

Small Arms Survey 2014: Women and Guns

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Questions by Tania Inowlocki, Small Arms Survey

Responses by Mariette Kalinowski, student veteran coordinator and certifying official, former sergeant in the US Marine Corps, including as a machine gunner on convoy security in Iraq December 2013

Q. In your experience, how is transitioning back into civilian life different for female veterans as compared to male veterans?

In the past years, I've found that a few things make transition unique, if not more difficult for women than men, such as the way women self-identify as veterans. A good number of women are married and/or mothers, and are caregivers as well as students and professionals. Many of these female veterans who are mothers are also single, so there is the added pressure of finding care for their children while pursuing their own goals. As a result, many female veterans choose not to identify as former soldiers or Marines, because the title simply complicates their already full life. Within higher education, many women declare themselves as veterans to the campus certifying official¹ in order to receive their education benefits, but then choose not to identify as veterans to their fellow students. They focus all their efforts on succeeding as a student, while being a wife or parent.

The second obstacle for women veterans is the way the public identifies veterans. Ask ten people on the street to describe a veteran and the odds are they'll describe a handsome, clean-cut, athletic-looking 6'3" (190 cm) man, who may or may not fall within the speaker's ethnicity. Most likely a woman would never cross their mind, or if one does, the woman would probably fall within an ethnic minority, or another social class that made it 'necessary' for her to join the military. In my own case, as a petite, attractive, white woman at 5'3" (160 cm), I break every stereotype of a veteran, of a Marine, and so I identify as a veteran mainly to dispel this. It can also be fun to watch a man deal with the shock of hearing I was a machine gunner.

Q. In mentoring veterans (as they reintegrate into civilian life or as they pursue higher education), do you see a need to approach men and female veterans differently? Do female veterans have particular needs or are they affected by specific social perceptions?

Returning to the idea of self-identification, a mentor needs to be aware of the individual veteran's needs, such as parenting responsibilities, substance abuse history, or military sexual trauma (if volunteered, because a mentor does not have the authority to counsel), so that a successful environment can be built. In my experience, working with female veterans can be difficult because very few women, compared with men, identify themselves as veterans, and so they will avoid certain activities. When a lunch function was organized on my campus in an effort to bring women veterans together and encourage conversation about specific needs, only

¹ Campus certifying officials are authorized to sign and submit forms to the US Department of Veterans Affairs on behalf of veterans and active-duty service members. They verify enrollment, document changes in status, and report circumstances affecting benefits.

about six women—out of campus population of 150 male and female veterans—participated. The main topic of conversation related to the general misunderstanding of women veterans by men, despite attempts to educate them. More telling was the fact that very few women took part in the conversation. If women veterans are less likely to come forward, campus programmes will find it more difficult to address specific needs and may rely on more general initiatives, rather than gender-specific models.

Military sexual trauma also makes mentoring of female veterans more difficult, because it is more likely that a woman experienced some form of sexual assault than a man (although more men are coming forward as victims). While it's not appropriate for an unlicensed mentor to ask outright if a woman was assaulted while serving, the mentor must be open to the possibility that the female veteran has trust issues and may be uncomfortable in the company of male veterans. The majority of women will not volunteer this information, and it is unfair to them to assume that there is positive screening for military sexual trauma. But it is necessary to ensure that the possibility is accounted for. In my experience, mentoring of veterans is, at its heart, 'facilitating goodness', regardless of gender, and if the campus is made to be supportive and welcoming, then veterans will thrive.

Q. What types of misconceptions do you feel women veterans encounter (both in the military and among civilians)?

First and foremost, that we are weak: that we lack the upper-body strength to perform specific combat tasks, and that our bone structure and specific hygiene requirements restrict us from long-term, high-stress scenarios, such as secluded operations posts or extended patrols that require carrying individual supplies. An extension of this is that women are psychologically weak, and that when confronted with violence or the need to defend oneself, a woman would hesitate or fail to 'pull the trigger'. Finally, that women are more suited to be caregivers, and that their biological imperative is to create a nurturing environment, rather than to commit violence.

All of this is based, of course, on sociological pressures, as well as weak or unfounded theories. If the military is concerned that women suffer from a weakness of the upper body, then it should introduce physical training requirements to address this issue. If a woman's menstrual cycle precludes her from spending extended periods of time in the field, away from sanitary conditions, then she should be provided with a form of birth control that will cause a cessation of her menses while deployed.

