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

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Peace Caucus American Public Health Association October 29, 2012

#### **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 Gls 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 Gls.
- Analyze how such services may contribute to peace

#### ACKNOWLEDGMENTS





#### Acknowledgments

(apologies to anyone I unintentionally left out)

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#### Advisers in law

Ron Morgan, Albuquerque, NM Kathy Gilberd, San Diego, CA Jane Kaplan, Oakland, CA Military Law Task Force

#### **GI Rights HOTLINE**

25 peace and faith-based organizations

#### Financial support

**RESIST** 

Faculty senate, University of New Mexico Robert Wood Johnson Foundation Center for Health Policy, University of New Mexico

My part-time medical practice (Taos Medical Group)

Many people making small contributions
Allende Program in Social Medicine (fiscal intermediary)

#### Website, articles, book

- http://www.civilianmedicalresources.net/
- http://civilianmedicalresources.net/SMArticle/index.html
- http://www.resistinc.org/newsletters/articles/reaching-gismental-health-services
- http://endofempire.net/

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

'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 orivate 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 lebates 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 nequalities 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

10 WARD 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.





Paradigm Publishers 2845 Wilderness Place

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 followup interviews.

#### Overall Objectives of the Civilian Medical Resources Network

- 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.

<sup>\*</sup> 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

- 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

- GI Rights Hotline Counselor decides to refer.
- Instructions at: <a href="http://">http://</a>
   <a href="http://">civilianmedicalresources.net/</a>
   <a href="http://">counselors.html</a>
- Go to our secure, encrypted website: <u>http://cmrn-server1.unm.edu/intranet/request\_service.html</u>

