5 died in a motor vehicle crash.
- Of those with a primary diagnosis of post-traumatic stress disorder, the numbers are even more disturbing: 80 percent died of overdose, suicide or a single-vehicle crash. Only two of the 46 Texas veterans of the Iraq and Afghanistan operations who had a PTSD diagnosis died of disease or illness, according to the newspaper's analysis.
- The 345 Texas veterans identified by the VA as having died since coming home is equal to nearly two-thirds of the state's casualties in Iraq and Afghanistan. But that only includes veterans who have sought VA benefits, meaning the total number of deaths is likely much larger.

The investigation highlights the problem of prescription drug overdose among veterans, which has received scant attention compared to suicides: Nearly as many Texas veterans died after taking prescription medicine as committed suicide. VA prescriptions for powerful narcotics have skyrocketed over the past decade even as evidence mounted that such painkillers and PTSD make a dangerous combination. In effect, experts say, the military and VA exposed an especially vulnerable population to a flood of powerful drugs.

Although the VA has conducted limited studies into how Iraq and Afghanistan veterans are dying, it has not detailed their individual causes of death, a shortcoming critics say prevents it from understanding the full scope of the problems facing those who fought over the past decade.

"This is the data we've been looking for," said state Sen. Leticia Van de Putte, D-San Antonio, who chairs the Senate's Veteran Affairs and Military Installations Committee. "We know very well the numbers of active-duty (deaths), but what we don't know is what happens once they separate from the military.

"Unless we know the extent of the problem, people don't tend to act on things," Van de Putte said. "I'm hoping people will be appalled ... and feel compelled to take action."

The deaths represent a fraction of the nearly 53,000 Texas veterans of the conflicts who had applied for disability benefits as of 2011, and veterans groups say most former combatants re-integrate into the civilian world without major trauma. Yet the autopsy reports and investigation narratives obtained by the Statesman paint a mosaic of pain, desperation and hopelessness among a significant number of Texas veterans.

Among them were:

- Chad Mitchell, 40, a veteran of seven overseas deployments who had settled in Austin after leaving the Navy. He died in September 2010 with a half-dozen prescription drugs in his system, including anti-anxiety medication and powerful painkillers oxycodone and methadone prescribed by physicians in a private pain clinic and VA doctors. Mitchell suffered from PTSD, chest pain from an earlier operation and nerve pain from a shoulder injury in Iraq.
- Justin Languis, a 31-year-old veteran of Iraq who shot and killed himself in January 2011 at the Fort Hood memorial wall commemorating fallen soldiers of the 1st Cavalry Division. Languis had deployed with the division twice, serving as a combat medic during the battles of Fallujah and Najaf and surviving an improvised explosive device blast that left him injured. Several soldiers from his units were killed during the deployments, their names etched in the wall where Languis committed suicide.
- Paul Norris, a 24-year-old Army veteran, who died when he lost control of his Honda Civic and slammed into a rock wall along an El Paso street. Police said Norris was speeding; his father said his son was usually a cautious driver and believes his son was experiencing a flashback to his time in Iraq when he lost control of his car.

Meaningful results

The newspaper's findings show that deaths from suicide and overdose were far higher among the veterans receiving VA benefits than for the overall state population: The percentage of suicides was nearly five times higher, while the percentage of deaths from overdose and toxic drug combinations was 5.3 times as high. Controlling for age and gender, the differences remained: Among males under 35, for example, the percentage of veterans who died from overdoses was 2.6 times the general population percentage, while the percentage of suicides was 1.6 times higher.

Former State of Texas epidemiologist Dennis Perrotta said that although differences between the groups — mostly male war veterans with medical ailments, versus a much more diverse overall population — account for some of the discrepancies, the results are nevertheless meaningful. The newspaper's findings also are echoed by broad data compiled by the Texas Department of State Health Services that indicate elevated levels of suicide and overdose among veterans under the age of 35.

