

Suicides Associated with Non-consented Opioid Pain Medication Reductions & Discontinuations

NPC Publication # 030

In Memoriam: those who had to purposely end their lives, to stop untreated & unrelenting pain.

To understand why competent people take their own lives due to intractable pain, one must first understand why they are no longer treated with opiate pain medications as we have done for 3500 years.

People on long term opiate pain medications (“opioids”) began to be forced off their long term pain control regimes after 2016. So desperate were doctors not to be prosecuted under the new federal opioid guidelines (as it turns out of dubious validity) doctors began to take their patients off pain medicines without consent and too quickly.

It is estimated by NPC as many as 7 million* people have been cut off or reduced to ineffective levels based on an omnibus, fabricated 90mme** maximum dose standard developed at the Center for Disease Control and Prevention (CDC) without FDA approval and overriding FDA regulations on dosage of opiate pain medicines (FDA allows any dose of any opiate pain medicine, high or low, if carefully titrated by the doctor)

**NPC is estimating 70% of the ten million with long term painful diseases have been taken off previously effective doses of opiate pain control*

*** NPC: mme is milligram equivalents to make all the different opiate doses adhere to single bright line dose cut off of 90mg mme*

CDC crafted an unauthorized opiate pain medicine treatment “Guideline” in 2016 without congressional mandate. The CDC is an agency for contagion control and has no prerogatives to delve into the management of any disease, much less difficult long term painful diseases. Their decision to informally regulate is responsible for people losing their lives.

CDC incorporated unscientific opiate treatment parameters already denied at FDA, the only agency with authority over all prescription drugs. The denials followed a FDA petition in 2012 by Andrew Kolodny, a Brooklyn Psychiatrist believing “opioids are lousy medicines for chronic pain” and “pain pills are basically heroin pills”.

Following the FDA denial of the Kolodny petition to limit the use of opiate pain medications, Dr. Kolodny became a consultant to CDC to develop the new CDC opiate guidelines as it turns out, incorporating the denied dose restrictions at FDA. (See: Dr. Kolodny's denied petition prior to the same denied items becoming CDC policy at FDA 2012-P-0818).

The result of the CDC guidelines has been an unimaginable disaster of tapering's and discontinuations of long standing opiate pain medication plans with lives have been torn asunder, relationships ruined, increased filings for disability, increased hypertension, PTSD, sleep deprivation syndromes and daily life and caretaking roles abandoned (70% of painful diseases are in women).

The American Medical Association (AMA) published an open letter to the CDC in June 2020, pointing out the "Guideline" was "harming patients". tinyurl.com/44yvuxs8. The CDC fails to suspend their Guideline, in spite of having seen this list of suicides and the long lists of people harmed. This callous disregard for the health of the citizens of the United States cannot be excused. Each day more are having their horrible long term pain reemerge after losing their treatments. Each day suicide becomes a solution to deal with the constant global pain easily relieved with our ancient natural remedy from the poppy plant.

The Center for Disease Control (CDC) interfered with the doctor-patient relationship by overriding the FDA opioid pain medicine dose parameters and did so without the FDA's permission. The FDA is the Congressionally designated agency for prescription drug dosage determination, not the CDC. Had the FDA regulations been followed it is doubtful anyone would be on this list.

It is our opinion at the National Pain Council that if the "CDC Guideline for Prescribing Opioids for Chronic Pain", March 15, 2016 had never been published, virtually all of these people here would still be with their families - not in graves.

1. Phillip Kuykendall Statesville, **North Carolina**, **63** y.o. *man*, an active member of society and a hobbyist. His doctor refused to prescribe medication for his painful disease. After a stay in a hospital, where he went to have his pain disease assessed, he was discharged without pain medicine. His brother, who was involved with helping him obtain pain control, went to Phillip's home on December 29, 2016, and found him dead. He had a self-inflicted gunshot wound to his head. "He took the last, and only, relief he thought he had left," said a person familiar with the situation.

Link to obituary: <http://www.nicholsonfunerals.com/notices/PhillipPhilP-Kuykendall>

2. Allison Kimberly, **30** y.o. a *female*, from **Colorado** was denied treatment for her intractable pain from Interstitial Cystitis and several other painful conditions. Interstitial Cystitis is an extreme form of agonizing discomfort and can end in suicide, if improperly treated. It is said that the University of Colorado, the emergency room in Aurora, refused treatment for her pain.



