

# **Conversatorio:**

# **Inequidades y Atención en Salud en**

# **Veteranos (y Soldados) de Guerra**

Howard Waitzkin

ALAMES

San Salvador, El Salvador

Noviembre 2014

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Military Law Task Force

Consejeros en la tecnología de información

Geoff Petrie  
Matthew Needham

Línea de 24 horas para los derechos de soldados

25 organizaciones de la paz y la fe

Apoyo financiero

RESIST  
Senado de la facultad, Universidad de Nuevo México  
Fundación de Robert Wood Johnson, Centro de las Políticas de la Salud, Universidad de Nuevo México

Mi práctica médica clínica (Taos Medical Group)  
Mucha gente haciendo contribuciones pequeñas  
Programa Allende de la Medicina Social

# Portal de web, artículos, libro

- <http://www.civilianmedicalresources.net/>
- <http://civilianmedicalresources.net/SMArticle/index.html>
- <http://www.resistinc.org/newsletters/articles/reaching-gis-mental-health-services>
- <http://endofempire.net/>

# Libro

- Información accesible durante este congreso
- Ganancias para apoyar a veteranos que participan en el proyecto

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

Howard 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

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"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."

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"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."

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—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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Waitzkin

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

PARADIGM

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



# Howard Waitzkin

« Salud Pública »

Howard Waitzkin

# Medicina y salud pública al final del imperio

HOWARD WAITZKIN



Medicina y salud pública al final del imperio

S



UNIVERSIDAD  
NACIONAL  
DE COLOMBIA

SEDE BOGOTÁ  
FACULTAD DE MEDICINA

CENTRO DE HISTORIA DE LA MEDICINA  
DOCTORADO INTERFACULTADES EN SALUD PÚBLICA

# **Militarismo: la fuerza atrás del imperio y neoliberalismo**

# **Militarismo: la fuerza atrás del imperio y neoliberalismo**

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- Invasiones por EE.UU. en América Latina (lista parcial)



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# *History of U.S. Interventions in Latin America*

Location	Period	Type of Force	Comments on U.S. Role
Argentina	1890	Troops	Buenos Aires interests protected
Chile	1891	Troops	Marines clash with nationalist rebels
Haiti	1891	Troops	Black workers revolt on U.S.-claimed Navassa Island defeated
Nicaragua	1894	Troops	Month-long occupation of Bluefields
Panama	1895	Naval, troops	Marines land in Colombian province
Nicaragua	1896	Troops	Marines land in port of Corinto
Cuba	1898-	Naval, troops	Seized from Spain, U.S. still holds Navy base at Guantanamo
Puerto Rico	1898-	Naval, troops	Seized from Spain, occupation continues
Nicaragua	1898	Troops	Marines land at port of San Juan del Sur
Nicaragua	1899	Troops	Marines land at port of Bluefields
Honduras	1903	Troops	Marines intervene in revolution
Dominican Republic	1903-04	Troops	U.S. interests protected in Revolution
Cuba	1906-09	Troops	Marines land in democratic election
Nicaragua	1907	Troops	"Dollar Diplomacy" protectorate set up
Honduras	1907	Troops	Marines land during war with Nicaragua
Panama	1908	Troops	Marines intervene in election contest
Nicaragua	1910	Troops	Marines land in Bluefields and Corinto
Honduras	1911	Troops	U.S. interests protected in civil war
Cuba	1912	Troops	U.S. interests protected in Havana
Panama	1912	Troops	Marines land during heated election
Honduras	1912	Troops	Marines protect U.S. economic interests
Nicaragua	1912-33	Troops, bombing	20-year occupation, fought guerrillas
Mexico	1913	Naval	Americans evacuated during revolution
Dominican Republic	1914	Naval	Fight with rebels over Santo Domingo

