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December 20, 2022

Hi and good wishes for the holiday season.

This is our once a year fundraising request.

A summary of this year's events follows below after the information about contributing to CMRN.

On our website (<http://civilianmedicalresources.net>), you can find a convenient button to make online tax-deductible donations, as well as information about our work, advice on how to volunteer, links to our article in *Military Medicine*, and additional resources. We have revised the website somewhat, but we still need to update some parts. We welcome your feedback.

You can also mail a check to the address in Albuquerque at the top of this message. *Please make all checks payable to the **Allende Program in Social Medicine**, the 501(c)(3) organization that processes donations, and indicate in the memo section that the contribution should go to the Civilian Medical Resources Network.*

Here is some information about taxes related to donating that may be helpful. We've checked that the information is current, but please tell us if you notice anything you think is incorrect.

- To arrange tax-free donations from an individual retirement account (IRA), the tax ID number/ Employee Identification Number of the Allende Program in Social Medicine is: 94-2669126. The check from the IRA should go to the same address above.
- Some other considerations:
 - *Donors who itemize returns* may deduct 100% (up from 60%) of their 2022 adjusted gross income.
 - *Donors aged 70½ or older* may make a gift directly from their IRA plans, for instance as part of the Required Minimum Distribution, for as much as \$100,000.

Please let us know any questions or concerns.

2022 in brief:

From Kyle (our new coordinator):

Peace and love to all of you. I am new to CMRN; however, I am a long-time activist dedicated to advocacy, care management, and most importantly, helping the underserved and overwhelmed.

It has been a privilege and pleasure to come onboard as the new CMRN coordinator for our distinguished active servicemembers and transitioned veterans. The selfless, moral fabric of this organization is what set my scope on extending services to those who have been adversely affected by the military health system and finding themselves feeling a sense of isolation, loneliness, and helplessness.

Being a US Army servicemember in transition as a conscientious objector to war, I can definitely resonate with walking out of behavioral health counseling sessions or primary care visits feeling devalued and inadequately served. Our CMRN clients speak volumes about feeling heard, seen, and nonjudged. Going forward, I hope to help change the perception of mental health services and reduce the stigma of seeking professional help or therapy. Each military community member who actively seeks an external outlet to improve their mental, physical, and emotional wellness should be treated with the utmost dignity and respect.

Our civilian-led healthcare network that consists of volunteer, licensed health and mental health professionals and trained intake workers have shown nothing but empathy, compassion, and remarkable patience. Every client is handled with utmost care, and each encounter is prioritized to manage crises from escalating. Over the course of 6 months, I have witnessed and observed a band of professional helpers that regardless of case complexity or societal distractions in the backdrop, remain committed to making the best impression from care assignment to closure. Our mission is enduring, and our job remains vital to improving the conditions of our nation's active-duty servicemembers.

Warm regards and best wishes to you all and your families through the holidays. This is a gratifying time where those closest to us come together with a celebratory spirit imbued with generosity, love, and tenderheartedness. We also acknowledge that this festive time period can also cause sadness and withdrawal for those with unmet mental health needs due to personal circumstances, bereavement, or trauma-related experiences. Please remember this reality while in the comfort of family members, friends, and colleagues.

Time is of the essence: we are here to serve, accessible 24/7, 365 days a year.

Thanks very much for considering this request for funds.

From Howard:

At CMRN this past year, we've had some exciting and heart-warming experiences.

Change of coordinator, part 1: After eight years of very effective service, Laura Muncy decided to step aside as coordinator. Believe it or not, she gave us more than a year advance notice of her intention to leave. She has expressed a hope to keep in touch with us and participate again in some way as a volunteer in the future. We are deeply grateful for her tremendous contributions over the years.

Change of coordinator, part 2: After our national recruiting effort, Kyle Toon joined us as the new coordinator. We are excited that Kyle chose to work with us, despite other opportunities due to his extensive military service in the Army, especially in military intelligence. Kyle became a conscientious objector (CO) to war during his military service and successfully went through the lengthy and arduous process of obtaining approval for discharge as a CO. During his application process, Kyle received counseling from our dear friend and comrade Maria Santelli, formerly a peace activist in New Mexico and now executive director of the Center on Conscience and War (CCW) in Washington, DC (<https://centeronconscience.org/>). Kyle's inspiring story appears in a publication from CCW (<https://centeronconscience.org/the-delicacy-and-fragility-of-life-hit-me-kyle-toons-journey-to-conscientious-objection/>).

As a peace activist, Kyle interacts with people in several organizations working for peace and against militarism. For instance, he was referred to us at CMRN by Courage to Resist, the organization that, among many other efforts, coordinated the campaign to free Chelsea Manning (<https://couragetoresist.org/>).

Kyle has an associate's degree in intelligence operations and a bachelor's degree in psychology, and he is enrolled in the University of Colorado, Colorado Springs Masters in Social Work (MSW) program. He plans to do supervised clinical training partly with our clients at CMRN.

He prioritizes his family relationships with his wife and three young children, and chose CMRN partly because of flexible work hours and location so he can remain primarily engaged as a dad.

