

The Victory Disease

To secure ourselves against defeat lies in our own hands, but the opportunity of defeating the enemy is provided by the enemy himself.

— Sun Tzu¹

LIEUTENANT GENERAL William S. Wallace, the U.S. Army's senior ground commander in Iraq said, "The enemy we're fighting is different from the one we war-gamed against."² Wallace's comment acknowledges a disturbing cultural phenomenon that can be found throughout the U.S. military and society. The problem stems from two necessary preconditions—demonstrated military prowess and great national strength that make the Nation and its military forces susceptible to a significant future defeat. Because of the United States' vast strength, national and military leaders might become overconfident in the Armed Forces' abilities and begin to underestimate the enemy's capabilities, two practices that could sow the seeds of disaster.

This cultural phenomenon manifests itself in a mindset, sometimes referred to as the Victory Disease, which makes a nation susceptible to defeat on future battlefields. Military analysts James Dunnigan and Raymond Macedonia highlight the concept of the Victory Disease in their work, *Getting It Right: American Military Reforms After Vietnam to the Gulf War and Beyond*.³ According to Dunnigan and Macedonia, the Victory Disease threatens a nation that has a history of military prowess and manifests itself in three symptoms: arrogance, complacency, and established patterns of fighting. As these symptoms compound, the result might be the unanticipated defeat of a previously victorious nation.

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The Victory Disease might occur across all of the defined levels of war—strategic, operational, and tactical. At the strategic level of war, the Victory Disease might afflict a nation's citizens, national political leaders, and senior military leaders. At the tactical and operational levels of war, the disease might infect military leaders and planners.

To understand the Victory Disease, one must first understand its symptoms. Historical examples illustrate the symptoms of the disease and how they interact to bring about defeat. Seldom are symptoms as obvious as they might appear. Hindsight enhances the obviousness of the symptoms. One must avoid judging past leaders, since clarity comes through the prism of historical analysis. The danger comes from how easily and gradually the disease can creep into the thinking of national and military leaders.

The Symptoms in History

Certain preconditions are requisite for the Victory Disease to occur. A nation must be powerful militarily and have a history of recent victories. Military forces that have recently suffered an ignominious defeat are quick to analyze their failings and take corrective action, while victorious militaries rarely analyze their recent victories to improve. History records the Phoenix-like rising of a defeated army more often than a victor's analyzing a recent victory.⁴ Based on the requirement for vast national strength and a proven military capability, the United States is clearly susceptible to the Victory Disease. Once these preconditions exist, the symptoms of the Victory Disease might begin to flourish.

Arrogance. A nation with a strong, proven military and a highly developed economy will display a national pride that can easily develop into arrogance. National arrogance can lead to an expectation for quick, decisive victories in almost any undertaking, especially a military conflict. At the strategic level of war, senior military leaders begin to believe that their vastly superior forces cannot be defeated. At the operational and tactical levels of warfighting, military units evince arrogance based on their unit's battlefield victories. Perhaps the greatest problem with arrogance is that it leads to unrealistic expectations, from the national level down to the lowest unit.

Events that occurred near Fort Phil Kearney, Wyoming, in the winter of 1866 illustrate an excellent example of tactical arrogance. Fort Phil Kearney, near modern-day Sheridan, was the site of significant contact between U.S. forces and hostile Sioux during a period referred to as "Red Cloud's War."⁵ During the conflict, a brash young officer, twice awarded brevet promotions for bravery during the American Civil War, displayed a deadly level of arrogance.⁵ Captain William J. Fetterman, only recently arrived from duties in the East, boasted that with a mere 80 men, he could "ride through the whole Sioux Nation," an enemy he ridiculed as being beneath his regard.⁷

On 21 December 1866, Fetterman led his command (eerily numbering 81 men) into a well-laid Sioux ambush. Every member of his com-

"The Lost Dispatches" by Charles Schreyvogel



mand was killed.⁸ Fettermen's contempt for the Sioux's warfighting ability and his overconfidence in his own military prowess and in the capability of his own mixed force of infantry and cavalry illustrate the effect of arrogance on a formerly victorious military leader.

