

# Washington



By Norm Dettlaff, Las Cruces Sun-News via AP

**At attention:** Martez Maye, front, a New Mexico University ROTC cadet, salutes with other cadets in 1999 at a retirement ceremony.

## Services strive for ways to increase students' participation in ROTC

By Andrea Stone  
USA TODAY

WASHINGTON — Almost a decade after the Cold War's end, the prospect of a major conflict has dimmed, as has the military's appeal to a generation of potential officers.

College students sense no imminent threat to national security "that would cause them to make the sacrifices that military service demands," says Edwin Dorn, a former Pentagon official and now a dean at the University of Texas-Austin, which has struggled to meet Reserve Officer Training Corps (ROTC) goals. "Delivering food to starving Somalis or serving as a buffer between warring Bosnians does not have the same cachet as defending the free world from communism," Dorn says.

Ralph Peters, a former Army officer and military analyst, says, "The services have not figured out how to make a military career look attractive in this economic and cultural environment."

University of Texas graduates with engineering degrees can expect to earn about \$50,000 immediately while computer degrees can bring at least \$60,000 and stock options to new graduates, Dorn says. A new Army second lieutenant earns about \$32,000 in pay, housing and food allowances.

The problem extends beyond the lure of the booming civilian job market. Nearly three decades after the draft ended, military service

has become remote to most Americans. Many college students can't name a parent or even grandparent who served in the military. Many current parents came of age during the Vietnam War, when campus ROTC buildings were set ablaze.

Pentagon surveys show 2.3% of college students say they would consider ROTC; 5.5% said so a decade ago. Many say they don't know about ROTC, which combines military courses, drills and summer training with military units. Graduates agree to serve up to four years on active duty or in the Reserves.

As the military was downsized in the 1990s, dozens of ROTC programs closed. In 1990, the Army had 416 ROTC units nationwide; today, it has 270. "We cut back too much," Army Secretary Louis Caldera concedes. The Navy also says it downsized too much and now is trying to beef up its program.

The reduced presence contributes to the growing gap between the military and civilian society.

"The ROTC is the visible link between the military and American society," says Joseph Collins, an Army ROTC graduate and military analyst at the Center for Strategic and International Studies, a think tank in Washington. "We need an officer corps that is in touch with the best values of American society and ROTC is an important way of making that happen."

Caldera says he hopes to add an ROTC element to Army TV ads that have focused almost exclusively on attracting enlisted soldiers. The

## ROTC programs failing

Since 1995, ROTC programs have not commissioned the targeted number of officers for either the Army or the Navy. The shortfall in each service branch each year:

Army	■ ROTC goals	■ Commissions	Shortfall
1995	4,500	3,963	12%
1996	4,275	4,259	Less than 1%
1997	4,175	4,120	1%
1998	3,800	3,587	6%
1999	3,800	3,281	14%
2000	3,800	3,100 <sup>1</sup>	18%
Navy			
1995	1,050	1,000	5%
1996	1,050	852	19%
1997	1,050	680	35%
1998	1,050	684	35%
1999	1,050	776	26%
2000	1,050	898 <sup>1</sup>	14%

Source: Defense Department 1 - Projected

Source: Defense Department 1 - Projected

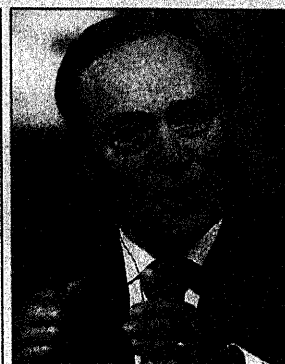
By Keith Simmons, USA TODAY

House Armed Services Committee has proposed an extra \$7 million to beef up Army ROTC recruiting. But Caldera also says the military is a tough sell to a generation that has known no major wars and only economic prosperity. "We're working against the notion that the gain is not worth the pain," he says.

ROTC scholarships are limited. And there is no money to boost ROTC's monthly stipend. At \$200, it isn't enough to attract and retain cadets. The Armed Services panel had urged increasing the stipend to \$250 with tiered raises up to \$600. But the \$288.5 billion defense spending bill that the House recently approved included no new funds for stipends.

