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In My View

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IN MY VIEW

THE MILITARY'S PLACE IN MODERN AMERICAN SOCIETY

Madame:

In “The Erosion of Civilian Control of the Military in the United States Today” [*Naval War College Review*, Summer 2002, pp. 9–59], Richard Kohn presented an account of where the U.S. military has stood with regard to civilian authority within U.S. society. Professor Kohn comments several times that there was no immediate crisis resulting from an altered posture, but that as he saw it, the “power of the military within the policy process has been growing steadily.”

I read Dr. Kohn’s article several times and have great respect for the research and insights which it contains. I think he surveyed the landscape very well but drew all the wrong conclusions from it. The article came from a lecture by Dr. Kohn at the Air Force Academy in December 1999. That was near the end of the Clinton administration, and I think that is where at least part of the problem arises.

The first half of the article catalogues numerous instances of conflict between the military and the civilian authorities during the Clinton administration. Dr. Kohn makes note of the many reasons that the military leadership had for not considering William J. Clinton of a like mind with them. He then sets out a litany of incidents in the political-military sphere that occurred during the Clinton years, and which he attempts to lump into a pattern. In presenting this part of his argument, Dr. Kohn uses mild verbs or adjectives to describe the actions or history of President Clinton and his administration. Hence, Bill Clinton is not a draft dodger but rather “As a youth, . . . had avoided the draft.” The chairmen of the Joint Chiefs of Staff (Generals Shalikashvili and Shelton) “appeared to have been liked and respected by civilians in the Clinton administration”—which could be rewritten as “they played well together.” No such mildness appears when Dr. Kohn is describing actions that he attributes to the military, their supporters, or those who opposed the Clinton administration on a variety of matters. Now the words become sharper: “the newly elected president was *publicly*

insulted by service people,” or, “the *undermining and driving from office* of Secretary of Defense Les Aspin.” This first part of the article is somewhat balanced in incident, time, and space, but the wording implies a bias toward the then administration and its leader, Mr. Clinton.

Dr. Kohn admits many faults of the Clinton administration and comments on a number of them. Where his argument misses the point is that he never totally measures the Clinton administration against others with regard to political-military unity. He says there is a greater gap between the military and its civilian superiors now but treats it as a continuance of one that existed earlier and may have widened as a result of recent events. In fact the Clinton administration was the most militarily inexperienced, ignorant, and unsympathetic of the last century, if not of the length of the Great Democracy’s existence. The gap between the military and the Clinton administration was enormous, not merely a slight variation from previous administrations. Dr. Kohn sees the events of 1992–2000 as a slight aberration from the norm, whereas the reality is much greater. The gap between the military’s outlook and that of its political leaders was at its peak during the Clinton administration. Dr. Kohn takes that peak as his starting point and from it draws conclusions that the gap is wide and growing. Instead, as soon as Clinton left, the gap returned to a more traditional narrowness.

Having misread the Clinton years, Dr. Kohn’s article next reviews civil-military relations in a larger view and time span and again comes up with some interesting observations and insights—but alas, again the wrong conclusions. He cites the media as now being less capable and either missing, or unable to address, issues of civilian control of the military. I think this view is wrong. Agreed, the press is less capable today. Far more important, and completely missed by Dr. Kohn, is the fact that the media today are all but completely politically biased. This leaves the military always in a confrontation of sorts with one side of the media or the other. Dr. Kohn says that the military is “partisan in political affiliation, and overwhelmingly Republican.” This is certainly not true. While the military may share more basic views with today’s Republicans than it does the Democrats, there is in no sense a direct tie to the party, nor should there be. It remains an individual choice.

Dr. Kohn goes on to say that there is “in fact no tradition of resignation in the American military.” There is a deep and continuous tradition of resignation throughout American political life. It includes Dean Acheson, William Rehnquist, and Cyrus Vance. It also includes the military. It is the very thought of the potential power that a military resignation might bring that has kept it from being used.

