

# The Role of Armed Forces in the Covid-19 Pandemic

## Imprint

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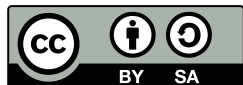
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# The Role of Armed Forces in the Covid-19 Pandemic

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## At a Glance

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The Covid-19 pandemic caught many countries on the back foot. Civil response capacities and health care systems became quickly overwhelmed by the sharply rising number of patients. In this situation, many governments reached out to their armed forces and integrated them into the response to this unprecedented health crisis. Supporting civilian actors in non-war scenarios is not new to military forces, given that they are often called in when disasters strike or in humanitarian crises. The magnitude of the military support in response to the Covid-19 pandemic, however, was unprecedented in many countries. What is more, the pandemic did not spare members of the military, and the armed forces had to adapt to strict quarantine measures, interrupt missions abroad, and postpone drills and exercises to keep infections at an exceptionally low level and maintain readiness. Experts agree that this health crisis will not be the last and that we must learn the lessons from the pandemic and start preparing for the next, which might be even worse. Thus, to be better prepared for the next pandemic, we must engage in a debate on how to strengthen preparedness and implement the lessons learned to work on our response capacities. Given the substantial role of military forces in the response of many governments to the health crisis, it is necessary to analyse the role of the armed forces in the pandemic and draw lessons for the future: How and in which particular way did different nations use their military to support civil institutions? How can the deployment and use of the armed forces in the interior for the purpose of health crisis response be evaluated in different countries? What are the lessons and conclusions that can be derived for armed forces missions as part of civil protection measures? How can the armed forces cooperate with other actors to develop a “modus operandi” based on lessons identified, which will enable them to be better prepared for future crises while at the same time not calling established responsibilities into question? How did society react to the use of the military in the interior? And how did it have an impact on the public perception toward the armed forces?

This study analyses the impact of the pandemic on national militaries and the support provided by the armed forces of six different countries in the fight against the Covid-19 pandemic: Germany, Poland, Great Britain, Italy, Sweden, and South Korea. From the analysis and overall assessment, the study identifies lessons learned to address future health crises more effectively. It also provides an overview of how civil-military cooperation works in the countries analysed. From the experience gained in different countries and contexts, decision-makers can derive conclusions and concrete measures for the future.

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# Introduction

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**Daniela Braun & Amelie Stelzner-Doğan**

The Covid-19 pandemic caught many countries on the back foot. Civil response capacities and health care systems around the world became quickly overwhelmed by the sharply rising numbers of patients. In this situation, many governments reached out to their armed forces and integrated them into the response to this unprecedented health crisis. In Europe, national military forces were involved almost everywhere in building field hospitals, supporting civil authorities with contact-tracing, delivering medical supplies and protective equipment, as well as helping to roll out vaccination campaigns.

Militaries have capabilities and resources which are urgently required in pandemic scenarios. These include transport, logistics and medical capabilities, biological weapons defense, as well as speed and a high volume of available human resources in the form of soldiers. Furthermore, military processes and basic structures are suitable for dealing with such situations. Even before the Covid-19 pandemic, military forces around the globe were involved in health crisis response. A prominent example is the case of the West African Ebola outbreak in 2014/15, when local and foreign militaries were engaged in the response to the epidemic on a large scale.

Supporting civilian actors in non-war scenarios is not new to military forces, given that they are often called in when disasters strike or in humanitarian crises. The magnitude of the military support in response to the Covid-19 pandemic, however, was unprecedented in many countries, and in Germany, for instance, the armed forces faced many challenges in this new situation. What is more, the pandemic did not spare members of the military, and the armed forces had to adapt to strict quarantine measures, interrupt missions abroad, and postpone drills and exercises to keep infections at a very low level and maintain readiness.

Experts agree that this health crisis will not be the last and that we must learn the lessons from the pandemic and start preparing for the next, which might be even worse. For a number of years, now we have been witnessing various health crises. Due to the increased mobility of people and goods, steady population growth, urbanisation, and the ongoing destruction of the environment we are living in one of the most dangerous periods in terms of the rapid spread of infectious diseases. So, to be better prepared for the next pandemic, we must engage in a debate on how to strengthen preparedness and implement the lessons learned to work on our response capacities. Given the substantial role of military forces in the response of many governments to the health crisis, it is necessary to analyse the role of the armed forces in the pandemic and draw lessons for the future. This study aims to contribute to this process. Furthermore, it contains a relevant research approach as to what role armed forces could and should play in future crises to support the civil authorities when needed. This field of research is underdeveloped and lacks concrete studies, while at the same time it is highly relevant for both policy makers as well as security and civil society.

The objective of this study is to analyse the support provided by the armed forces of different countries in the fight against the Covid-19 pandemic since its outbreak and to derive relevant lessons learned. At the same time, a comprehensive assessment of military support activities in different countries is conducted. From this analysis and overall assessment, the study identifies lessons learned to address future health crises more effectively. It also provides an overview of how civil-military cooperation works in the countries analysed. From the experience gained in different countries and contexts, decision-makers can derive conclusions and concrete measures for the future.

It is however not the aim of this study to assess every activity the armed forces undertook during the pandemic but to analyse military support in selected countries to draw important lessons for future health crisis scenarios.

The individual reports of researchers in the different countries are organised as follows: First, a review of the nature and extent of military support from the beginning of the pandemic through to November 2021 is provided. This is followed by an analysis of individual support: What were the implications and challenges for the military itself and its readiness? How was support from military personnel discussed in government and society? The results of this analysis were then contextualised and considered in terms of the respective strategy documents for pandemic prevention and response as well as the existing role of the armed forces in these efforts. In a further step, the support provided by the armed forces was evaluated and conclusions drawn for future operations and their implementation, and lessons learned were identified. The study also assessed what this means for potential future health crises, whether and what role the respective armed forces can and should take on and whether and what adjustments are needed to do so.

Six countries were part of the analysis: Germany, Italy, Great Britain, Sweden, Poland, and South Korea. The study follows a most similar systems design – it analyses mostly European countries in different parts of the continent, which were heavily impacted by the pandemic and where the armed forces were engaged in the response on a large scale. In addition, these countries are involved in military cooperation through the EU and/or NATO. These countries have also partly provided military and civilian support to each other. In addition, South Korea was included since it has often been cited as a prime example of pandemic response.

General Schelleis, Inspector of the Joint Support and Enabling Service, and thus responsible for the support of the Bundeswehr during the pandemic, has written a foreword that summarises the challenges and significance of the Bundeswehr's administrative assistance for both society and the military itself.

We are very grateful to all our authors for their outstanding contributions to this study, which would not have been possible without their analysis. In addition, we would like to thank General Schelleis for providing an illuminating foreword to this study!

## Take-aways

1. Each case study has its individual value, analysing the military role during the Covid-19 pandemic in the respective country and drawing lessons-learned for the future. In addition, this work is dedicated to gathering a great amount of information on this relevant topic from different countries and to making it possible to compare the findings. In the following we highlight four key aspects we found striking when going through the case studies. This summary of prominent take-aways underlines just some of the most relevant findings and similarities.
2. The authors assessed the direct impacts of the pandemic on military readiness as minor, even though there were interruptions to (international) training and drills, less and delayed new recruiting and reduced personnel on international missions. In addition, in some countries the missions required more personnel as soldiers needed to be quarantined before and after the missions. However, the authors of this study concluded that, overall, military forces were able to continue to fulfil their tasks and that there was no major change compared to the previous readiness of the respective armed forces. It is important to point out that there were no additional large security crises during this period for the countries analysed in this study.
3. All six case studies found that the use of the armed forces in responding to the Covid-19 pandemic was described as crucial and provided essential support for civil authorities. Military forces were able to help overstrained civil authorities with material and personnel support, by bolstering local health authorities, providing medical facilities, and transporting supplies. In addition, the integration of military forces in the response to the pandemic was mostly perceived positively, or at least was not called into question in any fundamental way by politicians and academics. The role of the armed forces was mostly appreciated in the public discourse. For example, in Poland a public opinion poll from April 2020 found significant public support for the pandemic-related activities of the armed forces and in

Germany a survey from November 2020 showed that 63 per cent of respondents fully supported the deployment of the Bundeswehr to local health offices with only 3 per cent strictly opposing it.

4. Although the military response in the six case studies was largely described as crucial and perceived positively, the need for a dialogue around to what extent civil authorities should rely on military support in matters of pandemic scenarios has increased. Given the fact that health crisis scenarios are highly likely in the future and that we urgently must improve our preparedness and response capacities, we should have a discussion on what the role of the armed forces in this should look like and implement the results. As stressed by the authors of the case studies, armed forces have important capabilities, which played an essential role in fighting Covid-19. However, as some of them emphasised, discussion is necessary as to whether pandemic response should be a task for military forces in terms of whether this might prevent them from their “primary task”, as some observers would call it – namely defending the country against external security threats. This question becomes even more pressing in view of the deteriorating security situation in Europe due to the war in Ukraine. In addition, the case studies emphasise that civil response capacities must be strengthened and that there is a great need for better planning by state institutions. And if the armed forces are to play a role in future pandemic scenarios, this should be included in a comprehensive national strategy, and it should be defined at what point the military should be called upon in pandemics and which tasks they should perform. A major step would be to determine conditions and establish a guideline for future military responses in health crisis scenarios, as the case study of Germany does. According to this, the armed forces have to be trained and equipped accordingly. Corresponding structures, e.g. territorial defense commands, would also be required. This can vary from country to country, as different structures are required depending on their military structures and military needs.



5. Another crucial point discussed in the case studies addresses civil-military cooperation. Even though civil-military cooperation was often viewed positively in the case studies, weaknesses, disadvantages, as well as criticism were clearly visible, especially since the extent of assistance and the duration of support provided by the armed forces, with exceptions such as Sweden, was enormous and clearly exceeded previous support actions. Outcomes to improve civil-military cooperation included proposals that inter-administrative coordination and bureaucratic processes be optimised and simplified. In countries where there is no or insufficiently detailed national strategy for pandemic crisis response, which includes the role of the military, Covid-19 showed that such a strategy is crucial to clarify competences, responsibilities, and chains of command between civil and military authorities. This applies not only to strategies but also laws and regulations, manuals, implementation, and training as well. These concepts need to put a focus on the cooperation between the (crisis) personnel. For the future, it may also be considered what role the military reserve could play in the future, as it could be of help to absorb peaks. In Germany, reservists helped the civil administrations in their pandemic response. This was possible as, due to the pandemic-related recession and the resulting reduction in work required, their employers were happy to release them and not have to pay their salary. For this, however, the reservists need appropriate training, material and would have to be embedded in an overall concept. How this can be integrated into the structures of the respective armed forces and their regional commands is also yet to be clarified.

We hope you draw inspiration from reading this study and look forward to discussing the several topics with you!

## Preface

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**Lieutenant General Martin Schelleis,  
Chief of the Joint Support and Enabling Service/  
National Territorial Commander (InspSKB/NatTerrBefh)**

The world is in its third year of the coronavirus pandemic, with no clear end in sight. Despite numerous, often highly restrictive measures on private, professional, and public life, vaccination campaigns and high hopes for improvement, the virus continues to concern us every day. Studying incidence levels, reproduction values and hospitalisation rates has become as common as a daily glance at the weather forecast. Beneath these abstract figures are the fates of real people in hospitals, residential and care homes for senior citizens, as well as in private households.

Although the German government did list pandemics as a national security risk in a 2016 Whitepaper – along with terrorism, hybrid warfare and cyber security – what was lacking was a decisive plan for how the civil federal and regional agencies (Bundeswehr supports subsidiarily only) would specifically contribute. The women and men of the Bundeswehr, both soldiers and civilian employees, have been assisting in health offices, care facilities, testing stations, and vaccination centres – to the extent that such scenes have become a normal part of life.

The establishment of a contingent of up to 25,000 soldiers to support a domestic disaster response mission is unique in the history of the Federal Republic of Germany.

From the point of view of a National Territorial Commander, what are the general lessons and conclusions that can be derived for Bundeswehr missions as part of civil protection measures? How can we, the Bundeswehr, cooperate with other actors to develop a “modus operandi” based on lessons identified, which will enable us to be better prepared for future crises while at the same time not calling established responsibilities into question?



One thing is certain: the Bundeswehr has proven itself as an institution, by helping provide relief quickly, flexibly and with stamina, constructively and courageously, as well as operating successfully nationwide. Obviously, managing vaccination centres or conducting tests in front of nursing homes are not part of a soldier's standard toolkit. Nevertheless, what has paid off has been the will of each soldier to adapt to unfamiliar scenarios and to have a positive impact. From personal experience, I know of the value of each individual contribution toward the total of almost 10,000 support missions that have been successfully carried out by the "Corona contingent". The constitutionally regulated federal response, including the participation of the Bundeswehr, is a success story. However, this employment of our troops in a pandemic, for purposes outside their area of expertise, comes at a cost. This is something that should not be forgotten against the background of the Bundeswehr's increasing popularity among the German population, to which each member of the Corona contingent has contributed with helping hands, positive demeanour in public, and attitude. Soldiers who are serving in a non-military environment are unavailable for participation in their original Bundeswehr missions, overseas deployment, and equivalent duties, or the necessary preparatory training, albeit for a limited time-frame. Moreover, like any other institution, the Bundeswehr itself is affected by Covid-19. Physical distancing and hygiene regulations significantly restrict standard operations, training, and drills. Here too, it has been necessary to improvise to maintain operational. In many European countries, the word has spread that the military can contribute toward the fight against a virus that is hard to defeat. In Portugal and Italy, as well as in Germany, a General has won the trust of the government and leads a crisis response unit.

Although previous containment measures have been applied largely at national level and thus often implemented as solo efforts, this cannot be a long-term solution in a connected world. In fact, improved resilience on an international level also creates the foundation for improving preventive security on a national level.

The following study by the Konrad-Adenauer-Stiftung takes a look at the wider picture, presenting a comprehensive documentation of the experience of selected nations, which, under different conditions, have dedicated their own strategies to the same challenging task: managing a pandemic with the involvement of the armed forces.

At the same time, it provides some thought-provoking ideas to address the question of how to win the battle against a virus that knows no borders. One opportunity that we have, as both affected and responsible parties, is to learn from and cooperate with one another. The prerequisite for this is knowing the "recipes for success" that others are following. The reports from the different countries included in this paper give us insights into the role of the armed forces in managing the pandemic in Poland, the United Kingdom, South Korea, Sweden, and Italy, as well as an in-depth look at Germany's approach.

In terms of strategy, the goals, and capacities for reinforcing civil protection in the long term should go well beyond the "lessons identified" in the coronavirus pandemic. They are relevant to the further development of all instruments for ensuring national security and protecting the population in the decades to come. This includes the European and multinational dimension.

The joint analysis of probable risks, crises and scenarios represents a starting point, and includes an assessment of likely outcomes, possible courses of action, and a critical evaluation of available and necessary competencies and capabilities.

Covid-19 will not be the last pandemic. We need to build our networks to be better prepared for the future ahead. This study contributes to this goal, and it is exceptionally good to see that the role of the armed forces in the fight against the pandemic is being included in the scientific discourse! For that, I would like to express my sincere thanks to the authors in this study and I hope that readers will gain plenty of new insights!

# Case Study Germany: The Role of the Bundeswehr in Fighting Covid-19 – Towards a Framework for future Disaster Response

Prof Natascha Zowislo-Grünwald,  
Torsten Vellmerk and Fabian Neumann

*The Bundeswehr has played an integral part in fighting the Covid-19 pandemic. The wide range of successfully accomplished long-lasting support activities has shed light on some structural deficits in disaster response. A framework for future Bundeswehr assistance needs to be developed to raise overall effectiveness and to prevent deadweight effects.*

## Pandemics as a Security Problem: Legal Framework

Pandemics and epidemics were first identified as security challenges by the German Federal Government in the 2006 White Paper by the Federal Ministry of Defense. At the time however the focus was more international: “Increasing migration, worldwide mobility and global trade promote the spread of pandemics and epidemics. The spread of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), particularly in Africa, is a good example of how such a threat to global health can simultaneously cause poverty and social instability in the regions most affected. Pandemics and epidemics can develop into a serious threat for stability and peace.”<sup>1</sup>

In the foreword to the 2016 White Paper “challenges such as hybrid warfare, transnational terrorism, cyberattacks, or pandemics” are to be faced. Here, it is emphasised that “even the local and limited occurrence of particularly infectious pathogens can overwhelm structures”, leading to a “breakdown of medical care or state order”. While the focus was on third countries and, for example, the “provision of material and specialist personnel in areas that are difficult to access” as a result of a pandemic were discussed, as well as Germany’s possible international contribution to “optimising the coordination and crisis management capabilities of multilateral organisations”, a pandemic that would directly affect Germany was also sketched out for the first time, albeit briefly: “In addition to local health risks, pathogens can also reach Germany and endanger the population. In such cases, our health system can be faced with immense challenges that are accompanied by considerable economic follow-up costs.”<sup>2</sup>

The services provided by the Bundeswehr (the German armed forces) in the context of the Covid-19 pandemic are part of what is called “administrative assistance”, which is regulated in the Grundgesetz (Basic Law), Article 35 (1) GG. In this context, the Bundeswehr supports other authorities if they submit a request for administrative assistance, whereby the costs incurred are to be borne by the applicant (an exception has been the current cost waiver due to the cabinet decision on this mentioned below). Prerequisites: The requested services must be legally

permissible on the part of the Bundeswehr (examination at the level of the Bundeswehr Territorial Tasks Command) and civilian resources must be exhausted (examination in advance on the civilian side as part of the “subsidiarity test”). In addition, suitable personnel, equipment, and material must be available from the Bundeswehr, since the Bundeswehr does not have any material of its own explicitly for civilian disaster control.<sup>3</sup> Furthermore, additional sovereign powers of coercion and intervention do not arise for the Bundeswehr based on administrative assistance. It is exclusively a matter of “technical” support.<sup>4</sup> Regarding to administrative assistance in the course of the Covid-19 pandemic, for the first time this support had appeared to be of “unprecedented” importance within the triad of International Crisis Missions and National Defense/Alliance Defense as equally weighted tasks, since the focus had otherwise been on the latter two tasks.<sup>5</sup>

### Involvement in Pandemic Response up to 2019: Ebola

The Bundeswehr was involved in the fight against the Ebola outbreak in West Africa in 2014. Until the beginning of 2015, it provided air transport capacity and set up an air bridge. Airlifts took place primarily between the Dakar airlift base and Monrovia, the capital of Liberia. In total, the aircraft transported 825 tonnes of relief supplies, including rice sacks, medical equipment, and ambulances. In addition, the Bundeswehr provided the material for a ward to accommodate up to 50 patients. The material came from medical service stocks.<sup>6</sup>

At the operational level, the pandemic scenario has only played a subordinate role in the past in the context of exercises or training (e.g. during the inter-state and interdepartmental crisis management exercise “LÜKEX 2007”).<sup>7</sup> Military deployment was then more focused on the area of NBC defence, on combat engineering and medical services.<sup>8</sup>

### Military Support in the Fight against Covid-19 at Home and Abroad Tasks

In 2020, there were approximately 5,000 requests for administrative assistance, most of them related to Covid-19 (compared to 250 requests in 2019). At the beginning, it was often a matter of material support, later mainly personnel support.<sup>9,10</sup> As of 29 October 2021, the Bundeswehr listed 46 ongoing administrative assistance measures and 7,548 completed administrative assistance measures related to Covid-19.<sup>11</sup>

Only 339 applications out of 3,609 applications (as of January 2021) have been rejected nationwide, i.e. less than 10 per cent, mainly for resource reasons, as the requested support was not available in the Bundeswehr either.<sup>12</sup> Regardless of this, at the beginning of the pandemic the minister made it a condition “that soldiers do not take on sovereign tasks”. The impression must not be created that the Bundeswehr was “acting as an executive authority”; “the assistance provided was solely to support the local health authorities”.<sup>13</sup> However, the Bundeswehr did not check whether the assistance was “necessary”; thus, the amount of assistance provided has exclusively depended on the civilian requests.<sup>14</sup> As a result, the necessity and case by case approval of the Bundeswehr’s deployment results solely from gaps and exhausted resources of civilian civil protection,<sup>15</sup> not from a defined catalogue of criteria.<sup>16</sup>

The contingent established on 26 March 2020 by the Inspector General of the Bundeswehr can be seen as the starting point of the German armed forces response to the pandemic. It was envisaged to involve up to 15,000 soldiers and was to provide capabilities such as “security/protection, support of the population, order/traffic service, decontamination groups as well as logistical capabilities”<sup>17</sup>. The Bundeswehr thus provided personnel, material, transport, and infrastructure. However, the use cases in which active soldiers as well as reservists were deployed<sup>18</sup> were very diverse:

- › Care of motor vehicle drivers in border traffic jams
- › Support by the BAAINBw (procurement agency) to provide for protective equipment/medical material worth 344 million Euro<sup>19</sup>
- › Several dozen medical evaluation flights from areas particularly affected by the pandemic to treat patients in Germany<sup>20</sup>
- › Support at vaccination centres<sup>21</sup> or test centres, also for returning travellers<sup>22</sup>
- › Contact tracing in health offices as well as conducting rapid tests, e.g. in front of retirement homes or at border crossings<sup>23,24</sup>
- › Within the framework of the Bundeswehr hospitals as an integral part of the health care system for the population.

