Military-Civilian Medical Support:

Why Women Matter in Crisis Leadership, Decision-making, Planning, and Response

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Key Findings

The Pacific Forum and U.S. Indo-Pacific Command co-hosted a Women, Peace and Security (WPS) webinar that reflected on the importance of women's participation in crisis response planning and the need for integrating a gendered perspective into relief and recovery efforts. Among the themes examined at the webinar were the role of military medical support during Humanitarian Assistance/Disaster Response (HA/DR) and outbreaks of infectious disease (e.g., COVID-19 and Ebola); the importance of sex-disaggregated data for gender sensitive analysis during health crises; and best practices for joint military-civilian medical crisis response drawn from first-hand experiences.

The webinar featured Dr. Stephanie Williams, Ambassador, Regional Health and Security and Principal Sector Specialist for Health, Human Development and Governance, Division of Department of Foreign Affairs and Trade, Australia; Mr. Yasushi Noguchi, Director General for International Affairs, Ministry of Defense, Japan; RDML Pamela Miller, Command Surgeon, U.S. Indo-Pacific Command; and CAPT Dr. Diviya Gautam, Surgeon Captain, Office of DGAFMS (Director General Armed Forces Medical Services), Indian Navy. Mr. Arush Lal, Vice Chair for Women in Global Health moderated the event. In total, there were nearly 50 viewers from several countries including Australia, Indonesia, Japan, Korea, and the United States.

Key findings from this webinar include:

1. **Women as Active Participants and Leaders in Military-Civilian Medical Support**

Women across Australia, India, Japan, and the United States have been on the frontlines of medical support in a myriad of crisis responses. They are involved in every stage of relief and recovery efforts and play vital roles to ensure that broader groups of affected populations, especially women, are given assistance. Women comprise the majority of the defense force health sector and are overrepresented in the military personnel assigned to the COVID-19 response. Women in domestic and foreign military health personnel roles have augmented shortages of nurses and medical services in local government responses. This pattern reflects data showing that women comprise the majority of health workers worldwide. They are on the frontlines and are typically first responders. This also means that women bear significant responsibilities and potentially face heightened risks of infections and mortality in times of crisis. Worryingly, while women are overrepresented in response and health service delivery, they are underrepresented in leadership roles. This means that while women perform the bulk

of the frontline work, they may not always have the capacity to decide where resources are allocated and how crisis response strategies are developed.

2. Gender Analysis Makes a Difference in Military-Civilian Crisis Response

Women can provide gender- and culturally sensitive assistance for women in crisis settings. They have successfully raised the issues of unpaid care work, sexual and reproductive health, wellbeing of military widows, distinct pandemic risks faced by caregivers, and attentiveness to household dynamics when giving relief assistance. Though still a minority, women occupying senior roles in the military are strengthening the inclusivity and effectiveness of crisis responses. These efforts should not stop at gender but should include other categories of inclusion and diversity such as race, ethnicity, sexuality, and class. Increasing women's participation in crisis response does not automatically guarantee incorporation of gender perspectives. It requires constantly asking whose needs are prioritized, who is excluded, and with whom the military can partner to redress exclusions. Ensuring that both men and women acquire skillsets to employ gender analysis in their work is critical, as is institutionalizing gender perspectives within military and civilian organizations.

3. Civil-military Medical Engagement with Civil Society Organizations (CSOs)

While the military has the assets and experience to deploy on short notice in times of crisis, local CSOs better understand conditions on the ground because they are active long before a crisis occurs. Inter-agency partnerships have strengthened crisis preparation and inclusivity to reach the entirety of a population affected by a crisis. Civil-military medical engagements need to be ongoing and continue to knit relationships before, during and after an emergency. The panelists reflected on the need to consider better modes of engagement between the military and CSOs. They questioned how "fly-in" missions engage local cultures when they typically do not have previous knowledge of the places to which they are deployed. As these concerns persist, one recommendation offered was the importance of situating military responses within long-term leadership and foreign policy strategy. Doing so would entail assigning gender focal points or advisers, including women from civil society groups, who can brief missions before, during, and after crisis. The point was also raised that shifts from crisis response to the post-crisis reconstruction phase need to be seamlessly coordinated; this is where building strong relationships between the military and civil society is particularly beneficial. Further, effective military-led crisis response can be easily turned over to CSOs to continue the work of reconstruction.

4. Conclusions

The importance of funding to improve responses to disease outbreaks, especially in Southeast Asia and the Pacific Islands countries, emerged as an important conclusion to the discussion. To enhance women's participation and leadership there must be stronger efforts to measure and set explicit targets. At present, there is no systematic method of monitoring gender-responsiveness across national and regional COVID-19 efforts, especially in the Pacific region. Crucial gender-disaggregated data on where resources are being directed and what has been funded must be collected. Importantly, the work on Women, Peace and Security needs to continuously expand to share lessons and best practices, including through webinars that have allowed global partnerships to flourish. Among the best practice examples raised were 1) ensuring female staff are provided for on-camp childcare support while serving in

disaster response operations, 2) the need to deploy gender advisors and gender focal points, and 3) the deployment of an all-women peacekeeping force. Due to the COVID-19 pandemic, there were several reported emerging concerns for military-civilian crisis response, including the need to communicate risk reduction efforts in more responsive ways to diverse groups of people, especially health workers and caregivers. There is also a need to consolidate lessons from the COVID-19 response and other disease outbreaks such as the Ebola crisis. Incorporating lessons for long-term strategy must identify what medical supplies need to be pre-positioned and stocked up for future pandemics, and ensure pandemic responses do not undermine or counteract service delivery on other gender equality and health issues.

This document was prepared by Dr. Maria Tanyag. For more information, please contact Dr. Crystal Pryor (crystal@pacforum.org). These preliminary findings provide a general summary of the discussion. This is not a consensus document. The views expressed are those of the speakers and do not necessarily reflect the views of all participants. The speakers have approved this summation of their presentation. This event was funded [in part] by the United States Department of Defense. The opinions, findings and conclusions stated herein are those of the author[s] and do not necessarily reflect those of the United States Department of Defense.