

HOW SHOULD WE "SUPPORT" OUR TROOPS?

BY NORENE KELLY

Most Americans agree that, regardless of whether they support a war, they should support U.S. troops. Just as in the months following September 11, 2001, a preponderance of American flags and signs can be found at the checkout counters and on the backsides of vehicles. Because of this, Americans feel patriotic as if they are *doing* something. While these displays are surely important to troops, there are more concrete and practical ways of providing them support.

Most importantly, Americans need to ensure that the U.S. government is meeting the troops' needs in terms of paying them fair wages, addressing their medical concerns, protecting their families, and being considerate of their family responsibilities. Steve Robinson, executive director of the National Gulf War Resource Center, says, "My personal experience is that soldiers need equipment that works, leaders that care, objectives that are righteous and moral. Then when they return from war they need assistance to readjust, and compensation and care for their war wounds without delay, denial or obstruction. Anything less is a crime."

Those who choose to join the military either know or quickly learn that they are joining a separate society with many rules and laws not found in civilian life. Individual concerns are downplayed in favor of developing a strong identification with the unit, since group adhesion to rules is of paramount importance in a society that can order its members to kill. There are a host of crimes that have no civilian counterpart such as disrespectfulness, disobeying an order, and fraternization. Moreover, while commanders have definitive authority over subordinates, the U.S. Supreme Court has ruled that soldiers can't sue the military, regardless of how negligent its commanders may have been.

The military also imposes strenuous physical requirements, and the pay is often substandard. Some soldiers earn so little they qualify for food stamps, while guard and reserve members who are called to duty often have to take pay cuts. Women recruits face special challenges, to which the recent news of rapes at the Air Force Academy attests. According to the Department of Defense, incidents of sexual trauma are twice as high for women in the military as in the civilian population.

The majority of enlisted people are married, and those with children face their own unique challenges. The frequent deployments of troops and long separations are tough on families. Parents may miss key life events like the birth of a child. Deployment of a parent during wartime can be especially difficult for children as Joyce Raezer, director of Government Relations for the National Military Family Association, recently told the Senate Armed Services Committee: "Knowing the parent is away on a military mission that is featured on the nightly news adds tremendously to the stress for the child. Children under stress may 'act out' in class or may not be able to concentrate on school work."

While military life can be hard on intact families, the burden is even greater for single parents. According to the Pentagon, there are almost ninety thousand single parents in the military today—almost double since the Gulf War. Yet there are no special programs in place for them; if troops are deployed, the responsibility of their children is entirely on their shoulders. Pentagon spokesperson Lieutenant Colonel Cynthia Colin said in the March 17, 2003, issue of *Newsweek* that additional assistance for single parents isn't feasible and "would just be

way too much work.” Some children must not only kiss their primary caregiver goodbye but must also leave their home, perhaps traveling thousands of miles to be cared for by a little-known relative or friend.

Imagine if a civilian employer were to place all these demands and stresses on its employees; most people would probably declare, “You couldn’t pay me enough.” Now, however, our military consists entirely of volunteers. People join the armed forces for a host of reasons—to serve their country, escape poverty, travel, partake in its disciplined lifestyle, and receive benefits such as education assistance and on-the-job training. Still, it is hardly a surprise that in the past ten years the U.S. military has shrunk from 1.8 to 1.4 million active service members, and the number of captains leaving the army doubled from 1995 to 2001.

To compensate for this loss, burdens have increased for those who remain in the military. Officers are raising serious concerns about enlistments, and in 2002 the U.S. Army was short thousands of captains. Raezer told the Senate Armed Services Committee that, by the end of the Gulf War, “Most observers noted that the family support structure was stretched to the end of its limits.” It remains to be seen how long this crisis in recruiting and retention can continue before drastic action is necessary and what sort of remedy will be offered, such as improved conditions and compensation, reinstatement of the draft, or the employment of mercenaries.

Of course, war exponentially compounds the challenges of life in the military. Some soldiers will be injured, some will be taken prisoner, and some will die—these are the solemn facts troops must face going into battle. While medical technology has advanced over the past century, so too has military technology—gunfire and grenades are enhanced with chemical agents and biological weapons. In addition, risks exist beyond the line of fire. During the Gulf War, soldiers faced oil well fire pollution, pesticides, and the release of chemical agents when Iraq’s stockpiles were burned. Even the prophylaxes meant to protect the soldiers—such as vaccinations against anthrax and pills against nerve agents—present health risks.

Exposure to such risks is also a psychological burden, the stress of which, in turn, leads to further health concerns. The stress of military combat itself can cause poor

physical health and lead to post traumatic stress disorder (PTSD). In fact, counselors say virtually all combat veterans have some degree of PTSD.

In a National Center for PTSD fact sheet, Kay Jankowski says that there is “evidence to indicate PTSD is related to cardiovascular, gastrointestinal, and musculoskeletal disorders.” In a 1999 study, *Electrocardiogram Abnormalities Among Men with Stress-Related Psychiatric Disorders: Implications for Coronary Heart Disease and Clinical Research*, Vietnam veterans with and without PTSD were compared, the results being that PTSD was associated with electrocardiogram (ECG) abnormalities. Jankowski says that indeed “PTSD has been consistently associated with greater likelihood of cardiovascular morbidity” and “research also shows that there may be abnormalities in thyroid and other hormone functions, in addition to increased susceptibility to infections and immunological disorders, associated with PTSD.”