### Level of Support

In March 2020, a contingent of 15,000 soldiers was announced by the defence minister (plus forces from the medical services). The contingent was increased to 20,000 in December 2020 and again to 25,000 in February 2021. The third increase after one year of the pandemic was justified in particular by the fact that “more districts and municipalities would request the assistance of the Bundeswehr, especially for tests in old people’s and nursing homes”, according to the defence minister.<sup>25</sup> In July 2021, the contingent was reduced again to 15,000.<sup>26</sup>

In addition to domestic support, countries such as India,<sup>27</sup> Portugal,<sup>28</sup> Lebanon,<sup>29</sup> Italy and France<sup>30</sup> were also supported with material and/or personnel. Since November 2021, the requests have been increasing again; however, the “nationwide pandemic situation” officially ended in November.

Most of the support forces were provided by the land forces (especially so-called “helping hands”, i.e. soldiers without specific training) as well as the medical service (specialist medical personnel). Furthermore, numer-

ous reservists were mobilised to implement administrative assistance as well as to advise the civilian authorities. Especially since all the applications of the civilian authorities for support were submitted via the local civil-military liaison commands of the Bundeswehr. These commands are part of the territorial network and are manned exclusively by reservists.<sup>31</sup>

### The Covid-19 Pandemic’s Effects on German Military Forces

Since the beginning of the Covid-19 pandemic, the Bundeswehr has provided up to 25,000 soldiers in the fight against the pandemic, in addition to forces from its medical branch. It was already clear at the beginning of the pandemic that this would have an impact on training and exercise operations, which in turn would directly imply an impact on operational readiness. But what are the practical consequences for the military and its actual mission?

Lieutenant General Martin Schelleis, Inspector of the Joint Support Service (Streitkräftebasis – SKB), emphasised the serious restrictions concerning the training and education of all branches of the armed forces, because of which the core operational readiness would be “dragged down”<sup>32</sup>. Even with a contingent of 15,000, the Bundeswehr would run the risk of “no longer being able to staff foreign missions” in the event of a “continuous deployment” of this size, and “over a longer period of time”, or if the number of infections increased.<sup>33</sup> Other generals, for example Lieutenant General Weigt, Deputy Inspector of the Joint Support Service, also emphasised the great burden, describing the creation of the “NATO Response Force” as a feat of strength in the face of the coronavirus.<sup>34</sup> Current missions and commitments similar to missions were also affected. At times, the Kosovo Force (KFOR) was only “operational to a limited extent” after 11 of 70 soldiers had to be flown out due to coronavirus infections.<sup>35</sup> Flight operations at the Neuburg air base had to be temporarily suspended; the Quick Reaction Alert (QRA), the air defence maintained by the NATO, was carried out by the Nörvenich base.<sup>36</sup> Commanders of smaller units were even more explicit, Colonel Klaus Finck for example, commander of the Saxony Regional Command: “Almost all

training projects, public relations events, family support, and, last but not least, the cultivation of comradeship and the cohesion of our community unfortunately fell by the wayside during almost the entire past year.<sup>137</sup> The Inspector General of the German armed forces ordered that training projects should be ranked according to priority and, if projects are not necessary, a legal alternative would be to “omit/postpone” them.<sup>38</sup>

The services of the Bundeswehr have been affected by the coronavirus on three specific levels:

1. Due to soldiers affected or sick with the coronavirus themselves and their contacts affected by the coronavirus (due to the resulting quarantine).
2. Due to the restrictions in service because of the lockdowns as well as easing of restrictions and hygiene regulations. For example, the staff of the 1st Armoured Division temporarily ensured command capability with a reduced operational minimum of personnel.
3. Due to the intervention of the Bundeswehr in the fight against the coronavirus with manpower and material.<sup>39</sup>

One positive effect, however, of the pandemic-related recession and the resulting short-time work has been the availability of reservists. While under normal circumstances they depend on the goodwill of their employers to be released for longer reserve services or exercises, their employers were in this case glad to release them without cover for longer periods. As the economy has started to recover and companies needed their employees again it has recently become more difficult to commit personnel from the reserves.<sup>40</sup>

## Main Challenges

1. The main challenges are around bureaucratic processes and unclear cost situations. Although the Bundeswehr itself has provided additional personnel support for the application process, including online

process-supporting information, approximately 10,000 soldiers had not yet been called up in January 2021, partly because the cost situation had not yet been clarified at that time.<sup>41</sup> In spite of the urgent demand to ease the burden on the federal states and municipalities, the Cabinet did not pass a resolution until 27 January 2021, about 10 months after the start of the pandemic, according to which the “federal authorities providing official assistance waive the expenses to be reimbursed in principle for assistance provided in direct connection with the fight against the coronavirus in the period from 1 March 2020 up to 31 December 2021”. However, the procedure for granting administrative assistance in accordance with the provisions of the Basic Law still requires a written application by the authority requesting assistance. Thus, certainty of how to proceed was created rather late.<sup>42</sup> The process at the Bundeswehr has also only been optimised as it has progressed. In the beginning, the examination of the written applications alone took two to five days. After about a year, the time from application processing to the arrival of the soldiers was reduced to 24 hours. Cooperation between the Bundeswehr and the health authorities and crisis teams of the federal states and municipalities has also improved over time.<sup>43</sup>

2. Also, soldiers have not been considered a prioritised vaccination group by politicians (unlike police officers, for example).<sup>44</sup> This made it difficult for the Bundeswehr to obtain vaccinations for its own troops, as there was no provision for a Bundeswehr vaccination campaign. In practice, this led to the situation that civilian personnel in a retirement home were given the opportunity to be vaccinated due to their professional status, but the soldiers deployed there were not. Often, it was only through direct exchange with the civilian side and through “less official” channels that soldiers were also offered a vaccination.<sup>45</sup>
3. Furthermore, the structure of the regional command staffs, through which the Bundeswehr’s administrative assistance in the respective areas has been coordinated, has presented special challenges. Instead of only two command staffs led by the two large Army divisions, a total of four regional command staffs were formed. The staff in the

north and the staff in the east were managed by the navy and the air force respectively. These had not had the experience in leading troops in the field that Army divisions would have had.<sup>46</sup> However, the burden-sharing among all branches of the armed forces has been deliberate to increase the readiness to provide personnel by integrating the other branches of the armed forces.<sup>47</sup>

4. According to a staff officer, military bureaucracy has also been one of the greatest challenges in the internal handling of applications. For example, the administrative effort for the deployment of six soldiers is the same as for 60 soldiers, which has increased the workload enormously during the pandemic, especially in view of the increasingly small-scale and short-term nature of the applications. This has thrown up the question of whether such measures are reasonable.<sup>48</sup> Civilian labour law standards have also posed difficulties for the troops. For example, in practice, the General Data Protection Regulation (GDPR) has made it almost impossible to keep alert lists (soldiers can refuse to record their mobile availability); and the European Working Time Directive (EWTD) is only partially compatible with the everyday work of a soldier on deployment due to the requirement of a 41-hour week.
5. Other challenges have included the lack of digitalisation of the armed forces, unsuitable outsourcing of skills and structural hurdles. Against the backdrop of the mandated reduction in on-site personnel, it has been difficult to equip all soldiers and civilian employees with suitable mobile hardware for working from home. The nationwide provision of secure access to the military networks has also been slow, which is why, in combination with the genuine challenges of “leading troops when working from home”, many a subordinate “has disappeared from their superior’s radar”, according to a staff officer. Both in the context of IT performance (in this case, the troops have been dependent on the federally owned IT service provider BWI GmbH), and during the “cold start capability”, as far as mobility is concerned, the Bundeswehr has been heavily dependent on external service providers. For example, the BwFuhrparkService GmbH is responsible for the out-sourced provision of vehicles, and its civilian per-

sonnel are not available for vehicle requests at weekends. This has posed challenges for the Bundeswehr’s coordinating offices, especially in the case of urgent requests.<sup>49</sup> The same also applies to the booking of accommodation for remote deployments for which the Bundeswehr-Dienstleistungszentrum (Bundeswehr Service Centre) is responsible.

6. Another challenge was that, due to the promises made by politicians, there have sometimes been deadweight effects at the local level regarding to the request for military support forces, which have not been adequately reflected yet. In this context, reference should be made to the appeal of Defence Minister Annegret Kramp-Karrenbauer to the districts and municipalities: “We will continue to provide support as long as we are needed. Do not hesitate to submit your applications.”<sup>50</sup> Thus, at the regional level, no district administrator or mayor wanted to face the reproach of having ended Bundeswehr assistance too early.<sup>51</sup> This effect has also been reinforced by the fact that, apart from a time limit, the requests for assistance have not described an exit strategy as to when the Bundeswehr’s support should end.

### Debate on the Use of the Armed Forces in Fighting the Pandemic

The Bundeswehr’s support has had a positive impact on its public image, according to Eva Högel (Bundestag Commissioner for the armed forces). She hoped as well that “this will also be transferred to the actual tasks of the Bundeswehr, national and alliance defence, and foreign missions”<sup>52</sup>. On the other hand, the widespread presence of the Bundeswehr in society has led to pandemic-related “security incidents” such as “damage to vehicles”, as well as “attacks in the social media up to and including bodily harm to soldiers”.<sup>53</sup> Therefore, in some places soldiers have been travelling to their deployment locations in civilian clothes and have resorted to civilian vehicles.<sup>54</sup>



## Political Discourse

This mixed picture can also be found in the political discourse, even though the deployment of the Bundeswehr to provide administrative assistance has not fundamentally been called into question:

Politicians such as Florian Hahn from the Christian Social Union (CSU), Member of the German Bundestag, criticised the gap in civil population protection. The Bundeswehr should not be a stopgap for other failures, and the actual mission should be the focus. Member of the German Bundestag Rüdiger Lucassen, from the right-wing party “Alternative für Deutschland” (AfD), criticised in particular the “permanent deployment of the armed forces in emergency aid”, which jeopardised operational readiness and was contrary to the Basic Law. Marie-Agnes Strack-Zimmermann, MP, and defence spokesperson of the liberal party “Freie Demokratische Partei” (FDP), emphasised that the Bundeswehr could help, but the Army cannot be the Federal Agency for Technical Relief (THW). Marie-Agnes Strack-Zimmermann considered the defence minister’s announcement that Bundeswehr’s help will be free of charge as “negligent”.<sup>55</sup>

The Greens and the FDP have not criticised the deployment as such, but rather the fact that the Bundeswehr’s operational readiness has been limited by this deployment. Tobias Linder, MP, (Greens) criticised the fact that the Bundeswehr was not able to have “20,000 soldiers on deployment for several weeks” in Germany, and described the overlap, namely that the minister increased the support contingent from 20,000 to 25,000 while, at the same time, General Schelleis warned of the consequences, as “directionless toing and froing”.<sup>56</sup>

The internal command structures of the Bundeswehr have also come under criticism, with claims of there being “two separate operational pillars” and no overarching leadership element. In addition, there were a lack of personnel and material, which might be further aggravated by the consequences of the pandemic and the resulting impact on the defence budget.<sup>57</sup>

Paul Ronzheimer, journalist at *Bild*, criticised that the German armed forces and the German government waited for applications to come in instead of being proactive; applications, administrative assistance, enquiries taking priority over getting started and finally saving lives; minister Annegret Kramp-Karrenbauer “waiting for someone to call”; “German bureaucracy in the worst crisis since the end of the Second World War”.<sup>58</sup>

Die Linke (Germany’s far left-wing party), on the other hand, has demanded the payment of civilian forces instead of the deployment of the Bundeswehr.<sup>59</sup> In the Berlin district of Friedrichshain-Kreuzberg, the position of Die Linke became that of the majority through the support of the Greens and the satirical party “Die Partei”, which led to support by the Bundeswehr being explicitly rejected.<sup>60</sup> Only after Friedrichshain-Kreuzberg had high infection rates and incidence rates Bundeswehr assistance was partially permitted.<sup>61</sup> From November 2020 onwards, the Bundeswehr was asked to be deployed in mobile coronavirus test-teams to carry out tests although the blockade attitude regarding contact tracing remained.<sup>62</sup>

## Public Discourse

In the public’s perception, the role of the Bundeswehr in the fight against the pandemic has been appreciated across the board. According to a survey from November 2020, the visibility of the individual support services of the armed forces was high: In particular, the deployment of soldiers in the health offices (77 per cent) and in the context of carrying out tests (70 per cent) had remained in the memory of the respondents, as they had been a common sight in public. On the other hand, the deployment of soldiers in old people’s homes and nursing homes (39 per cent) was less visible, which was probably related to the isolation of such facilities due to the strict protection and access rules during the pandemic.<sup>63</sup>

In this context, the assessment of administrative assistance in the health offices was seen as consistently positive by the majority: More than 63 per cent of the respondents fully supported the deployment of the Bundeswehr there, and only a minority of 3 per cent strictly opposed to it. The widely reported personnel emergency and the resulting overload



of the health offices, during which the assistance of the Bundeswehr contributed to the maintenance of contact tracing, certainly also contributed to the positive perception.<sup>64</sup>

This explains why the Bundeswehr was even named in second place when it came to preferred institutions for administrative assistance in the context of the Covid-19 pandemic: directly after the German Red Cross (DRK) (50 per cent of the respondents). 30 per cent named the Bundeswehr as their preferred institution, which can be interpreted as an expression of confidence in the performance of the armed forces.<sup>65</sup>

## Conclusion and Policy Recommendations

The Bundeswehr has played a key role in combating the pandemic in Germany. When looking at the high figures of military support activities provided during the pandemic and comparing these to the amount of civilian personnel which would have had to be available as an alternative one can see what an essential contribution has been made by the military. It has been shown that the military processes and basic structures have in principle been suitable for dealing with such situations and that the armed forces have also been able to take on tasks that have not belonged to their usual range of tasks yet.<sup>66</sup> The costs, of course, have come in the form of omitted training and exercise projects in the area of operational readiness.

To be able to provide efficient support in such national emergencies in the future, the Bundeswehr should continue to be present in terms of numbers and in the field. This is because the Bundeswehr will only be able to react quickly and in a scalable manner if it has material and active personnel at the ready. The reserve can be there additionally to absorb peaks. In any case, existing structures and cooperation experience have had a positive effect.<sup>67</sup> Thus, joint exercises with the Bundeswehr in the field, i.e. where there is no Bundeswehr base, should become the rule for future disasters. The focus should be on the cooperation of the (crisis) staffs and thus on the coordination of forces. In the future, members of the armed forces should also be a prioritised vaccination

group, especially if they are to actively intervene in the fight against the respective pandemic.

Furthermore, core military capabilities should be returned to military hands, to enable the rapid deployment of troops. The “civilianisation” and “outsourcing” of the armed forces should also be reconsidered, as this has often been associated with a loss of efficiency. Be it bureaucratic requirements, the GDPR or the EWTD – the soldier’s profession is unlike any other, which is why it cannot be hemmed in by civilian labour law measures.

The fact that it took a pandemic to make progress in digitalisation should give pause for thought.<sup>68</sup> Digitalisation must be urgently promoted within the armed forces to enable cross-location communications and, in particular, data exchange.

At the same time, it has also become clear in civil defence that the cost savings of the past decades have led to capability gaps that need to be remedied. The Bundeswehr will certainly continue to play a role in the future as an Army with many personnel and special capabilities. The question that needs to be answered now is: Who is building up large strategic reserves of what, where and how? What is meant here is material and personnel, according to Lieutenant General Weigt, Deputy Inspector of the Armed Forces Base.<sup>69</sup>

As a possible guideline for the suitability of future Bundeswehr missions in the context of official/disaster assistance and homeland security, thinking along three dimensions might help:

1. **Specificity of the mission.** Is the task at hand highly specific (e.g. anti-chemical capabilities) or is it more of a non-specific requirement profile (like playing boardgames in a retirement home)?<sup>70</sup> The higher the specificity, the more likely the activity is related to the regular service business and thus also serves to keep the soldiers in training and to motivate them for the job. In addition, a high level of specificity in the task usually requires a high level of training and specific material – neither of which is easy to obtain from other sources in a crisis.

- 2. Area of effect.** How large is the area of effect of the disaster? Is it a nationwide or more region-specific impact? The greater the area of effect, the greater the need for action for the Bundeswehr. The area should not be understood as a purely geographical one. The floods in the Ahr valley in July 2021, for example, were geographically limited, but the destruction was of such dramatic nature that it directly overtaxed the regional and supra-regional forces that were responsible, therefore the assistance of the Bundeswehr was consequent. Thus, areas of effect must always be in relation to the planned and available capabilities.
- 3. Temporal level.** How much time will it take to replace Bundeswehr activities by the civilian forces responsible? The more surprising the event, the more rapid the response required, the more adequate it is that the Bundeswehr will be called upon. For example, the deployment of the Bundeswehr would be more justified at the beginning of a pandemic or with the emergence of an initial test strategy (change of situation), whereas after a 1.5-year pandemic it should be possible for public health offices to cover the tasks, i.e. resources must be built up in the offices responsible for the task if possible.

Clear criteria based on the above-mentioned points would thus provide an exit strategy as to when the Bundeswehr's assistance on the ground could be terminated. This would reduce economic deadweight effects by creating target parameters for or building up structures in non-military-specific areas over time. The Bundeswehr's recent assignment to coordinate vaccination efforts should also be considered in light of these framework parameters.

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# Case Study Italy: Helping to Avert Sfortuna

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*Having played a very visible part in the early days of the pandemic, the Italian military has been active in fighting Covid-19 to the present day. Its role is generally viewed positive, not least due to a lack of efficiency in the civil protection service as the main responder to such an emergency.*

Italy was the first country after China to be severely affected by the Covid-19 pandemic. Once the first cases were detected at the end of January 2020, infection numbers increased very quickly in February and March 2020, especially in the country's northern provinces. More than anything else, it was the picture of military trucks lining up outside the Bergamo hospital to drive the corpses of the deceased to morgues outside the overwhelmed city, which received worldwide attention.<sup>1</sup> As the death toll rose early on, the population endured harsh restrictions to bring infections down. In fact, the military would be called in to help enforce a countrywide lockdown, another first for a Western democracy.

Besides those early – and remarkable – moments, the military has had a steady, though not outsized role in how successive Italian governments have tried to overcome the pandemic that they – like their peers in most countries around the world – had failed to prepare for. Over the course of nearly two years, the Italian armed forces supported the country's civilian authorities throughout the entire territory. During the pandemic's first wave in spring 2020, more than 4,800 troops provided early assistance in healthcare and logistics as well as in maintaining public order. In addition, more than 400 military doctors and nurses directly supported the national health service, while military hospitals offered hundreds of additional beds for Covid-19 patients. Beginning in the fall of 2020, the military's support shifted toward the provision of first testing and later also vaccination services and other social assistance, organising the distribution of vaccines throughout the country and itself administering millions of swabs or shots to the population.

In the following, this paper will first look at Italy's failure to draw up a pandemic plan, then at the various ways in which the military would be asked to fill the gaps to avert an even greater misfortune (or *sfortuna*, in Italian): for example, by providing airlifts and setting up command structures, ensuring public safety and providing disaster relief in the pandemic's early phase, as well as by its continued support to testing and vaccination efforts. It then considers how the pandemic actually impacted the armed forces themselves, and how the public viewed the latter's involvement. Finally, it will draw some conclusions as to what can be learned of the military's engagement in the fight against the Covid-19 pandemic.

