

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Counseling Youth About Military Service Options and Selective Service Registration: An Integral Part of Anticipatory Guidance of Adolescents

Carl E. Stafstrom

Pediatrics 2007;119:1199-1203

DOI: 10.1542/peds.2007-0094

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://www.pediatrics.org/cgi/content/full/119/6/1199>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2007 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Counseling Youth About Military Service Options and Selective Service Registration: An Integral Part of Anticipatory Guidance of Adolescents

Carl E. Stafstrom, MD, PhD

Section of Pediatric Neurology, Departments of Neurology and Pediatrics, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

The author has indicated he has no financial relationships relevant to this article to disclose.

PEDIATRICIANS PLAY A crucial role in counseling adolescents about numerous aspects of health and well-being. Anticipatory guidance for this age group includes discussion of risk-taking behaviors; drug, tobacco, and alcohol use; depression and suicide; sexuality and safe sex practices; family planning and dynamics; eating disorders; and a wide variety of other health and developmentally related topics.¹⁻⁴ Counseling this age group may also include issues related to planning for higher education and future vocation. I propose that anticipatory guidance of adolescents should also include discussion about military service and alternatives, the laws regarding registration (and consequences for failure to register) with the Selective Service System (SSS), and the medical and psychological effects of war. Specific developmental challenges face adolescents who opt for (United States) or are required to participate in (many other countries) military service. By late adolescence, individuals have usually developed the ability to think in abstract terms, plan for their future, and engage in independent life choices,⁵ yet this age group still lacks full psychosocial maturation. Exposure to the demands of military service (absolute conformity and obedience, lack of independence, separation from family, real risk of physical harm) places unique stresses on adolescents in peacetime and even more so during times of war.⁵

The purpose of this commentary is to raise awareness among pediatricians and other providers of adolescent health care about current SSS laws, possible changes to such laws that could occur at any time, and options available to adolescents who, by reason of conscience, choose not to participate in military service or perhaps even register with the SSS. To my knowledge, this topic is rarely if ever discussed in the context of anticipatory

guidance of adolescents facing educational and career choices, and extensive search of the literature failed to reveal any references on this topic. Providing adolescents with up-to-date information about SSS requirements will allow them to make an informed decision about registration according to their personal beliefs. Although my suggestion, to add discussion of military service issues to anticipatory guidance, requires additional time and effort on the part of health care providers, the timeliness and importance of this information cannot be understated.

WHAT IS THE SSS?

The SSS is a US government agency charged with organizing a draft should one be remanded by the President and authorized by Congress. The current task of the SSS is to maintain an updated registry of men aged 18 to 25 years, from which men can be drafted to supplement the current all-volunteer armed forces.⁶ In the most recent draft, during the Vietnam War, young men were conscripted according to a lottery on the basis of their birth date; after medical screening, each man reported to his local Selective Service board ("draft board"). Each municipality maintains a draft board. In the case of an active draft, the local draft board is responsible for classifying SSS registrants as to their eligibility and suitability for

Opinions expressed in these commentaries are those of the authors and not necessarily those of the American Academy of Pediatrics or its Committees.

www.pediatrics.org/cgi/doi/10.1542/peds.2007-0094

doi:10.1542/peds.2007-0094

Accepted for publication Feb 12, 2007

Address correspondence to Carl E. Stafstrom, MD, PhD, Department of Neurology, H6-528, University of Wisconsin, 600 Highland Ave, Madison, WI 53792. E-mail: stafstrom@neurology.wisc.edu
 PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275). Copyright © 2007 by the American Academy of Pediatrics

military service and deciding whether the individual qualifies for exemption, postponement, or deferment of military service (see www.sss.gov). Today, draft boards still exist but operate on standby status only, because there is no active draft. However, draft board members still prepare for the possibility of a new draft with annual training sessions.⁷

WHAT IS THE CURRENT SELECTIVE SERVICE LAW?

