AN UPDATE ON WORKING TOWARD PEACE BY PROVIDING CIVILIAN HEALTH AND MENTAL HEALTH SERVICES TO ACTIVE DUTY MILITARY PERSONNEL.

PRESENTED AT THE PEACE CAUCUS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL CONFERENCE
11/5/2013 CHICAGO, IL
MARIO CRUZ, M.D., DEPARTMENT OF PSYCHIATRY
BRYANT SHUEY, BA, UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
HOWARD WAITZKIN, M.D., PH.D., DEPARTMENT OF SOCIOLOGY AND ROBERT WOOD JOHNSON CENTER FOR HEALTH POLICY
UNIVERSITY OF NEW MEXICO

macruz@salud.unm.edu

PRESENTER DISCLOSURES
Mario Cruz, M.D.

(1) 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 characteristics of active duty GIs and veterans who seek civilian health and mental health services;

• Explore the relationships between their selected characteristics;

• Discuss if not peace, should we move to a draft to ensure equity in war?

WAR ADVERSELY IMPACTS SOCIETY

For the individual:
• Health
• Employment
• Quality of Life
• Family burden
• Linked to suicide rate of children

For society:
• Homelessness
• Public safety
• Incurred health care costs
• Loss of creative potential

CIVILIAN MEDICAL RESOURCE NETWORK (CMRN)

Objectives of CMRN:
1. To provide civilian medical or mental health evaluations and treatment for people serving on active duty with the military.

• Activities may include case coordination, 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.

macruz@salud.unm.edu
CIVILIAN MEDICAL RESOURCE NETWORK (CMRN) (CONT’D)

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.

METHODS

- Sample:
  - Quantitative data - 207 CMRN complete client records 2009-6/30/2015.
  - Exploratory, retrospective review of de-identified data.

DEMOGRAPHIC CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>36 (17.2)</td>
</tr>
<tr>
<td>Male</td>
<td>173 (82.8)</td>
</tr>
<tr>
<td>Age (18-30 yrs)</td>
<td>156 (75.4)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>127 (60.8)</td>
</tr>
<tr>
<td>Non-white</td>
<td>82 (39.2)</td>
</tr>
<tr>
<td>Military Branch</td>
<td></td>
</tr>
<tr>
<td>Army</td>
<td>134 (64.4)</td>
</tr>
<tr>
<td>Marines</td>
<td>26 (12.5)</td>
</tr>
<tr>
<td>Navy</td>
<td>29 (13.9)</td>
</tr>
<tr>
<td>Air Force</td>
<td>16 (7.7)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (1.3)</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>E1</td>
<td>37 (18.1)</td>
</tr>
<tr>
<td>E2-4</td>
<td>111 (54.4)</td>
</tr>
<tr>
<td>E5-7</td>
<td>34 (16.7)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>HS/GED + Some College</td>
<td>161 (77.8)</td>
</tr>
<tr>
<td>AWOL</td>
<td>48 (19.3)</td>
</tr>
<tr>
<td>Pre-Military Mental Health Problem</td>
<td>49 (21.5)</td>
</tr>
<tr>
<td>Pre-Military Health Problem</td>
<td>51 (24.4)</td>
</tr>
<tr>
<td>Pre-Military Trauma</td>
<td>98 (46.9)</td>
</tr>
<tr>
<td>Military Trauma</td>
<td>153 (73.2)</td>
</tr>
<tr>
<td>Combat related</td>
<td>80 (38.3)</td>
</tr>
<tr>
<td>Non-combat related</td>
<td>89 (42.6)</td>
</tr>
</tbody>
</table>
Military Treatment 145 (69.4)
   Medical 43 (20.6)
   Mental Health 101 (58.4)
   Both 21 (10.5)

Civilian Treatment 74 (35.4)
   Medical 36 (17.2)
   Mental Health 35 (16.8)
   Both 10 (4.8)

### IMPORTANT PRESENTATION CHARACTERISTICS

#### DIAGNOSES/SYMPTOM

<table>
<thead>
<tr>
<th>Diagnosis/Symptom</th>
<th>n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>151 (71.9)</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>127 (61.1)</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>99 (48.3)</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>55 (26.3)</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>52 (25.0)</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>44 (21.0)</td>
</tr>
</tbody>
</table>