## Failure to Plan for Emergency

Certainly, the armed forces' involvement was not based on any preconceived plan, given that hardly any of the Italian strategy documents prior to 2019 had identified a pandemic on the national territory as a security problem. Contrary to the practice in countries like France, the United Kingdom, or the United States, Italy does not pass a national security strategy or other political-strategic document at governmental or parliamentary level. Instead, the Ministry of Defence publishes its "Programmatic Lines" (*Linee programmatiche del Ministro della Difesa*), last presented by the Minister of Defence, Lorenzo Guerini, MP, in October 2019.<sup>2</sup> This document does not contain a reference to the threat of a pandemic. Neither does the "guideline act" for the integrated cycle of strategic planning and budget preparation (*Atto di Indirizzo per l'avvio del ciclo integrato di programmazione strategica e formazione del bilancio di previsione*) for the years 2020 to 2022, as prepared by the preceding defence minister, Elisabetta Trenta.<sup>3</sup> It was also under her leadership that the Ministry passed the latest multiannual defence policy document (*Documento Programmatico Pluriennale per la Difesa per il triennio 2019–2021*), but again without considering the possibility of a pandemic hitting Italy.<sup>4</sup>

It is only in the "White Paper for international security and defence" (*Libro Bianco per la Sicurezza Internazionale e la Difesa*) that the possibility of a pandemic threatening Italy is considered. Developed in 2015 under the guidance of then-defence minister and long-time senator, Roberta Pinotti, and approved by parliament in 2017, it replaces the previous White Book dating back more than 30 years, to 1985.<sup>5</sup> Its objective is to reorganise the ministry's management and to revise the armed forces' operational model<sup>6</sup> – a long overdue task given how the world had changed over the three intervening decades. At least in this document, the possibility of Italy suffering from a pandemic is mentioned in the vaguest possible terms when stating that: "We must take the responsibility for forecasting, preventing and, if necessary, managing events generated by situations of instability in terms of threats and attacks on our national integrity, our sovereignty and our vital interests, without excluding the risks generated by mass migration, pandemics, terrorism and crime."<sup>7</sup>

It seems, however, that the mentioned "responsibility to forecast and prevent a pandemic" was not assumed, which is why the country – and its military – were left with winging it when one occurred. Interestingly, the EU Global Strategy – written back in 2016 under the guidance of then-EU High Representative Federica Mogherini, a former Italian foreign minister – announced to "work for more effective prevention, detection and responses to global pandemics"<sup>8</sup>. However, also this pledge did not become translated into national processes other than the reference made in the White Book, leaving the country unprepared for the approaching wave of infections.

Since early 2021, Italy now as an updated pandemic plan, the "National strategic-operational plan for preparedness and response to an influenza pandemic" (*Piano strategico-operativo nazionale di preparazione e risposta a una pandemia influenzale – PanFlu 2021–2023*).<sup>9</sup> Issued by the Ministry of Health, this chiefly civilian plan at least asks for the government to issue, in the phase between this pandemic and the next (*fase interpandemica*), an operational contingency plan involving all the institutions needed in the response to such an emergency, i.e. civil protection, armed forces, doctors, pharmacists, and nurses, etc.).<sup>10</sup> This effort would certainly help Italy climb the ranks on the Global Health Security Index, where it currently finds itself below average compared to its peers (i.e., 24<sup>th</sup> of 43 European countries).<sup>11</sup>

## The Italian Military Combating Covid-19

The armed forces took on a number of tasks in the fight against the pandemic, mainly in providing disaster relief and support to public safety at home but, to a certain extent also abroad, e.g., through strategic airlifts for repatriation of citizens and delivery of medical goods. During the initial phase of the pandemic (i.e., the "first wave" from roughly late February to mid-June 2020), there was widespread perception that a "war-like mobilization"<sup>12</sup> of the entire health system, including the military, was needed, which is why the armed forces made available all accessible resources and capabilities. Already by late March 2020, more than 4,800 military personnel were involved in the Italian government's efforts



to combat the disease.<sup>13</sup> Shortly thereafter it was the military of almost all EU member states that “mobilised their armed forces in one way or another”<sup>14</sup>. Leading European politicians had called the fight against the disease a “war” to be won,<sup>15</sup> though their Italian counterparts were careful – just like German ones – to avoid such language.

### Strategic Airlift

As European travellers began to strand abroad in January 2020, both civilian airlines and military aircraft were called upon to bring them home. The Italian Air Force was in fact among the first military units mobilised to repatriate Italian and other EU citizens stranded aboard the “Diamond Princess”, a cruise ship docked in Yokohama, Japan, after some passengers had become infected.<sup>16</sup> These flights were also used for the first delivery of some 56 tons of personal protective equipment (PPE) sent to China, including clothing, disinfectants, and medical masks.<sup>17</sup>

The repatriation effort was supported by the European Commission under the EU Civil Protection Mechanism and executed by the Italian Ministry of Defence.<sup>18</sup> While the Air Force was entrusted with the transport of the passengers, the medical aspects of the mission were coordinated between the General Inspector of Military Health (*Ispettorato Generale della Sanità Militare*, or Igesam) with the Civil Protection Agency and the Ministry of Health for aspects of epidemiological control.<sup>19</sup> Because of the uncertainty around the situation during these early stages of the pandemic, patients were repatriated in complete isolation to avoid any form of contagion. Such *bio-contenimento* (or biocontainment equipment) was available on the Italian Air Force’s planes and helicopters, in particular the C-130J “Hercules”, C-27J and KC-767A aircraft.<sup>20</sup> The Italian army also used its NH90 and AW101 transport helicopters as air ambulances, relocating patients and medical teams as needed.<sup>21</sup> All of this equipment is, understandably, not available to Italy’s civil protection services.

Once the virus had gripped other European countries and increasingly the globe, national frontiers became closed, even in the normally borderless Schengen area. The air force’s efforts to transport medical supplies, with especially PPE being a scarce commodity in the pandemic’s early months, therefore later extended to across Europe. From the onset of

the pandemic till 29 May 2020, the armed forces used five different helicopter and one aircraft for emergency and bio-containment flights as well as the transport of medical material.<sup>22</sup>

The armed forces set up a dedicated operations room, made up of joint staff and located at the Joint Operations Headquarters (*Comando Operativo di Vertice Interforze*, whose Italian acronym fittingly and without any irony goes by COVI) to direct and coordinate their activities in support of national health. Located at the former military airport Roma-Centocelle in the capital’s southeast, this command acts as the single point of contact for the management of the health emergency in coordination with the Civil Protection Department and the Ministry of Foreign Affairs as well as the Ministry of Health.<sup>23</sup>

### Public Safety

The first instance of the Italian army deploying inside the country during the crisis was in mid-March 2020, nearly two months after the first infections arose among travellers returning from China in late January. Italy was the first European country to issue a nation-wide lockdown (*chiusura totale*) in the face of the pandemic by closing of all non-essential businesses and industries on 21 March. This measure was imposed after 627 people died of or with Covid-19 in a single day,<sup>24</sup> and came on the heels of a 9 March order closing outdoor spaces and banning personal movements away from home.<sup>25</sup>

When local law enforcement authorities struggled to police compliance with the new restrictions in the Lombardy region, the national government and the region’s president (a post equivalent to a minister-president or governor) called in the armed forces.<sup>26</sup> It should be noted that, at the time of the pandemic’s onslaught, the northern regions of Lombardy, Veneto, and Piedmont were governed by right-wing opposition parties, which – at least, initially – were critical not only of the central government’s intervention – led, as it were, by Prime Minister Giuseppe Conte and his shaky centre-cum-populist-left coalition – but of any Covid-related restrictions more broadly.

Lockdown enforcement was executed as part of “*Operazione Strade Sicure*”, a public safety operation instituted in 2008 to combat crime.<sup>27</sup> Now, this mission was reinforced and its mandate broadened so as to include elements of anti-Covid support, such as maintaining public order.<sup>28</sup> Soldiers of the Italian army helped to control compliance with the decrees in force in Trieste, Salerno, Naples, Brindisi, Catanzaro, Cosenza, Gorizia, Agrigento, Messina, Udine, Bari, and Caltanissetta, for a total of over 750 working months.<sup>29</sup> Also, specialist remote piloted Raven drones (*Assetti specialistici a pilotaggio remoto*, or APR) of the Italian army were made available, employed in the provinces of Naples and Caserta.

### Disaster Relief

Quite tangibly, the military also directly supported the civilian hospital structure, whether by assigning medical staff from the armed forces such as doctors and nurses to hospitals or by offering the army’s medical facilities to shore up civil healthcare. Early on, Italian citizens brought back from Wuhan province in China at the beginning of 2020 were quarantined in a military hospital.<sup>30</sup> Later, the armed forces set up field hospitals and other health facilities to welcome patients, in particular in the northern regions most in need: the army built two field hospitals in Crema and Piacenza, while the navy set up the advanced medical post in Jesi.<sup>31</sup> In fact, the army’s two field hospitals in hard-hit regions Emilia-Romagna and Lombardy, respectively, were installed in just 72 hours.<sup>32</sup> Overall, military hospitals in Italy offered a total of 6,700 additional beds, with special focus on Rome, Milan, and Taranto in Apulia.

During first wave, the armed forces also dispatched 139 doctors and 271 nurses in support of the National Sanitary Service (*Servizio Sanitario Nazionale*, or SSN).<sup>33</sup> In addition, the Italian army directly supported local hospitals and medical facilities by distributing PPE and by providing sanitation efforts throughout the country.<sup>34</sup> For example, surgical masks and gloves as well as sanitising gels were made available by the tens of thousands, among others in the Vercelli province of the Piedmont region in the country’s north.<sup>35</sup> Then again, the army set up 42 tents at border police and hospitals for pre-triage activities and provided four ambulances as well as one mobile field laboratory.<sup>36</sup> Finally, facilities of the Italian

defence industry have contributed to the effort to manufacture intensive-care equipment and disinfectant gel.<sup>37</sup>

The support of the civilian hospital structures has continued to the present day with military hospitals offering beds, including in intensive care treatment, to patients with Covid-19. This includes the *Celio* Military Polyclinic in Rome (offering 152 hospital beds), the Army’s Military Hospital Centre of Milan (50 places), and the navy’s Military Hospital of Taranto (22 places). In Lazio and Trentino Alto Adige, the army provides defence logistics facilities for use as quarantine hotels (for up to 704 patients in isolation).<sup>38</sup>

### Allied Support

The military also proved critical when Italy decided to appeal for help from allies. In addition to the EU Civil Protection Mechanism referenced above, this meant to work through NATO’s main civil emergency response mechanism, the Euro-Atlantic Disaster Response Coordination Centre (EADRCC).

At first, however, Italy felt left alone by its allies in the moment of crisis. As borders closed inside the EU and member states like Germany even blocked the export of medical equipment,<sup>39</sup> Italy did not receive, for nearly two long weeks, a single response to its call to activate the European civil protection mechanism.<sup>40</sup> Instead, the Italian government requested aid from the United States, which agreed to help “one of our closest and oldest Allies”<sup>41</sup>. The support included complex medical and logistical planning between the Italian governmental and health institutions as well as US military and civil institutions such as USAID, which contributed medical equipment and hospital supplies allegedly worth 100 million US-Dollars.<sup>42</sup> Berlin, then, appeared to try to make good on its earlier refusal by taking in coronavirus patients from the region around Bergamo to be treated in German hospitals.<sup>43</sup> In addition to medical aid provided by allies like Germany and the United States, Italy received actual military support from Russia, even though this proved highly controversial at the time.<sup>44</sup>

Eventually, Italy also directly benefited from the presence of allied troops on its soil. Once these had secured their own protection, they would



support the Italian military as well as local authorities in a joint effort to beat the pandemic. For example, with the U.S. Army Garrison in Vicenza as the headquarters for the U.S. Army's Africa operations and hosting members of the army's 173rd Airborne unit, the US presence in Italy amounts to 35,000 soldiers.<sup>45</sup> These US troops have been tasked to provide telemedicine services to Italian hospitals, to facilitate the transport and set-up of field hospitals, as well as the transport of supplies, fuel, and food, as needed – to the extent possible in view of maintaining force readiness.<sup>46</sup>

In addition, NATO's Rapid Deployable Corps Italy came to help. This multinational headquarters based in Solbiate Olona north of Milan would normally deploy on missions within or beyond the territory of NATO members.<sup>47</sup> During the early period of the pandemic, the corps instead supported the local communities and authorities of the Lombardy region including through the disinfection of hospitals, the delivery of supplies, and other logistical support.<sup>48</sup>

Finally, Italy has been a driver within a NATO-funded multi-year research project to enhance the speed and efficiency of Covid-19 diagnosis. Part of NATO's Science for Peace and Security (SPS) programme, this 24-month initiative co-led by Italy's *Istituto Superiore di Sanità* (National Health Institute) and the Tor Vergata University Hospital with collaboration from the University Hospital of Basel University in Switzerland, involves experts in the fields of immunology, virology, and molecular biology.<sup>49</sup> It aims to enhance resilience and civil preparedness among NATO members while directly contributing to the Alliance's research and development efforts to combat Covid-19.

### Testing and Vaccination Infrastructure

Once the initial wave had been weathered by June 2020, the armed forces began to support local health services in their testing and, later, vaccination efforts. *Operation Igea* began in October 2020, when the military opened so-called *Drive-Through-Difesa* testing stations throughout Italy. Up to 200 stations were made available, of which more than 70 were still operational in June 2021, carrying out over 2.9 million swabs.<sup>50</sup> In addition, the laboratories of the *Celio* Military Polyclinic

and at eleven further military sites across the country were used for Covid-19 testing. On average, 1,895 soldiers per day were involved between late October 2020 and June 2021 for a total of 434,107 working days.<sup>51</sup> The operation itself was ordered by the Ministry of Defence in collaboration with the Ministry of Health and managed by the armed forces, coordinated by the Joint Chief Operating Officer.

When vaccines became available in late 2020, the Joint Command began its *Operazione EOS* to use military logistics in support of the vaccination rollout.<sup>52</sup> When this process, however, proved to be sluggish at first, Prime Minister Mario Draghi – a former president of the European Central Bank who had come in to head a technocratic government in February 2021 after the previous coalition had fallen apart – asked the military for more support and put General Francesco Paolo Figliuolo in charge of coordinating the government's action on the pandemic.<sup>53</sup> Since then, the armed forces have supported the national efforts through logistics as well as by setting up their own vaccination centres. The military airport of *Pratica di Mare* has since served as a central hub for vaccine storage and distribution, and the military provided eleven airplanes, 73 helicopters, and 322 vehicles to support delivery. Also, some drive-through testing stations were converted into vaccination centres (*Presidi per la somministrazione dei Vaccini*, or PVD, i.e., aids for the administration of vaccines).

As of June 2021, the armed forces provided 30 stationary vaccination centres administering 473,000 shots to the civilian population, and 35 mobile centres giving an additional 53,000 inoculations. Especially on smaller islands, the military helped with over 25,000 vaccinations administered.<sup>54</sup> By the end of 2021, that number had risen to above 2,6 million administered doses, according to the Ministry of Defence.<sup>55</sup>

By leading the vaccine distribution during the second phase of the pandemic, the military was able to apply its own command structure to the effort. Over time, it had thus employed three lines of operation: public safety support with troops helping to enforce the regulations in place (such as through the operation "Strade secure"), logistics support such as the provision of land and air transport (including the operation "EOS"), and direct support to the national health services (e.g., through

operation “Igea”).<sup>56</sup> This operational set-up, along with vaccination mandates for an increasing part of the population (first health workers, then teachers, police, and military, and as of 2022 everyone above 50 years of age), appears to have helped the stringent implementation of the government’s vaccination effort. It therefore did not come as a surprise when General Figliuolo was promoted to the post of commander of the Joint Operations Headquarters in January 2022, with Defence Minister Lorenzo Guerini praising “the results [he] achieved as Special Commissioner for the Covid-19 crisis”<sup>57</sup>.

### The Pandemic’s Impact on the Armed Forces

Like everywhere around the world, the pandemic affected not only civilian structures but also the military, though not to an extent deemed detrimental to military readiness. It was mainly the army contingent already deployed through the *Operazione Strade Sicure* which was involved and which successive governments had kept active to provide an increased visible presence of the military, even without an apparent need deriving from crime or terrorist threats.<sup>58</sup> As this particular operation is considered a strain on military efficiency and even morals (standing guard at public building for long shifts in six-month rotations is strenuous and involves a total of around 20,000 troops<sup>59</sup>), putting these soldiers to use in the fight against the pandemic was even seen as beneficial by some.<sup>60</sup>

The situation was more critical abroad, where Italy’s nearly 7,000 soldiers deployed on international missions almost completely stopped operations due to infections and the resulting quarantines. The pandemic seriously affected the readiness of contingents in Kosovo, Iraq, Lebanon, and above all Afghanistan, as every Italian soldier testing positive would have to immediately return to Italy while others had to quarantine. With operation “*Strade Sicure*” absorbing a great number of soldiers at home, a lack of personnel ensued, hampering the full execution of those missions.<sup>61</sup> Likewise, the Italian flagship ITS Margottini of EUNAVFOR MED Irini was quarantined after 51 crew members tested positive.<sup>62</sup> In addition, military exercises – whether domestic or with allies – could not be held due to the lockdown, and the military academy of the army sent cadets home in

spring 2020, with only limited capacities for online teaching leaving the students with little to study.<sup>63</sup>

Finally, over the course of the pandemic, the General Staff of the Defence – like other public as well as private institutions – has adopted measures such as remote work, social distancing, and hygiene procedures to facilitate forms of remote work in order to ensure operational maintenance.<sup>64</sup> However, given the lack of IT equipment, such as notebooks with the relevant security features, only those coming to the office would be able to work effectively.<sup>65</sup> Furthermore, most trips, visits, and conferences had been cancelled. Deployment on missions abroad became cumbersome due to isolation and quarantine rules that ask soldiers for barracking two weeks prior to departure and possibly again after arrival, with a special military aircraft needed for transportation.<sup>66</sup> Lastly, after vaccination became mandatory for all health workers already in April 2021, the Italian government made inoculations obligatory also for teachers, members of the police and military, as well as the emergency services by mid-December 2021.<sup>67</sup>

### Public Perception

The general population’s reaction to the broad involvement of the armed forces in fighting the pandemic is largely seen as positive, as will be shown in the following. This can be attributed to several factors: First, the severity of the situation, with Italy being the first – and initially hardest-hit – European country to suffer from the novel coronavirus, let the military’s deployment be perceived as an expression of the grave condition the country found itself in. Second, most of the soldiers deployed during the pandemic were already operating in public as part of “*Operazione Strade Sicure*”, so Italians were used to seeing soldiers in the streets and now welcomed their efforts to support public health officials.

In general terms, Italy has a tradition of deploying soldiers to help after earthquakes, to support the police’s fight against the Mafia (such as “*Operazione Vespri Siciliani*”)<sup>68</sup>, and even to collect rubbish when public services are failing (such as “*Operazione Strade Pulite*”)<sup>69</sup>. There was

therefore no resistance using the military to fight the spread of Covid-19 throughout Italy; to the contrary, the deployment of the armed forces also presented an opportunity to demonstrate the military's useful capabilities to citizens once more.<sup>70</sup>

More importantly, the military has a long-standing reputation of as an institution above and beyond the politics that many Italians have come to detest: The three main branches all enjoy high approval ratings (*Esercito Italiano* 71,5 per cent, *Aeronautica Militare* 72,6 per cent, and *Marina Militare* 73,6 per cent, all polls taken in early 2021), whereas the Parliament is appreciated by only a third of Italians (34,4 per cent, up from a quarter – or 25,4 per cent – in the previous year).<sup>71</sup>

Presumably because of this broad support (and, of course, the absence of any notable incidents involving soldiers deploying force against civilians), there has not been any serious public debate about the use of the military during the pandemic. One exception concerned the work of an army general as head of the country's vaccination campaign, which however received only moderate criticism. In April 2021, Italian journalist Michela Murgia reproached Figliuolo, then Draghi's special envoy for combating Covid-19 and today the commander of the Joint Operations Headquarters, for what she considered spreading fear among the population. During a TV show on La7, she accused the general of using bellicose language and of wearing his uniform instead of a civilian dress.<sup>72</sup> This sparked a short-lived debate in the press,<sup>73</sup> which ended when Figliuolo himself intervened in public television arguing his position.<sup>74</sup>

This fairly positive perception among the population of the military's involvement is in line with how the overall government effort to fight the pandemic is regarded. After some initial confusion among both politicians and the public as to how severe the disease would be, in hindsight – and in particular with a view to the prevarication prevalent in other European countries as well as the United States – the government's "swift, pragmatic, and [...] focused response" has been positively reviewed.<sup>75</sup> For example, Italian author Francesca Melandri, whose "Letter from the Future" in March 2020 about how events in Italy would foretell the spread of the pandemic to other countries was widely read in

the world,<sup>76</sup> would later laud the Italian government's efforts at fighting Covid-19 for their transparency and accountability. This also relates to the communication of lockdown measures as recommended by medical experts and implemented by the police and military.<sup>77</sup>

Other outside observers, however, are far more critical of the government's efforts, arguing that "Italy rolled out lockdown in piecemeal fashion amidst mixed messages from government officials that sowed great confusion".<sup>78</sup> There was a lack of unity from within the central government and between Rome and provincial capitals, it is thus argued, as the country's various political parties initially tried to exploit the situation by discrediting the other. It was therefore only after the severity of the situation became clear from the images of the camouflaged trucks waiting outside the Bergamo morgue and the apolitical, non-partisan military stepped in, that a more structured response evolved.<sup>79</sup>

## Lessons from the First Two Years

The armed forces have been part of Italy's response to the Covid-19 pandemic. In supporting civilian emergency response structures, the military has proved to be "versatile" and adaptive, as have their counterparts from other countries.<sup>80</sup> While most, if not all countries, eventually crumbled at some point during this global pandemic, it has also been because of a lack of appropriate civilian infrastructure that Italy's armed forces gained such a prominent role. Therefore, a number of lessons can be drawn from this interplay of civilian and military structures in times of crisis.

