

Working toward peace by providing
civilian health and mental health services
to active duty military personnel

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Presenter Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Learning Objectives

- Describe the conditions that lead active duty GIs to seek civilian health and mental health services.
- Discuss the characteristics of GIs who use such civilian services.
- Analyze the rationale for civilian services as an alternative to the contradictions inherent in military services for active duty GIs.
- Analyze how such services may contribute to peace

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Military Law Task Force

GI Rights HOTLINE

25 peace and faith-based organizations

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RESIST

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Many people making small contributions

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Website, articles, book

- <http://www.civilianmedicalresources.net/>
- <http://civilianmedicalresources.net/SMArticle/index.html>
- <http://www.resistinc.org/newsletters/articles/reaching-gis-mental-health-services>
- <http://endofempire.net/>

MEDICINE and PUBLIC HEALTH
at the **END OF EMPIRE**

Howard Waitzkin

Waitzkin

"A critical and timely book that illuminates the realities and consequences of treating health and health care as commodities. Waitzkin powerfully reveals the global political and economic forces shaping even the most private of patient-provider encounters. He offers an invaluable reminder that alternatives are possible—and can be achieved through collective efforts linking social justice, public health, and medicine."

—**NANCY KRIEGER**, Harvard School of Public Health

"Health reform is a lively and contentious topic, but, as Waitzkin shows in this informative study, our debates on reform are too narrowly framed. His thoughtful analysis raises important questions about conventional assumptions of doctrine and practice, scrutinizing alternatives—among them notably the record of social medicine in Latin America."

—**NOAM CHOMSKY**, MIT

"This book is a thoughtful addition to the social medicine canon. Dr. Waitzkin makes an elegant and fascinating argument for the importance of recognizing politics as a determinant of health."

—**SANDRO GALEA**, Columbia University

"Waitzkin offers a comprehensive overview of the political economy of health with revealing examples from the U.S. and Latin America. He shows the fundamental logic of progressive and of commercial health policies and their bearing on human flourishing."

—**ASA CRISTINA LAURELL**, former Secretary of Health, Mexico City

"Waitzkin's analysis of the ways in which capitalist development has produced and reproduced huge global inequalities is original and thought-provoking. His involvement in social medicine in the U.S. and in Latin America provides a fertile perspective for comprehending the rise and demise of neoliberalism and a hopeful basis for organizing a more humane and democratic global society."

—**CHRIS CHASE-DUNN**, University of California–Riverside

"A welcome contribution to the thorny debate on health care reform. When national leaders overcome complacency, catalyze genuine social participation, and apply ethics to undermine inequities, the public good is rewarded, and revitalized health systems are the inevitable and natural consequence."

—**MIRTA ROSES**, Director of the Pan American Health Organization

"*Medicine and Public Health at the End of Empire* presents a vision for a healthier and more just future."

—**CHARLES BRIGGS**, University of California–Berkeley

HOWARD WAITZKIN is Distinguished Professor at the University of New Mexico and a primary care practitioner in rural northern New Mexico. His work focuses on social conditions that lead to illness, unnecessary suffering, and early death. Dr. Waitzkin's books include *The Second Sickness*, *The Politics of Medical Encounters*, and *At the Front Lines of Medicine*.



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MEDICINE and PUBLIC HEALTH *at the* END OF EMPIRE



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MEDICINE and PUBLIC HEALTH
at the **END OF EMPIRE**


Howard Waitzkin

Book

- Information available at this conference
- Proceeds to support veterans who participate in the project

Methods

- Sample: drawn from the clients of a nationwide network of civilian physicians and mental health service providers (the Civilian Medical Resources Network) who offered their services to active-duty military personnel.
- Multi-method approach:
 - quantitative and qualitative analysis of data collected during intake and follow-up interviews.

Overall Objectives of the Civilian Medical Resources Network

1. To provide independent medical or mental health evaluations and treatment in the civilian sector for people serving on active duty with the military.
 - This work addresses both physical and psychological problems.
 - At a GI's* request, the evaluation may include letters to military officers or other authorities regarding the relevance of physical and/or psychological problems to the need for discharge or re-assignment.

