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BRIEFING NOTE

Impact of COVID-19 on Armed Forces

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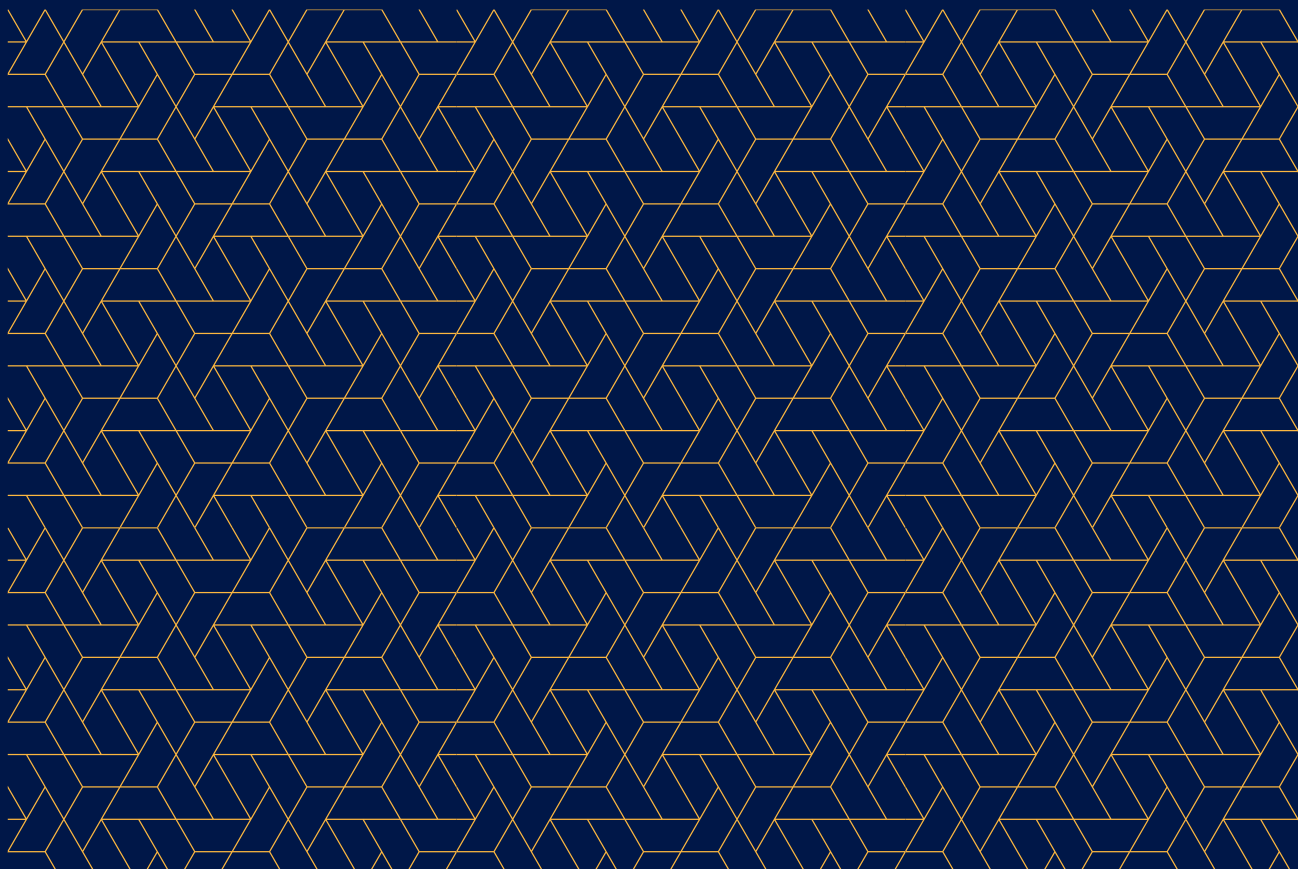

About this Briefing Note

The unprecedented impact of COVID-19 on societies and their institutions has led to a series of extraordinary responses by governments around the world. COVID-19 has affected all dimensions of the security sector, including armed forces, which have been deployed to assist civilian authorities in fighting the pandemic in a vast majority of countries. The objective of this Briefing Note is to map the substantive impact of COVID-19 on armed forces from two perspectives: (1) how the pandemic has influenced the mandate of armed forces and their operations; and (2) how the pandemic has affected the rights of armed forces personnel deployed to assist civilian authorities.

The views expressed herein are those of the authors alone and in no way reflect the official views of the German Federal Foreign Office, other organizations and/or individuals referred to in this Briefing Note.