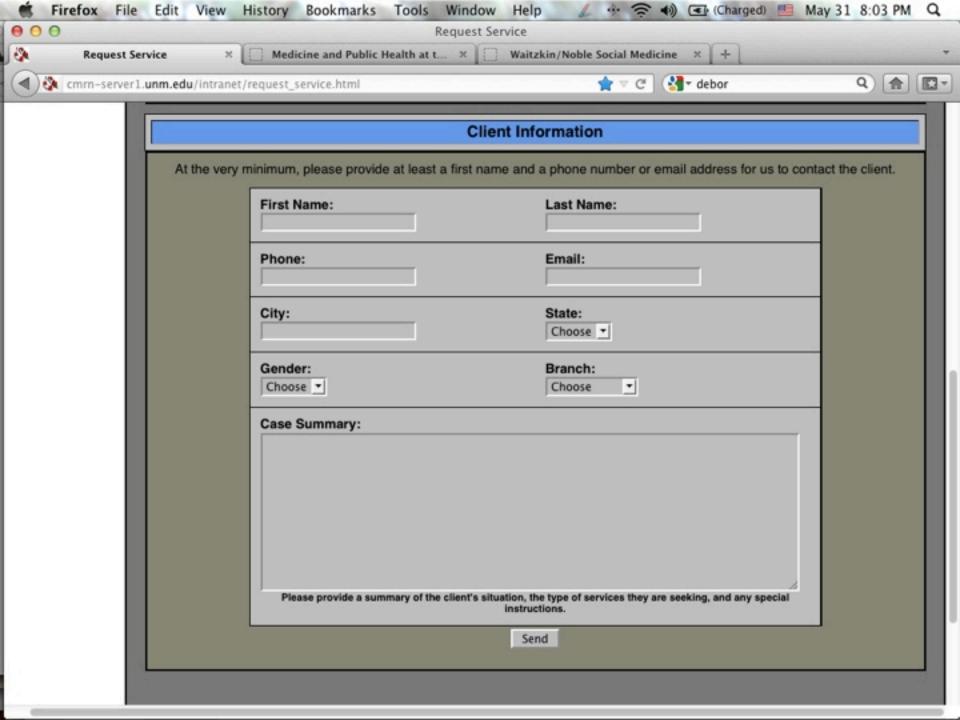


#### **CMRN Intranet**

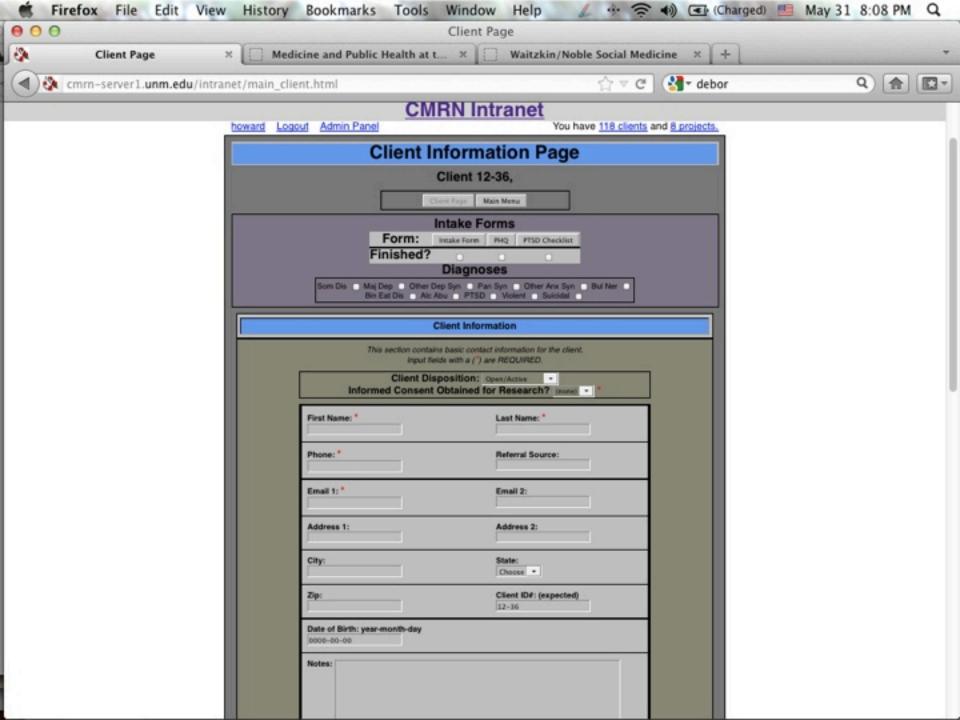
#### **Request for Service Page**

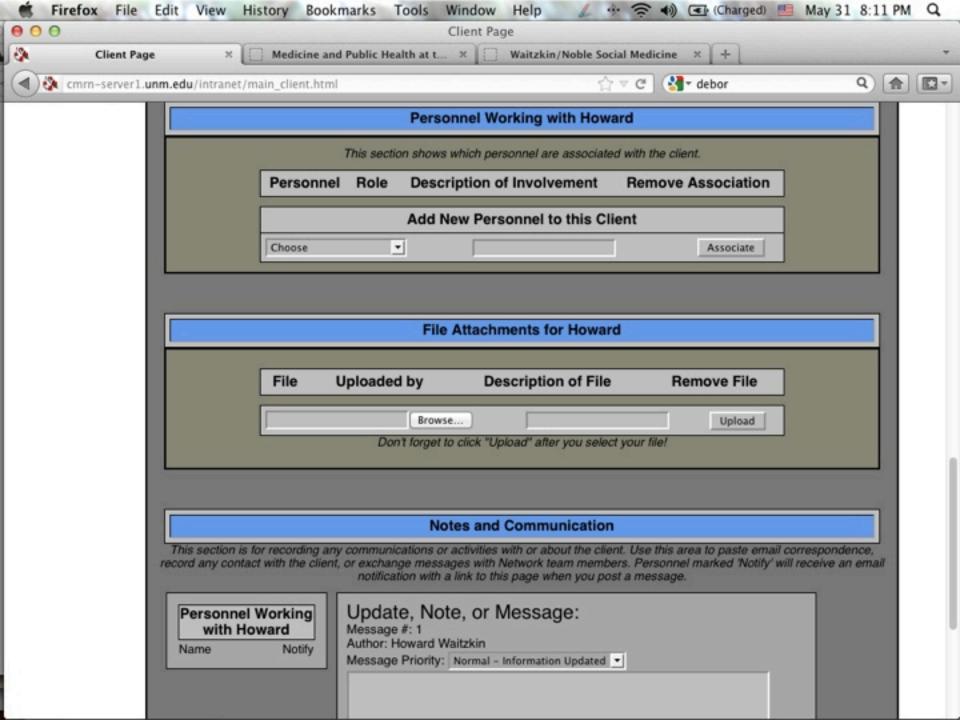
This page allows you to securely send us the information we need to contact a military client in need of our services. It eliminates insecurity of sending personal information over email. You may still send us email at <a href="mailto:info@civilianmedicalresources.net">info@civilianmedicalresources.net</a>, 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 o database, which contains a secure method of communication, if you wish to continue working with a client.

