

10 Reasons Why Militarism is Bad for Women

H. Patricia Hynes

We are mired in a U.S.-led pre-emptive war against Iraq and occupation of the country that violate international law and the UN Charter. With one exception, none of the U.S. administration protagonists have fought in a war. As one veteran recently wrote, "those who declare war should know [its price]." They should also know who pays the price. The greatest casualties of modern war are noncombatant civilians. Among civilian casualties, women and girls are deliberately targeted and grievously harmed by war. The following are ten reasons why militarism is bad for women.

Differentakes

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1. Massive numbers of women civilians are killed and injured in modern warfare.

Bombs and weapons kill and maim civilian women in equal numbers with civilian men during armed conflict. Throughout the 20th century a growing percentage of those killed in war were civilians. By the 1990s, nine of ten people who died in war from direct and indirect effects were civilians. The rise in the proportion of civilian, and notably women's and children's deaths, in 20th century warfare is attributed to changes in war technology and war tactics, including urban warfare. High-tech war from the sky coupled with massive firepower has replaced army combat in the field; and military strategy employs so-called precision bombing to destroy civilian infrastructure such as power plants, water works, hospitals, industrial plants and communications systems, as the U.S. did in Iraq in 1991.

2. Women are injured and killed by landmines.

Women and children are common casualties in agrarian and subsistence-farming societies where landmines have been deliberately placed in agricultural fields and along routes to water sources and markets, intended to starve a people by killing its farmers. More than 100 million antipersonnel landmines and unexploded ordnance lie dispersed and unmarked in fields, roadways, pasturelands, and near borders in 90 countries throughout the world. From 15,000 to 20,000 people are maimed or killed each year by these "weapons of mass destruction in slow motion," as landmines have been called; and more than 70 percent of the reported victims are civilians.

Women are a larger percent of farmers than men in many parts of Asia and Africa, responsible for up to 80 percent of food produced in many parts of Africa. When maimed by landmines, they lose the ability to farm and feed their family; and their husbands often abandon them, leaving them to beg on the streets or be sexually exploited.

3. Widows of war are displaced, disinherited, and impoverished.

The poorest widows, concludes the UN, are the old and frail, those with young children to shelter and feed, the internally displaced and refugees, and those who have been widowed due to armed conflict.

In the recent war-torn countries of Angola, Bosnia and Herzegovina, Kosovo, Mozambique, and Somalia, the majority of adult women are widows. Seventy percent of Rwandan children are supported solely by mothers, grandmothers, or oldest girl children. Girls in Rwanda are heads of family for an estimated 58,500 households. In Kosovo, where an estimated 10,000 men died or disappeared, many widows who returned from refugee camps had no social safety nets and no advocacy organizations and became indigent and socially marginalized.

4. Women and children are the majority of war refugees.

Eighty percent of the world's refugees and internally displaced persons are women and children. The scale and nature of war in the late 20th century has resulted in unprecedented numbers of people fleeing conflict, such that the displacement of people by war in the 1990s has had more severe public health impact, in many situations, than the conflict itself.

In a refugee camp in Bangladesh, Burmese

girls less than one year of age died at twice the rate of boys, and girls over five years of age and women died at 3.5 times the rate of males. Despite little gender-based data, many conclude that refugee women and girls have a higher mortality rate than men and boys because systems of health services and food provision in refugee camps privilege men and boys over women and girls.

5. Rape, sexual torture and sexual exploitation are fueled by war.

A unique harm of war for women is the trauma inflicted when men wield their bodies as weapons to demean, assault, and torture. Women were raped by knights and pilgrims in the Crusades; by soldiers in the American Revolutionary war; by Germans marching through Belgium in World War I and through Poland and Russia in World War II; by Russians as they took Berlin in World War II; by Pakistanis in the Bangladesh war of independence; by U.S. soldiers during the occupation of Japan, in the Vietnam War, and in military bases in the Philippines and Korea; by Serbs and Rwandans for the intent of "ethnic cleansing"; and by Indonesian pro-militia in retreat from East Timor as that country was voting for independence.

Military brothels, rape camps, and the growing sex trafficking for prostitution are fueled by the culture of war which relies on, licenses, and admires male aggression, and by the social and economic ruin left in the wake of war which is particularly devastating for women and children. History reveals that senior officers of war and military occupation have sanctioned and normalized the sexual exploitation of local women by military men. Governments on all sides of war have initiated, accommodated, and tolerated military brothels under the aegis of "rest and recreation" for their soldiers, with the private admission that a regulated system of brothels will contain male sexual aggression, limit sexually-transmitted diseases in the military, and boost soldiers' morale for war.

6. Women and girls are sexually exploited by aid workers and UN peacekeepers in post-conflict areas.

In February 2002, the United Nations High Commission for Refugees (UNHCR) and Save the Children released a report on their investigation into allegations of sexual abuse of West African refugee children in Guinea, Liberia, and Sierra Leone. Their interviews with 1,500 women, men, and child refugees revealed that girls between the ages of 13 and 18 were sexually exploited by male aid workers, many of whom were employed by national and international non-governmental organizations (NGOs) and the UN, and also by UN peacekeepers and community leaders.

An insidious outcome for women and girls in post-conflict areas is the epidemic of sexual exploitation that has been aggravated by UN peacekeeping forces and international police. In Bosnia-Herzegovina, the trafficking of women and girls for prostitution has grown exponentially during the past seven years since the Western protectorate was established at the end of the war in 1995. International police serving with the U.N. mission there have facilitated the trafficking, accepted bribes from traffickers and brothel owners, purchased women and girls from traffickers, frequented brothels and arranged for trafficked women and girls to be delivered to their residences.