According to officials at veterans’ affairs centers, within the first week of the war there was a spike in the number of veterans with underlying symptoms of post traumatic stress, such as depression, anger, emotional withdrawal, nightmares, and flashbacks. One counselor told the Associated Press that the war “gets a lot of anxieties going. . . . People who have been there in combat don’t want to see anybody else have to face that.” On the Veterans Against the Iraq War website, John H. O’Leary of the U.S. Air Force agrees and says with regard to his experiences in Saigon and the Tet Offensive, “I would not wish that experience on anyone.”

One of the lessons the U.S. military purportedly learned during the Gulf War was the need to collect basic health data about each soldier to establish a baseline from which to measure any future changes in medical condition. This resulted in a 1997 law that requires medical screenings and the drawing of blood samples of troops before and after deployment. Recently, however, the military has been criticized for failing to follow this law; troops deployed to the U.S. war on Iraq didn’t receive a physical exam but, rather, answered a brief health questionnaire (with eight questions on the pre-deployment questionnaire and six on the post-deployment). In addition, blood sampling is reportedly not taking place as required by law. The military admits that it is making the same mistakes as in the Gulf War because it isn’t maintaining complete or accu-



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rate medical and exposure records.

Senator John Kerry (Democrat, Massachusetts), a Vietnam veteran, has called on the General Accounting Office to investigate, saying, "The message seems to be, 'do your duty to country but your country won't fulfill its duty to you if you're lucky enough to return home.'" Furthermore, Peter Gaytan of the American

Legion testified before Congress on March 27, 2003, regarding the Gulf War. The 1998 United States Senate Committee on Veterans Affairs' *Report of the Special Investigation Unit on Gulf War Illnesses* identifies numerous examples of lost or destroyed medical records of active duty and reserve personnel. The U.S. government didn't administer vaccines in a consistent manner, and vaccination records were often unclear or incomplete. Moreover, the government didn't provide personnel with information concerning vaccines or prescribed medications. Some medications were distributed with little or no documentation or dosage instructions, including possible side effects or instructions to immediately report unexpected side effects to medical personnel. The lack of such baseline data and other information is commonly recognized as a major limitation in the evaluation and understanding of potential causes of Gulf War veterans' illnesses.

Since the end of the Gulf War, veterans have reported a wide variety of ailments, including skin rashes, headaches, loss of motor skills, memory loss, and equilibrium problems. Studies show they are more likely to suffer symptoms of Epstein Barr, chronic fatigue, and fibromyalgia. The potential causes are almost as numerous as the complaints and, according to the Department of Defense (as reported by the National Gulf War Resource Center), by 1999 the military revealed alarming statistics. As many as 100,000 U.S. troops were exposed to low levels of chemical warfare agents, more than 250,000 received the new drug pyridostigmine, and 8,000 received the new botulinum toxoid vaccine. Also, 150,000 U.S. troops received the hotly debated anthrax vaccine, 436,000 entered into or lived for months within areas contaminated by radioactive toxic waste (almost all without protection), and hundreds of thousands lived outdoors for months near more than 700 burning oil well fires (again without protective equipment).

Some health concerns, of course, are just becoming known. For example, the Department of Veterans Affairs (VA) has preliminary evidence that Gulf War veterans are



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nearly twice as likely as their non-deployed counterparts to develop Lou Gehrig's disease. Also known as amyotrophic lateral sclerosis or ALS, this is a rare, chronic disease of the nerves with no known cause. In December of 2001 the VA decided to compensate veterans who served in the Gulf from August 2, 1990, through July 31, 1991, and now suffer from Lou Gehrig's disease.

Indeed, it has taken years of effort

on the part of grass roots groups to get the VA and the Department of Defense to acknowledge that Gulf War illnesses even exist. While organizations like the National Gulf War Resource Center have made great strides, the struggle to obtain health care and research for suffering veterans continues.

While the causes of Gulf War illnesses remain unknown, exposure to environmental toxins is an obvious possibility. Were our soldiers any better prepared this time? Both legislators and the media are raising serious questions as to whether U.S. troops possessed adequate training or equipment to respond to chemical or biological attack. For example, Senator Russell D. Feingold (Democrat, Wisconsin) wrote a letter on March 6, 2003, to Secretary of Defense Donald Rumsfeld, expressing concern that training and preparedness "lag behind the pace of deployment." He enclosed a transcript of a recent report on *60 Minutes* which asserts that troops aren't properly prepared for a chemical or biological attack. Furthermore, according to a November 9, 2002, report by an army audit agency:

Up to 90 percent of the monitors and 62 percent of the masks [tested] were either completely broken or less than fully operational. . . . The actual status, requirements, surpluses or shortfalls, and true costs of Army efforts to defend against aggression through chemical and biological weapons weren't known.

