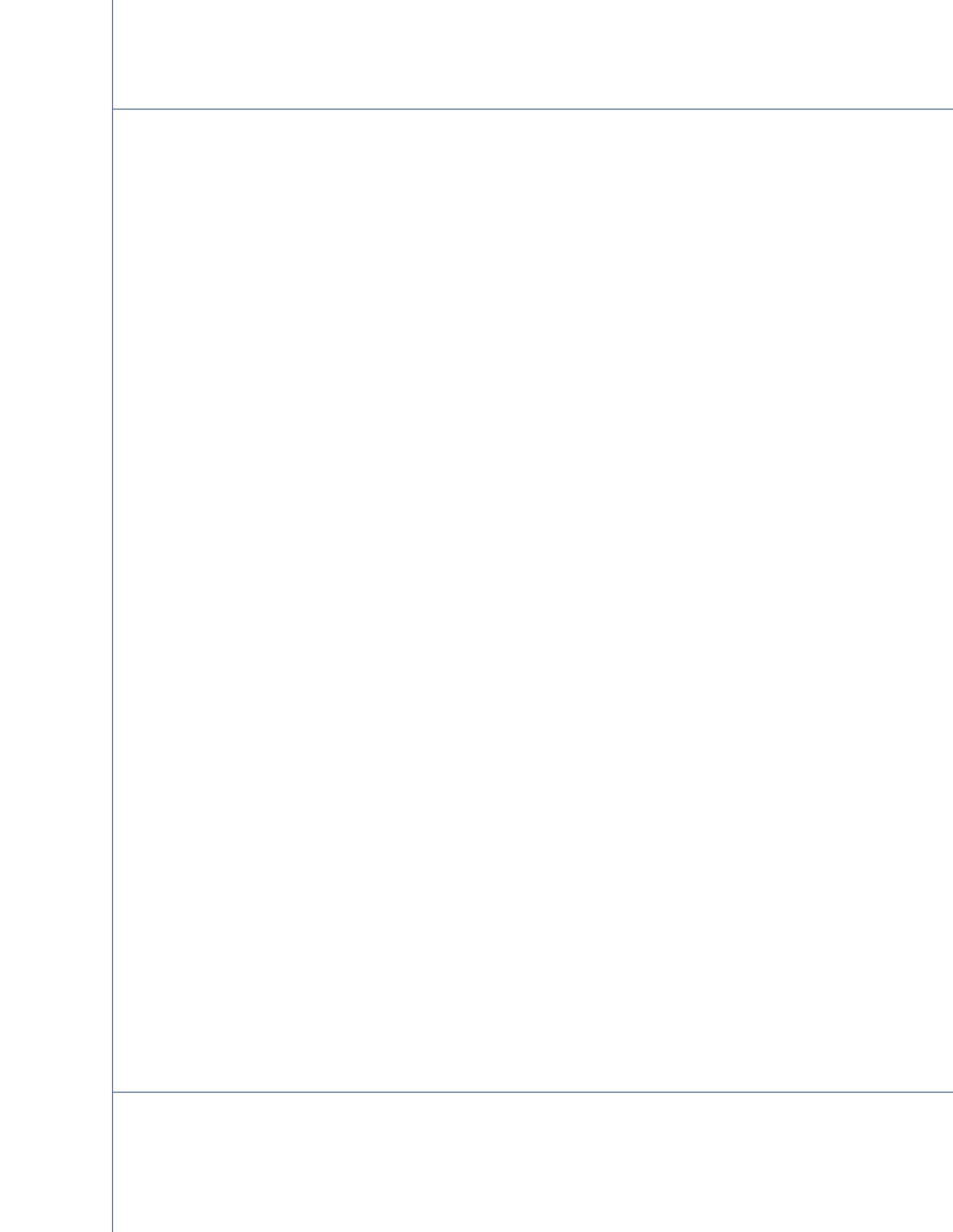


**A REVIEW OF HOW PRESCRIBED  
PSYCHIATRIC MEDICATIONS  
COULD BE DRIVING MEMBERS OF  
THE ARMED FORCES AND VETS  
TO ACTS OF VIOLENCE & SUICIDE**



A Report by  
Citizens Commission on Human Rights International  
July 2014



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## INTRODUCTION

The recent tragedies at Fort Hood and the Washington, D.C. Navy Yard are deeply concerning because of the increasing reports of military and veteran violence and suicide in our Armed Forces. Though there can be many reasons for killing oneself or others, the possible role of psychiatric drugs in these tragedies has not been effectively explored. It would be a serious mistake to ignore this factor.

- Researchers have identified 25 psychiatric medications disproportionately associated with violence, including physical assault and homicide.<sup>1</sup>
- There are 22 international drug-regulatory agency warnings about these medications causing violent behavior, mania, psychosis and homicidal ideation.
- There are almost 50 international drug-regulatory agency warnings about psychiatric drugs causing suicidal ideation.

**2005 - 2011:  
MILITARY  
PRESCRIPTIONS  
FOR PSYCHOACTIVE  
DRUGS INCREASED  
ALMOST 700  
PERCENT.**

**THERE ARE ALMOST  
50 INTERNATIONAL  
DRUG REGULATORY  
WARNINGS ABOUT  
PSYCHIATRIC  
DRUGS CAUSING  
SUICIDAL  
IDEATION.**

- Antidepressants carry an FDA “black-box” warning of “suicidality” for those younger than 25. They also have documented side effects of hostility, anxiety and unusual behavior changes for any age group.
- One in six American service members were taking at least one psychiatric medication in 2010.<sup>2</sup> More than 110,000 Army personnel were given antidepressants, narcotics, sedatives, antipsychotics and anti-anxiety drugs while on duty in 2011.<sup>3</sup>
- The majority (55 percent) of service members who died by suicide during 2008-2010 had never deployed and 84 percent had no documented combat experiences.<sup>4</sup> In the 2012 DoD Suicide Event report on suicide, 52.2 percent of completed suicides had not been deployed in the recent wars and 56.5 percent of suicide attempts had no reported history of deployment.<sup>5</sup>

- Between 2005 and 2011 the military increased its prescriptions of psychoactive drugs (antipsychotics, sedatives, stimulants and mood stabilizers) by almost 700 percent, according to *The New York Times*.<sup>6</sup>