Mexico	1914-18	Naval, troops	Series of interventions against nationalists
Haiti	1914-34	Troops, bombing	19-year occupation after revolts
Dominican Republic	1916-24	Troops	8-year Marine occupation
Cuba	1917-33	Troops	Military occupation, economic protectorate
Panama	1918-20	Troops	"Police duty" during unrest after elections
Honduras	1919	Troops	Marines land during election campaign
Guatemala	1920	Troops	2-week intervention against unionists
Costa Rica	1921	Troops	
Panama	1921	Troops	
Honduras	1924-25	Troops	Landed twice during election strife
Panama	1925	Troops	Marines suppress general strike
El Salvador	1932	Naval	Warships sent during Faribundo Marti revolt
Uruguay	1947	Nuclear threat	Bombers deployed as show of strength
Puerto Rico	1950	Command operation	Independence rebellion crushed in Ponce
Guatemala	1954-?	Command operation, bombing, nuclear threat	CIA directs exile invasion and coup d'Etat after newly elected government nationalizes unused U.S.'s United Fruit Company lands; bombers based in Nicaragua; long-term result: 200,000 murdered
Panama	1958	Troops	Flag protests erupt into confrontation
Cuba	1961	Command operation	CIA-directed exile invasion fails
Cuba	1962	Nuclear threat, naval	Blockade during missile crisis; near-war with Soviet Union
Panama	1964	Troops	Panamanians shot for urging canal's return
Dominican Republic	1965-66	Troops, bombing	Marines land during election campaign
Guatemala	1966-67	Command operation	Green Berets intervene against rebels
Chile	1973	Command operation	CIA-backed coup ousts democratically elected Marxist president

El Salvador	1981-92	Command operation, troops	Advisors, overflights aid anti-rebel war, soldiers briefly involved in hostage clash; long-term result: 75,000 murdered and destruction of popular movement
Nicaragua	1981-90	Command operation, naval	CIA directs exile (Contra) invasions, plants harbor mines against revolution; result: 50,000 murdered
Honduras	1982-90	Troops	Maneuvers help build bases near borders
Grenada	1983-84	Troops, bombing	Invasion four years after revolution
Bolivia	1987	Troops	Army assists raids on cocaine region
Panama	1989	Troops, bombing	Nationalist government ousted by 27,000 soldiers, leaders arrested, 2000+ killed
Haiti	1994-95	Troops, naval	Blockade against military government; troops restore President Aristide to office three years after coup
Venezuela	2002	Command operation	Failed coup attempt to remove left-populist president Hugo Chavez
Haiti	2004-	Troops	Removal of democratically elected President Aristide; troops occupy country
Honduras	2009	Command operation	Support for coup that removed president Manuel Zelaya

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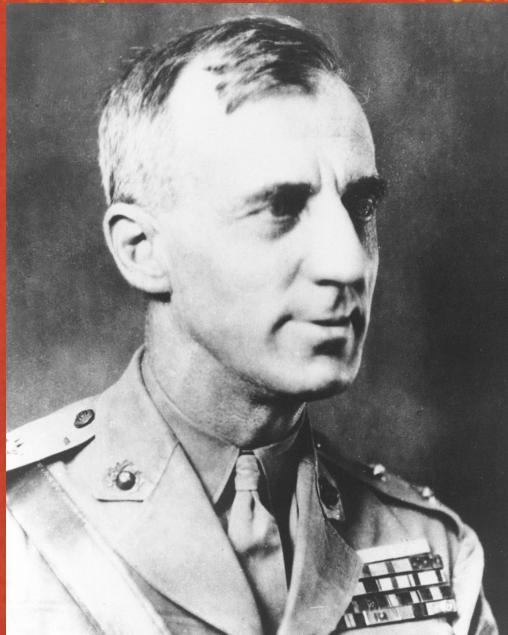
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- Invasiones por EE.UU. en América Latina  
(lista parcial)



- **Invasiones por EE.UU. en América Latina  
(lista parcial)**



General Smedley D.  
Butler  
1881-1940

“Pasé 33 años y 4 meses... [como] un hombre de músculo y alta clase para el Gran Negocio, Wall Street y los bancarios.... un ladrón para el capitalismo.

“Ayudaba hacer México y especialmente Tampico seguro para los intereses estadounidenses en 1914.

“Ayudaba hacer Haití y Cuba un lugar decente para los muchachos de National City Bank.

