

Why I Serve

Edward B. Marsh Jr., M.D.*

Today is February 28, 1991. As I write this, I feel for the first time in 7 months that I am not at an imminent risk of being called to active duty in the Medical Corps of the U.S. Army. The time has been very difficult. Of course, the uncertainty that I and my family have felt bear no comparison with the pain and dislocation felt by those thousands of individuals, both Active and Reserve, who have been deployed. Nonetheless, it is difficult to convey the disruption to one's life caused by the simple possibility, and at times the probability, that one may be ordered to set aside a civilian professional career, put on a uniform, and go to war. My feelings during these several months have varied widely: apprehension about how my family would manage with less personal support and a much-reduced income; worry about risks of personal injury or death; impatience that the inevitable call was delayed and the uncertainty prolonged; and disappointment that by not being called I was not able to provide what help I could. But uncertainty pervaded everything; every plan or commitment that I made had to be amended by a footnote that said, "assuming I am still here."

Still, despite this preoccupying uncertainty, I was fortunate. My professional life and income as a physician in a health maintenance organization were not as vulnerable as they would have been had I been in private practice. My organization, my colleagues, and my fellow employees could not have been more concerned and supportive. Nonetheless, though empathic, they were puzzled. They were curious why I, a pediatrician of age 54, would obli-

gate myself for, and risk subjecting others close to me to, this kind of disruption. I can identify eight reasons, of variable gravity. If they seem vague, or maudlin, I apologize.

First, obviously I believe I have something to offer. My training, though nonsurgical and principally in pediatrics, is appropriate for the care of individuals who may have only recently "graduated" from the traditional pediatric age group. I have also trained in and practiced some adult medicine. The Army has twice sent me for certification in Advanced Trauma Life Support. In past conflicts 50%–80% of troop medical requirements were not wound-related, so a nonsurgical, primary care background such as mine is entirely relevant, even for the troops. In a theater of operations, prisoner and civilian needs would be even more likely to be nonsurgical, and perhaps even more desperate. To observe that there are overwhelming, world-wide nonmilitary medical needs to which I might direct my efforts is valid, but fails to acknowledge that there are military needs as well.

Second, I was a child during World War II, and learned that there are some situations worth fighting over. Whether any specific new situation meets this test is always an appropriate matter for debate; I do not, however, endorse the categorical rejection of conflict. It follows, therefore, that I can accept the fact that, at certain times, in certain places, conflict may be the only acceptable option available. The military is our means for engaging in conflict. Therefore, the military represents a benefit, as well as at times perhaps a threat, to our society. For this reason, I am willing to incur a risk that I might be summoned, not at a time of my own choosing, to serve, to give up my autonomy at a time of national need.

Third, I am not preoccupied by the shortcomings of the United States. I believe it is a good country—

0051-2438/91/0102-0108\$03.00/0

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*EBM is a Clinical Instructor in Pediatrics, Harvard Medical School, Boston, MA. Address correspondence and reprint requests to Edward B. Marsh, Jr., M.D., Department of Pediatrics, Harvard Community Health Plan, Peabody Center, 2 Essex Center Drive, Peabody, MA 01960.

not perfect, only good. Even though it may not be perfect, I am thankful for the benefits it has offered me, and hundreds of millions of others. Consequently, having known and accepted the great blessings of this country, I feel an obligation to shoulder at least a small, personal responsibility. There are many ways I might do this; one way is to offer to provide medical care to the military. Since medical personnel for the military is often in short supply, my contribution fills an important void.

The fourth factor is even more personal. I have two sons in their early 20s. Consequently, I have a clear emotional connection with those young people who may face the risks of combat. I feel the connection with potential combatants, and with their families, regardless of their national allegiance. I have wept over the past months for the Iraqi soldiers and their families as I have wept for the Americans and allies. Whether these individuals have volunteered or have been conscripted, they are at great risk, and need medical support. Perhaps as the result of my efforts, the parents of some young man or woman, in the United States or elsewhere, may be spared some of the sad consequences of war.

The fifth reason may be the most surprising. Many Americans seem unaware that the military is, to a large degree, made up of very admirable individuals. It is, consequently, an organization pleasant to be affiliated with. In candor, I was myself surprised when I made this discovery. I had been on active duty from 1965 through 1967, and had been impressed at that time by a distressingly low level of political and moral sensitivity in the military. When my obligation was fulfilled in 1967, I was delighted to get out. Then, in 1984, in part because I had heard that things had changed, and in part because I thought the Army offered me, in peacetime, opportunities to pursue activities not available to a civilian, I reactivated my commission. I was skeptical of what I had heard about change, and expected to find the same moral vacuity. Instead, I found the reports to have understated the change. In the intervening 20 years, the military had engaged in a meticulous self-examination and had undergone a remarkable metamorphosis.