VA officials said that because they don't have access to all individual causes of death, they couldn't verify the newspaper's numbers or determine if they mirror causes of death for young veterans nationally.

"These are important conclusions, but I would caution against applying them nationwide or VA-wide," said spokesman Mark Ballesteros, adding that the VA is working to address gaps in its data collection and is planning a mortality study based on 2010 death records.

VA officials say it's difficult to obtain individual causes of death because local authorities aren't required to give the VA that information. The agency can get causes of death from a federal database called the National Death Index, but that data is hampered by a two-year lag. In 2008, the department ran its list of Afghanistan and Iraq veterans in the VA system through the index in order to study suicides, but it has not publicly released a comprehensive breakdown of causes of death.

"We don't do a very good job of tracking these folks," said U.S. Rep. Bill Flores, R-Waco, who sits on the House Committee on Veterans' Affairs. "I would like to see a little more action and less talking."

In many of the cases reviewed by the Statesman, veterans of Iraq and Afghanistan died in relative anonymity. Unlike those who die during active duty, the veterans' deaths often aren't noted in press releases. Some did not even get an obituary in their local newspaper, including about one-third of those who committed suicide.

In Austin, a 44-year-old veteran who left the Navy in 2007 was buried in Travis County's pauper's cemetery after dying of a self-inflicted gunshot wound in October 2007. (The Statesman is not identifying veterans who died of overdose or suicide whose families could not be reached.) His body wasn't discovered until neighbors noticed fliers piling up by the door to his North Austin apartment.

Inside, police found a mostly empty bottle of rum and a .380 handgun under his hand. In the closet, they found a bag of medical records that revealed a lengthy battle with psychological problems.

Colleen Rivas of New Braunfels, whose husband, Ray, took his life in 2009, said her husband and his comrades who have died since returning home deserve to have the circumstances of their deaths investigated, in hopes of finding ways to reduce the death toll among veterans.

"They had a life; they had a story," she said. "They were soldiers, and they mattered. And they all left behind someone who loved them."

Data difficulties

Eleven years after the first troops entered Afghanistan and two years after combat operations ended in Iraq, the nation still does not know how its fighting men and women are dying after they come home. No governmental entity follows the fates of the hundreds of thousands of veterans who aren't enrolled with the VA — nearly half of all recent veterans.

Part of the problem stems from data limitations: Many studies on veteran deaths rely on the National Death Index, a database maintained by the Centers for Disease Control and Prevention using state death records. But death certificates, including those in Texas, only reveal whether the deceased has ever served in the armed forces — which means active-duty service members are mixed in with veterans. Death certificates also can underreport suicides and drug overdoses, experts say.

Although the CDC's National Violent Death Reporting System can identify veterans who die from suicide or other violent causes, only 18 states make reports to the system. The CDC estimates that expanding to all 50 states would cost \$25 million, which Congress has not yet appropriated.

But critics say the VA, too, lacks the will to produce a comprehensive view of veteran mortality, which researchers say could conceivably be achieved by matching the names of veterans receiving VA care against the National Death Index.

"If VA looked into veterans' deaths, then VA would find answers," said Paul Sullivan, veteran outreach manager for the Bergmann & Moore law firm and former head of Veterans for Common Sense. "Then VA and Congress would be forced to act."

Last year, after the San Francisco-based Bay Citizen reported that since 2007, more service members have died after returning home than in combat, VA officials told the news organization they had no interest in determining causes of death for every veteran, insisting the agency already had a handle on the problems.

The Bay Citizen used information from a little-known VA database that compiles information on the deaths of veterans receiving disability benefits. The database, however, does not track causes of death.

Through a Freedom of Information Request to the VA based on that death database, the Statesman received basic information on 345 Texas veterans who had served during the Iraq and Afghanistan conflicts, had received VA benefits and had died between January 2003 and October 2011.

