

**SUICIDES AMONG ACTIVE DUTY GI'S AND
VETERANS AND...**

**WORKING TOWARD PEACE BY PROVIDING
CIVILIAN SERVICES FOR MILITARY PERSONNEL**

Veterans Day

Rockford Urban Ministries/ JustGoods

November 11, 2015

Howard Waitzkin

Introductions

Why Needed: Some Unpleasant Facts (based partly on our research)

- 23 suicides among veterans per day
 - Up from 18 as of presentation at JustGoods on Memorial Day 2013
- 1 suicide among active duty GIs every day
- More GIs will die from suicide than from combat.

Why Needed:

Some Unpleasant Facts

(based partly on our research)

- Our results (with thanksgiving):
 - Over 1,000 clients since 2005, recently about 3 new clients weekly, about 120 clients yearly
 - About 1/2 with suicidal ideation.
 - No known suicides
 - (follow up usually about 4-5 months)
 - One death: mentally ill GI shot by police

Discussion: Why Suicides?

(Comparison: El Salvador, November 2014)

Acknowledgments

(apologies to anyone unintentionally left out)

Coordinator of mental health component

Marylou Noble, Portland, OR

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Geoff Petrie, Albuquerque, NM

Project coordinators

Darrin Kowitz, Tajikistan

Joseph García, Albuquerque, NM

Razel Remen, Albuquerque, NM

Jeff Englehart, Taos, NM

Laura Muncy, Copperas Cove, TX

Advisers in psychiatry

Mario Cruz, Albuquerque, NM

Joel Yager, Denver, CO

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Judith Broder, Los Angeles, CA

Intake specialists

Emily Berthold, Albuquerque, NM

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GI Rights HOTLINE

25 peace and faith-based organizations

Therapists

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RESIST

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Dr. Howard Waitzkin's part-time medical practice

Many people making small contributions

Allende Program in Social Medicine (fiscal intermediary)

- (27 yr, AA, M, Army, E3/E4; MDD, PTSD, Violent, Suicidal)
- Client has been in the Army and after deployment to Afghanistan went AWOL, in part because his family was homeless and partly because he was suffering from depression/possibly PTSD.
- He had gone to his command for help with his housing situation but had not been helped. Not knowing what else to do, he returned to his home of record and stayed there. He has been AWOL for about 16 months.
- His intention is to return, but he and I both feel it would be most helpful if he had a full psychiatric evaluation beforehand in order to help mitigate any punishment he might be facing upon return to military control. I'm hoping CMRN can help him locate a local provider to do this. He has no funds to pay anyone at this time. When he tried to go to a local civilian medical clinic, they wouldn't help him because he is still military. The VA won't help him as long as he is AWOL. He may also need ongoing mental health support until he can get linked up to military services.
- Once he has an evaluation, I can help him get back to his unit and deal with his legal situation and being AWOL.

- (male, young, army, E5/E6, combat related trauma)
- Client was in the Army five years and deployed to Iraq before he went AWOL four years ago due to mental health issues.
- Since his deployment, he has been very depressed and anxious, and his mental health has "affected all of his relationships" including girlfriends, family, etc.
- Three weeks ago he attempted suicide.
- He has since quit his job with the intention of turning himself back in to Fort Bragg and closing that chapter of his life. He is well aware that he needs to be in a good position mentally before he makes that move, as he is unlikely to get good mental health support at Bragg.
- He would like to get some ongoing mental health support locally prior to returning to Bragg so that he goes back more stable, and hopefully he will be able to stay in touch with this person once he is back at Bragg.
- He has no money to pay for services.
- Says military personnel are not interested in helping him.

- This is a 29 yo African American, Army, veteran female who was sexually assaulted, she believes for having been a conscientious objector back in 2003.
- The sexual assault was handled in a traumatic way, she received a lot of emotional abuse from her COs for her political beliefs.
- Client's case was never resolved and she eventually was pushed out of the military with no disability benefits in 2009.
- Since her assault she has experienced regular panic attacks with have worsened since exiting the military.
- She would like to receive long term mental health counseling and legal advice to help her obtain disability benefits.

- This a 23 yo male (E5/E6 with combat trauma) veteran from the Navy, worked in the engine room on a submarine.
- Experienced a lot of difficulty working in a submarine environment, had difficulty handling being at times "trapped in a metal tube for 3 months under a block of ice" or "trapped inside the submarine while in combat situations knowing that he had very little control over whether he lived or died".
- Client began to experience severe depression, anxiety and insomnia.
- Sought help through the military, he was sent to counseling for a month and then he was sent to a Navy employed civilian psychiatrist for an "independent" evaluation.
- Was told by psychiatrist in front of CO that he was "full of shit" and only wanted to get out of the Navy. He was also told that he would be court marshaled for malingering if he did not admit to feeling fine and having made everything up.
- He was subsequently discharged with only 20% disability.
- He currently suffers from flashbacks and insomnia. 'He works as a truck driver and is finding that his work is affecting his ability to perform his job.
- Client is seeking an independent evaluation to support his claim and would also like to eventually try to address his traumatic experiences with the Navy.

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.



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815.904.6520

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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.



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Our Partners



The GI Rights Hotline (877-447-4487) provides accurate and helpful military counseling and information on military discharges, AWOL and UA, and GI Rights.



Citizen Soldier works to end militarism by helping GIs and veterans fight for their rights.



RESIST funds activist organizing and education work within movements for social change.



The Soldiers Project is a private, non-profit, independent group of volunteer licensed mental health professionals including psychiatrists, psychologists, social workers, registered nurses and marriage and family therapists.





Language: English [Español](#)

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Do you know your rights? Call 1-877-447-4487 to get help!