All persons, regardless of gender, have the ability to condition themselves for physically challenging tasks and environments. Women are evolutionarily identical in muscle and bone anatomy—meaning that there are no muscles that are unique to men or women—and performed in similar capacities as men during hunter-gatherer times. The physical failures of women, when compared with men, is due to misconceptions fuelled by men, and it is only in recent decades that women have stepped forward to dispel these notions.

In my younger years as a Marine, as a machine gunner, I could complete four to five unassisted pull-ups—the defining physical skill of upper-body strength in the US military—and was expected to lift and manipulate the many parts and accessories of my weapon systems.

As a gunner, as a Marine, regardless of my gender, I was expected to carry, clean, and properly operate my weapons. As a .50 calibre gunner, I dealt with a lower receiver of about 60 lbs (27 kg), a barrel of about 20 lbs (9 kg), mounts coming to about 50 lbs (23 kg), and the full combat load of about 107 lbs (49 kg). I was expected—and never asked for help—to carry these

individual pieces and mount them properly on my Humvee. I was also expected to understand how to do the ‘head space and timing’ of the .50 calibre, which allows it to fire properly, and to understand the capabilities of my weapon, as well as the theory of machine gun deployment. I wanted this position as gunner; I volunteered for the unit and the position, so when I displayed strength and aptitude for the requirements, I was expected to fulfil them. If I had failed in any way, I would have been removed from the post, and probably returned to my parent unit. I’d like to believe that a man would suffer the same treatment, if he failed in the position.

More and more women are proving that they are qualified and able to perform in combat situations as well as, if not better than, men. I have witnessed men who are physically or mentally unable or unwilling, but are still considered an ‘authority’ on combat, simply because they are male. Ask them to complete pull-ups or run a mile and half in gear, though, and they would fail. Being a woman does not preclude one from being physically and mentally strong, and being a man does not assure it, either.

Q. Did you encounter any situations during your tours of duty in Iraq that highlighted differences between men and women in the Marines, especially with regard to rules of engagement?

During my first tour, gender differences were used more as a control method, rather than as a means of barring me from combat, meaning my fellow Marines knew that because I was a member of a unit that routinely went on security missions (2nd Military Police Battalion, ‘Alpha’ Company, 2nd Combat Logistics Regiment, Camp Lejeune, North Carolina), I would be subject to the same risks and expectations as the men. However, the men verbally demeaned and abused me as a means of reinforcing their authority. As a result, my performance and critical thinking were constantly questioned and dismissed, and I was accused of being a failure at everything. My self-esteem was at an all-time low, and I questioned my desire to remain alive. Luckily, I survived, and I was able to work my way towards my current life and profession, which has fulfilled me in many ways.

There was no gender-related difference with respect to rules of engagement; if at any time a Marine felt threatened or sensed that another Marine was in danger, he or she was authorized to use force, per the escalation-of-force guidelines. The only time gender was an issue was when we observed the Islamic restrictions on interactions with the opposite sex. Other women and I were on hand, during patrols, to search women for contraband weapons and devices. As a woman, I could thoroughly search an Iraqi woman while respecting her culture. Often, fellow male Marines would say that the only reason female Marines were allowed on patrol was to respect the Islamic restrictions. My response was always, ‘So what if that’s the only reason?’ It provides female Marines the opportunity to prove that they can operate in combat environments with distinction, and that the more common reasons for restricting service women are false. If the door to gender equality in the armed forces starts with respecting gender politics of an occupied country, then I’ll take it.

Q. Do you feel that veterans are sufficiently prepared for potential injuries (both physical and mental) before they are sent into conflict zones?

No, young people are in no way prepared for the potential injuries of combat. More than likely, a young person won’t even stop to ask, because this would undermine the enlistment process. The

military must be sold to potential recruits; the military has been all-volunteer since 1975, which makes filling the ranks more difficult than relying on conscripted forces. The US military relies on willing enlistees who view service to their country as a reward, a morally praiseworthy decision. The attitude of the military is people who are concerned with their well-being shouldn't enlist, especially when serving in time of war.

