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| image1.png | ℅ Allende Program in Social Medicine  PO Box 51822  Albuquerque, NM 87181 Phone: 505-453-7078  Email: info@civilianmedicalresources.net |

December 24, 2023

This is our once a year fundraising request, but it’s a different kind of message this year.

Sorry the letter is coming a little later than usual. As you well know, the conditions of war and militarism that we currently face in the USA and other countries have entered another intense and dangerous period. There is so much to do these days. In that light, we really appreciate your taking the time to read and consider this message,

More than money, we really need your help in identifying licensed clinicians willing to volunteer small amounts of time to help our clients, who usually are high-risk active-duty GIs or veterans. I’ll say more about that in a moment. But in brief, I want to emphasize that I and our other clinicians usually experience this work as the most, or among the most, gratifying and meaningful efforts in our careers.

About money, though, here is some brief information, to be followed below by more details about what’s going on.

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. While we have revised the website, 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.

Some details about taxes related to donating may be helpful. We believe that the information is current, but please tell us if you notice anything you think needs to be changed.

* + 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.
  + *Donors who itemize returns* may deduct 100% (up from 60%) of their 2023 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 me know any questions or concerns.

Why we need more clinicians:

Bottom line: If you or anybody you know would consider volunteering small amounts of time, please let me know as soon as you can. Then I can provide more details about the very flexible arrangements that always prioritize our practitioners’ time constraints and stress levels. We are looking especially for a broad range of licensed therapists (psychiatrists, primary care medical practitioners who feel comfortable dealing with mental health problems, psychologists, social workers, and counselors in most categories of licensure). We also seek medical professionals who can address the physical health components of our patients’ problems; often the patients’ problems include both physical and mental health components, so practitioners who are comfortable working at this interface are very welcome.

What happened?

During the last several months, we have experienced changes in staffing that are limiting our ability to maintain our standard of care. We’ve been doing this work since starting CMRN in 2004, as the war in Iraq began. Due to serious illness affecting themselves and/or their family members recently, several practitioners have needed to pause their efforts with us, at least for now. To complicate the situation further, our esteemed new coordinator, Kyle Toon, who came to us last year as a conscientious objector in the Army, has experienced some unexpected challenges in his family and in graduate school aiming for a career in clinical social work. Fortunately, our prior coordinator, Laura Muncy, who did superb work for eight years, kindly has agreed to participate again on a part-time basis, which helps enormously but still isn’t enough. Beyond these problems in CMRN, the general crisis of mental health in the USA and around the world has reduced our ability to attract and retain therapists. Therapists often experience overwork and stress, partly reflecting the corporatization of health and mental health services. As a result, therapists have become less open to volunteer activities, no matter how rewarding. As a result of these conditions, those of us who remain are doing too much work, spread too thinly, and this situation is not sustainable unless we can find a creative way to attract new participants.

What will happen during the coming year?

The demands and needs for our services will continue to increase, partly due to the current expansions of war and militarism in multiple regions of the world. Interrelated challenges include the increased use of military personnel for domestic policing, repression of popular uprisings, crises involving immigrants and refugees, climate-related catastrophes, and elected leaders who encourage violent conflict. The mental health crisis that already was affecting military personnel is getting worse, especially among people who come from backgrounds of poverty, ethnic/racial minorities, and LGBTQ orientations, as most of our patients do. Ever more service members have become unable or unwilling to accept such assignments. Overall, we are seeing what amounts to a medicalization of resistance and conscientious objection. For much of the U.S. population, unconnected with family members or friends serving in the military, endless war often goes under the radar of everyday consciousness, even through about half of our income taxes pay for war. With the momentous conditions expected in 2024 and beyond, our services, and the linking of these services to activism against militarism and for peace, will become even more important.

Initiatives to address these problems:

Briefly, we are trying to address this crisis in several ways. We are collaborating more closely and taking part in mutual aid with the GI Rights Hotline, Medical Law Task Force of the National Lawyers Guild, and multiple other organizations working against militarism and for peace. To expand and deepen services by our practitioners, we are enhancing participation of residents and junior faculty members who worked with CMRN as medical students. Many graduate students and other trainees studying for careers in mental health already have pursued clinical supervision and research for masters and doctoral theses with CMRN. Expanding and strengthening such collaborations with academic programs will help us enhance clinical services partly by increasing supervision of clinicians in training. We also will try to improve the opportunities we provide for “lay” participants without professional training to provide services under supervision as community health workers and promotoras, who have been a focus of our previous work at the interface of primary care and mental health. You may have other ideas and suggestions to offer, and we would welcome hearing from you with those, as well as constructive critical feedback.

More about money:

During the last twenty years, we have relied almost exclusively on volunteer work, so our annual budget and overhead are small compared to other groups with similar goals and achievements: about $15,000 per year. By far the major goal of fund-raising is to support a part-time salary and partial benefits for our coordinator. A small amount of money also goes for outreach and cooperation through meetings with our collaborators in the GI Rights Hotline, Military Law Task Force, and other organizations working against militarism, as well as occasional travel for outreach at military bases. We recognize contradictions of predominantly volunteer services, including a more limited scope of services than might be possible otherwise. Overall, by reducing administration, overhead, and frequent fund-raising campaigns, we have been able to focus on providing needed services.

While we have to do limited fund-raising through this annual year-end appeal, our ongoing financial situation became much less stressful a couple years ago, when I unexpectedly received a modest through very helpful bequest from one of my dear, long-term patients, Steve Tharnstrom. Before his death, Steve contributed regularly in small amounts to CMRN because he appreciated what we were doing. As an excellent professional photographer working with the US Geological Survey, Steve also was very knowledgeable and concerned about the contradictions and limitations of health and mental health services paid for by the US government as an employer, including an employer for military service members. His bequest allows us to say, in honesty, that we need your financial support, but not as much as we would otherwise. With all the good reasons for contributing money to other organizations, we hope you will consider CMRN among your priorities for support. A couple of other medical practitioners and I will remain substantial financial supporters of CMRN, along with whatever else we can do to help other organizations.

Follow-up on important themes reported during previous years.

During the past year we’ve witnessed continuing militarization, with even bigger increases in the already enormous military budget. The USA still is pivoting from Afghanistan to new military adventures in Asia (recently called the “new opium wars”) 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 National Guard members, 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.

Suicides among active duty service members and veterans continue to occur at very high rates in comparison with the non-military population. Even though about half of our clients are suicidal at intake, during 20 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.

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.

To conclude, I’d like to quote from Kyle Toon’s eloquent contribution to last year’s fund-raising letter:

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…. 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.

Thanks again for your interest and support. Please let us know any comments, questions, or constructive suggestions.

For peace, with justice…

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