Using publicly available information from genealogy websites, obituaries and other sources, the newspaper was able to identify more than 300 of the veterans, then turned to local sources such as medical examiners and police reports to determine the causes of death of 266 of the veterans.

Military personnel records obtained by the Statesman indicate the list included a small number of veterans who didn't deploy to Iraq or Afghanistan, but they are still considered participants in the conflicts by the VA.

The analysis revealed:

- 47 veterans died from drug overdoses or a toxic combinations of drugs — 40 of them after taking prescription medications. Five overdosed on heroin or cocaine and had no prescription drugs in their systems. One died after huffing aerosol refrigerant and another after ingesting the illegal stimulant Ecstasy.
- All but seven of the veterans who died from drugs were under age 35. The first to die was a 23-year-old Army veteran from the Houston area who overdosed on cocaine, hydrocodone and alprazolam, most commonly known as Xanax, two years after he deployed as one of the first soldiers into Iraq .
- Another 45 veterans committed suicide; 32 of them were under 35. The first suicide victim was also a veteran of a 2003 deployment to Iraq, a 26-year-old Army veteran from North Texas who killed himself in 2005. Researchers said the true number of suicides might be higher because medical examiners and justices of the peace are often reluctant to declare overdoses a suicide without definitive proof, such as a note.
- And 50 veterans, or 18 percent of the total, died in motor vehicle crashes, 35 of which were single-vehicle crashes. About half of those involved speed or alcohol, according to accident reports from the Texas Department of Transportation. Veterans groups and experts say that although vehicle accidents are also common among young civilian men, reckless behavior and vehicle crashes are a recognized phenomenon among returning service members.

The deaths also included four veterans who died after returning to Iraq or Afghanistan as civilian contractors. Among them were victims of a helicopter crash and a suicide bombing.

And despite revolutionary advances in battlefield medicine that have increased the survival rate for wounded service members, at least four of the Texas veterans on the newspaper's list died of war wounds years after leaving the battlefield. They include Merlin German, a 22-year-old San Antonio Marine who survived a 2005 bomb blast in Iraq that left him with burns over 97 percent of his body. German endured more than 100 surgeries and was dubbed the "Miracle Marine" before he died following a skin graft operation in 2008.

Researchers said the analysis gives what might be an unprecedented look at veterans' mortality.

"The VA really doesn't know" the full picture of how veterans are dying, said B. Christopher Frueh, a PTSD expert at the Menninger Clinic in Houston who previously worked as a researcher at the VA for 14 years. "I don't know anyone who has really (tracked individual causes of death) for a large cohort of veterans."

VA officials say they are hopeful that better cooperation with the Department of Defense and individual states will help them better study the fates of the nation's veterans. The VA is pushing all 50 states to improve reporting of veterans' deaths, although death certificate limitations will continue to bedevil researchers.

And perhaps most importantly, the Department of Defense will soon merge computer databases with the VA, which VA officials say will give them the capability to track veterans outside of its system as well.

Those who work closely with veterans say that, given the many struggles they see among returning soldiers, the Statesman's numbers look familiar.

"I am not shocked or surprised in any shape or form by that," said Tom Tarantino, chief policy officer for the Iraq and Afghanistan Veterans of America.

Still, Tarantino said the federal government has failed to plan for the needs of returning service members.

"We basically ignored the fact that we had people coming home from war to an antiquated health system not set up for this," he said. "It was a health care support system designed for peace."

Mental health woes

The VA says it has responded to the extraordinary needs of returning soldiers as best it can. It has added new treatment programs, adjusted drug prescription protocols and conducted leading-edge research into pain control, PTSD and other issues confronting veterans of the recent conflicts. The agency spends about \$70 million a year on suicide prevention alone, with plans to increase funding each year through 2014. The VA's overall mental health budget has grown 39 percent since 2009 to about \$6 billion.

Yet there also is compelling evidence the agency did not anticipate the magnitude of mental health problems among Iraq and Afghanistan veterans.