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As an Israeli division commander put it, "The common expectations from the IDF were that any future war would be short with few casualties."¹⁰ This arrogance nearly cost Israel its first defeat at the hands of its Arab enemies, a defeat that might have resulted in the complete destruction of the Jewish state. This example is interesting in that Israel's arrogance did not result in a defeat; however, the conditions for failure existed, and the first several days of battle were traumatic for Israeli leadership.

Complacency. As arrogance flourishes, the feeling of invincibility creates a sense of complacency. Leaders begin to tell themselves, "We can do this with one hand tied behind our backs, so why get excited about it?" This complacency stems from the arrogant belief that one's own

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forces are unstoppable and invincible; thus, one might become complacent in the planning of operations. For example, nowhere in planning is complacency more evident than in analyzing the situation. A superficial understanding of the enemy's culture will not determine accurately his likely courses of action or how he might react to one's own actions.¹¹

Complacency is also evident in the making of superficial battle plans, a practice that stems from believing that one's own military superiority is enough to ensure victory. Leaders assume that the enemy is incapable of affecting friendly actions because of the supposed superiority of friendly forces. This symptom of the Victory Disease often develops during periods of peace and leads to poor military performance at the outbreak of hostilities.

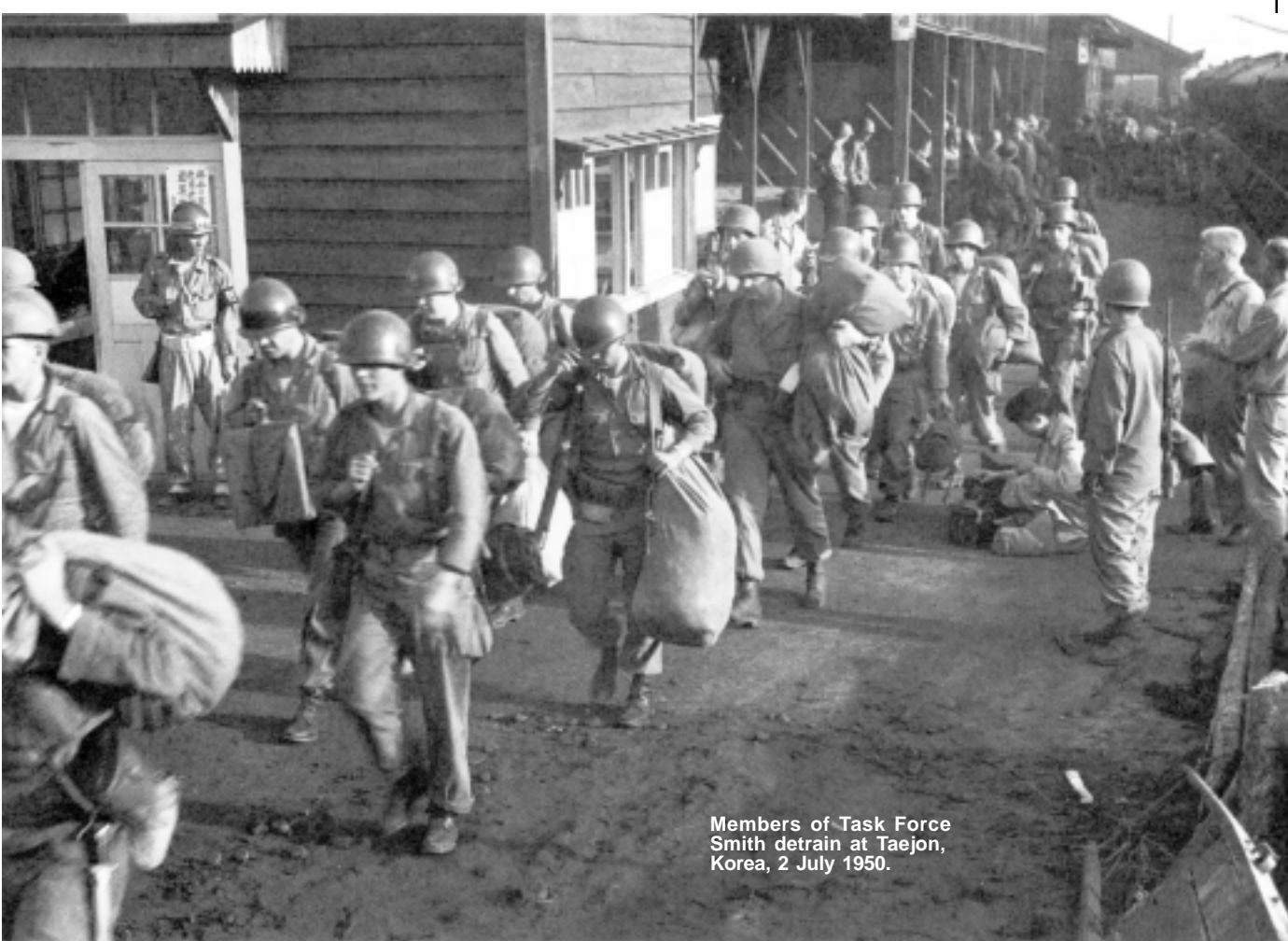
Following the Allied victory in World War II, U.S. forces became complacent as they shifted from combat duties to occupation duties. Adding to the complacency was the growing belief that the new Atomic Era would reduce the need for ground combat forces. Nowhere was this complacency more profound than in the U.S. Eighth Army, which occupied Japan. These forces, consisting of the 7th, 24th, and 25th Infantry Divisions and the 1st Cavalry Division, were poorly equipped and inadequately manned and trained.¹²