Are you in the military or thinking about joining? Are you unsure of where to get reliable answers? **Call the GI Rights Hotline at 1-877-447-4487.**

- Call for yourself or someone you care about
- Free and confidential
- One hotline for a nationwide network of counseling centers

Warning Magic Jack customers: We are often unable to return messages from Magic Jack lines through our toll free number. Please keep trying until you reach a live counselor or call one of our [branches](#) directly.



Donate Now! Click here to support the Network with a small donation.

The GI Rights Hotline provides accurate, helpful counseling and information on military discharges, AWOL and UA, and GI Rights:

WHY SHOULD I CALL 1-877-447-4487?

Newsfeed

MORE LIVE HOURS New Phone System for GI Rights Hotline

The GI Rights Hotline has just adopted a new phone system which

Website, articles, book

- <http://www.civilianmedicalresources.net/>
- <http://girightshotline.org>
- <http://endofempire.net/>

MEDICINE *and* PUBLIC HEALTH at the END OF EMPIRE

Howard Waitzkin

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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Howard Waitzkin

Procedures

- GI Rights Hotline Counselor decides to refer.
- Instructions at: <http://civilianmedicalresources.net/counselors.html>
- Go to our secure, encrypted website:
http://civilianmedicalnetwork.org/intranet/request_service.html

From: ANNE G COWAN anne_cowan@sbcglobal.net

Subject: intake interview results

Date: November 11, 2015 at 4:09 PM

To: Laura Muncy lmuncy83@gmail.com, Howard Waitzkin waitzkin@newmex.com, Marylou Noble marylou_noble@yahoo.com

AC

I just finished an Intake interview with 15-71. Will enter the information in a few minutes.

But this person is very concerned about when someone can contact him as he says his phone will be taken away from him tomorrow, Thursday night - routine part of being in training.

He needs to talk and fears this may not happen. See Data base.

I could not promise him someone would get to him this evening but that is what he wants.

Anne

Message #: 4

Wednesday, November 11, 2015 03:15 pm (MT)

by Anne Cowan

Sent to: Dawn Blanken, Howard Waitzkin, Anne Cowan, Laura Muncy

Message Priority: Urgent, Need Response

Completed Intake interview today. Client is very worried that he will not be able to get timely help as his phone is being taken away from him Thursday night as normal part of training. He was very emotional during the interview and begs for some immediate help.

Major problem is anxiety attacks. Says he is not suicidal but can barely get through the day.

Does say that he has an Entry level discharge pending.

It is not clear why he is continuing with training if the discharge is pending.

Delete Message



**Civilian
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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 the insecurity of sending personal information over email. You may still send us email at 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:

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

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/FaceTime 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 or family member of veteran).

Research Component

- Mainly to document and to evaluate what we're doing.
- Following descriptive data as of 2015, presented at APHA and article (Mario Cruz, Bryant Shuey)
 - update in progress

METHODS

- **Sample:**
 - Quantitative data - 207 CMRN complete client records 2009-6/30/2015.
 - 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

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)

BOOK IN PROGRESS?

- I welcome your perspectives.

Part 1. War As a Kind of Hell

Chapter 1. When More Soldiers Commit Suicide Than Die in Battle

- What war accomplishes in the post-9/11 era
- The “party line”: theories of terror
- The non-party line: theories of exploitation
- Further on the non-party line: theories of economic stagnation and anomie
- A futility of narrative
- How medical and mental health services relate to the futility of narrative

Chapter 2. The Trauma of No Narrative

- Violence without meaning
- Hazards of not identifying the enemy
- Killing women and children
- Torture and dehumanizing people who may or may not be enemies
- Friendly fire of different kinds

Chapter 3. Effects from the Trauma of No Narrative

- PTSD
- Depression
- Suicidality
 - Suicide watch
- Homicidality
- Substance Abuse
- Going drugged into battle

Chapter 3. Effects from the Trauma of No Narrative (continued)

- The changing story of sequential deployments
- Where is home? Who is family?
- Family violence
- Criminality
- Homelessness
- Unemployment

Chapter 4. The Eroticism of No Narrative for Warriors

(acknowledgment:
Theodore Nadelson,
Trained to Kill: Soldiers at War)

- Military Sexual Trauma
- The Dance of Homophobia

Chapter 5. Military Health Professionals and Their Discontents

- Double agency
- Hippocratic contradictions
- Over-medication
- Breaches in confidentiality
- The impact of educational debt
- Harassment by superiors for trying to serve patients
- Variations on the theme of Dr. Nidal Malik Hasan

Part 2. War As a Kind of Heaven

Chapter 6. Who benefits from such wars?

- Military industrial complex
- Medical industrial complex

Chapter 7. Socially constructing the justifications for profits and power

- Wars on terrorism: Naming the terrorist
- Wars to protect human rights: Searching for the humanitarian angle
- Wars on drugs: Nurturing addiction
- Wars on elected governments that don't agree: Protecting "democracy"
- Wars for oil, water, and other depleting resources: Protecting "trade"

Part 3. War As Nowhere Else to Go

Chapter 8. Nowhere Else to Go for the Poor and Marginalized

- Lack of jobs
- Lack of educational opportunities
- Gender inequality
- Income inequality
- Ethnic minorities

Chapter 9. Nowhere Else to Go for an Economy and a Polity

- Disaster capitalism
- End of empire
- A theory of war at the twilight of capitalism and empire as we have known them

Part 4. Paths to Peace and Health

Chapter 10. Diagnosis and Treatment in the Civilian Sector

Chapter 11. Treating the Victims of War Versus Primary Prevention of War

Chapter 12. Converting from the War Economy and Polity

Chapter 13. A New Narrative