

'A Typology for the Civil-Military Response to COVID-19'

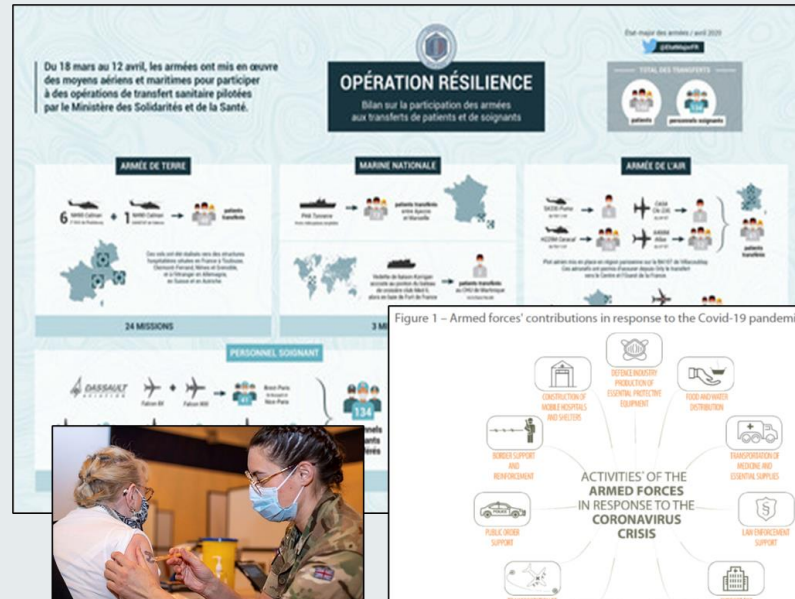
Lt Gen (Rtd) Professor Martin CM Bricknell CB OStJ PhD DM
Professor of Conflict, Health and Military Medicine
Dr Chiuyi Lin PhD,
Research Associate and Project Coordinator

OUTLINE

- Context – COVID19 and security/defence
- Development of a Typology – comparison of military contribution to the COVID response – UK, Canada, Netherlands, France, Belgium
- Initial findings from comparative studies
- Conclusions

CONTEXT - COVID-19 AND SECURITY/ DEFENCE

- Immediate
 - Reduction in military productivity
 - Force Health Protection
- Short-term
 - Healthcare for beneficiaries of military health system
 - Military support to civilian response
 - General
 - Health services
- Longer-term
 - Instability
 - Competition
 - Resilience
 - Budgets



IN-DEPTH ANALYSIS
Requested by the SEDE committee



How the COVID-19 crisis has affected security and defence-related aspects of the EU



Policy Department for External Relations
Directorate General for External Policies of the Union
PE 653.623 - January 2021

EN

LONG-TERM RESEARCH QUESTIONS

- What are the similarities and differences between nations in the use of the military instrument to support the response to the COVID pandemic?
- What is the emerging view on the implications of the COVID pandemic on defence and military capability?
- What are the implications for future military medical capability?

METHOD – a typology for comparing the use of the military instrument in the response to the COVID pandemic

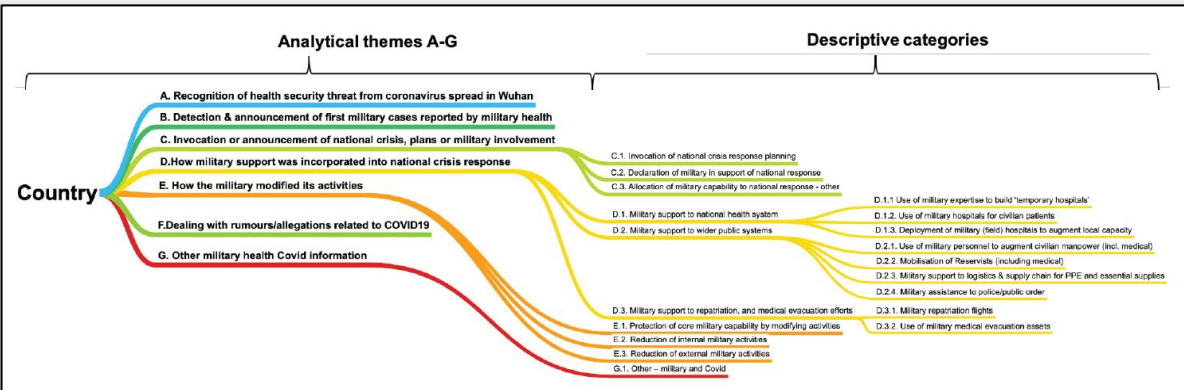
METHODS (1) – previous work

Original research



Civil–military cooperation in the early response to the COVID-19 pandemic in six European countries

