

AN UPDATE ON HEALTH IMPACTS ON MILITARY PERSONNEL IN THE MIDDLE EAST AND ELSEWHERE

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Bryant Shuey, BS, University of New Mexico School of Medicine
Mario Cruz, M.D., Department of Psychiatry
University of New Mexico

Howard Waitzkin, M.D., Ph.D., Department of Sociology and
Robert Wood Johnson Center for Health Policy
University of New Mexico

Daniel Smithers II, BS, Chapman University, Orange, CA
Laura Muncy, BA, Civilian Medical Resource Network, Albuquerque, NM

Presenter Disclosures

Bryant Shuey

(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

- Identify what experiences and mental health problems lead military personnel to seek care from civilian volunteer professionals;
- Discuss military personnel's mental and physical well-being as an argument for reducing our military presence in the Middle East and for providing alternatives to a military-based physical and mental health system

The wars in Iraq, Afghanistan and elsewhere have created and perpetuated health concerns for our servicemen...

- For the individual:
 - Health
 - TBI, PTSD, Substance and Alcohol Use Disorders, physical and mental well-being upon returning home¹
 - Suicides have averaged 20 veterans per day and 1 active duty personnel per day²
 - Employment
 - Quality of Life
 - Family burden
 - Linked to suicide rate of children

- For society:
 - Homelessness
 - Public safety
 - Increased health care costs



CIVILIAN MEDICAL RESOURCES NETWORK



815.904.6520

www.civilianmedicalresources.net | info@civilianmedicalresources.net



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.

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 and qualitative data - 233 CMRN complete client records 2009-5/30/2015.
 - Exploratory, retrospective review of de-identified data
 - Bivariate, multivariate logistic regression analyses followed by bootstrap logistic regression

DEMOGRAPHIC CHARACTERISTICS

Gender	<i>N</i> (%)
Female	36 (18)
Male	167 (82)
Age (18-30 yrs)	
	149 (75)
Race	
White	123 (62)
Non-white	75 (38)
Military Branch	
Army	126 (64)
Marines	26 (13)
Navy	26 (13)
Air Force	16 (8)
Other	2 (1)

Overall N = 233, differences due to missing data

Region	233
East	15 (6)
South	96 (41)
Central/ Midwest	29 (12)
Southwest	20 (9)
West	54 (23)
Outside United States	9 (4)
Unknown	10 (4)

	<i>N</i> (%)
Rank	
E1	35 (18)
E2-4	123 (64)
E5-7	35 (18)
Education	
HS/GED + Some College	153 (78)
AWOL	46 (20)

	<i>N</i>(%)
Pre-Military Mental Health Treatment	48 (24)
Mistrust	87 (38)
Pre-Military Trauma	91 (46)
Military Trauma	143 (73)
Combat related	74 (52)
Non-combat related	85 (59)

	<i>N</i>(%)
Major Depressive Disorder	143 (72)
Post Traumatic Stress Disorder	121 (62)
Generalized Anxiety Disorder	40 (20)
Panic Disorder	49 (25)
Alcohol Abuse	54 (27)
Suicidal Ideation	92 (48)

Quantitative Findings

Trauma

- **Post Traumatic Stress Disorder**

- *Military Trauma*

- (*OR=5.64, 95% CI 2.2 14.08, p=.00*)

AWOL Status

- **AWOL Status**

- *Military Trauma*

- (*OR=3.36, 95% CI 1.22 10.98, p=.02*)

Generalized Anxiety Disorder

- **GAD**

- *Region*

- (*OR=0.67, 95% CI 0.50 0.91, p=.009*)

Qualitative Findings

Thematic Findings

- Fear
- Mistrust of Command
- Insufficient and Unresponsive Physical and Mental Health Services
- Deception
- Pre-Existing Disorders
- Family and Household Issues
- Military Sexual Trauma and Gender Identity Issues
- Moral injury
 - *Guilt*
 - *Enlistment Remorse*

Fear

- Female in the Army who was sexually assaulted and later diagnosed with PTSD
- After being threatened with discharge without benefits by her superiors, she eventually sought civilian services

Mistrust of Command

- Male in the Air Force with depression who was continually denied mental health services began losing trust in the moral foundation of his superiors
- He became unwilling to share information with command and sought out civilian services

Deception

- A Marine sergeant completed 3 deployments in Iraq and Afghanistan, sustaining injuries and receiving awards for heroism
- Three weeks before discharge, received offer that he could remain as an instructor at his current base without further deployments, allowing him to spend more time with his wife and three children.
- One month after re-enlisting, orders for a fourth deployment
- His depression and PTSD symptoms worsened and eventually he went AWOL and sought civilian services

Preexisting Disorders

- A Marine with a history of depression and anxiety was convinced by a recruiter to withhold his mental health conditions at during enlistment
- He attempted suicide twice after realizing he did not want to kill people and eventually went AWOL

Military Sexual Trauma and Gender Identity Issues

- A female in the Army was sexually assaulted after expressing her interest in applying for conscientious objector status. She was not approved for disability benefits despite severe anxiety and panic attacks related to the assault
- Another Army client received a diagnosis of gender identity disorder after joining the military and proceeded to experience harassment from a commanding officer and received threats of “training accidents” by fellow soldiers

Guilt

- A soldier began feeling “trapped” as he anticipated deployment and the image of killing others
- He reported suicidal ideation after going AWOL twice because he could not kill

Implications and Conclusions

Conflicts in the Middle East have:

- added to the growing burden of mental health needs within US military personnel
- exposed the inadequacies of military health services in meeting this growing epidemic

CMRN services have:

- Linked clients to health and legal services
- Seen 0 suicide completions with 500+ clients since its implementation in 2005

Implications

Military Trauma



Moral Injury

Pre-military mental health issues



“Healthy Warrior”

Recruitment mechanisms



Peace only means of providing meaning to these lives

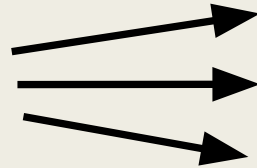
Implications

Mental health
professionals accept dual
responsibility



“double agency”

“double agency”



- Lack of confidentiality
- Feelings of minimization
- Medication based therapy

- These contraindications in role of military professionals deserves more attention
- Policy alternative: **provide safe and secure services for military personnel in the civilian sector**

Conclusion

- We have implemented a network of volunteers to address unmet needs for services among military personnel who seek non-military care
- Such efforts warrant consideration and assessment as we confront injuries inflicted by war and as we consider non-military alternatives to conflict resolution

References

1. Hoge C, McGurk D, Thomas J, Cox A, Engel C, Castro C. Mild traumatic brain injury in U.S. soldiers returning from Iraq. *New England Journal of Medicine*. 2008;358:453-463.
2. Ursano R, Kessler R, Stein M, Naifeh J, Aliaga P, al. e. Army Study to Assess Risk and Resilience in Servicemembers Collaborators. Suicide attempts in the US Army during the wars in Afghanistan and Iraq, 2004 to 2009. . *JAMA Psychiatry*. 2015;72(9):917-926.