The first element to respond to the 1950 North Korean invasion was a 24th Infantry Division battalion, commanded by Lieutenant Colonel Charles B. Smith. The unit was rushed from occupation duty in Kyushu, Japan, to a position 3 miles north of Osan, South Korea. From this position, Task Force Smith was to block the North Korean advance.¹³

Unfortunately, the soldiers of Task Force Smith were unprepared for the mission. Occupation duty in Japan had severely curtailed their training because Japan's crowded home islands lacked adequate training areas for exercises larger than company-size.¹⁴ Occupation duty had also adversely affected discipline, leading to a more relaxed command atmosphere than is normally found in frontline combat units.¹⁵ Finally, as a result of the limited need for large quantities of ammunition for occupation duty, the soldiers of Task Force Smith were sent into battle with inadequate supplies of ammunition, especially antitank ammunition. As a result of this complacency, the men of Task Force Smith were virtually brushed aside by the advancing North Korean 4th Infantry Division.

Just as Task Force Smith found itself unprepared for the outbreak of the Korean war, the Nation was unprepared for the outbreak of the American Civil War almost 90 years previously. At that time, the U.S. Army was a miniscule instrument of security on the western frontier. It was not organized or trained to conduct the massive battles that would occur during the next 4 years.

Because of complacency, the U.S. Army had made no improvements in its doctrine since the Mexican-American War in the late 1840s. This failure to change doctrine is even more amazing in light of the vast improvements in weapons technology that extended the lethal zone between opposing forces from less than 150 yards to more than 500 yards.¹⁵ National complacency is perhaps most evident in the majority of Americans who predicted a swift conclusion to the war that would result from a single, climactic battle.¹⁷ This complacent attitude was evident as many



Members of Task Force Smith detrain at Taejon, Korea, 2 July 1950.

Union government officials and residents of Washington, D.C., actually viewed the advance of Union forces into Virginia for the First Battle of Bull Run.¹⁸ Civilian spectators, hoping to observe the battle and the defeat of the Rebel army, rushed in confusion and fear from the battlefield following the Confederate victory. The complacent Union populace, taking the enemy for granted and expecting a rapid conclusion to the war, was completely unprepared for the initial defeat.