Allison posted on Instagram describing how she was treated as an addict and sent away without pain medicine. *“I was rushed to the ER because my pain was so out of control, I couldn’t take it anymore. I got ZERO help. After 7 hours, I was discharged. The nurse had the nerve to say that my kind of pain shouldn’t be that bad and basically that I was faking it, for medication. I am so beside myself, I am shaking as I type this. I was screaming and begging in pain, needing any kind of help that they’d give me and I was just sent home. As soon as I am able, I’m reporting my whole experience.”* Allison did not have time to file a complaint against the hospital, as she violently ended her life. Her mother was walking her dog, the animal companion that had made her anguish less lonely, when it happened. No doctors appear to have been charged. The Colorado Hospital Association was in the process of piloting a “no-opioid policy” for the state. She died in June, 2017. Link to obituary:

<http://www.legacy.com/obituaries/denverpost/obituary.aspx?page=lifestory&pid=185902615>

3. **Ryan Trunzo, 26 y.o. male** from **Massachusetts**, was an **Army Veteran** of Iraq. He had experienced fractures in his back, for which he tried to get effective treatment. He was unsuccessful because of the VA’s policy of denying or reducing pain medication. He committed suicide. His mother stated: “I feel like the VA took my son’s life.” Link to obituary:

<http://www.startribune.com/obituaries/detail/18881/?fullname=trunzo,-ryan-j>

4. **Kevin Keller, 52 y.o. male** from **Virginia**, was a **Navy Veteran** from the USS Independence in 1980. He shot himself after breaking into the house of his friend, to take his gun. His friend, Marty Austin, found a letter left by Keller saying , “Marty, sorry I broke into your house and took your gun to end the pain!” Keller had experienced a Stroke 11 years earlier. He had worsening pain in the last two-years of his life, because the VA doctors would not give him pain medicine. Austin said, on the subject of pain medication, that Keller “was not addicted. He needed it.” The suicide occurred just one year after the VA announced the “Opioid Safety Initiative”. The initiative was to stop pain medicines for US veterans, like Kevin Keller. The VA would not comment.

Link to story: http://www.roanoke.com/news/virginia/veteran-s-suicide-draws-attention-to-veterans-affairs-use-of/article_a07a3527-0f33-5cca-9cb5-a5d198b8f193.html

5. **Mercedes McGuire, female** from **Indiana**, ended her life on August 4th, 2017. She suffered in agony from pain, originally suppressed with opioid pain medicine. Her pain reappeared after her pain medicine was decreased. She was in such discomfort, she went to the ER, because she could not stand the intractable pain. She was unable to ,“learn to live with it”, as suggested by the CDC consultants. The ER gave her a small prescription. She went to the pharmacy, where they refused to fill it, “because she had a pain contract.” She went home and killed herself. She was a young mother with a 4 year-old son, Bentley.

Link to obituary:

<http://www.tributes.com/obituary/show/Mercedes-Kirsten-McGuire-105071405>

6. **Bob Mason, 67** y.o. from Helena, **Montana**, was denied pain medicine, to treat his chronic pain. He lost access to his pain control doctor and he could not find another. He took his own life in January of 2016. He tried to “deal with his pain”, as is recommended by the CDC consultants. He tried for 7 days to deal with it.



According to Mason’s daughter, Mieska, the last couple of weeks, prior to Bob passing away, there were a lot of tears, every day on the phone,” she said. “Between the pain and the sadness of not being able to walk his dog”, but I’m sure it was more than that. “There would be tears, then he would joke,” she said, “then he’d call back an hour later and be teary and in pain again. He didn’t like the drugs, but there were no other options.” His suicide became the other option.

7. **Zach Williams 35** y.o. **male** from **Minnesota**, was an **Army Veteran** of Iraq. He had experienced back pain, and a brain injury in battle. He had successfully treated his pain with opiate pain medicine. The VA began reducing prescriptions, under the new VA law, in December, 2015. All was based on the CDC recommendations of reducing or stopping pain medicine to avoid addiction.

Link to the obituary:

http://www.whitefuneralhomes.com/fh/obituaries/obituary.cfm?o_id=2254657

8. **Jessica, female**, a “pain warrior”, and loved by a group of people with similar issues, dealing with intractable pain. She had been forcibly reduced on her pain medicines. This was suggested by the contagious disease specialists at the CDC, encouraging doctors to reduce “opioids” for fear people might become addicted or die from an overdose. Jessica had a particularly painful, Central Pain Syndrome. It is untreatable except for pain suppression. She would never have become addicted, as she was already on pain medicine. She ended her life after inadequate treatment by physicians (other details withheld).

