Perspectives

COMMENTARY ON MILITARIZATION

Three perspectives on the politics of nursing knowledge and education critical pedagogy in the face of the militarization of nursing in the war on terror (Perron et al, 2010)[1] *and subsequent letter to the editor and the author response.*

REFERENCE

1. Perron A, Rudge T, Blais AM, et al. The politics of nursing knowledge and education: critical pedagogy in the face of the militarization of nursing in the war on terror. *Adv Nurs Sci.* 2010;33(3):184-195.

PERSPECTIVE BY
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Once upon a time (JKM) was emotionally spouting off about the flagrant flaws of a particular publication. A wise mentor listened quietly and then asked, "How would you have done it differently?" In the case of article "The Politics" by Perron et al, I consider this challenge. I declare that I personally support a critical analysis of the spill over of the "war on terror" in nursing. In this case though, the challenge is not in the argument itself, but in the naming of a particular program as an exemplar. I ask myself, would I have named the school? Does the fact that the program is easily identifiable on the Internet mean that it did not need to be named, or on the contrary, would it be silly not to? And perhaps more central, was identification of the single program vital to the argument?

In raising awareness, engaging in debate, and persuading, we as authors have options. We determine which approach we will take in presenting our argument. We select which exemplars to include. In arguing for reform we want to challenge the status quo. But as the sociologist Mathiesen warns (1976), we must carefully consider our strategy. There is a balance between uncovering competing assumptions and presenting alternative narratives that will be heard. "Water down" an argument too much and you are not challenging the status quo; become "inflammatory," and you are easily dismissed. Writing from outside the United States, I am surprised that the named program would not have expected criticism for a program titled "homeland security nursing." On the contrary, it is not surprising at all that the school responded defensively. That the authors present a "philosophical debate" about information that is publically available supports inclusion, but there are always risks in naming, particularly when naming only a single person or entity. This is not to say that we should avoid single-case studies or exposés, but we should, as authors, be aware of the risk and consider our alternatives. In New Zealand, 2 sensitive publications come to mind. In 2007, the New Zealand Department of Affairs released Dame Margaret Bazley's "Report of the Commission of Inquiry Into Police Conduct" about an investigation into how New Zealand Police had dealt with allegations of police committing sexual assault. That report, in which the commission was instructed not to comment on the guilt or innocence of individuals involved, was met with "Police and the Government yesterday moved quickly to endorse all the recommendations for change made in Dame Margaret's report." The response was quite different to the release of a report summarizing 43 cases of women's experience of protection orders reviewed for the Ministry of Women's Affairs. Responding to that report, in which judges were named (publically available information), "Principal Family Court Judge Peter Boshier said the researchers' conclusions were not supported 'by either the facts or the law. I find this research disappointing because it mostly reflects the biases of its authors'." Two quality reports, yet 2 quite different responses. While the reasons for the different public responses are multifaceted, as authors we want people to engage in our work and seriously consider our recommendations. By naming without communicating with the people whose behavior we are trying to change ahead of time, we can trap sympathetic decision makers into positions where they have to defend institutions publically and retreat from arguments internally. Experts with powerful voices need not

only to think about what they know but also to consider the likely impacts of their discourse on the relevant decision makers, the people whose behaviors they seek to change.

In considering the inclusion of exemplars in our articles, another consideration is whether or not to cite extreme cases. Extreme cases serve a useful purpose in communicating a dialectic. But again, this carries a risk. By citing extreme cases, we can deflect the argument from the "everydayness" of the issue and perhaps distance ourselves from some readers. We allow readers to consider an "us"-versus-"them" scenario. By citing the sole program titled "Homeland Security Nursing," I can (albeit incorrectly I believe) distance myself from the debate and place myself soundly in the "good" extreme (eg, "We would never title our program *homeland security*"). Therefore, the extreme provides an "out" for readers to distance themselves from engaging in the relevant debate. In the case of "The Politics," there are numerous emergency or disaster preparedness papers and programs that are either within nursing or open to nurses (including the institution in which I work). Forensic nursing presents a similar challenge in relationship to the justice department. The need for nursing to be vigilant in identifying cultural and societal discourses that challenge adherence to our central tenets of health care delivery and advocacy abound. There are ample examples in the everydayness of nursing of how militarization has the potential to "deter" us from our central tenets.

So, "Would you have done it differently?" As authors, our challenge is to consider not only our message but how we argue our case. We strive for a continuing scholarly debate. In the case of Perron et al's "The Politics" and ensuing discussion, it has certainly achieved that goal.

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2. Bazley M. *Report of the Commission of Inquiry Into Police Conduct*. Wellington, NZ: Department of Internal Affairs; 2007. http://www.cipc.govt. nz/cipc.nsf/wpg_URL/Agency-Commission-of-Inquiry-into-Police-Conduct-Table-of-Contents?OpenDocument. Accessed January 10, 2011.
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PERSPECTIVE BY
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I have read quite carefully the article, Dr Speraw's letters, and Dr Perron's response. I think Perron and her coauthors are accurate in noting the ascendancy of the military in the United States and the accompanying militarization of our society, with its frightening consequences for democracy. This has obviously been going on since Eisenhower warned about the military industrial complex in the 1950s, although the militarization clearly accelerated under the Bush administration.