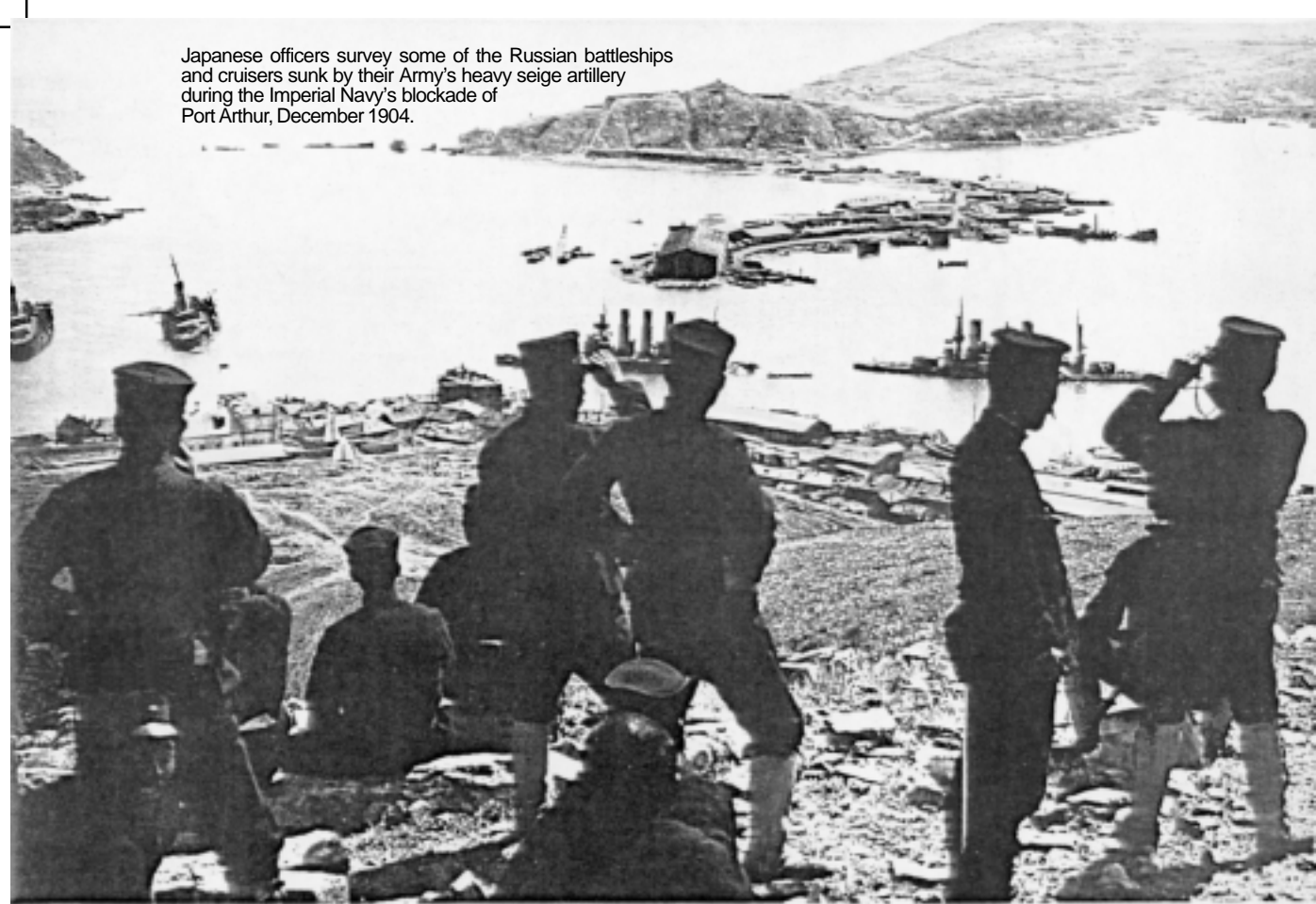
Perceived national strength and a history of success led to arrogance. Arrogance, in turn, led to complacency. Because of the compounding nature of the symptoms of arrogance and complacency, complacency sets national and military leaders up to habitually use established patterns, thus making them highly susceptible to losing the initiative if the enemy chooses to do something unexpected.

Using Established Patterns

As arrogance and complacency grow unchecked, national and military leaders begin to believe that a standard approach will work for many scenarios, but the use of patterns endangers one's forces when fighting a thinking enemy. If a force uses a proven pattern to solve similar tactical problems, and the enemy reacts in a standard fashion, then the force will likely have success. The danger comes about when the enemy refuses to play properly and reacts in a new or different manner. Since a force afflicted by the Victory Disease will have simply gone through the motions of planning, unexpected enemy reaction will shock the friendly force and allow the enemy to gain the initiative. Yielding the initiative to the enemy becomes the most likely cause for defeat. The cumulative symptoms of the Victory Disease will have had their effect;

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Japanese officers survey some of the Russian battleships and cruisers sunk by their Army's heavy siege artillery during the Imperial Navy's blockade of Port Arthur, December 1904.



