

Women's business in men's business: women's health in military service in Australia

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Despite a plethora in recent years of reports, research and other publications on women's health and fitness in relation to their serving in the military services, this issue never seems to be laid to rest.

Australian Defence Force policy supports the employment of women in traditionally male-dominated, previously exempted areas of military service, with the exception of direct combat.¹ In spite of this, many of the obstructive arguments still exist. From time to time the issue is raised by the media, at conferences and in discussions surrounding detrimental accident or sexual harassment cases regarding the suitability of women for certain types of employment in military service. Objections are often found, covertly influential, in performance appraisals, postoperational reports, among members of panels for courses and promotion, and in discussions in messes; most objections are based on physical sex differences and on issues related to women's health. This paper explores, through the literature, the systemic use of women's health as a reason to exclude the participation of women in military service.

History, science and women's place in society

The use of science to support an ideology of women's place in society is not a new phenomenon in western society. During the 17th century, science became a major force for explaining phenomena previously explained by nature and magic, and led to the idea that a phenomenon did not exist unless it had been proven by science. Such scientific proof



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Synopsis

- ◆ The suitability of women to participate fully in military service continues to be argued, mostly on the basis of reproductive and gynaecological issues, and the impact that these allegedly have on women's role in military service.
- ◆ Scientific study of the differences between men and women, as well as social constraints imposed by the female role in reproduction and child rearing, has been used since the 17th century to justify women's unsuitability for many professions and the public sphere generally.
- ◆ Recent study of women in the military, while acknowledging the differences between the sexes, is showing that the traditional exclusion of women from many male-dominated positions cannot be justified.

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was also used to "prove" men's superiority over women. Thus the nature of women's bodies, femininity and sexuality were, in a sense, both given meaning by, and subject to, modern science.^{2,3}

In the mid 17th century, philosophers perpetuated the male tradition of male superiority in the regeneration of the human species by their interpretations of conception. Their philosophy centred mainly on women as the passive sex whose energy was concentrated on reproduction, leaving less energy available for the higher functions of learning and reasoning. Descartes and Parisano believed that the female egg was passive, and required the power of the male sperm to give it soul. The conclusion was that this made women inferior to men, who possessed the qualities of power, leadership and higher intelligence.

This "scientific proof" of women's inferiority was carried into the 19th century as Darwinian theory expounded that the smaller female cranium and brain showed female intellectual inferiority as well as inferior emotional development.⁴ Even in the late 20th century, scientists continue to be determined to prove women's inferiority as a result of their reproductive functions. Recent studies by anaesthetist Anita Holdcroft claim that women have reduced cognitive ability during and after pregnancy because their "brains shrink".⁵

According to Foucault, such discourses represent ways of forming knowledge and establishing power relations within social practices.^{2,3} Women's bodies were subject to a discourse which Foucault called *hysterization*, which, he argued, reduced them to nothing but wombs. This notion has been central to the reconstitution of socially acceptable norms of femininity from the 18th century onwards — the subjection of women to a patriarchal society, and the exclusion of women from most aspects of public life.^{2,3}

Western ideology pertaining to women at the end of the 19th century in Australia made women ill-equipped to engage in the public sphere. A woman's accepted role in marriage, childbirthing and family duties not only made it very difficult for her to find time to participate in the public sphere, but such participation was considered undesirable, as it had been "proven" by science that her role in reproduction decreased her ability to participate.⁶ To engage in the public arena women had to step outside of the socially and scientifically constructed ideology of femininity.

Several complex social changes initiated women's entry into the public sphere. These included:

- industrialisation in the 19th century;
- the introduction of universal school education;
- the nursing of the sick in hospitals rather than in the home; and, in particular,
- the advent of world wars, in which much of the male population of many countries were engaged.

