Military crisis responses to COVID-19

Jori Pascal Kalkman

Faculty of Military Sciences, Netherlands Defence Academy (NLDA), Breda, The Netherlands

Correspondence
Jori Pascal Kalkman, Faculty of Military Sciences, Netherlands Defence Academy (NLDA), Hogeschoollaan 2, 481888 Breda, The Netherlands.
Email: jp.kalkman@mindef.nl

Abstract
Countries across the globe have mobilized their armed forces in response to the COVID-19 pandemic. Current contributions of armed forces have resulted from an urgent need for additional personnel and resources, and were facilitated by a framing of the crisis in terms of war. These deployments were in the interest of armed forces and enabled them to improve their operational readiness, boost their societal standing and support societies with their expertise. Even though armed forces may provide crucial aid in times of need, it is important that civilian crisis organizations are not undermined, civilian control and civil rights are guaranteed, and the effects on other military operations are considered and discussed. This Forum contribution offers some reflections and recommendations.

KEYWORDS
COVID-19, crisis response, military

1 | INTRODUCTION

As countries across the globe are responding to the COVID-19 pandemic, many governments have readily deployed military personnel and capabilities to support the crisis response. Military resources have been activated to assist overwhelmed hospitals and civilian medical personnel, for instance by creating additional hospitals or deploying military doctors and nurses to existing medical facilities (Megerian & Cloud, 2020). To this end, China reportedly mobilized over 10,000 military personnel, while France triggered Operation Resilience to respond to the outbreak ("Macron launches army Operation", 2020). Military support also included the transportation of medical supplies and patients, the deployment of army medical logistics planners, the transportation of healthcare workers and the disinfection of hospitals and other public spaces (Benavides, 2020; Megerian & Cloud, 2020; Rohmensen, 2020; Sabbagh & McKernan, 2020; "South Korea mobilizes army", 2020; Tiron & Tritten, 2020). Other medical contributions by armed forces are the development and testing of possible vaccines, and the production of medical supplies, including facemasks and disinfectant (Chazan, 2020; US DoD, 2020).

More controversially, however, troops have also been deployed to enforce mandatory lockdowns by patrolling the streets, constructing roadblocks and curbing movement. These measures, which aimed to stem the spread of the coronavirus, have been adopted throughout the world (e.g. Isacson, 2020). Finally, troops have been deployed to reduce the negative fallout from the lockdowns and the extreme economic impact by planning meal deliveries to vulnerable people and supporting food banks (Savage & Bachelor, 2020; Tiron & Tritten, 2020).

Armed forces have been sent abroad to support other countries in managing the health crisis as well. Notably, Chinese military medics and supplies have been sent to various partner countries and Russian doctors, machines and personal protective equipment were deployed to Italy (Giuffrida & Roth, 2020; Lei, 2020). Yet, most military aid was offered within countries’ own borders and constituted therefore domestic deployments. While the use of armed forces for domestic crisis management is not unique (Kalkman, 2019), the sheer scale and size of military capabilities deployed inside countries are unprecedented in recent times. This contribution aims to explain the prominent role of the...
armed forces in managing the COVID-19 outbreak and to describe the effects of this large military role.

In the next two sections, explanations for the significant military role in managing the COVID-19 crisis are offered, based on a combination of examples from news reports and scientific literature. The first explanation refers to the situation at hand to stress the need for military participation in resolving the crisis. The second focuses on the motivations and considerations of the armed forces themselves to pursue a large role during the current crisis. Subsequently, several effects of the large military role are introduced and debated. A final section discusses some practical recommendations based on the analysis.

2 | EXPLANATION OF LARGE-SCALE MILITARY DEPLOYMENTS DURING COVID-19

One main motivation for deploying armed forces in response to the COVID-19 outbreak is the fact that armed forces have specific capabilities that civilian health agencies lack (in sufficient quantity). The examples in the opening paragraph show that armed forces have specific expertise and slack resources that can crucially support and complement civilian response endeavours. Medical facilities and services are easily overwhelmed when a pandemic breaks out, while armed forces are capable of rapidly mobilizing significant (medical) resources and are comparatively well-organized to operate under conditions of uncertainty and stress. In addition, they may conduct activities that contribute to the health efforts but fall outside the scope of health organizations (e.g. enforcing a lockdown) (Watterson & Kamradt-Scott, 2016). In other words, the COVID-19 crisis resulted in a need for military assistance.