Although I speak of "the military," my first-hand information relates substantially to the Army, which may make my observation even more surprising. Perhaps the Army had farther to go than the other services; it certainly had a reputation for more unen-

lightened attitudes. I think it took its self-examination so seriously that at present it has become a model of enlightenment.

Education has become a major mission. Great emphasis has been placed on those aspects of professional military development that relate to personal morality, leadership, and political awareness. Consequently, military people have become acutely aware of the limits of military power.

There is, in fact, a prominent and increasing tendency for military people to seek *nonmilitary* solutions to political problems. For example, I spent the last 2 weeks of July, 1990, at Ft. McNair in Washington, D.C., with 350 reserve officers of the rank of Major or above, competitively selected from throughout the United States and representing the five uniformed services (including the Coast Guard), at the National Defense University's National Security Course. The curriculum addressed world-wide political, economic, and military issues. In small tutorial groups we were asked to evaluate a number of scenarios and to propose strategies to deal with them. Very rarely was a *military* solution proposed. Political and economic solutions were invariably preferred. I thought how remarkable it was that a group of "military" people rarely proposed military solutions. And I especially thought how surprised most "civilians" in the U.S. would be if they could have observed the discussions.

This "enlightenment" of the military has a strategic purpose, of course. Current military doctrine, which anticipates possible disruption of battlefield command and control, has focused great attention on the training and judgment of each individual soldier, down to the lowest ranks. Orders are commonly given as objectives; officers are generally prepared to provide the "why" as well as the "what." The evolution of the all-volunteer force has attracted young people acculturated to expect such an approach, but the Army also recognizes that a soldier isolated in combat can better improvise a way to complete a mission if he or she has a tactical understanding. Regarding individuals as worthwhile, competent beings needing "management" rather than orders induces a more respectful attitude throughout. The result is an increase of value, care, and support, both up *and down* the ranks. The organization is becoming more comfortable, and admirable, as it implements these changes.

Sixth, there is a particularly attractive "volunteer"

aspect to the reserve component of the military. Current military budgets and doctrine, based on minimizing the size of the standing active force, assign a pivotal role to the Reserves and National Guard (The Reserves are generally the noncombat, support units of the Army, including, for example, medical, legal, and transport units. The National Guard has an analogous role, in the combat arms, such as artillery, infantry, and armor. For other services, the Reserves supplement both combat and noncombat units.) Funding for these reserve units is sparse, and money available for training activities is very low. The units are strictly "no-frills" outfits; all members are volunteers. These factors make for a highly motivated and committed group of individuals who are a pleasure to be with.

Seventh, the "citizen soldier" reservist performs another role as well. He or she brings to the armed forces the skepticism and restraint characteristic of the civilian sector. I enjoy in a very small way bringing a "nonmilitary" mentality to the military environment, believing that as I come to understand my active force colleagues, they come better to know the attitudes of the civilian sector.

The eighth and final reason I belong to the Reserves outweighs all the above, and is based on ethical beliefs. I have an obligation, as an educated and trained physician, to provide care. This obligation may be restricted by the amount of time I, as an individual, have to provide, but the obligation

itself is not conditional. If it happens that the care is needed by members of the United States military, it is no less necessary (nor are they less deserving) than if it is needed by their dependents, or their adversaries (military or civilian). I *can* provide care; therefore, I *should* provide care. Personal attitudes about the military generically, or about conflict, are irrelevant. To withhold care, by passing a road accident or refusing to care for a military member, is contrary to the ethical obligation I undertook when I became a physician.

In truth, I am perplexed by the willingness of some medical personnel selectively to determine which human miseries they will care for. In the particular context of war, they might exclude the needs of combatants. Acceptance that each of us will be free to refuse to care for individuals with problems resulting from causes we dislike puts us on a very slippery slope indeed. Ought one have the option of deciding that self-induced diseases, such as those related to smoking, are not to be treated? Should medical problems that result from socially destructive activities like alcohol- or drug-abuse be ignored, in order to express disapproval of their origins? The answer to both questions, I presume, is an emphatic "no."

I cannot accept that the victims of war, combatants or noncombatants, friend or foe, deserve less. I stand to do my part.

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