There has not been a draft since 1973, but the law still requires every man living in the United States to register with the SSS within 30 days of his 18th birthday. Ironically, even illegal immigrants (other than those admitted on immigrant visas) are required by law to register with the SSS. Registration is accomplished by filling out a card that will arrive in the mail to some eligible men; the form is also available at any post office or online (at www.sss.gov). The SSS keeps registrant information in a database so that, should a draft be called, there is a pool of individuals readily available (currently estimated at 16 million men). Repercussions for failing to register with the SSS could include a \$250 000 fine and/or a jail term of up to 5 years. It is important to note that there have been no prosecutions for failure to register with the SSS since 1985. However, 41 states and Washington, DC have laws that deny obtaining (or renewing) a driver's license and state loans for postsecondary education to individuals who fail to register with the SSS. Nonregistrants are also ineligible for federal jobs (such as the Forest Service), federal student aid, and federal job training. A small number of colleges, especially those affiliated with the 3 "historic peace churches" (Quakers, Mennonites, Brethren), provide financial assistance to SSS nonregistrants.

WILL THERE BE ANOTHER DRAFT?

The question of whether a draft will be reinstated to supply personnel for the US military remains a matter of conjecture. There is little public support for conscription,⁸ and the military favors the current all-volunteer armed services. Many pundits believe that it would be impossible, politically, to reinstate such an unpopular policy. President George W. Bush and members of his administration have stated on several occasions that the current professional armed forces is effective and that they have no plans to reinstitute a draft^{9,10} despite the call for an imminent increase in troop strength.¹¹ Official statements notwithstanding, administration and Pentagon officials are leaving open the possibility of a draft,¹⁰ and the secretary of Veterans Affairs recently supported a draft in public statements.¹² Some form of conscription may well occur as the personnel needs of the military services grow ever more pressing in light of current and anticipated US military operations.¹³ Pediatricians need to be informed about these developments to counsel their patients appropriately.

IF THERE IS ANOTHER DRAFT, WHAT WILL IT LOOK LIKE?

At this point, there is only speculation as to what form a new draft would take. The most expeditious plan would be to restart the old draft system, for which an infrastructure already exists and for which young men are already cataloged in a database. Another possibility, in a less urgent setting, is that a new draft will look very different from past ones. A revised draft may be cloaked in language such as "universal" or "mandatory" national service, with military participation comprising but one option. In a new draft, several modifications may be enacted. First, the age of eligibility will likely be extended to the mid-30s or even mid-40s. Second, specific occupations will probably be targeted. At present, SSS registrants are not required to inform the agency about their profession or skills. However, with an increasing need for personnel with specialized skills (eg, persons who are fluent in certain languages, computer specialists, medical personnel including physicians), some form of targeted conscription is likely. In light of the moral ambiguities¹⁴ and lack of financial incentives involved in participating in the military, health care workers in particular have been increasingly reluctant to enlist.¹⁵ Third, women may well be included along with men, so both young women and young men need to become aware of their options.¹⁶

There have already been attempts to reinstate conscription. Representative Charles Rangel (Democrat, New York) has introduced a new draft bill during each recent session of Congress. He states that his intent is to raise awareness of the inherent injustice of the current volunteer system, which draws a preponderance of individuals from lower socioeconomic groups and persons of color. The most recent bill, House Resolution 163 (Universal National Service Act of 2003), was soundly defeated in the US House of Representatives (by a vote of 402 to 2) 1 month before the 2004 presidential election. Representative Rangel recently reintroduced the bill (House Resolution 4752) with a similar provision: that all persons 18 to 26 years old (male and female) in the United States perform 2 years of military service or other service to the country "in furtherance of the national defense and homeland security, and for other purposes." He publicly acknowledges that the bill has little chance of passing but insists that it will raise awareness of the disparity of race and class between military recruits and the general population. A similar bill (Senate 89) languishes in the Senate, where it has been referred back to the Committee on Armed Services.

ALTERNATIVE OPTIONS TO CONSCRIPTION: CONSCIENTIOUS OBJECTION

One aspect of a new draft that has received little mention in governmental announcements is that of conscientious objection. The option to choose noncombatant or alternative service was an integral part of past drafts in our

country. In the most recent draft, during the Vietnam War, men granted conscientious objector (CO) status were assigned to a variety of alternative public service projects within the United States, including work in mental health facilities, on public service projects, or as forest fire fighters.

According to the official SSS Web site, a CO is defined as “one who is opposed to serving in the armed forces and/or bearing arms on the grounds of moral or religious principles” (see www.sss.gov). The historic peace churches have been most prominently associated with conscientious objection, because the tenets of those religious denominations forbid killing. However, at least in past drafts, it was not necessary to belong to one of these churches or to any religious group or even to profess a religious belief, to qualify for CO status. To qualify for CO status, a person needs only to demonstrate a sincere belief in the immorality of killing in any war (not just a political objection to a certain war). Ultimately, the decision as to whether an individual met the criteria for conscientious objection was made by his local draft board.