In 2011, the VA said that, in more than 9 out of 10 cases, it gave first-time veteran patients a full mental health evaluation within 14 days, as required by policy. Yet an April 2012 audit by the Office of Inspector General found the claim was dramatically inflated and the VA actually evaluated fewer than half of its clients in a timely manner. The Inspector General calculated the average wait time for a full mental health evaluation was twice as long as it should be.

The report cited insufficient medical personnel as a major reason for the long waits — a common refrain. Although the VA increased its mental health staff 46 percent between 2005 and 2010, a recent survey found 71 percent of VA clinicians still felt short-staffed. Psychiatrists, especially, were in low supply.

Some family members contacted by the newspaper said medical delays were a frequent frustration for veterans before they died.

In 2010, 22-year-old Clint Dickey drove from College Station to Waco to try to see a VA doctor for back pain caused by an injury he suffered in Afghanistan. They gave him an appointment for four to six weeks later. He died of an accidental prescription drug overdose a few days later.

His widow, Samantha, suspects her husband's pain became so bad that he obtained oxycodone without a prescription.

"If he hadn't been ignored, he would have never gotten to this point," she said. "I think the checks and balances on our soldiers after they get back is absolutely disgraceful."

This summer, the VA in effect conceded it was falling short and announced that it would hire 1,600 new clinicians to meet the soaring demand for mental health services.

Last month, President Barack Obama issued an executive order requiring the VA to come up with a plan to address another long-standing problem: getting crucial mental health services to veterans in sparsely populated rural areas, where patients can face a choice between traveling long distances for treatment or going without in-person counseling.

In Franklin County, a rural area between Dallas and Texarkana where a 31-year-old Marine veteran killed himself in 2008, veterans service officer Steve Austin said the county's veterans are about an hour's drive from the nearest VA-sponsored mental health counseling. "We're in a void here," he said.

Treatment risks

The VA also has struggled with balancing the benefits of strong prescription drugs with their risks. Mirroring trends among civilian physicians, VA doctors over the past decade wrote dramatically more prescriptions for powerful painkillers — hydrocodone use among veterans jumped more than sixfold between 2001 and 2011, according to records the Statesman obtained under the federal Freedom of Information Act.

Yet recent research has demonstrated that what doctors once thought they knew about the addictiveness of the powerful prescription painkillers was wrong.

"The research shows they're highly addictive, especially using them in young adults," said Andrew Kolodny, chairman of the psychiatry department at Maimonides Medical Center in Brooklyn, N.Y., and president of Physicians for Responsible Opioid Prescribing.

The VA said it has responded by changing its prescribing protocols, reducing use of the drugs and bolstering education efforts. In 2010, however, nearly a quarter of VA patients still received an opioid prescription, according to a VA study.

Complicating the prescription drug problem has been the presence of PTSD. Recent reports show more than a quarter of returning Iraq and Afghanistan veterans have been diagnosed with the disorder.

A study published earlier this year in the Journal of the American Medical Association found that soldiers with PTSD were both more likely to be prescribed narcotic painkillers and to misuse them.

"Treating PTSD is complicated," said Catherine Coppolillo, a staff psychologist at Clement J. Zablocki VA Medical Center in Milwaukee. Responding to so many different symptoms "is like trying to build a house during an earthquake."

Dickey's family and friends said he had a solid foundation for a new life. Dickey had started classes at Texas A&M University, and he and Samantha had gotten married and gone on a tropical honeymoon. Samantha said her new husband, although in physical pain and battling PTSD, talked about it being one of the happiest chapters in his life.

"We were having a spectacular time," she said.

At Dickey mother's house in Waco, pictures of her youngest of four children line the walls. Beverly Dickey says that when her son arrived home from war, she figured he was safe. His death, she said, has altered every part of her life, down to the prayers she says for the troops. "I ask that the Lord protect them while they're over there, bring them home safely — and cast out their demons when they're home."

