

IT'S OUR MILITARY, TOO!

WOMEN AND THE U.S. MILITARY



Edited by Judith Hicks Stiehm

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U.S. Military

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Judith Hicks Stiehm

Temple University Press \ Philadelphia



Temple University Press, Philadelphia 19122
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Published 1996
Printed in the United States of America

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of the American National Standard for Information Sciences—Permanence
of Paper for Printed Library Materials, ANSI Z39.48-1984

Text designed by Will Boehm

Library of Congress Cataloging-in-Publication Data

It's our military, too! : women and the U.S. military / edited by Judith Hicks Stiehm.

p. cm. — (Women in the political economy)

Includes bibliographical references and index.

ISBN 1-56639-455-4 (cloth : alk. paper).—ISBN 1-56639-456-2

(pbk. : alk. paper)

1. United States—Armed Forces—Women. 2. Women in combat—United
States. I. Stiehm, Judith. II. Series.

UB418.W65I88 1996

355'.0082—dc20

95-49038

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In the series *Women in the Political Economy*,
edited by Ronnie J. Steinberg

Preface



Militaries are traditional institutions. When outsiders ask them to change, for example, by permitting openly gay men and lesbian women to serve in uniform, they are capable of energetic resistance. A phrase frequently used by opponents of change is “Not in my military/Army/Navy/Air Force/Marine Corps!” as though because they are in the military they own it.

In fact, civilians, including the Supreme Court, often do defer to the military. But the military’s commander in chief is an elected official, and a majority of voters are women. Thus, it would not be incorrect for women collectively to respond to a traditionalist: “Well, you realize it’s actually my military”—or at least, “It’s my military, too!” Women have never constituted more than 13 percent of the U.S. armed forces, and even the most non-traditional and the most patriotic seem more wary of than enthusiastic about joining the military. But it is our military, and we have responsibility for what it is and what it does.

The purpose of this book is to encourage civilians, especially women civilians, to accept and exercise that responsibility. The first section provides basic information about the military, such as the rank structure. It also offers narratives by three active-duty women officers, each very successful but each with a different story and set of beliefs. Two of the three have chosen to use pseudonyms. The second section provides perspectives on specific groups of women who have chosen to serve—in particular, nurses and African Americans. This section also discusses issues related to physical differences between women and men, the combat exclusion, and the changing nature of the military’s mission. The essays in the last section are written by civilian feminist intellectuals. None has had military experience, but all have worked for an extended period on the subject of war or the military. Their essays are intended as catalysts. So is the book.

Four conferences, acknowledged below, provided a forum for the development of many of these essays. The importance of such gatherings cannot be overestimated. Indeed, some of their organizers too are contributors to this volume: "Women and the Military" was held as a Quail Roost Conference and hosted by Richard Kohn of the Triangle Universities Security Seminar in April 1993. "Gender and War" was held at the Rockefeller Foundation's Bellagio Study and Conference Center and hosted by Miriam Cooke and Alex Roland in August 1993. "Institutional Change and the U.S. Military: The Changing Role of Women" was held at Cornell University and hosted by Mary Katzenstein and Judith Reppy in November 1993. "Peacekeeping: A New Role for Women and Men" was held in Washington, D.C., and hosted by Georgia Sadler for the Women's Education and Research Institute in December 1994.

In addition, Chapter 8, by Lucinda Peach, was developed with the assistance of the Indiana Center on Global Change and World Peace at Indiana University; an earlier version of the essay was published in the *Hamline Journal of Law and Public Policy*.

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PART I VOICES AND FACTS



Rhonda Cornum

1

Soldiering: The Enemy Doesn't Care If You're Female

Should women be in the military? Should they be in combat? I must have been asked about these issues a thousand times since I was shot down in Iraq during the Gulf War. I don't think people think it's so remarkable that I've been in the Army, but do people really believe that being shot down in a helicopter and spending a week in prison makes you an expert on social/military issues? That seems pretty unreasonable to me. I think I do have an important point of view about such issues, but I believe my view is valuable because it is based on my experience of (at the time I was shot down) thirteen years in the military and six and a half months of being deployed. Being captured does, though, give one a certain amount of credibility. Still, when I'm asked what I think about women in the military, my opinion is based on my extended experience, not on stereotypes, not on philosophy, not on prejudice, and not on a one-week experience as a prisoner of war.

