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New British Report Adds to Growing Evidence that Women in Direct Ground Combat Would Harm Military Women and Readiness

The Center for Military Readiness has released a comprehensive, two-part CMR Policy Analysis of the most recent British Ministry of Defence (MoD) report on the issue of women in direct ground combat units such as the infantry.

The 29-page document explains why assignments of women to those units would cause disproportionate injuries and reduce **combat effectiveness** (**CE**), but also includes attempts to soft-peddle inconvenient facts.

For purposes of clarity and comparison, CMR has analyzed both sides of the issue as they appear in the <u>British Ministry of Defence Report Paper</u>.

• Section A of the CMR Policy Analysis highlights abundant reality-based data and findings in the 29-page British report, which accurately define "Ground Close Combat" (GCC) units that attack the enemy with deliberate offensive action: (See excerpts below)

New British Ministry of Defence Review Paper Shreds
Case for Women in Ground Close Combat (GCC)

• Section B analyzes inconsistent comments that attempt to suggest ways to "mitigate" problems discussed in the same document:

<u>Claims That Problems Cited in New British Co-Ed Combat Report</u>
<u>Can Be ''Mitigated'' Are Not Credible</u>

Elaine Donnelly, President of the Center for Military Readiness, noted, "Every use of the word "mitigate" in the MOD report pinpoints a problem, not an advantage. There are no benefits balancing the weight of costs and risks that detract from combat readiness and effectiveness. The burden of proof is on advocates of unprecedented changes, but the case for women in direct ground combat still has not been made."

Following are excerpts from the British report, using original spelling and added emphasis throughout. More articles about the latest <u>British report</u> and the <u>Interim CMR Special Report on U.S. Marine Corps Research Findings</u> are available on the website, <u>www.cmrlink.org</u>.

Excerpts from British Ministry of Defence Review Paper

- Combat: The primary purpose of military forces. "Combat and the requirement to retain the ability to close with and kill the enemy, sets the context for this review. When dismounted, this includes the requirement to deploy on foot over difficult terrain, carrying substantial weight, to engage in close quarter fighting, recuperate in the field and then do the same again repeatedly over an extended period." (p. 2, #11)
- The nature and character of conflict. "This report recognizes that the nature of conflict is immutable; GCC will remain an intense, visceral and unavoidably physical activity. Violent death, injury, all-pervading concussive noise, horror, fear, blood and high levels of emotion are common themes. Combat exposes inadequacies and applies manifold stresses at individual, team and organizational levels. These stresses are likely to occur repeatedly throughout combat operations and require high levels of both mental and physical endurance." (p. 2, #12)
- a. Physical capability. "The physiological differences between the sexes disadvantage women in strength-based and aerobic fitness tests by 20 to 40%; so for the same output women have to work harder than men. (p. 4, #18a)
 - "Despite the differences, there will be some women, amongst the
 physical elite, who will achieve the entry tests for GCC roles. But these
 women will be more susceptible to acute short term injury than men:
 in the Army's current predominantly single sex initial military training,
 women have a twofold higher risk of musculoskeletal (MSK) injury.
 (p. 4, #18a)
 - "The roles that require individuals to carry weight for prolonged periods are likely to be the most damaging." (p. 4, #18a)
- b. Morbidity and deployability. "Morbidity is the incidence of disease or injury in a cohort of the population. Research indicates that the physical demands of GCC roles could result in chronic long term risks to the health of women employed in GCC roles. (p. 4, #18b)

- "For instance; regular periods of energy deficit, which occurs during periods of high energy expenditure, such as robust training and operations, can affect both reproductive and skeletal health. (p. 4, #18b)
- "... [Experiences] of elite endurance athletes are inherently different in that athletes are not required to meet the requirements of high readiness or to optimise their fitness levels to meet the requirement of unforeseeable contingent operations. (p. 4, #18b)
- "The high and unaccustomed physical demands of initial training are associated with increased risk of **Musculoskeletal injury (MSK)** injury in recruits. The overall risk of MSK injury is higher for women, reaching **seven fold** in some studies of British Army training." (Annex B, p. B1, #6)
- Trauma. "In spite of these interventions and with the majority (88%) of female recruits carrying 15 kg in training: the rate of trauma and overuse lower limb MSK remains two-fold higher in women and the rate of hip and pelvic stress fractures is ten-fold higher in women (2.8 per 1000 vs. 28.1 per 1000 trainees)." (Annex B, p. B2, #9)
- c. Survivability and lethality. "... The Infantry Battle School and Defence Science & Technology Laboratory (DSTL) have conducted a number of qualitative studies into load carriage, examining impacts on lethality and survivability. (p. 4, #18c)
 - "These studies suggest that the relative strength of women, compared to men, when carrying the combat load are likely to result in the early onset of fatigue. This is likely to result in a distinct cohort with lower survivability in combat. (p. 4, #18c)
 - "Similar research points to a reduced lethality rate; in that combat marksmanship degrades as a result of fatigue when the combat load increases in proportion to body weight and strength. (p. 4, #18c)
- d. Medico legal implications. "The severity of the physiological impacts on women may be such that Defence is required to retain an exemption from women serving in some or all GCC roles, most notably those that are dismounted. (p. 5, #18d)
 - "To include women in GCC roles without further scientific review . . .
 could expose Defence to significant legal risk of personal injury claims (either under the common law of negligence and/or breach of statutory duty). (p. 5, #18d)
 - Pregnancy. "British female soldiers have a greater risk of MSK injury

during the first 12 months postpartum . . . Undertaking strenuous training with heavy loads during this period will increase the risk of skeletal injury." (Annex B, p. B3, #24)

Health risks. "...Whilst women have not been employed in GCC roles, research may indicate that the more extreme of these roles could have an impact on reproductive function and bone health. The immediate risk is stress fracture injury with training, and potential chronic risks may include irreversible bone fragility and infertility." (Annex B, p. B4, #26)

Cohesion. "The basis of the retention of the exclusion in both 2002 and 2010 was the potential impact of gender-mixing in small teams in GCC environments. . . [I]t was the view of military judgement that under conditions of high intensity close quarter battle, team cohesion is of such significance that the employment of women in this environment would represent a risk to CE and no gain in terms of CE to offset it. (Annex D, p. D-1, #2)

- ". . . [N]o substantial evidence has been identified to challenge the findings of the 2002 or 2010 studies and their findings remain valid." (Annex D, p. D-1, #3)
- Relationship between cohesion and CE. "Newer evidence continues to support the assumption that cohesion is a key determinant of unit performance . . . the causation partly goes from performance to cohesion, rather than the reverse." (Annex D, p. D-2, #5)

If policies follow the facts, direct ground combat units should remain all-male.

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The Center for Military Readiness is an independent, non-partisan public policy organization, founded in 1993, which reports on and analyzes military/social issues. More information is available at www.cmrlink.org. To arrange an interview to discuss this CMR Policy Analysis and previous CMR Reports, call 734/464-9430.