BY THE NUMBERS

266

The number of Texas veterans that the American-Statesman was able to determine causes of death for by using local sources such as medical examiners and police reports

47

The number of veterans on the Statesman's list of deceased veterans who died from drug overdoses or a toxic combination of drugs, including three suicides.

- 40 of those veterans died after taking prescription medications.
- 6 veterans died from illegal drugs such as heroin or cocaine.
- 1 veteran died after huffing aerosol refrigerant.

45

The number of veterans on the Statesman's list of deceased veterans who committed suicide.

- 32 of those veterans died were 35 or younger.
- Researchers said the true number of suicides might be higher because medical examiners and justices of the peace are often reluctant to label overdoses a suicide without definitive proof, such as a note.

50

The number of veterans on the Statesman's list of deceased veterans who died in motor vehicle crashes.

3.8 million

The number of prescriptions for narcotic pain pills that military doctors prescribed in 2009.

420,000

The number of veterans out of 5 million from all wars receiving treatment from the VA identified as having substance abuse issues in 2010.

[?]

Comments

If you would like to post a comment please [Sign in](#) or [Register](#)

8 Comment(s)
Comment(s) 1-8 of 8



- Posted by msdonna at 11:09 a.m. Sep. 30, 2012

Wow - very sad. My own father, an army officer and veteran of WWII, Korea and Vietnam died from alcoholism/cirrhosis. I got mad at him because of his drinking but understand now more than ever what drove him to it He was treated for physical wounds but never psychological. Masking their problems with dangerous/addictive prescription drugs (while enriching the pharma companies) needs to stop.



- Posted by ARScott581 at 1:35 p.m. Sep. 30, 2012

Sending young soldiers 2, 3, and more times to a war zone doesn't help either. I was in Nam for a year and I was a wreck for the first year back. Every time a car backfired I fell to the ground. These wars with NO lines have to be 10 times as bad. My prayers go out to all of the soldiers and hope we get OUT Quick!!!!!!



- Posted by DrAnnBlakeTracy at 6:03 p.m. Sep. 30, 2012

Incredibly well done & way overdue!!! True investigative reporting - something I thought had died an untimely death in this country! Thank you!

For the past 20 years I have directed the International Coalition for Drug Awareness, which I head, to track these cases because so many are directly related to the massive use of antidepressants by our military. We have many cases documented in a database put together by our Texas Director which you can find by Googling SSRStories.

These drugs are being given to a population generally within the age group (under 25) who the FDA has warned has double the chance of suicide if they take an antidepressant. They are dying in their sleep due to interactions between antidepressants & pain killers, or becoming alcoholic as antidepressants produce overwhelming cravings for alcohol, We have been seeing far too many veterans come home & commit murder/suicide on these drugs, or commit mass murders. Many remain unaware that antidepressants have not just suicidal ideation as an increased side effect, but also homicidal ideation. Ideation is constant ruminating thoughts or almost a compulsion ... so these are increased compulsions or thoughts that will not be quieted about either killing themselves or others or both. They are even more dangerous for veterans because of the fact that 86% of those diagnosed with REM Sleep Behavior Disorder, where you act out nightmares in a sleepwalk state - some driving many miles to kill others, are those taking antidepressants. Anyone knows that someone recently returning from war is going to have nightmares worse than most. The problems due to meds are absolutely staggering.

All of this is absolutely insane when you see the changes in policy from just over a decade ago when anyone on one of these drugs would be turned away from the military because they did not want someone on a mind altering drug (especially those that can produce suicide, homicide & paranoia) carrying a gun in a war situation. The use of an antidepressant is why Eric Harris, one of the Columbine shooters, was turned down by the military in 1999. Seeing the extreme dangers can be made obvious in the case of Sgt. John Roberts of Sherman while having a toxic reaction to his antidepressant opened fire at a mental health clinic in Iraq killing 5 fellow soldiers. And as more comes out in similar cases we will see these drugs

were involved in them as well.

