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**THE CITIZEN-SOLDIER CONCEPT:
ROMANTIC TRADITION TO PRAGMATIC EXIGENCY**

BY

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ABSTRACT

AUTHOR: John M. Graham (LTC), USAR

TITLE: The Citizen-Soldier Concept: Romantic Tradition
to Pragmatic Exigency

FORMAT: Strategic Research Project

DATE: 14 March 1997 PAGES: 36

CLASSIFICATION: Unclassified

The citizen-soldier has been a mainstay of military power since the earliest European settlement in what is today the United States. Current demands on the citizen-soldier are greater than ever. Military operations are faster, more frequent, more varied, and more demanding. The citizen-soldier concept is a romantic tradition that has lost some of its romance as it has become more essential to support a National Military Strategy of Flexible and Selective Engagement. This paper traces the activation of the United States Army Reserve medical soldiers in Operation Joint Endeavor to illustrate the citizen-soldiers' evolving role. Challenges that face today's citizen-soldiers are identified and changes are suggested to update the citizen-soldier concept.

The concept of the citizen-soldier has been a romantic tradition throughout United States history and is becoming a pragmatic exigency in the current national military strategy. The citizen-soldiers' passage has significant strategic relevance. Citizen-soldiers deploy regularly to support our National Military Strategy of Flexible and Selective Engagement.¹

Whether the mission is to promote stability or to thwart aggression, the Total Force relies heavily on citizen-soldiers as key members. Unless citizen-soldiers can continue to be flexible and available to participate in a broad range of activities to support our expanding engagements they will revert to a romantic tradition. But, if citizen-soldiers can meet the myriad of new demands, then they will become an increasingly pragmatic part of the Total Force.

America is engaged as a peacekeeper in Operation Joint Endeavor (OJE).² New demands confronted all of the citizen-soldiers, but especially medical reservists who were mobilized to support Operation Joint Endeavor.³ This paper focuses on the United States Army Reserve (USAR) medical soldiers and the new demands they faced in OJE to illustrate

many of the changes, challenges, and remedies shaping the evolution of the citizen-soldier concept.

Missions and roles for the citizen-soldier and the attending increase in operational tempo deserve special attention. Trust between the components of America's Army is a major hurdle facing the Total Force. Both the National Command Authorities and citizen-soldiers must be tolerant, flexible, and cooperative so that they can adapt the citizen-soldier concept and the National Military Strategy to advance the current security interests of the United States.

Citizen-Soldier Concept

"Americans have long believed that the part-time citizen-soldier is the best defender of a free society."⁴

Romantic Tradition

Citizen-soldiers prepare in peacetime to be soldiers while maintaining their careers and roles in the community; then in wartime they take up arms to defend the nation. Americans have embraced the citizen-soldier concept in many forms since prior to the founding of this nation: the colonial militia, the National Guard, and the Reserve.

The tradition of the citizen-soldier as the nation's savior, coming to its rescue, started during the American Revolution.⁵ "Since the colonial era, citizen-soldiers have made significant contributions to the national defense and have served in every major conflict involving the United States. This tradition has served the country well."⁶ The colonial militias were the first to resist the British Army.⁷ Militias from surrounding villages responded to the challenge for freedom at Concord and Lexington. The citizens of the militia were the sole defense force. Only later did Congress authorize the Continental Army to join

with the militia. It was the citizen-soldier who was credited with freeing the nation.⁸

Americans' traditional belief in democracy gave rise to the citizen-soldier concept.⁹ The major responsibility for the nation's defense in wartime was vested in the citizen-soldier. Americans have historically preferred to raise armies from its citizens rather than finance and maintain a large standing military force.¹⁰ The armed forces of the United States have been extensions of civilian society and part of our social fabric.

Pragmatic Exigency

In 1973 the Total Force policy promoted the integration of reserve components with the active component military.¹¹ The active components were the standing armed forces ready to meet the immediate crisis. The reserve components were prepared to augment the active forces during emergencies. Together as a Total Force, the military of the United States was prepared to protect the national security interests.

