

## A Prescription For Tragedy

**More veterans of the long wars in Iraq and Afghanistan are getting prescriptions for antidepressants and other drugs than ever before. They're also killing themselves in record numbers. Is there a connection? Marine widow Katie Bagosy thinks so.**

*by Yochi J. Dreazen  
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DEFENSE The Thin Line Between Accidental Death And SuicideNaureen KhanThe arsenal of medications that many soldiers are prescribed to help them deal with stress, trauma and other demons of war has been linked to a spike in military suicides.

Marine Sgt. Tom Bagosy returned from Iraq in 2007 a different man. Married and the father of an infant son, he began drinking heavily and flying into sudden, unpredictable rages. His wife, Katie, told friends that she felt as if the man she loved had died overseas and been replaced by a stranger. Tom, like tens of thousands of other veterans, soon received a prescription for an antidepressant, Celexa. He took the drug for a while, and it helped.

But Tom's problems worsened after he came home in late 2009 from a deployment to Afghanistan. Fearful of his mental state, military doctors switched him to another antidepressant called Neurontin. He told his wife that he was eager to try the new medication.

"He was desperate for some sort of fix," Katie says. "He was looking for something -- anything -- that would help."

Instead, Tom's downward spiral accelerated. In March, he pulled a gun off the top of the fridge, put it to his head, and told Katie he was ready to pull the trigger. The day before Easter, Katie had to wrestle a gun away from her husband after he again threatened to kill himself. On May 10, Tom bolted out of a military substance-abuse center at Camp Lejeune and sped away in his truck. When base police confronted him, Tom, 25, shot himself in the head.

Months later, Katie is haunted by one of the last things that her husband said to her before he took his life.

"He told me, 'It all started to get worse when I got on this medication,'" she remembers. "Looking back, that was the beginning of the end."

The Pentagon is wrestling with a rising tide of military suicides that shows no signs of cresting. In 2003, when U.S. forces invaded Iraq, the Army's suicide rate was 11.4 per 100,000 soldiers. By last year, it had soared to 21.8 per 100,000 soldiers, surpassing the suicide rate in the general population for the first time. This year is shaping up to be even worse, with at least 156 soldiers having committed suicide as of the end of August, compared with 162 in all of 2009. The suicide rate in the Marine Corps has increased even more sharply, jumping from 14.4 per 100,000 marines in 2005 to 24 per 100,000 in 2009.

In the foreword of a 350-page report on military suicide issued in July, Gen. Peter Chiarelli, the Army's vice chief of staff, noted that it was the third-leading cause of death for soldiers, trailing only combat and accidental deaths from drug overdoses and drunken driving.

"Simply stated, we are often more dangerous to ourselves than the enemy," Chiarelli wrote.

In 2008, the Food and Drug Administration ordered Pfizer, the manufacturer of Neurontin, to adopt new product labeling specifically warning that it and similar drugs can cause "increased risk of suicidal thoughts." Pfizer, in a written statement, said that the drug has been "prescribed to treat millions of patients safely and effectively."

Katie Bagozy believes that her husband's medication caused, at least in part, his suicide. But she is far from the only person to see a link between military suicide and the psychiatric medications that doctors are prescribing to growing numbers of troops.

At a Senate hearing in March, Sen. Jim Webb, D-Va., said that one of every six troops was taking anti-anxiety drugs or antidepressants, a figure he called "pretty astounding and also very troubling."

Tricare, the military's health insurance system, said that the number of psychiatric medication prescriptions that it filled for customers ages 18 to 34 -- the age range of most active-duty troops and their spouses -- soared by 85 percent between 2003 and 2009. Prescriptions for individual drugs such as Xanax rose just as sharply.

"There's been an increased use of antidepressants and other medications, and there's been a significant increase in the number of suicides and attempted suicides," Sen. Ben Cardin, D-Md., said in an interview. "Intuitively, it just tells you that there's a connection."

The Army's suicide-prevention task force said in the July report that prescription drugs were involved in almost one-third of the service's active-duty suicides in 2009. It notes bluntly that the Army was "becoming more dependent on pharmaceuticals to sustain the force."

"What is clear is that prescription and other drug use are becoming a significant factor in high-risk behavior and death," the report states. "Research needs to be done to determine those specific medications that will reduce anxiety and depression without increasing suicidal risk."

Psychologist Barbara Van Dahlen worries that such research may be too late for many members of the armed forces. She is the founder and president of Give an Hour, a volunteer network of mental health professionals who provide free care to veterans and members of military families. The organization receives funding from the Lilly Foundation, the charitable arm of drug manufacturing giant Eli Lilly. Van Dahlen said in an interview that although prescription drugs could help many troops and their families, they aren't appropriate for everyone. The military's growing reliance on Xanax and other psychiatric medications stems, in part, she said, from systemic shortages of licensed mental health professionals who can determine whether a given military patient would best be helped with medication or through counseling and other forms of alternative treatment.

"Drugs have become, by necessity, the first line of defense," she said. "And they shouldn't be used that way."