This brings us to the crux of Dr. Kohn’s misreading of the present status of the politicians and the military. Dr. Kohn maintains that recent events, beyond the embarrassing Clinton years, have strengthened military opposition to the political leadership. I would argue the opposite. Relatively speaking, the military has

maintained its historical focus and obedient role; its power in the relationship has not grown, nor is the military anxious to see it do so. It is the political leadership that has grown in power; professionally and socially united with the media within a culture that is overwhelmingly media oriented, the politicians are stronger relative to a military which is still devoted to basic, sworn ideals.

The answer to Dr. Kohn's listing of troubles in U.S. civil-military relations would be a return to the draft; that would bring back "reliance on the citizen soldier," with all that that implies for shared national political/military values. That solution is not coming again soon, or maybe ever, short of a major national calamity.

The military, as correctly noted by Dr. Kohn, bases its strength in the oath of its officers to support and defend the Constitution of the United States and bear true faith and allegiance to the same. Increasingly the political leadership is pushing the highly competent and technically adept U.S. military to be a vanguard for a new-found "globalism." The real test of the existing U.S. political-military relationship is coming. It will arise when the believers in "duty, honor, country" are committed to major combat in the interests of someone else's country, or for the generation of wealth or protection of America's share of it. That time may not be far off.

BILL BARRY

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Professor Kohn replies:

While Mr. Barry has done me the honor of several readings, he has missed one of my chief points and ignored the supporting evidence: that the diminution of civilian control long antedated the Clinton administration and has continued into the Bush administration. (My research included material to the spring of 2002.) Given my extensive criticism of Mr. Clinton and his administration in military affairs, the accusation of bias in favor of the Clintonites perplexes me. Nor do I understand Mr. Barry's point about the media, whose neglect of civilian control seems to me obvious by the almost total silence on the subject over the last generation.

On the subject of resignation, Mr. Barry is simply incorrect. Despite a few exceptions—Secretaries of State William Jennings Bryan and Cyrus Vance, and Attorney General Elliott Richardson and his deputy William Ruckelshaus (not Mr. Rehnquist), among others—only a very few senior political appointees, notable for their small numbers, have ever done so.

Mr. Barry may assert that the politicians have grown stronger in civil-military relations, but I believe both the scholarship and the evidence indicate otherwise.

Over time conscription would have a salutary effect on civil-military relations, but the likelihood is so small as to make any discussion irrelevant.

The figures on the political affiliation of officers cited in the article, and the changes of the last twenty-five years, confirm much anecdotal evidence about a change in officer attitudes, from a purposeful nonpartisanship bordering on nonparticipation to overwhelming identification with the Republican Party. Denying the facts will not make them go away. The degree to which this sours civil-military relations is unclear, but it does not take much imagination to conclude that it exacerbated civil-military relations during the Clinton years, deepened a dislike for Democrats that extends back a generation, and is likely to complicate relations in some future administration. Mr. Barry's closing warning about future conflict seems to me apocalyptic. I doubt that military professionalism would ever grow so weak, or the political leadership so obtuse, as to provoke an open confrontation. But if Mr. Barry's views reflect a significant slice of officer attitudes, and my research indicates that it does, then the possibility exists.

Lieutenant Colonel Karen Kwiakowski, U.S. Air Force (writing in the Winter 2003 *Review*) also discounts the figures on party affiliation. My own suspicion is that the percentage of Republicans is actually higher than the research indicated. Some officers may have chosen not to return the survey, or to mark "independent" on the form, because they sensed that identifying with a political party runs counter to the American military ethos.

She may well be correct, however, that the rise of the neoconservative ideologues in the Republican party will increase friction with the military. The new *National Security Strategy of the United States*—the presence of some arrogant, belligerent, unilateralist rhetoric—does indeed suggest future adventurism. One can only hope that when the full implications of that document dawn on Congress and the public, cooler heads will prevail. Apparently that occurred in August and September 2002, when the Bush administration pulled back from attacking Iraq without consulting either Congress or the international community.