I was an unlikely person to join the military. I was a product of the late 1960s and 1970s—as my teenage daughter says, of “the hippie days.” I was a graduate student in nutritional biochemistry at Cornell University and within a year or so of getting my Ph.D. when I gave a talk at a national meeting and a lieutenant colonel in the Army came up to me afterward and asked if I had a job when I graduated. He turned out to be the director of a research division at the Letterman Research Institute in San Francisco and was interested in hiring someone to do research on amino acid metabolism. There was one hitch. He said, “You have to be in the Army.” Well, that was in-

teresting. I'd never met anybody in the Army before. During high school I had never even met someone who was planning to join the Army. In college I was at least aware that there were people in the Army—Cornell had an ROTC contingent, but I had never met anyone who belonged to it. I didn't say "No thanks," because I've always been willing to think about new activities, but I had had no experience at all with people in the Army and certainly none with Army people who did biochemical research.

One thing I learned about being commissioned in the Medical Service Corps was that I would make a lot more money than I would as an assistant professor or postdoctoral fellow. I also learned I would have a beautifully equipped research lab and an equally beautiful view of San Francisco Bay from the third floor of the Letterman Institute. You add to that package having no teaching responsibilities—an opportunity to do only research—and I was sold. I was commissioned in the Army Medical Service Corps and went off to officer basic training in San Antonio, Texas, in the summer of 1978. Officer basic was not exactly what the lieutenant colonel had told me it would be. Most of the other students were second lieutenants who had just graduated from college or from Officer Candidate School and who were going to be leaders of medical platoons. They were going to be in the real Army, not the medical research institute version of the Army. While I was attending this summer indoctrination course, I discovered that I really liked it. I liked running in formation. I liked doing things as a group. The Army sort of took on the feeling of family.

Going to the field and accomplishing things as part of a squad was a new experience for me. I had been very competitive my entire life, but I had always done things as an individual. I showed dogs—you do that by yourself. I showed horses—you do that by yourself. I didn't participate in any organized team sports when I was in high school or college. And doing biochemical research involved pitting your brain against a problem. First you had to find the problem; then you had to find a way to solve it; finally you had to find the solution. This was not really a group experience either. For whatever reason, when I joined the Army I found I was ready to be a team member, and I had a great time in officer basic.

Then I went to San Francisco and to work. It was, as advertised, a great research environment. I discovered, however, that most people at Letterman were not particularly military. The majority of the physicians who worked there were participants in the Berry Plan. This plan had let them defer their required military service until after they had completed medical school. Though some of them had a real interest in doing research, most of them

had no interest in the military or in the Army's mission. I did find a few people at Letterman who liked the Army, and I gravitated toward them.

I went to the Expert Field Medical Badge Course in Monterey, California, with another officer. We had a great time and worked very hard. In fact, that course, which involved doing medicine in the field, was harder than anything I had done to date. We both graduated. When asked by a surgeon in the office next to mine why I would do such a thing—go down there and get dirty and sleep in the woods and set up field sanitation sites—I answered, “Because I'm in the Army.”

The experience of being a Ph.D. scientist in a medical research institute convinced me of several things. First, I really liked medical research. Second, it was frustrating not to have a clinical background. Third, it was discouraging to watch people make twice as much money as I did and produce no better quality research than I was producing. I decided that I should either go back to the university and do research with rats and chickens or go to medical school. There seemed to be more future in medicine, and so I applied to and was accepted at the Uniformed Services University of the Health Sciences (USUHS), in Bethesda, Maryland, also known as “the military medical school,” or FEDMED U.

I suppose a note about my personal situation is important. I had gotten married as a senior at Cornell and had a daughter, Regan, by the end of my first year of graduate school. At that time my husband and I were somewhat caught up in “hippie ways.” We lived in a log cabin, heated our place with wood, milked goats, grew our own vegetables, and so on. We had a great time, and it was a wonderful experience. But things were quite different in San Francisco. After two years there, we were divorced and agreed to joint custody of our daughter. At the same time that I made the decision to go to medical school, Regan's father decided to go back to school, and he was barely surviving on a graduate student stipend. Thus, I was responsible, at least financially, for Regan. That was a significant consideration in my choice of where to go to medical school. As a student at USUHS, I was paid a regular second lieutenant's salary. Admittedly, that was not as good as the senior captain's salary I had already been receiving, but it was a lot better than nothing. And it was overwhelmingly better than going into debt, not just to pay for medical school, but also to pay for child care and living expenses. I knew I liked the Army and I knew I wanted to stay in, so the fact that a USUHS education carried a significant commitment in terms of the amount of time I was obliged to stay in service was easily outweighed.

