

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

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 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 data - 207 CMRN
complete client records
2009-6/30/2015.



Exploratory, retrospective review of
de-identified data.

DEMOGRAPHIC CHARACTERISTICS

Gender	<i>n</i>(%)
Female	36 (17.2)
Male	173 (82.8)
Age (18-30 yrs)	156 (75.4)
Race	
White	127 (60.8)
Non-white	82 (39.2)
Military Branch	
Army	134 (64.4)
Marines	26 (12.5)
Navy	29 (13.9)
Air Force	16 (7.7)
Other	2 (1.3)

n(%)

Rank

E1	37 (18.1)
E2-4	111 (54.4)
E5-7	34 (16.7)

Education

HS/GED + Some College 161 (77.8)

AWOL

48 (19.3)

	<i>n</i> (%)
Pre-Military Mental Health Problem	49 (21.5)
Pre-Military Health Problem	51 (24.4)
Pre-Military Trauma	98 (46.9)
Military Trauma	153 (73.2)
Combat related	80 (38.3)
Non-combat related	89 (42.6)

	<i>n</i> (%)
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

n(%)

Major Depressive Disorder	151(71.9)
Post Traumatic Stress Disorder	127(61.1)
Suicidal Ideation	99(48.3)
Alcohol Abuse	55(26.3)
Panic Disorder	52(25.0)
Generalized Anxiety Disorder	44(21.0)

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% 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

Marylou Noble, Portland, OR

Geoff Petrie

Project coordinators

Darrin Kowitz, Tajikistan

Joseph García, Albuquerque, NM

Razel Remen, Albuquerque, NM

Jeff Englehart, Taos, NM

Advisers in psychiatry

Mario Cruz, Albuquerque, NM

Joel Yager, Denver, CO

Harvey Dondershine, Palo Alto, CA

Judith Broder, Los Angeles, CA

Intake specialists

Emily Berthold, Albuquerque, NM

Dorah Rosen, Santa Cruz, CA

Lauren Zielinski, Portland, OR

Albert Randall, Los Angeles, CA

Jack Zepeda, Albuquerque, NM

Advisers in law

Ron Morgan, Albuquerque, NM

Kathy Gilberd, San Diego, CA

Jane Kaplan, Oakland, CA

Military Law Task Force

Therapists

Deborah Duckworth, Chatham, New York

Marty Schoen, Minneapolis, MN

Mario Cruz, Albuquerque, NM

Sara Mcgee, Albuquerque, NM

Amileah Davis, Las Cruces, NM

Hans Buwalda, Chicago, IL

Elizabeth Stinson, Portland, OR

Leah Arndt, Milwaukee, WI

Harlan Johnson, Rockford, IL

Ginny Hughes, Washington, DC

Kami Hines, Rockford, IL

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)