- › The main – and widely applicable – lesson from the fight against the pandemic is that **state institutions need to engage in solid planning and practicing**, including but not limited to the armed forces. It was the initially described failure to plan that contributed to Covid-19 becoming "unquestionably Italy's biggest crisis since World War II"<sup>81</sup>. As it happens, the courts may have a role to play in finding answers, as one of the few more serious controversies has emerged around the obvious lack of the government's pandemic preparedness. A retired army general, Pier Paolo Lunelli, has compiled an unofficial

report claiming that the government misled its citizens as well as international partners about the country's readiness to confront Covid-19. His work, in turn, provides the basis for a group of relatives of pandemic victims (*NOI Denunceremo*, "we will denounce") suing the state for compensation.<sup>82</sup>

- › Precisely because of this lack of planning, a second lesson is about the need to **conduct an evaluation of the joint effort to combat the pandemic to better prepare for the next one**. So far, however, no government commission has investigated the failures made, and public debate has been sparse. The army, as the most involved of the three military branches, has confined itself to publishing a – gushingly positive – chronicle of its support of the fight against Covid-19 in its latest Report of the Army (*Rapporto Esercito*) from 2020.<sup>83</sup> In the end, the ongoing court cases will issue a verdict on the government's overall efforts, but one thing is already clear: It took an all-out effort with significant contribution from the armed forces for the Italians to be praised, by fall of 2020 and after much initial criticism, for "[snatching] health from the jaws of death in just a few short months"<sup>84</sup>.
- › A third lesson therefore concerns **the military's own assessment of its involvement**. Rather than publishing only positive reports of the armed forces' support to society, a sober and critical internal review is in order. One issue that has not received much attention so far but could be addressed in such a report is that of possible post-traumatic stress disorders (PTSD). Active-duty soldiers on regular deployments to international missions might be used to devastation and death, and the military would be expected to have the necessary procedures in place to deal with the impact on its personnel (e.g., increased suicide rates). However, witnessing the high number of deaths at home, and at the hand of an invisible virus, should lead to implementing also in the military field the supervisory procedures that are common in the civilian arena. This is an issue that has been discussed only at the margins so far, e.g., by an online seminar of the European Organisation of Military Associations and Trade Unions (EUROMIL).<sup>85</sup>

- › Another lesson revolves around the **"normal" level of the military's involvement in domestic affairs**, provided it is democratically legitimised and under civilian control. The Italian case shows that when the public is used to seeing soldiers in the streets – such as through Italy's operation "*Strade Sicure*" – and when there are previous examples of the military helping in an emergency – such as has regularly happened after an earthquake hit the country, then the military can be regarded as an integral part of society whose involvement does not raise any doubts about the rule of law but rather is accepted as an exceptional measure justified by a seriously critical situation. In terms of security forces per capita, Italy already ranks among those with the highest number in Europe, thanks to its different law enforcement agencies (the State Police, the gendarmerie-like Carabinieri, and the white-collar crime-busting *Guardia di finanza*).<sup>86</sup>
- › Such reasoning, finally, extends to the realm of civil-military relations. As the military is seen to be more directly involved in politics (e.g., with the prime minister calling on a general to lead a decidedly civilian vaccination campaign), traditional role conceptions are changing. Therefore, like all major societal transformations, **the state's handling of the Covid-19 crisis – which includes in Italy's case also a strong role for the armed forces – needs a thorough and lively public debate**. The pandemic will contribute to a further blurring of the lines between internal and external security, as armed forces are using their military kit and know-how in support of civilian emergency response structures while law enforcement authorities are increasingly building up their own equipment (think armoured vehicles, drones, and the like). Given the continually active and largely appreciated contribution of the military to the fight against the pandemic in Italy, involving citizens in discussions as to how best to use the armed forces in support of civilian structures is key – not least in preparing for the next possible crisis.

These lessons combine to lead from the general point about the role of armed forces in society to the more fundamental question regarding societal resilience, which cannot be prescribed by any plan but is built over decades. Part of the Italian military's contribution did not come

from government orders or task force plans, but because their people see themselves as part of society. It appears that the resilience of ordinary Italians, steeled in coping with regularly occurring natural disasters as much as with insufficient government support across the board, was what helped the country most.

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# Case Study Poland: The Involvement of the Polish Armed Forces during the Covid-19 Pandemic

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*The involvement of the Polish Armed Forces during the Covid-19 pandemic has been extensive, with tasks ranging from logistics and support to hospitals, to assisting individual citizens and providing psychological aid. This type of militarised crisis response, grounded in the law and accepted by the public opinion, is likely to be used in future pandemics/epidemics.*

The first case of Sars-CoV-2 in Poland was confirmed on 4 March 2020 and just days later, by the order of the Minister of Defence, Polish Armed Forces were deployed to support the efforts of airport services, the border guard, local authorities, and hospitals and the health-care system in general. Since then, Polish soldiers have been constantly engaged in the fight against the coronavirus, performing a wide array of tasks. At the peak of this engagement, during the “first wave” of the pandemic between March and June 2020, approximately 10,000 troops participated daily in various crisis response activities.<sup>1</sup> The aim of this analysis is to provide an overview and evaluation of this engagement and the effects of the pandemic on the Polish military, as well as to discuss the future role of the Polish armed forces in response to epidemics/pandemics.

## **The Role of the Polish Armed Forces in Health Crises: in Documents and in Practice**

Polish security strategies have long framed the health of the population as a key area of reference. However, before 2020, the emphasis had been put on the overall well-being of the population and its safety and security in the face of military and non-military threats. As such, strategic documents pointed toward the need to strengthen the healthcare and the material reserves systems,<sup>2</sup> as well as to protect the health of citizens in the face of terrorist attacks<sup>3</sup> or demographic pressures and environmental challenges<sup>4</sup>. Epidemics were only once referred to directly, with the 2007 Security Strategy viewing the HIV/Aids epidemic as a factor within the broader security environment of Poland and a distant threat that may lead to mass migration.<sup>5</sup> This framing changed in 2020 with the arrival of the Covid-19 pandemic and the new Polish Security Strategy was issued in the midst of its “first wave”<sup>6</sup>. The 2020 Security Strategy reiterates the provisions of the previous strategies regarding the well-being of the citizens, their access to health-care, and risks related to the aging society and environmental changes.<sup>7</sup> It also emphasises the dangers related to epidemics and pandemics, and calls for a strengthening of the preventive, diagnostic, and response capabilities of the state and society.<sup>8</sup> The military is not mentioned directly as one of the actors involved in these efforts.

Even though before 2020 pandemics and epidemics were not treated as a significant threat in Polish strategic discourse, nor linked to the armed forces, legislative provisions have long included the military as an actor in preventing and counteracting the consequences of a spread of contagious diseases. The 2007 Act on Crisis Management allows for deployment of military units to, for example, monitor threats, evacuate population, isolate endangered areas, as well as provide medical assistance, and perform sanitary and anti-epidemic tasks.<sup>9</sup> Similarly, the 2008 act on preventing and combating infections and infectious diseases in humans assumes that military units can be deployed to perform tasks related to responding to the threat of a state of epidemic, the state of epidemic or in the event of a danger of spreading an infection or an infectious disease that may pose a threat to public health.<sup>10</sup> In each instance, the armed forces are delegated by the Minister of Defence following a request from a voivode<sup>11</sup> and in a situation when other (mainly civilian) resources and capabilities are unavailable or insufficient. This type of engagement fits into one of the three basic tasks of the Polish armed forces – providing support to the public administration and the society in crisis situations.<sup>12</sup>

After 1989 and prior to the Covid-19 pandemic there was no significant health-related crisis in Poland that required the assistance of the armed forces. Despite that, Polish soldiers have often been engaged in non-military crisis management. For example, in 2016 the military was mobilised to assist in removing the debris after a violent storm in central Poland.<sup>13</sup> Both in 2019 and in 2020 military units were requested to assist in flood-prevention and clean-up activities.<sup>14</sup> In 2021 Polish soldiers were deployed to clean up after a whirlwind that destroyed three villages in southern Poland.<sup>15</sup> As a result of this type of engagement, both the society and the politicians in Poland do not view using the armed forces in non-military crises as controversial. What is more, public opinion expects and even demands military engagement and quick mobilisation of the armed forces in the event of a natural disaster, as was the case for example following violent storms in northern Poland in 2017 which destroyed houses and forests and required damming up water in local rivers.<sup>16</sup>

With that in mind, it is not surprising that in March 2020, even before the first case of the virus was detected in Poland, Minister of Defence

Mariusz Błaszczak declared the readiness of the armed forces to react and support the civilian health-care system in the event of the spread of Covid-19.<sup>17</sup> He pointed toward the ability to quickly mobilise military resources, stressed their reliability, and called for solidarity and mutual support.<sup>18</sup> The subsequent decision to use the armed forces to limit the spread of the virus was not contested for the most part. There were concerns regarding the potential mobilisation of the Territorial Defence Forces (TDF) in response to rising mass protests against the further restriction of the abortion law,<sup>19</sup> which could be disguised as part of the pandemic response. This mobilisation did not take place.

### Polish Armed Forces and Covid-19 Response

The scope and intensity of the engagement of Polish military fluctuated throughout the pandemic, with the majority of effort concentrated during the “first wave”, i.e. from March to June 2020. Following this period, the situation became normalised and many of the activities undertaken by the military were terminated or scaled down. This is reflected in the number and scope of military operations. In March 2020 two military operations were initiated: one with an external and the other with an internal character. The first one was “Operation Shield” (pol. *Tarcza*), commanded by the Operational Command and conducted on the border, at border check points, and in airports. It involved supporting the border guard, screening temperatures, and collecting travellers’ information. On average, approximately 1,800 soldiers performed these tasks every day, with the total number of soldiers mobilised for this operation reaching over 2,120.<sup>20</sup> “Operation Shield” was concluded on 13 June 2020 together with the easing of travel restrictions. The second operation, under the code-name “Resilient Spring” (pol. *Odporna Wiosna*), was much broader in scope and included such tasks as logistical support, support for the police, hospitals, local authorities, and citizens. Operation “Resilient Spring” was conducted by the Polish Territorial Defence Forces, the fifth branch of the Polish armed forces and a mixed service, consisting of both part-time and professional soldiers. During Operation “Resilient Spring” the TDF were supported by the General Command, Gendarmerie, Support Inspectorate, and the Garrison Command in Warsaw. Based

on the information from the TDF an average of 3,000 TDF soldiers were involved daily (up to 5,500 soldiers and military cadets per day during the peak of the engagement), with the total number of TDF soldiers mobilised reaching over 18,250.<sup>21</sup> Operation “Resilient Spring” was terminated on 22 June 2020.

Following the conclusion of Operations “Shield” and “Resilient Spring” in mid-June 2020, Polish decision-makers resolved to continue to use the armed forces to support civilian efforts in the fight against the pandemic, however, in a much more limited and focused capacity. For this reason, the TDF, supported by other military branches, initiated another operation, codenamed “Permanent Resilience” (pol. *Trwała Odporność*), on 23 June 2020, just one day after the conclusion of “Resilient Spring”. In November 2021 “Permanent Resilience” was still ongoing and involves focused activities directed at containing localised outbreaks of the virus. As of November 2021, the military engagement was lower, relatively speaking, at approximately 700 soldiers per day.<sup>22</sup> As infection numbers increase, the number of troops participating in pandemic crisis response is likely to increase, too.

In general, the activities involving Polish soldiers during the pandemic can be subsumed under six broad categories: 1) providing support to hospitals and health services, 2) providing support to law enforcement, 3) providing support to local authorities and NGOs, 4) providing support to citizens, 5) foreign engagement, and 6) other activities.<sup>23</sup>

The first category – providing support to hospitals and health services – included activities to relieve and bolster the extremely strained and overburdened health system. Military hospitals and facilities were used to care for patients and conduct quarantine. Logistical units assisted in the transportation of patients, medical equipment, and materials. Military mobile laboratories were deployed to perform laboratory diagnostics. Soldiers with medical training were deployed to assist in hospitals, screen patient and hospital staff temperatures, as well as perform administrative tasks (e.g. filling out forms), and organisational tasks (e.g. managing queues for vaccination). An interesting example of this sort of activity was the deployment of some TDF soldiers to support individual

medical workers, e.g. by doing grocery shopping, running errands, and organising transportation. Soldiers were also involved in collecting samples for testing for the virus, including establishing “drive-through” and mobile sample collection points. They helped set up field emergency rooms and assisted in maintaining the flow of medical supplies (in cooperation with the Material Reserves Agency). The military also participated in fighting the pandemic by donating blood when reserves were rapidly dwindling, especially in the early months of the crisis.

The activities in the second category – providing support to law enforcement – can be divided into three main groups. The first includes providing support to the police force on joint patrols to monitor persons in home quarantine and on joint prevention patrols. The second group of activities focused on assisting the Border Guard, including organising check points, closing roads, supporting border controls, and providing logistical support for travellers crossing the border. This latter task was particularly important immediately following the introduction of cross-border movement restrictions, with soldiers distributing water and snacks to drivers who were stuck at border crossings.<sup>24</sup> Finally, the third group of activities included supporting the Civil Aviation Authority and the activities undertaken at airports, such as collecting travellers’ information and taking temperature screenings. Similarly, as in the case of supporting the healthcare system, military assistance provided to law enforcement was designed to fill in the capacity gaps resulting from the increased demand and new areas of engagement introduced as part of the pandemic crisis response.

The third category of military activities was directed at local authorities, local public services, and NGOs. Here, the TDF’s engagement in helping welfare centres and their elderly residents was strongly emphasised in the media. As Polish welfare centres were already understaffed and underfunded,<sup>25</sup> they quickly turned into significant clusters of Covid-19 outbreaks. Soldiers were therefore engaged in collecting test samples, taking temperature screenings, distributing food, evacuating residents, decontaminating the premises, and in the most extreme cases, even providing direct care for patients. Other forms of support to local authorities included the transportation and distribution of disinfectants, decon-

tamination of administrative facilities and schools, and training sessions organised for public officials, students, and teachers regarding the new “hygiene regime”. To facilitate and speed up the interactions between civilian entities (e.g. local administration or NGOs), military cadets and the TDF developed an online platform which enabled requests for military assistance to be submitted rapidly. By early June 2020, the platform had been used to register requests by nearly 2,000 civilian entities.<sup>26</sup>

The fourth category of activities undertaken by the Polish armed forces during the pandemic was directed at individual citizens. Here again, the TDF’s role was the most prominent, as from the start of Operation “Resilient Spring” combatants, the elderly, and the vulnerable were designated as groups requiring particular care. This involved such activities as providing groceries and medication during lockdown to the most vulnerable individuals, and providing information about the situation and even basic conversation to ease the effects of isolation. During Christmas 2020 soldiers facilitated online contacts between digitally excluded hospital patients and residents of nursing homes, and their families.<sup>27</sup> To counteract isolation and stress resulting from the pandemic and restrictive measures, the TDF initiated a free hotline providing professional psychological assistance to those in need.<sup>28</sup> In January 2021, as part of Operation “Permanent Resilience”, an alternative free hotline was established with the aim to provide support to the elderly regarding the vaccine.<sup>29</sup> The line offered information, as well as assistance in the registration process, and even helped to organise transportation to vaccination points. Finally, soldiers also prepared educational materials (including a YouTube video and a short story) directed at the youngest children, which aimed to help them understand the situation and reduce their fear e.g. of getting tested.<sup>30</sup>

Another category of activities undertaken by the Polish armed forces regarded foreign engagement. This included supporting evacuation and transporting Polish citizens back to Poland from, among others, China and France, as early as January and February 2020. In March 2020, 15 military doctors and paramedics were sent to Lombardy, Italy, to provide support to the strained local health care system, gain experience and expertise to better prepare for the pandemic in Poland.<sup>31</sup>

In April 2020, four medics took part in a mission to Slovenia and nine medics in a mission to the USA, both aimed at an exchange of information and experience regarding treatment of Sars-CoV-2 patients and the organisation of health care in times of pandemic.<sup>32</sup>

Finally, some additional activities were undertaken by Polish soldiers, during the “first wave” of the pandemic. They were not necessarily part of an organised effort to prevent the spread of the virus but were often a result of private initiatives of soldiers. These included collecting disinfectants, soap, and other products for various facilities, sewing masks, and using private 3D printers to make visors for medical professionals.

The activities of the Polish armed forces summarised above are indicative of an overly broad and far-reaching engagement, directed at multiple recipients. The most numerous was the engagement of the Territorial Defence Forces under operations “Resilient Spring” and “Permanent Resilience” which also involved a broad array of tasks. The TDF soldiers were also arguably the most visible, partly due to a well-organised traditional media and social media presence, but also as their tasks were strongly engaging civilian entities, both at the individual and administrative levels. This direct support to individuals could be regarded as a slightly unusual task for the armed forces, which however was a result of the shortcomings of Polish civil defence and a particular profile of the TDF strongly tied with local communities.

## The Impact of the Pandemic on the Polish Armed Forces

The spread of the virus impacted the Polish armed forces in several ways. One of the most profound changes that was implemented due to the pandemic was the introduction of the anti-crisis mode in the TDF. The TDF was established in 2016 and in March 2020 it was still in formation mode, reaching approximately 50 per cent of the target number of troops. In order to limit the chances of spreading the virus and focus on crisis response activities, the TDF temporarily suspended its training and recruitment.<sup>33</sup> Some of the training sessions were again suspended in October 2020, together with the “second wave” of the pandemic, while

others were rearranged in order to avoid large groups.<sup>34</sup> This resulted in delays in the formation of some of the brigades and in reaching the targeted personnel number by the TDF.<sup>35</sup> At the same time, the Covid-19 pandemic constituted the first large-scale “battlefield” for the TDF, allowing it to test mobilisation procedures, readiness of the soldiers, and the soundness of its mixed profile. It also allowed this new branch of the armed forces to gather experience and become further embedded in the national security system and in local communities. During the “first wave” of the pandemic the TDF mobilised approximately 70 per cent of its troops.<sup>36</sup>

The pandemic also influenced military exercises planned for the 2020. In particular, the “Defender-Europe 2020” exercise, which was supposed to evaluate the deployment of a large number of US troops and equipment to Europe, including Poland, was significantly scaled down because of the pandemic. The exercise itself was postponed, several linked exercises were cancelled, and some of the personnel and equipment already deployed to Europe were recalled.<sup>37</sup> Another large-scale Polish military exercise called “Anakonda 2020” was also postponed and modified, and took place without the participation of foreign allies.<sup>38</sup> Altogether, out of 114 trainings planned for 2020, 55 were modified or cancelled.<sup>39</sup>

While the overall number of troops infected with Covid-19 has not been disclosed, there have been reports of soldiers contracting the virus both in the country and abroad. In October 2020 an outbreak of the virus was found in one of the military academies,<sup>40</sup> and the Minister of Defence confirmed nearly 1,000 infections among soldiers and cadets.<sup>41</sup> According to the press officer of the TDF, approximately 1,360 TDF soldiers were infected in 2020, which amounts to 5 per cent of the number of troops at the time.<sup>42</sup> This number was slightly higher than the percentage of infections in the general Polish population, therefore it is possible that it was a direct result of the activities undertaken by the TDF soldiers in response to the pandemic. In August 2020 nearly 100 soldiers coming home from a mission in Afghanistan tested positive for Covid-19 and a further 15 were infected upon their arrival in Afghanistan.<sup>43</sup>

Medical trainings for soldiers were among the measures undertaken to limit the spread of the virus within the military and to increase the utility of soldiers in crisis response. In March 2021, the Polish Ministry of Defence announced that nearly 100 per cent of soldiers had received non-certified training as qualified medical assistants, and that a “large number” of soldiers were certified paramedics.<sup>44</sup> Polish soldiers were also encouraged to increase their immunity and were among one of the first groups eligible for vaccination. This resulted in approximately 76 per cent of soldiers being vaccinated under the General Command of the armed forces (as of July 2021, compared to 44 per cent in the general Polish population).<sup>45</sup> While the Covid-19 pandemic did have a disruptive influence on military training and exercises, it did not have a severely negative impact on the overall readiness and operational capabilities of the Polish armed forces.