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Contributors

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Introduction

The COVID-19 pandemic is a *public health crisis*, but its implications are wide-ranging and far-reaching. Overwhelming numbers of cases have pushed both health systems and entire state apparatuses to their limits, as COVID-19 has forced governments worldwide to exhaust all their resources to suppress the spread of the virus. In many countries, this has included the deployment of armed forces to assist civilian authorities in fighting the pandemic. While the involvement of armed forces in such activities may sound counterintuitive, or may seem to fall outside their mandate, in this Note we demonstrate that assisting civilian authorities in fighting health crises is indeed a task of many armed forces in the context of their so-called internal role.

In fact, when the world has experienced similar emergencies over the last 25 years, armed forces – both national and international – have supported civilian efforts to fight health crises; from the deployment of Brazil's military to help contain the spread of Zika in 2016, to the international military response to the West African Ebola outbreak in 2014, to the role of Pakistan's military in the Global Polio Eradication Initiative, to the use of 'tailgate medicine' by coalition forces in Afghanistan and Iraq.[1] Still, despite its *global* character, COVID-19 has been viewed primarily as a *national* crisis in each affected country. Thus, in this Note, we concentrate on national responses to the pandemic involving the deployment of armed forces within the borders of their states.

COVID-19 has also been linked rhetorically to armed forces through the widespread use of military metaphors by government officials since the outbreak of the virus, employed to motivate acceptance and compliance with legislative measures and to mobilize populations that might otherwise be unwieldy and slow to respond to the crisis.[2] For instance, US President Donald Trump referred to COVID-19 as "our big war… a medical war;"[3] while UK Prime Minister Boris Johnson stated, "We must act like any wartime government."[4] Similarly, Spanish Prime Minister Pedro Sanchez called for national solidarity by saying that Spain "now finds itself in a war to defend all we have taken for

[1] Adam Kamradt-Scott and Frank Smith, "Military Assistance during Health Emergencies" in Colin McInnes, Kelley Lee, and Jeremy Youde (eds), *The Oxford Handbook of Global Health Politics* (Oxford University Press, 2020), 197–216; Stephen Matlin, et al., *The Security Sector and Global Health Crises: Lessons and Prospects*, Policy Brief (Global Health Centre, Graduate Institute of International and Development Studies and DCAF – Geneva Centre for Security Sector Governance, June 2016).

[2] Matilda Gillis, "Ventilators, Missiles, Doctors, Troops… The Justification of Legislative Responses to COVID-19 through Military Metaphors," *Law and Humanities* 14, no. 2 (2020): 136.

[3] Brian Bennett and Tessa Berenson, "'Our Big War.' As Coronavirus Spreads, Trump Refashions Himself as a Wartime President," *Time*, 19 March 2020, https://time.com/5806657/donald-trump-coronavirus-war-china/ (accessed 2 December 2020).

[4] "Coronavirus: 'We must act like any wartime government'," *BBC News*, 17 March 2020, https://www.bbc.com/news/av/uk-51936760 (accessed 2 December 2020).

granted."[5] Whether the pandemic is described in the parlance of war or not, armed forces should be part of a whole-of-government response to the virus. However, armed forces must remain subject to civilian and democratic oversight, even in the midst of crisis.[6]

The principles of good security sector governance (SSG) provide normative standards for how states should provide state and human security in a democracy, especially in times of crisis.[7] Fundamentally, good SSG aspires to improve security for individuals, communities, and states, while ensuring respect for human rights and the rule of law.[8] This includes the human rights of deployed armed forces personnel; in this case, specifically their right to health, as engaging on the frontlines of a health crisis carries a higher risk of exposure to infection.

In order to better understand the implications of the COVID-19 pandemic on armed forces, in the summer of 2020, DCAF distributed an online survey[9] to ombuds institutions for the armed forces[10] that regularly participate in the International Conference of Ombuds Institutions for the Armed Forces (ICOAF).[11] Responses were received from 46 institutions (including 41 ombuds institutions) of 37 countries around the world,[12] and the results – along with key lessons learned in discussions held during the Twelfth ICOAF held in October 2020 – helped shape this Note. Besides for this Note, the survey results will be used for another briefing note, focused on the impact of COVID-19 on ombuds institutions for the armed forces, which will be published shortly.

The *objective* of this Note is to map the substantive impact of COVID-19 on armed forces, from two perspectives: (1) how the pandemic has influenced the mandate of armed forces

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[5] "Spanish PM sees economy contract in 'war' against coronavirus," *Reuters*, 18 March 2020, https://fr.reuters.com/article/health-coronavirus-spain-idUSL8N2BB29F (accessed 2 December 2020). It should be noted that not all governments are using the rhetoric of war to boost public awareness and solidarity. German, Dutch, and Italian officials have all been very careful to *avoid* the word "war" in speeches to their nations, for example.