9. A Cleveland, **Ohio** resident (**name withheld**), a **mother** of a teenage daughter, and wife was denied her long-term pain medicine, reportedly by doctors at the Cleveland Clinic. She had a spinal cord stimulator (SCS) implanted, at great cost and discomfort, in order to satisfy the CDC’s dictum of “alternative” treatments. The SCS was expensive, caused more pain and was less effective. It did little to help. What worked was long-term opiate pain medicine. It was successful in the past, without side-effects or addiction. Her medicine was reduced, for no other reason than, honoring the CDC “voluntary” directives. In August of 2016, she waited for her husband to be out of town and her daughter to be with a friend. It was then she took her life, to stop the intractable pain.

10. **Donald Alan Beyer, 47** y.o. **male** from **Idaho**, had experienced back pain for years. He suffered from a job-related injury, resulting in a broken back. After his doctor retired, Beyer struggled without pain medicine for months. He tried his best using other methods, but nothing else worked, except the opiate pain medicine. He shot himself on his 47th birthday. His son said before his death, he could not get out of bed to make it to the

bathroom. He worked as a logger and the painkillers allowed him to function. Physicians refused to treat his pain. He had two small grandsons. No doctors were charged as complicit.

Link to obituary:

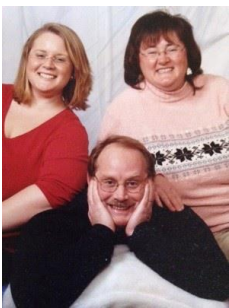
<http://www.tributes.com/obituary/show/Donald-Alan-Beyer-103570558>

11. **Denny Peck, 58 y.o., male** from **Washington State** killed himself. In 1990, he experienced a severe injury to his vertebrae, during a boating accident. His mother, Lorraine Peck, said “He had been in severe pain ever since,” and his daughter, Amanda Peck, said, “She didn’t remember a time when her dad didn’t hurt.” During the last few years of his life, Peck had received opiates for his pain from a Seattle Pain Center. These clinics were closed after the DEA raids. Seattle, the University of Washington Pain Doctors, the State or the Federal Government and the DEA made provision for the continuation of care for the estimated 12,000 patients. After suffering and being unable to find doctors, who would help with his pain, Peck called 911. Becoming a pariah, like many other former patients of any DEA closed clinic, Denny could find no one to continue the previously successful pain treatment. Two days after asking for help at the ER, and not getting any, Peck was found dead in his home from a handgun. A note found near Peck read: “Can’t sleep, can’t eat, can’t do anything, and all the whitecoats don’t care at all.”

Link to news story:

<https://www.seattletimes.com/seattle-news/health/the-whitecoats-dont-care-one-mans-desperation-and-death-when-pain-clinics-close/>

12. **Doug Hale, 53 y.o. male** from **Vermont**, killed himself. He had experienced pain from Interstitial Cystitis, and decided to end his life. This was six weeks after his doctor suddenly cut-off his opiate painkillers. He left a note reading, “Can’t take the chronic pain anymore”, before he shot himself. His doctor said he was no longer willing to risk his license by writing him another “script for Opioids”.



Doug Hale, wife and daughter

Ms. Hale can be contacted and is going public with her husband’s suicide. This was a direct result of forcibly, and without consent, refusing to prescribe effective pain treatment. His widow feels that long-term, pain patients like Doug, are examples of the horrible decisions that people have to make. They weigh the options of not being able to function or “resting in peace”, all for the fear that pain medicines will cause addiction. Doug was not addicted, so it made no sense to stop his life giving pain disease medicine, according to Ms. Hale. Doug left his daughter Nicole, 5 younger siblings and their children, plus an ‘honorary’ 4 year-old grandchild, who is still looking for “Grampy”. On October 10, 2016, Doug waited until his family was away, so they would not have to watch as he relieved his untreated pain with a handgun.