That said, I knew from a young age the risks of service, especially during wartime, because my dad served in the Army during the Vietnam War. He never made it to South-east Asia, but many of his high school friends were drafted into the infantry and were either killed or severely injured. As a result, all of his stories were tinged with the knowledge that the military was a back-up plan ('there are other ways to pay for school') and that wartime service was too risky. I ignored my father's warnings. I don't regret serving, and I'd reenlist in a heartbeat, if I were able, but my experiences overseas didn't come close to my expectations, and the mental and physical repercussions are almost too much to describe. Combat is life-changing, even if a Marine remains on base and never goes on any kind of patrol outside the wire.

There is a kind of isolation that makes returning to civilian life nearly incomprehensible. A veteran returns from war and spends some amount of time among fellow veterans, which makes her feel commiserated with, understood, so she feels ok. Returning to civilian life, she immediately feels cut off again, isolated just like during deployment, but in a more devastating way: her military language doesn't translate easily into civilian language, so even if she tries to explain what she's feeling, her civilian counterparts don't truly understand, or her admissions actually serve to isolate her more, make her a novelty among her social group. I sometimes wonder if this is the more devastating part of post-traumatic stress. No potential enlistee can ever be made to understand this state of being.

Q. Do you see the need for changes in the medical and psychological care provided for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or other mental or physical injuries? If so, what would you suggest?

The treatment of post-traumatic stress disorder is a field that will have to evolve because what we currently recognize and consider effective treatments will become weak or obsolete with time. Consider the 'work cure' used by British psychiatrists of World War I, such as at Craiglockhart War Hospital: it was effective during a time when British society still relied on a large portion of their native population to provide agricultural knowledge and labour to feed their nation. In this context, 'shell-shocked' soldiers were given gardens, small herds of sheep, and forested, mountainous terrain to hike and observe, under the assumption that these patients would engage in forms of physical movement that differed enough from trench warfare to mitigate or cure many of their issues. This method would be less effective today as the majority of veterans are reliant on technology and live a primarily cerebral, sedentary lifestyle. They would thus require methods that feel familiar to them, such as role-playing games that offer severely injured veterans an avatar that can become a public persona, or artistic expression to allow a veteran suffering from severe TBI to literally rewire his or her brain to compensate for the processes that are weaker due to injury. Many of these technologies are becoming widespread in mental and physical rehabilitation of combat veterans. That's not to say that Outward Bound and other such programmes are not helpful or popular among injured veterans; they simply appeal to a specific group of veterans, whereas the technological methods of treatment appeal to another group.

Treatment professionals should be more willing to diagnose TBI. In my own case, I had to fight for a low rating of TBI because my Veterans Affairs (VA) evaluators claimed that many of my complaints could be attributed to severe PTSD. In my mind, the evaluators seemed to be lowering their responsibility of care, incorrectly labelling either PTSD or TBI, or showing that they were unfamiliar with atypical presentations of TBI.

Insurgent tactics constantly evolved in Iraq and Afghanistan, often in ingenious ways that drew the respect of the Marines—and that created constantly evolving injuries. The VA must be flexible enough to assess new or unusual presentations of injury and to adapt diagnoses accordingly. PTSD and TBI are often called ‘invisible wounds’ because there is no outward presentation of injury. This creates an understandable difficulty for the VA: ‘How much do I believe this seemingly healthy veteran that she suffered a minor head injury due to exposure to an IED? Or do I consider her a malingerer attempting to defraud the system?’ I suggest erring on the side of caution.

Q. Do women veterans have any special medical needs that the Department of Veterans Affairs has overlooked or under-recognized?

In view of the fact that women veterans who are mothers require pre- and post-natal care, more and more regional VA centres are installing women’s health centres that provide relevant care as well as the routine OB/GYN screening that all women should undergo during the year. The VA should consider allowing dependent care at its facilities, specifically for children of uninsured veterans. It should also consider delivery services for women undergoing labour. I can understand if a VA facility is unable to create a room or lounge for a mother experiencing labour, but perhaps a regional facility can create a care agreement with a local public hospital that will offer the same services at a reduced fee or free of charge.