7. Women and girls are at higher risk of STDs, including HIV infection, from soldiers and peacekeepers.

Rape and sexual exploitation by the military during war and in post-conflict situations have resulted in an epidemic of HIV infection, AIDS, and sexually-transmitted diseases (STDs) among women and girls in war-torn countries. Rates of sexually-transmitted diseases are generally two to five times higher in male military then in civilian populations and rise much higher during war.

The first recorded cases of HIV among women in Cambodia occurred after peacekeepers were assigned to that country in 1992. Prior to their arrival, there was little prostitution. By 2002, an extensive sex industry existed in Cambodia and the country had the highest prevalence of HIV infection in Asia.

8. Poor women and their children lose health, housing, education and welfare services due to war-related pressures on services and the priorities of the military budget.

Conflict diverts health resources away from health care delivery and disease prevention to treating trauma. In Zenica, Bosnia, for example, the proportion of military and civilian surgical cases due to war-related trauma rose from 22 percent to 78 percent in the city's major hospital during the first six months of the war in 1992, overwhelming medical services. In the same period, infant and child mortality nearly doubled and newly diagnosed tuberculosis cases quadrupled.

Similarly, the U.S. war against terrorism is siphoning resources from social and health programs that are vital and life-saving for the poorest of our country, single mothers and their children. The 2003 budget for biodefense is \$5.9 billion, up more than 300% from 2002, while 41 million Americans lack health insurance.

9. Women suffer higher rates of domestic violence from military husbands and partners.

The culture and training of violence spills over from the battlefield to the bedroom. Violence against women is endemic in military marriages. According to the Miles Foundation, military men are two to five times as violent towards their wives as are other men. Four women at Fort Bragg, North Carolina were brutally killed by their military officer husbands in the summer of 2002; three of the murderers had recently returned from the war in Afghanistan.

10. Women are exposed to toxic chemical weapons and environmental contamination during and after war and from military activities.

By the end of the war in Vietnam, the United States had sprayed 72 million liters of chemicals on more than ten percent of Vietnam, an ecosystem of forests and wetlands. Two-thirds of the chemicals dispersed, in what was the most massive use of chemical warfare in history, were the dioxin-contaminated herbicide Agent Orange. Today an estimated 650,000 Vietnamese suffer from a mysterious complex of illnesses and chronic conditions. Five hundred thousand Vietnamese have already died from conditions attributed to the chemical warfare exposure. Generations of women have given birth to tens of thousands of deformed and disabled children.

Conclusion

In Iraq, where the majority of citizens are under the age of 15, the highest price of the U.S.-led war will be paid by women and their

children with their lives. In the United States, where the domestic cost of war is projected to be \$100 billion, poor women and their children are already paying the price with their lives, as housing, food, education and health insurance for those most in need are cut and eliminated at the federal and state levels. By all principles of just war, the U.S.-led war of aggression against Iraq is unjust and a moral failure on the part of those who have waged it.

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Sources

Ashford, M.-W., & Huet-Vaughn, Y. (2000). "The impact of war on women." In B. S. Levy & V. W. Sidel (Eds.), *War and public health* (pp. 186-196). Washington, D.C.: American Public Health Association.

Brownmiller, S. (1975). Against our will: Men, women and rape. New York: Simon and Schuster.

International Campaign to Ban Landmines. (2002). Toward a mine-free world. Human Rights Watch. http://www.icbl.org.

Muska, S., & Olafsdottir, G. (2002). Women, the forgotten face of war. New York: Bless Bless Productions.

Pollock Sturdevant, S., & & Stoltzfus, B. (Eds.). (1992). Let the good times roll: Prostitution and the U.S. military in Asia. New York: The New Press.

Rehn, E., & Johnson Sirleaf, E. (2002). *Women, war and peace: The independent experts' assessment on the impact of armed conflict on women and women's role in peace-building:* United Nations Development Fund for Women. http://www.unifem.undp.org.

Reza, A., Mercy, J. A., & Krug, E. (2001). "Epidemiology of violent deaths in the world." Injury Prevention, 7, 104-111.

Rojas, C., Okazawa-Rey, M., & Arriola, M. (2002). "War hits home for U.S. women." WarTimes, 6,5.

Robson, T. (2002). Bosnia: the United Nations, human trafficking and prostitution. http://www.wsws.org.

Sarin, R. (2003). HIV/AIDS in the military. WorldWatch, March/April, 17-22.

Save the Children US. (2002). Mothers and children in war and conflict, State of the World's Mothers 2002.

Spectre orange. (2003). The Guardian, March 29. http://www.guardian.co.uk/usa/story/0,12271,923831,00.html.

Swiss, S., & Giller, J. E. (1993). "Rape as a crime of war: A medical perspective." JAMA, 270, 612-615.

Toole, M. J., & Waldman, R. J. (1997). "The public health aspects of complex emergencies and refugee situations." *Annual Review of Public Health*, 18, 283-312.

United Nations Division for the Advancement of Women. (2001). *Women 2000: Widowhood: Invisible women secluded or excluded*. New York.

United Nations High Commissioner for Refugees, & Save the Children UK. (2002). *Note for implementing and operational partners by UNHCR and Save the Children UK on sexual violence & exploitation: The experience of refugee children in Guinea, Liberia, and Sierra Leone.* http://www.unhcr.ch.