CIVILIAN MEDICAL RESOURCES NETWORK

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Hi CMRN colleagues and supporters,

Hopefully you're doing ok during these exciting (!?) times and this sometimes challenging season.

At CMRN, we limit ourselves to one fundraising message per year, and this is it.

As our country's endless wars continue, we still are doing what we can to assist GIs obtain health and mental health services that they need but can't obtain in the military, and we've never been busier.

We all are volunteers, with the exception of our coordinator, who works part-time for pay. So we accomplish a lot on a bare-bones budget. This year unfortunately one of our most generous supporters passed away, so fund-raising has changed from tough to tougher. All of our money comes from personal contributions, including some modest sustaining contributions from several of us who also volunteer our time and services.

So please give what you can.

Our website (http://civilianmedicalresources.net (suggestions welcome) contains more information about our efforts, advice on how to volunteer, links to our 2018 article in *Military* Medicine and a summary of it, and a clickable button to make tax-deductible donations.

You also can send a check to the above (new) mailing address. If you do send a check, please make it out to the Allende Program in Social Medicine, the 501(c)(3) organization that processes donations, and indicate in the note section that the contribution should go to the Civilian Medical Resources Network. Please support our work as you can and, as always, thank you for your consideration.

A summary of this year's developments follows below.

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2019 in brief:

During the last 15 years, CMRN has offered medical and mental health services for active duty GIs and for some veterans who can't access the Veterans Administration (VA). We do this work when military health and mental health services are inaccessible, unresponsive, or dismissive to service members' needs. The work has proven helpful and sometimes life-saving for those who feel they have nowhere else to turn. Our health care professionals work as volunteers and provide services without charge, in most cases for several months and sometimes up to or over a year. As in previous years, many of our clients are Absent Without Leave (AWOL) so they are ineligible for any military or non-military health services or insurance benefits.

The promotora/community health worker model of community care that we began utilizing in 2018 has proved effective and invaluable in times when the case load spikes and volunteer mental health professionals are limited. In this model, veterans or family members of veterans do the intake interviews and provide counseling under the supervision of licensed clinicians.

During the later months of 2019, we experienced a rise in cases with both physical and mental health components. Such clients have proved challenging. But with the increasing acceptance of telemedicine we have found success in most cases.

Other challenges have included frequent suicidality, military sexual trauma affecting both women and men, undiagnosed problems such as traumatic brain injury, prejudice and discrimination against immigrants including deportation of military clients recruited outside the United States, and widespread stigmatization of mental health disorders.

Suicides among active duty service members and veterans continue to occur at very high rates in comparison with the non-military affiliated population. During the past year, the average suicide rate for active-duty GIs increased from about one per day to almost two per day. More than 20 veterans commit suicide every day. Many more service members now die from suicide than from combat. Rates among veterans who cannot access VA services continue to rise. For example, suicide rates among female-identifying veterans who cannot access VA services have risen 98% since 2001, according to a 2017 report released by the Department of Veteran Affairs.

To our knowledge, even though about half of our clients are suicidal at intake, during 15 years there have been only two deaths among our clients. The first was a very

unfortunate situation when a mentally ill client was killed by local police who had received inadequate training. The second, which happened during the past year, was a hopeful client and prospective CMRN volunteer whose death is still under investigation. In our follow up efforts, we know of no confirmed suicide that has occurred among our clients despite their high rate of suicidality at intake.

We continue to push against the use of diagnoses such as personality disorder and adjustment disorder. The military considers these diagnoses as pre-existing conditions, which disqualify soldiers from needed services and benefits for service-related PTSD and severe depression, even when these disorders arise from traumatic experiences in the military. The incidence of such cases increased during 2019, as the military seeks to reduce responsibilities and costs of care for conditions that derive from traumatic events during military service. We have provided care and documentation for such clients that have led to recognition of service members' disorders actually caused by their experiences in the military.

While new conflicts are looming on the horizon, the U.S. armed forces continue to fight “endless wars” at home and abroad. This never ending violence is usually experienced as invisible or as sensationalized media by most people who don’t face the need to enlist in order to secure financial stability or educational opportunities.

The U.S. military also continues in its role as the world’s largest single institutional contributor to our deepening climate catastrophe.

Financial contributions, including sustaining donations from a number of us who provide services, help us recruit veterans and family members of veterans to do outreach for active duty GIs. Our current coordinator, based near Fort Hood in Texas, is the partner of an Iraq veteran. One of our most active and effective volunteers is a retired Marine whose own PTSD arose from combat experiences during multiple deployments. Others among our former clients have volunteered with CMRN and/or have gone on to find careers in clinical social work and other roles that allow them to provide mental health services. Many of us who volunteer also collaborate actively with Veterans for Peace, the GI Rights Hotline, the Center on Conscience and War, and other key organizations striving for peace and working against militarism.

CMRN has operated on a shoestring budget of about $15,000 each year. This year we are setting a goal of $20,000, which will allow us to continue to pay the part-time coordinator and additionally a person who can rebuild the secure, online, encrypted database that makes this work feasible. The current simple, intuitive database was created by a former coordinator and veteran in 2006. However as time goes by, the

database structure clearly needs an update. Your donations will help in these and other important efforts.

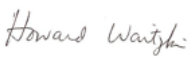
Because we have been able to help many service members with such grave problems, we find our work very gratifying. By offering a different outlook for underserved populations, we continue to see this work as a step toward peace with justice.

Thank you very much for your support and consideration.

As always, we send you good wishes for the holiday season, the new year, and beyond, as well as hopes for our continuing mutual support and a better, more peaceful world.

Sincerely yours,

Laura Muncy
Coordinator



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