**ONE IN SIX SERVICE MEMBERS WERE TAKING A PSYCHOACTIVE DRUG IN 2010. RESEARCHERS IDENTIFIED 25 PSYCHIATRIC DRUGS AS DISPROPORTIONATELY ASSOCIATED WITH VIOLENCE.**

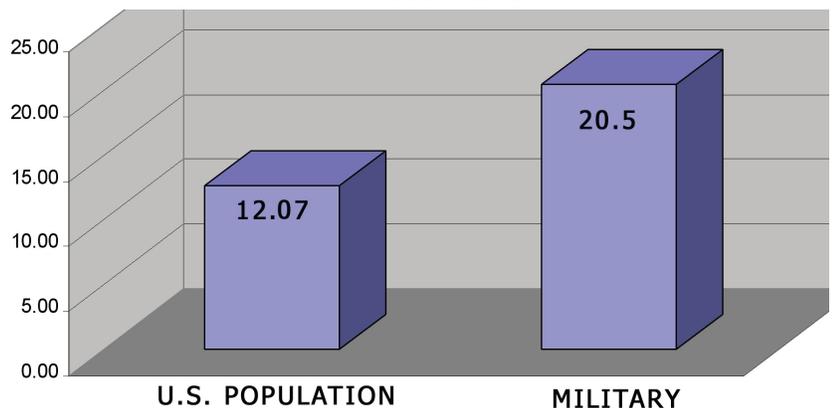
- Prescriptions written for antipsychotic drugs for active-duty troops increased 1,083 percent from 2005 to 2011, while the number of antipsychotic drug prescriptions in the civilian population increased just 22 percent.<sup>7</sup>

- The Department of Defense Suicide Event Reports (DoDSERs) for 2012 reported that the Armed Forces Medical Examiner System (AFMES) found that as of 31 March 2013, there

were 319 suicides among Active Component Service members and 203 among Reserve Component Service members. 92.8 percent of the Service Members were male, with 39.6 percent aged between 17 and 24.

- DoDSERs were only included in this report if they were submitted by April 1, 2013 and thus there are discrepancies between the figures reported by the AFMES and the number of DoDSERs included in the DoDSER 2012 report. In addition, there were some DoDSERs that were submitted for events that were still pending a final determination as a suicide.

**SUICIDES:  
Military vs. U.S. Population per 100,000  
2008-2010**



- A total of 841 Service Members had one or more attempted suicides reported in the DoDSER program for CY 2012.
- Some 134 suicide DoDSERs (42.1 percent) and 452 suicide attempt DoDSERs (52 percent) indicated a history of a behavioral disorder.

- The reports also indicated that “93 decedents (29.2 percent) were reported to have ever taken psychotropic<sup>1</sup> medications. A total of 63 decedents (19.8 percent) were known to have used psychotropic medications within 90 days prior to suicide.” However, this is likely to be much higher as almost 21 percent of both the “Ever Taken Psychotropic Medication” and the “Use of Psychotropic Medication last 90 days” questions were answered with “Data Unavailable.” Potentially up to 50 percent of those committing suicide had at some point taken psychiatric drugs and up to nearly 41 percent had taken them within 90 days.<sup>8</sup>
- The suicide rate increased by more than 150 percent in the Army and more than 50 percent in the Marine Corps between 2001 and 2009.<sup>9</sup> From 2008 to 2010, military suicides were nearly double the number of suicides for the general U.S. population, with the military averaging 20.49 suicides per 100,000 people, compared to a general rate of 12.07 suicides per 100,000 people.<sup>10</sup>
- There are hundreds of “sudden deaths” among veterans that have been prescribed massive cocktails of psychotropic<sup>1</sup> drugs, which a leading neurologist says are “probable sudden cardiac deaths.” Yet the practice of prescribing seven or more drugs documented to cause cardiac problems, stroke, violent behavior and suicide (to name but a few of the adverse effects) is still prevalent.

## PSYCHOTROPIC MEDICATIONS: ACTS OF VIOLENCE

- FORT HOOD GUNMAN IVAN LOPEZ, 34, was taking Ambien, a sleep agent, and other psychiatric drugs for depression and anxiety when he shot dead three colleagues and injured 16 others before killing himself on April 2, 2014.<sup>11</sup>
- WASHINGTON NAVY YARD SHOOTER AARON ALEXIS, 34, had been prescribed Trazodone killed 12 people and wounded 8 before being killed by police on Sept. 16, 2013.<sup>12</sup>
- SOLDIER PFC. DAVID LAWRENCE, 20, and MARINE LANCE CPL. DELANO HOLMES were both taking Trazodone and other psychiatric medications when they killed a Taliban commander in his prison cell and an Iraqi soldier respectively.<sup>13</sup>

<sup>1</sup> *Psychotropic: A term coined in the late 1940s by Ralph Waldo Gerard, an American behavioral scientist and physiologist to medically describe medication capable of affecting the mind, emotions, and behavior—from the Greek, “mind-turning.”*

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## RECOMMENDATIONS

We call for:

1. An inquiry into the potential violence- and suicide-inducing effects of prescribed psychiatric drugs.
2. An investigation into the sudden deaths of vets prescribed cocktails of antipsychotics and other mental health medications with accountability for the deaths and the standard of care given these vets.
3. Full transparency and accountability for the efficacy and results of existing mental health programs for the Armed Forces and veterans.
4. Improved informed consent laws with full searching medical examinations performed before a member of the Armed Forces or veteran can be diagnosed with a mental disorder.

