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

Civilian Medical Resources Network

GI Rights Hotline Conference
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Howard Waitzkin

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(apologies to anyone I unintentionally left out)

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GI Rights Hotline
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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

*[spine]* 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

# Howard Waitzkin

# 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

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.

# 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 n 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.

## Counselor Information

Please provide your contact information below.

| First Name: | Last Name: |
|---|---|
| | |

**Organization:**

**Phone:** | **Email:**

**City:** | **State:**
Choose ▾

# 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
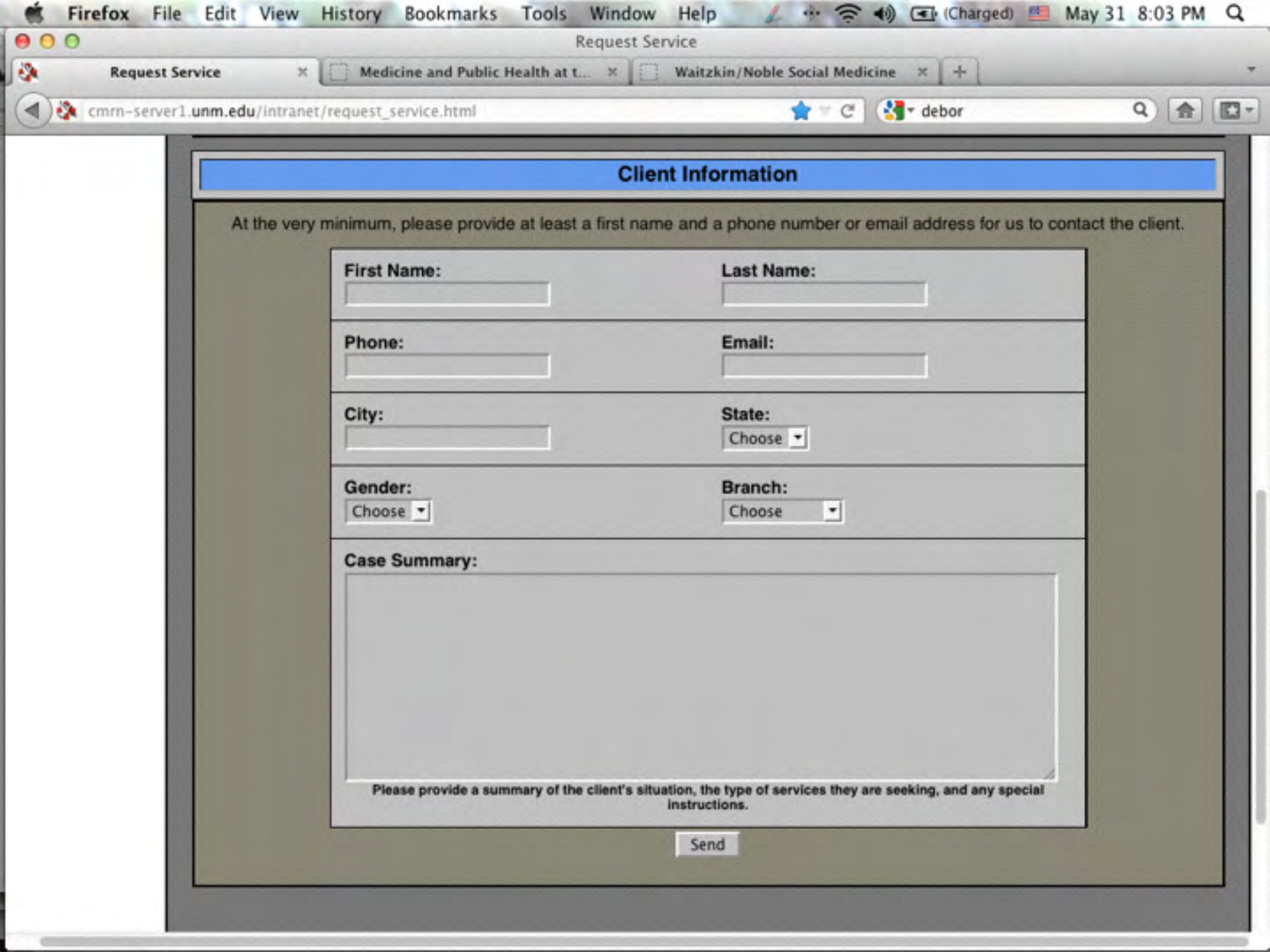
## Client Information

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:**
                                                     Choose ▾

**Gender:**                                          **Branch:**
Choose ▾                                             Choose ▾

**Case Summary:**

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

Send

## 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 Sym ☐  Pan Sym. ☐  Other Anx Sym ☐  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:** Open/Active ▾
**Informed Consent Obtained for Research?** [none] ▾ *

| First Name: * | Last Name: * |
|---|---|
| | |

| Phone: * | Referral Source: |
|---|---|
| | |

| Email 1: * | Email 2: |
|---|---|
| | |

| Address 1: | Address 2: |
|---|---|
| | |

| City: | State: |
|---|---|
| | Choose ▾ |

| Zip: | Client ID#: (expected) |
|---|---|
| | 12-36 |

**Date of Birth: year-month-day**
0000-00-00

**Notes:**

Client Page

Client Page  ×   Medicine and Public Health at t...  ×   Waitzkin/Noble Social Medicine  ×   +

cmrn-server1.unm.edu/intranet/main_client.html          debor

## 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 ▼                                          Associate

## File Attachments for Howard

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

Browse...                                          Upload

*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: Normal – Information Updated ▼

