



Image used with the permission of Mr. Dave Granlund.

Unfit to Fight

Commander David J. Hanley
United States Navy

As I sit here at the age of 87 and ponder my naval career, I find myself bemused and saddened by the current state of affairs. It was an unexpected quandary. My 24-year career with the U.S. Navy offered me a life I never imagined. But two years ago, on my grandson's eighteenth birthday, I explained his options to him as he considered embarking on a military career. He was perplexed by my comments, assuming I would be more "gung-ho" for him to join. I found myself reluctant to be truthful but felt it was my duty to explain that our national security was diminished because we failed to build a culture that cultivates and leads to adequate health and physical fitness for our nation's citizens.

I can only imagine what my grandson was thinking. He looked at me bewildered, as I tried to prepare him for a military landscape vastly different from what I had experienced. Our family never made arbitrary decisions; we prided ourselves on making informed decisions from qualitative and quantitative information even if it meant listening to me belabor a point. I proceeded to share what I found troubling.

The increasing weight and obesity epidemic of the United States was discussed when I was a young officer. *Too Fat to Fight, Retired Military Leaders Want Junk Food Out of America's Schools* was one report that stood out in my mind.¹ The report depicted General Hershey's 1946 Congressional testimony to pass the National School Lunch Act as a way to promote health and physical fitness for the future defense of our country.² According to the testimony, 40 percent of the recruiting pool had health related issues due to undernourishment.³ The concern at the time was opposite of today, in the year 2050, in which all Americans are considered overweight by 2008 standards. I can't believe we have a virtually non-existent civilian recruitment pool due to increased weight. Our only hope of maintaining a standing military force was through a federally mandated military education system. This voluntary Kindergarten through 12th grade (K-12) program is the only school the federal government can regulate with regards to the diet and physical fitness of students and potential military members. Multiple lawsuits drove civilian schools to discard guidelines or rules that could affect the health of children, even if the laws were meant to assist them. The courts determined Americans' civil rights were violated when school lunch programs limited the menu to only healthy meals and mandated gym classes.

My grandson entered the K-12 program for future military members when he was 6 years old. Although my son and daughter in-law did this mainly because of the health benefits, they realized this placed him in the only school system in the country that allowed physical education. At the time of his enrollment, he did not need to commit to the military until he was 15 years old, by which time the "fitness lifestyle" was imbedded in him. Soon after his parents entered him into the school system, the military commitment age was lowered to 12. Fortunately, my grandson was grandfathered under the old clause. The change occurred because various studies determined that lowering the age to a point where children still had grand ideas of valor on the battlefield provided a larger group of "military-ready" men and women. Studies showed that teenagers were less inclined to commit to the military. My grandson astutely made the connection that he could still join the military if he kept himself in good shape even if he did not commit at the age of 15, but he would have to finish his studies in a public school system. They would take him as a "Special Non-Military Educated Select Entry."

The problem for the country was that only 0.047 percent of the current population was eligible for service based on their weight and fitness level. Coupled with other factors such as criminal records and high school dropouts, this left virtually all civilian school students unable to serve in combat roles. This serious threat to our national security was of our own making. In 2008, the Centers for Disease Control and Prevention (CDC) placed the overweight and obesity epidemic at 66 percent; by 2030 it hit a staggering 86 percent.⁴ During the time between 2020 and 2030, a massive amount of military equipment and machinery had to be reconfigured, overhauled, or just discarded. Examples of changes that cost the country billions of dollars included ejection seats that could not "push" the pilot out of the aircraft adequately, larger and stronger canopies for parachutes, additional helicopters because fewer people fit into them, and wider navy ship doors, hatches, and scuttles because sailors were increasingly getting stuck in the openings. The list of what had to be thrown out or modified was long and continued to grow with each passing year.

Weight waivers are now the norm for older military members due to their age and association of living more on the economy than younger military members. These older military personnel are in a status called "active, but no longer ready for battle." This category was created after several older non-commissioned officers and commissioned officers died of obesity related complications while forward deployed. The US military sent "combat ready" forces to assist during the Canadian war with terrorists who attempted to seize Canada's water reservoirs and vast forests. Unfortunately, adapting to the cold,

carrying extra body weight, and traversing rugged terrain proved too much for 30 of our military members. All 30 were removed from their forward deployed station due to conditions related to physical fitness; 10 did not survive the trip back to hospitals in the United States.

