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# U.S. military: Heavily armed and medicated

## Prescription pill dependency among American troops is on the rise

By Melody Petersen

Men'sHealth

updated 8:30 a.m. ET, Tues., May 19, 2009

Marine Corporal Michael Cataldi woke as he heard the truck rumble past.

He opened his eyes, but saw nothing. It was the middle of the night, and he was facedown in the sands of western Iraq. His loaded M16 was pinned beneath him.

Cataldi had no idea how he'd gotten to where he now lay, some 200 meters from the dilapidated building where his buddies slept. But he suspected what had caused this nightmare: His Klonopin prescription had run out.

His ordeal was not all that remarkable for a person on that anti-anxiety medication. In the lengthy labeling that accompanies each prescription, Klonopin users are warned against abruptly stopping the medicine, since doing so can cause psychosis, hallucinations, and other symptoms. What makes Cataldi's story extraordinary is that he was a U. S. Marine at war, and that the drug's adverse effects endangered lives — his own, his fellow Marines', and the lives of any civilians unfortunate enough to cross his path.

"It put everyone within rifle distance at risk," he says.

In deploying an all-volunteer army to fight two ongoing wars, in Iraq and Afghanistan, the Pentagon has increasingly relied on prescription drugs to keep its warriors on the front lines. In recent years, the number of military prescriptions for antidepressants, sleeping pills, and painkillers has risen as soldiers come home with battered bodies and troubled minds. And many of those service members are then sent back to war theaters in distant lands with



Chris Hondros / Getty Images file

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bottles of medication to fortify them.



According to data from a U. S. Army mental-health survey released last year, about 12 percent of soldiers in Iraq and 15 percent of those in Afghanistan reported taking antidepressants, anti-anxiety medications, or sleeping pills. Prescriptions for painkillers have also skyrocketed. Data from the Department of Defense last fall showed that as of September 2007, prescriptions for narcotics for active-duty troops had risen to almost 50,000 a month, compared with about 33,000 a month in October 2003, not long after the Iraq war began.

In other words, thousands of American fighters armed with the latest killing technology are taking prescription drugs that the Federal Aviation Administration considers too dangerous for commercial pilots.

Military officials say they believe many medications can be safely used on the battlefield. They say they have policies to ensure that drugs they consider inappropriate for soldiers on the front lines are rarely used. And they say they are not using the drugs in order to send unstable warriors back to war.

Yet the experience of soldiers and Marines like Cataldi show the dangers of drugging our warriors. It also worries some physicians and veterans' advocates. "There are risks in putting people back to battle with medicines in their bodies," says psychiatrist Judith Broder, M. D., founder of the Soldiers Project, a group that helps service members suffering from mental illness.

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Prescription drugs can help patients, Dr. Broder says, but they can also cause drowsiness and impair judgment. Those side effects can be dealt with by patients who are at home, she says, but they can put active-duty soldiers in great danger. She worries that some soldiers are being medicated and then sent back to fight before they're ready.

"The military is under great pressure to have enough people ready for combat," she says. "I don't think they're as cautious as they

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would be if they weren't under this kind of pressure."

### **Brought more than memories back**

When Cataldi talks about what happened to him in Iraq, he begins with an incident that took place on a cold January night in 2005, when he and five other Marines received a radio call informing them that a helicopter had disappeared. The men roared across the desert of western Iraq and found what was left of the chopper. Flames roared from the pile of metal. Cataldi, 20, was ordered to do a body count.

The pilot's body was still on fire, so he shoveled dirt on it to douse the acrid flames. He picked up a man's left boot in order to find the dog tag every Marine keeps there. A foot fell to the ground. "People were missing heads," Cataldi remembers. "They were wearing the same uniform I was wearing."

The final death toll from that crash of a CH-53E Super Stallion was 30 Marines and one sailor.

For days, Cataldi couldn't escape the odor of burning flesh. "I had the smell all over my equipment," he says. "I couldn't get it off ."

When he returned to his stateside base at Twentynine Palms, California, he knew he'd brought more than memories back from Iraq. He would cry for no reason. He flew into fits of rage. One night he woke up with his hands around the throat of his wife, Monica, choking her.

"It scared the crap out of me," he says.

He went to see a psychiatrist on base. "He said, 'Here's some medication,' " Cataldi recalls. The prescribed drugs were Klonopin, for anxiety; Zoloft, for depression; and Ambien, to help him sleep.

Later, other military doctors added narcotic painkillers for the excruciating pain in his leg, which he'd injured during a training exercise. He was also self-medicating with heavy doses of alcohol. Those prescriptions didn't stop the Marine Corps from sending Cataldi back to Iraq. In 2006, he returned to the same part of the Iraqi desert to do the same job: performing maintenance on armored personnel carriers known as LAVs. He also took his turn driving the 14-ton tanklike vehicles, one of which was armed with a 25 mm cannon and two machine guns and loaded with more than 1,000 rounds of ammunition.