One innovation of the Total Force policy that promoted the integration of the active and reserve forces was the CAPSTONE program. The CAPSTONE program aimed at fixing

exact roles for the reserve and active forces.¹² Issues such as command channels, military operations, training emphasis, equipment interoperability, and geographic regions for deployment were to be set in advance of any hostilities. When needed, the Total Force would deploy in accordance with the CAPSTONE program.

As the Cold War era ended in 1989, new conditions prompted a review of the national security strategy and resulted in the "Bottom-Up Review" of 1993. The Total Force policy remained a key part of our national military strategy.¹³ As force levels were reduced, the need for citizen-soldiers in the reserve components grew. The reserve forces were used as compensating leverage to reduce the risks and to control the costs of a smaller active force.¹⁴ The roles and missions expected of the reserve components needed to be defined even more clearly than they were in the CAPSTONE program. Cuts in personnel strength sliced across both the active and the reserve components. The nation was to rely on a smaller force.

During the drawdown of the Army after Desert Storm, the United States Army Reserve (USAR) planned to fill a niche in the Total Force. The vision for the USAR was based on four

objectives: affordable, robust, invaluable, and indispensable. With these four objectives in mind, the USAR set out to establish its niche as the component to provide combat service support functions to the Total Force.¹⁵ Consequently, the USAR restructured its forces to concentrate its combat service support units on complementing the active component and National Guard combat arms. By 1995, the USAR provided seventy percent of the Army's medical manpower support.¹⁶

The citizen-soldier concept evolved to keep pace with the new demands placed on the USAR and National Guard. No longer are citizen-soldiers called upon just to repel invading armies from our shores or to fight declared wars. Now citizen-soldiers respond to any type of military operation. Military operations have increased dramatically over the past seven years. Operations have increased three hundred percent, while military forces have decreased thirty percent.¹⁷

The National Military Strategy of Flexibility and Selective Engagement requires action across the full spectrum of military operations. Missions run the gamut from peacetime engagement through deterrence and conflict

prevention to total war. The Total Force conducts each of these military operations and citizen-soldiers are actively involved in the entire spectrum of operations.¹⁸

Activating the reserve components is easier today than ever before. The Presidential Selected Reserve Call-up (PSRC) is the mechanism that triggers the rapid activation of the reserve components. Over the past twenty years the PSRC has become increasingly more potent. The following table shows the changes in the PSRC and its increasing strength.¹⁹

Table 1: Presidential Selected Reserve Call-up Changes

Public Law	Date Enacted	Personnel Ceiling	Duty Days
94-286	1976	50,000	90
96-584	1980	100,000	90
99-661	1986	200,000	180
103-337	1995	200,000	270

During the past twenty years the trend has been to call up reservists in greater numbers and for longer intervals. The growing need for citizen-soldiers as a pragmatic exigency spurred the more frequent use of PSRC powers. The most recent PSRC is in support of Operation Joint Endeavor.

Operation Joint Endeavor

"Reserve component elements will take on increased responsibility for participating in and supporting peacekeeping missions."²⁰

Background

For the fourth time in five years Army reservists deployed overseas. On 8 December 1995, President William J. Clinton signed an executive order authorizing a Presidential Selected Reserve Call-up of 3,800 reservists. Their mission was to assist in keeping the peace in Bosnia-Herzegovina through Operation Joint Endeavor (OJE). Negotiations to restore peace in the former Yugoslavia had dragged on for months, but finally they culminated in the Dayton Peace Accords. The main tenet of the Dayton Peace Accords was to place a peacekeeping force in Bosnia-Herzegovina to oversee and control military aspects of the Accords. A peacekeeping force of 60,000 came from 30 nations and was named the Implementation Force (IFOR).²¹

With 20,000 American ground troops participating in IFOR, adequate medical support was essential. Public opinion and Army policy combined to mandate that medical care for America's Army be provided by American resources.

Commander in Chief (CINC) European Command (EUCOM) had the primary responsibility for arranging this medical care.

