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Authors

Smith, Elizabeth A
Grundy, Quinn
Malone, Ruth E

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“It’s Not a Priority When We’re in Combat”: Public Health Professionals and Military Tobacco Control Policy

Elizabeth A. Smith, PhD, Quinn Grundy, RN, BSN, and Ruth E. Malone, RN, PhD

Tobacco use is prevalent among service members, but civilian public health groups have not effectively addressed military tobacco control policy issues. We conducted focus groups in 2010 and 2012 with participants from public health and tobacco control organizations regarding their understanding of the military and of tobacco use in that context. Misperceptions were common. Military personnel were believed to be young, from marginalized populations, and motivated to join by lack of other options. Tobacco use was considered integral to military life; participants were sometimes reluctant to endorse stronger tobacco control policies than those applied to civilians, although some believed the military could be a social policy leader. Engaging public health professionals as effective partners in tobacco-free military efforts may require education about and reframing of military service and tobacco control policy. (*Am J Public Health.* 2015;105:660–664. doi:10.2105/AJPH.2014.302363)

Tobacco use prevalence is high among service members¹ and military tobacco policy conveys mixed messages about tobacco use. For example, military personnel have access to comprehensive cessation services² but stores on military installations sell tobacco products at discounted prices.³ Though the harms of smoking have been known since the 1950s, civilian public health groups have not effectively addressed military tobacco control policy issues. In 2009, the Institute of Medicine called for the Department of Defense to phase in policies that would lead to a tobacco-free military.² However, this call was rejected by then-Secretary of Defense Robert Gates.⁴ More surprisingly, public health and tobacco control leaders were largely silent, the exception being the American Lung Association.⁵ Recently, Secretary of the Navy Ray Mabus, supported by Secretary of Defense Chuck Hagel,⁶ proposed eliminating tobacco sales from Navy and Marine Corps commissaries and exchanges.⁷ The leading voluntary health organizations supported the move,⁸ but there has been little public activism or engagement to counter efforts in Congress to block the Navy initiative.⁹ This is only the latest in a long history of efforts by the military to strengthen its tobacco control policies that have been prevented by congressional

action while public health groups remained uninvolved.^{10–12}

Effectively framing a problem is crucial to gaining support for a proposed solution. Frames define a problem and implicitly or explicitly suggest the solution.¹³ For example, personal responsibility frames for public health issues suggest that they are the fault of individuals who must solve their problems themselves. The tobacco industry has framed tobacco control advocates as moralizing zealots and tobacco control policies as interfering with civil liberties.¹⁴ Industry frames emphasize the freedom of citizens “to pursue happiness . . . by making their own choices,”^{14(p321)} a value shared by many, including tobacco control advocates. The tobacco industry has also used alliances with veterans’ organizations to help frame military tobacco control issues. Veterans’ groups (sometimes using language crafted by the tobacco industry)¹⁵ have opposed clean indoor air laws by referencing rights, freedom, or sacrifice. For example, supporters of legislation mandating smoking areas in veterans’ hospitals argued that veterans had “fought for the right of all Americans, themselves included, to be free from unwarranted interference in their lives by government.”¹⁶ This framing can be difficult for civilian groups to counter.

Previous research showed that public health and tobacco control leaders were unfamiliar with military tobacco control developments and the role that their organizations might play.¹⁷ Although they supported policies such as prohibiting smoking in uniform, they opposed prohibiting tobacco use altogether, as a violation of personnel’s rights. Some believed that policies had to be developed democratically, despite the authoritarian structure of the military. Leaders of organizations who advocate policies may either follow initiatives that arise from the membership, or attempt to educate or persuade the membership to support their own proposals. In either case, for an organization to act effectively on an issue, the opinions and understandings of leaders and membership should agree. To gain further insight into the absence of public health action on this issue, and to explore whether leaders’ perceptions were reflective of those held by public health professionals more generally, we conducted focus groups with members of public health and tobacco control organizations.