## SUPPORTING INFORMATION

### PSYCHOTROPIC MEDICATIONS: VIOLENCE RISKS

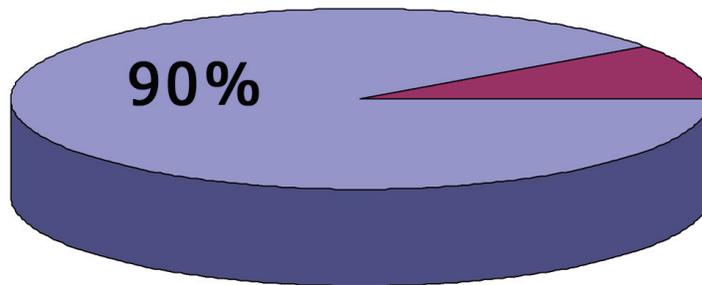
- It is important to understand that the mental health system for our Armed Forces and veterans often involves the use of psychotropic and neuroleptic<sup>2</sup> drugs. Between 2001 and 2009, orders for psychiatric drugs for the military increased seven fold.<sup>14</sup> In 2010, the *Army Times* reported that one in six service members were taking some form of psychiatric drug.<sup>15</sup>
  - A National Institutes of Health website warns consumers to report if while taking Trazodone—one of the drugs prescribed the Navy Yard shooter—they are “thinking about harming or killing yourself,” experience “extreme worry; agitation; panic attacks...aggressive behavior; irritability; acting without thinking; severe restlessness; and frenzied abnormal excitement...”<sup>16</sup>
  - Psychologists have blamed the surge in random acts of violence among U.S. military on the heavy use of prescribed drugs. “We have never medicated our troops to the extent we are doing now ...And I don’t believe the current increase in suicides and homicides in the military is a coincidence,” states Bart Billings, a former military psychologist and combat stress expert.<sup>17</sup>
- “WE HAVE NEVER  
MEDICATED OUR TROOPS  
TO THE EXTENT WE ARE  
DOING NOW... AND I DON’T  
BELIEVE THE CURRENT  
INCREASE IN SUICIDES  
AND HOMICIDES IS A  
COINCIDENCE.”**

**-DR. BART BILLINGS FMR. COL.  
& MILITARY PSYCHOLOGIST**
- The Food and Drug Administration (FDA) MedWatch system that collects adverse drug reports revealed that between 2004 and 2012, there were 14,773 reports of psychiatric drugs causing violent side effects including: 1,531 (10.4 percent) reports of homicidal ideation/homicide, 3,287 (22.3 percent) reports of mania and 8,219 (55.6 percent) reports of aggression.
  - Dr. David Healy, a psychiatrist and a former secretary of the British Association for Psychopharmacology, estimates that 90 percent of school shooters were users of antidepressants.<sup>18</sup> These same medications are prescribed to at least 6 percent of our servicemen and women.<sup>19</sup>

<sup>2</sup> Neuroleptic: A term coined in 1955 by French psychiatrists Pierre Deniker and Jean Delay to describe the “nerve seizing” effects of major tranquilizers (antipsychotics).

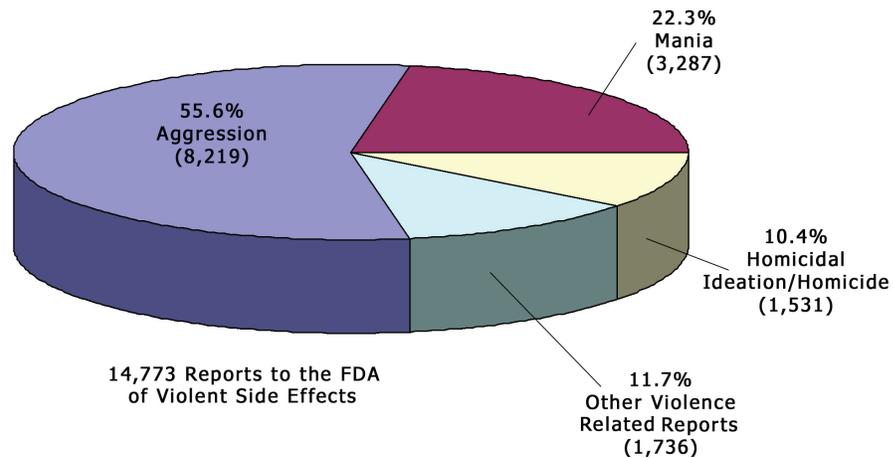
- *Scientific American* recently reported on a study of the antidepressants paroxetine (Paxil) and fluoxetine (Prozac) involving more than 25,000 subjects, which showed that one out of every 250 were involved in “a violent episode,” including 31 assaults and one homicide.<sup>20</sup>
- *Scientific American* also reported the results of a study of more than 9,000 subjects taking paroxetine for depression and other disorders, which found that subjects experienced more than twice as many “hostility events” as subjects taking a placebo.<sup>21</sup>

### School Shooters on Antidepressants



*Dr. David Healy, psychiatrist, estimates that 90% of school shooters were users of antidepressants.*

### FDA Medwatch Adverse Psychiatric Drug Reports: 2004-2012



## PSYCHOTROPIC MEDICATIONS: SUICIDE

- Between 2005 and 2011, orders for psychiatric drugs for the military increased seven fold.<sup>22</sup>
- Antidepressants carry an FDA “black-box” warning of “suicidality” for those younger than 25. They also have documented side effects of hostility, anxiety and unusual behavior changes for any age group.<sup>23</sup>
- The age range of 41 percent of deployed American soldiers is 18-24 and some are prescribed antidepressants despite the Black Box warning.
- There were 1,304 active and reserve components of the military aged 24 and younger that committed suicide between 1998 and 2011, representing 43.6 percent of 2,990 suicides in this group.<sup>24</sup> The 2012 DoD Suicide Event report found 39.6 percent of the Service Members committing suicide were aged 17-24.<sup>25</sup>
- During 1998-2011 (with the numbers increasing sharply since 2005), 2,990 service members died by suicide while on active duty. Numbers and rates of suicide were highest among service members who were male, in the Army, in their 20s and of white race/ethnicity.<sup>26</sup>
- There was an eightfold increase in martial psychotropic drug use since 2005, with nearly 8 percent of servicemen and women on sedatives and 6 percent on antidepressants.<sup>27</sup>
- In March 2013, the Pentagon reported more soldiers were dying overseas by committing suicide than from combat wounds —about one a day. Returning vets were committing suicide at a rate of 22 each day in 2010—one every 65 minutes.<sup>28</sup>

• **A SOLDIER COMMITS SUICIDE NEARLY EVERY DAY (2013)**

• **AN ACTIVE-DUTY, RESERVE OR NATIONAL GUARD MEMBER COMMITS SUICIDE EVERY 17 HOURS (2012)**

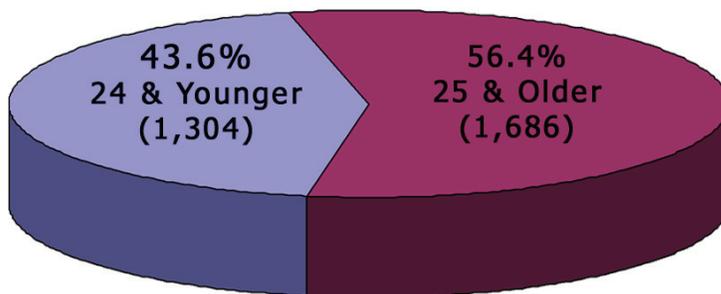
• **THERE ARE 22 VET SUICIDES EVERY DAY (2010)**