Medical Role

The original plan for medical support relied on a deliberate plan, code named BACKBONE.²² BACKBONE called for active Army medical units that were forward deployed in Germany to advance to Hungary and Bosnia and to provide the bulk of medical support to IFOR. A void developed as medical personnel were deployed from German hospitals, clinics, and supply centers. BACKBONE planned three migrations of military medical personnel. First, active medical soldiers stationed in Germany were to move to Hungary and Bosnia to support IFOR. Second, active Army medics were to deploy from the United States to replace the German contingent. Third, Army Reserve medical soldiers were to fill the vacancies in Army medical facilities located in the continental United States (CONUS).

The Commander, Army Reserve (CAR) suggested a modification to BACKBONE that would reduce the migration of medical personnel from three moves to two. His modified plan eliminated the second transfer of active medical

soldiers from CONUS medical facilities to Germany. Instead, the reserve medical soldiers would replace the active medical soldiers who moved forward from Germany to Hungary and Bosnia in support of IFOR.²³

This modification was practical, thrifty, and politically astute. The public reaction to reserve medical soldiers moving overseas nearer the area of operation meant a greater commitment by the citizen-soldiers. It averted one extra migration of active medical soldiers from CONUS to Germany. This adjustment saved resources and avoided the added disruption of a third wave movement. The only drawback was that the USAR role shifted away from what the citizen-soldiers had expected and for which they had trained.

For years the USAR medical units were divided into two general groups: Table of Organization and Equipment (TOE) and Table of Distribution and Allowances (TDA). TOE medical units had missions to deploy directly to Areas of Operation (AO) where military forces needed medical support. TDA medical units were earmarked to provide staffing for medical facilities in CONUS. The modification to BACKBONE

changed the deployment plan so that neither the TOE nor the TDA mission fit its anticipated role.

The United States Army Reserve Command (USARC) Surgeon staff analyzed the situation and decided that TDA medical units would fit the modified mission better than TOE units. The primary difference in missions for the TDA medical units was location. Instead of filling in for staff at CONUS medical facilities, the citizen-soldiers would fill in for staff at German medical facilities. A secondary benefit was a hedge against an expanded mission. Strategists were always worried that while the United States forces were involved with operations in Bosnia, another crisis would flare up in a distant location.²⁴ By employing TDA assets to Germany, the TOE medical units would still be available for a more violent crisis somewhere else.

Deployment and Demands

Following the decision to activate TDA units, the USARC Surgeon staff identified the specific units to call up for the mission.²⁵ The first unit was the 5502d United States Army Hospital (USAH) in Aurora, Colorado. This hospital was selected due to its high personnel readiness and waning

wartime mission. Concurrent with OJE was the base closure of Fitzsimons Army Medical Center (FAMC). The wartime mission for the 5502d USAH was to augment FAMC. Since FAMC was to close in six months, the mission projections for the 5502d USAH were reduced.

Citizen-soldiers of the 5502d USAH trained during weekend drills and two week annual training periods on the wards at FAMC. They treated patients on the same wards where they would be stationed when mobilized. Their training mirrored the mission they would perform during war. This training program matched the Army's training philosophy: train as you fight.²⁶ However the 5502d USAH was now tasked with a novel mission to provide replacements for those medical practitioners who were deployed to support IFOR. The task was further convoluted because the entire 5502d USAH was not required. Only 368 USAR soldiers were needed to backfill Europe. The catch was that each of the 368 USAR soldiers was to match exactly the skills of those who deployed.²⁷

Exact matches for each replacement were not available from just the 5502d USAH staff. In order to acquire all of the skilled personnel, the pool had to be expanded by

including four additional USAR medical units: 388th Medical Logistics Battalion, 445th Medical Detachment (Veterinary), 883d Medical Company (Combat Stress Control), and the 4005th USAH. Any additional shortfalls in specific skills would come from a pool of Individual Mobilization Augmentees (IMA).²⁸

None of the USAR medical units was activated in total; each was split taking just those soldiers who had the required specialty skills. The reserve soldiers were spread among many sites in Germany, thus the units were dispersed even farther. The only medical unit that concentrated in the same location was a derivative of the 388th Medical Logistics Battalion. The 388th Medical Logistics Battalion replaced active soldiers who were deployed from the United States Army Medical Materiel Center--Europe (USAMMCE).²⁹

The 388th Medical Logistics Battalion was a TOE unit. Its wartime mission was to establish a medical supply activity in any AO. As part of their earlier training, the 388th Medical Logistics Battalion had deployed to USAMMCE and had performed a similar mission. They developed a strong relationship with the USAMMCE staff and understood their role and the organization of forces in Germany.³⁰ The

388th Medical Logistics Battalion was the exception rather than the rule. Most USAR medical personnel were to be 'temporary hires' to fill in for the active duty personnel who deployed forward to Hungary in direct support of IFOR.