METHODS

Researchers conducted 4 focus groups with a total of 36 public health professionals: 2 in 2010 at the American Public Health Association national meeting in Denver, Colorado, and 2 in 2012 at the National Conference on Tobacco or Health in Kansas City, Missouri. Focus groups are moderated group interviews useful for exploring variability in poorly understood phenomena.^{18,19} Sites were selected to include participants involved with public health and tobacco control. Inclusion criteria were attendance at the conference, English speaking, and age 18 years or older. Participants were recruited through announcements from the conference organizers and flyers in conference registration areas. Participants were paid \$40.

Two researchers, trained in facilitating focus groups, used a standardized protocol with a low moderator involvement approach.¹⁹ Participants consented to audiotaping; identifying information was deleted in transcripts. Participants completed a demographic questionnaire (Table 1). Following this, participants were asked to discuss their perceptions of military tobacco use, military tobacco control, and what, if any, role civilian public health professionals might play.

We coded verbatim transcript data into thematic categories. All authors read and discussed several transcripts to identify and refine major themes. The first and second authors coded remaining transcripts. We discussed major findings and developed analysis through examples and iterative synthesis. We used NVivo software, version 10 (QSR International Pty Ltd, Doncaster, Victoria, Australia) to manage textual data.

RESULTS

Data analysis focused on 2 primary issues: participants’ understanding of the military (its population, the experience of membership, and

its institutional qualities) and their understanding of tobacco use in the military context.

Perceptions of Military Life

One third of participants (n = 12 of 36, across all groups) volunteered that they were ignorant about the military or specifically about military tobacco policy. One remarked that he had not “really thought about military tobacco use. . . . And I’ve been doing tobacco prevention for about 15 years.” Others described themselves as “naive,” having “no intimate knowledge,” “illiterate to the military,” and “not aware” of military policy. Eight mentioned having immediate family members previously or currently in the military; 4 had previously served.

Perceptions of military personnel. Several participants believed that people enlisted because they lacked better options. One young participant commented,

[M]ost people our age aren’t really saying, “I’m going to go into the military because I want to serve my country.” It’s more like, “Oh, I don’t want to stay home and work, and I may not be able to get into college.” So the military is the last resort.

Another concurred, saying, “[T]hey lure our minority populations into the military, [promising] them . . . a 4-year education, which they will not get when they return.” Others commented from the military point of view, one remarking that “[I]t’s harder to recruit. So, sometimes, the standards are lowered.” In this perspective, recruits have lowered their standards to join the military, and the military has lowered its standards to accept them. This suggests an assumption of lack of agency among military personnel. There was also little consideration of career military; that is, people aged in their 30s or older.

However, participants also felt that military personnel were “role models” and that “many people . . . have a respect for a military person in uniform.” A tobacco-free military was thus likely to influence the civilian community: “[W]hen they go back to their community, they could role model healthier habits.”

Combat orientation. Military personnel were presumed to be engaged in combat. In that context, tobacco use seemed trivial: “[B]ecause the military is dealing with so many big-deal things, life-and-death things . . . oftentimes tobacco control kind of takes a back seat.”

Another participant struggled to balance her public health perspective with her perception of military life, saying, “[O]f course I don’t want them to smoke, but I—it’s almost like I can feel a little bit of an enabler in me saying, ‘Their quality of life is so—can be so awful in combat.’” This idea was also attributed to the general public, another participant commenting: “I think the general public [thinks], if they’re going to get killed, and it’s not the best thing, but hell, if they want to smoke or drink or go find a prostitute. . . .” Soldiers also were said to discount tobacco’s significance: “They’re still not thinking about morbidity or mortality as it pertains to tobacco. They’re thinking about coming back alive from combat.” Tobacco control itself was seen as trivial in the context of war: “It’s not a priority when we’re in combat.” Thus, pity for military recruits from marginalized backgrounds was amplified by the perception that they were engaged in life-and-death situations.