## Covid-19 and Challenges for Polish Military

Based on information received from the TDF, the scale and range of engagement has been identified as one of the main challenges of the response to the pandemic. Even though the TDF soldiers had participated in crisis response operations before 2020, their tasks were much simpler and more focused, involving, e.g. building sandbag barriers to prevent flooding.<sup>46</sup> During the pandemic, the range of activities was much broader and involved multiple partners. As a result, the TDF tasks needed to be coordinated with various entities such as the police, the border guard, the Material Reserves Agency, as well as local administration and non-governmental organisations. Altogether, as of November 2021, the number of requests for TDF’s support registered through the online platform had reached 30,000, with over 100 requests daily during the peak of the “first wave”. Even though the intensity of military engagement has decreased over time, in November 2021 civilian entities were still requesting assistance at the level of approximately ten applications per day.<sup>47</sup> The diversity of activities undertaken during the pandemic, the geographic scope of the operations covering the entire territory of the country, and the number of troops involved, meant that the pandemic crisis response was the largest military operation performed in Poland since 1989.



Another challenge identified by the TDF involved the necessity to quickly organise training for soldiers aimed at gaining expertise in supporting hospitals and the health-care system. This included such activities as caring for recumbent or elderly patients or collecting swabs for testing. As the TDF comprises soldier-volunteers who also have a civilian occupation, the mobilisation and increased training needed to consider their limited availability. At the same time, the financial difficulties of various companies during the pandemic and the laying off of employees also meant that part-time TDF soldiers who lost their civilian jobs reported increased readiness for service.

One of the challenges also involved the necessity to protect soldiers from infections, particularly as their tasks put them in a position of an increased exposure to the virus. This proved particularly important at the beginning of the pandemic when questions regarding the availability of protective equipment in Poland were raised by the media.<sup>48</sup> Apart from the need to provide personal protection to all soldiers participating in the pandemic response, this also involved intensified hygiene training as well as the necessity of reorganising standard training sessions in accordance with the hygiene rules (e.g. conducting them in smaller groups or changing venues).

### Evaluation of the Military Engagement during the Pandemic in Poland

The response of the Polish public opinion to the military engagement during the pandemic has been mainly positive. A public opinion poll commissioned by the Ministry of Defence in April 2020 indicated significant support for the use of the military and the presence of soldiers in public places.<sup>49</sup> 93 per cent of the respondents saw the cooperation between soldiers and the border guard as positive, 91 per cent were in favour of soldiers assisting the quarantined, the elderly, and the vulnerable, and 83 per cent were in favour of joint military-police controls of persons in quarantine. Politicians from both the ruling party and the opposition have expressed their gratitude to soldiers involved in the pandemic response.<sup>50</sup>

The evaluation of the military engagement during the pandemic in Polish media has been influenced by deep political divisions and polarisation in society. Those media outlets which present a pro-government position were positively inclined toward the military involvement in the pandemic response. By way of example, the national television station TVP as well as its local channels presented the activities of Polish soldiers in an unequivocally positive way, calling them invaluable and pointing out their utility in the fight against the “invisible enemy”<sup>51</sup>. *Gazeta Polska*, one of the weekly magazines with a right-wing conservative outlook granted the Territorial Defence Forces a Person of the Year award in 2020.<sup>52</sup> The justification for the prize included the TDF’s activities during the pandemic. The conservative-liberal weekly magazine *DoRzeczy* also reproduced the governmental framing of the military involvement, pointing out its utility during the crisis.<sup>53</sup>

This distinctly positive assessment of military engagement during the pandemic was not reproduced by the media outlets critical toward the Law and Justice government. Nevertheless, they widely reported on the activities undertaken by the Polish Armed Forces during the pandemic, emphasising the broad array of tasks and providing practical information about the possibility of receiving support from the soldiers (e.g. indicating the locations of testing points or publishing phone numbers for help lines).<sup>54</sup> Articles published by *Gazeta Wyborcza*, one of the centre-liberal newspapers strongly opposing the Law and Justice government, while not enthusiastic, were neutral or cautiously positive in their reporting on the military involvement in the pandemic crisis response.<sup>55</sup> A similar stance was presented by *Newsweek Polska*, a liberal weekly.<sup>56</sup> Criticism included the late introduction of medical training for the TFD soldiers,<sup>57</sup> the use of soldiers to keep records of the number of free beds in Covid-19 hospital wards,<sup>58</sup> as well as the above-mentioned fears that soldiers might be used to stifle mass protests. In general, the critical opinions have not been directed against the military or their engagement, but rather reflected opposition toward political decisions made in governmental circles.



Based on an interview with the press officer of the TDF Colonel Marek Pietrzak, the TDF's assessment of its own role during the pandemic has been positive. Even though the pandemic was not the first crisis which caused the mobilisation of the TDF soldiers, it was definitely the largest. This scale of engagement created an opportunity to test the existing capabilities and to further present the utility of the force to the public. The cooperation with multiple partners was a chance to establish strong working relations and trust, shorten the distance between the military and civilian entities, and speed up the communication process. This, according to the TDF, creates a solid foundation for future cooperation and for quick and smooth contact in case of future crises. According to Colonel Pietrzak, the role of the TDF during the pandemic was appreciated by civilian partners and by politicians. He said that this appreciation is reflected in the newly proposed Act on the Defence of the Fatherland which tasks the TDF's command with planning, coordinating, and conducting activities during natural disasters and in crisis response.<sup>59</sup> This increase in responsibility and a more prominent position for the Territorial Defence Forces is viewed by the TDF as a direct result of the effectiveness of its engagement during the pandemic and its close ties with local communities.

The opinions of experts regarding the military involvement in the fight against the coronavirus have been mixed. Many experts pointed out that during the pandemic the newly established TDF proved itself useful and capable of providing much needed support in response to crises.<sup>60</sup> This is particularly telling, as the establishment of the TDF in 2016 was controversial, with many experts and politicians questioning its utility and the rationale behind its mixed profile. Also, medical professionals have noted the utility of soldiers who – after initial training – assisted in performing basic tasks, freeing trained professionals to concentrate on more demanding activities.<sup>61</sup> At the same time, experts have pointed out that during the pandemic the military, mainly the TDF, virtually replaced the non-operational civil defence.<sup>62</sup> This raised questions regarding the position and role of the TDF in the Polish national security system, and the tasks that it should perform in times of peace and conflict in particular vis-à-vis civil defence capabilities.

The Covid-19 pandemic has shown that in many states, including Poland, the armed forces are a useful tool in times of non-military crises. In Poland, particularly in 2020, the military successfully served as a reinforcement for strained civilian services and even citizens, and to a certain extent eased the impact of the pandemic. Polish soldiers quickly mobilised and took over multiple tasks, providing assistance in those areas of the national security system which lacked resilience. The overall response of Polish public opinion to the military involvement has also been positive. While this sort of broad engagement was necessary and welcomed during the Covid-19 pandemic, it raises the question of whether reliance on the armed forces in future health-related crises is a promising idea. In accordance with the Polish law, the use of the military during pandemics and epidemics should be treated as a last resort and soldiers should be mobilised only when other, civilian capabilities are no longer able to deal with the situation by themselves. The lack of civil defence in Poland turns the armed forces into the only reinforcement available, which potentially weakens the country's ability to deal with future health-related crises. A well-organised civil defence could take the first impact of a pandemic/epidemic and keep the military as a last-resort responder. Without robust civilian resources the question whether the Polish armed forces should be used in future health-related crises is moot, as currently there is no reliable alternative to the militarisation of crisis response.

At the same time, because of the Covid-19 pandemic, the Polish military has already gained important experience in dealing with health-related crises. The medical and para-medical trainings received by Polish soldiers turn them into a useful and available pool of human resources which could easily be mobilised in an emergency. The established working relations and quick lines of communication, particularly between the TDF and local authorities and organisations, are an invaluable asset in any type of crisis response. The existing regulations and the positive response of Polish society to military engagement during the Covid-19 pandemic grants legitimacy for the future. This makes the Polish armed forces an even more likely instrument for dealing with subsequent pandemics and epidemics.

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# Case Study United Kingdom: Civil-military Cooperation for the Response to the Covid-19 Pandemic in the United Kingdom

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*This report provides an overview of the role of the national armed forces in the Covid-19 pandemic in the UK from open-source information. The report consists of two topics: (1) review/evaluation/history of the support provided by the military, and (2) the future, lessons learned, and recommendations. Explanations of topics 1 and 2 are presented in the following sections.*

## Review & Evaluation: History of the Support by the Military

The first officially confirmed case of Covid-19 in the United Kingdom (UK) was identified on 23 January 2020, followed by a rapid spread.<sup>1</sup> Despite public concern about the Covid-19 pandemic, the UK government has been criticised for their delayed implementation of national restrictions such as face coverings and levels of political trust in the UK significantly decreased.<sup>2</sup> After a significant increase in confirmed cases and related deaths, some further societal restrictions were then adopted to mitigate Covid-19's impact, and the first national lockdown was announced in March 2020.<sup>3</sup> The pandemic has put massive pressures on the health and social care system.<sup>4</sup> For example, one report found that, in order to provide sufficient high-quality care and treatment to the UK population, the annual cost of maintaining the National Health Service (NHS) has unavoidably risen by at least 4 billion pound due to the impact of Covid-19.<sup>5</sup> Meanwhile, the issue of staffing shortages in the NHS has also been exacerbated during the pandemic, influencing capacity and resilience in health and social care.<sup>6</sup>

Since March 2020, the UK armed forces had been actively and heavily engaged in supporting the national response to Covid-19.<sup>7,8</sup> Military planners were embedded into civil authorities across the UK to help establish emergency response plans to cope with the Covid-19 pandemic.<sup>9,10</sup> In the early stages of the pandemic, from March 2020, up to 20,000 UK armed forces personnel assisted with 4,000 public Covid-19-related tasks per day<sup>7</sup> under the command of the military Covid Support Force (CSF). The force consists of 20,000 military personnel from various departments of the Ministry of Defence (MOD).<sup>10</sup> The armed forces have carried out various activities during the pandemic, such as supporting the distribution of personal protective equipment (PPE), supporting the National Health Service (NHS) in response to Covid-19, and protecting communities at home and overseas, even tackling disinformation about Covid-19 online.<sup>10</sup>

This topic will be presented in four main sections. The first section will introduce the military view of epidemics/pandemics. The second section will summarise how military capability has been maintained during



Covid-19. The third section will describe how the military supported the national and international response to Covid-19. The final section will discuss the public attitude to the role of the military in fighting the pandemic.

### The UK Military View of Epidemics before the Covid-19 Pandemic

For many years and in many countries, national strategic risk assessments recognised pandemics as a potential threat to global and national security.<sup>11,12</sup> In the UK, the government first published a National Risk Register in 2008 to outline the risks of major emergencies for the next five years. This has been regularly updated with the most recent version published in December 2020.<sup>13</sup> The National Risk Register also detailed possible solutions and guidance for authorities and the public to mitigate a range of impacts of major emergencies, including natural disasters, malicious attacks, and industrial accidents.<sup>14</sup> It is notable that the UK government had recognised an influenza pandemic as a possible threat to the UK population, and the *National Framework for Responding to an Influenza Pandemic* was published by the UK government in late 2007.<sup>14</sup> Beyond this, the Ministry of Defence (MOD) also identified that there was a risk of a global influenza pandemic in its military assessment of risks/issues (*Global Strategic Trends*) published in 2018, before the Covid-19 pandemic.<sup>12</sup> It also pointed out the importance of health surveillance systems and the preparedness in healthcare would be needed to mitigate its impact.<sup>12</sup>

However, under the Civil Contingencies Act 2004 (CCA 04), the MOD is not a designated responder but may be requested to assist civil authorities.<sup>15</sup> The civil authorities (police, local councils, health services, etc.) are legally obliged to develop and enhance their own capability for emergency management of various major crises.<sup>15</sup> Therefore, the role of the military during these emergencies and crises mainly focuses on assistance. This includes two main types: (1) provide MOD niche capabilities, such as defence chemical, biological, radiological, and nuclear specialists; (2) be prepared to support overwhelmed civil authorities. A formal process for requesting military aid exists with the government, *Military Aid to the Civil Authorities (MACA)*, to release military assistance from the Ministry of Defence.<sup>15</sup> Through this mechanism, the UK armed forces have been deployed to help support various sectors, such as local councils

and civil law enforcement agencies during domestic emergencies.<sup>15</sup> Since 2012, the MOD has regularly published revisions to the military doctrine *UK Operations: The Defence Contribution to Resilience* (Joint Doctrine Publication 02) to explain the role of civil authorities and the potential roles of the MOD during national challenges and crises. It also includes historical case examples of how the MOD has contributed to national resilience in the past, such as the outbreak of foot and mouth disease in 2001 and flood response in 2013, 2015, and 2019.<sup>16</sup> It specifically describes how civil and military organisations cooperate and coordinate across different sectors to prepare for, respond to, and recover from major national crises.<sup>16</sup> This provided the basis for the invocation of *Military Aid to the Civil Authorities (MACA)* to support the resilience of the UK civil authority during the Covid-19 crisis.<sup>15</sup>

### An Overview of Maintaining Military Capability after the Covid-19 Pandemic

Globally, the outbreak of Covid-19 has greatly affected all aspects of our societies and government systems, including the military and armed forces in the UK. The UK Secretary of State for Defence has reported in the House of Commons<sup>9</sup> and in government reports<sup>10</sup> how the military maintained its capability and adjusted its activities during the pandemic.

Although support for the national Covid-19 response was identified as the highest priority amongst military activities from March 2020, existing operations and outputs of the armed forces before the pandemic were still maintained and carried through.<sup>10</sup> These included, for example, flood protection within the UK and overseas military operations in both UN peacekeeping in Mali and NATO missions in the Baltic States.<sup>9,10</sup> In addition, the armed forces still maintained their support to intelligence, cyber security and counter-terrorism activities to protect the UK's security.<sup>9</sup> For example, during the pandemic, the MOD deployed six Communication Information Systems operators to support the Cabinet Office Briefing Rooms Technical Team. In late January 2020, the MOD stressed the importance of the safety and health of their own military personnel by following government guidance and developing relevant measures to safeguard and reduce the risks for their own people.<sup>7,9,10</sup>



The national Covid-19 testing programme provides data on the number of confirmed Covid-19 military cases, indicating the virus' impact on the capacity and effectiveness of the armed forces.<sup>17</sup> An official report published on 12 November 2021 showed that 382,919 military personnel (navy: 34,515; army: 197,276; RAF: 2,242; UK Strategic Command: 148,446; other: 440) had been diagnosed with Covid-19.<sup>17</sup> During the national lockdown, efforts were made to protect the forces' health during active and heavy engagement in multiple tasks across the UK as many of these put the armed forces at high risk (e.g. undertaking Covid-19 testing).<sup>18</sup> For example, one study investigated a Covid-19 outbreak in a London army barrack and concluded that military personnel are recognised as a high-risk group due to their living conditions.<sup>18</sup> Another review described an outbreak in the Royal Military Academy, Sandhurst (RMAS) from January to March 2021 and found a rapid spread of Covid-19 in the unit. Meanwhile, a severe outbreak of Covid-19 was confirmed on the Royal Navy's flagship, "HMS Queen Elizabeth".<sup>18</sup> These outbreaks resulted in huge impacts on military activities and training processes. One significant impact, for example, was lost training due to necessary Covid-19 isolation procedures.<sup>19</sup>

The pandemic created a range of new challenges to the conduct of military activities and operations.<sup>20</sup> These can be grouped into two categories: maintaining military activities and protecting the health of armed forces personnel.

Despite additional duties to support national and international responses to Covid-19, the UK MOD still maintained its essential military activities and duties. The impact of cases of Covid-19 is compounded for military operations abroad. The UK MOD implemented several measures to maintain the overseas operations and support other nations in their response to Covid-19. One significant example is Operation "TORAL", which was the UK contribution to the NATO Operation "Resolute Support" in Afghanistan.<sup>20</sup> Around 1,000 British troops, who were already deployed, provided support to an overwhelmed public health system in Kabul, Afghanistan, which drew global attention.<sup>20</sup> This case illustrated the challenges in compliance with social distancing measures during military operations. The command chain then implemented adminis-

trative action (issuing fines) to ensure compliance with social distancing measures.<sup>20</sup> Another example of how the MOD aided the Permanent Joint Overseas Bases (PJOBS) was by implementing safety measures and increasing its capacity to respond locally in order to minimise the risk of spreading Covid-19.<sup>17</sup>

Initially, there were some challenges in recruitment and regular military training within the UK armed forces.<sup>9</sup> In the early phase of the outbreak, military recruitment activities were briefly halted, and when they restarted, all face-to-face armed forces recruitment activities were prohibited in accordance with Covid-19 guidance. With some expert advice, military personnel adopted online and telephone routes to continue their recruitment. In addition, physical military training caused concerns based on the government restrictions on face-to-face interactions. Although the UK armed forces adjusted to the circumstances and continued to deliver their regular military activities, some concerns about the longer-term effects of the Covid-19 pandemic on defence and security have also been highlighted.<sup>9</sup>

In order to mitigate these emerging challenges to the health of military personnel, the armed forces established a clear policy framework through which to communicate to all members of the armed forces, conducted a risk assessment for continuing training, and developed comprehensive mitigation measures.<sup>21</sup> As part of returning to normal work safely, pre- and post-deployment mitigation measures were carried out to reduce the risks of rapid transmission of the Covid-19 virus. For example, before deployment, military personnel were required to check whether they were experiencing Covid-19-related symptoms or whether they or their household and family members were recognised as medically vulnerable.<sup>21</sup> Mitigation measures during deployments included: a Covid-19 safety brief given to military personnel on arrival, regular body temperature checks, publication of detailed hygiene instructions, and a reduction in the numbers of military personnel sharing multi-occupancy rooms. Electronic consulting and remote video consultations were implemented during the pandemic to enable military personnel, their family and other beneficiaries to access medical advice and treatment, simultaneously reducing travel and exposure of medical personnel to Covid cases.<sup>9,22</sup>

### Military Assistance to the Covid-19 Response

Many countries have used their armed forces to augment the civilian response to the Covid crisis.<sup>23</sup> Whilst maintaining credible and effective defence and military capabilities, the UK armed forces made significant contributions to the government response and provided a wide range of assistance to ameliorate the healthcare crisis in the UK. This section will explore the breadth of activities undertaken by the UK armed forces to contribute to national and international responses to Covid-19.

Personnel from the British Army, Royal Air Force and Royal Navy had been playing substantial and vital roles in the Covid-19 response, both at home in the UK and overseas. These include providing medical assistance, logistics, tackling disinformation, Covid-19 planning support, and so on. Detailed discussion will be presented in the following sections. In particular, the UK military medical system has played an important part in fighting Covid-19. In the official report, more than 5,000 military personnel have been engaged in more than 70 tasks in the national response to Covid-19.<sup>24</sup> This number is a record for UK armed forces supporting missions in peacetime.<sup>24</sup> The actual number of armed forces personnel involved has varied during the course of the pandemic according to the number of external requests and range of tasks.<sup>10</sup> The UK armed forces initially started to pay attention to the spread of the Covid-19 cases in the UK from late January 2020. With the awareness of rapid numbers of confirmed Covid-19 cases, more active interventions were launched in March 2020, along with the Covid Support Force (CSF). During the second wave of the pandemic, from September 2020, the CSF engaged in more civil tasks to support national responses to Covid-19 in the UK and overseas.

Although there were some challenges, the military adapted their working methods across all levels of the armed forces during the pandemic to include practices such as remote working and online meetings. For example, various readiness stages were shortened, including requirements for forces to be deployed at 24 hours', three days', or one week's notice. In some units, remote working approaches were designed to provide flexibility to the individual and the services.

Two major military operations are being conducted by the UK armed forces to mitigate the impacts of the ongoing Covid-19 pandemic: Operation "Rescript", covering the national response within the UK and its Crown Dependencies; and Operation "Broadshare", covering overseas military operations in support of other international responses.<sup>10</sup> Both operations were launched in March 2020 and are still ongoing (as of November 2021). The MOD considers the combination of these two operations to be the largest military commitment during peace time.<sup>24</sup> A detailed discussion of each operation will be presented in the following sections.

### Operation "Rescript"

Operation "Rescript" is the codename for the UK's military operation providing support for the national response to Covid-19 within the four countries of the UK (England, Wales, Scotland, and Northern Ireland). As mentioned in the previous section, a well-established mechanism, *Military Assistance to the Civil Authorities (MACA)*, existed for local civil authorities to seek help from the military during a pandemic. In order to respond to Covid-19 collectively, the UK armed forces established the Covid Support Force under the Headquarters Standing Joint Command in the early phase of the outbreak,<sup>8,25</sup> composed of units from all service branches of the UK armed forces, to conduct existing as well as new missions and operations.<sup>25</sup> Operation "Rescript" provided the mechanism for military units and personnel to be assigned to civil tasks or activities through the MACA. In the following sections, a discussion of the activities undertaken by the UK armed forces to support the national response to Covid-19 will be presented under two main themes: generic military assistance to the national response, and specific military assistance to the national health and social care response.

