



6 JAN 2016

MEMORANDUM TO Physical Evaluation Board

MEMORANDUM THRU: CDR Bithiah Reed, PhD, Clinic Chief, Adult BHC *BR*

SUBJECT: Behavioral Health of USN ABH2 Little, Michael (DOB:                    ).

1. I have been treating ABH2 Michael Little from Sep 2015 to present, prior to that he met with my colleague, psychiatrist, Dr Komsan, beginning in May 2015. ABH2 Little asked me to produce this letter to use and release, as he sees fit.
2. ABH2 Little's principal diagnosis is Posttraumatic Stress Disorder (PTSD), Chronic. The inciting trauma was combat exposure in Iraq, from 2008-2009, and Afghanistan, from 2009-2010, in which he was attached to Army units for the mentally-demanding job of guarding prisoners.
3. Due to ABH2 Little's persistent PTSD symptoms, I recommended stellate ganglion nerve block, which he had 4 DEC 2015. Of note, a ganglion nerve block is a biological/somatic intervention that is used for treatment-resistant patients who cannot tolerate typical psychiatric medication. He is scheduled for another stellate ganglion nerve block on approximately 15 JAN 2016, and he will likely continue this monthly.
4. In addition to the stellate ganglion block, I prescribed prazosin for PTSD nightmares. I have recently prescribed Trazodone for intractable sleep problems. He has some clonazepam for anxiety which he uses as needed. He also takes the adrenergic beta blocker propranolol for headaches, but it is also treating anxiety.
5. I am aware of prior letters from his unit leadership supporting continued service, but that was prior to ABH2 Little's acceptance of his persistent symptoms and how PTSD affects his military functioning.
6. In conclusion, as a uniformed psychiatrist, who has deployed to Iraq, I would not want this Service Member down-range. I believe that ABH2 Little does not meet medical retention standards, for PTSD, due to problems with effective military performance and requiring duty in a protected environment.

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