Numerous authors have pointed this out. I would find it more difficult to follow the argument about the complicity of nursing in this militarization had Perron and her coauthors not included the example of the Homeland Security Nursing program in Tennessee. It is a perfect example of their point. The quotations from the article on that program make that clear; for example, graduate nurses "are expected to know and support homeland security operations at the regional, state, national and international levels," and "Our ethical responsibility extends to taking a proactive stance in making the future safer for our persons and is a function that can be filled through policy development." These do not seem to have anything to do with nursing. Rather, the

approach seems to align nursing with the military aims of the "war on terror" or whatever it is being called now. I suspect that the sponsors of this Tennessee program have not carefully thought through the consequences of their conceptualization but I wonder why they do not just have a program on global public health nursing and call it that. Of course, then it might not be so well funded.

PERSPECTIVE BY
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Oh, war is a terrible thing!

—Virginia Riordan, World War I nurse

My pulse quickened at the call to resistance. In a time when war has become baseline and routinized and when we have ceased to commemorate our losses as American casualties move from 1000 to 2000 to 3. . . (as of this writing, 4439 American soldiers have died in Iraq and in Afghanistan the number is 1496 and quickly escalating) and Lord knows we have no real idea how many Afghan and Iraqi civilians and combatants have died since we make no effort to keep track and when the anniversaries of these wars come and go with barely a whimper—resist, us? The authors, Canadians and Australian, addressed us not only as Americans but also as nurses and nurse educators. They bade us to resist—in their opening sentence! Imagine.

After finishing the article, I continued to hold it, reluctant to put it aside. I wanted to absorb not only the clear and brave articulation of a growing but closeted issue that dare not speak its name but also to acknowledge with gratitude how the authors reconnected the reader with nursing's proud history, with our foremothers who spoke out with courage and audacity, resisting forces of injustice and oppression, during a time when we were gutsy enough to stand on the side of peace.

Picture Lavinia Lloyd Dock and Lillian Wald marching down the streets of New York City. Imagine.

Afghanistan bears the tragic distinction of the longest war in American history, draining both precious lives and essential resources from our demoralized society. Although we have withdrawn troops from Iraq, the violence and death continue, our presence a continual reminder of grave and foolhardy past mistakes. The seismic disruptions occasioned by the events of September 11, however, they are framed and understood, sent forth shock waves that spread with alarming rapidity across the world. I remember standing in a classroom as a new faculty member at University of Illinois at Chicago's College of Nursing, listening as a colleague—an intelligent, articulate, and seasoned public health nurse—lectured on anthrax detection and escape routes as the tanks rolled across the deserts of Afghanistan and as we prepared, despite significant national and international opposition, to launch a second devastating war based on faulty premises. Public health nursing had passed through the looking glass. We no longer stood on the side of health promotion. We were now in the business of fostering fear and pandering to carefully orchestrated paranoia. As Perron et al observe, the philosophical and pedagogical shift in nursing happened with breathtaking speed and resulted in a major reorganization of the ways in which "curricula are designed, research programs are funded, research problems identified and investigated" (p. 5). Resistance? Nary a whisper.

The silence of nursing illustrated our schizoid lineage. With professional roots extending back to both religious and military formation, we opted to follow not the Golden Rule but Orders: ". . . nursing practice becomes increasingly governed by nonhealth organizations . . . individualized care makes way for mass interventions (public health) and nurses' autonomy is gradually replaced by compliance to orders and commands in the name of national security. . . " (p. 5).

It did not have to be this way. Each semester my new students view the documentary of nursing history, *Sentimental Women Need Not Apply.* The paradoxes that marked the evolution of our profession are on stark display in the film: the vision and courage of our true nursing leaders—Nightingale, Wald, Breckenridge, to name but a few—and the cyclical coopting by the

powerful with their own agenda, be it medicine or the military, of nursing's mandate to heal and to care. In ways both insidious and noble, nursing's fortunes have been bound to war making. From the Crimean War through the 20th and 21st centuries, the professional status of nursing grew with each successive war. Our government and military were fully cognizant that they could not launch a war without nursing to stanch the blood. But at what moral cost? "Oh, war is a terrible thing," decries the World War I nurse in the film, remembering her battlefield practice. Some 60 years later, her voice still breaks as she describes the profound moral dissonance engendered by caring for soldiers only to send them back to battle, to risk being killed or killing others. Is this the proper work of our hands? It is a timeless question.

I was reminded of the conundrum, and of the power of language to transfigure our motivation and attitudes, when I attended a large military conference in Phoenix last August. I was there as part of an organization called VetArt, a consortium of artists, community members, and veterans who collaborate to give expression to the narratives of our soldiers. What I encountered, however, was nothing less than a radical reenvisioning of the role of the military in society. War was represented not as episodic conflicts with clearly defined purposes and goals. Rather, war was accepted as baseline, embedded, here to stay. Equally chilling was the motivation underlying interventions for those suffering from PTSD. Workshop after workshop dealt with the ubiquitous acronym "WTU" for warrior transition units. The focus of these sessions was not the therapeutic transition of the individual from military to civilian life. Instead the goal was to patch up, stop the physical and emotional hemorrhaging as quickly and efficiently as possible so that the "warrior" could be hastily returned to battle. One can only wonder at the complicity required to deliver such "care." Resist? Imagine.