### Generic Military Assistance to the National Response

This section covers non-health-related assistance provided by the UK armed forces to the national Covid-19 response. In addition, it will also present a detailed discussion on two main themes: "government emergency management capability and capacity", and "augmentation of non-health response".

For government emergency management capability and capacity, organisationally, the UK Government is responsible at the national level for managing measures to mitigate and control the outbreak. The readiness level of a nation is determined by the government's emergency management capability and capacity. Military personnel and specialists from various departments of the MOD, such as the armed forces, Defence Intelligence, Defence Equipment and Support (DE&S), and Defence Science and Technology Laboratory (Dstl), have contributed to the national responses. The MOD has actively participated in the National Security Council sub-committee to support the government planning of the National Security Risk Assessment (NSRA) and the National Resilience Capabilities Programme (NRCP).<sup>10</sup> This involves developing national preparedness plans for an influenza pandemic, which is the NSRA's top risk during the Covid-19 pandemic.<sup>10</sup>

During the pandemic, increasing cooperation and interaction between MOD and other sectors, including government departments, civil authorities, and medical suppliers, have been observed.<sup>10</sup> From the MOD's perspective, it is important to maintain its existing network and enhance its expanding network to ensure effective cooperation with each other. Meanwhile, military planners are highly trained and ready to respond to emergency circumstances quickly and efficiently. Therefore, there is a clear need for embedding liaisons and staff officers across different sectors. In order to assist the civil authorities in various scenarios during the pandemic, military liaison personnel were therefore embedded into civil authorities in the earlier stage of the pandemic to establish emergency response plans and coordinate across various sectors, including the military and medical manufacturers.<sup>9,10</sup> With these efforts and efficient communication channels, the MOD could maximise their contributions to the national response, enhance mutual understanding of the needs of the government and other civil authorities, and in particular, avoid duplication of niche capabilities.

For example, in the official report, eight military liaison personnel were assigned to assist the Scottish Government Resilience Room.<sup>10</sup> Furthermore, for the Welsh network, 28 liaison officers were deployed to enhance communications.<sup>10</sup> Another example is that seven additional

military planners supported the distribution of Welsh Ambulance Service capacities.<sup>10</sup> Additionally, the MOD sent five military liaison officers to the Northern Ireland network. Furthermore, more than just maintaining the existing Joint Military Command liaison network, the MOD has deployed additional 160 Liaison Officers to the Local Resilience Forum at the regional level.<sup>10</sup> With these efforts, the MOD established a secure network at the national and local levels during the pandemic. Some embedded staff and officers with special expertise in many areas, including logistics, medical, engineering, data analytics, programme and commercial, problem-solving, and information management, were able to provide professional advice.<sup>10</sup> It is evident that they make significant and massive contributions to the effectiveness of the MACA mechanism. It might be worthwhile to consider assigning permanent liaison officers for these sectors to effectively assist the civil authorities in the future.

In terms of military contributions to the augmentation of non-Covid-19 responses, not only could niche capability be utilised, but the military's general capacities could also support a broad range of national response tasks.<sup>10</sup> This could comprise a series of actions such as the movement of materials, storage and distribution, security maintenance, and manpower to assist in natural disasters (floods, wildfires, and snow). The military personnel were able to deploy rapid support to non-Covid-19 related public events under the MACA mechanism during the pandemic. This continued non-Covid related support for necessary tasks was carried out throughout the nation. Because of their advanced transport capacity and rapid deployment capacities, the military is used for various activities. Whilst not directly related to the pandemic, the UK armed forces have undertaken additional MACA tasks during the crisis in support of other national emergencies.

During the pandemic, skilled, trained, and equipped military personnel made contributions to various health and non-health related tasks through the MACA mechanism. For example, the military personnel joined the NHS oxygen supply chain in England as delivery drivers.<sup>10</sup> The provision of military personnel to reinforce mortuary services for the NHS should also be highlighted here.<sup>10</sup> Moreover, military engineers also engaged in supporting Guy's Hospital to deal with oxygen pipework

extension.<sup>10</sup> During the pandemic, the military also deployed their logistics planners to MHCLG Resilience and Emergencies Directorate to facilitate the delivery of goods to vulnerable self-isolating people in the UK.<sup>10</sup> Beyond manpower support for national responses to Covid-19, the MOD also provided their own military estate on some occasions to facilitate the national Covid-19 responses. For instance, the MOD estate in London was also used as a temporary training centre to provide courses on Covid-19 testing procedures. One additional example is that the RAF facility at Cosford was used as a temporary mortuary in the UK.<sup>10</sup>

In addition, another contribution has been to tackle Covid-19 disinformation during the pandemic. The UK MOD established a small disinformation response team, including members of 77 Brigade, to support the UK Cabinet Office's Rapid Response Unit to manage Covid-19 disinformation.<sup>8</sup> With these efforts, the team has successfully dealt with various disinformation issues such as "false expert information" on Covid-19 and criminal fraudsters.<sup>8</sup>

Despite their successful support in terms of transportation and other non-health responses, there is little or no public awareness that the military engaged in the storage and distribution of materials for the national response. Although there have been no reports of the UK armed forces supporting border security or internal security, it has been mentioned that the MOD provided logistics support to the Police National Supply Chain.<sup>10</sup>

### **Specific Military Assistance to the National Health and Social Care Response**

This section describes how the military has been involved in supporting the national health and social care response during the Covid-19 pandemic. An insight into what tasks the military has undertaken in the fight against the Covid-19 pandemic will be given in the following sections. These actions can be divided into three main themes: "System Augmentation", "Community Care Pathway", and "Hospital Care Pathway".

In terms of system augmentation, the Department of Health and Social Care (DHSC) led the nation's health and social care response to Covid-19. However, the significant role of the UK military and the military health

system has also been widely recognised by both the government and the public. The first contribution to the national health and social care response was the embedding of military planners into the healthcare system from February 2020. The UK armed forces actively supported national-level strategy formation in DHSC and provided military planners to facilitate efficient communication across sectors.<sup>9,10</sup> These military planners have a wide range of expertise in logistics, medical, engineering, and procurement.

Even before the pandemic, the NHS had been suffering staff shortages for several years. Before the Covid-19 pandemic, some military clinicians had been embedded in the NHS to support healthcare delivery. However, this staff shortage had become more overwhelming due to the Covid-19 pandemic. Therefore, military health personnel, including physicians and nurses, were also deployed to community and hospital care settings to alleviate the shortage of healthcare workers during the pandemic.<sup>9,11</sup> For example, around 1,600 military clinicians were already employed in NHS secondary services before the pandemic, and around 1,000 further military clinicians were temporally assigned from Defence Primary Healthcare to support the NHS. An additional 150 military medical personnel were deployed abroad to provide healthcare to the military's own personnel. Beyond this, another 750 military medical personnel were prepared to deploy on operations at short notice.<sup>10</sup> It is reported that the UK military health system engaged its personnel more heavily in the Covid-19 response than other MOD departments.<sup>10</sup> Meanwhile, a Covid Medical Support Force stood by in readiness for the national response to Covid-19.

Furthermore, some issues regarding medical procurement emerged in the earlier phase of the Covid-19 outbreak. With military planners' expertise in procurement and commercial support, the NHS enhanced their ability to tackle these issues. For example, the DE&S established a "New Buy PPE team" to coordinate procurement and recruited many experts in different areas of the medical supply chain, from procurement to technical quality assurance.<sup>10</sup> The team successfully facilitated the procurement of 10 billion items of PPE (worth 5,3 billion pound) from global suppliers.<sup>10</sup> The NHS was adequately supplied with unprecedented quantities

of PPE.<sup>10</sup> Additionally, this success was also extended to supporting ventilator and vaccines procurement for the UK government.<sup>10</sup>

Similar to emerging medical procurement challenges, some medical logistics challenges arose in the earlier phase of the outbreak. A global shortage of personal protective equipment was of concern in many countries, including the UK.<sup>26</sup> Logistics planners were deployed to the NHS to facilitate the NHS medical distribution system. The planners in the system were aided and military personnel mainly supported the planning and operation of the daily distribution of PPE.<sup>10</sup>

In addition to this, military personnel made a significant contribution to the distribution of PPE and medical supplies, such as delivering oxygen to NHS and other public sector destinations.<sup>9,10</sup> The military personnel engaged with an initial 242 hospitals in the UK, which then increased to 50,000 health services (including primary and secondary care).<sup>10</sup> The military personnel provided a surge capacity of over 5 million items of PPE directly to the Hospital Trusts across the UK.<sup>10</sup> One more example is that the defence logistics hub supported the delivery of over 10,500 items of critical care medical equipment, such as ventilators, to NHS services.<sup>10</sup>

Furthermore, the capacity of the military to conduct medical research on Covid-19-related topics was believed to bring benefits to the national response to Covid-19. Therefore, some related research was funded to support the development of strategies for the control and mitigation of the effects of Covid-19,<sup>10</sup> and this was conducted by the Defence Science and Technology Laboratory (DSTL). For example, one recent study by the DSTL, which explores the stability of the Covid-19 virus in the air has been published in the *Emerging Microbes and Infections* journal.<sup>27</sup>

Within the healthcare services, the valuable contributions delivered by UK military personnel have been pointed out in many official reports and in the literature.<sup>9,10,24</sup> In the community care pathway, a vaccine quick-reaction force was deployed by the armed forces to facilitate vaccination services.<sup>9</sup> Meanwhile, numerous mobile Covid-19 testing units were set up to ensure coverage around the country.<sup>9,10,24</sup> Military personnel were actively engaged in community testing in Manchester, Kent, Derbyshire,

Yorkshire, and Lancashire.<sup>24</sup> As an extension of this, the forces cooperated with the Department for Transport to perform the Covid-19 test for hauliers crossing the English Channel.<sup>10</sup>

Furthermore, non-medical personnel were deployed to support a wide range of non-technical healthcare activities in the healthcare services. In some areas, for example, military personnel augmented ambulance services for transferring patients between medical facilities in England, Wales, and Scotland.<sup>10</sup> Additional non-medical personnel also supported the NHS by running an operations-rooms type facility at the University Hospitals of Coventry and Warwickshire NHS Trust.<sup>10</sup>

Beyond this, one significant contribution the UK armed forces made was to build “Nightingale Hospitals” for patients with Covid-19.<sup>10</sup> Over March and April 2020, the consortia (including NHS, military and private sector experience) that built the Nightingales were rightly praised for rapidly converting conference and concert venues into places that could safely store and deliver oxygen to patients, support infection control, and deliver complex critical care. In the Nightingale hospitals, the armed forces embedded their own military health professionals to support the staffing and operation of hospitals. Meanwhile, augmenting the staff of national healthcare services with military health professionals, including clinicians, senior nurses, and nurses, is also recognised as a key input from the armed forces.<sup>10,24</sup> Furthermore, some military personnel received brief training for nursing home care and were deployed to alleviate the emerging shortage of staff in nursing homes.<sup>10</sup> Into 2021, the armed forces supported the initial roll-out of the Covid vaccination campaign<sup>10</sup> and the surge in the Covid booster campaign in response to the Omicron variant.<sup>28</sup>

Given these efforts of military involvement in various aspects of national health responses to Covid-19, the importance and contributions of the UK armed forces have been noted in official reports and literature. However, the lack of evidence of the military contributions in some areas during the pandemic has also been reported and discussed. For example, there is no evidence of military involvement in manufacturing medical equipment. Therefore, it is difficult to make a firm conclusion as to

whether the military contributed to this field or not. Some academic review reports and structured summaries are needed to provide an insight into the military's role in the national response to Covid-19.

### Operation “Broadshare”

There are 14 British Overseas Territories which have strong historical links to the UK. The UK government cooperated with these countries to undertake a wide range of measures in response to Covid-19. Operation “Broadshare” was established in March 2020 and is still continuing to assist the UK's overseas response to the ongoing Covid-19 pandemic abroad, including in the British Overseas Territories and UK overseas military bases (as of November 2021).<sup>10,29</sup> Under this plan, the UK armed forces played a key role in supporting these British Overseas Territories in various aspects of the response. Beyond this, the UK armed forces also supported more than 42 countries to aid the international response to Covid-19.<sup>29</sup> Again, this section is grouped into the two themes of generic military assistance (non-health related) and specific military assistance in health and social care.

### Generic Military Assistance (Non-Health Related)

One of the earlier key missions was to support the repatriation of British citizens from other countries.<sup>9</sup> Managing patient movement and aeromedical transfers is challenging even during normal times, and it is more complicated during the pandemic due to Covid-19 travel restrictions. Despite this, in January 2020, the MOD quickly employed its capability to assist the repatriation of UK nationals and other eligible people from Wuhan, China.<sup>9,10</sup> Also, numerous UK travellers were repatriated from cruise ships with military assistance during the pandemic.<sup>30</sup> With trained and experienced military personnel, including military medical personnel, the Royal Air Force (RAF) successfully transferred 55 patients from MS Braemar back to the UK in March 2020.<sup>31</sup> A further example: the UK armed forces helped their own military members diagnosed with Covid-19 in Havana, Cuba, to return to their homeland.<sup>31</sup>

Due to geography and Covid-19 travel controls, some British Overseas Territories were facing challenges such as a lack of daily necessities and were at risk of significant food shortage. The UK armed forces actively

engaged in delivering daily necessities and food to these territories using various types of military transportation. For instance, in April 2020, “RFA Argus”, which is a ship of the Royal Fleet Auxiliary, was sent to the Caribbean with food and water<sup>10</sup> to provide a reserve in case of a humanitarian crisis during the annual hurricane season.

One more major contribution was the assistance of both internal and border security in some countries during the pandemic. For example, a patrol vessel of the Royal Navy, “HMS Medway”, was deployed to the British Virgin Islands to support local forces of law and order to stabilise internal and border security. Moreover, some military personnel even joined local task forces as temporary members in the region.<sup>10,29</sup> In the Caribbean, a twenty-strong Security Assistance Team was deployed to help secure the territory's borders.<sup>10,29</sup> Meanwhile, some military personnel were also embedded into local authorities to support their Covid-19 response plan and coordinate logistics; this was seen in Gibraltar, for example.<sup>10,29</sup> Also, in Gibraltar, similar to the military support for the London ambulance service, some military personnel augmented local ambulance services.<sup>10,29</sup>

### Specific Military Assistance to Health and Social Care

Beyond the contributions of generic military assistance, attention should be drawn to military contributions to health and social care abroad, particularly in the British Overseas Territories.<sup>29</sup> These included the delivery of medical supplies and personal protective equipment and providing military medical teams.<sup>9,29</sup> During the pandemic, there was a massive shortage of medical equipment, such as masks, sanitiser, and coronavirus testing equipment. This could, then, have resulted in a rapid rate of transmission of Covid-19. The UK armed forces went to aid these territories. For example, in April 2020, the Royal Air Force carried PPE to help Saint Helena and Ascension Island.<sup>10</sup> Furthermore, in early 2021, Covid-19 vaccinations were delivered by the Royal Air Force to Gibraltar and the Falkland Islands.<sup>10</sup> The UK armed forces also deployed military medical teams to several regions to support their national response to the pandemic, such as Gibraltar, the Falkland Islands, and the Caribbean.<sup>9,29</sup>



### The Public Attitude toward the Role of the Military in Fighting the Pandemic

The use of the military to support national and international responses to Covid-19 has been highlighted in many official government reports and channels, such as the Ministry of Defence website and the UK government website.<sup>8</sup> In the UK, the involvement of the military during the pandemic was recognised in reports on official websites as a valuable element of support in the national response to Covid-19.<sup>8</sup> There is still little information about this on social media, however, leading to an underestimation by the general public of the efforts and contributions made by the armed forces during the Covid-19 pandemic. Some news channels, such as the BBC<sup>32</sup> and Daily Mail<sup>33</sup>, have provided limited coverage of the importance of military involvement in the Covid-19 pandemic. Although some significant contributions at national and international levels have drawn the public's attention through official government reports, there is still limited evidence on this topic in the academic literature. There is an academic need to establish a formal research programme to evaluate military health systems from both the perspective of their contribution within national healthcare and also the perspective of their cost-effectiveness as part of the output of the UK armed forces. This could have a significant effect on how the public view the contributions the military made during the Covid-19 pandemic.

### Future, Lessons Learned, and Recommendations

The Covid-19 crisis has affected many aspects of peoples' lives at the local, national, and international levels. Whilst it is too early to compare the overall performance of countries in managing the Covid-19 crisis, the UK had one of Europe's highest excess death rates in under 65 year olds in 2020.<sup>34</sup> Not surprisingly, the UK armed forces also have had substantial numbers of military personnel infected by Covid or quarantined as a result of exposure to the cases in spite of substantial efforts to protect the health of their forces.<sup>9</sup> In spite of this, the UK armed forces also maintained their other military activities and outputs, though there has been a significant reduction of overall "military productivity" both due to restrictions on routine military activities such as recruit training and field

exercises and due to the commitment of military units and personnel to civilian assistance tasks.<sup>9,35</sup>

Although the UK government has not yet initiated a formal inquiry or lessons learned process, a number of UK parliamentary committees have provided an interim analysis of different elements of the government response. As an example, this paper has extensively cited evidence from the House of Commons Defence Committee (HCDC) Inquiry Manpower or mindset: Defence's contribution to the UK's pandemic response.<sup>10</sup> The response has shown that well-trained military personnel can play a critical role within a comprehensive plan to respond to emergency circumstances and crises.<sup>7</sup> This paper has listed multiple examples of military activities that have been utilised to support the response to Covid-19 at home and overseas. Although the contribution of the armed forces has been less visible within government public communications in the UK compared to other countries,<sup>23</sup> the evidence submitted by the UK MOD to parliamentary inquiries and other reports has highlighted the contributions of the armed forces to the national response.<sup>8,9,29</sup> Therefore, it is evident that military engagement has made an important contribution to the national response to Covid-19 in the UK, though, as stated by the HCDC, "the unique military contribution is a mindset rather than manpower".

### How the Use of Military Forces in Fighting the Pandemic Evaluation from the Public Perspective and the Military's own Perspective

There seems to be a gap between the public perception of the role of the UK armed forces and the development of policy for the use of military force, especially in support of national resilience.<sup>36</sup> There have been criticisms of UK government communications during the pandemic, and this has affected public perceptions of the credibility, honesty, and empathy of government decision-making.<sup>37,38</sup> During the Covid-19 crisis, the UK armed forces have had a deliberate policy of "playing a 'humble' role throughout"<sup>9</sup> with the result that the public messaging of the role of the armed forces was controlled at the government level and that the armed forces wished to avoid "over-securitising" the crisis. Thus, there has been less public messaging about the contribution of the armed forces in the

UK to the Covid-19 crisis by the UK Ministry of Defence compared to many other nations.<sup>39</sup> We were unable to identify any formal analyses for the public perception of the role of the armed forces during the Covid-19 crisis.

The official view is that the overall contribution of the UK armed forces to the Covid-19 crisis has been successful, based on the government reports, including the Ministry of Defence Integrated Review Command Paper published in 2021.<sup>35</sup> The MOD believes that MACA as a process works well, though it was necessary to augment other government departments to improve cross-government awareness of the processes, the matching of need to specific military capability, and anticipatory planning for potential future scenarios as the pandemic evolved. Whilst there are multiple anecdotal reports of individuals finding the experience personally rewarding, we have not been able to find any analysis of the perceptions of members of the armed forces on their role during the crisis.

### The Future Role of the Armed Forces

The UK government published its delayed Integrated Review of Security, Defence, Development and Foreign Policy on 16 March 2021 in which it acknowledged the need to “learn the lessons of COVID-19, bolstering our domestic and international action to address global health risks as part of our wider approach to biosecurity”<sup>40</sup>. The subordinate Ministry of Defence Command Paper – *Defence in a Competitive Age* – highlighted the contribution of the armed forces to the response to the Covid-19 crisis and the contribution of defence to national resilience.<sup>35</sup> More recently, the army published its strategy to implement the *Integrated Review as Future Soldier: Transforming the British Army*<sup>41</sup>. This enhances the role of Home Command as the Standing Joint Headquarters for operations within the UK and will restructure the existing Regional Points of Command (RPOCs) to deliver a greater number of staff to be aligned to UK Resilience Operations and ensure alignment of boundaries with police, local authority, and local resilience forums. This crisis has re-emphasised the importance of national “Resilience” as a component of security or national power. For the UK, this has resulted in a call for evidence to inform the development of a UK National Resilience Strategy.<sup>42</sup>

### Specific Recommendations for Military Development

The recommendations that follow are based on the description of the military response to the Covid-19 crisis and analysis of supporting documents cited in this paper.