Link to obituary:

<http://www.tributes.com/obituary/show/Douglas-Ray-Hale-104041270>

Link to news story:

http://www.slate.com/articles/health_and_science/medical_examiner/2017/08/cutting_down_on_opioids_how_as_made_life_miserable_for_chronic_pain_patients.html

14. **Travis Patterson**, a **mam** from **Texas**, was a decorated Staff Sergeant in the **Army**, and a combat **veteran** of Iraq and Afghanistan. He was injured by a roadside mine, and discharged from the army in 2016. He was in daily, severe pain. He could not get pain treatment, and tried to commit suicide. He was admitted to a Topeka, Kansas VA hospital, by his 26 year old wife. The VA refused to treat his war wounds with pain medicine, and offered instead a stress ball. Two days later, he made his own method for treating his intractable pain, by killing himself. He had a future with his wife and he was studying law. It did not matter. He showed no signs of mental illness, just the stress of failure to treat his underlying war injuries with long-term daily pain medication. One other veteran remarked, the US Government was finding other ways to “kill us”.



Additional information: Travis was denied pain medication for these combat wounds, by the VA. A law was passed, without the knowledge of most people, it was hidden 12–15 pages deep, in a 2000 page budget bill. It is now federal law to “forcibly taper” wounded veterans with intractable pain, to “prevent addiction and heroin overdoses”.

Travis Paterson and his widow

Link to news story:

<http://cjonline.com/news/local/2017-02-20/wife-veteran-says-topeka-va-didn-t-do-enough-help-suicidal-husband>

15. **Bryan Spece**, **54 y.o. male** from **Montana**, he killed himself, two weeks after he experienced a major reduction in his pain medication. The CDC recommends a slow reduction in pain medicine, such as a 10% decrease per week or longer, but it was not followed. There was no medical reason to stop the medicine, as it was working well. Based on information from his relative, his dose was quickly and severely reduced, without his permission, “forcibly if necessary” as one CDC team member later recommended. He died over a concern of addiction, which had not happened. His relative felt he should have not been reduced at all, as no medical reason was given by the doctor.

Link to news article: <https://www.painnewsnetwork.org/stories/2017/5/26/patient-suicide-blamed-on-montana-pain-clinic>

16. **Sonja Mae Jonsson**, **42 y.o female** from Walcott, **Oregon**, killed herself. She was previously a vigorous camper and hiker in the Oregon Mountains. She sustained a traumatic brain injury in 2006, leaving her with severe pain. Sonja described the pain as an “axe in the back of my head”. She was controlled with pain medication. She was cut-off from her pain medicines by her doctor, according to the CDC’s negative portrayal of opioid pain medicine. After her pain medicine was stopped, without her permission, she had a return to around-the-clock, intractable pain levels. Her untreated pain was so severe that, “even though I don’t want to end my life”, she did — recently.

Link to news story: <http://www.bendbulletin.com/localstate/5356986-151/police-consider-charging-mother-in-bend-suicide>

17–18. The United States **Veterans** have been committing suicide, after being unable to receive medicine for pain. These veterans include **Peter Kaisen** and **Daniel Somers** according to a reliable ex-Naval medical officer. Their cases are being investigated but their records are on file with DOD/VA.

19. **Sherri Little, 53 y.o. female** from **California**, committed suicide. She requested her story to be told. She related how she had lost her adult friendships, as many do, from her constant painful diseases: Occipital Neuralgia and Fibromyalgia. A friend described Little as having a “shining soul of activism”, as she spent time advocating for other chronic pain sufferers. However, Little had other struggles in her life, such as feeling that her pain kept her from forming meaningful relationships. In her final days, Little tried to get medical help from a hospital. When she was unable to receive pain medicine, Little ended her life in July of 2016.

Link to news story: <https://www.painnewsnetwork.org/stories/2016/7/4/pain-warrior-the-life-death-of-sherri-little>

20. **Dick Trickle, 71 y.o. male** from **North Carolina**, shot himself. He was a former NASCAR driver. He suffered from long-term pain. He went through several medical tests to determine the cause of his pain, but the results could not provide relief. After Trickle’s suicide, his brother stated, that Dick, “must have just decided the pain was too high, because he would have never done it for any other reason.”

Link to news story: http://www.espn.com/racing/nascar/cup/story/_/id/9286940/dick-trickle-suicide-was-caused-severe-chest-pain-brother-says

21. In August 2017, a couple planned a mutual suicide by carbon monoxide poisoning. The couple were both being cut-off from their pain medicines in Flagler County, **Florida**. **Katherine Goddard** died after being found by her daughter. Her boyfriend, **Bruce Houghton** was found in the same car with his now deceased girlfriend. Houghton was barely alive. After medical attention, he was arrested for assisting in a suicide, and held without bond. The Flagler County Sheriff said, assisting in a suicide was illegal. The doctors that refused treatment to both people, apparently have not been charged or sanctioned.