* The term GI here refers to active-duty personnel of any U.S. military services and military reserves. This term historically referred to low-ranked members of the U.S. Army. "GI" originally derived from equipment issued to military personnel ("galvanized iron," later misinterpreted as "government issue" or "general issue").

Overall Objectives of the Civilian Medical Resources Network

1. To provide independent medical or mental health evaluations and treatment in the civilian sector for people serving on active duty with the military.
 - Activities may include counseling by phone and referrals to professionals who work in the GI's geographical area.
 - The professionals who conduct the evaluations do so at no or reduced charge if the GI does not have usable insurance coverage and cannot afford to pay customary fees.

Overall Objectives of the Civilian Medical Resources Network

2. To collaborate with the GI Rights Hotline, the Military Law Task Force, and other organizations for outreach to improve medical and psychological services in the civilian sector for active-duty GIs.

Experience So Far

- Began in 2005
- Recently about 3 new clients weekly,
about 120 clients yearly

Procedures

- GI Rights Hotline Counselor decides to refer.
- Instructions at: <http://civilianmedicalresources.net/counselors.html>
- Go to our secure, encrypted website: http://cmrn-server1.unm.edu/intranet/request_service.html



**Civilian
Medical
Resources
Network**

CMRN Intranet

Request for Service Page

This page allows you to securely send us the information we need to contact a military client in need of our services. It eliminates insecurity of sending personal information over email. You may still send us email at info@civilianmedicalresources.net, but do not include any sensitive or personal client information within an email - use this form. You may send us a request to be added to our database, which contains a secure method of communication, if you wish to continue working with a client.

Counselor Information

Please provide your contact information below.

First Name:

Last Name:

Organization:

Phone:

Email:

City:

State:

Client Information

At the very minimum, please provide at least a first name and a phone number or email address for us to contact the client.

First Name:

Last Name:

Phone:

Email:

City:

State:

Gender:

Branch:

Case Summary:

Please provide a summary of the client's situation, the type of services they are seeking, and any special instructions.

Send

Procedures

- Intake worker contacts client
 - Explains procedures
 - Obtains verbal informed consent
 - Does intake interview (10-30 minutes)
 - Description of problem
 - Demographic information
 - Patient Health Questionnaire for psychiatric and substance use diagnoses, including suicidality
 - PTSD Checklist for PTSD diagnosis

CMRN Intranet

[howard](#) [Logout](#) [Admin Panel](#) You have [118 clients](#) and [8 projects](#).

Client Information Page

Client 12-36,

[Client Page](#) [Main Menu](#)

Intake Forms

Form: [Intake Form](#) [PHQ](#) [PTSD Checklist](#)

Finished?

Diagnoses

Som Dis Maj Dep Other Dep Syn Pan Syn Other Anx Syn Bul Ner
Bin Eat Dis Alc Abu PTSD Violent Suicidal

Client Information

*This section contains basic contact information for the client.
Input fields with a (*) are REQUIRED.*

Client Disposition:
Informed Consent Obtained for Research?

First Name: *
Last Name: *

Phone: *
Referral Source:

Email 1: *
Email 2:

Address 1:
Address 2:

City:
State:

Zip:
Client ID#: (expected)

Date of Birth: year-month-day

Notes:

Personnel Working with Howard

This section shows which personnel are associated with the client.

Personnel	Role	Description of Involvement	Remove Association
-----------	------	----------------------------	--------------------

Add New Personnel to this Client

Choose

File Attachments for Howard

File	Uploaded by	Description of File	Remove File
------	-------------	---------------------	-------------

Don't forget to click "Upload" after you select your file!

Notes and Communication

This section is for recording any communications or activities with or about the client. Use this area to paste email correspondence, record any contact with the client, or exchange messages with Network team members. Personnel marked 'Notify' will receive an email notification with a link to this page when you post a message.