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an enemy who has learned to adapt will defeat the friendly force.

The British military experience during the Zulu wars of the late 19th century illustrates the symptoms of the Victory Disease. The native Zulu population of Southern Africa was just another indigenous people for the British Army to defeat in the Crown’s colonization of Africa. Before fighting the Zulus, the British Army had fought the Boers over possessions in southeastern Africa, but much of the British colonial fighting experience came about as a result of battles with the Xosas, the Pedis, and finally the Gcalkas, the indigenous tribes of the region.¹⁹

The British defeat at the Battle of Isandlwana on 22 January 1879 illustrates the danger of a military force using established patterns. When developing the campaign that led to the Isandlwana defeat, British Commander Lord Chelmsford planned to fight the Zulus in the same manner in which he had previously “fought a messy little war on the Cape frontier to a successful conclusion.”²⁰ Unfortunately, the Zulus did not resort to guerrilla warfare as previous opponents had done, but fielded an enormous army. Chelmsford’s forces were advancing in three converging columns. At Isandlwana, the Zulu army attacked one of the unsuspecting British columns while it was encamped and destroyed it nearly to a man.

The Battle of Isandlwana provided the British Empire with the necessary impetus for eventually destroying the Zulu Kingdom, but not before the British Army lost more than 1,300 soldiers. In this example, the negative effect of using established patterns is evident. The enemy’s reactions turned the tide of battle against a British force afflicted by the Victory Disease.

The Japanese experience in World War II illustrates on a national-strategic level the symptom of habitually using established patterns. In

this example, the Japanese revived a nearly 40-year-old strategy in their attempt to secure a Pacific empire. In 1904, the Japanese launched a surprise attack on the Russian Pacific squadron, then in harbor at Port Arthur. Coupled with this naval attack was a ground attack to defeat Russian forces in Manchuria. The goal of this joint operation was “a victory so rapid and decisive that Russia’s superior resources could never be brought into play.”²¹

Forty years later, when the Japanese perceived the United States as a threat to their Pacific empire-building, they chose a similar strategy of surprise attack against the U.S. Navy’s Pacific fleet at Pearl Harbor. Simultaneously, they would seize territory throughout the Pacific Rim and attempt to establish a strategic defensive perimeter.²²

The Japanese attempted a strategy similar to their successful 1904 plan but on a much larger scale and with higher returns if successful. However, there was also a likelihood of national annihilation in the event of failure.²³ For various reasons, the Japanese failed to strike a decisive enough blow against the United States in 1941. The Allies were able to reconstitute their forces and eventually defeat Japan in 1945.

Japan had pursued a national strategy that had brought great success in the past, but which led to total defeat 40 years later. The habit of using established patterns can leave a nation subject to defeat, since all campaigns must be viewed from their own particular context.

The Compounding Nature of These Symptoms

The symptoms of the disease, building one on the other, develop into a full-blown, possibly fatal, case of the Victory Disease. The danger of the disease to U.S. forces is that it can allow our enemies to easily predict our responses to given stimuli. A basic principle of war the U.S. Army espouses is that of maintaining the initiative in all military action, as opposed to reacting to enemy actions. Since national and military leaders suffering from the Victory Disease are likely to use an established pattern, the enemy will be able to predict their actions and seize the initiative. Thus, a military suffering from the Victory Disease is quite likely to lose the initiative to the enemy. Herein lies the greatest danger of the Victory Disease.

Based on this analysis of the symptoms’ compounding effect, one can see how this disease affects national and military leaders. As the symptoms grow, the Nation and the military will inch ever closer to failure. At the tactical level, a force that succumbs to the Victory Disease is likely to lose a battle. At the strategic level, the disease might yield a national failure.

Through the prism of historical analysis, the symptoms of the Victory Disease are evident, showing clearly how this disease grows within a military operation and leads to an increased likelihood of battlefield defeat. As a result, we must find ways to vaccinate national and military leaders to reduce the chances of their falling prey to the deadly disease.