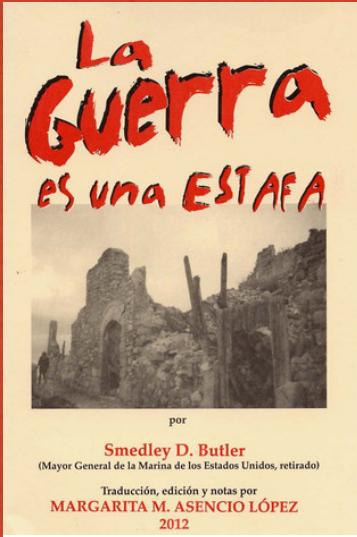
“Ayudaba en la violación de medias docenas de repúblicas centroamericanas para el beneficio de Wall Street....

Nicaragua... República Dominicana,  
Honduras... China...

- Invasiones por EE.UU. en América Latina (parcial)



General Smedley D. Butler  
1881-1940



Libro: *La Guerra es una Estafa*  
[*War is a Raquet*], 1935

Capítulos

- La guerra es una estafa
- Quién recibe las ganancias?  
Quién paga las cuentas?
- Como quebrar esta estafa?
- La guerra hacia el infierno!

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y

**La GUERRA  
es una ESTAFA**

por

**Smedley D. Butler**  
(Mayor General de la Marina de los Estados Unidos, retirado)

Traducción, edición y notas por  
**MARGARITA M. ASENCIO LÓPEZ**  
2012

Classic exposé of war as a racket in the early 20th century. Translated by VFP member Margarita Asencio Lopez.

# **Militarismo: la fuerza atrás del imperio y neoliberalismo**

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Puede seguir así?

# **La Mano de Obra del Militarismo**

- 23 suicidios de los veteranos cada día
- 1 suicidio de los soldados activos cada día
- Mas soldados luchando en Afganistán e Irak morirán de suicido que combate.



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An average of eighteen United States military veterans kill themselves every day. Nearly a thousand former soldiers under the care of the Department of Veterans Affairs attempt suicide every month. The crisis has grown so urgent that more veterans are killing themselves than are dying in the wars in Iraq and Afghanistan.

In April 2008 a study by the RAND Corporation reported that 300,000 Iraq and Afghanistan war veterans currently suffer from post traumatic stress disorder and/or major depression. An additional 320,000 soldiers suffer from traumatic brain injury or physical brain damage. Many of these GIs do not receive adequate help from the Pentagon and VA system.

The Civilian Medical Resources Network began in March 2005, working to address the unmet medical and psychological needs of active-duty U.S. military personnel who contact the GI Rights Hotline (a national effort by 25 religious and peace organizations).

The Network has grown from three participating professionals to over 85 currently, located in all areas of the country. Professionals receive a brief training in the support and documentation that the GIs require. Due to GIs' limited financial resources and insurance coverage for civilian services, Network professionals generally provide care free or at greatly reduced cost. When possible, GIs visit Network professionals in person; if an in-person visit proves unfeasible due to geographical distance, Network professionals assist

# Métodos

- Muestra: clientes de una red nacional de médicos y profesionales de salud mental en el sector civil (la Red Civil de Recursos Médicos) que ofrecen sus servicios a personal militar activo
- Orientación multi-método:
  - análisis cuantitativo y cualitativo de datos recogidos de entrevistas iniciales y siguientes

# Objetivos de la Red

1. Proveer evaluaciones independientes médicos o mentales en el sector civil
  - Problemas físicos y psíquicos
  - Puede incluir cartas a líderes militares u otras autoridades sobre la necesidad de salir del ejercito

# **Objetivos de la Red**

- 1. Proveer evaluaciones independientes médicos o mentales en el sector civil**
  - Actividades pueden incluir servicios psicológicos locales o telefónicos
  - Servicios gratuitos o con gran descuenta

## **Objetivos de la Red**

### **2. Colaborar con**

- la Linea de 24 Horas para los Derechos de Soldados
- la Fuerza de Tarea del Derecho Militar
- organizaciones para mejorar servicios médicos y psicológicos para soldados
- organizaciones (especialmente de veteranos) luchando para la paz

# Experiencia Hasta Ahora

- Comenzó en 2005
- Recién aproximadamente 3 clientes nuevos cada semana (~120 por año)
- ~50% Ausente sin Permiso (AWOL)
  - (miles viviendo subterráneos)

# Procedimientos

- El/la consejer@ de la linea de 24 horas decide referir.
- Instrucciones a: [http://civilianmedicalresources.net/  
counselors.html](http://civilianmedicalresources.net/counselors.html)
- Portal de internet, seguro y encriptado:  
[http://cmrn-server1.unm.edu/intranet/  
request\\_service.html](http://cmrn-server1.unm.edu/intranet/request_service.html)



## 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](mailto:info@civilianmedicalresources.net), 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 our 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:

### Request Service

[Request Service](#)

2

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3

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cmmn-server1.unm.edu/intranet/request\_service.html

 debut

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1

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.

