



Mother Paige DeHart, father Randy, and boyfriend Juan Calvillo gather in Hope DeHart's room at John Peter Smith Hospital in Fort Worth, Texas.

Left for dead, woman saved by 'miracle'

BY DEANNA BOYD
FORT WORTH STAR-TELEGRAM

Doctors had begun preparing Hope DeHart's parents for her death. On Aug. 6, three days after DeHart was left for dead on a north Fort Worth road with a gunshot wound to her head, doctors warned Paige and Mark "Randy" DeHart that there was nothing more they could do for the 18-year-old.

Watching the monitors that showed her youngest daughter's vital signs, Paige DeHart could see Hope DeHart — her head shaved and tubes draped across her body — slipping away.

Homicide detectives stopped by the hospital to talk with the parents about seeking capital murder charges against the couple accused in DeHart's shooting, once she died.

At 11:44 a.m., Paige DeHart posted a solemn update on her Facebook page.

"The doctors say we need a miracle."

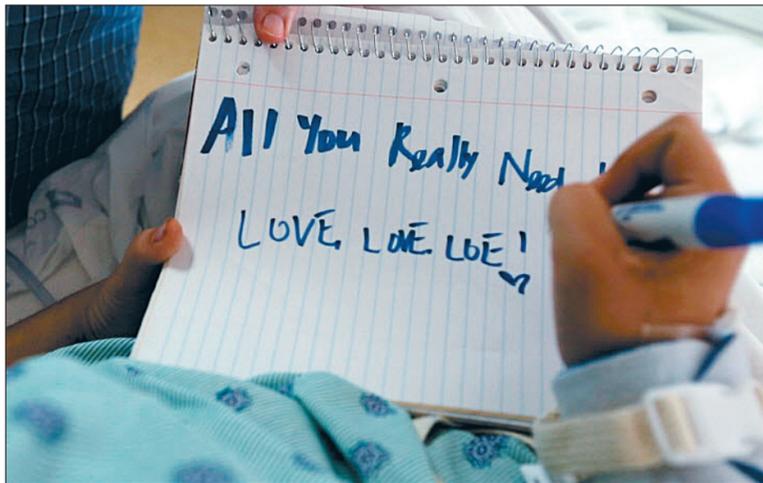
The shooting

Joey and his co-worker had gotten a late start the morning of Aug. 3 after realizing that another trucker had mistakenly picked up a load of rock meant for them.

After getting their truck loaded, the two men stopped about 7 a.m. at the QuikTrip convenience store at 3201 Golden Triangle Blvd. They parked their 18-wheeler on the dead-end street that runs northeast of the store and dashed in for coffee and water to get them through the day, when temperatures would top 100 degrees.

"It was still kind of dark whenever we pulled up," Joey said.

As they prepared to leave, they noticed something in the middle of the road, about 200 feet in front. It appeared to be a person lying on something white.



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In certain parts of the city, the men might have dismissed the figure as a homeless person, asleep and unaware. But not here, a busy and fast-growing area of far north Fort Worth

thick with master-planned communities, just east of Interstate 35W.

The pair drove closer, stopping about 20 feet away. The presence of the truck did

nothing to stir the person, who they could then tell was a woman facedown on a white comforter.

"She didn't move," Joey said. See *Miracle*, Page C2

Hope DeHart, 18, writes a message to friends.

Lost your appetite? It could be your age

Eating nutritious meals is important no matter what stage of life you're in. In fact, the older we get, the more important the quality of our diet becomes. That's because as we age, getting adequate amounts of certain nutrients from our food becomes more difficult and the need for calories decreases. In addition, our bodies simply don't absorb some nutrients as well as they used to.



DIANE ATWOOD

In general, the nutrients older people are most likely to fall short on are:

- Vitamin B12
- Calcium
- Vitamin D
- Potassium

How to get your nutrients

Registered dietitian Kitty Broihier, a member of the Maine Academy of Nutrition and Dietetics, has some important tips.

"One of the best ways to avoid shortfalls of these nutrients," she said, "is to eat a varied diet. If you eat the same thing every day, you're less likely to have a well-rounded nutrient intake. Mix it up a little!"