Personnel Working with Howard	
Name	Notify

Update, Note, or Message:
 Message #: 1
 Author: Howard Waitzkin
 Message Priority:

Main Intake Form

1. Age:

18-21

22-26

27-30

31-35

36-40

41-50

51+

2. Gender:

Male

Female

3. Race/Ethnicity (self-identified)

White / Caucasian

Black / African American

Hispanic / Latino

Native American

Asian

Not Specified

Other

4. Income (per year, in US Dollars)

14,000 - 17,999

18,000 - 20,999

21,000 - 23,999

24,000 - 27,999

28,000 +

Patient Health Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

1. During the <u>last 4 weeks</u> , how much have you been bothered by any of the following problems?	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Back Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pain in your arms, legs, or joints (knees, hips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Menstrual cramps or other problems with your periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. chest Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Fainting Spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Feeling your heart pound or race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Constipation, loose bowels, or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Nausea, gas, or indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If at least 3 items are marked "Bothered a lot", is there an adequate biological explanation?	No <input type="radio"/>	yes <input type="radio"/>	

3. Questions about suicidal ideation. No Yes

a. Have you had thoughts that you would be better off dead or of hurting yourself in some way?

If you checked "NO", go to question #4.

b. When did you begin to have suicidal thoughts?

c. Did any event (stressor) precipitate the suicidal thoughts?

Notes:

d. How often / when do you think about suicide?

e. Do you feel that you are a burden, or that life isn't worth living?

Notes:

f. What makes you feel better? (e.g., contact with family, use of substances)

g. What makes you feel worse? (e.g., being alone)

PTSD Checklist

PTSD Checklist x Medicine and Public Health at t... x Waitzkin/Noble Social Medicine x +

cmrn-server1.unm.edu/intranet/ptsd.html

PTSD Checklist

INSTRUCTIONS TO PATIENT: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the past month.

During the <u>last 4 weeks</u> , how much have you been bothered by any of the following problems?	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Repeated, disturbing <i>dreams</i> of a stressful military experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Suddenly <i>acting or feeling</i> as if a stressful military experience were <i>happening again</i> (as if you were reliving it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful military experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Having <i>physical reactions</i> (e.g. heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful military experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoiding <i>thinking about or talking about</i> a stressful military experience or avoiding <i>having feelings</i> related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Avoiding <i>activities or situations</i> because <i>they reminded you</i> of a stressful military experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trouble <i>remembering important parts</i> of a stressful military experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. <i>Loss of interest</i> in activities that you used to enjoy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Feeling <i>distant or cut off</i> from other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Procedures

- After completion of intake, the intake worker refers the information to the clinician on call.
- The clinician contacts the client.
- When possible, GIs visit Network professionals in person.
- If an in-person visit proves unfeasible due to geographical distance, Network professionals assist GIs by telephone or Skype consultations.

Procedures

- Clinician provides services short-term to address mental health crisis.
- Clinician refers to physical health professional if a physical problem is involved.
- Clinician prepares documentation needed for reassignment, discharge processing, etc.
 - Uses templates developed over time
- Clinician shares documentation with client, Gi Rights Hotline counselor, military professionals, and command as appropriate.

Procedures

- Network professionals generally provide care free or at greatly reduced cost.
- All our core staff members volunteer our services, except part-time paid coordinator (a veteran).

Research Component

- Mainly to document and to evaluate what we're doing.
- Following descriptive data as of 2011, covering previous 1 year
 - update in progress

Research Component

- More on quantitative results at session of Medical Care section tomorrow
- Some of main descriptive findings, in brief:

Research Component: Descriptive Findings

- 40% of clients identified themselves as belonging to a minority group.
- Depression (35%; 17% with suicidal ideation) and PTSD (17%) were the most common diagnoses.
- No consistent relationship between race/ ethnicity and mental disorders emerged.
- In multivariate analyses, lower rank ($p=0.002$), pre-military physical health conditions ($p=0.000$), and history of self harm ($p=0.000$) were significantly associated with suicidal ideation.