USUHS was for the most part a great experience. First, I met my husband, Kory, there. Second, I was exposed to senior medical officers who liked the Army, who thought the military mission was important, and who thought going to the field and participating in wartime training was important. And it was an opportunity to see that there was a variety of interesting career paths after medicine if one wanted to stay in the Army. Many of the USUHS students had been in the service previously or in ROTC. Some had been enlisted, some had been in other career fields, but we were a group of people who knew we would work together for the rest of our careers, and there was very little of the unpleasant competition you sometimes get in civilian schools. We all knew we would have a job when we got out. I didn't need to remind myself "I'm in the Army" anymore. The military was my life, not just a phase.

After I was accepted to the military medical school, I requested a TDY, or temporary duty assignment, to attend jump (parachute) school at Fort Benning, Georgia, before starting school. Once again, my friends in San Francisco shook their heads. They asked, "Rhonda, why are you doing this to yourself?" I had to admit it was just to prove I could—and to be surrounded by people who were "really" in the Army.

Following medical school graduation in 1986, Kory and I stayed in Washington. I began a general surgery internship at Walter Reed Army Hospital. During my internship I applied for and was accepted into a (military) urology residency. While we were medical students, though, Kory had convinced me that we should take the Army flight surgeon course. Why? Because in 1986, when we attended, part of the curriculum included teaching the physician students how to fly helicopters. In order for Kory (who was in the Air Force, not the Army) to participate in the course, we had to go while we were students. Once he graduated and was assigned to an Air Force base, he could only have attended the Air Force flight surgeon course, in which you don't get to learn to fly. Although I had once considered being a pilot, I had decided against it. This was partly because at that time women were allowed to fly only transport helicopters and medevac. No gunships for them! My personality definitely ran more toward the gunship aircraft.

Even then, I did not consider it reasonable to try to compete in an arena where I was not going to be treated equally. Medicine was not that way, I thought. I believed that as a medical officer I would be judged on ability and performance and not on gender.

Kory and I had a great time at the Army flight surgeon course. We took two of our thoroughbred horses (that we were in the process of steeple-

chasing) with us and maintained them at the Fort Rucker riding stable. Every day after class we'd go to the stable, pack the horses in their trailer, and go out to the tank trail, where there were miles and miles of sandy roads, and ride for an hour. That kept "the girls" in shape for the races we went to during the six weeks we were at flight school. Best of all, though, we learned to fly helicopters! It was more fun than I had imagined. I graduated number one in the class, although I hadn't actually realized until the end of the course that there was any sort of grading going on other than pass/fail. On the last day the most remarkable thing happened. The guy who was second in the class said, "Rhonda, I didn't realize you were in the running." (I guess I hadn't looked very nerdy over the past six weeks.) I looked him in the eye and said, "Well, I didn't even know we were competing."

Kory had always wanted to be an Air Force flight surgeon. Denver, where I had been accepted for the urology residency, had no Air Force bases nearby—at least none that had fighters. I believed that if I was competitive now for a residency, then I'd be competitive later as well, and that being a flight surgeon was an opportunity to do a "military relevant" job. I, too, decided to become a flight surgeon.

It was at this point that I had my first clear experience with gender discrimination in the medical corps. We wanted to go to two bases in North Carolina. I could go to Fort Bragg with the 82nd Airborne. Kory could go to Seymour Johnson, where they were just starting to receive two-seat F-15s. We drove down for a weekend, met the people who were then in those jobs, looked at homes and farms. When we got back to Washington, though, I was told that I couldn't go because a flight surgeon in the 82nd would be considered a combat slot and women were not eligible. Yes, I was irritated. But as an intern I didn't have time to be irritated very long. We had just enough time to look for another opportunity for both of us to do what we wanted to do. Eventually, we settled, and the Army and Air Force personnel assignment officers also settled. Kory would go to Eglin Air Force Base in Florida, and I would be assigned to Fort Rucker, Alabama.

When I got to Fort Rucker in July 1987, I was met with a surprise. Because I was senior (having been in service prior to medical school), I was made chief of primary care. I was pretty surprised to be taking care of dependent family members and retirees, but I looked at it as a new opportunity. I had never run a clinic, I had never even worked in a clinic, and I had certainly never had other doctors working for me. In addition, I was responsible for the emergency room, staffing, credentialing, training, and