HOW TO ESTABLISH CO STATUS

Choosing to become a CO is obviously a complex decision for each individual, but adolescents should be informed that this option exists, and they should be provided with information on how to establish CO status. There is currently no legal process for applying for CO status when registering with the SSS (ie, there is no “check box” on the SSS enrollment form). Nevertheless, it is strongly recommended that interested individuals compile a portfolio that documents their beliefs. Detailed information about how to identify oneself as a CO and how to gather appropriate supportive materials into a portfolio can be obtained through the Web sites of the above-mentioned peace churches (www.afsc.org/youthmil/conscientious-objection, www.mcc.org/us/co, www.brethren.org/genbd/witness/ConscientiousObjection/LeadersPacket.htm) or from the Center for Conscience and War, a national clearinghouse for up-to-date information about the draft and SSS registration (www.centeron-conscience.org).

In past drafts, and probably in future ones, 3 questions must be addressed (and ultimately defended in written and verbal form) by an individual who is pursuing CO status. To paraphrase SSS Form 22(1): Describe the beliefs that are the basis for your claim as a CO. If appropriate, state whether those beliefs would permit you to serve in a noncombatant position in the armed forces or pay taxes for war. (2) Describe how your beliefs developed. (3) Describe how your beliefs affect the way you live your life and the type of work you do or plan to do.

Interested youth should prepare a dossier with responses to these questions and gather other relevant information, including any evidence of participation in peace-promoting activities, educational sessions, readings, or other materials that influenced their beliefs. In addition, a prospective CO should obtain letters of support from at least 3 individuals who can attest to the sincerity of the applicant’s beliefs; it is recommended that one of these letters be written by someone who does not necessarily agree with the applicant’s viewpoint but who can vouch for his or her sincerity (a pediatrician might well serve in this capacity). Interested adolescents should prepare these statements and materials now, because the time available to “prove” CO status may be as little as 10 days if a draft is enacted (see www.sss.gov).

PROVIDING INFORMATION ABOUT THE HEALTH RISKS OF COMBAT AND OPTIONS FOR SERVICE: THE ROLE OF THE PEDIATRICIAN

As physicians, and pediatricians in particular, we place high priority on sustaining life and improving its quality. In accordance with the life-affirming spirit of our profession, young people should be informed of alternatives to military service. Although our political and religious views span a wide spectrum, we need to acknowledge that military service is not necessarily synonymous with patriotism and that serving one’s country can be accomplished in many other ways than participation in the armed forces. Few adolescents are aware of available options, and misinformation abounds about what enlistment in the military entails (Table 1). The active presence of military recruiters in communities, schools, and homes necessitates that young people be provided a balanced viewpoint. Rule-bending and ethically questionable tactics used by some recruiters, especially with the increasing pressure to meet enlistment quotas, have been amply documented^{17–19} and acknowledged by the hierarchy of the military services. For example, to allay further abuses of enlistment protocols, in May 2005 the US Army temporarily suspended recruiting efforts to retrain personnel in ethical recruiting practices.²⁰

As part of the No Child Left Behind Act of 2001, military recruiters have access to the names, addresses, and telephone numbers of every high school student. To continue to qualify for federal aid, schools are required to supply this information to military recruiters unless the parent specifically “opts out” by signing a special form. Schools are now required to supply this opt-out form to families under the Family Educational Rights and Privacy Act. Additional information is available at www.leavemychildalone.org.

Pediatricians can provide important information to adolescents about the potential for developing posttraumatic stress disorder (PTSD).²¹ PTSD and other mental health problems have affected 18% to 30% of Vietnam War veterans²² and have a current prevalence of almost

TABLE 1 Information for Adolescents: Points to Consider Before Signing a Military Enlistment Agreement