Next Comments

- From letter to the editor of the *American Journal of Public Health*, September 2012.
- Partly in protest to supplement on military suicide, *AJPH*, March 2012
 - Funded, edited, and written almost exclusively by people working for Veterans Administration and Department of Defense
 - Rosy picture of what's being done
 - Doesn't correspond to the realities we face every day in the GIRH and CMRN.

Why Needed: Some Unpleasant Facts (based partly on our research)

- 18 suicides among veterans per day
- 1 suicide among active duty GIs every day
- More GIs deployed to Afghanistan and Iraq will die from suicide than from combat.

The Context

- We are not optimistic about improved military policies regarding mental illness and suicidality.
- Despite the Hippocratic requirement to address the client's needs first and foremost, military professionals also must consider how to maintain combat forces.
- The resulting double agency leads to breaches in confidentiality, belittlement of distress, and distrust.

Harassment for Mental Health Problems

- Harassment continues to occur when GIs seek help for mental health problems, including suicidality.
- Our recent clients report stigmatization, marginalization, and other adverse reactions from commanding officers.
- “Suicide watch” isolates GIs from their units and subjects them to humiliation.

Out-Sourcing, Privatization

- Outsourcing and privatization exacerbate such problems.
- Barriers to neuropsychiatric and other specialty consultations:
 - Result from reluctance of managed care organizations (MCOs) contracting with TRICARE (the health care program for active-duty personnel and their families) to pay for these referrals.
 - Such contracts have become so lucrative that the executive who benefited most from the Iraq war headed an MCO, rather than a military-industrial corporation.

Civilian-Sector Alternatives

- Civilian programs can counteract double agency, harassment, and distrust.
- Our network, another national organization, and several regional initiatives have offered services, usually on a voluntary basis.
- Veterans' organizations opposed to the wars have initiated coffee shops and other outreach programs near military bases.

Lack of a Narrative

- Most of our suicidal clients lack a coherent narrative to justify the traumas that they have suffered and inflicted
 - (although some cite the advantages to corporations that extract oil or rebuild infrastructure).

Ideology of resiliency

- The *AJPH* Supplement conveys an ideology that fosters resiliency among those suffering from war
 - rather than analyzing war itself as the fundamental public health problem.

Primary Prevention - A Public Health Mandate

- Consistent with an official policy statement of the American Public Health Association,* a more effective public health strategy would focus upstream on preventing the wars that generate the epidemic of suicide.

*American Public Health Association. The role of public health practitioners, academics, and advocates in relation to armed conflict and war: policy statement. November 2009. Available at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1391>. Accessed April 29, 2012.

Challenges

- Fund raising to support veterans for coordination, intake, and outreach
 - Interested folks can donate at website:
<http://www.civilianmedicalresources.net/>
- Recruiting and retaining therapists
 - Please help!

Conclusions

- Active-duty GIs increasingly are seeking medical and mental health care in the civilian sector.
- As opposed to the Vietnam War, when the military draft led to induction of young people from a somewhat broader range of social positions, current military endeavors depend on men and women predominantly from low-income and minority backgrounds.
 - Handful of congresspeople with kids in these wars

Conclusions

- Military and veterans' medical care periodically enters public consciousness, especially after scandals
 - Walter Reed Army Hospital
 - Fort Hood massacre
 - massacre by Sgt. Bales in Afghanistan
- but generally below the radar.
- The skewed distribution of persons suffering from the war limits the attention that this issue receives from policy makers and other leaders in the society.

Conclusions

- The Network has encountered GIs who, along with their families, experience a profound need for supportive services.
- Their suffering leads to an increasing medicalization of resistance to war.
- With accumulated physical and psychological injuries, GIs turn to professionals in the civilian sector as a route to less dangerous assignments or to discharge.

Conclusions

- Ethical conflicts, which derive from contradictions of violence without clear purpose, exacerbate whatever damages might otherwise warrant medical attention.
- The unmet needs of active-duty GIs deserve more concerted attention by the medical profession and by our society's leaders
 - **as do more effective strategies toward peace.**