- In 2012, there was one suicide every 17 hours among all active-duty, reserve and National Guard members, according to figures gathered from each branch.<sup>29</sup>
- The suicide rate increased by more than 150 percent in the Army and more than 50 percent in the Marine Corps between 2001 and 2009.<sup>30</sup>
- The majority (55 percent) of Service Members who died by suicide during 2008-2010 had never deployed and 84 percent had no documented combat experiences.<sup>31</sup> In the 2012 DoD Suicide Event report on suicide, 52.5 percent of completed suicides had not been deployed in recent wars and 56.5 percent of suicide attempts had no reported history of deployment.<sup>32</sup>
- In a report that Health and Human Services and Centers for Medicare and Medicaid Services published in August 2013, it stated, "Antidepressant medications have been shown to increase the risk of suicidal thinking and behavior. In a pooled-analysis of short-term, placebo-controlled trials of nine antidepressant medications, patients taking an antidepressant had twice the risk of suicidality in the first few months of treatment than those taking placebo. The long-term risk is unknown."<sup>33</sup>

**PEOPLE WHO TAKE ANTIDEPRESSANTS "BECOME VERY DISTRAUGHT... THE IRRITABILITY AND IMPULSIVITY CAN MAKE PEOPLE SUICIDAL OR HOMICIDAL."**

**-DR. JOSEPH GLENMULLEN  
HARVARD PSYCHIATRIST**

### Suicides of Active and Reserve Members



*1998 - 2011: 1,304 active and reserve components of the military aged 24 years old and younger committed suicide.*

- Harvard Medical School psychiatrist, Dr. Joseph Glenmullen, author of *Prozac Backlash*, says antidepressants could explain the mass-suicides over the last decade. People who take antidepressants, he said, could “become very distraught.... They feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal.”<sup>34</sup>
- Dr. David Healy also determined from a review of published SSRI antidepressant clinical trials that the drugs increase the risk of suicide.<sup>35</sup>
- In February 2005, a study published in the *British Medical Journal* determined that adults taking SSRI antidepressants were more than twice as likely to attempt suicide as patients given placebo.<sup>36</sup>

## SUDDEN DEATHS OF SOLDIERS & VETERANS:

The antipsychotic medication Seroquel, referred to by vets as “Serokill,” is implicated in hundreds of cardiac arrests and sudden deaths of combat veterans.<sup>37</sup>

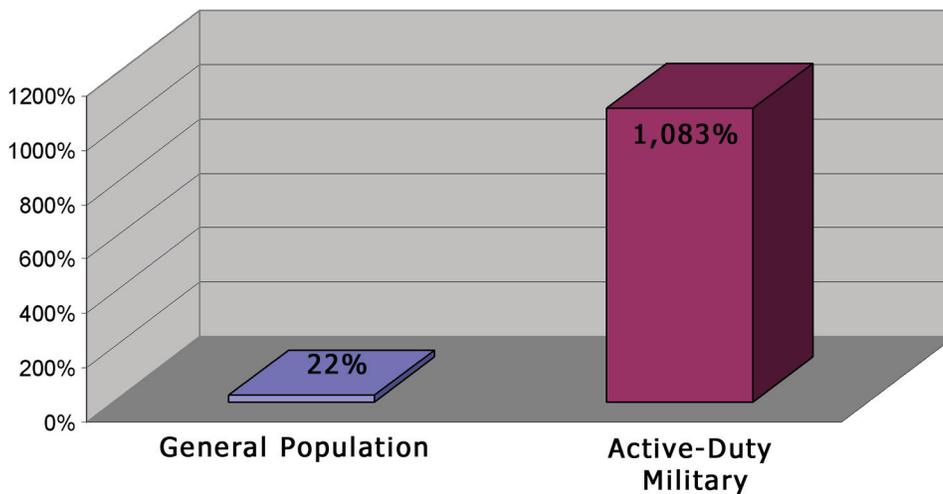
- In September 2011, the *European Heart Journal* published a study titled, “Psychotropic medications and the risk of sudden cardiac death during an acute coronary event.” The researchers concluded: The use of psychotropic drugs, especially combined use of antipsychotic and antidepressant drugs, strongly associated with an increased risk of SCD [sudden cardiac death] at the time of an acute coronary event.<sup>38</sup>
- Dr. Audrey Uy-Evanado reported at the annual meeting of the Heart Rhythm Society in 2013, that both the second-generation and first-generation antipsychotic drugs proved independently associated with greater than threefold increased risks of sudden cardiac deaths.<sup>39</sup>

**“THE DEATHS OF THE ‘CHARLSTON FOUR’ [VETS] WERE PROBABLE SUDDEN CARDIAC DEATHS.” ALL “WERE ON THE SAME PRESCRIBED DRUG COCKTAIL, SEROQUEL, PAXIL AND KLONOPIN.”**

**-DR. FRED BAUGHMAN, JR. NEUROLOGIST, HAS LIST OF 395 SUSPECT DEATHS OF SOLDIERS AND VETS.**

- California neurologist Dr. Fred Baughman Jr. collected a list of 395 questionable soldier and veteran deaths. He wrote of Andrew White, Eric Layne, Nicholas Endicott and Derek Johnson—all in their twenties, who were West Virginia veterans that died in their sleep in early 2008. “All had been diagnosed ‘PTSD’—a psychological diagnosis, not a disease (physical abnormality) of the brain. All were on the same prescribed drug cocktail, Seroquel (antipsychotic), Paxil (antidepressant) and Klonopin (benzodiazepine) and all appeared ‘normal’ when they went to sleep...the deaths of the ‘Charleston Four’ were probable sudden cardiac deaths, a sudden, pulseless condition leading to brain death in 4-5 minutes, a survival rate or 3-4 percent, and not allowing time for transfer to a hospital.”<sup>40</sup>