## 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 last 4 weeks, how much have you been bothered by any of the following problems? | Not bothered | Bothered a little | Bothered a lot |
|---|---|---|---|
| a. Stomach pain | ○ | ○ | ○ |
| b. Back Pain | ○ | ○ | ○ |
| c. pain in your arms, legs, or joints (knees, hips, etc.) | ○ | ○ | ○ |
| d. Menstrual cramps or other problems with your periods | ○ | ○ | ○ |
| e. Pain or problems during sexual intercourse | ○ | ○ | ○ |
| f. Headaches | ○ | ○ | ○ |
| g. chest Pain | ○ | ○ | ○ |
| h. Dizziness | ○ | ○ | ○ |
| i. Fainting Spells | ○ | ○ | ○ |
| j. Feeling your heart pound or race | ○ | ○ | ○ |
| k. Shortness of breath | ○ | ○ | ○ |
| l. Constipation, loose bowels, or diarrhea | ○ | ○ | ○ |
| m. Nausea, gas, or indigestion | ○ | ○ | ○ |

| If at least 3 items are marked "Bothered a lot", is there an adequate biological explanation? | No ○ | yes ○ |

**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

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

# 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).

# Illustrative Case Summary 1

- During his tour in Iraq, a GI witnessed the violent deaths of several close friends as well as Iraqi civilians.

- One of his assignments involved removal of blood and body parts from military vehicles.

- After he returned to the United States, he suffered from depression, post-traumatic stress disorder, and generalized anxiety.

- He entered a psychiatric hospital temporarily after one of four suicide attempts.

- When he learned that his unit was to be redeployed to Iraq, he went AWOL.

# Illustrative Case Summary 1

- When he contacted the GI Rights Hotline, he was living with his wife and infant son in a rural area and was working in odd jobs.

- He learned that military police and the local sheriff's department were trying to find him.

- During a phone interview, the GI expressed suicidal ideation, as well as an intent to kill specific officers if he were returned to his original unit.

# Illustrative Case Summary 2

- A GI with two fractured vertebrae experienced severe numbness in his legs.

- When he wore a flack jacket, he could not move his legs.

- He previously fractured an eye socket, after which surgeons inserted a metal plate; he still experienced double vision and could not focus.

- Other problems included rectal bleeding and renal insufficiency.

# Illustrative Case Summary 2

- When he contacted the GI Rights Hotline, he was scheduled to be deployed to Iraq in about two weeks.

- Seeking a medical discharge, he went to sick call.

- He stated that a medic told him that he was in bad shape but that the Army needed him and so would not discharge him.

- Instead, he was told that he could get physical therapy in Iraq.

- He had a hard time seeing a doctor because his sergeant kept telling him that he shouldn't go to sick call.

- The GI requested documentation in connection with his request for discharge and secondarily also sought care for his problems.

# Illustrative Documentation

DATE

CONFIDENTIAL; URGENT

Military Police

Fort NAME, NAME OF STATE

Attention: Staff Sergeant NAME

BY ELECTRONIC MAIL

Re:  NAME

DOB:

Dear Colleagues:

I am writing to request your urgent attention and review of a potentially life-threatening set of conditions that are affecting NAME.

# Illustrative Documentation

My report of DATE, provides further details.  In brief, Mr. NAME suffers from several serious mental disorders related to his military service.  During recent meetings with me, he expressed both suicidal and homicidal ideation.  I believe that he has serious plans and is at extremely high risk (as are others with whom he interacts) if he is returned to Fort NAME, which he identifies as a source of his perceived prior emotional injuries.

Mr. NAME suffers from several severe psychiatric disorders that create grave current disability.  Based on suicidal and homicidal ideation and plans, I believe that he is at high risk of harming himself and/or others.  The likelihood of such violent behavior will increase greatly if he is returned to Fort NAME, which he associates with prior harm to himself and others.  If he is returned to Fort NAME, my legal and ethical responsibilities as a medical professional would lead me to seek his confinement in a psychiatric inpatient hospital facility, even if he does not consent to such confinement.

# Illustrative Documentation

I should emphasize that, holding this knowledge of Mr. NAME's high risk of suicide and/or homicide, I am legally and ethically required to try to prevent those events from occurring.

I believe that major problems and potential loss of life (of both Mr. NAME and others) can be avoided if you respond to my recommendation.

**Please contact me so that we can discuss how to protect the safety of Mr. NAME and persons at Ft. NAME (beeper NUMBER; home NUMBER; work NUMBER).** I will be glad to collaborate with you to prevent injury and loss of life. Don't hesitate to contact me if I can provide additional assistance.