#### Dimensions of National Security

This crisis has reinforced the importance of national resilience as a dimension of national security. There is increasing acknowledgement of this within the UK government policies listed in the previous section and also international organisations such as the Strengthened Resilience Commitment issued by NATO in June 2021.<sup>43</sup> It is probably necessary to reframe the “Diplomacy, Information, Military and Economy (DIME) paradigm” that summarises national power to include resilience. The 2021 Defence Command paper specifically describes the military contribution to the strategic objective in the Integrated Review of “building resilience at home and overseas”<sup>35</sup>.

#### General Crisis Response

This Covid-19 crisis has tested every component of national crisis response, and there are opinions that the UK government had failed to prepare for a recognised strategic risk and that decision-making processes were inadequate for the challenge.<sup>44</sup> It is clear that government decision-making for national security planning and response requires a cross-department comprehensive and integrated model. This should include “the Armed Forces having a more central and standing role in preparing for and responding to emergencies like pandemics, given the depth of capability and experience they have in planning, logistics and rapid mobilisation. The Civil Contingencies Secretariat should work with the Armed Forces to improve operational expertise in emergencies in public bodies”<sup>47</sup>. This will need to be augmented by greater cross-government awareness and training for the planning and use of the armed forces in response to domestic emergencies, including additional training for members of the armed forces.

### **Permanent and Enduring Military Staff Capacity to Support Resilience**

The Integrated Review and subordinate policies have assigned more military posts to the resilience task. This is likely to require more military personnel assigned to staff appointments within other government departments and a larger number permanently assigned to the Standing Joint Headquarters and in the liaison role in the Local Resilience Forums at the regional level.

### **Response to Threats to Overseas Bases and Territories**

This crisis has shown the key role of the armed forces in supporting the response to Covid-19 in overseas bases and sovereign territories. The government has the same requirement for a comprehensive and integrated model for crisis response for these locations, with a greater likelihood of a role for the armed forces in these plans.

### **Assignment of Designated Military Capabilities to Resilience Tasks**

A small number of military units are assigned to domestic crisis response (e.g. explosive ordnance disposal and Special Forces). The military lessons process may identify other unique strategic military capabilities that should be earmarked for domestic resilience (e.g. intelligence, cyber-defence, strategic communications, wide-bodied aeromedical evacuation, CBRN). There might be a greater role for Reserve units to provide a framework for the mobilisation of volunteers to respond to national crises. This might require specific additional funding. However, the Ministry of Defence will wish to ensure that the “moral hazard” associated with failure within other government departments is not transferred as a liability on the Defence budget.

### **Biological Risks to Military Capability**

The Covid-19 crisis has re-emphasised the potential for a biological agent (natural or man-made) to affect military personnel and consequently military capability. The armed forces should re-evaluate their mitigation measures for biological threats, including the adoption of new ways of working (e.g. increased medical advice, enhanced IT to

enable working from alternative locations, cohorts of military populations to minimise disease transmission, and detection of biological agents) that need to endure.

### **Military Medical Cooperation with the NHS**

The UK’s entire health capacity was mobilised during the Covid-19 crisis to increase capacity and resilience within the NHS, including the UK Defence Medical Services. This has shown the importance of interoperability between the civilian and military health workforce, not only for hospital-based clinical staff but also for military medical planners and military medics. It has also shown the vulnerability of the military health service that relies on NHS capacity for secondary care for military personnel (including casualties from military operations) and relies on reservists for over 50 per cent of its total operational capacity. This topic merits a deeper assessment.

### **Societal Resilience and Learning Lessons**

The Covid-19 crisis is not yet over. The Omicron variant had just appeared at the time of writing. Beyond physical and structural resilience, it is important to consider societal resilience and the potential contribution of the armed forces to all dimensions of this concept. The UK Ministry of Defence commissioned a report to identify examples of best practices in strengthening societal resilience across a number of equivalent case studies.<sup>45</sup> This is an example of the need to adopt a programmatic approach to learning lessons from the Covid-19 pandemic from international case examples as well as national experience.

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# Case Study Sweden: Adapting and Assisting

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*The “Swedish model” concerning civil-military relations generally and support by the armed forces for civilian needs and institutions in the struggle against the Covid-19 threat, is seen to have worked satisfactorily. Based on broad governmental guidelines, it gave a lot of decision-making leeway to the military leadership at various levels regarding material and personnel support for civilian society in this period. However, in view of the lessons learned for future pandemic crises, several questions regarding civil-military relations in the context of a “grey area” preparedness have been raised.*

“The Swedish model” concerning civil-military relations generally and support by the armed forces for civilian needs and institutions in the struggle against the Covid-19 threat, is seen to have worked satisfactorily. Based on broad governmental guidelines, it gave a lot of decision-making leeway to the military leadership at various levels regarding material and personnel support for civilian society in this period. Comprehensive support was provided, both geographically and in terms of resources provided, especially in the critical initial phases of the pandemic crisis, in spring 2020. This was achieved while maintaining readiness to carry out the military’s core statutory tasks. Maintaining these, which was seen as particularly important in view of the security situation, required a manageable process of adaptation. The most visible impact of the pandemic challenge was that the multinational, civil-military “Aurora” exercise had to be postponed. Lessons learned for future pandemic crises have not specifically involved the now pandemic-tested model of civil-military relations, but more broadly, several questions regarding civil-military relations in the context of a “grey area” preparedness are being raised, not least institutionally (inter-agency coordination), in the continued Swedish defence planning process.

## General Legal Framework for Swedish Civil-Military Relations

In its recent Defense Bill (Prop. 2020/21: 30, pp. 125–126) the Swedish Government ruled, i.e. based on experience of how the Covid-19 crisis was handled, that there is no need for a special review of the support provided. It concludes, however, that there is a general need for Sweden to increase its capacity to deal with higher alert situations and, ultimately, war, and that an important part of this work concerns the strengthening of Sweden’s civil defence.

With regard to the issue of support rendered by the armed forces, the Defence Bill initially mentions the existing legal framework, notably the Regulation (2002: p. 375) regarding support from the armed forces for civilian activities, under three conditions: (1) that the armed forces possess resources suitable to and allowing for this, (2) that such support does not seriously hinder the statutory tasks of the armed forces, and (3) assuming



any other conditions in the Regulation are fulfilled. In addition, the armed forces as a public governmental authority as defined in the Swedish Constitution, also have the obligation to assist in a rescue mission under the law (2003: p. 778) on protection against accidents. Furthermore, the government passed the Regulation (2017: p. 113) concerning support by the armed forces for the police by way of helicopter transport in conjunction with the implementation of police missions. This task is also regulated in the Regulation (2007: p. 1266) with instructions for the armed forces. Lastly, the Law (2006: p. 343) on support by the armed forces to the police, as well as to security police in combatting terrorism, contains provisions regarding missions that could involve the use of force against civilians.

Reiterating the various cases in the 2017 to 2020 period of activities under these legal provisions, the Defence Bill mentions the multiple ways in which, particularly during the crisis period of March to June 2020, the armed forces rendered comprehensive support to responsible civilian authorities and the wider society in managing the pandemic crisis. Details on this can be found below.

The above mentioned laws and regulations are general in nature and leave considerable leeway for decision-making to the Supreme Commander of the armed forces in terms of how to operationalise the general instructions handed down by the government (see below).

It can be added that the Swedish government is currently planning to revise the 2017 National Security Strategy after the five-year document expires in 2022. On the occasion of the launch of the strategy, the then Foreign Minister underlined the importance of anticipating the risk of pandemic crises, and of preparing for it by way of total defence (civil-military) exercises. However, time and focus never allowed for concrete implementation of this – until Covid-19 struck.

Obviously, there is now a sharp public debate in Sweden on whether, in retrospect, we should have seen it coming, i.e. whether earlier general references to the pandemic threats should have been taken more seriously. This debate is now a component part of a broader defence and security discourse related to recent developments concerning the Ukraine crisis.

## How Were the Swedish Armed Forces Affected by the Covid-19 Pandemic?

From the point of view of the two main aspects of how the armed forces were affected and how they were able to assist, it is clear that the first months of the pandemic crisis, i.e. February until May 2020, and especially some weeks in March 2020, were critical and decisive for the way things were handled throughout the crisis period until today, early March 2022. Those evaluating the Swedish civil-military experience, are of the opinion that the decisions made have withstood the test of the ongoing crisis management. Questions pertaining to current evaluations of how the Swedish government system was – or was not – able to withstand the crisis management test is another matter (see below). A spread of responsibilities between the multitude of independent authorities and agencies (of which the armed forces are one) in the Swedish system of governance give rise to serious coordination challenges, including concerns over the supportive role of the armed forces in relation to relevant civilian agencies, such as the National Board of Health and Welfare (*Socialstyrelsen*), the Swedish Civil Contingencies Agency (*Myndigheten för civil beredskap*), and the Public Health Agency (*Folkhälsomyndigheten*) – in addition to interaction with and support needs of authorities at other levels, both regional and municipal.

The single most visible impact of the pandemic on the Swedish Armed Forces was the decision in April 2020 to postpone the “Aurora 20” multinational civil-military exercise. This was a major decision (by the leadership of the armed forces) as there had been years of preparation for this comprehensive event. The postponement was due to “the enormous pressure on society right now”, as stated on the occasion by Lieutenant General Johan Svensson, Chief of Training and Development of the Swedish armed forces. He added that “the Swedish Armed Forces must now adapt their activities accordingly, that is quite self-explanatory”. The cancellation, or postponement, of “Aurora 20”, including its Swedish component, parts of the extensive “Total Defense Exercise 20”, meant that no conscript personnel was called in for rehearsal training that year and that the Home Guard’s participation was also limited.

But apart from this, and as a result of a comprehensive process of adaptation to prevailing Covid-19 conditions in society, the armed forces and the other defence-related authorities, including the Swedish Defence Conscription and Assessment Agency, which is responsible for handling the process of conscription, were on the whole able to proceed with their regular duties and main tasks, in addition to providing essential support to civilian society. The current official assessment (which was offered in interviews with relevant officials, e.g. in the Ministry of Defence) is that the combined factors of Covid-19 impact on the personnel of the armed forces and support given by these to civilian authorities and civil society at no time negatively affected capacities and readiness regarding the core duties of the military including international peace support operations. This assessment could be said to be officially confirmed in the above-mentioned Defence Bill in that it sets forth no plans for review, implying basic satisfaction with the way the system of civil-military relations worked throughout the pandemic, following the above-mentioned guidelines and conditions in the relevant law (2002: p. 375).

According to information obtained in interviews for this paper, the impact in terms of infections on the personnel of the armed forces, conscripts and professional soldiers, was kept roughly on par with the wider society throughout the pandemic crisis, in spite of military activities often having to take place in conditions less than ideal with regard to the risk of spread. Apparently – and remarkably in view of the high death rate among elderly civilians during the first wave – no Swedish soldier died of Covid-19. No information has been released on the number of soldiers quarantined. Adapting to Covid-19 conditions for the purpose of maintaining regular defence duties meant using digital solutions and abiding by general protective guidelines issued by central authorities whenever possible.

### How Did the Swedish Armed Forces Assist in Fighting the Pandemic?

As mentioned above, it can be said that, from previous experiences with bird flu, Sars, Ebola and the like, a basic public awareness of security risks connected to global pandemic potential had already existed before

Covid-19 hit. And as mentioned in the 2017 National Security Strategy, there was a stronger emphasis than before on pandemics as a concrete security risk, over and above being a potential health challenge. But the measures laid out there were short on details of implementation/operationalisation before Covid-19 struck. Therefore, early Swedish responses, whether military or civilian largely had to be improvised as the pandemic spread and understanding of its impact and consequences increased. Concerning the emergence of concrete military support for civil authorities and civil society, one week in mid-March<sup>2</sup> can, in retrospect, be identified as crucial. The clear and present need for clarification regarding readiness enhancement measures had become evident once the Public Health Agency and the government had declared that Covid-19 was indeed a pandemic and, as such, a “societally dangerous disease”. In this situation, the joint Crisis Preparedness Council (*Krisberedskapsrådet*) was summoned, and in preparation for this, the Supreme Commander summoned a planning session within the armed forces command. The ruling by the Supreme Commander following that meeting stated as the line of action that:

- › the armed forces shall maintain their (military) duties (regarding the defence of the country)
- › the armed forces shall fully support civil authorities/society and answer to any support request in a positive spirit
- › support activities by the armed forces shall be conducted in a spirit of transparency, both regarding what they “can do” or “cannot do”, and
- › the armed forces personnel shall make every effort to help avoid the spread of the disease<sup>3</sup>

These lines are not direct quotations but are orally related to the author. They relate directly to the legal provisions referred to above, and they have – albeit with some unclarity concerning formal status – prevailed throughout the pandemic crisis as the relevant guidelines for the armed forces in its support activities, to the obvious satisfaction of both, or all, sides.

Set in practice, especially during the ensuing months of overt crisis management in spring 2020, these guidelines led to the following support activities at various governmental levels, after close consultations with the relevant civilian authorities and upon requests by these.

### **Military Field Hospitals**

As a means of helping strengthen the national capacity to treat seriously ill Covid-19 patients, the armed forces responded to a request for added hospital resources by establishing two military field hospitals, one in Gothenburg (at Östra sjukhuset) and the second in Älvsjö, south of Stockholm, both at the time seen as a major demonstrations of military capacity in support of civilian societal needs. Many questions had to be dealt regarding the real medical capacities of these units in comparison to their civilian counterparts with their advanced equipment and the real need for their use, once put in place as a measure of readiness for all contingencies. In the end, the Gothenburg field hospital was put to only limited use, and the Älvsjö hospital not at all. By the time these extra resources were operational, the overall needs assessment had started to reflect both slightly reduced risk assessments and enhanced and stabilised capacities in the regular civilian hospitals. Components of these field hospitals were subsequently put to use in mobile units, particularly for stand-by in response to health care needs in Gotland. Nevertheless, the establishment of these field hospitals clearly had a profound effect on crisis awareness among the population at large, helping to enhance their understanding of the need for restrictive measures in the fight against Covid-19 (as constantly appealed for by government and agency officials in daily TV briefings at the time).

### **Providing Helicopter and Ambulance Transport Support Service**

In line with the Supreme Commander's general ruling, and in response to a growing need for transport assistance regarding the relocation of seriously ill patients to far-away hospitals with available capacity, the chief of the Swedish air force subsequently followed up with a ruling allowing the use of military helicopters for civilian support. Until mid-July 2020 the armed forces carried out 39 transport flights with intensive care patients.<sup>4</sup> Inter-agency discussion on sharing the costs of these transports is still ongoing.

Similarly, the armed forces also supported the national health effort by providing a total of 12 ambulances during the relevant spring months,<sup>5</sup> especially in the regions of Skåne, Stockholm, and Norrbotten in the high North.<sup>6</sup>

### **Medical Equipment Support**

The armed forces furthermore contributed to the national health care effort by supplying medical equipment such as intensive care modules (including respirators), some 50,000 protective masks, pressure chambers and triage tents.<sup>7</sup>

### **Staff Support**

As the National Board of Health and Welfare (*Socialstyrelsen*) was tasked by the government to provide overarching coordination of the national effort in combating the Covid-19 pandemic and therefore needed support in terms of staff, the armed forces supplied this agency as well as the Swedish Agency for Economic and Regional Growth (*Tillväxtverket*) with personnel for a lengthy period. Similarly, both the armed forces and the Swedish Defence Materiel Administration provided assistance to the coordinating agency's lead task in the area of purchasing expertise. In total, some 40 personnel were provided.

In addition, the Home Guard was put to comprehensive use in providing transport support for the process of testing.

It follows from the outline above that the support activities described here by way of example were requested by other central agencies or regional/municipal actors and/or volunteered by the armed forces, rather than directed or ordered by the government. This was under the joint understanding, based on the relevant laws and regulations, that the armed forces are expected, and itself expects, to maximise utility in offering its services and resources to any critical civilian need, as long as its main tasks in defence of the country are not jeopardised. With broad agreement on this as a matter of principle between the various governmental and political actors, no public debate has occurred in Sweden around this topic. Many other aspects of the "Swedish model"<sup>8</sup> in the fight against Covid-19 have been rather hotly debated, but not

the matter of civil-military relations crisis management context such as this one.

It can be added here that the personnel of the armed forces were never prioritised for vaccination but were treated for vaccination according to the overall societal standards and criteria. However, there were rather frequent cases where military personnel were employed in vaccinating other military personnel.<sup>9</sup>

### Lessons Learned for the Future

In Sweden, the Covid-19 crisis and crisis management process coincided with a comprehensive process of preparation for a new Defence Bill based on the proposals submitted by a broad-based defence planning commission (*Försvarsberedningen*). The aforementioned Bill (Prop. 2020/21: p. 30), submitted to and adopted by parliament toward the end of 2020, represented a national effort to bring Sweden's defence capabilities into line with perceived increased and broadened security challenges and hence to restore a fully functional defence, both military and civilian. The emphasis in the commission reporting and the ensuing bill was laid, i.e. on the prevalence of "grey area" situations: Here and now, between peace and war, situations and challenges calling for a high degree of readiness against a variety of threats with uncertain roots and characters, hybrid, cyber and other, including pandemic threats. In view of this general threat perception, from the point of view of the Swedish armed forces, assisting civil society in dealing with and adapting to the added challenges from the Covid-19 pandemic should be seen as a useful training exercise to prepare for today's and tomorrow's "grey area" challenges.

Furthermore, pending the final report by the special Corona Commission tasked to evaluate, for future requirements, Sweden's overall response to the pandemic threat, and awaiting the electoral campaign before the September 2022 parliamentary election, a broad debate is to be expected on the institutional set-up of Sweden when it comes to dealing with future crises. The current (2022) Ukraine crisis, in combination with

the continued Covid-19/Omicron challenges, provides added relevance, and sense of urgency.

But regarding the more limited question at hand here concerning the role of the Swedish armed forces in the Covid-19 pandemic, the following main conclusions stand out.

In spite of the impact of the pandemic on the personnel of the armed forces – leading most notably to the postponement of the multinational "Aurora 20" exercise – the armed forces were able both to adapt to the Covid-19 conditions in such a way as to maintain their regular duties and required degree of readiness *and* to provide the required material and personnel support to civilian authorities/civil society, especially in the early Covid-19 months when this support – a test for future challenges – was clearly needed. From the point of view of the government, this meant that the existing legal provisions were implemented successfully and that there is therefore no need to review of these, at least for now.

The term "Swedish model" is used here to describe a system of civil-military and government-armed forces relations in which the government deliberately abstains from strictly ordering the armed forces to assist, and how to assist, instead preferring to encourage such assistance but leaving it to the military leadership to judge what can be done without jeopardising its chief defence duties. This model was put to a serious test during the initial crisis phase of the pandemic, because of its occurrence simultaneously with both a tense security situation (still ongoing) and the final stages of preparing a new Defence Bill. The term is also referred to in a broader context, the way Sweden – controversially – opted for a Covid-19 policy that differed from the international mainstream, i.e. in abstaining from tough lock-downs and seeking a balance between health requirements and socio-economic needs. While the jury (the Corona Commission) is still out as regards providing a final assessment of whether and to what degree this "Swedish model" can be seen as successful, the conclusion in this paper is that the more limited question of the "Swedish model" with respect to the role of the Swedish armed forces in combating Covid-19 boils down to a net yes: it worked (sufficiently) satisfactorily.

But again: This means “for now”. It cannot be excluded that in a new, similar and perhaps more severe and protracted crisis, required assessments may be different, with less perceived room for the luxury of leaving a lot of space for the armed forces to volunteer what can be contributed. Even now, pending a new round of defence planning processes, a critical debate has been initiated on whether the “Swedish model” defined in terms of a large amount of autonomy rendered to government agencies vis-à-vis the central government is really functional concerning crisis management capabilities in a critically challenging international environment. But that is a longer-term, if existential, issue.

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|---|---|---|--|
| 1 | Information sheet from <i>Försvarsmakten</i> (The Armed Forces) 15.3.2021.  | 4 | Information sheet by <i>Försvarsmakten</i> (the armed forces) 15.3.2021. |
| 2 | As from the first request for assistance from the Public Health Agency to the Armed Forces was issued, on March 11. | 5 | Ibid.  |
| 3 | Information obtained in interviews with responsible staff for the purposes of this paper.                           | 6 | Ibid.  |
|   |   | 7 | Ibid.  |
|   |   | 8 | See below.   |
|   |   | 9 | Information obtained in interviews.                                      |

# Case Study South Korea: Analysis and Lessons Learned for the Future

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*Since the outbreak of the Covid-19 pandemic, the Ministry of National Defense (MND) of the Republic of Korea (ROK) has been conducting whole-of-government and whole-of-society bio-threat monitoring activities. In this regard, the Armed Forces Medical Command (AFMC) has been a focal point for the response to the Covid-19 pandemic and conducted prevention and response activities as well as civil support operations.*

The first case of Sars-CoV-2 in South Korea was confirmed on 20 January 2020. When Covid-19 cases occurred in South Korea, the South Korean military adopted an inflow blocking strategy to prevent mass outbreaks in the military. In addition, medical support at the level of national crisis management was provided when the civil sector's ability to respond to the current threat was no longer adequate and support was requested from the military. The South Korean Armed Forces responded by providing beds in military hospitals or dispatching personnel and medical staff, for example. The aim of this study is to share an overview and evaluation of this engagement to draw lessons from the South Korean military response to the pandemic and to discuss the future role of South Korean Armed Forces in health crises.