Link to news story: <http://nypost.com/2017/08/17/man-busted-in-girlfriends-death-after-surviving-alleged-suicide-pact/>

22. **R.C.** was **40 y.o. woman** from Visalia, **California**. She had Lupus and painful joints, to the point of, “barely being able to stand”. She could only go to Urgent Care Centers, since she had no health insurance coverage. They would only provide the lowest dose of pain medicine. She pulled away from her friends, after suffering on inadequate doses of pain medicine. She had talked about “quitting her life”, as a solution. She knew she would never have a husband, since the pain immobilized her all day. She had no children and lived with her parents. Her parents did not believe in her intractable pain. Without pain relief, she was trapped. Finally one day, “She left. She just left,” in the words of her friend.

23. **Jay Lawrence** was **58 y.o., male** from **Tennessee** and a **Navy Veteran**. He had chronic pain following an accident, a common cause of intractable pain. He had surgeries, he tried epidural steroids, he had nerve blocks, and a spinal cord stimulator as “alternative treatments”, to avoid pain medicine. This plan was recommended by the contagious disease specialists at the CDC. These procedures all failed leaving the opioid pain medicine as the next step. The Comprehensive Pain Management Clinic decided to reduce his dosage, without medical reason, apparently afraid of the DEA’s raids and the CDC rules. His pain became continuous on the low doses. When asked to restore the previous level of medicine, his clinic doctor said, “my license is not worth my patient’s quality of life”.

Jay was disabled and awarded SS Disability status, but this made no difference in his pain treatment. His wife wrote his story on the Pain News Network. She described Jay's pain as, "A bad day was awful for me to watch, and absolutely horrible for Jay to live." In the end, as his wife, she assisted in the plan to end the pain, once and for all. After his death, his wife was charged, under the state assisted suicide law. Meredith Lawrence is currently on probation, for a reduced charge of reckless endangerment. Neither the clinic nor the doctor has been charged. Meredith, after much soul searching, has decided to go public with how the government bullied Jay's doctor, into doing something unethical.

Link to news story: <https://www.painnewsnetwork.org/stories/2017/9/4/how-chronic-pain-killed-my-husband>

Link to

obituary: <http://obits.nj.com/obituaries/southjerseytimes/obituary.aspx?page=lifestory&pid=184655727>

24. **Bruce Graham**, a **father** of three, fell from a ladder, two-years before his death. He broke several bones, and was in a coma for two weeks. As his relative said, later in retrospect, it is unfortunate that he awoke from his coma as he, for all intents and purposes, ended his life with the fall. Modern medicine was able to keep him alive through his coma, and helped with effective opiates for the recovery time in the hospital. Multiple doctors were unable or unwilling to help him deal with the excruciating pain, everyday over the next two years. The doctors dismissed his pain, (actually post-op adhesions), as psychosomatic. He was seen as an "addict", trying to "score" pain medication, and treated without compassion or dignity. In January, he tried, for the last time, to obtain the medicine that had worked in the past. He was denied. He chose to shoot himself in the chest, explained a friend. Even though a brain bullet is more "efficient", he did not want his family to "experience the trauma-inducing mess of shooting himself in the head". In January 2017, he relieved his pain, permanently, with a gunshot wound to the heart. No prescriptions for pain medicines were found. His autopsy showed the adhesions and the spinal column disease that was responsible for his intractable pain. "May Bruce Graham rest in peace, but some of us will not live in peace, until physicians' attitudes and the laws change", said the teller of this story.

Editor: It is common, after multiple trauma, to have lifelong pain, emanating from various areas, and expanding into the whole body, if not treated.

25. **Debra Bales**, age 52 y.o., married **woman** from Petaluma, **California**, went to a motel for three days with her husband. They had the intention of compassionately ending her life. Debra suffered chronic pain and was taken off of her pain medications. They tried three-times in the motel and failed to cut-off her breathing. The newspaper speculated, she was in withdrawal. Together, the husband and the wife ended her misery, outside of the motel, in a nearby tree. Her husband was arrested.