Gaytan told Congress on March 27, 2003, that the American Legion is "concerned about the ability of American military forces to operate and survive in a nuclear, biological or chemical (NBC) environment." Last year President George W. Bush signed into law the Department of Veterans Affairs Emergency Preparedness Act. This act calls for the establishment of four medical emergency preparedness centers that would research and develop methods of detection, diagnosis, vaccina-

tion, protection, and treatment for biological, chemical, or radiological attacks. It also calls to provide related education and training to healthcare professionals and provide rapid response assistance in the event of a national emergency. While the passage of this act is commendable, it is worthless without funding—the fiscal year 2003 omnibus appropriations bill contains *no provisions* for establishing these centers. Gaytan said that the American Legion is “outraged that the appropriators cut funding for the emergency preparedness centers at a time when we need them most.”

American Legion National Commander Ronald F. Conley said in the fall of 2002:

I don't get it! . . . President George W. Bush said we have billions of dollars to rebuild Baghdad, not to mention Afghanistan. . . . At the same time, his non-veteran advisors are saying they will encourage him to veto any legislation that corrects the inequity of concurrent receipt, because it is a budget buster.

Almost one-third of Gulf War veterans have submitted claims to the VA for disability, and VA hospitals and clinics are turning thousands of veterans away because of shortages in money and staff. Meanwhile, the Republican Party was hoping to reduce funding for veterans health care and benefit programs by nearly twenty-five billion dollars—although for the moment the cuts are off the chopping block. Obviously, this doesn't bode well for present U.S. troops in Iraq. In a March 13, 2003, press release, Representative Lane Evans (Democrat, Illinois) says the budget adopted by the House Budget Committee is “shameful,” and goes on to ask, “Who deserves to receive the benefits of the national treasury—America's disabled veterans or America's millionaires?”

In response to the attempted cuts, Gaytan made the following testimony before Congress on February 11, 2003:

Veterans are being forced to wait in excess of a year to obtain an appointment to receive care within the VA health care system and the VA Secretary has been forced to terminate enrollment of new Priority Group 8 veterans. As it stands now the backlog is estimated to be between 236,000-300,000 veterans. . . . [T]he strain on the sys-

tem continues to grow. . . . If the budget can be adjusted to meet this nation's war-fighting capabilities, it can surely be increased to meet the health care needs of its warriors—past, present, and future. The American Legion believes the true cost of freedom is best reflected in the cost of caring for America's freedom fighters.

Of course, military cuts go far beyond healthcare to affect a wide range of quality-of-life issues for military women and men as well as their families, including morale, welfare, and recreation programs. For example, budget shortfalls often translate to shortened hours for bowling alleys, swimming pools, and other activities on military installations, which families depend on to keep children active and their attention diverted. As Raezer told the Senate Armed Services Committee on March 11, 2003, “Keeping the quality of life programs viable is necessary to counter depression, horrid morale, and ultimately prevent soldiers from getting out due to the discontent of their families.” She thanked the 107th Congress for its efforts but said, “The most important message we can bring to you today is that these improvements are not enough.”

Finally, while the estimated cost of the U.S. war on Iraq is a minimum of \$50 billion, according to Seymour M. Hersh's article in the April 7, 2003, issue of the *New Yorker*, one of Secretary of Defense Donald Rumsfeld's goals was to “do the war on the cheap.” Seymour continues to say:

According to a dozen or so military men I spoke to, Rumsfeld simply failed to anticipate the consequences of protracted warfare. He put Army and Marine units in the field with few reserves and an insufficient number of tanks and other armored vehicles. (The military men say that the vehicles that they do have have been

pushed too far and are malfunctioning.) Supply lines—inevitably, some say—have become overextended and vulnerable to attack, creating shortages of fuel, water, and ammunition. Pentagon officers spoke contemptuously of the administration's optimistic press briefings.

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One senior planner said bitterly, "This is tragic. . . American lives are being lost."

Planting a "Support Our Troops" sign on one's lawn is easy. However, does it serve U.S. civilians more than it serves military personnel by acting as a distraction from the real issues? The dictionary defines *support* primarily as "bearing the weight." Ultimately, Americans half-way around the globe from Iraq are *not* bearing the weight. Civilians aren't separated from family and friends, facing the trauma of battle, or risking their lives. The troops do need moral support, volunteer time, letters, and care packages. (Although, as of early April 2003, the Pentagon said care packages couldn't be delivered to the front lines due to overburdened supply planes). But such support only addresses a tiny portion of the concerns.

U.S. troops need to be paid a professional wage, be given more consideration of their responsibilities as parents, and receive, from the government, committed time and money to their health and well being, both during and after service. Upon close inspection, such support appears to be sorely lacking. Arthur Wilson and Edward Heath of the Disabled American Veterans state: "Regrettably, America's soldiers, sailors, marines, and airmen have not been perceived by their government as a national priority." The priority of the Bush administration is war. It's time that the government and the people understand that supporting our troops means providing for the welfare of those who are fighting it.

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