# Illustrative Documentation

**This letter serves as a formal professional warning required under law.** Thanks very much for considering this information.


Sincerely,


NAME
TITLE

# 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

# 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.

# 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.

# Frequent diagnoses

- Depression and suicidality
- Homicidality (occasional)
- PTSD
- Substance use
- Anxiety disorders
- Eating disorders
- ***Military sexual trauma***

# Experiences in Civilian Medical and Mental Health Referral

- **The Economic Draft**
  - Most GIs and members of the military reserves enlisted because of lack of employment opportunities or other economic challenges.
  - The vast majority of GIs who seek assistance come from low-income family backgrounds, many from ethnic/ racial minorities.

# Experiences in Civilian Medical and Mental Health Referral

- **Deception**
  - Psychological problems of GIs and reservists often focus on perceived deception in recruiting processes, as well as longer and more frequent tours of duty than expected.
  - Most reservists did not expect combat duty.

# Experiences in Civilian Medical and Mental Health Referral

- **Violence Without Meaning**
  - Both physical and emotional problems derive in part from the experience of violence without a sense that the violence leads to progress in meeting military, political, or social goals.
  - Most GIs who have sought civilian medical assistance do not understand the purpose of military involvement in Afghanistan or Iraq.
  - Many have experienced violence affecting civilian populations, including children (as shown by the above quotation).

# Experiences in Civilian Medical and Mental Health Referral

- **Physical Problems**
  - Such problems comprise a minority (about 20 percent) of referrals to the Network.
  - In general, GIs report that military medical professionals have diminished the importance of such problems.
  - These GIs have sought confirmation of their physical problems as a route to discharge or reassignment to non-combat positions.

# Experiences in Civilian Medical and Mental Health Referral

- **Psychological Problems**
  - These problems comprise a large majority of calls handled by the Network.
  - Although post-traumatic stress disorder occurs frequently, depression, anxiety, and substance use predominate.
  - As reported by military professionals, abuse and other adverse childhood experiences, as well as female gender, tend to increase the likelihood of GIs' post-traumatic stress disorder and depression.

# Experiences in Civilian Medical and Mental Health Referral

- **Psychological Problems**
  - A surprisingly high proportion of clients (about one-third) report suicidal ideation and/or previous suicide attempts.

  - Psychological problems frequently result from the transformation of ethical conflicts into psychic distress.

# Experiences in Civilian Medical and Mental Health Referral

- **Psychological Problems**
  - Several features of clients' distress pertain to families, while GIs remain in combat zones or after they return:
    - stress focusing on challenges of care-taking responsibilities for non-military family members;
    - intimate partner violence;
    - marital or partnership dissolution.

# Experiences in Civilian Medical and Mental Health Referral

- **Status in the Military**
  - GIs who remain with their units experience barriers in attempts to contact the Hotline and to receive evaluations through the Network.
  - These barriers result mainly from geographic isolation of military bases, as well as scheduling problems due to work demands that inhibit appointments with civilian professionals.

# Experiences in Civilian Medical and Mental Health Referral

- **Status in the Military**
  - Those GIs who have entered the status of Absence Without Leave, <u>comprising about one-half of the Network's clients</u>, encounter fewer difficulties in travel or scheduling problems.
  - However, they experience deep fears about capture and return to their units.

# Ethical Dilemmas

- **Double agency**
  - As they encounter GIs with health and mental health problems, military professionals must consider the goal of maintaining numbers and readiness of combat forces.
  - The military goal tends to contradict the goal of helping the individual patient.
  - Military professionals' role as double agent raises inherent tensions that increase GIs' expressed needs for services in the civilian sector.

# Ethical Dilemmas

- **Violence Involving Civilians**
  - During the wars in Afghanistan and Iraq, military leaders have implemented strategies that involve less combat engagement with identified combatants and more *violence involving civilians*.
  - Such violence frequently has involved intentional actions, some ordered by GIs' superior officers and some resulting from GIs' suspicions of armed attacks by combatants presenting themselves as civilians.

# Ethical Dilemmas

- **Violence Involving Civilians**
  - Many of these violent acts perpetrated against civilians, especially children, have generated guilt, depression, and post-traumatic stress disorder among GIs evaluated by the Network.

# Ethical Dilemmas

- **Context of Torture and Publicized Human Rights Abuses**
  - Although most GIs who use the Network have not engaged in torture or other forms of abuse, all are aware of these practices as part of military operations.
  - In their training, GIs have learned that such practices contradict historical rules of war such as the Geneva Convention, as well as specific regulations that govern actions by US military forces.

# Ethical Dilemmas

- **Context of Torture and Publicized Human Rights Abuses**
  - In practice, many GIs also have learned that officers tolerate and sometimes encourage the use of torture and similar abuses.
  - This contradiction creates stress, stigma, and shame about unethical actions perpetrated by military colleagues.
  - Professionals working with GIs in the Network have noted high levels of shame, which inhibits GIs from seeking help.

# 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)

- 23 suicides among veterans per day

- 1 suicide among active duty GIs every day

- More GIs 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 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 x 2
  - 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.**