<b>First Name:</b>	<b>Last Name:</b>
<input type="text"/>	<input type="text"/>
<b>Phone:</b>	<b>Email:</b>
<input type="text"/>	<input type="text"/>
<b>City:</b>	<b>State:</b>
<input type="text"/>	<input type="text" value="Choose"/>
<b>Gender:</b>	<b>Branch:</b>
<input type="text" value="Choose"/>	<input type="text" value="Choose"/>
<b>Case Summary:</b>	
<p>Please provide a summary of the client's situation, the type of services they are seeking, and any special instructions.</p>	

Send

# Procedimientos

- Trabajador@ (usualmente veteran@) contacta al cliente
  - Explica los procedimientos
  - Obtiene consenso verbal informado
  - Hace la entrevista inicial (10-30 minutos)
    - Descripción del problema
    - Información demográfica
    - Cuestionario de Salud del Paciente (PHQ) para diagnósticos psiquiátricos y del uso de sustancias
    - La Lista del Diagnóstico del Trastorno de Estrés Pos-Traumático

Client Page

Client Page Medicine and Public Health at t... Waitzkin/Noble Social Medicine debor cmrn-server1.unm.edu/intranet/main\_client.html

## 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 debor cmrn-server1.unm.edu/intranet/main\_client.html

### 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

### File Attachments for Howard

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

*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

Intake Form

Intake Form Medicine and Public Health at t... Waitzkin/Noble Social Medicine debor

cmrn-server1.unm.edu/intranet/intake.html

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 (PHQ)

Patient Health Questionnaire (PHQ)

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cmrn-server1.unm.edu/intranet/phq.html

deb0r



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

If at least 3 items are marked "Bothered a lot", is there an adequate biological explanation?

No

yes

## Patient Health Questionnaire (PHQ)

Patient Health Questionnaire (P...)

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cmrn-server1.unm.edu/intranet/phq.html

deb0r

**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

PTSD Checklist Medicine and Public Health at t... Waitzkin/Noble Social Medicine debor cmrn-server1.unm.edu/intranet/ptsd.html

**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	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?	<input type="radio"/>				
2. Repeated, disturbing <i>dreams</i> of a stressful military experience?	<input type="radio"/>				
3. Suddenly <i>acting or feeling</i> as if a stressful military experience were happening again (as if you were reliving it)?	<input type="radio"/>				
4. Feeling very upset when something reminded you of a stressful military experience?	<input type="radio"/>				
5. Having <i>physical reactions</i> (e.g. heart pounding, trouble breathing, sweating) when something reminded you of a stressful military experience?	<input type="radio"/>				
6. Avoiding thinking about or talking about a stressful military experience or avoiding having feelings related to it?	<input type="radio"/>				
7. Avoiding activities or situations because they reminded you of a stressful military experience?	<input type="radio"/>				
8. Trouble remembering important parts of a stressful military experience?	<input type="radio"/>				
9. Loss of interest in activities that you used to enjoy?	<input type="radio"/>				
10. Feeling distant or cut off from other people?	<input type="radio"/>				

# Procedimientos

- Después de completar la entrevista inicial, el/la trabajador@ refiere el cliente a la persona clínica que tiene la guardia de la semana.
- La personal clínica contacta al cliente.
- Cuando posible, el soldado visita a la persona clínica personalmente.
- Si una visita personal no es posible a causa de la distancia geográfica, las profesionales de la Red ayudan a los soldados por teléfono o skype.