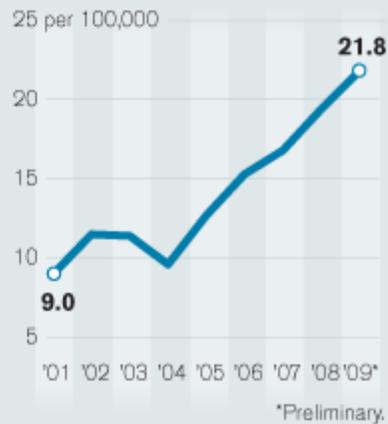
In the civilian world, Van Dahlen noted, Neurontin and other prescription drugs are taken under the close supervision of psychiatrists or other mental health professionals. In Afghanistan and Iraq, the nearest psychiatrists can be hundreds of miles away from the troops, leaving patients already under tremendous physical and emotional stress free to self-medicate at dosages that far exceed what drugmakers and doctors recommend.

"These are young, scared kids, so they think that if one Xanax makes you feel better, two Xanax will make you feel absolutely great," she said. "It's a recipe for overuse."

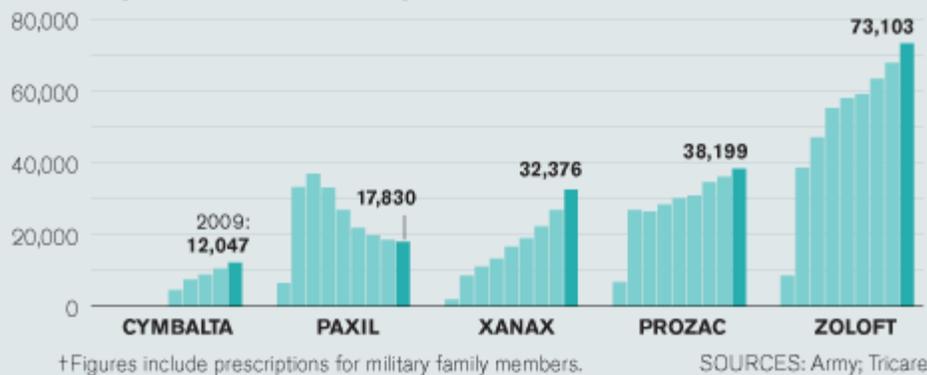
## The Stresses of War

A decade of fighting has left the U.S. military with deep and lingering emotional scars. Since 2001, the suicide rate among active-duty Army personnel has more than doubled. Meanwhile, a growing mountain of pills have been prescribed to soldiers and their families in an effort to ease the emotional stresses of the long wars in Iraq and Afghanistan.

### Active-duty suicide deaths, 2001-09



### Antidepressant drug prescriptions filled in the military health system for 18-to-24-year-olds, 2001-09†



## Psychological Wounds

Even when taken at the recommended dosage, psychiatric medications can have dangerous side effects. Research by the Health and Human Services Department has found that "selective serotonin reuptake inhibitors," a class of antidepressants that includes well-known drugs like Prozac and Celexa, can increase suicidal behavior in adults ages 18 to 29, one of the military's primary demographics.

Neurontin carries similar risks. The drug was first developed to battle epileptic seizures, but it is now commonly prescribed for anxiety as well. On its website, Pfizer acknowledges that epilepsy medications such as Neurontin can "increase the risk of suicidal thoughts or behavior." The company initially opposed the FDA mandate that it add a suicide-risk warning to the drug's label but added the wording in April 2009. Pfizer currently faces hundreds of lawsuits brought by the families of people who killed themselves while taking the medication.

Chris Loder, a Pfizer spokesman, asserts that the drug is safe. He said that the FDA studied 104 cases of suicidal behavior or thinking that were linked to epilepsy drugs, but only two involved Neurontin. "Neurontin is an important FDA-approved medication," Loder said in a written statement. "Neurontin has been studied for more than two decades, and there is an extensive body of publicly available literature on its safety and on its use."

Even critics who believe that the military is overprescribing psychiatric medication and failing to properly monitor its use acknowledge that the drugs help many troops deal with the psychological wounds they've suffered overseas and readjust to life in the United States. The military's suicide

epidemic, they say, would likely be far worse if the troops and their families didn't have access to the drugs.

"When you're in a stressful situation, it's not easy to release your anxieties," Cardin said. "In previous wars, troop had opportunities to unwind over beers. Today, the relief comes from medication."

Army officials say that it is extremely difficult for pathologists to determine what role -- if any -- prescription drugs played in individual suicides.

"The challenge is that the reason people are prescribed antidepressants in the first place is that they're depressed, and depression is frequently what causes suicide," said Bruce Shahbaz, a member of the Army's suicide-prevention task force. "People were taking these medications at the time of their suicides, but the root cause may have been the depression, not the drugs."

Shahbaz noted that federal medical-privacy laws mean that officers and senior noncommissioned officers have no way of finding out whether troops under their command have been prescribed psychiatric medications. That, in turn, makes it difficult for the military to monitor how the drugs may be affecting its personnel.