The perceived need for military contributions to manage the COVID-19 outbreak was boosted by the militarization of the crisis situation. Indeed, the COVID-19 crisis was rapidly militarized as it spread around the globe. Political leaders adopted and embraced the metaphor of war in their speeches to emphasize the gravity of the situation and legitimize their far-reaching decisions. New York's governor Cuomo, for instance, stated that '[i]his is a war, we have to treat it like a war' (Walters, 2020). French president Macron also declared "war" on the virus before announcing a military-style operation (i.e. Operation Resilience) ("Macron launches army Operation", 2020). A BBC-article summarized it nicely by stating: "Healthcare workers are on the frontlines, scientists are the new generals, economists draw up battle plans, politicians call for mobilisation" (Bernhard, 2020).

The militarization of COVID-19 is not unprecedented. Earlier disease outbreaks have been coined in security terms by employing wartime discourse. This happened during outbreaks of Ebola (Roemer-Mahler & Elbe, 2016; Walsh & Johnson, 2018), Asian influenza (Curley & Herington, 2011), Zika (Wenham & Farias, 2019), pandemic influenza (Kamradt-Scott & McInness, 2012; Watterson & Kamradt-Scott, 2016) and in response to the spread of HIV/AIDS (Sjöstedt, 2008). And if there is an "enemy" to be "fought" in "battle" or "war," which organization would be better suited to take the lead than the military? During the Ebola crisis, Liberia and Sierra Leone activated their armed forces, while Western governments likewise deployed thousands of military units (Roemer-Mahler & Elbe, 2016). In response to the Zika crisis, the Brazilian military was also sent onto the streets to "combat" the "enemy," while simultaneously signalling the gravity of the situation to the population (Wenham & Farias, 2019). Indeed, the framing of an infectious disease outbreak in military terms has legitimized military involvement in the past and has done so as well during the COVID-19 outbreak.

3 | EXPLANATION OF THE MILITARY WILLINGNESS TO BE INVOLVED IN THE RESPONSE TO COVID-19

Apart from the need for military capabilities, the armed forces also have an interest in being involved. In fact, several organizational interests can be identified. First, the COVID-19 pandemic directly affects the operational readiness and activities of armed forces. By the end of April, crew members on forty US Navy ships had tested positive, significantly delaying unit deployments (Starr, 2020). In addition, military movements were significantly restricted, personnel quarantined and institutions closed (Chazan, 2020; Stewart & Ali, 2020). In the past, the adverse impact of outbreaks of influenza on military readiness has stimulated military attention for and investments in tackling health crises (Kamradt-Scott & McInness, 2012). The pandemic influenza of 1918, perhaps most notably, hit armed forces hard, as it spread through military movements and caused severe mortality among soldiers, while further cancelling draft calls and dropping morale (Watterson & Kamradt-Scott, 2016). More recently, the Russian armed forces have come to face serious recruitment difficulties as thousands of its draftees have been rejected because they were HIV positive (Sjöstedt, 2008). Armed forces, for these reasons, have a clear organizational interest to get involved and manage health crises like COVID-19.

