

Member Spotlight

James L. Fleming, MD



I appreciate the opportunity to briefly highlight a few landmarks on my journey, including some of those personal connections that I hope will be of general interest to my colleagues.

The advances in biological psychiatry have been both fascinating and, at times, overwhelming

to witness. In retrospect, it seems very limiting, back when I was a resident in the mid-1980s, to have only TCAs and MAOIs to treat depression or just neuroleptics to treat psychotic disorders (Clozaril was just coming out during my residency). But it was also a lot easier to keep track of treatment options as well trying to help treatment-resistant patients remember all the failed (or never attempted) psychotropic medication trials they had in the past. Regardless of how we feel about the advances of the past, we need to get used to the fact that even more dramatic advances are coming and will continue to come, and we won't be able to be experts on all or even most of them.

Historical and future changes in our field aside, some of my most enriching experiences as a psychiatrist have all been a bit "off the beaten path." This was literally true in the case of the four months I spent working with the Navaho Nation in Arizona in the 1990s. The wide, expansive red, brown and yellow vistas were as beautiful as they were strange to a Midwesterner. The cultural and language gulf between a "bellagonna [white] doctor" like me and my Navaho patients and co-workers was challenging at times but incredibly fulfilling and enriching to learn about and attempt to bridge. The phrase "social determinants of mental health" hadn't arisen in our professional lexicon yet. Still, the evidence of the

concept was readily evident in the level of poverty on the reservation. Both parallel to and transcending the poverty however was a deep sense of spirituality and cultural integrity. One manifestation of this culture, unknown to the vast majority of us was a pervasive living--and the still traumatic memory of-- "The Long Walk" of 1864 to 1866, a forced transfer on foot from the ancestral lands of the Navaho people, which has been described as an example of ethnic cleansing*. It became apparent that to properly connect with my Navaho patients as well as the staff, most of whom were also Navaho, it was essential to understand this experience.

A very different but equally enriching experience was as a civilian contractor with the U.S. Army at Fort Riley, KS, during the entire calendar year of 2008. The learning curve was steep, and I had to reconcile my own personal opposition to the Iraq war with the need to be "all in" with the Army team. I managed to do that and within a couple of months I was thriving in the disciplined, active duty, military environment. I felt proud to be considered a valuable asset to the hospital-based mental health clinic and to the organization-- the 1st Infantry Division of the U.S. Army-- as a whole. In caring for numerous young soldiers, I learned a great deal about the care of PTSD related symptoms often coexisting with head injuries. I also had to facilitate administrative actions, including "separations" from the Army for soldiers whose psychiatric condition precluded military service and the submission of "waivers" for the deployment of soldiers who, despite taking psychotropic medication, could still perform their duties in a combat environment. What started out as a three-month contract was extended first to 6 months then to one year.

After the Army, I took a contract job with the Missouri Dept of Corrections (DOC) at Crossroads in Cameron, MO, a "supermax" prison (designated as such due to the requirement for staff to pass a fingerprint sensor in order to leave the prison). After a break of a couple of years, I resumed work in the

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Missouri DOC part-time contract now with DOC's new contractor. The correctional setting is described as a "paramilitary" in nature, primarily due to the chain of command structure among correctional officers. In this setting, one has to get used to being a "guest" but also learn how to be a valued consultant to the institution while simultaneously adhering to medical ethics, at times a challenging proposition. In general, I have found correctional psychiatry to be a meaningful experience. As a psychiatrist, I had the opportunity to provide tangible help in the form of medication, brief psychotherapy with the needy, and at times severely and acutely ill inmates as well as valuable consultation and interface with correctional staff. And in my experience, inmate patients respond particularly well when they are treated with a level of respect that they have not previously experienced either inside or outside of the correctional setting.

Throughout most of my 31-year career, I have also kept going a small but gratifying private practice. My practice has focused on a "holistic approach," utilizing a wide variety of "time-tested" complementary and natural approaches, including meditation and yoga, of which I have been both a practitioner and instructor for over 40 years. At times it has been challenging to keep up with both pharmacologic progress and advances in nutritional supplements and herbal treatments -- which have the potential to interact with pharmaceuticals -- but I have found these efforts to be helpful to my patients who are grateful.

Finally, another source of personal and professional enrichment has been my involvement in our professional association as a member of the MPPA Executive Council and especially -- since 2015 -- as a Representative of the APA's primary governance body, the Assembly. I am proud to have co-authored nine Action Papers (resolutions), all but one of which were approved by the Assembly, some of which have already been approved by the Board of Trustees and have been implemented. From the standpoint of personal development, the deliberative process of debate and advocacy involved in the work of the Assembly resulted in a tangible internal growth

process for me. Through this process, I've learned how to make a strong case for particular issues while maintaining respect for alternative views.

I am grateful to the many mentors and leaders in Missouri and nationally in the APA who I have had the pleasure of working with, including our recent MPPA Presidents such as Drs. Laine Young-Walker, Henry Nasrallah, and Sherifa Iqbal. I also appreciate the many decades of involvement of Dr. Jo-Ellyn Ryall, who has served continuously in many different leadership positions. She has been a great source of guidance as has Dr. Bob Batterson, my mentor in the Assembly, as well as "all things APA." He has been a model of service to our profession and has inspired me in many ways. It has been educational in APA governance just to watch Bob progress from a leader in Missouri Psychiatry to Assembly Rep, then Area Rep, then Assembly Recorder, and eventually Speaker of the Assembly. There are many others whose knowledge and counsel I have benefited from. While space does not permit mention of them all, I do wish to acknowledge our dedicated newsletter editor Dr. Balkozar Adam who, season after season and year after year, manages to find time in her busy schedule to put together an interesting, professional newsletter. Thanks, and best wishes to all.

* https://en.wikipedia.org/wiki/Long_Walk_of_the_Navajo