Before deciding to enlist in the military, consider your moral feelings about going to war.
Talk to recent veterans about their experience in the military.
Take along a parent or friend when visiting a recruiter.
Understand that recruiters will emphasize the benefits of military enlistment, not the risks and dangers.
Do not make a hasty decision by enlisting at the first visit to a recruiter. Take time to consider your options. Make sure that all of your questions are answered.
Get all of the recruiter's promises in writing, but remember that the military can change the terms (such as pay, job assignment, or benefits) at any time. There are no job guarantees in the military.
Never give false information to a recruiter. Be honest about health problems, police records, and school records.
Get a copy of the enlistment agreement.
There is no "period of adjustment" during which you can request and receive an immediate discharge.
Military personnel cannot exercise all of the civil liberties enjoyed by civilians.
In addition to risks to physical health and well-being, exposure to combat situations markedly increases the risk of PTSD, which can affect lifelong psychological adjustment and function.
Many nonmilitary opportunities exist to serve the community, nation, and world. Joining the military is not the only way to express one's patriotism.

17% among Iraq war combat veterans.^{23,24} The US government has acknowledged the magnitude of this problem and has commissioned numerous studies to detect and intervene in PTSD and other mental health problems among military personnel.²⁵ Although every military recruit understands that he or she could incur physical injury or die, the frequent chronic psychological scars of PTSD are less well appreciated by young adults. Lifelong effects of PTSD occur even without physical trauma.²⁶ Psychological consequences of PTSD can include frequent reliving of traumatic experiences, nightmares, flashbacks, avoidance of any reminders of the trauma (often leading to self-imposed isolation), anxiety symptoms, depression, substance abuse, poor concentration, inability to maintain healthy interpersonal relationships, and long-term social-adjustment difficulties such as significantly lower rates of employment, marriage, and educational attainment. It would be a disservice to adolescents who are about to enlist in the military not to make them aware of PTSD and its consequences.

CONCLUSIONS

Pediatricians and other health care professionals who are involved in the care of adolescents should familiarize themselves with and keep informed about existing laws regarding SSS registration. Such laws may change any day. Indeed, if a draft is called, we need to be aware of the details and be ready to advise adolescents appropriately. Dissemination of such information may take several forms, including personal discussions with youth, participation in local forums and workshops about career options, or developing information brochures for distribution in medical offices and clinics. Information and resources can also be obtained through the Center on Conscience and War and other Web sites as noted above. A new draft might contain provisions markedly different from previous regulations, but in the meantime, it is our responsibility to provide our young patients with the opportunity to choose to follow their conscience in whichever direction it leads them.

REFERENCES

1. Joffe A, Radius SM. Health counseling of adolescents. *Pediatr Rev.* 1991;12:344-351
2. Elster AB, Marcell AV. Health care of adolescent males: overview, rationale, and recommendations. *Adolesc Med.* 2003;14:525-540, v
3. Marcell AV, Monasterio EB. Providing anticipatory guidance and counseling to the adolescent male. *Adolesc Med.* 2003;14:565-582, v-vi
4. Hardoff D, Halevy A. Health perspectives regarding adolescents in military service. *Curr Opin Pediatr.* 2006;18:371-375
5. Richmond TK, Freed GL, Clark SJ, et al. Guidelines for adolescent well care: is there a consensus? *Curr Opin Pediatr.* 2006;18:365-370
6. Cave D. Age 16 to 25? The Pentagon has your number, and more. *New York Times.* June 24, 2005:A18
7. Draft boards still train. *Richmond Post Dispatch* [Richmond, VA]. April 21, 2006:A9
8. Lester W. Poll: most people oppose draft. *Wisconsin State Journal.* June 25, 2005:A3
9. Hulse C. Military draft? Official denials leave skeptics. *New York Times.* July 1, 2004:A1
10. Davenport C. Draft fears persist despite government's assurances. *Capital Times* [Madison, WI]. June 3, 2005:A1
11. Barnes JE, Spiegel P. Army wants you, but not in a draft. *Capital Times* [Madison, WI]. December 25, 2006:A1
12. Colangelo L, Sisk R. VA boss likes draft: till White House blows it off. *New York Daily News.* December 22, 2006
13. Baldor LC. Official: more troops to deploy to Iraq. January 9, 2007. Available at: <http://news.netscape.com/story/2007/01/09/official-more-troops-to-deploy-to-iraq>. Accessed March 6, 2007
14. Bloche MG, Marks JH. When doctors go to war. *N Engl J Med.* 2005;352:3-6
15. Gawande A. Casualties of war: military care for the wounded from Iraq and Afghanistan. *N Engl J Med.* 2004;351:2471-2475
16. Rosenberg E. Selective Service eyes women's draft. *Seattle Post-Intelligencer.* May 1, 2004:A3
17. Cave D. Growing problem for military recruiters: parents. *New York Times.* June 3, 2005:A1
18. Cave D. Army recruiters say they feel pressure to bend rules. *New York Times.* May 3, 2005:A17
19. Cave D, Shanker T. With bigger army, a bigger task for recruiters. *New York Times.* December 24, 2006:A1
20. Cave D. Army to spend day retraining recruiters. *New York Times.* May 12, 2005:A24
21. Friedman MJ. Posttraumatic stress disorder among military