Military sexual trauma (MST) also creates a specific need for care, regardless of the victim’s gender. In the case of women, an assault or rape by a man is likely to elicit extreme distrust of men and will restrict the doctors and nurses who can be allowed near the woman. A woman who is so distrustful that she is willing to forgo much preventive care, because receiving care puts her in a vulnerable state, must be approached with compassion and respect. I believe there could be a code or notation on an MST victim’s file (if there isn’t already one) that indicates she has specific requests and needs while undergoing care. There should also be specifically trained counsellors or mentors who can accompany the patient and ensure that she is not placed in a compromising situation. The patient can agree with the mentor ahead of time what is acceptable and what is not. If at any time the patient is unable to indicate her discomfort, the mentor can speak up for her.

From the very first day of basic training, every enlistee is trained to understand that missions are only successful when squad or unit mates work together. A Marine operates within a squad and a fire team and trusts every other member with her safety, because every other Marine relies on her for their safety. If a woman experiences rape by someone she believed she could depend on, she can no longer rely on mutual trust. A mentor or representative on a VA campus (who shouldn’t advertise her role to other patients) can help to retrain this trust and provide an opportunity for the patient to regain the value of seeking and receiving help. Such retraining can eventually lead a woman to seek out preventive care and thus promote a healthier lifestyle.

Q. How do you feel about the US military's plans to integrate women in combat roles?

I've always been a proponent of women serving in combat, if for selfish reasons, and I always believed that if the infantry field (or any other combat position) were opened to women, I would fight my way to the front of the line. I discharged before this opportunity, unfortunately.

Women haven't always been barred from combat and, as I alluded to earlier, they were expected to help defend juveniles and camps during hunter-gatherer times. In fact, during the Revolutionary War, Margaret Corbin became the first female recipient of a military pension in the United States, in recognition of the fact that she joined a cannon crew during the Battle of Fort Mifflin (New York) after her husband was shot. She was provided a monthly stipend for the remainder of her life, and a position in the Corps of Invalids at West Point.

It is only due to the social construction of gender roles that modern women have been considered weak and that they have thus been barred from combat. I understand that the reintegration of women into combat will be long and difficult. If it happened overnight, I'd be the first to expect failure. However, the use of 'tradition' and bunk science to provide reasons for women to be excluded ignores the point that no modern military can function without women members. And it is becoming more and more obvious, based on the kind of warfare fought by first-world armies, that the *combat* arms cannot function without women members. Canada has successfully folded women into their infantry for almost 25 years, and they have experienced none of the problems projected by US leaders.

In fact, a general integration may be the best choice, similar to the general recognition of homosexuals in the US military, because converting a policy change into law—which, in the US military, is enacted under the Uniform Code of Military Justice—allows the command to make sweeping changes within a unit. A gradual inclusion of women would require specific barracks, specific training areas, and female officers to command them. (At this writing, no women officers had successfully completed Infantry Officer School, while about 20 enlisted women had graduated from the enlisted equivalent in Camp Geiger, North Carolina.)

Removing the combat ban was a step in the right direction, because it removes the last gender-specific definition of performance within the military. No longer can men, theoretically, use a woman's biological differences to justify her exclusion from certain roles, and thus from career advancement. No longer do men have a sociological reason to 'keep women in their place'. I speculate that the successful integration of women into combat roles will drastically reduce the rate of military sexual trauma, because there will no longer be a reason for men to feel superior to women. It is only when women attempt to 'buck the system' and step into roles traditionally defined for men, that men feel threatened and compelled to claim their superiority. Full gender integration will create an environment where men can no longer say, 'Well, you aren't allowed in combat, so you are, by default, weaker than me.'

Q. What concerns do you have about the proposed plans?

I would say: create a female-only infantry battalion, with a female-only command structure, and make sure they are fully trained and fully exercised in the theory and tactics of small-unit warfare, including mortar and similar technologies. When the female-only unit has completed a certain amount of training and exercises (say, two years), integrate them fully into a male

division. Break the female battalion up, but scatter them throughout the same division, 2nd Marine Division out of Camp Lejeune, for instance, because it's closest to Washington, DC. During this time, continue to train women at the basic infantry school, and station them in the 2nd Marine Division. After a certain amount of time (two years tends to be the average time between an individual Marine's change of duty station), begin to transfer the women to other divisions. Odds are a male infantryman who served with a woman in Lejeune will also be transferred to San Diego, California, and will be able to attest to her abilities. This can continue for the 15–20 years, which is the average between conflicts in which the US becomes involved. By the time women will have to step up in a true combat scenario, they will have been fully integrated into the military, and so will only have to be concerned with combat, not with gender prejudice.