The military has been working hard to figure out new ways for medical personnel to monitor troops who are taking potentially dangerous medication, particularly when they're deployed overseas. At Chiarelli's direction, the Army has installed video-teleconferencing equipment at remote bases in Afghanistan so that medics can speak with psychiatrists located hundreds or thousands of miles away. The Army's situation is a microcosm of broader American society; the spike in prescription drug use within the ranks of the armed forces mirrors a similar increase in the civilian world. Military officials say that the full implications of the shift away from talk therapy and counseling to medication-centered treatment won't be known for years.

"We're talking about a significant cultural change," said Col. Chris Philbrick, director of the suicide-prevention task force.

#### Keeping To Himself

Tom Bagosy and Katie Murray met when they were teenagers in Delaware. She was 18 and had been working with one of his friends. He was 17, the son of a Marine reservist and the grandson of a marine who served during World War II. In 2004, Tom enlisted in the Marine Corps. The following year, Katie and Tom got married.

Tom deployed to Iraq's violent Anbar province in 2006 and fought in Falluja, then the center of the country's Sunni Arab insurgency. He made it through Iraq largely unscathed. The exception came when his Humvee hit a roadside bomb near Falluja. U.S. medical personnel there told him that he had suffered a concussion from the blast.

It wasn't until Tom was back in the United States that doctors realized he had suffered a more serious traumatic brain injury, which can cause lingering emotional and psychological difficulties. Katie says she read up on post-traumatic stress disorder because she was certain that her husband would return home a changed man. But he was in even worse shape than she had feared, Katie recalls.

Tom had always preferred to keep his problems to himself rather than to talk them through. After serving in Iraq, however, he began displaying an explosive temper that seemed to erupt out of nowhere and disappear just as quickly. He drank heavily and began to speak vaguely of killing himself.

Tom was given a military prescription for Celexa in 2007, and it seemed to help at first. But he was eager to join MarSOC, the Marines Corps's special operations force, and Katie said that the unit's commanders told him he had to stop taking any psychiatric medication. He went off Celexa in the summer of 2008.

Tom deployed to Afghanistan with MarSOC the following year. He had a tattoo of the Marine Corps logo and seemed, from the outside, to be a model member of the elite force. When he returned home to North Carolina at the end of 2009, he refused to talk about what he had seen or done in Afghanistan.

His life began to unravel shortly after he started taking Neurontin at the end of January, according to Katie. In March, Tom got into an altercation with other marines at Camp Le-jeune and threatened to "shoot up the place," Katie says. Marine personnel drove to the family's home to confiscate his firearms, but they missed two handguns. The next month, Marine commanders confined Tom to barracks on the base for two weeks under a so-called military protective order after learning of the confrontation at home when Katie had to wrest a gun from Tom's hands. They also ordered him to enter a substance-abuse program.

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In the meantime, Tom was continuing to think about taking his own life. In May, he secretly bought a shotgun at a sporting goods store, Katie says. She spent Mother's Day trying to persuade her husband not to use the weapon to commit suicide. Her 4-year-old son saw them arguing and said, "Don't worry, Mommy. Daddy won't hurt himself," she remembers.

The following day, terrified that her husband had reached the breaking point, she called Camp Lejeune and told Tom's military psychologist that he was actively suicidal and needed to be confined to a base medical facility for his own safety.

Marine personnel told her that they would go to the base's substance-abuse center and escort her husband to the hospital. But before they arrived, Tom ran out of the building and jumped into his truck. Staffers from the center chased after him and asked a group of marines who were smoking outside the building to stop him, but he got away, Katie says.

Tom called his wife from his truck around 1 p.m. that afternoon. Sobbing, he told Katie that he loved her but wouldn't see her again, she remembers. He said that he had a gun, then abruptly hung up the phone.

Katie called Tom's psychologist, warning that her husband was armed and acting irrationally. A few minutes later, the therapist called back to say that military police had detained her husband and safely taken him to Camp Lejeune's hospital. In truth, Tom was already dead.

Katie was at home with their two children at around 4 p.m. when a pair of marines in dress uniforms showed up at her front door. The last thing she remembers hearing before she collapsed were the words, "We regret to inform you ..."

"For those three hours, I believed he was alive," she said. "I don't know when the reality set in, but the tears kept coming and coming, and they still do."

#### Shattered Lives

Katie believes that the military failed her husband. She had spent the weeks before Tom's suicide desperately trying to get him an appointment with a different psychiatrist in the hopes that he would be taken off Neurontin and given new medication. On May 15, four days after her husband took his life, she received a message confirming that she had finally gotten the necessary referral.

"The command could have done more," she says.

Maj. Jeff Landis, a spokesman for MarSOC, said that the service's formal investigation into Tom's death was not yet complete, leaving the Marines unable to "release anything at this time." Landis said that MarSOC leaders work hard to ensure that troubled warriors get the help they need.

"We actively seek and encourage our marines and sailors to get assistance and care whenever needed," he said.

These days, Katie is trying to rebuild her shattered life. She stayed at home to raise their children while Tom was in the military, but now plans to begin a master's degree program in mental health counseling this November.

She also plans to leave North Carolina. Remaining in the house she'd lived in with her husband, she says, is simply too painful.

"I keep turning the corner and expecting to see him," she says softly. "But, of course, he's not there."

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