### Increase in Antipsychotic Drug Prescriptions Military v.s. U.S. population 2005 - 2011.



- 
- Sicouri and Antzelevitch (2008) concluded: (1) “A number of antipsychotic and antidepressant drugs can increase the risk of ventricular arrhythmias and sudden cardiac death,” (2) “Antipsychotics can increase cardiac risk even at low doses whereas antidepressants do it generally at high doses or in the setting of drug combinations.”<sup>41</sup>
  - The landmark U.S. Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study, showed treatment with many atypical antipsychotics is associated with metabolic side effects

such as overweight/obesity and diabetes. Failure to properly monitor and manage these effects can lead to increased risk of mortality due to diabetic ketoacidosis [life-threatening problem when the body cannot use sugar as a fuel source because of insufficient or no insulin] and cardiovascular disease.<sup>42</sup>

- Marine Corporal Andrew White, 20, and Senior Airman Anthony Mena, 23, were prescribed a total of 54 drugs between them, including Seroquel, Effexor, Paxil, Prozac, Remeron, Wellbutrin, Xanax, Zoloft, Ativan, Celexa, Cymbalta, Depakote, Haldol, Klonopin, Lexapro, Lithium, Lunesta, Compazine, Desyrel, Trileptal, and Valium, before they died suddenly in their sleep in February 2008 and July of 2009, respectively. The *New York Times* reported, “What killed Airman Mena was not an overdose of any one drug, but the interaction of many.”<sup>43</sup>

**ANTIPSYCHOTIC DRUGS  
ARE ASSOCIATED WITH  
GREATER THAN THREE-  
FOLD INCREASED RISKS OF  
SUDDEN CARDIAC DEATHS.**

**-DR. AUDREY UY-EVANDO  
REPORT TO THE HEART  
RHYTHM SOCIETY, 2013**

- No one is held accountable for prescribing potentially lethal combinations of psychiatric medications to veterans, revealing a discrepancy in the law. Outside the military, doctors have been convicted of manslaughter and culpable negligence for prescribing addictive or dangerous cocktails of medicines. For example, Dr. James Graves’ “chemical straightjacket” caused the death of four patients. Florida’s Assistant State Attorney Russ Edgar said Graves should have reasonably known his prescriptions were “likely to cause death or great bodily injury.”<sup>44</sup> He was sentenced to nearly 63 years in prison.<sup>45</sup>
- A Florida psychiatrist Dr. George Kubski was jailed for one year, given 10-years’ probation and ordered to provide \$150,000 for a trust fund for the 11-year-old daughter of Jamie Lea Massey, who went to Kubski for pain management and died of drug toxicity. Kubski had prescribed more than 20,000 pills in three months to Mr. Massey.<sup>46</sup>

As stated in the Introduction, prescriptions written for antipsychotic drugs for active-duty troops increased 1,083 percent from 2005 to 2011, while the number of antipsychotic drug prescriptions in the civilian population increased just 22 percent.

Dr. Baughman Jr. points out, “The fact of the matter is that psychotropic drug polypharmacy is never safe, scientific, or medically justifiable.”

Further, he called upon “the military for an immediate embargo of all antipsychotics and antidepressants until there has been a complete, wholly public, clarification of the extent and causes of this epidemic of probable sudden cardiac deaths.”<sup>47</sup>

## POST-TRAUMATIC STRESS DISORDER (PTSD)

The problems for members of the Armed Forces facing war include anguish, fear in battle, sleep deprivation, extreme environmental conditions, chemical warfare and vaccines, adding stresses to an already life-threatening environment. Members of the Armed Forces and vets can experience debilitating flashbacks, nightmares and anxiousness.

But to diagnose this as PTSD and imply it is a *physical disease* or *abnormality* is misleading. There is no medical test—no blood or urine test, x-ray or brain scan—that can confirm PTSD is a disease.

- The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM) which lists the symptoms of PTSD has been criticized as unscientific and “clinically risky” which results in the “mislabeling of mental illness in people who will do better without a psychiatric diagnosis,” and potentially harmful treatment with psychiatric medication.
- Leading U.S. National Institute of Mental Health-funded researchers of schizophrenia in a 2012 study stated: “The validity of psychiatric diagnosis and the DSM process is the focus of criticism because we have not identified the lesions, the diagnostic process depends upon ‘soft’ subjective phenomena...”<sup>48</sup>
- A 2013 study in the *Journal of Law, Medicine and Ethics* reported: “It is of no coincidence that this manual (DSM5) relies on a biological disease model of mental illness that is not well supported by the evidence but that does promote the commercial agenda of drug firms....”<sup>49</sup>

- The chairman of the DSM5 Task Force, professor of psychiatry David Kupfer conceded last year that “biological and genetic markers that provide precise [mental health] diagnoses that can be delivered with complete reliability and validity” are still “disappointingly distant.”<sup>50</sup>

A chemical imbalance in the brain has been marketed as a “possible” cause of PTSD. Yet even the American Psychiatric Association said that this was a theory that was “probably drug industry derived.”<sup>51</sup> It was developed to market antidepressants.

- A study published in 2005 in *PloS Medicine* found that the SSRI antidepressants ads “largely revolved around the claim that SSRIs correct a chemical imbalance caused by a lack of serotonin.” Yet, “there is no such thing as a scientifically correct ‘balance’ of serotonin.” Further, “not a single peer-reviewed article ... support[s] claims of serotonin deficiency in any mental disorder,” they said.<sup>52</sup>

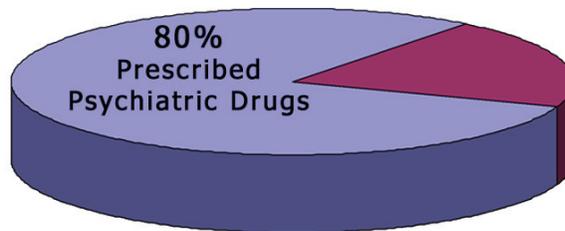
**“THE VALIDITY OF  
PSYCHIATRIC DIAGNOSIS  
AND THE DSM PROCESS IS  
THE FOCUS OF CRITICISM  
BECAUSE WE HAVE  
NOT IDENTIFIED THE  
LESIONS, THE DIAGNOSTIC  
PROCESS DEPENDS  
UPON ‘SOFT’ SUBJECTIVE  
PHENOMENA...”**

- In 2013, James Davies, a Senior university Lecturer in Social Anthropology and Psychotherapy said, “despite nearly 50 years of investigation into the theory that chemical imbalances are the cause of psychiatric problems, studies in respected journals have concluded that there is not one piece of convincing evidence the theory is actually correct.”<sup>53</sup>
- Yet in 2011, a VA study found that 80 percent of veterans diagnosed with PTSD received psychiatric drugs. Of these, 89 percent were treated with antidepressants, and 34 percent were prescribed antipsychotic drugs.<sup>54</sup>

**- SCHIZOPHRENIA  
BULLETIN, JANUARY 2012**

Members of the Armed Forces and veterans that are told that PTSD is caused by a chemical imbalance in the brain should be informed to require the medical tests to support the diagnosis, otherwise it violates their informed consent rights. One wouldn't undergo chemotherapy without first having the cancer confirmed with tests.