Women and professions

The entry by women into publicly structured occupations during the 19th and early 20th century also brought them into contact with another major social change that characterised the emerging postindustrial society — the advent of professions. Perkin described this as "the rise of the professional society".⁷ He used the concept "professional" not in its customary, limited sense of describing a few elite service occupations (eg, law and medicine), but as a theorised notion encompassing the aspirations of many occupational groups. These professional groups acquired for themselves the forms of statutory protection pioneered by the elite professions, such as admission by training, acknowledgment by merit, and remuneration for services rendered.⁷

Some occupations have sought to become more exclusive and, over a period of time, those professions involving manipulation of words and abstract ideas became more formal. Efforts were then made to establish them as closed groups available only to those who could pass the entry requirements of education, codes of conduct, fixed scales of fees, and certification. These professions, consisting mainly of law, medicine, the church and officers of the military, effectively excluded many others in society, including all women.⁸

Perkin nevertheless argued that, despite the exclusivity of some occupations, the appeal of the professional society was that it was available to all levels of society from the landed gentry to the working class;⁷ there was a profession to suit each level. Every landlord and industrialist could become a professional manager, every worker a salaried employee.⁷ Yet, although professionalisation appeared to support the ideal of equal opportunity for all, a hierarchical framework was applied, and some professionals were seen to be "more equal than others".⁷

The professional society therefore evolved within a class structure of hierarchies that were in themselves unequal, each hierarchy consisting of other unequal components. The exclusive professions of medicine and law were firmly placed, and continue to be placed, at the pinnacle of the hierarchy, with decreasing levels of status for other professions, depending upon community perception and remuneration.

A profession's position within the hierarchy is not static and is subject to the complex changes in society's demands. Women, who eventually did enter the professional society and the public arena, came in through the occupations of teaching, nursing and clerical employment, all of which were and are still considered to be at the base of the professional hierarchy.

It is this legacy that has influenced society's discourse on women's service within the military. Popular theories on the effect of women's medical, reproductive or health issues are put forward to exclude women from certain areas within military service. Subsequently, scientific rigour is applied in an effort to validate popular theories and confirm social practice.

Women's place in the military

Most scientific studies into women's health and reproductive issues in the military can be found in the American, British and Israeli literature. While the same issues are discussed at length in the Australian media and at Defence Force conferences, there are few published Australian articles. However, in a 1998 Australian Military Medical Association annual scientific conference paper, Smart argued, in reference to female pilots, that personnel from traditional male areas are still coming to terms with the influx of women into their "hallowed ground", and are looking at menstruation, lack of physical strength, inability to "cope", and any other factor that can be raised to exclude women from military combat service.⁹ Yet, when convenient in Australia's history, women have been placed in operational military situations as a consequence of their military or quasi-military service. In the United States, DeCew found that:

... when military emergencies arise a role for women in service is quickly rediscovered. This results in the irony that women have served in the military in greater numbers precisely when the risks were the greatest, but military

participation was less acceptable when the risks were lower.¹⁰

Nevertheless, it is women's health and fitness for service in combat-related areas under operational conditions that continues to be debated in Australian military circles. This remains the case despite the many studies and experiences recorded in international military journals showing that these issues are insignificant in women's employment and deployment in operational military situations.

Traditional employment opportunities for women in the military, including positions such as clerks and nurses, are available without question under operational conditions; it is the non-traditional positions that generate discussion about women's fitness to serve. The main non-traditional positions are in combat-related employment and command, the first often being a precursor of the second. The inability of women to be readily employed in command positions also excludes them from attaining ranks higher than colonel or equivalent. Senior positions for ADF women are most commonly attained as a result of career movement through a non-combat-related pathway. These positions are vulnerable to downsizing strategies, which further reduce the number of women in the higher echelons of military employment.

Smart addressed the four traditional arguments against women's employment in non-traditional positions in relation to women fighter pilots: physiological difference, physical weakness, women's specific health problems and cultural issues. She found that there is no significant evidence that physiological differences between men and women should prevent women flying combat aircraft.⁹ Similarly DeCew,¹⁰ whose 1995 paper explores a more sociological approach to the exclusion of women in the military, found that there was no evidence that physical weakness, inability to cope, or normal female reproductive and gynaecological health issues should exclude women from combat-related or other military service. This is further supported by Segal, who argued that technology has now "substituted brain power for brawn", emphasising that technical skills rather than physical strength enable women to participate in military combat.¹¹