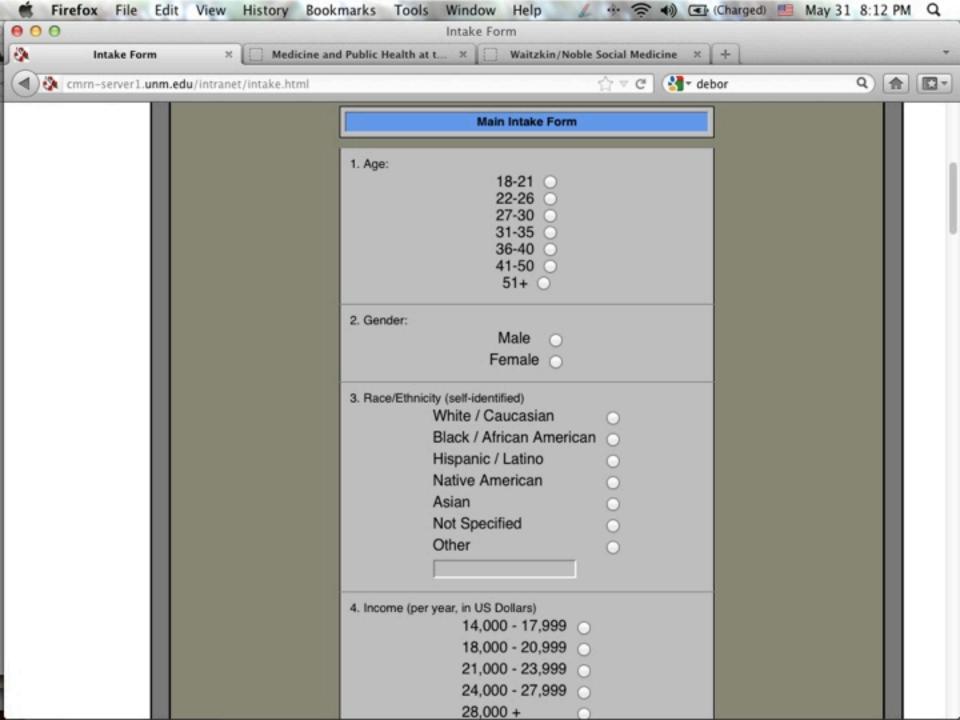
# Please provide your contact information below. First Name: Corganization: Phone: Email: City: State: Choose