## Veterans Diagnosed with PTSD 2011



*A VA study found 80% of vets diagnosed with PTSD were given psychiatric drugs. Of these, 89% were treated with antidepressants documented to cause suicidal ideation and aggression.*

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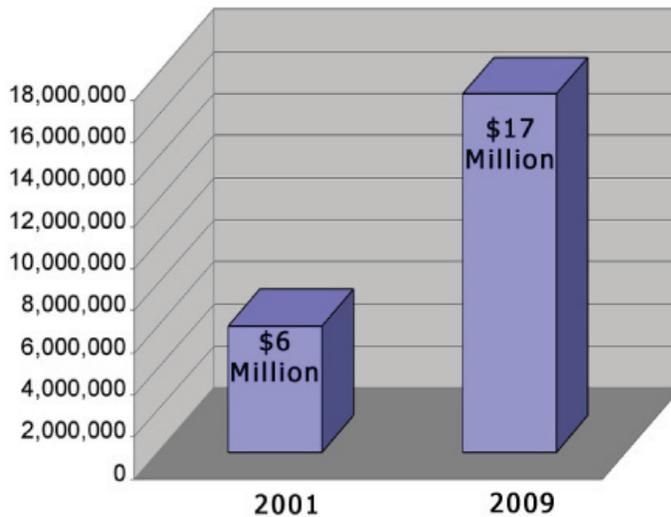
### PSYCHOTROPIC DRUG USE & COSTS

A 2010 PBS Frontline documentary, *The Wounded Platoon* showed that 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.<sup>55</sup>

- Veteran Affairs and the Department of Defense (DoD) spent more than \$850 million on Seroquel between 2001 and 2011. The antipsychotic is prescribed to soldiers to treat “insomnia” for which it is not FDA approved.<sup>56</sup> 1.4 percent of soldiers and 0.7 percent of Marines on active duty in 2010—about 11,000 troops—had received prescriptions for Seroquel.<sup>57</sup>
- Some 54,581 prescriptions for Seroquel were written for active duty service members in 2011 alone—the vast majority as a sleep aid, a condition for which is it not FDA approved to treat.<sup>58</sup>
- Responding to the controversy over Seroquel, in 2012 the DoD 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.<sup>59</sup>
- Yet in 2013, the Army announced it was conducting studies on hundreds of vets and service members to evaluate Seroquel and antidepressants to see how the drugs fit into the treatment of traumatized veterans.<sup>60</sup>

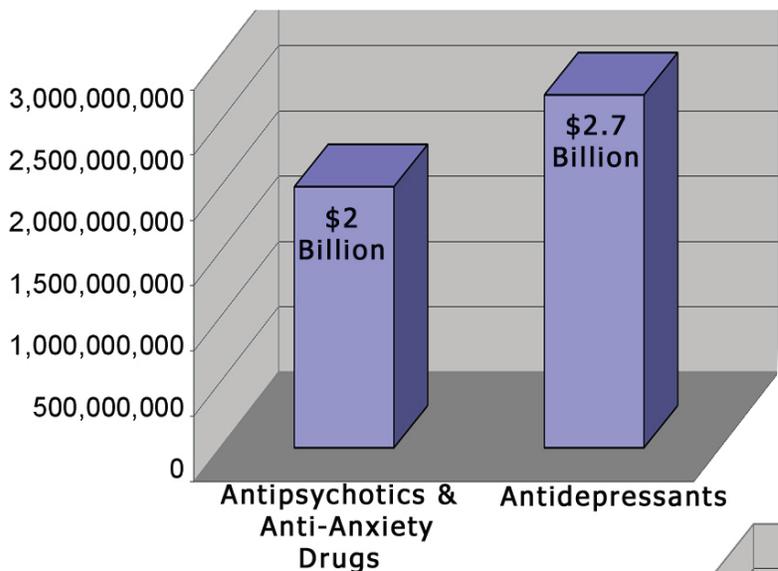
- Since 2001, the VA and DoD spent over \$790 million on another antipsychotic risperidone.<sup>61</sup> Yet in 2011, the VA reported that Risperdal (risperidone) was no more effective in treating combat stress treatment than a placebo.<sup>62</sup>
- The VA and DoD have spent almost \$2 billion to treat mental disorders, which has done nothing to reduce the rate of hospitalization of active troops for these conditions.<sup>63</sup>
- Use of anti-anxiety drugs and sleeping pills such as Valium and Ambien increased 170 percent while spending nearly tripled, from \$6 million in 2001 to about \$17 million in 2009. Between October 2001 and March 2012, the DoD spent a total of \$44.1 million just on benzodiazepines, one class of anti-anxiety drugs.<sup>64</sup>
- The VA and DoD spent \$2 billion on antipsychotics and anti-anxiety drugs combined from 2001-2011.
- The DoD also spent at least \$2.7 billion on antidepressants from 2001-2011.<sup>65</sup>
- In 2012, it was reported the military had spent more than \$507 million on Ambien and its generic equivalents.<sup>66</sup> The drug may cause bizarre behavior, hallucinations, abnormal emotions, amnesia and neuropsychiatric consequences.<sup>67</sup>