I realize that this is an optimistic projection, and that many things could change how women are accepted, or not, in the infantry lifestyle. However, I also think that the longer the military waits to fully integrate women into combat units, the less likely it is that women will succeed.

Q. What suggestions would you have with respect to the training for and involvement of women in combat situations?

Training would have to be exactly identical for men and women, no exceptions. The Marine Corps is realizing this and recently adopted a training system that requires and physically trains women to complete pull-ups in order to pass the basic physical fitness test. This is the first step towards levelling the playing field, so to speak. In infantry training, the same theory must be adopted; if men are expected to march under approximately 60–80 lbs (27–36 kg) of gear for approximately 20 miles (32 km), then so must the women. Double standards will create an environment of prejudice and animosity between the sexes.

I've heard some speculation that women can experience drastic muscle and bone mass loss during extended periods of calorie restriction, such as in a forward operating base (FOB). I've only heard of one particular case, and this hasn't been backed up by medical review. I suspect the individual making these claims had other underlying physical pressures, and that one must look at the unit, as a whole, to understand the anatomical response to combat environment pressures. However, the two female officers who failed out of the Marine Corps Infantry Officers Course suffered from very common stress injuries of the feet and lower legs. These injuries eliminate a good number of male candidates as well. The average drop-out rate is 20–25 per cent among men, for failure to complete the course. If the simple solution to avoid injury is larger caloric intake, then the Marine Corps should provide more nutritionally beneficial options to allow all candidates to succeed. (The current iteration of Meals, Ready to Eat, or MREs, are carbohydrate- and starch-heavy, with only one protein option for each menu, a diet that has been shown to lead to muscle loss and weakness in all military occupations in a deployed setting, not just in women, and not just in infantrymen.)

Combat itself requires confidence and intelligence, even if that intelligence comes in the form of knowing when you don't know the best solution, and that someone else does. If the military requires an identical training system for both men and women, the women will develop the confidence required to perform under stress, and they will feel capable of stepping up when they may know a solution to a specific problem. In the current climate, women are made to feel inadequate at best, subpar in most cases, and completely inept in the worst, a state that fuels the

unfounded belief that women can't hack it. In my experience, physical strength and skill are enough to make a woman feel powerful and capable. If a woman continues to excel physically, she'll be more likely to stand up for herself in situations she recognizes as abusive and, hopefully, gain the respect of her male counterparts.

Q. Do you feel the US military is ready to let women take on commando positions?

Special forces units may not be the best environment for women, just yet, if only because the inclusion of women in combat arms must first be evaluated. The biggest obstacle in specialized units is the size, typically a platoon or smaller, which is then detached to a larger infantry unit, meaning they maintain much of their autonomy in mission selection and execution. I believe that, at least in the beginning of integration, few women will volunteer for special forces training, let alone complete indoctrination, which will make it more difficult to evaluate their effectiveness. Until MST is under control, the small units will represent a potentially hazardous environment to the one or two women who may reach the point of being ordered to a special forces unit.

Q. If not yet, what would need to change and how?

I have limited experience with special forces, but if I understand a unit's mentality correctly, changes would have to be made based on the particular mission of the unit (that is, sniper platoon, counter-intelligence, reconnaissance, etc.). If a unit is specialized for a mission closely linked with an infantry battalion, such as reconnaissance, a woman could be attached to this unit in order to complement the male members. By this I mean a woman would be beneficial in a reconnaissance platoon, especially in a Muslim country, because she would have more freedom of movement and interaction among the female population, which would benefit the mission. The same applies to some counter-intelligence units that need more access to women. Sniper platoons may be a more difficult sell, because they tend to operate with a very different mission in mind and tend to answer to a limited chain of command, which takes processed intelligence to generate regions and targets of interest. In addition, sniper teams operate in pairs and tend to be in a forward position for days at a time without direct contact with the parent unit. If there were female snipers, I would recommend women-only teams that operate in the field on their own and interact with men only when they return to the FOB.