My grandson knew of this tragedy and understood it could have been prevented. Due to his upbringing, he could see how cultivating a healthy lifestyle had its advantages. Additionally, because he was educated in the K-12 military program until just before his 15th birthday, he was taught that a healthy US population would increase national security and national productivity through a strong military and decreased absenteeism in the work place and would curtail long and short term health care costs. He also understood that the monetary savings could be utilized in other areas of the federal budget, further adding to an increase in national security. He asked, "Why didn't we stop this trend? Didn't we see it coming?" This lack of preparedness greatly affected my grandson; he lost an older schoolmate, friend, and mentor from his time in the K-12 program, during a battle in the Canadian Rockies. His friend's death resulted from a fellow soldier's inability to lift and carry him to safety.

I explained that research in the mid-1990s was already showing what we suspected: people were suffering greatly from the extra weight they were carrying. Obesity related diseases such as diabetes, heart disease, metabolic syndrome, hypertension, dyslipidemia, polycystic ovary syndrome, and reproduction/sexuality disorders had become common among the population.⁵ Furthermore, our citizens were surrounded by factors that kept them from leading healthy lifestyles. Almost every school decided to get rid of gym classes due to federal and state budget cuts, and school lunch menus included unhealthy selections such as sugary sodas and energy drinks with no nutritional value. Fresh produce became expensive, neighborhood planners no longer constructed sidewalks, and unhealthy food choices were marketed to all ages. Parents were often in worse shape than their children, so overweight and obese role models became the paradigm. Overprotective parents no longer allowed their children to play outside because of violence, drugs, and kidnappings. The entire US population chose the safety of the protected indoors while enjoying video games and computer activities.⁶ In short, fear and technology were killing us.

The technological and economic boom of the mid-1990s also affected the military establishment. From 2008 onward, veterans with disabilities became overweight and eventually obese after their return from overseas tours and conflicts. Retiring military veterans who no longer required physical training assessments experienced a drastic spike in problems related to obesity. Carrying all that extra weight was like adding 20 years of age and led to additional health problems including sleep apnea, stroke, depression, dementia, certain cancers, neurological disorders, asthma, and risky pregnancies.⁷ The veteran's healthcare system virtually imploded. Citizens felt a moral obligation to take care of its returning veterans, but as a larger portion of the Department of Defense (DoD) budget went to health care, the population became disillusioned and angry. Sadly, the one thing that helped with rising healthcare costs was decreased life expectancy, which had decreased for the last two generations.

I explained to my grandson, hoping I did not sound like a cynical old man, that unfortunately, we decided to change the rules. In 1998, the U.S. definition of an overweight Body Mass Index (BMI) score was lowered from an index of 27.8 to a BMI of 25, which placed 25 million Americans in the overweight category.⁸ This was the correct course to take. However, in 2030 it was reversed back due to high insurance premiums and pressure from U.S. citizens. This lowered insurance premiums as 50 million Americans suddenly found themselves in the healthy category. This had the effect of "qualifying" people as not overweight; however, these people still had all the physical problems of being overweight. I believe the reason my grandson wanted to be part of the military was because he felt he did not fit in

with the civilian population. Unfortunately, if he joined the military he may have a difficult time fitting in there as well. His parents home-schooled him after he left the military elementary school at age 14, at a rural farm in Oregon. I tried to explain to him that because of the conservative nature of the military's education system, his more liberal upbringing might be a disadvantage to his assimilation into the military environment. As usual he was undeterred—he is, after all, my grandson.