Marine Major Carl B. Redding says he can't talk about the medical history of any Marine because of privacy laws. He says the Corps has procedures to ensure that service members taking medications for psychiatric conditions are deployed only if their symptoms are in remission. Those Marines, he says, must be able to

#### **They gave. Now it's your turn**

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##### **Volunteer**

Help injured soldiers transition to civilian life by providing rides to appointments, babysitting, organizing job fairs, or assisting with tax and medical forms. For information, check out your nearest American Legion post to see if it participates in the Heroes to Hometowns program. Or visit your local V. A. hospital's voluntary service office. "Last year, volunteers contributed more than 11 million hours of service to veterans," says Laura B. Balun, director of the V. A.'s voluntary service office. Based on an Independent Sector valuation of a \$19.51 volunteer hour, that's worth almost \$224 million.

##### **Donate**

Don't have the time? Not to worry: They'll take your check. "More than \$82 million was donated to the V. A. last year to augment services to veterans, such as

meet the demands of a mission.

But it's difficult to square those regulations with Cataldi's experience. His medications came with written warnings about the dangers of driving and operating heavy machinery. The labels don't lie.

One night, Cataldi took his pills after his commander told him he was done for the day. Five minutes later, however, plans changed, and he was told to drive the LAV. He asked the Marine sitting behind him to help keep him awake. "I said, 'Kick the back of my seat every 5 minutes,' and that's what he did."

funding comfort kits, welcome-home events, or homeless events," Balun says. Click on [www.volunteer.va.gov](http://www.volunteer.va.gov) to donate. Donations to the American Legion can go to the American Legion Legacy Run (<http://www.legion.org>), which provides college tuition money to children whose military parents have died since September 11.

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"The key issue for all veterans is funding for the V. A.," says Peter Gaytan, the director of veterans affairs and rehabilitation for the American Legion. "The fiscal year begins October 1, but it's typical for the V. A.'s budget to be undecided until the following January or February. And until it's decided, we can't make any budgetary decisions" — like how to staff or supply hospitals. Right now, Congress is considering the Veterans Health Care Budget Reform and Transparency Act of 2009, which would allow the Veterans Health Administration budget to be funded a year in advance. Visit [legion.org](http://legion.org) to learn more, and write to your representative in Congress and urge support.

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Cataldi says he managed on the medications — until his Klonopin ran out. The medical officer told him there was no Klonopin anywhere in Iraq. So the officer gave him a drug called Seroquel. That's when Cataldi says he started to become "loopy."

"I'd go to pick up a wrench and come back with a hammer," he says. "I wasn't able to do my job. I wasn't able to fight."

#### **Soldiers on medication**

Soldiers have doped up in order to sustain combat since ancient times. Often their chosen drug was alcohol. And Iraq isn't the first place U. S. military doctors have prescribed medications to troops on the front. During the Vietnam war, military psychiatrists spoke enthusiastically about some newly psychiatric medicines, including Thorazine, an anti-psychotic, and Valium, for anxiety. According to an army textbook, doctors frequently prescribed those drugs to soldiers with psychiatric symptoms. Anxiety-ridden soldiers with upset bowels were sometimes given the antidiarrheal Compazine, a potent tranquilizer.

But the use of those drugs in Vietnam became controversial. Critics said it was dangerous to give soldiers medications that slowed their reflexes, a side effect that could raise their risk of being injured, captured, or killed. That risk was real. In a report supported by the U. S. Navy 14 years after the United States withdrew from Vietnam, researchers looked at the records of all Marines wounded there between 1965 and 1972. Marines who'd been hospitalized for psychiatric reasons before being sent back to battle were more likely to have been injured in combat than those who hadn't been hospitalized.

Critics of medication use in Vietnam also said that a soldier traumatized by battle may not be coherent enough to give his

consent to take the drugs in the first place. Plus, a soldier would risk court-martial if he refused to follow orders, they said, making it unlikely he could make a reasoned decision about taking the medications.

After the war, the practice of liberally giving psychiatric drugs to warriors fell out of favor. In *War Psychiatry*, a 1995 military medical textbook, a U. S. Air Force flight surgeon warned about the use of psychiatric drugs, saying they should be used sparingly.

"Sending a person back to combat duty still under the influence of psychoactive drugs may be dangerous," he wrote. "Even in peacetime, people in the many combat-support positions... would not be allowed to take such medications and continue to work in their sensitive, demanding jobs."

Colonel Elspeth Cameron Ritchie, M. D., M. P. H., a psychiatrist and the medical director of the strategic communication directorate in the Office of the Army Surgeon General, acknowledges that writing more prescriptions for frontline troops was a change in direction for the Pentagon. "Twenty years ago," she says, "we weren't deploying soldiers on medications."

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Today it's not uncommon for a soldier to arrive in Iraq while taking a host of prescription drugs. The Pentagon explained its new practice in late 2006, stating that there are "few medications that are inherently disqualifying for deployment."

According to Colonel Ritchie, military officials have concluded that many medicines introduced since the Vietnam War can be used safely on the front lines. Military physicians consider antidepressants and sleeping pills to be especially helpful, she says. Doctors have also found that small doses of Seroquel, an anti-psychotic, can help treat nightmares, she says, even though the drug is not approved for that use.


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