Armed with a thorough understanding of the symptoms of the Victory Disease, the Nation begins its quest for ways to vaccinate national and military leaders. Since the result of the Victory Disease is failure,

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National leaders must use the media to manage the perceptions of the American people so that unrealistic expectations do not form. . . . Once these expectations form in the media, they are quickly transferred to the general populace. If allowed to form, unrealistic expectations are a source of military failure because they erode national support for a war effort, or they can erode preparedness while seeking short-term financial savings.

the need for a vaccine is clear and the vaccine is so obvious that many cannot find it. Today, many U.S. military leaders seek technology, such as computerized analytical tools and sensors, to solve battlefield problems. In seeking a vaccine for the Victory Disease, however, these technological solutions fall short.

The only real vaccine that will protect a nation and its military from succumbing to the Victory Disease is awareness of the disease's symptoms. The disease creeps into planning through assumptions made during the planning process, but it bears its poisonous fruit during execution. Thus, by continually testing the validity of assumptions during the planning process, one can limit the possibility of falling prey to the disease. Thus, an awareness of the symptoms and understanding the root causes of the disease is the vaccine.

How to Administer the Vaccine

While seeking a vaccine that will negate Victory Disease effects, it is important to remember that three primary groups must be vaccinated: the nation's populace, its national leaders, and its military leaders. Each group must be vaccinated in a different way, but military leaders are the key to preventing the Victory Disease's spread. Therefore, a vaccination program must begin at this level.

Potential vaccinations for military leaders come from a variety of sources. The Officer Education System could offer an increased study of military history and highlight past examples of the Victory Disease. Knowledge of the disease and its symptoms would likely yield increased vigilance on the part of military leaders and planners, making them less likely to succumb to the disease's effects. The Army's planning doctrine is another source of possible vaccines, because many of the symptoms of the Victory Disease are rooted in assumptions generated during the planning process. Thus, challenging one's assumptions during the planning process is critically important and will ensure that the effects of the Victory Disease will not find their way into the plan.

Once aware of the Victory Disease's effects, the nation's military leaders are responsible for alerting national leaders to the debilitating effects of the disease. Military leaders might do this by highlighting the symptoms of the Victory Disease as they arise in strategic planning, while resisting the opposite extreme of over-cautiousness. Once aware of the concept of the Victory Disease and its symptoms, national leaders must continually test their assumptions throughout the planning process. The goal of educating national leaders is to curb unrealistic expectations and to prevent them from assuming that U.S. forces can quickly and decisively win any battle at the cost of only a few friendly casualties.

National leaders have a responsibility to pass on this newfound knowledge to the general populace. National leaders must use the media to manage the perceptions of the American people so that unrealistic expectations do not form. A common source of these unrealistic expectations is the media. Once these expectations form in the media, they are quickly transferred to the general populace. If allowed to form, unrealistic expectations are a source of military failure because they erode national support for a war effort, or they can erode preparedness while seeking short-term financial savings.

As we study the after-action reports of operations in Iraq, we must attempt to discern any indications of the Victory Disease. The necessary preconditions clearly exist for the United States to fall victim to the Victory Disease's effects. America's position as the sole global superpower, combined with its vast economic strength and history of military prowess, makes it an excellent breeding ground for the Victory Disease. These characteristics are all things to be proud of, but unfortunately, national pride has the potential of developing into arrogance.

This article is not meant to criticize or erode self-confidence within the U.S. military. It is meant to highlight the need for constant analysis of enemy and friendly forces. The U.S. military must constantly seek a better understanding of its enemies and be wary of underestimating any potential adversary. Likewise, national and military leaders must be cognizant of the capabilities and limitations of their own forces to ensure they are tasked according to those capabilities and limitations. The goal is to ensure that the U.S. military is able to maintain the initiative, force the enemy to react, and ultimately defeat any adversary. Having been exposed to the potential for failure, the U.S. Army must devote itself to increasing leader awareness and diminishing the likelihood of falling prey to the Victory Disease. **MR**