I still remember a recruiting report placed on my desk in 2008 explaining why we were having such a difficult time getting military members into the service, when so many seemed to want to serve. I wrote in my daily journal statistics that estimated 27 percent of Americans in the 17 to 24 year old category were too heavy to join the military.⁹ The CDC estimated 42 percent of 18 to 24 year old adults were overweight or obese.¹⁰ However, the higher BMI enlarged the recruiting pool by 15 percent. A follow-up of the long-term consequences showed an enormous strain on the military medical system during tours of active duty. The DoD spent approximately 2.1 billion dollars per year for medical care associated with tobacco use, excess weight, obesity and high alcohol consumption, with excess weight and obesity accounting for over half this amount. Furthermore, the DoD incurred another 965 million dollars per year for non-medical costs related to tobacco, obesity and high alcohol consumption.¹¹

The obesity epidemic was not the only softening of our future military personnel. Maybe the worst transgression was that “real-life” hands-on, vigorous training was substituted with virtual reality training to save money. This gave the illusion that physical fitness was not an important part of military preparedness; no one was ever tested prior to combat. It all started innocently enough, with simulators used in aviation, a very cost effective way to train young men and women without endangering them and expensive aircraft. It made sense to do this with other programs such as high-speed watercraft; however, this new generation of training was fast becoming the norm. By 2035 almost all military training was taking place indoors, and no one noticed the effect on our warriors.

Our enemies also saw what was happening to our country and started attacking our vulnerabilities. They used geography to draw our ground troops from their mechanized vehicles in any way possible. The enemy easily out-sprinted us to their well-concealed bases of operation and melted back into the civilian population. Our troops became large, obvious targets because it was impossible for them to blend in with the local population due to their physical size.

The Air Force and Navy were the first to regularly grant weight waivers due to the more technical nature of many jobs. The detrimental effects of this policy became clear for the Navy when a fire on the U.S.S. *Sail-Forward* occurred and no one could lift or carry the equipment to fight the fire in the main engine room. The total cost was 67 million dollars in damage, but more importantly, 120 lives were lost. Luckily, the ship took in enough water to eventually put out the flames. The Air Force experienced nearly the same fate when the *Future Strategic Tanker Aircraft* crash landed in the mountains. By all accounts this should have been a survivable situation; however, every airman died, unable to remember their virtual reality survival training and being in too poor physical condition to navigate the terrain.

What the nation didn't understand was the simple fact that relatively small investments in school lunch programs, gymnasiums, family friendly neighborhoods in close proximity to stores, bike lanes, shower and locker facilities at public and private places of work, and the development of playgrounds in neighborhoods would pay an extraordinary return on investment in the country's health care program. As technology engulfed our every activity, any reason to remain physically active disappeared. My grandson noted that he saw active people who seemed relatively healthy. They

participated in athletics and got around reasonably well. He asked “Weren’t these people physically ready to join the military?” I explained that you could be “healthy” enough for the general day-to-day living, but the military environment was quite different.

Our society’s downfall was denial of the actual problem at hand. We told ourselves that you could be overweight but still fit. This was an attractive idea because 90 percent of our citizens, who tried to lose weight and keep it off, failed. When the military bought into this idea, it didn’t matter if we could scientifically and socially justify a person’s health and fitness status; the fact was our soldiers, sailors, airmen and marines could not perform the tasks as well as our enemy and it was costing lives! This, of course, was my concern regarding my grandson, and historical data supported my thesis. A study in 2002 found that men aged 20 to 74 in the U.S. weighed 191 pounds on average compared to 166.3 pounds in 1960.¹² However, men in Iran weighed just 156 pounds in the early 21st century.¹³

There were other offshoots of the obesity problem that we never anticipated. With the advent of special schools for potential military members and the new elite-warrior status due to physical prowess, the teamwork that used to occur between the military, government, and citizens became non-existent. The new military elite had an effect on Dr. Schiff’s Concordance theory, a learning point I remembered from my Naval War College days.¹⁴ The military, for instance, was often in disagreement with politicians and citizens because of the K-12 military school system. Additionally, senior military leaders did not know how to interact with their civilian counterparts due to rare attendance at senior-level war colleges. In the past, military members had been instrumental in developing US national strategy and policy; however, they now lacked that skill due to a reprioritization of funding to the military medical care system. The military culture was at odds with the government and the citizens.

Another example was the effect of purging liberal arts curricula in the K-12 military school system. Because this only affected a very small minority, the deletion of curricula went unnoticed. It was not until those graduates became one, two, and three-star generals and admirals and became more involved with strategic planning that the government, citizens, and military noticed the inability to work with one another. From what I recall, there were four indicators of Concordance theory that needed to be in agreement for domestic-military intervention. However, the social make-up of officers, recruitment of our armed forces, policy-decision making, and military style were all in disagreement!¹⁵ I fear that our worst-case scenario, a possible military coup d’état, may not be too far off.