[6] DCAF – Geneva Centre for Security Sector Governance, *The Security Sector and Health Crises*, SSR Backgrounder Series (Geneva: DCAF, 2020), 4.

[7] Dawn Lui, *Impact of COVID-19 on Security Sector Governance*, Briefing Note (Geneva: DCAF 2020), 2.

[8] Ibid.

[9] The draft survey, prepared by DCAF, was reviewed by and benefited from the comments of Malaysian National Human Rights Commission, South African Military Ombud, Austrian Parliamentary Commission for the Federal Armed Forces, German Parliamentary Commissioner for the Armed Forces and Norwegian Parliamentary Commissioner for the Armed Forces.

[10] The term 'ombuds institutions' is used in this Note as an umbrella term for general ombuds institutions, specialized (military) ombuds institutions, and inspectors general.

[11] For more on the ICOAF, see https://www.icoaf.org/.

[12] The survey was sent to 140 ombuds institutions and other organisations (coming from 87 countries) that have participated in ICOAFs. For this briefing note, the unit of analysis is country, as the focus is on armed forces. DCAF has received the responses from the institutions from Albania, Armenia, Australia, Austria, Belgium, Benin, Bosnia and Herzegovina, Burkina Faso, Canada, Costa Rica, Croatia, Czechia, Estonia, Finland, Georgia, Germany, Greece, Hungary, Ivory Coast, Kenya, Latvia, Mali, Malta, Madagascar, Montenegro, Netherlands, Niger, Norway, Poland, Kosovo (this designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ opinion on the Kosovo declaration of independence), Romania, Senegal, Slovenia, South Africa, Tajikistan, Ukraine, and the US.

and their operations; and (2) how the pandemic has affected the rights of armed forces personnel deployed to assist civilian authorities.

This Note begins with a summary of the mission of armed forces in supporting the response of civilian authorities to emergencies of various kinds, including public health crises. It then outlines implications for the role of armed forces during the COVID-19 pandemic specifically. This is followed by a discussion of how COVID-19 deployment may impact the rights of armed forces personnel. The Note closes with conclusions.

The deployment of armed forces in-country

Traditionally, particularly in the West, armed forces have been conceived as institutions restricted to providing *external* defence; that is, defence of the state against external military threats. Yet, since the aftermath of the Second World War and the emergence of the United Nations and regional multi-lateral organizations, many armed forces have increasingly assumed the additional international role of participating in peace support operations. Parallel to that, a "third mission" of armed forces has also emerged – assisting civilian authorities in responding to natural, manmade, or hybrid disasters.

Today, the missions of most armed forces may thus be summarized as comprising three broad categories of tasks and responsibilities: (1) defence against external armed threats; (2) participation in building and preserving peace, regionally and globally; and (3) support to national civilian authorities in responding to emergencies and threats such as terrorism. The first two of these can be considered external roles, and the third an internal role. While the external roles of armed forces are relatively straightforward, there is considerable ambiguity around this internal role, especially regarding why and when support should be provided by armed forces to civilian authorities, and what kind of support these forces may offer.

Nonetheless, **this internal role is increasingly prominent for armed forces**, and the literature attributes this to **three main driving factors**.[13] The ***first*** is a demand for assistance in delivering services normally provided by civilian public services and government agencies, when they are temporarily unable to do so effectively or adequately due to an exceptional or emergency situation.[14] Across the board, this use of armed forces appears to be a measure of last resort.[15] The ***second*** driving factor is the

[13] Albrecht Schnabel and Marc Krupanski, *Mapping Evolving Internal Roles of the Armed Forces*, SSR Papers Series (Geneva: DCAF, 2012), 38–39.

[14] Ibid.

[15] It is a common premise that the military should be called upon only as a "last resort." However, there is ambiguity about the meaning of "last resort" in this context. For more on this, see Peter Tatham and Sebastiaan Rietjens, "Integrated Disaster Relief Logistics: A Stepping Stone Towards Viable Civil-Military Networks?" *Disasters* 40, no. 1 (2016): 7–25; and Jill

comparative advantage of armed forces in possessing relevant equipment, skills, experience, and manpower, as well as unhindered access to all parts of a country.[16] In other words, armed forces can provide *niche capabilities* designed for their own purposes, which would not be efficient for other parts of a government to generate independently. Armed forces can also provide *capacity* when civilian authorities are overwhelmed; subject to the availability of resources, this is typically provided from within standby capacities that are not generated or maintained specifically for this task but are held at readiness for other contingent military activities.[17] A ***third*** driving factor is the ability of armed forces to serve as a national unifying mechanism that reaches across all communities and classes of society, and all regions of a country, allowing it to impart a sense of national conscience and patriotism to citizens, especially youth.[18] At the same time, this also strengthens the reputational credibility of armed forces.[19]