Do you peel a banana for breakfast every morning? Why not have a pear, orange, some melon or

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We don't need drugs to treat chronic pain

As I mentioned in last week's column, OxyContin and similar opium-based drugs, called opioids, are becoming a huge problem. They now cause more deaths than any other prescription drug and are a "gateway drug" fueling the increase in heroin abuse.

Partly because of the manufacturer falsifying research on just how addictive these drugs are (for which they have paid over \$654 million in fines to date, with more cases pending), the medications have gained a foothold in our society that we are now struggling to control.

So what is to be done with patients with chronic pain? This is an important question, because it is such a common problem. According to the American Academy of Pain Medicine, about 100 million Americans suffer with chronic

ic pain — more than heart disease, cancer and diabetes combined.

It seems a few medical providers are looking at what was the best alternative all along: wellness care.

Consider the military. Veterans have a huge problem with addiction to opioids. One Veterans Affairs hospital earned the name "Candy Land" because the doctors were giving opioids out like candy. But there is one facility where that doesn't happen: the Integrated Service Network in the Bronx.

They have the lowest opioid prescribing rate of any of the VA offices, largely because of the ef-



MICHAEL NOONAN

orts of Dr. Heidi Klingbeil, chief of physical medicine and rehab. Her approach is considered innovative and a fresh, effective look at the problem of chronic pain: diagnose the problem and treat it, rather than mask it with painkillers. She refers patients for acupuncture, chiropractic, (most prescriptions for chronic pain are given for back and neck pain), physical therapy (especially exercise), even Reiki, a form of energy healing.

Painkillers are not considered a valid treatment for chronic pain, because of the side effects.

The state of Florida also began using an integrated model for treatment of their chronic pain patients covered by Medicaid. They found this group had among the highest overall health expenses, rising faster than the rest of the population. Also increasing, of

course, was their painkiller use, and resultant overdoses and deaths.

They began offering natural, wellness-based providers — especially doctors of chiropractic, acupuncturists, and massage therapists — and compared outcomes after two years. These providers managed to reduce the overall costs of the program by about 9 percent, while the patients who continued with medical care saw their expenses increase by 15 percent, which had been the case for the previous few years. Also, the integrated patients averaged a 20 percent improvement in both their mental and physical health, compared with 5 percent for the patients who saw medical providers only.

From my viewpoint as a wellness provider, the sooner we

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Did legal pot save Mainers from prescription deaths?

Maine knows all too well the potential dangers of narcotic painkillers.

Many a journey down the dark path of addiction begins with a prescription for Vicodin, oxycodone or similar medications, though heroin has taken center stage in Maine's battle against drug abuse.

But could another drug hold answers to preventing overdose deaths?

In Maine and a dozen other states that passed laws legalizing medical marijuana between 1999 and 2010, 25 percent fewer people died each year from prescription

opioid overdoses, according to a new study published in the *Journal of the American Medical Association*.

"States that implemented medical marijuana laws still experienced an increase in overdose mortality after they passed the law. It's not that mortality went down, rather it increased more slowly than in states that didn't pass laws in the time period," said Brendan Saloner, a study co-author and assistant professor of health policy and management at the Johns Hopkins Bloomberg School of Public Health.

While the reasons for that link require further study, patients with chronic pain may be substituting medical pot for prescription painkillers, or at least using pot to lower their dose, the au-

thors speculate. Nationally, the No. 1 reason patients take medical cannabis is to manage pain, Saloner said.

"These are all possibilities that we have yet to fully understand," he said.

Maine legalized medical marijuana in 1999, but it wasn't until 10 years later that patients' access to pot took a leap forward, with a ballot initiative allowing dispensaries and additional qualifying medical conditions.

The study found a slowing of opioid overdose deaths that strengthened each year after medical marijuana laws were passed. The effects showed up almost immediately, within a year after enactment, according to the study.

In Maine, however, deaths from prescription drugs began a dra-

matic spike in 2000, a year after medical pot became legal, and largely held steady or rose over the following decade.

Would the number of drug deaths have climbed even higher without Maine's medical marijuana law? It's impossible to say but sobering is impossible.

We could use the 2009 law as a benchmark, since that's when more Mainers actually started using medical marijuana as a result of improved access. We saw a drop in pharmaceutical overdoses from 2010 to 2013, but then an increase to 186 in 2014.

A number of factors might account for these trends, beyond medical marijuana laws. I suspect one is the remarkable drop in use of prescription painkillers among

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