Speed was a high priority. CINC EUCOM wanted the reservists deployed to Europe in two weeks just before the holiday season. This timeline was much more rapid than former mobilization plans under CAPSTONE had anticipated. Most mobilization timelines projected that units would deploy in thirty days after activation.³¹ Placing a fourteen day deadline on citizen-soldiers who had civilian obligations was unreasonable for a peacekeeping mission. Medical professionals needed to make arrangements not only with employers, but also with other medical providers to treat their patients while they were absent.

The length of deployment also had a deleterious effect on the medical community. PSRC allowed the citizen-soldiers to be activated for 270 days or nine months. Medical providers who are absent from their practices for nine months face potential catastrophe. Patients might seek care from other practitioners. Partnerships could dissolve because one or more of the partners could not accept the

additional caseload. Hospitals would be forced to seek alternate clinicians. Hospitals typically allow physicians to take six month sabbaticals to advance their education. Therefore, the USARC Surgeon lobbied to reduce the 270 day active duty tour to 140 days for all of the medical personnel.³² Reducing the tour to 140 days brought its length within the normal sabbatical leave range, so the citizen-soldiers' absences would fit better into their employers' personnel plans and procedures.

The shorter tour duration meant that additional rotations of medical soldiers would be required sooner to replace returning personnel. This trade-off was accepted so that the covenant between the reservist and his career and community would not be violated. While the citizen-soldier concept obligates the citizen to wage war in times of emergency, it also concedes that the soldier will return to his career and community as soon as the emergency has passed.

OJE tested the balance between soldier and citizen obligations. These expanding demands challenge today's reserve soldiers. The citizen-soldier concept served our nation well in the past, but has the concept become

unrealistic? Is the legacy of past citizen-soldiers too overwhelming for contemporary society and full spectrum engagements? Is the concept of the citizen-soldier a romantic tradition without foundation in today's environment?

Challenges and Changes

"As the reserve components assume increasing peacetime and wartime responsibility in the Total Force, America is beginning to understand the sacrifices its citizen-soldiers make in the interest of the national defense."³³

Examination of the demands faced by medical Army Reservists during OJE point out three immediate challenges to the citizen-soldier concept: (1) mission fit, (2) high operational tempo (OPTEMPO), and (3) trust.

Mission Fit

Two constructs, roles and missions, are the twin cables carrying the Army's suspension bridge into the 21st Century and beyond. Determination of roles and missions for the citizen-soldiers is the basic first step. It will trigger a chain reaction of changes in: force structure, recruitment,

equipment, and training. Everything, even a basic shift in the citizen-soldier concept, hinges on the determination of roles and missions.

Roles and missions may change the citizen-soldier concept from the traditional savior of the nation in times of major conflict to regular practitioners of engagements across the full spectrum of conflict. As roles and missions shift from preparation for war to providing regular selective engagement support, the citizen-soldier concept passes from romantic tradition to pragmatic exigency.

A lesson from OJE should be enacted--deploy citizen-soldiers as units and not as individuals. Unit integrity has been a guiding principle for the Army, but often "once called up, reserve units have been used as an immediate source of trained junior enlisted replacements and fillers subject to levies by the active Army."³⁴ OJE destroyed the integrity of medical units. Deploying reservists as fillers or 'temporary hires' is both demoralizing and ineffective. OJE provides a clear lesson in comparing the performance of individuals and a derivative unit.

Most of the medical reservists were placed in hospitals and clinics throughout Germany as individual fillers for

deployed soldiers. A derivative of the 388th Medical Logistics Battalion concentrated at one location, USAMMCE. The stark difference between the performances of these two groups demonstrates the benefits of deploying units intact to perform missions. The individuals who were scattered across Germany had a much more difficult time adjusting and performing their mission. The derivative unit concentrated at USAMMCE did an outstanding job.³⁵ Several factors contributed to this result.