## Health Security in South Korea

The Republic of Korea (ROK) Disease Control and Prevention Agency (KDCA) is the leading agency in preparedness for and response to infectious diseases, while related agencies such as the Ministry for Health and Welfare (MOHW) and the Ministry of Interior and Safety (MOIS) serve as supporting agencies. This is specified in the Infectious Disease Prevention Act, the Disaster Safety Act, and various manual systems. Since the September 11 terrorist attacks in 2001, the anthrax mailing terror attack, and the Sars outbreak in 2003, there has been a major reorganisation of government health security. On 17 January 2004, the existing National Health Institute (NHI) was expanded and reorganised into the Korea Disease Centers for Disease Control and Prevention (K-CDC), which was later then restructured into the KDCA.<sup>1</sup>

During the Sars epidemic in 2003, the South Korean government realised that eradicating infectious diseases should be a key national task. A revision of the Quarantine Act passed the plenary session of the National Assembly on December 29, 2003, recognising that it is essential to establish a specialised operating system for infectious disease management with foresight. The 2003 Defense White Paper emphasised for the first time in the global security situations analysis: "Recently, new forms of diseases, namely Acquired Immune Deficiency Syndrome (AIDS) and



Severe Acute Respiratory Syndrome (SARS), have also emerged as new forms of threats".<sup>2</sup>

The 2004 Defense White Paper stressed in the global security situations analysis that "North Korea is suspected of being able to independently cultivate and produce such biological weapons as the bacteria of anthrax, smallpox and cholera"<sup>3</sup>. Again, the 2010 Defense White Paper underlined: "New forms of diseases, namely Severe Acute Respiratory Syndrome (SARS) and H1N1, have also emerged as new forms of threats."<sup>4</sup>

As infectious diseases emerged as new security threats, plans for joint biological defense exercises in South Korea and the United States were discussed from 2011 and were implemented in 2012 (until 2016) as this exchange was regarded as valuable.<sup>5</sup> In 2012, the Health Policy Division of the MND published 5,000 copies of the medical support handbook for responding to bio-terrorism for high-risk pathogens and distributed them to major commanders and staff in the entire military to strengthen education on bioterrorism.<sup>6</sup> In 2013, the MND initiated the BioSurveillance Portal (BSP) project to reduce biothreats and to increase the capacity for preparedness for and prevention of biodefense.<sup>7</sup> A joint government delegation (the Ministry of Foreign Affairs, the Ministry of Defense, the Ministry of Health and Welfare, and the Korea Centers for Disease Control and Prevention) was dispatched to the high-level meeting of the Global Health Security Agenda (GHSA) established in February 2014.<sup>8</sup> In 2015, a high-level GHSA meeting was held in Seoul, South Korea, and officially for the first time in the world, the Seoul Declaration, which includes eleven action plans for global health security (prevention-detection-response), was issued to respond to infectious diseases.<sup>9</sup>

The 2016 Defense White Paper evaluated the global security landscape as follows: "The spread of new types of infectious diseases has emerged as a cause of acute concern to the global community; the West African Ebola epidemic in 2014/15 was followed in 2015 by the outbreak of which rapidly spread to 26 countries, with Zika virus cases found in 73 countries according to the latest report; the UN Security Council and the wider international community have recognized infectious diseases

as a major security threat and are working toward building response capabilities to this new threat."<sup>10</sup>

### The Role of the South Korean Armed Forces in Health Security (prior to Covid-19)

National security and national defense are the duty and mission of the armed forces specified in Article 5 of the Constitution of the ROK. Therefore, the ROK armed forces may support other administrative agencies or local authorities upon receiving a request for civil support in the event of an infectious disease disaster (pandemic or epidemic) pursuant to Articles 39 and 44 of the Disaster Safety Act. Based on this, the ROK armed forces supported the civil sector in the event of the outbreak and spread of Sars (2003), H1N1 (2009), and Mers (2015).

The South Korean government classifies national disasters into natural and social disasters and sorts disaster types into approximately 33 types.<sup>11</sup> The department in charge is determined according to the type of disaster. The central government agency in charge of each disaster creates a standard manual. In addition, local governments and related organisations, such as cities and provinces across the country, prepare and respond to working-level manuals or action manuals. Infectious disease disasters correspond to social disasters and the organisation in charge is the Ministry of Health and Welfare (MOHW), which provides standard manuals. According to this manual, the Ministry of National Defense (MND) will conduct quarantine activities in accordance with the working-level manual for responding to infectious diseases related to soldiers.

The Health Policy Division of the Ministry of National Defense (MND) oversees laws, regulations, policies and budgets in the South Korean military's infectious disease response system, and the Armed Forces Medical Command (AFMC) implements actual infectious disease preparedness and response measures. The army, navy, air force, and marine corps headquarters are in charge of quarantine and vaccination for the soldiers, which is conducted through medical units at each surgeon's office, mainly focusing on combat forces on site. In the past, from Severe

Acute Respiratory Syndrome (Sars), H1N1, Ebola, Middle East Respiratory Syndrome (Mers) to Covid-19, the South Korean military focused on preventing outbreaks within the military and provided public and civil medical support at the request of the government and local governments.<sup>12</sup>

### The Impact of the Covid-19 Pandemic on the South Korean Military

Although the MND tried to avoid the spread of Covid-19 in the military early in the pandemic, confirmed cases occurred in the military and began to spread. According to the MND, a considerable number of cases as well as contact persons were confirmed around February 2020, and as many as 10,000 soldiers were isolated. As a result, normal military life as well as education and training could not be conducted.<sup>13,14</sup> However, fewer than 100 confirmed cases occurred in the military in the entire period from February till August 2020.<sup>15</sup> In consideration of the group living environment of military soldiers, quarantine standards were strengthened from the beginning of the pandemic and virus deterrence policies were pursued.

Due to the spread of Covid-19 in the military the MND promoted rapid isolation of contacts and advised soldiers not to come to work if sick. In addition, the MND ordered lockdowns, one from 22 February 2020 to 22 April 2020 and another one from 18 August 2020 to 1 September 2020. The lockdown included the restriction of vacations, movement outside the camps, overnight stays, and civilian visits of all soldiers and military personnel. About 30 per cent of confirmed cases in the military have occurred due to secondary contact (contact with someone who has had contact with a suspected or confirmed case) since the first lockdown in the military on 22 February 2020.<sup>16</sup> In contrast to the first lockdown, after the second lockdown in the military on 18 August 2020, the impact on the military's readiness was not significant and stable management was carried out.<sup>17,18</sup>

Covid-19 was stably managed in the military until June 2021, but many Covid-19 cases occurred on the South Korean warship overseas in Somalia.<sup>19</sup>

Voluntary vaccinations of members of the military started in March 2021 with the military personnel being a priority group categorised as essential for society. As of the end of November 2021, about 94 per cent of the total number of troops in the army were fully vaccinated, which was analysed as having affected the decrease in the number of confirmed cases.<sup>20</sup> Above all, the South Korean military's hospitals played the role of various public medical institutions such as infectious disease designated hospitals during the national crisis, to give civilian hospitals time to respond to Covid-19 efficiently.

### The South Korean Military's Support during Covid-19

The Republic of Korea armed forces defined the pandemic response to the Covid-19 pandemic as a "war-equivalent situation" and provided a variety of support and efforts, such as military personnel, facilities, and transportation, to resolve and respond to the Covid-19 crisis.<sup>21</sup>

Overall, South Korea MND provided support for the response to Covid-19 with 307,294 soldiers (24,469 equipment pieces) in 2020.<sup>22</sup> This military support to combat Covid-19 was implemented on a similar scale in 2021 based on the order from the Central Disaster and Safety Countermeasure Headquarters.

During the Covid-19 pandemic, AFMC activities were focused on 1) blocking the inflow of Covid-19 into the military by forming and operating a preemptive Quarantine Countermeasure Headquarters (QCH), 2) collecting infectious disease information, and disseminating quick response instruction, 3) maintaining a cooperation system with the government and related agencies, and 4) controlling the confirmed cases in the military and national crises medical support.<sup>23</sup>

The ROK military can operate the Defense Rapid Support Group to quickly identify the need (i.e. transport personal protective equipment and decontaminate hospitals and public facilities) for support and integrate the operation of support measures in the event of a large-scale national infectious disease disaster.<sup>24</sup> The Defense Rapid Support Group

was organised to establish a one-stop control tower for logistics support that systematically provides all available military assets such as manpower, facilities, and equipment at the necessary place and time. In addition, at the request of the government and local governments, the military training schedule for newly appointed military medical personnel was adjusted, and medical personnel were deployed early in each civilian sector city and province. Military personnel were assigned to airports, port quarantine stations, temporary living facilities, and residential treatment centers nationwide in the right place. Hundreds of negative pressure beds were provided, such as converting the armed forces hospital into a “national infectious disease designated hospital”. For Korean residents who lived in Wuhan, China (147 people), the Korea Defense Language Institute, a military facility located in Incheon, Gyeonggi province, was supported as a temporary living facility.

The Armed Forces Medical Command (AFMC), a control tower for infectious diseases and disasters in the South Korean military, operated the Covid-19 Quarantine Countermeasure Headquarters and provided support with an emphasis on preventing the spread of infection, maintaining military preparedness, and supporting whole-of-government responses.<sup>25</sup> The AFMC vacated beds at military hospitals in the base area to provide medical treatment by accommodating large numbers of civilian Covid-19 patients in negative pressure and isolation from February until May 2020. They were also in charge of quarantine inpatient treatment for special patients that exceeded the capabilities of civil-medical institutions, such as patient clusters occurring in prisons between August 2020 and January 2021. In some cases, the Armed Forces Medical Research Institute transferred the technology related to PCR testing to domestic companies.<sup>26</sup> The Covid-19 Vaccine Transportation Support Headquarter (CVTSH) oversaw air, sea, and ground transport related to vaccine transport. The air force’s military aircraft supported the transport of 1,01 million Janssen vaccines donated from the United States in June 2021.<sup>27</sup> In addition, the Navy provided warships for civilians living on remote islands to help them come by boat for inoculation.<sup>28</sup> The Chemical, Biological and Radiological Defense (CBRD) Units of the Army Operation Command mainly supported Covid-19 regional decontamination activities.<sup>29</sup>

In the case of whole-of-government response measures with total mobilisation of national resources, military medical and quarantine personnel were dispatched to 20 airports and ports nationwide, disinfection support was provided in areas where patient clusters occurred, combat rations support was provided for vulnerable groups, and medical officers commissioned earlier than planned were dispatched.<sup>30</sup>

According to the Ministry of National Defense’s Disaster Management Directive, the Logistics Management Director oversees disaster management, while the Policy Planning Director, Health and Welfare Director, Military Facility Planning Director, Mobilization Planning Director, Information Planning Director, and Plan & Budget Director provide necessary support.<sup>31</sup> Since March 2020, the MND has quickly overcome the national crisis of the spread of Covid-19 and operated the Defense Rapid Support Group as the control tower for disaster response to preemptively respond to public safety with the military’s own capabilities.<sup>32</sup> It maintained cooperative relations with related government agencies and local governments and supported the assets of the MND through each military headquarters and joint forces.

In addition, as the cold chain of the Covid-19 vaccine became important, the president directly appointed Park Ju-gyeong, a three-star army general, as the head of the Covid-19 Vaccine Transportation Support Headquarter (CVTSH) in January 2021. For the safe transportation and management of the Covid-19 vaccination response promotion team, the transportation support, and response of vaccines were added to the scope of the Covid-19 vaccination promotion team, and the army’s general-level officer position was established to support transportation (Prime Minister’s Directive No. 783: Regulations on the establishment and operation of the Covid-19 vaccination promotion team).<sup>33</sup>

## Challenges for the South Korean Military Support in the Response to Covid-19

With the prolonged Covid-19 spread, the education and training schedules of the subordinate units of the MND appear to have been adjusted (i.e. canceled, the scale of exercises reduced, etc.). In addition, as in wartime, it has become important to effectively manage shifts and vacations for personnel who provide civil support for Covid-19. Efforts to close medical treatment gaps in military medical institutions and reduce fatigue in medical staff have become necessary due to the dispatch of medical staff.

A public debate on the use of the armed forces arose mainly in the field of risk communications.<sup>34</sup> Most South Korean soldiers are enlisted into the military under the conscription system and are obligated to serve for about 18 months.<sup>35</sup> However, during the early period of the pandemic, for example, there were cases where soldiers were deployed to mask factories to support transportation due to a surge in demand. There was criticism of this.<sup>36</sup> In addition, on 27 August 2021 some members of the National Assembly expressed criticism that the military was conducting a biological experiment when it tried to implement a health policy of taking off masks in the military after active vaccination and achieving enough herd immunity.<sup>37</sup> The criticism expressed by these lawmakers highlighted the importance of good risk communications.

## Evaluation

To efficiently prepare for infectious diseases, the Armed Forces Medical Command has published a Covid-19 White Paper and used it as a response guideline and manual.<sup>38</sup> The Covid-19 White Paper was produced to evaluate the progress, performance, and limitations of the Covid-19 military response so that lessons necessary for responding to the public health crisis in the event of a new infectious disease in the future can be learned.<sup>39</sup> The Covid-19 White Paper included photos of major Covid-19 activities, both domestically and internationally, operation of the Quarantine Countermeasures Headquarters, epidemiological investigation, diagnostic tests, operation of state-designated

infectious disease hospitals, medical support, military hospital function coordination and subordinate activities, on-site guidance, and Covid-19 response. An expert at the Armed Forces Medical Command said: "With the dedication of military medical staff and full support from the Armed Forces Medical Command, the Armed Forces Medical Support Group has successfully completed its mission so far."<sup>40</sup> The importance of external cooperation for such successful military medical support was emphasized. External Covid-19 cooperation includes checking all aspects that enable military medical staff to perform their duties safely and efficiently through close cooperation with government ministries, city hall, health centers, police stations, hospitals, and private institutions before dispatching medical staff.

According to a press statement by the Ministry of Health and Welfare (5 June 2020), the Central Disaster and Safety Countermeasure Headquarters (CDSCH, Prime Minister) thanked soldiers, who were described as "heroes of COVID-19", for their demanding work on 6 June 2020, Memorial Day. Until 5 June 2020, the MND defined "the COVID-19 situation as a 'situation equivalent to a war' and evaluated that various support and efforts have been made to resolve and respond to the COVID-19 crisis, such as deploying large-scale military personnel (210,000 cumulative members)."<sup>41</sup> The Vice Minister of Health and Welfare said: "In the face of a national crisis of COVID-19, the Ministry of National Defense and the National Fire Agency provided full support such as manpower, facility provision, and transportation of goods, which were a great help in the process of responding to COVID-19."<sup>42</sup>

According to a press release from the Ministry of Health and Welfare, "the Armed Forces Medical Research Institute (AFMRI) contributed to the introduction and expansion of the pooling technique which allowed rapid test and diagnosis of large numbers of people at government level"<sup>43</sup>.

Furthermore, in order to strengthen the military's social disaster relief role as it was expanded to the scope of comprehensive security, the military's medical resources (Army Medical Support Group, Defense Rapid Support Group) identified as disaster relief agents for Covid-19 response should be expanded from a role of only one-time support.<sup>44</sup>

On 20 July 2020, the Army Headquarters and the Seoul Metropolitan Government held the 2020-1st Korean Mad Scientist Conference (K-MSC) to discuss various security threats surrounding mega cities with a population of more than 10 million.<sup>45</sup> In a special conference session titled “Building a Safe Citizen Environment from Pandemic” the chair of the session emphasised: “The Army and Seoul’s flexible cooperation in responding to infectious diseases was timely and an opportunity to identify and prepare for key areas of national security and psychological paralysis.”<sup>46</sup>

In 2021, the Armed Forces Capital Hospital and the Armed Forces Medical Research Institute were selected as excellent institutions as a result of the 2020 performance evaluation of military responsible management institutions.<sup>47</sup> In the event of such a national infectious disease crisis, the Armed Forces Medical Command, which served as a control tower in the military, said: “In response to the COVID-19 situation, the AFMC has contributed to ensuring public safety and enhancing the status of Korean quarantine in the international community.” At the ceremony to commemorate the 72nd anniversary of Armed Forces Day, AFMC received the Presidential Award.<sup>48</sup> In addition, the Armed Forces Nursing Academy introduced the early appointment of new nursing officers commissioned in 2020 amid non-traditional security threats including new infectious diseases such as Covid-19, urgently deploying them to Daegu and Gyeongbuk, where Covid-19 spread very fast. As a result, the Armed Forces Nursing Academy received the Presidential Award for the first time.<sup>49</sup>

## Lessons Learned for the Future

An expert in the Armed Forces Medical Command emphasised the strategies for utilisation in the event of a national infectious disease crisis in military hospitals as follows: “Unlike general hospitals, public medical institutions including military hospitals that need to consider less economical aspects are well equipped for infectious disease crises”.<sup>50</sup> Comparing these conditions and situational logic, military hospitals are the best place, function, and system to protect the health of the people in sudden situations that harm national health. It is time to strengthen the role of public health in military hospitals in line with this trend.

Research by the Korea Institute for Military Affairs (KIMA) recommended training of medical professionals, establishing a national-level integrated bio-surveillance portal (BSP), conducting wild animal observation and research to implement the concept of one-health,<sup>51</sup> applying and supplementing the global health security index, and strengthening national infectious disease management.<sup>52</sup>

At the “52nd Military Medical Conference”, papers on Covid-19 activities such as “medical response system development measures against non-traditional security threats”, “introduction and significance of the operation of the COVID-19 quarantine ward” were published.<sup>53,54</sup> The main lessons were the need to cope with unexpected situations such as “increasing the burden of work due to concurrent jobs”, “communication with local governments”, and “management of dispatched personnel at the Central Disaster Management Headquarters of the Ministry of Health and Welfare”, which occurred due to giving additional tasks to military hospitals without reducing their currently existing role. Legislation around duties to perform the role of national public medical institutions, qualification of mandatory response experts to prepare for special disasters such as infectious diseases in the military, pre-vaccination during non-traditional threats and initial response personnel, and multipurpose use of military facilities were recommended.

In the event of a national infectious disease disaster in South Korea, support from military medical staff and military hospitals is legally possible only upon request. Military support for the civil sector can be a sensitive issue. However, according to the 2021 World Economic Forum Global Risk Report, the biggest possible and biggest-impact threats in the future will be the failure to respond to climate change and the threat of infectious diseases.<sup>55</sup> If an international public health emergency is declared, and a pandemic is announced due to infection by a dangerous pathogen, the socioeconomic damage is indescribable. Therefore, it is essential that preemptive civil support operations be carefully allowed to prepare and respond to the natural occurrence of pathogens, laboratory incidents, bioterrorism, and biological warfare in all directions. In other words, the role of the ROK military in the bio-surveillance system, the global network, and the international cooperation system (e.g., the Global Health

Security Agenda) should be maintained. For this to be possible, it is necessary to clarify and revise the Infectious Disease Prevention Act related to high-risk infectious diseases and health care disasters, the Ministry of National Defense's disaster response directive, and the Presidential Decree considering the lessons derived from the Covid-19 response.

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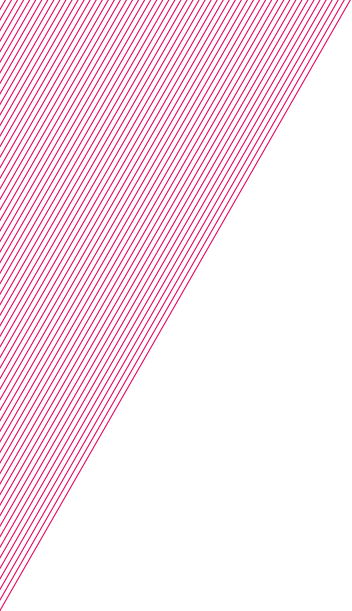
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The Covid-19 pandemic caught many countries on the back foot. Civil response capacities and health care systems became quickly overwhelmed by the sharply rising number of patients. In this situation, many governments reached out to their armed forces and integrated them into the response to this unprecedented health crisis. This study analyses the impact of the pandemic on national militaries and the support provided by the armed forces of six different countries in the fight against the Covid-19 pandemic. From the analysis and overall assessment, the study identifies lessons learned to address future health crises more effectively. It also provides an overview of how civil-military cooperation works in the countries analysed. From the experience gained in different countries and contexts, decision-makers can derive conclusions and concrete measures for the future.