### Anti-Anxiety & Sedative Military Spending in Millions

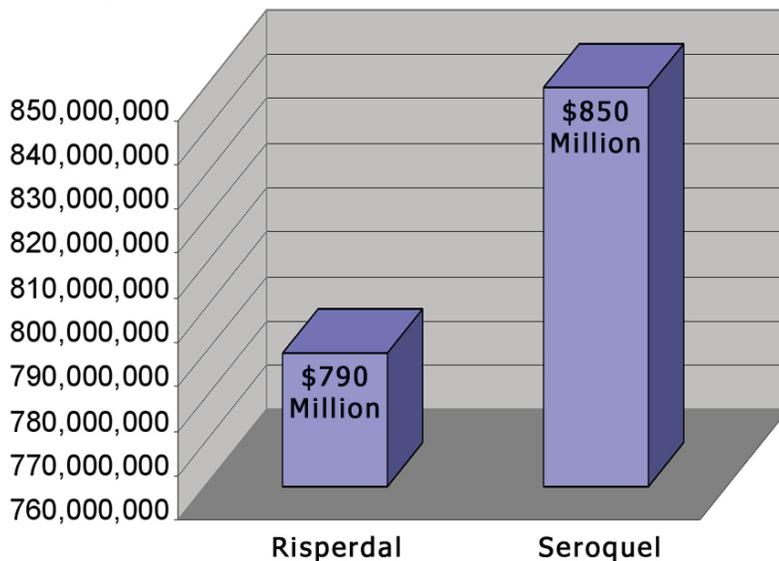


- In 2012, the Army Medical Command warned that the use of benzodiazepines such as Xanax and Valium could intensify combat stress symptoms and lead to addiction.<sup>68</sup> The Army Surgeon General's office also warned regional medical commanders against using anti-anxiety meds such as Klonopin, Ativan and Valium to treat PTSD.<sup>69</sup>

### U.S. Govt. Expenditure on Psychiatric Drugs for Military and Veterans 2001-2011



### VA/DoD Expenditures on Antipsychotics 2001-2011



*Although normally prescribed to treat psychotic disorders, anti-psychotics are largely being prescribed to treat insomnia in the military - for which they are not FDA approved.*

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## LEGAL JUDGMENTS REGARDING PSYCHIATRIC DRUGS & VIOLENCE

**December 2011:** Winnipeg, Canada judge Justice Robert Heinrichs ruled that a 15-year-old boy murdered his friend due to the effects of Prozac, stating: "He had become irritable, restless, agitated, aggressive and unclear in his thinking. It was while in this state he overreacted in an impulsive, explosive and violent way. Now that his body and mind are free and clear of any effects of Prozac, he is simply not the same youth in behavior and character."<sup>70</sup>

**June 2001:** A Wyoming jury awarded \$8 million to the relatives of a man, Donald Schell, who went on a shooting rampage after taking Paxil and killing his wife, daughter and his granddaughter. Harvard psychiatrist John Maltzberger testified that SSRI manufacturers should warn that antidepressants could cause some patients to experience akathisia and mania, which can induce violent behavior and suicide.<sup>71</sup>

**May 25, 2001:** An Australian judge blamed the antidepressant Zoloft for turning a peaceful, law-abiding man, David Hawkins, into a violent killer. Judge Barry O'Keefe said that had Mr. Hawkins not taken the antidepressant, "it is overwhelmingly probable that Mrs. Hawkins would not have been killed...."<sup>72</sup> Further, "The killing was totally out of character" and "inconsistent with the loving, caring relationship which existed between him and his wife and with their happy marriage of 50 years."<sup>73</sup>

**January 1999:** University of North Dakota student Ryan Ehlis, 27, shot and killed his five-week-old daughter and wounded himself after taking the stimulant Adderall for several weeks. Shire Richwood, the manufacturer of Adderall, issued a statement to the court that psychosis is a side effect of this class of stimulants. Charges were dismissed against Ehlis after various doctors testified that he suffered from "Amphetamine-Induced Psychotic Disorder."<sup>74</sup>

## INFORMED CONSENT RIGHTS

According to Dr. Baughman, Jr., “In no edition of the DSM are psychiatric diagnoses actual physical abnormalities of the body or brain, making them diseases, disorders, or syndromes in a medical sense.” All such statements are false, he adds, stating that therefore, “no such patient has been accorded his or her right on informed consent.”

A study of Direct-to-Consumer Advertising of psychotropic drugs pointed out that “None of the advertisements include detailed information on talk therapy or exercise, which have both been proven to help ease the stress of mental conditions—In fact, advertisements often go as far as to claim that ‘only your doctor can diagnose depression,’ when this simply is not true.” This then directs the person to a doctor’s office where they’re most likely to receive a prescription.

The study cited one ad for the antidepressant Prozac, which stated that “talk therapy cannot control the medical causes of depression.”<sup>76</sup>

Alternative approaches to helping the mental health needs of the Armed Forces and veterans can be disregarded in the face of a “quick fix pill,” thereby violating informed consent rights. Dr. Hyla Cass, psychiatrist, reported that many drugs, such as the stimulants Ritalin and Adderall can reduce appetite. This, in turn, decreases the intake of beneficial nutrients. Some antidepressants also tend to have this appetite-reducing effect. Many of the neuroleptics (antipsychotic drugs) and some antidepressants cause insulin resistance or metabolic syndrome, with resulting blood sugar swings.<sup>77</sup>

Lt. Col. Charles Ruby, who retired from the Air Force launched Operation Speak Up to help establish group settings for veterans to talk about their combat stress, based on the Alcoholics Anonymous model. “Our view is that psychiatric drugs do nothing but sedate people. We believe that speaking out is a much better way to treat these people and to find a way to integrate back into their communities.”<sup>78</sup>

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A cost-benefit analysis must be done on existing mental health programs and the impact of these programs on the mental health of the nation, at the exclusion of alternative methods of help. Informed consent requires that all patients be informed of the subjective nature of a psychiatric diagnosis, the right to refuse to consent to psychiatric medication and the right to know about alternatives available.

## CASE EXAMPLES

**SGT. VINCINTE JACKSON**, 40, stabbed to death Spc. Brandy Fonteneaux, 28, on January 8, 2012. He was convicted of and sentenced to life in prison for the unpremeditated murder and said he was “horrified” by the crime and takes full responsibility for his actions. But he doesn’t know why he did it. A defense attorney, Capt. Jeremy Horn, said that a combination of heavy drinking and a prescription antidepressant, Celexa, left Jackson unable to control his own actions or form any kind of plan to commit murder.<sup>79</sup>

**MARINE LANCE CPL. DELANO HOLMES**, 22, fatally stabbed an Iraqi soldier to death in 2007 after being prescribed Trazodone, Ambien and Valium.<sup>80</sup> He was convicted of negligent homicide and received a bad conduct discharge from the Marines.<sup>81</sup>

**FORMER U.S. ARMY SPECIALIST KYLE WESOLOWSKI** returned from Iraq in December 2010 following a brutal yearlong deployment. Psychiatrists at Fort Hood gave him “a cocktail of seven different drugs” for war-related mental health issues. More than three years later, Wesolowski came to the uncomfortable conclusion that the prescribed drugs made him homicidal. He contemplated murdering a young woman he met in a bar near the base. “I began to fantasize about killing her,” he said. Wesolowski, who is now off of most of the drugs he formerly took, is using his GI Bill benefits to attend college in Thailand.<sup>82</sup>