The integrity of the unit facilitated adjustment to the new setting. The chain of command that had been established within the unit during training and the sense of camaraderie that developed over time eased the adjustment to active duty. When problems developed the unit members solved them. This process was contrasted by small detachments of individuals being displaced to several sites. The former chain of command and the interpersonal bonds between the citizen-soldiers were ripped apart by separating and dispersing the unit members. As a result the reservists felt abandoned as they were forced into an alien active component culture.

These lessons underscore the importance of fitting the unit to the mission. If backfilling overseas medical clinics is to be a future mission, then units must be structured, trained, and equipped to meet these demands. A detailed examination of where and how citizen-warriors are to be used must accurately anticipate the future Total Force requirements. Likewise, each unit should be tasked with an appropriate mission. A new covenant similar to the old CAPSTONE program needs to be made between the National Command Authorities and its citizen-warriors.

OPTEMPO

Two components of OPTEMPO are frequency of activation and duration of duty. These two factors can be manipulated to regulate OPTEMPO. OPTEMPO can be increased by activating citizen-soldiers more often or by lengthening their tours of duty.

The new demands on the medical reservists in OJE set new expectations for all citizen-soldiers. The trend toward increased OPTEMPO has spawned a more robust PSRC policy. Not only have the legal limitations expanded to allow an increased OPTEMPO, but also the NCA have used their expanded

capability to implement increased OPTEMPO. Increased access brought about by the expanded use of PSRC raised the likelihood that citizen-soldiers would be deployed more often and for a wider range of missions. Activations have become more vigorous over the past seven years. Consequently, citizen-soldiers must be more available to be soldiers while deferring their roles as citizens. Assistant Secretary of Defense for Reserve Affairs Deborah Lee anticipates that the OPTEMPO pace will be one activation every five years.³⁶

The new National Military Strategy of Flexible and Selective Engagement has changed the citizen-soldier concept. The military's reserve components are no longer used to reinforce active forces in times of war. They are full partners in carrying out the energetic level of engagements prompted by the National Military Strategy. Their expanded roles bring new expectations for all reservists.

The nation needs to advise its citizen-warriors that they will be called more often and for a wider variety of missions than ever before. Just as important, the nation needs to advise all of its citizens that its part-time

soldiers will not always remain at home. Communities will lack volunteers; families will miss parents; employers will need to substitute workers. All aspects of our society will be touched by the lively pace needed to support the Flexible and Selective Engagement strategy.

Congress is currently grappling with a program to insure citizen-soldiers against a loss of income while they are mobilized.³⁷ The insurance program is a tangible demonstration of a new covenant between the nation and its reserve forces. As the pace of activation increases, the demands upon reservists increase too. They deserve to be protected from crushing losses that a dynamic operational tempo brings.

The nation is on a new course. It will demand more activity aimed at preventing wars in more regions around the world. Each community will have to carry on its business without its citizen-soldiers for longer periods of time. The nation must support them financially, politically, and psychologically. The price of our security strategy means sacrifice for the entire nation.

Trust

Trust between components of the services is crucial to effective operations. Evidence of limited trust can be found in the deployment of medical Army Reservists for OJE. The unit that was trusted, the 338th Medical Logistics Battalion, had established a professional relationship at USAMMCE. The bulk of backfill soldiers was not trusted at the outset of the deployment because they were unknown to their hosts.

Senior military leaders recognize the need for trust between components. Assistant Secretary of Defense for Reserve Affairs Deborah Lee declared, "Despite recent progress, the Army has the longest way to go in building trust between the active and reserve components."³⁸ General John J. Sheehan, Commander in Chief of United States Atlantic Command, wrote, "We can no longer afford the skepticism that has marked the Active Component (AC) and Reserve Component (RC) relations in the past. The security environment is too complex for any service or component to go it alone."³⁹ Trust is the link that will draw the components into an effective Total Force.