Women in the theatre of operations

Science has continued to be used to prove or disprove the case for women's involvement in what has always been considered to be the "men's business" of the defence of a country. The Gulf War generated much research into the gynaecological and reproductive health of women in the military during deployment in operational conditions. Yet, overall it was found that, while women did present with gynaecological medical conditions and issues related to their health, they were generally of a minor nature. Indeed, almost without exception, studies that explored the psychological status of women in operational conditions found that women

had good coping qualities. This is reflected in a study by Pierce¹² that compared the health of women deployed the theatre of operations to those deployed elsewhere during the Gulf War. It involved 638 of the 88415 women in the United States Air Force who were either on active duty or active members of the guard or reserve. Of the 638 participants, one-third were deployed in the theatre of operations; these women did not report a significant impact on their mental health or wellbeing, and the researchers were surprised by the remarkably positive outcome. However, those deployed in the theatre of operations had significantly more health problems (general as well as sex-specific) than their counterparts deployed elsewhere, citing an increase in breast lumps, abnormal Pap smears and herpes infections.

Hines researched the health care needs of women during combat deployment and found that, of the medical conditions that women presented with to health facilities, 25% were gynaecological and 75% were orthopaedic and acute minor illnesses.¹³ This study also supported Pierce's findings that there was no evidence to show that women suffered from psychological disorders as a result of military service. Hines further argued that, although servicewomen had gynaecological health requirements, this did not pose a significant health care burden to the US Army. Their health care needs could be met by a broadly trained general practitioner.

Similarly, Yacavone found that gynaecological health problems are not significant in women deployed on naval operations, providing appropriate requirements are taken into consideration in the medical plan.¹⁴ In describing his experiences during a six-month cruise of the nuclear-powered aircraft carrier *USS Dwight David Eisenhower*, Yacavone said that both male and female sailors sometimes reported for duty without adequate medical screening (he cited existing medical conditions ranging from gynaecological conditions in women to asthma and severe pre-patellar bursitis in men and women). He also reported that, although women underwent emergency surgical procedures during the cruise, none were for gynaecological conditions, but for the same conditions as those found in men (eg, trauma and appendicitis).

Comparisons on the basis of sex

A study by McGlohn et al explored the qualities of male and female pilots in combat situations, how they viewed their career and family goals, and how they worked together in day to day activities, as opposed to deployment and combat situations.¹⁵ It was found that women were grounded for medical reasons more than men, mostly for gynaecological conditions, followed by orthopaedic conditions, whereas men were most often grounded for either "internal medicine problems", or orthopaedic reasons.

While McGlohn et al found that women did report medical concerns more often than men, it was found that they

were a better long term medical risk than men. The same conclusion had been reported previously by Lyons in 1992, who found that women were at lower risk than men of permanent incapacity from duties because they were more likely to report medical conditions which lead to temporary restrictions on duty.¹⁶ In comparison, men did not seek medical assistance and put themselves at risk of permanent incapacity.

Other studies have sought adverse effects of the gynaecological and reproductive functions of the female body on performance in different aspects of military service.^{15,17-22} Many studies have highlighted differences between men and women, but there is no statistically significant evidence that gynaecological or reproductive factors impede a woman's ability to be employed in a range of military services.

Conclusion

Although the discussion surrounding women's suitability to take their place in the public arena is clearly alive and well, scientific evaluation is now "proving" women's ability to take part in men's military business rather than excluding them.

Science has been used to support ideologies carrying the most power, or to support minority ideologies in the ascendant. The discourse flowing from 19th century ideology on women's ability to take their place in the public arena is slowly being eroded, and this is evident in the number of women taking their place in positions at all levels in the corporate, political, professional and academic world. The military seems to be the last of the "exclusive professions" to resort to scientific evidence of women's reproductive differences from men to "prove" or "disprove" their employability. However, current scientific evidence contradicts, rather than supports, popular beliefs about the suitability of women for military service. Gynaecological and reproductive conditions clearly need to be taken into consideration in the military deployment of women, but research has shown that the impact of these conditions is insignificant in the overall medical plans of commanders.

We have now reached a turning point in the employment of women in the ADF. Science has turned in women's favour, showing that gynaecological and reproductive health is an insignificant factor in the deployment of women into operational positions, and that their superior coping qualities are an asset the ADF cannot ignore. It is this very asset which would allow them to take their place in combat and non-combat positions and in highly prized command positions. Certainly men are different from women. Women may well approach and resolve a problem differently from men, but that does not mean it will be the wrong resolution. Not all women are suitable for all positions in the military, but neither are all

men. Men's business can also be women's business, and this can only enhance the core business of the ADF.

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