Editor: Living with constant pain is unimaginable. The love that it takes to help a spouse end their intractable pain... . Debra was a pain patient, not an addict. Less than 1% of the population will develop addiction disease (4/1000), exposed to high doses of opiates, including Heroin. It is genetic.

Link to News Story: <https://www.pressdemocrat.com/news/8350350-181/petaluma-man-suspected-of-aiding>

26. **Kellie Bernson**, a **female** resident of Grand Junction, **Colorado**, had a long history of multiple medical problems, including a Stroke and Trigeminal Neuralgia. Her death was reported on the many Facebook pages, dealing with refused treatment for intractable pain, in the United States. The refusal to treat with opiates, for fear of causing addiction and "getting in trouble". The face book report: "Kellie was a good friend to many of us in the pain community, and she will be dearly missed. She has crossed over the "rainbow bridge" now. She is finally in no pain".

Members of the ATIP group of advocates for pain patients tried desperately to get help for her in Colorado, but failed. She committed suicide December 11, 2017, a 59 year old widow and mother..

Obituary: <https://www.dignitymemorial.com/obituaries/grand-junction-co/kellie-bernsen-7921402>

Editor: It is an important commentary, there is a "community of pain patients".

27. **Michelle Bloem**, a **female** who could not absorb pain medicines. Her intractable pain was from Central Pain Syndrome. CPS triggered after a trauma, where pain and swelling move from the original injury site to various other areas of the body. In addition to the swelling, the pain is so severe that it requires long-term treatment. It is a frequent and a known "suicide disease." Dr. Forest Tennant, the leading expert in difficult to treat pain patients, discovered her inherited inability to absorb oral pain medications. She could absorb injections of pain medicine. It worked as she said: "I experienced instant relief and received my quality of life back. I have taken this for two years with relief and no side effects".

The medication was not covered by her insurance and was too expensive. On January 29, 2017, Michelle Bloem killed herself. The concerns she would become addicted to her pain medicine were unfounded. She was young. She had a husband. She had no mental illness, just intractable pain.

Michelle's Obituary: <http://www.legacy.com/obituaries/name/michelle-bloem-obituary?pid=184034103&view=guestbook>

28. **Jennifer Adams**, **41** y.o. a female of Helena, **Montana**, ended her own life by gunshot. She was a deputy sheriff, avid athlete, and mother of an 11-year-old son. Jennifer suffered from Reflex Sympathetic Dystrophy and Arachnoiditis, both incurable painful diseases. Her doctor, Dr. Mark Ibsen told her to use opiate medication for her pain, despite the fact that "her law enforcement background made her skeptical of opioids." Jennifer went to the famed pain specialist, Dr. Forest Tennant, "who is known as a staunch advocate of using opioids, for the treatment of intractable chronic pain." The use of opioids helped Jennifer to live with her pain and lead a normal life. Then, Dr. Tennant closed his pain clinic, after raids by the DEA, without charges. According to her friends, Jennifer had been living in fear that her dosage of opioid medication would be reduced. After the closure of Dr. Tennant's clinic, Jennifer "finally determined she couldn't take it anymore." She was a single mom and left a 10 year-old son in the hands of her family. She would be alive today, if pain care was provided in her area. Simply safe medications, for hundreds of years, with side effects of addiction, in less than 1%. It is never seen in someone already taking pain medications, for more than one month. Most patients, like Jenn, are reporting virtually no doctors to take their cases, due to the fear of arrest and raids, for providing compassionate care. The CDC declared pain medicines as second-line drugs, and too dangerous to use for most people, a policy not based on fact.

Links to News Stories <http://nationalpainreport.com/a-montana-womans-suicide-prompts-the-question-are-we-doing-enough-8836213.html>

<https://www.painnewsnetwork.org/stories/2018/4/30/death-of-pain-patient-blamed-on-dea>

29. **Chris Gedney**, **47** yo **male** from Syracuse, **New York** committed suicide. Chris had been an All-American football player for Syracuse, and had joined the NFL after college. He suffered from Ulcerative Colitis and had many injuries during his NFL career. Chris also had surgery to remove his large intestine. A friend said that Chris had "a pain he hid from all of us." His suicide followed a forced pain medicine reduction by a local doctor. His persistent and painful disease syndrome was Ulcerative Colitis. He was also status post injuries with persistent pain disease. Ulcerative Colitis is an extremely painful disease with constant severe abdominal cramping. The pain is enough to ruin any attempts at normal functioning. There is no law preventing physicians from prescribing full doses of opiate pain medicine in the United States. There is only the fear of being censured under the unauthorized, 2016 CDC guideline. His doctor was seemingly responsible for his demise; he has not been charged.