These three factors influence all the internal roles of armed forces, which can be sub-categorized in yet another set of three, with these roles focused on: (1) assistance in maintaining public order; (2) support to tasks not directly related to national security; and (3) assistance in the case of disasters.[20] The deployment of armed forces in the COVID-19 pandemic falls under this last category. Indeed, armed forces provide support to civilian authorities and the population in response to a range of natural and manmade crises, including biological disasters – i.e. the outbreak of pathogenic organisms and toxins. When pathogens cause widespread infectious disease at the community or national levels (as in an *epidemic*), or at the regional or global levels (as in a *pandemic*), we are witnessing a health crisis.[21]

During health crises, the lines are blurred between public health and national security, given the economic, human, and humanitarian impacts of such crises. In light of how easily health crises can become security threats, an efficient response should take a holistic approach. This often requires cross-sector cooperation,[22] including between security and non-security actors, as pathogens are not picky in choosing victims.

N. Anderson and Remington L. Nevin, "Prohibiting Direct Medical Care by US Military Personnel in Foreign Disaster Relief: Arguments from the Ebola Disaster," *Medicine, Conflict and Survival* 32, no. 1 (2016): 14–20.

[16] Schnabel and Krupanski, *Mapping Evolving Internal Roles of the Armed Forces*, 39.

[17] Stuart Millar and I B F Lane, "Military Aid to the Civil Authorities: a Defence Medical Services perspective," *BMJ Military Health* 166 (2020): 67.

[18] Schnabel and Krupanski, *Mapping Evolving Internal Roles of the Armed Forces*, 40.

[19] DCAF – Geneva Centre for Security Sector Governance, *The Security Sector and Health Crises*, 6.

[20] For more, see Anthony Forster, *Armed Forces and Society in Europe* (Basingstoke: Palgrave, 2006), 227.

[21] DCAF – Geneva Centre for Security Sector Governance, *The Security Sector and Health Crises*, 2.

[22] Ibid., 4.

New roles and its implications for armed forces during a pandemic

Historically, armed forces have been severely affected by pandemics, in some cases even unintentionally contributing to the transmission of pathogens. For instance, the 1918 influenza pandemic – known erroneously as the "Spanish flu"[23] – is believed to have first emerged in a small community in Kansas in the United States, but the devastating nature of the pathogen was not fully identified until it spread to Camp Funston – the second largest domestic US military fort at the time. From there, the virus moved rapidly across the country before spreading internationally, where it was argued that this was "intimately related to war conditions and especially the arrival of American troops in France."[24] Furthermore, the virus had a disproportionate impact on US military personnel compared to the civilian population, as infection rates among the general population were observed between 15 and 53 per cent,[25] while rates among military personnel averaged between 40 and 90 per cent.[26] Poor hygiene, regular exposure to cold, inadequate attire, overcrowding, and poorly ventilated accommodation were frequently identified as contributing to higher infection and fatality rates among armed forces.[27]

Due to this experience, it was the military that led most of the research on influenza between the two world wars. However, the establishment of international bodies of public health after the Second World War, most notably the World Health Organization (WHO), resulted in the transfer of these research programmes to civilian institutions. The absence of a second catastrophic pandemic in the years after the Spanish flu, and the normalization of influenza vaccination, have also contributed to this decrease in military involvement.

Since the mid-1990s, though, the world has witnessed outbreaks of infectious disease every few years: the Bird flu (1997), SARS (2003), the H5N1 avian influenza (2004), the Swine flu (2009), and Ebola (2013). While these outbreaks did not affect all regions of the world equally from a medical standpoint, their economic impact was global and they

[23] The pandemic was mislabelled the "Spanish flu" despite first emerging in North America in early 1918. This fact was kept classified by US authorities, particularly as American forces were only just entering the war. Spanish authorities were merely the first to break this silence and declare that they were experiencing a nationwide epidemic, leading to this long-standing misnomer.

[24] As cited in John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin, 2005).

[25] For example, see W. H. Frost, "The Epidemiology of Influenza," *Public Health Reports (1896-1970)* 34, no. 33 (1919): 1823–26.

[26] C. A. Darling, "The Epidemiology and Bacteriology of Influenza," *The American Journal of Public Health* 8, no. 10 (1918): 751–54; and W. J. MacNeal, "The Influenza Epidemic of 1918 in the American Expeditionary Forces in France and England," *Archives of Internal Medicine* 23, no. 6 (1919): 657–88.