Among other pursuits, Kyle also is a dedicated and accomplished writer. His book of poetry, *The Depths Below*, recently was published (<https://form.jotform.com/203216673775157>).

Promotora/ community health worker initiative: Our promotora/ community health worker model of community care adopted by CMRN in 2018 is expanding. This approach has become especially helpful when the case load spikes and volunteer mental health professionals are pushed to their limits. In this model, intake volunteers with extra training can draft evaluations and provide peer counseling under the supervision of our licensed clinicians. Laura, our previous coordinator, worked successfully with multiple clients in this role. Kyle, our current coordinator, has begun to do that as well, and he plans to deepen this experience to obtain credit for supervised clinical hours as he pursues his training and license as a social worker. Another Army veteran, Ron Briggs, also has joined us recently to do intake interviews and to provide clinical services under supervision, as part of his training program toward a Master of

Science degree in Addiction Counseling from Grand Canyon University in Phoenix, Arizona. Kyle and Ron are friends who met in the Army. Their similar views about peace and militarism as well as their long-term friendship will enhance their mutual support in their work with CMRN.

Bequest: As a complete surprise, CMRN received a bequest from one of my long-term patients, a wonderful person named Steve Tharnstrom. Steve was a professional photographer with the US Geological Survey and an avid outdoorsman. I was his primary-care practitioner for more than 20 years. Because he appreciated our efforts at CMRN, he periodically would make small donations. When he departed the planet in late 2020, we learned unexpectedly that he had made a generous bequest for CMRN.

This touching gift is making a difference in several ways. The money is improving our ability to do outreach to active-duty service members and also our capacity to make improvements in our services. For instance, we are doing major needed updates in our online, encrypted clinical database that allows us to serve our clients in the USA and overseas as a multi-disciplinary team with participants based at multiple different locations. The bequest also has allowed us to implement a small but meaningful increase in the salary for our part-time coordinator, who remains our only paid staff member for a team otherwise consisting exclusively of volunteers.

Despite the bequest, our main source of funds for our ongoing work still consists of individual donations from our annual fund-raising efforts each December. While we do receive occasional small grants and also some larger contributions from several of us CMRN volunteers, we will continue to depend on the generosity of people like you. The unexpected and much appreciated generosity of Steve Tharnstrom has strengthened our resolve to maintain and enhance the services that Steve has supported.

Aside from these poignant experiences, during the past year we've witnessed continuing militarization, with big increases in the already enormous military budget as the US pivots from Afghanistan to new military adventures in Asia and other regions. These patterns are discouraging, motivated largely by the favorable effects of militarism for the accumulation of capital by corporations and the ultra-rich. Despite lip service given to the climate crisis, the U.S. Department of Defense remains the largest institutional source of pollution and carbon dioxide emissions in the world.

A less acknowledged pivot toward domestic policing and counterinsurgency actions in the USA continues to generate distress among military personnel. This distress has impacted somewhat different subgroups like the National Guard, who are seeing their lives disrupted and values challenged in surprising and troubling ways. A larger proportion of our recent clients are National Guard members who have never been deployed overseas but have become pacifists during domestic assignments related to Black Lives Matter demonstrations, the insurrection of 1/6/21, climate change-generated

weather disasters, and COVID-19 related assignments. Referrals of clients to CMRN linked to these events have challenged us.

As in previous years, we at CMRN deal with several important issues.

Suicides among active duty service members and veterans continue to occur at very high rates in comparison with the non-military population. Mandatory quarantines and travel restrictions due to CoVID-19 have added a new level of isolation to the routines of the military community. Even though about half of our clients are suicidal at intake, during 18 years to our knowledge 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 was a hopeful client and prospective CMRN volunteer whose death still has not been explained. 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.

In addition to depression, suicidality, and PTSD, our clients have needed help with military sexual trauma, racism as well as discrimination linked to gender and sexual orientation, immigration issues (for instance, we have helped service members who were immigrants from other countries and then threatened with deportation from the USA after completing their deployments), and physical disorders like traumatic brain injury that were not adequately diagnosed.

Once again, a continuing problem involves diagnoses such as personality disorder and adjustment disorder. Military practitioners are encouraged and even trained to make such 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. Through these diagnoses the military seeks to reduce responsibilities and costs of care for conditions that derive from traumatic events during military service. For such clients we continue to provide care and documentation that have led to recognition of service members' disorders actually caused by their experiences in the military.

Overall, our work continues to provide us with many reasons for gratification and gratitude. For me and several others among our volunteer practitioners, the process of serving our clients has become the most or one of the most satisfying experiences of our careers. From the clients' feedback in follow up interviews, we have learned that clients are not only thankful but also often express a belief that our services saved their lives. Multiple prior clients have joined us later as volunteers. While we intend our work as contributions to promoting peace and combating militarism, the gratifications from the direct services we provide are wonderful.

We thank you again for your interest and support. Please don't hesitate to let us know any comments, questions, or constructive suggestions.

For peace, with justice...

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Toon', written over a horizontal line.

Kyle Toon
Coordinator, Civilian Medical Resources Network

Howard Waitzkin

Howard Waitzkin
Director, Civilian Medical Resources Network
Distinguished Professor Emeritus, University of New Mexico

Howard Waitzkin