Links to News Story:

https://www.syracuse.com/orangefootball/index.ssf/2018/03/chris_gedney_remembered_as_selfless_nfl_star_who_turned_setbacks_into_comebacks.html

[*A friend reveals new details on Chris Gedney's death, on the HBO brain-injury story, Syracuse, N.Y.-- New details about former Syracuse football player, All-American, Chris Gedney's death, will be mentioned...www.syracuse.com*](#)

30. On June 11th, 2016, Louise **Ramage, female**, posted a message in a Facebook group about her doctor wanting her to withdraw from her pain medication. She was desperate to find documentation about the need to taper opiates gradually. 12 days later, on June 23rd, 2016, she was dead.

Louise's Obituary: <https://www.legacy.com/obituaries/deltaoptimist/obituary.aspx?n=louise-eramage&pid=180820773>

Discussion About her Death: <https://forums.phoenixrising.me/index.php?threads/in-memory-of-louise-ramage.45345/>

31. **Robert "Bob" Breault**, 52 y.o. male from **New Hampshire** committed suicide. He crushed a few discs in his back, when he was young, and took medication to maintain functioning. He suffered from intractable and untreated pain. He ended his life in his home on May 21st, 2018, about a thousand feet from his daughter's house.

Bob's Obituary: <http://www.rivetfuneralhome.com/obituary/robert-bob-breault>

32–36. The names are withheld from these four people, all from the same town in **Kentucky**. They are verified by those close to the families.

The first **man** committed suicide in January, 2017. He was known as a hard worker and dedicated family man. He was in chronic pain and was not treated. His doctor has not been investigated. It seems to have become the custom or new normal, with the illegal and improper, new direction of the unauthorized, 2016 CDC guideline for opiate treatment. There is no treatment.

The next **man** was in a wreck that ruined his spine. He was restricted to 10 mg Oxycodone a day. He was the life of the party, always laughing and one of, "the most generous people you've ever met". He killed himself due to untreated pain.

The third **man** had a neck injury that required medication. After being cut-off, he killed himself. He had a note in his pocket reading, "I couldn't take it anymore".

The last person, a **woman**, had multiple surgeries to deal with her painful disease. All of the surgeries failed. She was taken off of her normal opiate pain medication, and was given Neurontin. It didn't do anything. She was described as "a sweetheart, who would do anything for anyone". She left a note for her little brother, who helped pick up the pieces of her brain and skull, off the floor and walls. The doctor has not been charged with negligent death or tapering without medical reason.

37. **Shalyn Manson**, a **woman** from Lansing, **Michigan** recently threw herself into a freezing river and died. This was after being forced to taper her pain medication, for unknown reasons. She was a marathon runner and apparently developed a pain syndrome resulting from a foot injury. She was on pain medicine for years, before she wrote her suicide note on social media. She describes her feelings of being in, "a living hell with no way out." Notes written by her were found, in her car, with instructions on what to do with her possessions. This was a gruesome task, left for her son. The doctor has not been charged.



Link to News Story: <https://www.lansingstatejournal.com/story/news/2018/11/20/lansingmichigan-inghamcounty-stobersbar-lansingpolicedepartment-moorespark-grandriver-shalynmanson/2065033002/>

38. **Robert Charles Foster**, a **male** from **Oregon** chose death by firing squad. (or as he phrased it, “suicide by cop”). Foster told the police during a previous suicide attempt, “I had been in chronic, constant pain, and was for whatever reason, not able to get the medication he needed for it.” He was **65** years old. He came out of a building with a gun, and would not drop it, on the command from the police. They shot and killed him - this was his intention.

Link to a few of the news stories: https://theworldlink.com/news/local/crime-and-courts/suspect-dead-after-officer-involved-shooting-in-bandon/article_182bfafd-5e6d-539f-b366-0f9a00b7dc85.html
<https://www.koin.com/news/local/oregon-coast/-come-and-kill-me-bandon-man-shot-dead-in-standoff/1572409775>

39. **Marsha Reid**, **59** y.o. a **woman** from **Texas**, died of a self-inflicted, gunshot wound. Her first attempt at suicide was taking pills, it failed. After that incident, her daughter (Pictured below, on the right) Lacy, drove her 5 hours to a pain management doctor. Lacy, a registered nurse, warned the doctor that without medication, her mother was at a high risk of suicide. His response was that, “his hands were tied, because of the regulations, and what I was asking was for him to lose his license.” Lacy wants to note the heartache she has left behind. If another Fibromyalgia patient is out there contemplating this, and they come across this story, I want it noted that I lost my mom forever, and I’m 32 years old, and I’ll never have her back.”