Perceptions of the military as an institution. Participants noted numerous factors that complicated the military policy environment. These included differences among the services, between active duty and reserves, between

TABLE 1—Tobacco in the US Military Focus Group Demographics: United States, 2010 and 2012

Characteristic	D1 (n = 11), No.	D2 (n = 5), No.	KC1 (n = 7), No.	KC2 (n = 13), No.	Total (n = 36), No.
Age, y					
20–29	5	0	0	3	8
30–39	3	1	3	4	11
40–49	1	2	1	1	5
50–59	1	1	1	2	5
60–69	1	1	0	3	5
70–79	0	0	1	0	1
No data	0	0	1	0	1
Gender					
Male	2	2	3	4	11
Female	9	3	4	9	25
Race					
American Indian/ Alaska Native	0	0	0	1	1
Asian	1	0	0	1	2
African American	6	1	1	4	12
White	4	4	6	7	21
Ethnicity: Hispanic	0	0	0	1	1

Note. D1 and D2 are 2 focus groups from the 2010 American Public Health Association National Meeting in Denver, CO; KC1 and KC2 are 2 focus groups from the 2012 National Conference on Tobacco or Health in Kansas City, MO.

deployed and nondeployed personnel, between officers and enlisted personnel, and among various duty stations (e.g., submarine vs desert). This seemed to contribute to participants' overall inability to consider policy solutions.

Participants identified the military as a culture that should be approached as other cultural groups were. One argued that,

[Y]ou wouldn't ignore a community that . . . had a different language or a different culture just because they had high tobacco use rates and maybe you didn't know their culture really well. . . . But for some reason, we feel like we can do that in the military.

Another observed:

[W]e need to invite them as part of our community-wide effort because they are a part of the community . . . just like you might bring it back to the Native American constituency or Hispanic constituency.

The military was seen as very present-oriented. One participant commented that the military used people, "as a commodity, and therefore, who cares if someone's addicted and dies of cigarette smoke . . . when they get older?" Another commented on military "short-sightedness," remarking that "[G]iven that most of the negative impact of tobacco use is going to be 20 or 30 or 40 years down the road, by that point in time many . . . are out of the military." These remarks implicitly suggested that tobacco use did not impair the readiness of young troops, but some challenged this idea, one remarking that tobacco use "will reduce their lung function, their fitness level. . . . So they're actually less prepared to serve us." Some commented that avoiding tobacco would improve their chances for survival. "Living a tobacco-free life can actually give you life if you're one of the people on the front lines," remarked a participant. Another said that tobacco use "impacts their ability to run away from bullets."

Tobacco Use in the Military

Many participants regarded tobacco use as linked with military service. Participants referenced the history of tobacco being distributed in rations and the current rates of tobacco use, one remarking, "You see it everywhere. I've seen people in uniform at airports smoking. And then the veterans that we work with out of the VA; I mean, everybody's a smoker." Tobacco use was part of the military image:

"I think teens when they grow up, they see the uniform, the gun, the cigarette. And they see it on TV." One participant thought: "[A] lot of people look at someone in uniform as really cool, and then also smoking as really cool. So if the two go together, that's extra cool." Tobacco use was also described as inherent to military culture: "[I]t's just seen as a fact of life in the military." Another described the thinking as, "We have to do [it], no matter what has to be done. We don't have access to other things, so we have this tobacco."

Numerous participants attributed high tobacco use rates to the stress of military life. Military personnel "see tobacco as something that kind of calms you down." Another participant remarked, "I would assume . . . that people are using nicotine as a means of dealing with that stress," and a third that personnel had "an especially difficult time quitting, partly because of the high stress environment, both during active duty and dealing with the emotional and physical results when they're home." Others criticized this assumption, one commenting that personnel might have "the misunderstanding that [tobacco] relaxes them, when in actuality it's feeding the addiction."

Frames for military tobacco use. Several participants framed tobacco use as an addiction. Some thought that addiction would trump any military discipline; for example, "If people get addicted to tobacco, then chances are good if you tell them they can't do it they'll either find a way to do it anyway or they'll just replace it with another addiction." Others said that such a move would require enormous resources devoted to cessation, explaining such programs "would have to heighten" so much that "the military itself will be turned inside out." Others thought the consequences could be even more extreme because "tobacco withdrawal, that is a big thing." Even suicide was suggested as a possible result: "You know, for just 'Oh, I can't get my tobacco and I'm out here on the front lines. What am I going to do?'"