"Although there are still many fine officers, I do believe the overall quality has declined noticeably over the last several years," Peters says. "The train wreck is 15 years down the road, when these guys will be lieutenant colonels. If you are not attracting sufficient talent now, given natural attrition, you are going to be in real trouble."

► **Downward trend. 1A**



1998 photo by Richard Ellis. All

**Archer:** Expects quick action on GOP's prescription drug plan.

## House GOP ready to act on drug plan

House Republicans, trying to address a top concern of senior voters this election year, plan to begin action this week on their prescription drug proposal. Ways and Means Chairman Bill Archer, R-Texas, said he expects quick committee action this week on the plan unveiled last week. It would encourage private insurers to sell government-subsidized prescription drug policies to Medicare beneficiaries.

Costs to seniors would vary under the GOP plan. The standard plan would have a \$250 annual deductible, then pay half of the first \$2,100 in drug costs for a maximum benefit of \$1,050. But for people with extremely high bills, the policy would pay all drug costs exceeding \$6,000 in one year. There would be no cost to the poor. President Clinton's plan is to expand Medicare to include a benefit for all seniors, paying half the cost of prescription drugs up to a maximum benefit of \$2,500 for \$5,000 worth of drugs. Both plans would be voluntary. Republicans expect House approval of their bill, but the outlook is uncertain in the Senate.

Also this week, the House resumes action on annual spending bills, starting with housing and veterans. The Senate plans to resume debate on the defense authorization bill, which has been slowed by unrelated amendments. One proposed amendment would establish a commission to evaluate whether the United States should continue to view Cuba as a military threat. The sponsor, Sen. Chris Dodd, D-Conn., hopes new American interest in Cuba generated by the Elian Gonzalez case will produce support in Congress for dismantling U.S. barriers against Cuba. But it is opposed by Senate Majority Leader Trent Lott, R-Miss.

— William M. Welch

## West, South win seats in projected House remap

California, whose 52 House members make up the largest state delegation, would gain nine more seats by 2020 if Census Bureau projections hold true, researchers at the Population Reference Bureau

tion

symptoms and delaying structural damage in patients with moderately to severely active polyarticular-course juvenile idiopathic arthritis (JIA) who have had an inadequate response to one or more DMARDs. It should be used in combination with methotrexate in patients who do not respond to methotrexate monotherapy.

in sepsis or with known hypersensitivity to ENBREL or any of its components.

IONS AND SEPSIS, INCLUDING FATALITIES, HAVE BEEN REPORTED WITH ENBREL. SEVERAL CASES OF SEPSIS HAVE OCCURRED IN PATIENTS WITH UNDERLYING DISEASES THAT COULD PREDISPOSE THEM TO INFECTIONS. PATIENTS WHO DEVELOP A FEVER WITH ENBREL SHOULD BE MONITORED CLOSELY. ADMINISTRATION OF ENBREL DEVELOPS A SERIOUS INFECTION OR SEPSIS. TREATMENT WITH ENBREL CAN CAUSE ACTIVE INFECTIONS INCLUDING CHRONIC OR LOCALIZED INFECTIONS. WHEN CONSIDERING THE USE OF ENBREL IN PATIENTS WITH A HISTORY OF CONDITIONS WHICH MAY PREDISPOSE PATIENTS TO INFECTIONS, SUCH AS (see PRECAUTIONS, ADVERSE REACTIONS, Infections).