Link to news story: <https://www.painnewsnetwork.org/stories/2016/11/16/daughter-blames-doctors-for-mothers-suicide>

40. **Pam Clute**, a woman from **California** committed suicide at the age of **66**. She had been a Professor of Mathematics and Assistant Vice Chancellor at UC Riverside. Pam had received several distinctions during her lifetime, including being named a Leading Woman in STEM Education. She was also known for her baking skills and for establishing a workout program. Pam was afflicted with chronic pain, from a spine condition, and “medical treatment had failed to relieve the pain that shot down her legs.” Her husband was charged with assisting Pam’s suicide by supplying the gun that she used to end her life. This is a common response when families mutually decide that life is not worth living, when a painful disease is not treated with compassionate pain care. In this case, it appears Pam was swept up in the anti-opioid movement, “to prevent overdose

deaths”, currently and sadly growing stronger by the day. None of which is based on fact, according to the CDC.

Links to news stories: <https://www.desertsun.com/story/digital-natives/high-school/2017/12/05/steve-clute-plead-not-guilty-aiding-wifes-suicide-very-very-sad-case-attorney-says/924180001/>

www.pe.com

[Former UC Riverside professor Pam Clute's death ruled suicide; husband Steve charged.](#)

[Former California Assemblyman Steve Clute has been charged with helping his wife, renowned UC Riverside math educator...](#)

www.pe.com

41. Leslie (*Last name redacted for privacy*) was a **61** y.o., a **woman**, living in **Pennsylvania**, who struggled for many years with both Multiple Sclerosis and constant pain, from a botched ankle surgery. She was a proud model and artist. She was bright and tried to solve her problems as best she could. Eventually, she reached out for help, discovering pain medicines alleviated most of her pain. She found herself leaning on her husband and sister. She was cut-off of her pain medicines, under the CDC’s program of eliminating opiate pain medicines, from all patients to prevent addiction. In early June, she appealed to her physicians to restart her pain medicine, which had made her life tolerable. The physician refused to treat her pain. The next day, she violently killed herself. The physician was not charged nor sanctioned. He had done his work for the CDC and the Federal drug police.

Editor’s Note: *In reviewing the suicides listed above, many of the circumstances revealed planned deaths, talking with others and families beforehand. These now deceased people would not have been otherwise prone to suicide. Counselors are trying their best to stop the suicides but without restoration of medical treatment, it is impossible. Many pain patients have what they call “a plan” (suicide), which they have worked out ahead of time, in case of the final forced cutbacks.*

Imagine the horrors, lying awake at night in pain, after forced reductions in the vital medicine you have been taking for 15 years, waiting for the next shoe to drop at the doctor's office, and having to activate the final plan.

We have not included any story that the family requested we not publish. Many are afraid if they go public, the federal police will come knocking. They feel ashamed. Drugs and suicide are forbidden topics.

We stopped including stories of suicide after February 2019. It was very stressful on our staff and served no further purpose, beyond realizing this is a major problem. We spoke to the person tasked with studying suicides in general at the CDC, and found the CDC is not tracking those lives lost after their pain medications were taken from them, without their consent.

We are asked how many suicides have occurred from forced tapering. Is the number important? We have enough here for multiple lawsuits, for wrongful deaths. There is no defense doctors can mount to defend themselves, for purposely causing harm, without medical cause, and without consent of the patients.

The CDC was tasked by the Scientific Advisors in January 2016, to monitor for unintended consequences LINK. The CDC also collects data on nationwide suicides, but does not look at the most preventable form of suicide of all, the deaths caused by forced discontinuation of opiate pain medicine. The CDC is culpable as well.

There is no excuse for dubious data and distorted research to reach the desired exclusionary conclusions by the federal employees at the CDC and their consultants at the Physicians for Responsible Opioid Prescribing (PROP), who are ultimately responsible for the PROP Doctrine, denying opiate pain medicine to those with long standing painful diseases.

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