Stan White is a father who has been fighting to get the truth out about what these drugs are doing to our troops. He lost one son in combat & the other to a medication interaction after he returned home. I would hope that families contact him & join together to put an end to this nightmare. You are welcome to find him as one of my friends on Facebook if you cannot find him otherwise.



- Posted by tomwald at 6:38 p.m. Sep. 30, 2012

In the story's two graphics, you specify "accident" as cause of death. Does this refer just to motor vehicle crashes? Or are motor vehicle crash fatalities grouped with other causes often described as "accidents".

Note that most, if not all motor vehicle "accidents" are not accidental, but are either the result of poor habits, intentional, or are the result of some other non-accidental behavior based on the choices of some or all of those involved.



- Posted by DrAnnBlakeTracy at 6:54 p.m. Sep. 30, 2012

I apologize for the mistake in name for Sgt Russell! I referred to him as Sgt John Roberts when it was Sgt John Russell of Sherman. It was Andrea Roberts, the soccer mom, in Flower Mound who killed her husband & two young children while suffering delusions after only weeks on Zoloft. Please excuse me for confusing those two names. The numbers are increasing so rapidly it is getting very difficult to remember all the names!



- Posted by austinrookie at 9:01 p.m. Sep. 30, 2012

On July 26, 2012, after FOUR tours to Iraq, my hero Sgt. Clinton T. Kunze took his own life. For years I watched him self medicate with drugs and alcohol. We talked about his demons and the horror he had inflicted and seen over in Iraq (especially his first tour), he reached out for help when he could, but I knew it was inevitable he would die young. I could see it in his eyes. He said he felt as if he couldn't feel anymore, couldn't really love... or hate. It was heart wrenching! The Army knew he was struggling, but asking for mental health services is frowned upon. It is seen as a sign of weakness. He kept failing drugs tests and they'd just make him retest until he passed. The drug infestation at Ft. Hood is unreal. There's nothing you can't get. I thought we would find him overdosed, but instead he did the unthinkable and died from a gun shot wound. He only had two years left and he was making plans to attend U.T.I. in Houston. He planned for a life away from the military. It made me think he would make it out okay. My heart breaks thinking about the incredible despair my beautiful friend must have felt to do what he did... how broken his soul must've been. He deserved so much better.

I'm glad I got to thank him for his service and sacrifice in person. They weren't just words. I'm forever grateful to have called a real hero my friend. Knowing there are other friends and family out there missing their loved ones, hurting for them like I do makes this a tragedy with no end.

I applaud this series of stories and the writers who contributed. Thank you for taking the time to research this as thoroughly as you have. This is a great piece and I look forward to @ and 3.



- Posted by Jeremy Schwartz at 11:48 a.m. Oct. 1, 2012

Tom - This is Jeremy Schwartz with the Statesman. Yes, motor vehicle crashes are included in the accident group (which also includes things like dying in fires and falls) and you are right the wording is not ideal. We made sure to label all car

crashes as "motor vehicle crashes in the stories, because as you say, accident does not capture the possibility of intention. But our alternative in the graphics was to label them "unintended injuries" which we felt suffered from some bureaucratise. Thanks for your careful reading.



- Posted by SteveCastleman at 12:24 p.m. Oct. 2, 2012

Tragic story, but an important one.

The military is a microcosm of the larger problem -- we do a very poor job of educating people about the way drugs affect the brain and the way trauma and exposure to negative environments affect the brain in ways that contribute to drug use and, ultimately, to addiction and overdose.

Education is key. For a not-for-profit website that discusses the science of substance use and abuse in accessible English (how alcohol and drugs work in the brain; how addiction develops; why addiction is a chronic, progressive brain disease; what parts of the brain malfunction as a result of substance abuse; how that malfunction skews decision-making and motivation, resulting in addict behaviors; why some get addicted while others don't; how treatment works; how well treatment works; why relapse is common; what family and friends can do; etc.) please click on www.AddictScience.com.