### QUANTITATIVE FINDINGS

#### TRAUMA

**Post Traumatic Stress Disorder**
- AWOL (OR=2.6, 95% CI 1.06-6.23, p=.04)
- Noncombat trauma (OR=3.1, 95% CI 1.6-6.1, p=.00)
- Combat Trauma (OR=5.4, 95% CI 2.6-11.2, p=.00)

#### TRAUMA

**Noncombat Trauma**
- Race (Latino and Asian) (OR=1.4, 95% CI 1.0-1.8, p=.04)
- Age (OR=1.3, 95% CI 1.1-1.6, p=.00)
- Panic Disorder (OR=2.2, 95% CI 1.1-4.3, p=.02)
TRAUMA (CONT’D)

Combat Trauma
• Rank (E2, E3, specialist and PV2) (OR=2.1, 95% CI 1.5 3.1, p=.00)
• Military Health Problems (OR=3.1, 95% CI 1.5 6.6, p=.00)
• Military Mental Health Problems (OR=5.4, 95% CI 1.6 18.3, p=.01)
• PTSD (OR=3.4, 95% CI 1.7 7.0, p=.00)

GENERALIZED ANXIETY DISORDER

College degree or more (OR=1.7, 95% CI 1.1 2.5, p=.02)
Lack of Insurance (OR=.27, 95% CI .13 .56, p=.04)
Premilitary Health Problem (OR=2.3, 95% CI 1.0 5.0, p=.00)

PANIC DISORDER

Combat Trauma (OR=2.1, 95% CI 1.1 4.0, p=.02)

SUICIDAL IDEATION

22 years of age or younger (OR=.4, 95% CI .2 .8, p=.01)
Panic Disorder (OR=2.6, 95% CI 1.3 5.2, p=.01)
Generalized Anxiety Disorder (OR=4.9, 95% CI 2.2 10.8, p=.00)

AWOL

Younger Age (OR=6, 95% CI .5 .9, p=.00)
Army (OR=2.7, 95% CI 1.1 6.2, p=.02)
Post Traumatic Stress Disorder (OR=3.9, 95% CI 1.6 9.3, p=.00)

CONCLUSIONS

Peace
• Ease disease burden
• Reduce ethical dilemmas
• Improve public safety

Draft
• Ensure equity in war burden
• Pulls entire country into conversation
• Reduces families of warriors
"I FEAR THEY DO NOT KNOW US. I FEAR THEY DO NOT COMPREHEND THE FULL WEIGHT OF THE BURDEN WE CARRY OR THE PRICE WE PAY WHEN WE RETURN FROM BATTLE."
ADM. MIKE MULLEN, CHAIRMAN OF THE JOINT CHIEFS OF STAFF.
FROM ADDRESS TO WEST POINT GRADUATING CLASS IN THE SPRING OF 2011

ACKNOWLEDGMENTS

(APOLOGIES TO ANYONE UNINTENTIONALLY LEFT OUT)

Coordinator of mental health component/Information Technology Specialist
Marylo Noble, Portland, OR

Project coordination
Guadalupe, Albuquerque, NM
Joseph Garcia, Albuquerque, NM
Rael Remen, Albuquerque, NM
Jeff Englehart, Tuscaloosa, AL

Stakeholders
Emily Bandi, Albuquerque, NM
Dense Roper, Santa Cruz, CA
Leann Zielinski, Portland, OR
Delbert Redall, Los Angeles, CA
Jodi Zepeda, Albuquerque, NM

Therapists
Deborah Duckworth, Chatham, New York
Marty Schoen, Minneapolis, MN
Mario Cruz, Albuquerque, NM
Antonia Duval, Las Cruces, NM

Hans Bunktler, Chicago, IL
Elizabeth Strain, Portland, OR
Leah Arndt, Milwaukee, WI

Judith Dondershine, Palo Alto, CA
Sharon Bryan, Washington, DC
Kari Hines, Rockford, IL

Financial support
RESIST Faculty senate, University of New Mexico
GI Rights HOTLINE

Military Law Task Force

My part-time medical practice (Taos Medical Group)

The Allende Program in Social Medicine (fiscal intermediary)