The military eventually started using a new system to identify certain specialties. The methods copied and improved upon were those used to track the process of young athletes for professional sports. The military caught on to this very quickly and implemented the process, identifying potential K-12 military students with given skill sets. Boys and girls with an affinity for water were streamlined toward elementary school SEAL training; boys and girls with eyesight in the 95 percentile were streamlined towards elementary school sniper training; and those with an aptitude for spatial awareness and acuity were geared towards elementary school aviation. Eventually, instead of picking their specialty at the normal age of 18, military students knew their active duty specialty by the time they reached thirteen. Here crept in another off-shoot we did not anticipate: our military members were not intellectually well rounded. Coupled with the elimination of senior service schools, military members were increasingly isolated from society, and most preferred it that way. They considered themselves above the citizenry and became an elite group unwilling to listen to opinions outside of their own.

So it was with great sadness I advised my grandson against joining the military. Although I believed he would have been a terrific asset to any branch of the US armed forces, I realized he was

caught between two worlds. My son and daughter-in-law did not do this to him intentionally; they just wanted him to be happy. However, when they decided to abide by his wishes and let him leave the K-12 military program, he became one of the few US citizens with the physical presence only the K-12 program could provide, but with the liberal thinking that would be strange in the “new” military of 2050. In the end, I wish I had come up with a better solution. Feeling he would not fit in anywhere, he opted for the French Foreign Legion. It has been two years since I last saw my grandson. I miss him, and I miss the country of my youth.

¹ Too Fat to Fight. Retired Military Leaders Want Junk Food Out of America’s School: Washington, DC: Mission: Readiness, Military Leaders for Kids, 2010.

² Ibid.

³ Ibid.

⁴ Childs, Dan. “Study Predicts Obesity Apocalypse by 2030,” ABC News, 2 August 2008, <http://abcnews.go.com/print?id=5499878> (accessed 4 May 2011).

⁵ ObesityinAmerica.org, “Understanding Obesity - The Endocrine Society,” <http://www.obesityinamerica.org/understandingObesity/diseases.cfm> (accessed 23 May 2011).

⁶ Childs, 2008.

⁷ Becky Andrus, MyInnerHealthOuterBeauty.com, “Obesity Statistics – The Scary Facts That We Can’t Ignore,” <http://www.myinnerhealthouterbeauty.com/2010/09/26/obesity-statistics-the-scary-facts-that-we> (accessed 23 May 2011).

⁸ Elizabeth Cohen and Anne McDermott, “Who’s fat? New definition adopted,” CNN Interactive, 17 June, 1998, <http://www.cnn.com/HEALTH/9806/17/weight.guidlines/> (accessed 24 May 2011).

⁹ Too Fat To Fight, 5.

¹⁰ K.M. Flega, M.D. Carroll, C.L. Ogden, and L.R. Curtin, “Prevalence and Trends In Obesity Among US Adults, 1999-2008,” *Journal of the American Medical Association*, 303(3), 2010: 235-241.

¹¹ T.M. Dall, Y. Zhang, Y.J. Chen, R.C. Wagner, P.F. Hogan, N.K. Fagan, et al., “Cost Associated with Being Overweight and with Obesity, High Alcohol Consumption, and Tobacco Use within the Military Health System’s TRICARE Prime-Enrolled Population,” *American Journal of Health Promotion*, 22(2) 2007: 120-139.

¹² Robert Longley, “Americans Getting Taller, Bigger, Fatter, Says CDC,” About.com US Government Info. <http://usgovinfo.about.com/od/healthcare/a/tallbutfat.htm/> (accessed 23 May 2011).

¹³ Mohsen Janghorbani, Amini Masoud, Walter C. Willett, Mohammad M. Gouya, Alireza Delavari, Siamak Alikhani, and Alireza Mahdavi, “First Nationwide Survey of Prevalence of Overweight, Underweight, and Abdominal Obesity in Iranian Adults,” *Obesity* Vol. 15 No. 11 (November 2007): 2797-2808.

¹⁴ Rebecca Schiff, “Civil Military Relations Reconsidered: A Theory of Concordance,” *SAGE Journals* 22 (1), 1995: 17-24.

¹⁵ Ibid.