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NOTES

1. Sun Tzu, *The Art of War*, Chapter IV, Tactical Dispositions #2, on-line at <www.kimsoft.com/polwar4.htm>, 1 May 2003.
2. Lieutenant General William S. Wallace, quoted in Rick Atkinson, "General: A Longer War Likely: Ground Commander Describes Obstacles," *The Washington Post*, 28 March 2003, A1.
3. James Dunnigan and Raymond Macedonia, *Getting It Right: American Military Reforms After Vietnam to the Gulf War and Beyond* (New York: William Morrow and Company, Inc., 1993), 21.
4. Many historians and military analysts cite the example of the German Army following the invasion of Poland as a case in which a successful military force honestly assessed its failings after a victory and made improvements to its system and doctrine. Although this occurred, we must note that while Adolph Hitler and his party elite were inspired by the quick victory of German arms, Hitler's generals saw many deficiencies in their system that they felt sure would be exploited by a more competent adversary. Thus, this example could support either side of this argument.
5. S.L.A. Marshall, *Crimsoned Prairie: The War Between the United States and the Plains Indians During the Winning of the West* (New York: Scribner's Sons, 1972), 83. Red Cloud's War was known as such because its Indian architect was Ogalalla Sioux chieftain Red Cloud. Red Cloud's War is one of the few times in U.S. history in which the U.S. military conceded to enemy demands and signed a treaty that contained provisions unfavorable to the U.S. Government. As a result of the negotiations that ended Red Cloud's War, the U.S. Army abandoned its forts along the Powder River in Wyoming and Montana.
6. F.B. Heitman, *Historical Registry of the United States Army: From Its Organization, September 29, 1789, to September 29, 1889* (Washington, DC: The National Tribune, 1890), 436. The 19th-century army granted brevet (or honorary) promotions for actions of great bravery.
7. Cyrus T. Brady, *Indian Fights and Fighters* (Lincoln: University of Nebraska Press, 1971), 23.
8. *Ibid.*, 24-32.
9. George W. Gawrych, "The 1973 Arab-Israeli War: The Albatross of Decisive Victory," *Leavenworth Papers*, No. 21 (Fort Leavenworth, KS: Combat Studies Institute, 1996), 5.
10. Avraham Adan, *On the Banks of the Suez: An Israeli General's Personal Account of the Yom Kippur War* (Jerusalem: Edanim Publishers, 1979), xii.
11. Douglas Scalard, "People of Whom We Know Nothing: When Doctrine Isn't Enough," on-line at <www.cgsc.army.mil/milrev/english/julaug97/scalard.htm>, 22 February 2003. Aldous Huxley's concept of vincible ignorance is appropriate in regard to the U.S. military's lack of emphasis on cultural intelligence. Based on vincible ignorance, one knows that he is ignorant of the enemy's culture but does not regard an understanding of the enemy's culture as essential to victory. This lack of cultural intelligence is unimportant since one's own force is invincible and the enemy is virtually impotent.
12. Roy Flint, "Task Force Smith and the 24th Division: Delay and Withdrawal, 5-19 July 1950," *America's First Battles: 1776-1965*, eds. Charles Heller and William Stofft (Lawrence: University Press of Kansas, 1986), 269-74.
13. *Ibid.*, 277-79.
14. T.R. Fehrenbach, *This Kind of War* (New York: MacMillan, 1963; reprint, Washington, DC: Brassey's, 1994), 66.
15. *Ibid.*, 66.
16. W. Glenn Robertson, "First Bull Run, 19 July 1861," *America's First Battles: 1776-1965*, eds., Charles Heller and William Stofft (Lawrence: University Press of Kansas, 1986), 86.
17. *Ibid.*, 88.
18. John MacDonald, *Great Battles of the Civil War* (New York: MacMillan, 1992), 12.
19. Lawrence James, *The Savage Wars: British Campaigns in Africa, 1870-1920* (New York: St. Martin's Press, 1985), 32, 34-36.
20. Ian Knight, "The Battle of Isandlwana: Wet with Yesterday's Blood," on-line at <www.battlefields.co.za/history/anglo-zulu_war/isandlwana/isandlwana_ian%20knight.htm>, 13 December 2002.
21. Noel F. Busch, *The Emperor's Sword: Japan vs. Russia in the Battle of Tsushima* (New York: Funk & Wagnalls, 1969), 65.
22. R. Ernest Dupuy and Trevor N. Dupuy, *The Harper Encyclopedia of Military History*, 4th ed. (New York: HarperCollins Publishers, 1993), 1,232.
23. Busch, 218-20.

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