**SPC. ANDREW TROTTO**, a 24-year-old Army gunner, was prescribed as many as 20 psychiatric medications, starting while in combat in Iraq when he had difficulty falling asleep. He was prescribed the antipsychotic Seroquel. His body adapted to it and he was soon taking a dose meant for psychotics. “They had no clue what the hell they were doing,” Trotto says of the doctors at the battalion aid station who prescribed the pills. “They just throw you on a drug, and if it doesn’t work, they throw you on something else. ‘Try this. Try this. Try this.’” In addition to Seroquel, he was taking the antidepressant Zoloft and Vicodin to relieve pain from ruptured disks he sustained falling nine feet off a tank. “Let me remind you,” he says, “I was a gunner, completely whacked out of my mind. There were quite a few of us on Seroquel and antidepressants.” While in a warrior-recovery unit in Kuwait, he locked himself in an outside toilet with a loaded M16 in his mouth, but he managed to hold out long enough to seek help. “I told them, ‘You need to do something, or I am going to take other people out with me.’” His

mother, Gina, says: “This was the all-American kid. He never had psychiatric problems or problems with suicide. They took a young man who was reacting normally to an abnormal situation – which is war – and they shoved him on an antipsychotic. I watched him become a completely different person. My son ended up gaining 40 pounds from all these medications... I was watching my son slowly die.”<sup>83</sup>

**RONALD BRUCE WEDDERMAN**, 55, a National Guard staff sergeant who fought in Iraq in 2005, returned home and VA doctors prescribed him the antidepressant Trazadone for sleep and Prozac. He says the combination was nearly lethal. “At one point I had two pistols raised to my head on the beach. Somebody called the police. They found me yelling and screaming at people and waving my guns.” Wedderman has not taken Trazodone again, and he hasn’t tried to kill himself, either.<sup>84</sup>

**JOHN KEITH**, 35, was put on Seroquel and the antidepressants Trazodone and Zoloft by a VA doctor in a single visit. “I called my doctor up and said, ‘I just threw my friend’s furniture off a third-story balcony.’ [The doctor] said, ‘Well, just cut the new pills in half’ ...At first they give you one or two or three, and you try those for a couple of weeks....But they keep giving you more and more, and by the end of it, you’re on 17 medications.” Since getting off the drugs and forming an organization to help vets manage their paperwork, Keith has processed more than a thousand veterans’ disability claims. He says, “I have never seen a veteran who is or was on less than five medications.”<sup>85</sup>

**KELLI GRESE**, former Navy corpsman, 37, on Veterans Day 2010 swallowed an unknown quantity of the antipsychotic Seroquel – her fourth suicide attempt in eight months using the same drug. Her death was the subject of a \$5 million lawsuit filed against the VA in December 2012.<sup>86</sup> The government ultimately settled the lawsuit, although it admitted no liability.<sup>87</sup> Between 1991 and 1997, Kelli and her sister, Darla, served in the U.S. Navy. In 1995, while serving in Naples, Italy, they were the victims of a home invasion by three men. Although they were physically unharmed, they were diagnosed with PTSD. Kelli continued to be a highly functioning, exceptional sailor: Her evaluations were superb; she was nominated for Junior Sailor of the Quarter at the end of her career; she managed and participated on the command color guard team. However, she was discharged from the Navy due to the PTSD and migraine headaches. There followed years of

being prescribed up to 20 different psychotropic drugs as well as painkillers. In 1999, according to Darla, who kept meticulous records of Kelli's medication, 5,370 Klonopin, an anti-anxiety drug, were prescribed. Kelli worsened. In 2002, the VA began her on a "trial" of Seroquel in addition to other drugs, including Zoloft and Geodon. She attempted suicide. And still, her medication list ballooned until on November 12, 2010, she killed herself.<sup>88</sup>

**CPL. CHAD OLIGSCHLAEGER, 21:** For seven months in 2006, the marine patrolled a war-torn city in Iraq. When he returned to his home base he drank heavily, panicked at the sound of a car backfire, swerved around potholes as if they were roadside bombs and had visions of dead friends. He was diagnosed with PTSD and recommended him for a substance abuse clinic in San Diego. Instead, he was sent to a month of live-fire training in a mock Iraqi village in the High Desert in preparation for another deployment. Although the second deployment was less violent, his return to Iraq plunged him into the memories of his first tour. He was recommended psychoactive drugs, starting with Prozac. Over the next two months, Oligschlaeger's symptoms worsened, but his prescriptions increased and by mid-May, he had at least seven active prescriptions, totaling 18 pills a day. He was found dead on the floor of his barracks room on May 20, 2008. All signs pointed to suicide. But an autopsy revealed he had taken the pills that military doctors gave him, dying of accidental "multiple drug toxicity." The Marine's blood held a mix of two antidepressants, an antipsychotic, two kinds of benzodiazepines, and propranolol, a beta blocker sometimes used to subdue fears. A seventh drug was a small amount of methamphetamine, which may have been from illegal drug use or it could be a false positive from over-the-counter medication. None of these drugs had been taken in deadly dosage, but together they had proven fatal.<sup>89</sup>

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## THE CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL

The Citizens Commission on Human Rights (CCHR) is a non-profit, non-political and non-religious mental health watchdog established in 1969 by the Church of Scientology and the late Dr. Thomas Szasz, professor of psychiatry, Syracuse University of New York Health Science Center. It works to enact protections for and increase consumer rights especially informed consent rights, and raises public awareness about psychiatric abuses.

It has assisted many thousands of individuals who have been adversely treated in the U.S. mental health system and around the world. It is the only group that has obtained more than 160 consumer/mental health patient-protection laws in the world, receiving recognition from the Special Rapporteur to the United Nations Human Rights Commission for being “responsible for many great reforms.”

Several Congressional recognitions of our work includes a Resolution by Congresswoman Diane Watson, which “highly commends CCHR for securing numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them.”

Its board of advisors, called Commissioners, includes doctors, psychologists, attorneys, educators, artists, businessmen, and civil and human rights representatives.

CCHR’s work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts: Article 3: Everyone has the right to life, liberty and security of person and Article 5: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

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