[27] W. V. Brem, G. E. Bolling, and E. J. Casper, "Pandemic 'Influenza' and Secondary Pneumonia at Camp Fremont, Calif.," *The Journal of the American Medical Association* 71, no. 26 (1918): 2138–44.

generated increased understanding of the severity of these threats. For instance, The Western African Ebola virus epidemic (2013–2016) – the most widespread outbreak of Ebola virus in history – caused major loss of life and socioeconomic disruption, particularly in Guinea, Liberia, and Sierra Leone. During this epidemic, the armed forces of every affected country were deployed to assist civilian authorities; and their involvement proved highly beneficial in tackling the crisis (see box 1 below). However, some limitations of the involvement of armed forces in responding to health crises also exist (see box 2 below).

A significant number of countries in both Africa and Asia have deployed their armed forces to fight health crises in the last two decades. On the other hand, in Europe and North America, most armed forces have only experienced deployment to support emergency relief after natural disasters. Hence, pandemic-related tasks, while technically often within the scope of their legally mandated responsibilities, are unusual for many armed forces. Yet, the highly regimented and disciplined nature of armed forces tends to make them very efficient even when performing new tasks.[28]

Notably, despite the deployment of armed forces in some countries or regions to address previous health crises, the COVID-19 pandemic has given rise to unparalleled participation by armed forces in these efforts worldwide. This has been true across systems of governance, from consolidated democracies to autocratic regimes.[29] And in much of the world, armed forces were mobilized early in the crisis. In fact, almost every European Union (EU) member state has mobilized their armed forces to fight COVID-19 in one way or another. In Germany, for example, 38,000 reservists have been called up in addition to a contingent of 15,000 active-duty soldiers;[30] and in Austria, 10 per cent of reservists have been activated (3000).[31] Outside of Europe, *inter alia*, the US Army has been mobilized to provide medical support and hospital capacity, and the US Department of Defense (DoD) has created a COVID-19 task force;[32] Canada and Australia have employed their armed forces to assist law enforcement with transporting supplies; in China, the People's Liberation Army (PLA) was assigned control of medical and essential supplies;[33] in

[28] DCAF – Geneva Centre for Security Sector Governance, *The Security Sector and Health Crises*, 4.

[29] Lui, *Impact of COVID-19 on Security Sector Governance*, 5.

[30] Matthias Gebauer and Konstantin von Hammerstein, "Bundeswehr Mobilisiert 15,000 Soldaten," *Der Spiegel*, 27 March 2020, https://www.spiegel.de/politik/deutschland/corona-krise-bundeswehr-mobilisiert-15-000-soldaten-a-fb7668c0-a47f-4ca5-b83b-3a2ddd3b68a1 (accessed 2 December 2020).

[31] "Austria Mobilizes Military Reserves to Fight Coronavirus," *Reuters*, 23 March 2020, https://fr.reuters.com/article/us-health-coronavirus-austria-idUSKBN21A2J8 (accessed 2 December 2020).

[32] Tania Lațici, *The Role of Armed Forces in the Fight against Coronavirus* (European Parliamentary Research Service, April 2020), 7.

[33] Ibid., 8.

Argentina, armed forces have provided food supplies to citizens in need; and in Colombia, military personnel have been mobilized to upgrade hospital capacity.[34]

Benefits of the involvement of armed forces in tackling the Ebola epidemic[35]

First, the Ebola crisis demanded quick responses and considerable discipline in their implementation, and a higher degree of discipline is institutionalized in armed forces than in civilian actors and the population at large.

Second, military medical doctors were well trained, disciplined, and able to cope with the crisis. Their training also meant they were already familiar with protocols that needed to be observed and enforced.

Third, military doctors displayed more discipline than many civilian health workers in civilian hospitals.

Fourth, collaboration between civil and military actors could be established; for instance, in Guinea, civilian and military coordination centres collaborated closely and exchanged information in daily joint briefings.

Fifth, military officers provided logistical support and security advice to deployed representatives of the West African Health Organization (WAHO).

Box 1

Challenges and drawbacks of the involvement of armed forces in tackling health crises[36]

Although the discipline of armed forces makes them efficient, this can also lead to inflexibility in their responses, particularly as fighting health crises is not their everyday task.

Strict mandates and operating procedures can make their involvement complicated.

Many health professionals criticize the "militarisation" of global health.

Fears about potential misconduct and abuse by the armed forces due to improper training for internal deployment and inadequate understanding of applicable civil and criminal law and procedures, as well as the lack of local understanding and sensitivities of the general population.

Strengthening domestic (internal) footprint of armed forces raises the risks of eroding preparedness for core functions of national defence and war-fighting abilities.

Deploying armed forces is a short-term solution. It should not substitute the building of civilian capacities to respond to large-scale health crises.

Box 2

The missions assigned to armed forces in the context of the COVID-19 pandemic have only slightly differed from one country to another and have all centred on reinforcing health systems**. Based on the results of DCAF's survey, the roles of armed forces during the COVID-19 pandemic may be divided into three main categories: logistical, medical**

[34] Ibid., 8.

