

1/26/2011

Dear Florida Congressman and Lawmakers:

I am a Florida Child, Adolescent, and Adult Board Certified Advanced Registered Psychiatric Nurse Practitioner. I have been practicing since 1976. I am submitting this brief summary of my European Army experience as a fully credentialed and independent nurse practitioner for your consideration and as evidence for need of change in our current Florida Statute.

From August 2008 to August 2009, I worked as a contract psychiatric nurse practitioner for the United States Army. I left my home and regular job in Melbourne, Florida and traveled to Germany, where I treated soldiers and their families living in Europe. The soldiers were coming to and from Iraq and Afghanistan, many times serving four and five tours of duty. Originally, I was the first and only psychiatric prescriber, treating children and adults in the Baumholder clinic. This clinic provided medical services for one tenth of the Army military serving in Iraq and their families. The Army allows nurse practitioners to practice independently without physician supervision, prescribing all controlled substances including psychostimulants. I utilized all of my experience and education for this job and was glad I had treated Vietnam veterans for 5 years in the 1980's with Post Traumatic Stress Disorder (PTSD) at a Missouri VA Clinic.

This was a very challenging and rewarding experience. I initiated removal of 21 soldiers from war due to Post Traumatic Stress Disorder or other serious

psychiatric conditions. I initiated transfer of soldiers with considerable PTSD to the warrior transition unit (WTU) where they received treatment for war stress and very close supervision intended to prevent suicide and anger directed outward. My child and adolescent experience and education was very helpful in treating PTSD. Soldiers were usually treated with SSRI's, (Selective Serotonin Reuptake Inhibitors, a type of antidepressant) then low doses of psychotropic medication targeting symptoms not unlike the treatment used in child psychiatry. I saw quite a few soldiers and surprisingly children with traumatic brain injury. I successfully used Topamax in adults for nightmares, which is now being studied for this use in PTSD.

These patients were also launching into adulthood, during a war situation. It was not unusual to see 20 year old soldiers, married and with two or three children. My assessment of this early launch into responsibility had to do with the survival instinct and war conditions. Shortly after the return home ceremony in Baumholder, the clinic had to begin treating three pregnant women per day. We called it operation "Iron Stork." This was a term, coined by the clinic nurses, taken from the base, which was called "Old Ironsides." On a much different side of war, Children often talked about the risk of death to parents and watched their peers actually experience it.

I was completely involved with the community of Baumholder Military Base. Officer's wives and I worked on improving health care service to families. I petitioned the pharmacy and therapeutics committee at Landstuhl, Germany to put Lexapro and Depakote ER on the

formulary. These medications were added to our list of available medication at the end of my stay. Lexapro was an essential medication in Baumholder due to its low incidence of causing sexual side effects. SSRI's were the standard, first line, drug of choice for PTSD. Long acting depakote was good for sleep and anger, preventing use of minor tranquillizers such as Xanax, which could be potentially lethal, mixed with alcohol. I made rounds on Fridays to the medical wing of the clinic, consulting to the medical physicians, ARNP's and PA's about psychiatric issues. They needed updating on psychotropic medication knowledge, as little education was available in the Army. The clinic pharmacist needed a great deal of information and with help from the Lt. Colonel and director of the clinic; the pharmacist was replaced with a more knowledgeable professional.

Unfortunately, the Army occasionally hired poorly educated professionals. One psychologist caused quite a lot of family stress as he diagnosed many children with Autism. Referrals made to me for medication, resulted in the realization that many of these children did not have Autism but needed treatment for Attention Deficit Disorder, Learning Disabilities, and simple Separation Anxiety due to war. Time was spent repairing perceptions of children and treating them appropriately with good success. One so-called professional tried to treat ADHD with subliminal messages. This is certainly not a standard treatment for this disorder. That so-called professional was finally sent home. I had been encouraging his removal for two months.

The Florida lawmakers would be interested to know that we nurse practitioners ran the show over there. One medical nurse practitioner became the medical director of the clinic and one nurse practitioner became a “full bird colonel” during my stay there. I was the informal leader of the psychiatric clinic for a while and wrote a protocol for handling emergencies in psychiatry. I took the leadership role in handling emergencies in the clinic and had access to the hospital at Landstuhl. One big consideration was that these soldiers had access to guns and weapons. I did have mechanisms for recommending removal with final decisions placed on commanders. Relationships with commanders were developed over time.

Requirements for the position were many. I spent every night for 8 months prior to my departure to Europe providing references, educational requirements, and preparing other needed information to the contract company of NES Healthcare. I have recently completed post-master’s University education in pharmacology, physiology and assessment. The logistics for travel were also extensive as my plan was to live in Europe for one year and I had a young adult child in college, a home with a mortgage, and an existing job in Florida. My current job allowed me to take a sabbatical for the good of the country. I lived in a small German village called Kusel and spoke some of the local language. There was much to do upon my return to Florida as well. I am in the process, at this point in writing a book about the experience. I did receive a certificate of appreciation, farewell ceremony and coin from the Army (copy included). Thanks for your consideration and I urge you to let us do our jobs

independently and to our full capacity here in Florida as I have done in the military arena. Florida ranks 47<sup>th</sup> in the United States concerning available child medical services by a recent Washington study. As I Child and Adolescent Psychiatric Practitioner, I am educated and experienced in treating children with Attention Deficit Hyperactivity Disorder. Florida won't let me prescribe psychostimulants such as Concerta, or Adderall. This restriction, along with other ARNP restrictions really hurts our Florida and ultimately our American community.

Sincerely,

Nancy A Thompson ARNP, BC  
Melbourne, FL