Some participants framed tobacco use instead as a right or a freedom. For example, one thought establishing a tobacco-free military would be "more farfetched and more unfair than even some of the other things that they have to do." Another agreed that it was not "realistic or fair to expect people in the military to behave any differently [than civilians] when they're on

their own time." Others said that such a policy would only be acceptable if civilian smoking were similarly prohibited. A veteran said,

I can't tell a citizen that they can't do something if it's a legal thing. That's what we're fighting for. Now, I'm not saying tobacco is not bad. I'm just saying I'm going to have to make sure you can't smoke if I can't smoke.

Others were less sure about this. One said that she was "torn" about some tobacco control policies because "I believe in individual civil liberties and civil rights." Some rejected this construction altogether; one participant said that she could not "see an upside to letting them smoke, other than it supposedly honors their civil rights. I only see downside for it." Another compared a tobacco-free military to a company that chose to hire only nonsmokers:

They had one employee quit over it. That was that employee's choice. They put their desire to smoke above their desire to hold a career in that industry. So I don't see that as necessarily taking away a freedom.

Warrants for military tobacco control. Tobacco use was not universally regarded as integral to military life. One participant noted that, "There are many soldiers who know what it's like in the field, and they don't smoke. . . . They all don't become alcoholics. They all don't become pot smokers." Another thought that, although a tobacco-free military policy might provoke some complaints, military personnel were accustomed to many restrictions and "tobacco would just become another one of them, and although people may be frustrated and talk about it, I think they'd still enlist, because it'd still be an opportunity." Such a policy could become a norm for the military, "just like you can't go and get drunk while you're in uniform or smoke pot while you're in uniform, you're not even supposed to eat and walk at the same time." Basic training, one participant pointed out, was already tobacco-free, and users were forced to quit "Immediately. Cold turkey." The problem came afterward: "As soon as they finish, the first thing they want to do is smoke. Okay. So what are we doing during the time at boot camp to keep them from re-engaging in the habit?"

Others felt that military hierarchy and discipline made strong tobacco control policy especially feasible. As one remarked, "My impression is that if the top down said that

there would be no smoking on the base, then there wouldn't be any smoking on the base." Ex-service members agreed, one saying that a tobacco-free military would be achieved, with policies setting "repercussions" for disobedience: "I don't think it'll be 100%, no, because I mean, people drink when they're not supposed to . . . but it could be very close to it."

Participants recognized that military life involved great restrictions: "You give up your individual freedoms in certain areas . . . and you're asked to do a number of things that you wouldn't have done prior, whether it's the time to wake up or the clothes that you wear." Military discipline made it the ideal place to implement strong tobacco control policies: "[T]he military doesn't believe in all of the civil rights, and so, therefore, if this were going to be done anywhere, that would be the place to do it." Another was puzzled about why, given this authority, the military did not use it in the most effective way possible, saying, "[I]f you're not going to try to prevent it from the beginning, why bother investing in trying to control it through cessation programs after the fact?"

Military regimentation meant that it could maintain a higher standard, some participants believed. Desegregation was used as an example. One participant thought that establishing a tobacco-free military, like desegregation, would require "a top-down directive saying, 'I know that the rest of society is not doing that, but you aren't the rest of society, and you are setting the bar.'" Another concurred, saying, "[W]ould it not be so wonderful if the military showed the rest of society that we were going

to take this progressive step for the safety of our enlisted men? . . . And they could do it." A veteran participant agreed that such a thing could be done, "But you've got to ask us to do it. Remember, we're [run] by civilians."

DISCUSSION

Efforts to achieve a tobacco-free military, such as the current initiatives announced by Secretary Mabus, must surmount political and tobacco industry opposition to succeed.^{10,11} It is encouraging that the American Public Health Association has recently established a policy supporting a tobacco-free military, but it has not yet addressed any specific proposals. Stronger action from public health groups is unlikely to happen while leaders and members hold the views about military tobacco use uncovered by this study. To alter these views, public health and tobacco control professionals must work to deconstruct the historical links between tobacco use and military service, develop more accurate characterizations of the military and its needs, and create new narratives that undermine the outdated view that tobacco use is an inherent part of military service (Table 2).

Public health professionals were unfamiliar with the military, and focused on an image of marginalized youths engaged in combat. These perceptions made proposed tobacco control policies seem trivial and paternalistic. Yet most military personnel are not engaged in combat, and short-term readiness is the highest goal of the military.