Second, armed forces may have political interests to engage in the COVID-19 crisis response. The crisis offers an opportunity to show taxpayers and potential recruits how efficient and important the organization is to society. In fact, as the debate over looming cutbacks in public spending after the crisis appears to have already started, a reduction in military spending is criticized and rejected by reference to the considerable role that armed forces have played during the COVID-19 crisis (Lazaro, 2020). Similarly, the UK Army, which had a tarnished reputation after the wars in Iraq and Afghanistan, used its contributions during the COVID-19 crisis to promote itself as a "force for good" in order to improve its image and resolve its recruitment and retention problems (Kennard & Glenton, 2020). Other political interests are easily identified (Kalkman & Groenewegen, 2018).
Thirdly, military organizations may well see themselves as indispensable in the management of the current crisis, as they play a “critical role” (EEAS, 2020). Israeli defence officials, for instance, claimed that the Israeli military is the only organization that is able to manage the COVID-19 outbreak and subsequently asked for the mandate to do so without delay at the risk of more casualties (Limor & Beit-Or, 2020). From the other direction, military ways of working have been pushed for adoption in civilian health structures. The promotion of Mission Command, referring to a way of operating in which commanders formulate a clear intent while leaving their subordinates sufficient discretion to achieve the intent, offers an example of introducing military organizing principles in managing the health crisis (Pearce et al., 2020). Although many armed forces emphasize their subservience to civilian (health) organizations, crisis response organizations often believe that they have unique capabilities that are of great (or even indispensable) value (see Rosenthal et al., 1991) and the current crisis shows that armed forces are no exception to this.

4 | EFFECTS OF THE LARGE MILITARY ROLE

As armed forces are likely to play a large role in response to the COVID-19 pandemic and in future public health crises, it is worthwhile reviewing some effects of a significant military position during the novel coronavirus outbreak.

The armed forces have vast resources and developed expertise with operating in stressful situations. Its way of operating, hierarchical and top-down, can result in fast decision-making and may overcome delays through cutting red tape. Armed forces have, however, in the past displayed a tendency to introduce Command and Control principles at the cost of coordination and collaboration with crisis partners (Walsh & Johnson, 2018). Particularly when a health crisis is framed in terms of war metaphors, the role of civilian partners and civil society may be easily discarded (Elbe, 2006). Yet, civil-military collaboration is needed and such collaboration benefits from mutual respect and building inter-organizational trust (Kalkman & De Waard, 2017), which are all too easily neglected for the sake of a rapid crisis response.

Relatedly, large-scale military deployments in the homeland may affect civilian control and civil rights. Civilian control refers to the situation in which a (democratically elected) government is ultimately in charge over its armed forces. The use of military capabilities has improved the legitimacy and decisiveness of governments and empowered their crisis response efforts, but concerns have been raised over the effects on civilian control and civil rights as well. In fact, dependence on military interventions in response to COVID-19 may undermine weakened civilian control or even promote military rule (Graham, 2020; Isacson, 2020). By extension, civil rights may also come under pressure, particularly when soldiers are deployed to impose lockdowns. Some armed forces have even been accused of using excessive violence against inhabitants when implementing COVID-19 measures (Eboh et al., 2020; HRW, 2020).

Lastly, there are direct and indirect impacts on the armed forces themselves. Operational readiness is under pressure by the COVID-19 outbreak, and military resources are now deployed domestically, while the traditional responsibility of protection against external threats remains important to military organizations (see Burke et al., 2020). This also necessitates that armed forces revisit their specific strategic priorities regarding where to deploy as well as balance personnel health risks against task implementation. While the current high-profile military contributions to the management of the COVID-19 crisis may encourage recruitment and retention, domestic military operations have in the past been perceived as distracting from expeditionary missions and were therefore not unequivocally popular among personnel (Watterson & Kamradt-Scott, 2016). Many of these operational and personnel consequences emerge in the longer term but they have real-time implications nonetheless.

5 | IMPLICATIONS

This contribution demonstrates that practitioners and scholars have both supported and criticized the large military role in response to the COVID-19 pandemic. While it is too early to come to any definitive conclusions, the armed forces have made significant contributions to reducing the crisis’ worst effects in the short term and these cannot be ignored. But where do the concerns identified above leave us for the next steps ahead in the pandemic? Clearly, military decision makers would do well to consider how they can avoid spreading COVID-19, but will also have to balance domestic deployments against expeditionary missions abroad while simultaneously considering the impacts of the crisis and domestic deployments on military personnel. In addition, it remains crucial to work together with civilian counterparts to ensure protection of civilian control and civil rights, and collectively pursue goals that have been identified by civilian authorities.

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CONFLICT OF INTEREST

None.

ORCID

Jori Pascal Kalkman https://orcid.org/0000-0001-7685-019X

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