- returnees from Afghanistan and Iraq. *Am J Psychiatr.* 2006;163:586–593
22. Dohrenwend BP, Turner JB, Turse NA, Adams BG, Koenen KC, Marshall R. The psychological risks of Vietnam for U.S. veterans: a revisit with new data and methods. *Science.* 2006;313:979–982
23. Hoge CW, Auchterlonie JL, Milliken CS. Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA.* 2006;295:1023–1032
24. Hoge CW, Terhakopian A, Castro CA, Messer SC, Engel CC. Association of posttraumatic stress disorder with somatic symptoms, health care visits, and absenteeism among Iraq war veterans. *Am J Psychiatr.* 2007;164:150–153
25. Miller G. Widening the attack on combat-related mental health problems. *Science.* 2006;313:908–909
26. Vieweg WVR, Julius DA, Fernandez A, Beatty-Brooks M, Hettema JM, Pandurangi AK. Posttraumatic stress disorder: clinical features, pathophysiology, and treatment. *Am J Med.* 2006;119:383–390

DENIAL MANAGEMENT: FIGHTS OVER HEALTH CLAIMS SPAWN A NEW ARMS RACE—INSURERS AND DOCTORS ARE SPENDING BILLIONS

“Boston-based Athenahealth Inc [is] one of the biggest of hundreds of companies in a lucrative niche: helping doctors wring payments from health plans. Athenahealth’s software flagged and corrected the complex coding for thousands of claims, preventing them from getting hung up in insurers’ Byzantine rules. . . . ‘The insurers out-code us, they out-smart us and they have more manpower,’ says Shari Reynolds, the administrator at Paluxy Valley, which pays Athenahealth a little over 3% of the \$2.5 million it collects annually from insurers. ‘Now at least we have a fighting chance.’ . . . Doctors increasingly complain that the insurance industry uses complex, opaque claims systems to confound their efforts to get paid fairly for their work. Insurers say their systems are designed to counter unnecessary charges and help keep down soaring health-care costs. Like many tug-of-wars over the health-care money pot, the tension has spawned a booming industry of intermediaries. . . . It’s called ‘denial management.’ Doctors, clinics and hospitals are investing in software systems costing them each hundreds of thousands of dollars to help them navigate insurers’ systems and head off denials. . . . The battle is costing medical providers and insurers around \$20 billion—about \$10 billion for each side—in unnecessary administrative expenses, according to a 2004 report by the Center for Information Leadership, a non-profit health technology research group based in Boston. Some companies are profiting from arming both sides.”

Fuhrmans V. *Wall Street Journal.* February 14, 2007

Noted by JFL, MD

Counseling Youth About Military Service Options and Selective Service Registration: An Integral Part of Anticipatory Guidance of Adolescents

Carl E. Stafstrom

Pediatrics 2007;119;1199-1203

DOI: 10.1542/peds.2007-0094

Updated Information & Services	including high-resolution figures, can be found at: http://www.pediatrics.org/cgi/content/full/119/6/1199
References	This article cites 13 articles, 8 of which you can access for free at: http://www.pediatrics.org/cgi/content/full/119/6/1199#BIBL
Citations	This article has been cited by 4 HighWire-hosted articles: http://www.pediatrics.org/cgi/content/full/119/6/1199#otherarticles
Post-Publication Peer Reviews (P³Rs)	3 P ³ Rs have been posted to this article: http://www.pediatrics.org/cgi/eletters/119/6/1199
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Office Practice http://www.pediatrics.org/cgi/collection/office_practice
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.pediatrics.org/misc/Permissions.shtml
Reprints	Information about ordering reprints can be found online: http://www.pediatrics.org/misc/reprints.shtml

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