Some participants adopted the discourse of "rights and freedoms," already closely tied to

veterans and the military through the efforts of the tobacco industry,¹⁵ thereby framing military tobacco control as a form of discrimination. But the courts have consistently ruled that there is no right to use tobacco; in addition, service members voluntarily surrender many of their rights during their service, accepting orders about their work, location, and appearance.

Reframing public health actions, military service, and tobacco use may be necessary to activate public health advocates. Reconceptualizing policies aimed at achieving a tobacco-free military, away from an emphasis on the behavior of personnel, and toward the responsibility of senior leadership and their congressional overseers to create a healthy context for service members,²⁸ may be one way to gain the support of public health professionals. Such a focus would create an imperative for public health to support the policy changes currently under consideration by the Secretaries of the Navy and of Defense. Realistically, an order to be tobacco-free will likely be the only way to change military cultural norms regarding tobacco use. In the military, orders create the context.

Other aspects of military life will need to be reframed to help public health professionals support military tobacco control. For example, military service was believed to be a last resort for those who joined, and dominated by combat. But for many, military service is an opportunity or a career. Currently, at any given time, less than 10% of military personnel are deployed to combat locations; as troops have been withdrawn from Iraq, and will shortly be withdrawn from Afghanistan, this percentage will drop. Drawdown

TABLE 2—Misconceptions and Facts About Tobacco in the Military

Misconception	Fact
Military is predominantly youths.	Junior enlisted (pay grades E1-E4) constitute 44% of active-duty personnel. ²⁰ Approximately one third of military personnel are older than 30 years. ²¹
Military personnel are predominantly in combat.	Currently, only about 30 000 troops (out of nearly 1.4 million military personnel) are deployed in Iraq ²² and Afghanistan ²³ ; approximately 40% of active-duty personnel have never been deployed. ²⁴
Tobacco use is a right.	Courts have consistently ruled that there is no right to use tobacco. ²⁵ Military service requires giving up many rights for the sake of discipline and readiness. ²⁶
Military personnel need tobacco to relieve stress.	Military tobacco users report more stress than non- or ex-users. ²⁷
People join the military because they lack other options.	Veterans endorsed the following reasons for joining the military: to serve one's country (92%), for education benefits (58%), for civilian job training (55%), to see more of the world (55%), and because jobs were hard to find (25%). ²¹

will also mean that recruitment and retention standards will likely rise; for example, the Army is already tightening restrictions on tattoos.²⁹

The stresses of combat and the power of addiction made prohibition of use unthinkable to some public health professionals. The stresses of military life are real, even apart from combat; for example, personnel can be subject to abrupt and frequent changes of station, necessitating separation from their families and friends. However, tobacco use has not been shown to be an effective means of coping with those stresses.²⁷

The transition to a peacetime military may be the ideal time to reframe military service and tobacco control so that they become part of the public health mandate. If personnel are not routinely going into combat, the risks of tobacco use may have more salience. The problems of veterans returning from war with posttraumatic stress disorder and other psychological problems should inspire military and civilian health professionals to work together to develop better tools than tobacco use to help future enlistees and veterans cope with stress.

Our study had limitations. Focus groups were a convenience sample of conference attendees; how representative they were of organizational members is unknown. No data were collected about participants' employment or field specialties; however, all of those at the National Conference on Tobacco or Health were likely familiar with tobacco issues, and some of those at the American Public Health Association conference identified themselves in their comments as working in the field.

In conclusion, tobacco control efforts should be reframed as aiming to change the military environment so that it does not put new recruits at risk for a lifetime of addiction, suffering, and premature death from tobacco use. ■

About the Authors

All authors are with the Department of Social and Behavioral Sciences, University of California, San Francisco.

Correspondence should be sent to Elizabeth A. Smith, Department of Social and Behavioral Sciences, 3333 California St, Suite 455, San Francisco, CA 94118 (e-mail: libby.smith@ucsf.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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Contributors

E. A. Smith led focus groups, directed all aspects of data analysis, and drafted the article. Q. Grundy participated

in data analysis and article revision. R. E. Malone developed and directed the overall study, and participated in data analysis and article revision.

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