[35] Jonathan Sandy, et al., *The Security Sector's Role in Responding to Health Crises Lessons from the 2014–2015 Ebola Epidemic and Recommendations for the Mano River Union and Its Member State*s (Geneva: DCAF, 2017), 9–10.

[36] See more in: DCAF – Geneva Centre for Security Sector Governance, *The Security Sector and Health Crises*; Kamradt-Scott and Smith, "Military Assistance during Health Emergencies"; Schnabel and Krupanski, *Mapping Evolving Internal Roles of the Armed Forces*.

and law-and-order. The first main function of armed forces in fighting COVID-19 has been *logistical support*. Among respondents that explicitly reported on the internal role of armed forces in this pandemic, a vast majority (87 per cent) indicated that their armed forces have been tasked with providing logistical support to civilian authorities. In most cases, this has included providing military transport capabilities for civilian use, and supplying medical equipment and personal protective equipment (PPE). One-third of respondents reported that armed forces have distributed food aid, and one-quarter that military factories have been used to produce medical supplies (see chart 1). In a smaller number of countries, armed forces have also been tasked with disinfecting public spaces; and in some countries, armed forces have assisted with creating mobile testing stations or have supported local authorities in contact-tracing efforts.

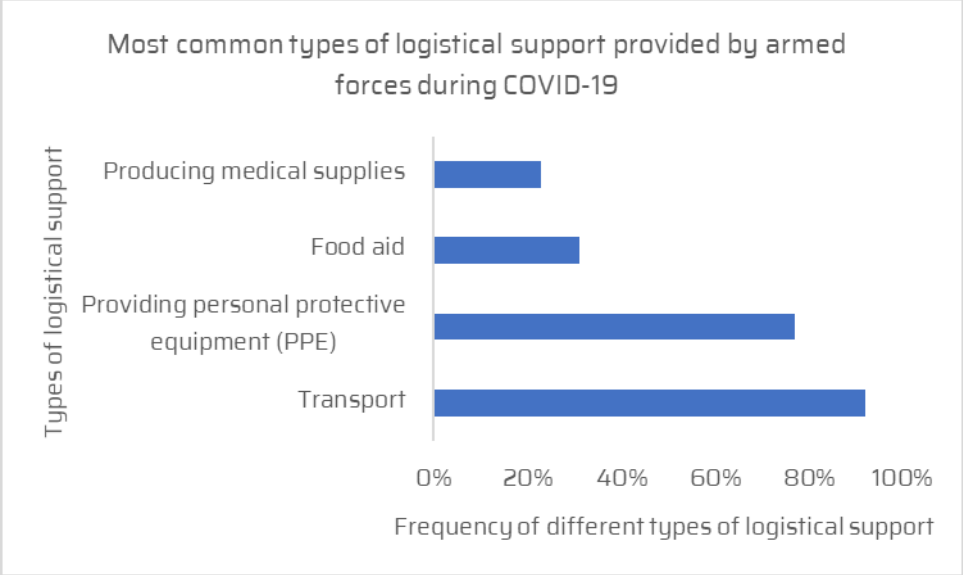

Chart 1

The second most frequent function has been *medical support*, that is, providing assistance to health systems close to saturation. According to DCAF's survey, 60 per cent of respondents that explicitly reported on the internal role of armed forces during the pandemic indicated that the armed forces of their respective countries have been called upon to provide medical assistance. In every country where armed forces have been deployed with such a task, their main activities have involved setting up field hospitals and mobilizing military medical personnel to support civilian infrastructures/services. Establishing field hospitals in support of existing hospitals has particularly been the strategy in Spain and the United Kingdom, as well as in regions isolated from national health systems (such as the island of Saaremaa in Estonia).[37] Furthermore, a strong

[37] Florian Opillard, Angélique Palle, and Léa Michelis, "Discourse and Strategic Use of the Military in France and Europe in the Covid-19 Crisis," *Tijdschrift voor Economische en Sociale Geografie* 111, no. 3 (2020): 239–259.

majority of survey participants responded that armed forces have provided voluntary blood donations. In some countries, they have also conducted health checks along national borders (see chart 2).