Within such a context, when collusion between the military and the architects of war enacts a terrible cost upon our young soldiers (as case in point, the staunchly apolitical *USA Today* reported this morning on the "retirement" of 7 highly ranking military who resigned their posts rather than divulge their financial ties to defense contractors; pages later the paper ran a story on the alarming and escalating suicide rate among our enlisted troops, an average of 25 per month in 2010, according to Army figures), the conflict between nursing scholars showcased within the pages of *ANS* serves as parable for our times. Perron et al bid us to cease our knee jerk responses to injunctions from those on high and outside of our profession and to reflect upon their ethical consistency with nursing's philosophical mandate. In a display of measured understatement, the authors remind us that the dictates and vision of the Homeland Security Act and Directives . . . may not be aligned with nursing principles, objectives, and ethics. In fact, many have made the headlines over the past few years over controversies or illegal activities, some directly involving health care professionals (p. 4).

They warn us also to be wary of the encroachment of military jargon into our personal and professional lexicon. How we describe and define a phenomenon shapes our response. The use of military terms such as "disaster planning and management . . . deployment" (p. 4) suggests a "shift in the way nurses situate themselves . . . within the discursive format of war, security, terrorism." I would add, also, that in maneuvering the discussion from caring for disabled veterans to "transitioning" wounded "warriors," one risks whitewashing the reality of young people trapped in a distorted reality in which suicide beckons as viable escape hatch. Referring to a brain-damaged 19-year-old from a small town in Iowa as a "wounded warrior" conjures up images of epic Homeric conquest, thus silencing ethical examination of the validity of endless military excursion.

Instead of continued "compliance" with government policy and DOD funding, the authors challenge us, and our students, to imagine a different path, one marked by thoughtful contemplation of our personal and professional values. They urge us to make time for "a reflexive dialogue to analyze systems of oppression and domination that create inequities among various social groups" (p. 7). Critical pedagogy is the method they propose but in truth, the purpose is

served by encouraging dialogue on the fundamental questions that truly undergird our nursing practice and education: do we not have a moral obligation to resist the continued hemorrhaging of our national resources—both human and financial—into the routinization of warfare and conquest? In times of war, what is the proper use of our nursing potential? Do we work toward ending the violence, thus preventing the inevitable sequelae or do we continue to obediently bind the wounds, "transitioning" 19-year-old "warriors" back to the desert battlefields? And where might Lavinia Lloyd Dock have weighed in on such a debate? Imagine.

Certainly we must strive to decrease any polarization within our own professional community. Undoubtedly the graduate program at the University of Tennessee in Knoxville has many laudable components. Study of the phenomenology of survival, be it of natural or man-made calamities, expands our understanding and deepens our empathetic response. But to react so aggressively to a call for dialogue encouraging examination of issues critical to ethical discernment is, at the very least, unfortunate. This reader found no evidence of Dr Speraw's program being unfairly "attacked," as she alleges, with "the most volatile, incendiary language." Indeed, the authors devote only 5 paragraphs of their 10-page article to the graduate program in Tennessee. And if, as the authors maintain, this program is the only one of its kind–thus far–it must be prepared to sustain examination and possible criticism and respond in a more collegial fashion. Speraw might not agree with the authors' conclusions but to question their ethics and scholarship, in language replete with the military terminology of which Perron et al warned, risks stifling a debate all the more crucial as we move toward the eighth anniversary of the Iraq war and confront the specter of permanent colonization in Afghanistan.

"Women are here to reaffirm their protest against war, to restate their unalterable faith in the righteousness of Peace," declared Wald in the early years of the last century. What our Australian and Canadian colleagues are proposing is not a revolutionary departure from accepted nursing practice and principles; it is a return to our roots. To reexamine the tenets and lineage of public health nursing, with its proud history of courageous and outspoken women, is to be awakened from the personal and professional torpor that has held us in thrall for the better portion of this past decade. It requires us to consider not only the possibility but the imperative of resistance. It calls us to purposeful reflection and rejection of the unexamined life, however well funded and seductive it might be.

I am grateful to Perron, Rudge, Blais, and Holmes for their timely summons to conscience. They reinvigorate my pride in nursing practice and education. I am thankful as well to Peggy Chinn and the editorial staff of *Advances in Nursing Science* for serving as a forum to this essential dialogue. Such leadership rekindles my pride in the spirit of American nursing. In closing, I offer these final words of resistance from the foundress of public health nursing:

> The final abolition of war and the establishment of permanent peace must depend on the convictions of men and women who are equally responsible. . . . Women have a message to deliver. . . they can point out the hollowness of the appeals by which men have been stirred to battle. . . . The voices of free women rise now above the sounds of battle. . . . The enmity that is stirred up in order to make men kill each other and to rejoice in the killing we know to be fictitious. . . . (Lillian Wald)

Imagine.
Resist.