before administration of ENBRIL during clinical trials have been allergic reaction or other serious allergic reaction occurs, administration of appropriate therapy initiated. **Information to Patients** If a patient or caregiver is instructed in injection techniques and how to measure the correct dose (see **How to Use Enbrel, Instructions for Preparing and Giving Enbrel**) under the supervision of a qualified health care professional: The patient should be assessed. A puncture-resistant container for the patient and caregivers should be instructed in the technique as well as advised against reuse of these items. **Immunosuppression**—The possibility to affect host defenses against infections and malignancies since INF interferes with immune response. In a study of 49 patients with RA treated with ENBRIL, hypersensitivity, depression of immunoglobulin levels, or change in erythrocyte sedimentation rate were observed. **Warnings, Precautions, and Adverse Reactions**—See **WARNINGS, ADVERSE REACTIONS, Interactions**, and **Warnings** in patients with immunosuppression or chronic infections have not been on the effects of vaccination in patients receiving ENBRIL. Use vaccines to data are available on the secondary transmission of infection by live virus. **CAUTION, Immunosuppression**. It is recommended that IRA patients, in conjunctions in agreement with current immunization guidelines prior to initiation of varicella infection and signs and symptoms of asymptomatic ENBRIL, therapy after exposure to varicella virus should temporarily discontinue ENBRIL therapy. Varicella Zoster Virus Immune Globulin. **Autoantibody Formation**—Treatment with immune antibodies (see **ADVERSE REACTIONS, Autoantibodies**). **Drug Interactions**—ENBRIL has been administered with **Chemotherapy, Metastases, and Infection**. **Concomitant Therapy**—ENBRIL has been administered with **Anticancer drugs** were conducted in vitro and in vivo, and no evidence of synergistic or antagonistic developmental toxicity studies have been performed in rats and rabbits. The human dose and have revealed no evidence of harm to the fetus due to women. Because animal reproduction studies are not always predictive pregnancy only if clearly needed. **Nursing Mothers**—It is not known or absorbed systemically after ingestion. Because many drugs and because of the potential for serious adverse reactions in nursing infants to discontinue nursing or to discontinue the drug: **Safety Use**—A study was conducted in clinical trials. No overall differences in efficacy or effectiveness were observed. **Contraindications**—See **Warnings, Precautions, and Adverse Reactions** in treating the elderly. **Pediatric Use**—ENBRIL is indicated for treatment of arthritis in patients who have had an inadequate response to one or more drugs. In addition to other sections of the label, see also **PRECAUTIONS, Contraindications in Pediatric Patients**. ENBRIL has not been studied in children.

In 19 patients with RA followed for up to 36 months. The proportion of serious events was approximately 4% in both ENBREL and placebo-treated groups; 37% of patients treated with ENBREL developed injection site reactions mild to moderate (erythema and/or itching, pain, or swelling) and joint-injection site reactions generally occurred in the first month and subsided by the second month. Injections were given every 2 weeks. Seven percent of patients experienced severe adverse effects.

When subsequent injections were given, **Infections**—in controlled trials, patients treated with ENBREL and those treated with placebo or MTX. Respiratory infection, which occurred in 16% of placebo-treated patients and general observation of patients on ENBREL was accounted for, the event rate was similar in DMARD-refractory RA, no increase in the incidence of serious infections and ENBREL-treated groups). The rates of infections for the ENBREL treatment were similar in all clinical trials for RA. SO of 1107 subjects exposed to ENBREL, including pyelophyritis, bronchitis, septic arthritis, abscesses, pneumonia, foot abscess, leg ulcer, diarrhea, sinusitis, and sepsis. We also have been reported during post-marketing use of ENBREL. Some have occurred with ENBREL. Many of the patients had underlying conditions (e.g., diabetes mellitus) in addition to their rheumatoid arthritis (see **WARNINGS**). Patients with RA suggest that ENBREL treatment may increase mortality from advanced malignancies of various types were observed in 197 RA patients. The observed rates and incidences were similar to those expected. Patients had serum samples tested for autoantibodies at multiple time points (e.g., baseline and 12 weeks after initiation of treatment), the percentages (ANA), the percentage of patients who developed new positive ANA (baseline 1.3%, 12 weeks 1.3%), the percentage of patients who developed new anti-dsDNA antibodies was also higher by radiocarbon analysis (3% of patients treated with ENBREL compared to 1% of patients treated with placebo-treated patients) and by chitridia luciferase assay (3% of patients treated with ENBREL). The proportion of patients treated with ENBREL who developed antibody development was seen in ENBREL patients compared to MTX. Antibody development developed clinical signs suggestive of a lupus-like syndrome. On the development of autoimmune diseases is unknown. Other Adverse Effects At least 3% of all patients with higher incidence in patients treated with ENBREL and RA trials (including the combination methotrexate trial, and relevant literature).

Table 4

### Reporting Adverse Events in Controlled Clinical Trials

Active Controlled

### Placebo Controlled