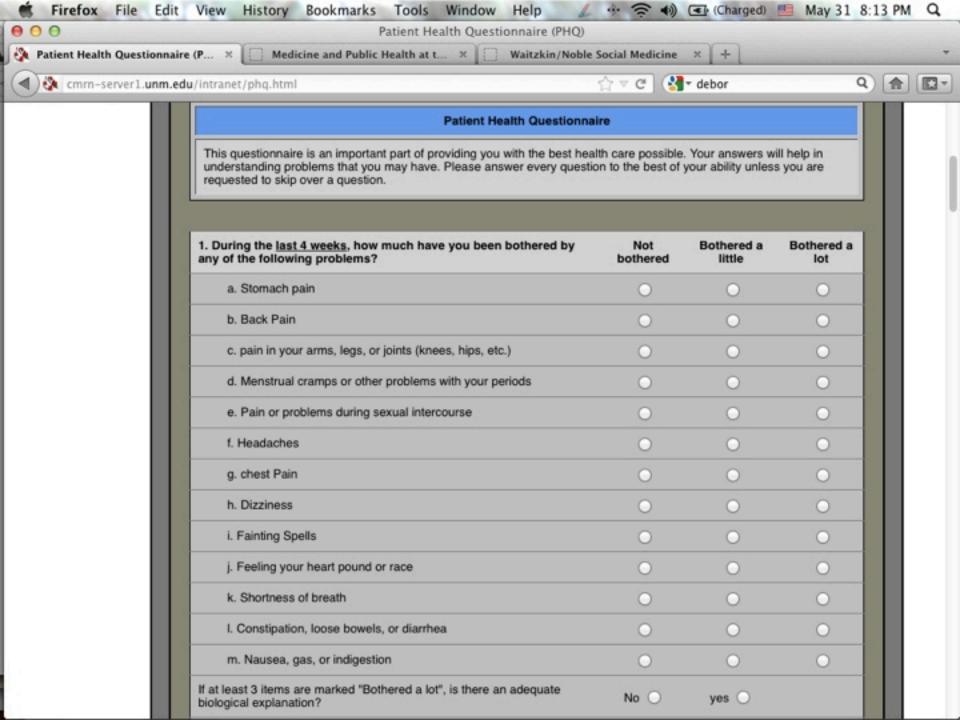


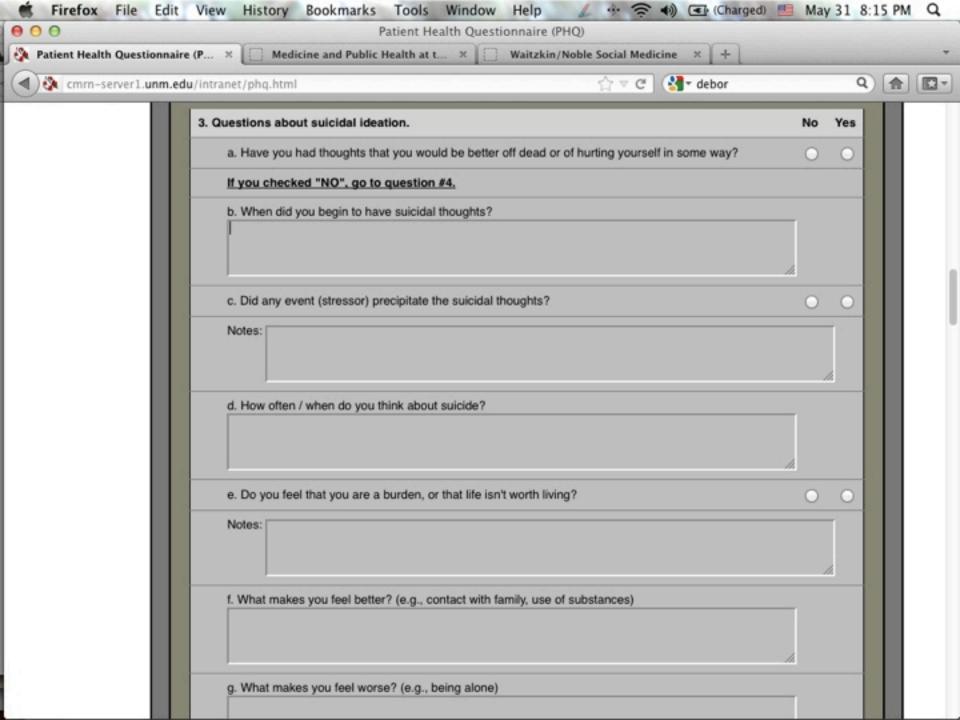
- Intake worker contacts client
  - Explains procedures
  - Obtains verbal informed consent
  - Does intake interview (10-30 minutes)
    - Description of problem
    - Demographic information
    - Patient Health Questionnaire for psychiatric and substance use diagnoses, including suicidality
    -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

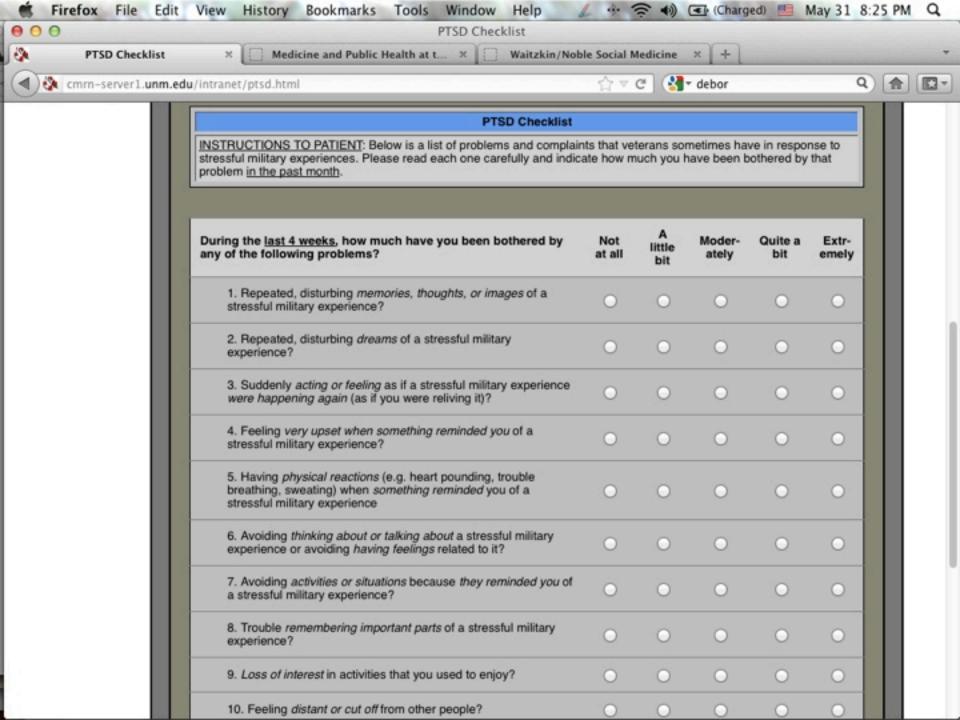












- After completion of intake, the intake worker refers the information to the clinician on call.
- The clinician contacts the client.
- When possible, GIs visit Network professionals in person.
- If an in-person visit proves unfeasible due to geographical distance, Network professionals assist GIs by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

- 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.

- 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), premilitary 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 <u>double agency</u> leads to breaches in confidentiality, belittlement of distress, and distrust.

#### Harassment for Mental Health Problems

- Harassment continues to occur when Gls seek help for mental health problems, including suicidality.
- Our recent clients report stigmatization, marginalization, and other adverse reactions from commanding officers.
- "Suicide watch" isolates Gls 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 activeduty 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 militaryindustrial 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.

<sup>\*</sup>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!

- 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

- 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.

- 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, Gls turn to professionals in the civilian sector as a route to less dangerous assignments or to discharge.

- 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.