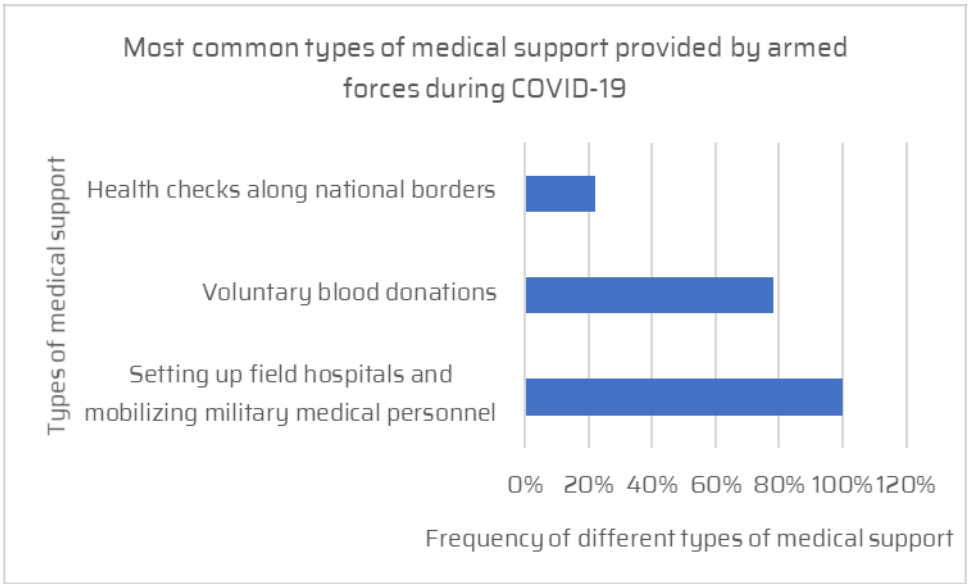

Chart 2

The third main function of armed forces during the COVID-19 pandemic is to provide *support in maintaining public law and order*. It should be emphasized, however, that this function was reported *rarely* by respondents compared to medical and logistical support. In fact, among respondents that explicitly reported on the internal role of armed forces, only one-in-five indicated that armed forces were assigned this function in their country. Where support for this law-and-order function was provided by armed forces, this most commonly entailed the patrol of borders, assistance to police to ensure compliance with lockdown or curfew regulations, and preventing individuals from leaving or entering infected communities (see chart 3). This last function of controlling population mobility (in respect of confinement measures) has been undertaken by armed forces in Spain, Italy, Slovakia, Bulgaria, and Lithuania, where these forces have been entrusted with functions usually devolved to police.[38]

[38] Ibid, 253.

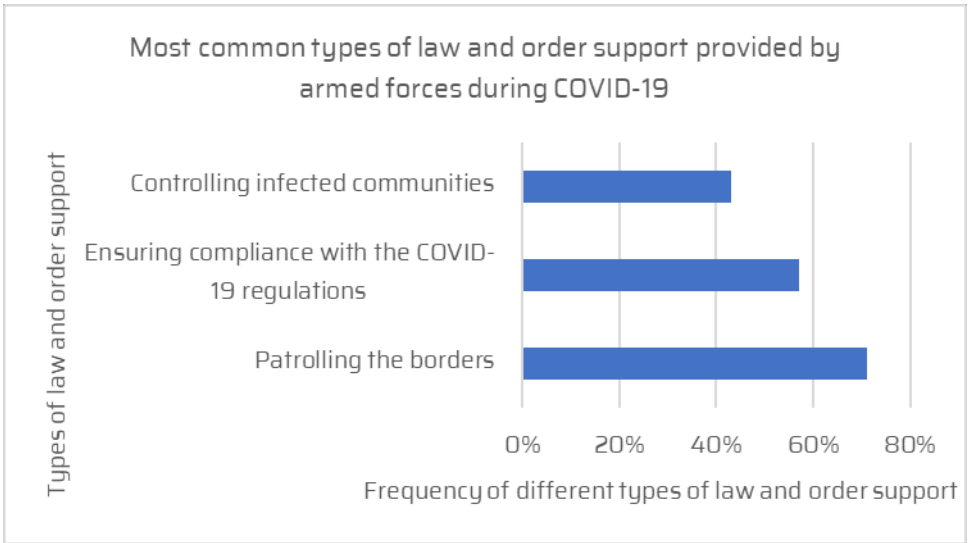

Chart 3

At the same time that armed forces are so heavily involved in fighting COVID-19, the pandemic has affected regular military operations. Findings from DCAF's survey show that some military activities have been drastically cut back, and others brought completely to a halt. Operations deemed "non-crucial," such as training activities or general administrative tasks, have not been carried out as usual or have been stopped in 47 per cent of the countries captured in the survey. Moreover, in every third country, education in military schools has been suspended.