Clearly, in the future American military leaders will be obligated, as they have always been, to speak their minds clearly and forcefully to the civilian leadership, in private, with the same cold, hard analysis their predecessors have for the most part offered. Such courage and candor lie at the heart of the professional code, just as does the necessity to support, and accede to, civilian control.

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SEA BASING AND MEDICAL SUPPORT

Madame:

Rear Admiral Rempt suggests, in his “President’s Forum” in the Autumn 2002 *Naval War College Review*, that the United States, in response to political and economic realities, is unlikely to utilize the extensive network of overseas bases that had previously been employable for sustaining our national military objectives. He likewise recalls the Navy’s apparent historical ability to operate for extended periods at sea, no doubt referring to nuclear-powered aircraft carriers supported by a fossil-fueled mobile logistic chain. He subsequently discusses the concept of secure sea bases as a means for providing joint and combined force commanders with the ability to commence military operations, while serving the greater tactical advantages of reception, staging, onward movement, and integration of both Marine Corps and Army forces at sea.

While Admiral Rempt appropriately reminds us that the key to sustained combat operations has always been the logistical support of engaged forces, the concept of “stand-alone” sea basing provides little insight into the realities of supporting the physical integrity of the commander’s greatest asset—the human flesh-and-blood elements of his operational forces (the most rational elements of his weapons systems). The constitution and utilization of services to support the combat injured and infirm may ultimately serve as pivotal factors in determining a commander’s success or failure, and they can hardly be ignored in any operational concept, including that of sea basing.

What specifically are line-leadership expectations of fleet medical support? Are existing seagoing platforms with medical facilities indeed suitable for supporting the sea base medical requirements? The answers remain unclear, for while the fleet currently has a very robust operational medical system, including hospital ships and casualty receiving and treatment facilities aboard large-deck amphibious assault ships (these assets were originally designed for major Cold War conflicts), there is no assurance that the doctrinal mission of afloat medical resources has been altered toward specifically supporting littoral warfare. This is because both Navy line expectations of medical support services, as well as the specific capabilities that fleet medical assets must provide in order to meet Marine Corps requirements, have not yet been clearly defined, much less adequately validated.

T-AH hospital ships, for example, although possessing remarkable medical capabilities and capable of delivering large numbers of beds to a theater, are limited by their deep drafts to deep-water anchorages. Casualties can be brought to

them only via their single helicopter pad, or alternatively by surface craft, access by which is unsatisfactory even in the calmest sea state. Such ships also require enormous logistical support and may not be able to “man up” in a timely fashion, even for minor conflicts, without severely draining the manpower of facilities in the United States. Similarly, the usefulness of the casualty receiving and treatment facilities aboard the large-deck multipurpose, amphibious assault ships of the LHA/LHD types may be compromised, since these vessels will inevitably have operational missions conflicting with casualty retrieval. Furthermore, the large number of contained hospital beds on these platforms is misleading, for they are mostly suited for light casualties; these ships have significantly less capability for managing the severely traumatized.

Notwithstanding the stand-alone implication of Admiral Rempt’s comments, afloat medical support services have historically not existed in a vacuum. From a logistical perspective, there has always been an inextricable relationship between events at sea and those on land. In the past, forward-based medical facilities on land, distant from the combat zone, have been critical to the support of naval warfare. The availability of land bases has frequently determined whether navies have had the overseas infrastructure to undergird their deployments. Several examples are enlightening:

- In the matured theater of operations that existed during the latter stages of World War II, large numbers of mobile, base, and fleet hospitals—creations of the Navy’s Advanced Base Functional Component System (ABFC)—were deployed overseas. Their value to the fleet was highlighted during the invasion of Okinawa, when kamikaze attacks upon the Fifth Fleet created high numbers of casualties among the forces afloat. For continuity of naval operations, six hospital ship transports were required for evacuating the mounting shipboard casualties to hospital facilities on Guam.
- Several decades later, during the Falklands conflict of 1983, British shipboard casualties at times exceeded combat casualties ashore and occasionally had to be evacuated to the combat zone hospital ashore for stabilization. For example, the Argentine bombing of the British auxiliary landing ship RFA *Sir Galahad* suddenly produced 179 casualties, including eighty-three burn victims, many with quite severe injuries requiring significant logistical support. Many were quickly transferred to medical facilities ashore for initial care, prior to transfer to the hospital ship *Uganda*. In addition, the Royal Navy was obliged to acquire a neutral land-based staging point in Montevideo, Uruguay, for transfer of 593 casualties from *Uganda*, in order to empty medical facilities afloat and prepare them for the arrival of new casualties.

- The amphibious insertion of forces of Task Force 58 into Afghanistan in late 2001 from the merged USS *Peleliu* (LHA 5) and *Bataan* (LHD 5) ready groups culminated in the creation of Forward Operating Base (FOB) RHINO, four hundred miles and approximately four hours' helicopter flying time (including in-flight refueling) from the sea base. Following a 5 December fratricide bombing, thirty-nine casualties were brought to FOB RHINO. Following triage, nineteen seriously wounded U.S. personnel were transported by a U.S. Air Force C-130 to a well-equipped Air Force surgical facility in Seeb, Oman, classified as possessing greater capability than those in the sea base. Twenty other Afghan injured were transported by CH-53 to the afloat task force. A subsequent land-mine injury of a Marine in Kandahar likewise resulted in medical evacuation to Seeb.

Another important unresolved issue will need to be addressed as well by those advocating sea basing: whether to apply for “protected” Geneva Convention status of casualty-reception vessels associated with the afloat sea bases, given the fact that use of “unprotected” casualty-evacuation vehicles or secure communications may violate their neutral status, notwithstanding the presumed perimeter protection of such formations by combatant vessels. Immediately prior to the British invasion of the Falklands, a civilian-operated passenger vessel, the luxury passenger liner SS *Canberra*, was rapidly converted to a troop carrier with a major surgical facility. Original plans called for *Canberra* to receive casualties, although it did not qualify for Geneva Convention neutrality by virtue of having transported troops and combat equipment to the theater via military convoy. This lack of protected neutrality was originally felt to be an advantage, since troops it received as casualties and successfully treated could be returned to the field directly, whereas the Geneva Convention prohibits return of such casualties from protected hospital ships. Unfortunately, as a result of fierce Argentine aerial attacks upon the fleet supporting the landing force, a command decision removed the unprotected *Canberra* from the San Carlos Water operational area, leaving the remaining hospital ship, *Uganda*, which conformed to the requirements of protected neutrality, as the only floating hospital. Elements of the *Canberra* medical organization were hurriedly put ashore at Ajax Bay, where they established in a deserted slaughterhouse and meat processing plant a casualty handling and treatment facility that effectively served the needs of both ground combatants and evacuees from the bombing of *Sir Galahad*.

The unique design and intensity of military munitions create large numbers of profoundly complex injuries simultaneously, many of them never seen in peacetime settings. The sheer volume of these often life-threatening injuries precludes standard logistical formulas. Competent personnel and capable

facilities in the evacuation chain are needed, but the essential factor in their treatment is time. The commander of any over-the-water assault must therefore make certain choices. If he does not give appropriate priority to forward medical care, evacuation, and a sophisticated casualty-regulation network, he runs the risk of suffering a huge logistical burden and an adverse impact upon morale because the dead and injured will remain ashore. On the other hand, there will be an adverse impact upon the transport of assault echelons if medical evacuation back to casualty receiving ships is not planned, practiced, and controlled. Inattention to these issues by those remaining behind in their secure offshore sea bases will result in the loss of trained troops who could have been treated and returned to duty had enlightened and realistic medical planning and resources been appropriately integrated into overall operational plans.

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