Trust is traditionally defined as the process of assigning groups the responsibility to work on certain tasks. Trust is a thoroughly empirical concept, based on judgments of competence and responsibility. Judgments are made only after extended observations of performance, data collection, and data processing.⁴⁰ Examination of this traditional definition of trust reveals four key dynamics: competence, responsibility, performance, and interaction.

Trust is based on both competence and responsibility. A unit must be competent for others to trust it. The organization must understand its mission and demonstrate its skill in performing clearly defined tasks. The level of skill with which the unit completes the mission indicates its competency. As a unit's competence is established, it will be granted the responsibility to perform its mission for the Total Force. Only when the Total Force has confidence that the unit is competent will it give the unit responsibility for the mission. As long as the unit continues to meet its responsibility with competence, the Total Force trusts it.

Competence and responsibility can only be assessed by observation of performance. Judgments grow from empirical

performance observations. As the Total Force observes the unit display continued competency, trust grows. This system implies that there is interaction between the unit and the Total Force. Only with interaction can performance be accurately judged. Trust sustained by positive interaction propels the force into integration--working as a team.

The OJE experience demonstrated that interaction does build trust and teamwork between components. Prior interaction between the USAMMCE active Army staff and the 388th Medical Logistics Battalion reservists developed trust between these two groups of soldiers. Since each group trusted and respected the other the transition of the reservists into USAMMCE was smooth during OJE.

In contrast, the integration of individual reservists into hospitals and clinic was beset with problems. Two factors hindered their acceptance. First, none of the reservists had performed duty at their assigned sites before OJE. Their competence and level of responsibility were unknown. Second, the reservists were deployed as individuals who were scattered throughout Germany rather than entering as a intact unit. None of the teamwork that they had developed as a unit was brought to the mission.

They were fillers, merely a temporary manpower pool. Yet, trust must be developed for fillers as well. Since both soldiers from fragmented units and IMA's are likely to be activated in the future, methods to develop trust in these soldiers must be implemented.

First, all backfill missions such as BACKBONE must be identified. The extent of backfill requirements must be totally understood. Once the missions are determined, fillers can be earmarked for each specific mission. Then a pool of fillers can be designated. This pool would include IMA's, those soldiers whose primary role is to fill in for others who deploy early or to augment the existing force. If the current IMA force is insufficient, then serious consideration must be given to expanding the IMA pool. Or perhaps, TDA hospitals that have been training for CONUS backfill should be redirected so that they are ready to fill in at hospitals overseas. As CONUS medical treatment facilities close, the TDA hospitals could be realigned to augment overseas hospitals and clinics. The old paradigm of solving the backfill mission by taking an oblique path must be abandoned. If backfill is an appropriate role for the

reserve, then it must be faced squarely and a force be designated to accomplish the mission.

Second, regardless of the source, personnel can build trust by interacting with their gaining command. They should train at the actual sites where they would be deployed when activated. The gaining command will be able to judge their competence and responsibility by their performance. The fillers will become better acquainted with their roles and missions at the specific sites. It will be a win--win situation for the fillers and the gaining command. Trust is a cornerstone in establishing integration of the reserve components in the Total Force.

Conclusions

A new era in world affairs has demanded America's Total Force be more robust. Our National Military Strategy of Flexible and Selective Engagement depends on the Total Force to provide a rapid response across the full spectrum of conflict. New demands face all of our active and reserve soldiers.

Missions and roles for the Total Force must be clearly defined and assigned to each component. Once the roles are established, they must be translated into clear, specific missions for reserve units. If the roles are to require individuals as replacements for active component soldiers, then activate a pool of citizen-soldiers rather than fracture units to obtain individual replacements.

The OPTEMPO will increase to support our National Military Strategy. All of our forces and especially the reserve must anticipate more activations and for longer periods of time. The American people must be willing to support the citizen-soldiers during more frequent absences from the community and the workplace.

Trust must be developed between the components of the Total Force. Regular interaction between active and reserve components is essential to creating trust. Advances in Total Force integration will be based on trust.

All of these changes place new demands upon the citizen-soldiers. They must be more flexible and more available than ever before to meet these demands. The concept of the citizen-soldier has passed from a romantic tradition to a pragmatic exigency.

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