EDITORIAL

The War Comes to Our Waiting Room

Matthew R. Anderson

Nearly 10,000 kilometers separate Baghdad from our Community Health Center in the Bronx, the poorest of New York City's five boroughs. Officially, the United States is not at war in Iraq or Afghanistan. The U.S. Constitution names the President as Commander-in-Chief of U.S. Armed Forces but reserves for Congress the power to declare war. Although Congress has not declared war since December 8, 1941, we have fought major wars in Korea, Indo-China and Iraq, as well as countless other "military actions" in all parts of the world. And now the President tells us we are engaged in a "war on terrorism" and a "war for Iraqi freedom."

Without question, the Iraqi population, and primarily Iraqi civilians, have suffered devastating losses during this war, a fact which has been well documented elsewhere (see Medact's excellent reports on the Iraqi War, available at www.medact.org). But the war is also present in our community and in our practice. The fact that the burden of the war has fallen primarily on poor communities has tended to make it invisible.

Let us make that impact visible. The war comes into our practice in four inter-related ways. Some of our patients are soldiers; we stand by them as they deal personally with a frightening, disruptive and unpopular war. We care for their families, often hearing relatives' considerable anxiety over loved ones serving overseas. We care for young people who find service in the military an attractive option for job training and educational benefits; how do we counsel them when they tell us they are thinking of enlisting? In a less obvious way, the costs of the war have led to decreases in social and health spending (in a context of massive tax cuts for the rich).

A handful of our patients have been or are now serving in various capacities in the Middle East. Most of them go as part of commitments to the Army Reserve or the Army National Guard. The Reserve and National Guard are forces in which citizens participate in the Army while maintaining civilian jobs. The National Guard grew out our state militias and is run jointly by each of the 50 States and the Federal Government. It is intended to assist both in local disasters and to support the U.S. military during times of national emergency. By calling up the National Guard, the President converts the Guard into regular service members under the orders of the US military. Doing so has left local communities vulnerable to emergencies.

Those serving in the Guard typically drill one weekend a month and train for two weeks a year. Our patients have used service in the Guard to pay for college tuition. Guard members and Reservists have seen their civilian lives disrupted by tours of duty in the Middle East, tours that have been extended in time as the war has dragged on.

There have been cases of soldiers called into service who have not wanted to go. A handful have made explicitly political or moral decisions not to fight in an unjust war. First Lieutenant Ehren Watada, a Hawaiian native, has refused to deploy in Iraq because he considers (quite reasonably) that the war is illegal under both American and international law (see www.thankyoult.org/). The brave individuals who refuse to serve face court-martial and if convicted are likely to serve prison terms at hard labor.

More typically, service members seek deferments or discharge, many for medical or psychological reasons. These decisions are personal ones, but there may be a political dimension to their refusal to serve. We have long known that the justification for this war was fabricated and that the war is illegal under international law. The war is not popular in the United States and the Iraqi people are resentful of

the occupying "coalition" force. There is a semi-conscious recognition that this war is about imperial conquest and oil supplies, not the bringing of democracy to Iraq.

Helping soldiers who seek medical deferments or discharge is an integral part of the work of primary care. We should be aware of the rules and resources governing medical deferments and discharges. The National Lawyer's Guild (NLG, www.nlg.org) is an organization of lawyers, law students and legal workers that supports progressive social change and provides excellent resources for both health care workers and their patients in the military. The NLG maintains a military law task force which has published extensively on issues related to military law and issues of military medicine (www.nlg.org/mltf/). The Army's medical standards for discharge are available from their website as is specific information on obtaining discharges. The GI Rights Hotline (800-394-9544; from overseas 215-563-4620 or www.girights.org) can provide counseling to individual soldiers.

It is not just the soldiers who are affected. Their families come to the clinic with the vague somatic complaints (headache, upset stomach, "nerves") of the worried well. The doctor's office is a place where people can cry; as they do they have told me that they are "out of their minds with worry". I imagine a mother sitting in some doctor's office in Iraq saying exactly the same thing. What does the doctor tell her? I suppose that he or she does what we do. Listen, ask questions, provide sympathy, and bear witness.

We have an all-volunteer Army in the United States. Not five blocks from our clinic, on the very busy Grand Concourse, sits a military recruiting center. For many of my younger patients, enlisting in the armed forces offers a solution to immediate problems. As public funding for education gets cut (a by-product of increased military spending) the military is one of the few pathways out of poverty for young people. A 19 year old came to my office recently complaining of a headache. As we talked it became clear that the real problem was a slide towards homelessness. She had been arguing with her mother, a woman with severe mental illness, and had been thrown out of the house. We discussed various options for her: other relatives (none available), friends (she can't double up for long), the street (she has been sleeping in the stairwell in her mother's house), going back home and the New York City shelter system. Finally, she tells me that she is thinking of joining the Army. The reasons are simple and are stated in Army recruiting materials: "The Army can provide direction, career opportunities and a steady income." It is an attractive package for someone whose options are bleak. Yet it is important to make sure that young people are fully informed about the military and military recruiting. A number of organizations such as Citizen Soldier or United for Peace and Justice provide resources for both young people and communities opposing military enlistment.

The fact that my patients turn to the military for educational opportunities brings home the financial costs of the war. Money spent on bombs will not be spent on schools. When those bombs have done their work, the only education will have been to hate. As the wars in Iraq and Afghanistan drag on, and the fighting spreads into Lebanon, we reap the rewards of that education in hatred.

These cases pose challenges for a clinician. Our responsibility is to care for and assist our patients. Is advising against joining the military simply part of good health maintenance, like telling patients that they should wear their seatbelts or stop smoking? Or is such a statement an inappropriate interjection of our own personal values? Is it wrong to provide information or to let patients know – perhaps through posters – that information about enlistment and its problems is available in the office? These questions are not entirely different from those we face in a number of socially controversial areas – the provision of abortion services, care for stigmatized populations or harm reduction.

Despite these concerns, it seems a morally - and clinically - legitimate function of healthcare providers to inform their patients of options,

provide them resources, perform professional medical assessments and to make referrals. Those of us opposed to the war are obliged as citizens to speak out against this criminal and endless "military action" which is inflicting such great suffering, not just 10,000 kilometers away in Baghdad but also in the communities we serve. Our goal is health for all, not war for all.

- *Matthew R. Anderson*