Military operations abroad have been similarly affected. After the initial shock of the crisis, when fieldwork was severely impacted, some deployments abroad were resumed in the summer of 2020; however, this typically requires strict adherence to quarantine and isolation protocols, including before deployment, upon arrival, and upon return – which is taxing on soldiers and their families, making departures more difficult. Limitations to the operations of armed forces imposed by national authorities have also impacted international missions. For instance, the High Representative of the European Union for Foreign Affairs and Security Policy, Josep Borrell, announced that some EU peace support missions have seen a reduction in staff and constraints on activities as a result of COVID-19. This has affected meetings, visits, and trainings considered non-essential.[39]

Implications for (the rights of) armed forces personnel

Beyond the more pragmatic concerns of military readiness, military authorities are also ethically obligated to ensure that the healthcare needs of their forces are met, whether in

[39] Lațici, *The Role of Armed Forces in the Fight against Coronavirus*, 6.

times of peace or conflict, and whether these forces are deployed in combat or non-combat missions. There is no doubt that **the support of armed forces personnel in countering the COVID-19 crisis has been highly valued by both civilian authorities and general populations**, yet it is worth asking whether these personnel have the proper structures, training, and equipment to deal appropriately with a pandemic while protecting their own health, and to avoid becoming a source of viral transmission themselves.

As governments worldwide introduce a plethora of legal and practical measures to fight COVID-19, including declaring states of emergency, it is important to be cognizant of the potential human rights implications of these measures, such as the ways they limit or restrict specific rights (such as freedom of assembly, freedom of movement, or the right to access information), affecting both the general population and armed forces personnel. These measures may have implications for soldiers that relate to occupational health and safety risks, as well as their right to physical and mental health more broadly. Indeed, as noted by participants at the 12th International Conference of Ombuds Institutions for the Armed Forces (ICOAF), armed forces who are actively contributing to pandemic response face the added stress of being deployed in their own countries, close to family and friends who are also in danger; a circumstance that is unique to this sort of internal deployment.[40]

Around one-third of the ombuds institutions for the armed forces that participated in DCAF's survey reported receiving COVID-19-related complaints from military personnel. Most of these complaints are linked to working conditions or administrative matters that have worsened under the pandemic, such as delays in promotion, dismissal from service, or salary concerns, as well as issues with the treatment of personnel by superiors. But armed forces personnel have also lodged complaints related to the specific risks and consequences of their role in responding to COVID-19, particularly citing insufficient and/or low-quality personal protective equipment (PPE).

Finally, the exposure of armed forces personnel to the virus has been higher than among general populations, due to the high-density shared living spaces in which they live, a lack of resources, and their role in tasks such as patrolling streets and disinfecting public spaces.[41] While this risk has been acknowledged on a global level, there has been no effort to comprehensively collect health-related data from troops deployed to fight the spread of COVID-19. In fact, in many countries, data on COVID-19 infections among armed forces personnel is treated as confidential, including in half the countries that participated

[40] For more, see the 12th ICOAF Conference Statement at https://www.icoaf.org/.

[41] Tangi Salaün, Sabine Siebold, and Luke Baker, "Europe's armed forces face a war against coronavirus as military infections rise," *Reuters*, 6 April 2020, https://uk.reuters.com/article/uk-health-coronavirus-europe-military/as-infections-balloon-coronavirus-squeezes-europes-armed-forces-idUKKBN2101BV?il=0 (accessed 20 December 2020).

in DCAF's survey (51 per cent). In countries where this information is publicly available, nearly half (49 per cent) of respondents reported cases of infection among their forces; only two reported fatal COVID-19 cases.

Conclusions

The unprecedented impact of COVID-19 on societies and their institutions has led governments around the world to use all available resources to fight the pandemic, which has touched all parts of the security sector, including armed forces. Although armed forces have been on the frontline of a number of health crises over the last several decades, the world had not witnessed their involvement at this degree until the COVID-19 virus struck.

Several conclusions about their the engagement in tackling the COVID-19 pandemic may be drawn:

Firstly, armed forces have been deployed primarily to provide medical, logistical, and law-and-order functions in support of civilian authorities.

Secondly, armed forces have proven powerful agents for pandemic preparedness and response, capable of augmenting civilian efforts, contributing efficiently to national pandemic response, and reducing the negative impacts of the virus.

Thirdly, COVID-19 has served as a reminder for armed forces across the globe of the importance of building internal capacity to combat health crises, prompted in part by echoes of the influenza pandemic of 1918, which depleted military readiness by incapacitating soldiers, overwhelming medical facilities, and disrupting military operations and logistics.[42]

Fourthly, although existing data on infection rates and casualties among armed forces due to COVID-19 are incomplete, they do indicate a need to ensure that the valuable contribution of armed forces personnel in suppressing COVID-19 does not result in any infringement of their rights or worsening of the conditions under which they serve.

Finally, armed forces personnel must be properly equipped, not just to lower their own risk of infection but to prevent them from becoming vectors of the virus.

[42] Christopher Watterson and Adam Kamradt-Scott, "Fighting Flu: Securitization and the Military Role in Combating Influenza," *Armed Forces & Society* 42, no. 1 (2016): 158.

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