DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 COCHRANE CIRCLE
FORT CARSON, CO 80913-4604

REPLY TO
ATTENTION OF

MCXE-DBH-SCS 14 MAY 2012

MEMORANDUM FOR President, Army Physical Evaluation Board, Tacoma, WA

MEMORANDUM THRU Deputy Commander Clinical Services, Fort Carson Medical Department Activity, 1650 Cochrane Circle, Fort Carson, CO 80913-4604

SUBJECT: Review of behavioral health condition of Tackett, Dennis G. SGT/1131

REF (a) Dr. Bradford Mallory's C&P exam dtd 28 Oct 2011
(b) Dr. Anne League's Review of Behavioral Health condition dtd 9 Mar 2012
(c) Dr. Dana Monroe's Treatment Summary dtd 3 May 2012
(d) Dr. Harry Silsby's Discharge Summary dtd 18 August 2011
(e) AR 40-501, CH 3-33

1. At the request of Dr. Anne League, I have reviewed all documents regarding the case of SGT Dennis G. Tackett to include (but not limited to) pertinent sections of the AHLTA record, his commander's functional assessment from 27 Sep 2011, the VA assessment by Dr. Bradford Mallory on 14 Oct 2011, Dr. Janice Husted's retention assessment, and all other hospital discharge and treatment summaries. SGT Tackett also agreed to a face-to-face interview, conducted by the undersigned, on 11 May 2012. The purpose of this memorandum is to make a final recommendation regarding fitness for duty with regard to SGT Tackett's well-established diagnosis of Posttraumatic Stress Disorder.

2. Per references a-d, the correct diagnosis of Posttraumatic Stress Disorder is no longer being debated. In this case, onset of PTSD was insidious in nature (delayed), with subsyndromal symptoms beginning during the first Afghanistan deployment in the context of detainee operations. Symptoms reached threshold criteria for disease in ~ February 2007, at which time the patient first sought professional treatment.

3. Where I disagree with past characterizations/ conceptualizations of SGT Tackett's syndrome is the acceptance that somehow he fully recovered from Posttraumatic Stress Disorder between March and November of 2007 and that subsequent psychiatric symptoms (post-November 2007) represent a new and different syndrome. Even with aggressive treatment, I would typically expect a minimum of one year to recovery from PTSD, and such an ambitious timeline would be dependent upon both an individual's motivation for treatment and an environment conducive to healing, which is a rare thing in Army Garrison or the Middle East/ Southwest Asia. Much more commonly, personal ambivalence, routine military stressors and repeat deployments have the opposite effect

on the natural course/ timeline of the syndrome. SGT Tackett's functional decline is evident by complaints of insomnia in March of 2008 while deployed, with further worsening of the condition (heightened fear and irritability) by November of 2008. Any *absence* of criteria needed for a diagnosis of PTSD at these times is best conceptualized as *partial remission* from, rather than the absence of, PTSD. This pattern of partial remissions/ relapses and significant healthcare utilization persists throughout the medical record through 2012 and provides proof of *persistence/ recurrence* (ref e). *I am impressed with how, in spite of this pattern, this Soldier remained committed to the Army and to its mission; he made every attempt to persevere.* It would also be naïve of us all to ignore the contribution of stigma as it applies to subjective self-report and rating scales in this and other cases.

4. Prognosis for future military service is guarded to poor. Garrison and deployed settings are inherently *stressful* atmospheres, and this Soldier's stress illness has been repeatedly aggravated over the past 4-5 years. SGT Tackett's PTSD does, and will likely continue to, interfere with effective performance in the Army. In my opinion, per AR 40-501, chapter 3-33, he does fall below medical retention standards. With regards to the diagnosis of Major Depressive Disorder, ample evidence does not exist to support an assertion that the soldier's Mood Disorder also causes him to fall below retention standards.

5. In summary, later re-characterizing SGT Tackett's initial diagnosis of PTSD as Adjustment Disorder and/or Anxiety NOS is misleading. It is more helpful (and more accurate) to conceptualize these subsyndromal periods as partial remissions from PTSD. By doing so, the clinician may then appreciate *the persistence or recurrence of symptoms resulting in interference with effective military performance.* The final recommended diagnoses from the Department of Behavioral Health are as follows:

Axis I: 309.81 Posttraumatic Stress Disorder, DNEPTS, falls below retention standards
296.22 Major Depressive Disorder, Single Episode, Moderate, meets retention standards

6. The POC for this memorandum is the undersigned at (719) 503-7919 or Jeremy.c.francis@amedd.army.mil.

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