# Procedimientos

- La persona clínica provee servicios de corto plazo para resolver la crisis de salud mental.
- La persona clínica refiere al cliente a un profesional de salud física si existe un problema físico.
- La persona clínica prepara documentación necesitada para obtener un trabajo distinto, separación del ejercito, etc.
  - Usa carta de modelo desarrollado a través de tiempo
  - Comparte la documentación con el cliente, el consejero de la linea de 24 horas, profesionales militares, y el comando militar como apropiado

# Procedimientos

- Los profesionales de la Red proveen la atención gratis o con costo muy bajo.
- Todos trabajadores nuestros ofrecen servicios como voluntarios, excepto un coordinador de tiempo no completo (veterano o familiar).

# Componente de investigación

- Principalmente para documentar y evaluar lo que estamos haciendo
- Los datos descriptivos siguientes son de 2011-2013.
  - revisión en progreso

# Componente de Investigación: Hallazgos Descriptivos Cuantitativos

- 40% de clientes identifican como miembros de un grupo minoritario.
- Depresión (35%; 17% con ideación de suicidio) and el Síndrome de Estrés Pos-Traumático (17%) eran los diagnósticos mas comunes.
- Ninguna relación consistente entre la raza/etnia y trastornos mentales emergió.
- Análisis multivariada: fila más baja ( $p=0.002$ ), las condiciones pre-militares de salud física ( $p=0.000$ ), y la historia del daño infligido a sí mismo ( $p=0.000$ ) fueron asociados significativamente a la presencia de ideación suicida.

# Componente de Investigación: Hallazgos Descriptivos Cualitativos

- Los siguientes temas surgieron de las clasificaciones cualitativas.
- Cada tema apareció en los reportes de cinco usuarios por lo menos.

# Componente de Investigación: Hallazgos Descriptivos Cualitativos

- *El reclutamiento económico*
- *Desconfianza del comando*
- *Engaño*
- *Dilemas éticos y violencia sin sentido*

# Componente de Investigación: Hallazgos Descriptivos Cualitativos

- *Inquietudes acerca de la atención médica militar*
- *Aislamiento geográfico*
- *Problemas del hogar de familia*
- *El contexto de tortura y los abusos públicos a los derechos humanos*

# Componente de Investigación: Hallazgos Descriptivos Cualitativos

- *Salud ocupacional/ ambiental: p.e. uranio deteriorado, gas venenosa*
- *Trauma militar sexual*
- *Poli-farmacia*
- *La agencia doble*
- *Falta de una narrativa*

# El Contexto

- No estamos optimistas considerando las políticas militares mejoradas sobre la salud mental y suicidio.
- A pesar del requisito Hipocrático de considerar las necesidades del cliente como las mas importantes, los profesionales militares también tienen que pensar en como mantener las fuerzas de combate
  - (la agencia doble)

# Represión a causa de problemas de salud mental

- La represión sigue cuando soldados buscan ayuda para problemas de salud mental, incluyendo el riesgo de suicidio
- Nuestros clientes recientes describen la stigmatización, marginalización y otras reacciones negativas del comando militar.
- “La guardia de suicidio” separa los soldados de sus grupos y causa humillación.

# “Out-Sourcing”, Privatización

- El uso de organizaciones privadas empeora tales problemas.
- Las barreras que afectan consultaciones de neuropsiquiatría y otras especialidades:
  - Falta de deseo de organizaciones contratadas de atención gerenciada (de lucro) pagar por las consultas de especialistas.
    - Tales contratos se pusieron tan lucrativos que el ejecutivo que beneficiaba mas de la guerra en Irak fue el CEO de una organización de atención gerenciada, no de una empreza del complejo militar-industrial.

# Conclusiones

- Debido a conflictos éticos relacionados con el cambio de operaciones militares en el servicio del imperio, los problemas de salud mental predominaron durante este período.
- La epidemia de los problemas de salud mental en los militares coincidió con una privatización sin precedente de los servicios médicos médicos y mentales.

# Conclusiones

- El simbolismo del terrorismo y la seguridad provee una justificación aunque nuestros clientes faltan una narrativa justificar su violencia.
- En este contexto, nuestros resultados en gran parte favorables justifican una evaluación adicional de los servicios civiles para el personal militar
  - como acción humanitaria en la lucha hacia la paz.