Mohamed Gad ¹, J Kazibwe, ¹ E Quirk, ² A Gheorghe, ¹ Z Homan, ³ M Bricknell ⁴



AN ANALYSIS OF THE NATIONAL RESPONSES TO THE COVID-19 PANDEMIC THROUGH THE LENS OF MEDICAL MILITARY SUPPORT REQUIREMENTS

OPEN Publications

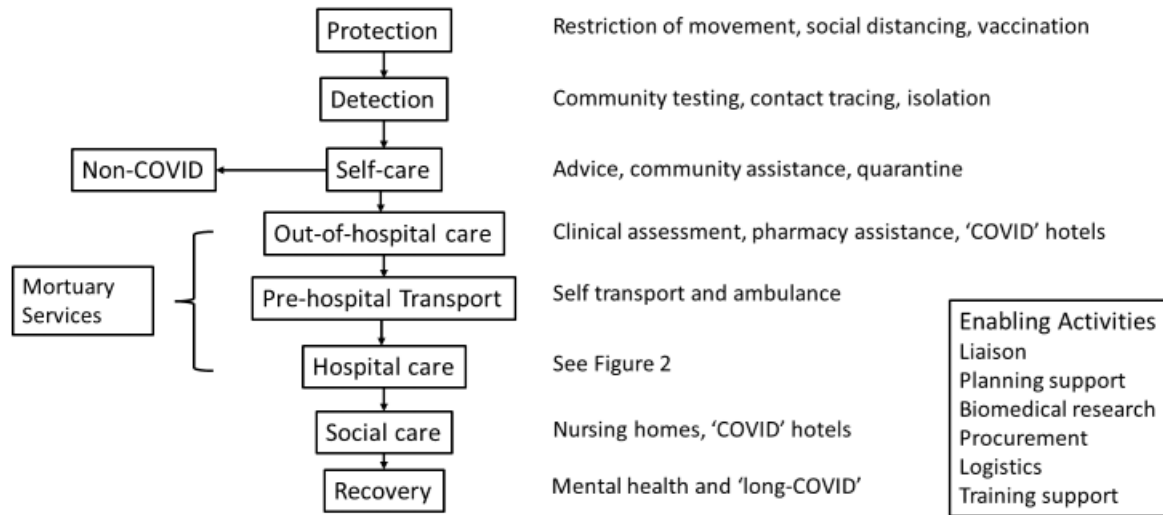
Volume 4 Number 5 | Fall 2020

Table 3 - Comparison of Military Activities by EU Country for each Category (no reports shown as shaded cells)

Category	BEL	ESP	FRA	GBR	ITA	SWE
Military case	X	X	X	X	X	X
Protection of core military capability by modifying activities	X	X	X	X	X	X
Reduction of internal military activities	X	X		X	X	X
Reduction of external military activities	X	X		X	X	X
Military repatriation flights	X		X	X	X	
Military aeromedical evacuation flights		X	X		X	
Deployment of military (field) hospitals to augment local capacity			X		X	
Use of military expertise to build 'temporary hospitals'	X	X ⁷		X	X	X
Use of military hospitals for civilian patients	X	X	X	- ⁸	X	-
Use of military medical evacuation assets	X	X	X	X	X	X
Use of military personnel to augment civilian manpower (incl. medical)	X	X	X	X	X	X
Mobilisation of Reservists (including medical)		X	X	X	X	
Military support to Covid testing ⁹	X	X	X	X		X
Military assistance to police/public order	X ¹⁰	X	X ¹¹		X	
Military support to logistics	X	X	X	X	X	X
Environmental disinfection by CBRN units		X	X		X	
Rumours/allegations related to Covid19	X	X	X		X	
Other – military and Covid – military activities	X		X	X		

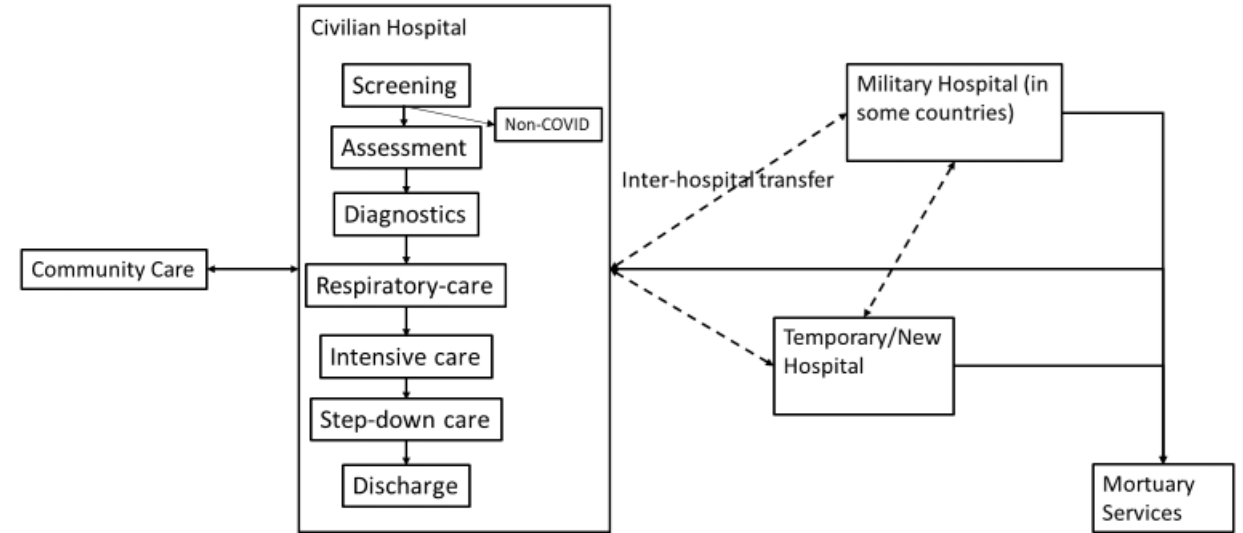
METHODS (2) – Care Pathways

COVID Community Care Pathway



<https://defenceindepth.co/2021/05/11/a-typology-for-civil-military-medical-co-operation-during-the-covid-crisis/>

COVID Hospital Care Pathway



<https://defenceindepth.co/2021/05/11/a-typology-for-civil-military-medical-co-operation-during-the-covid-crisis/>

METHODS (3) – Refinement of Typology

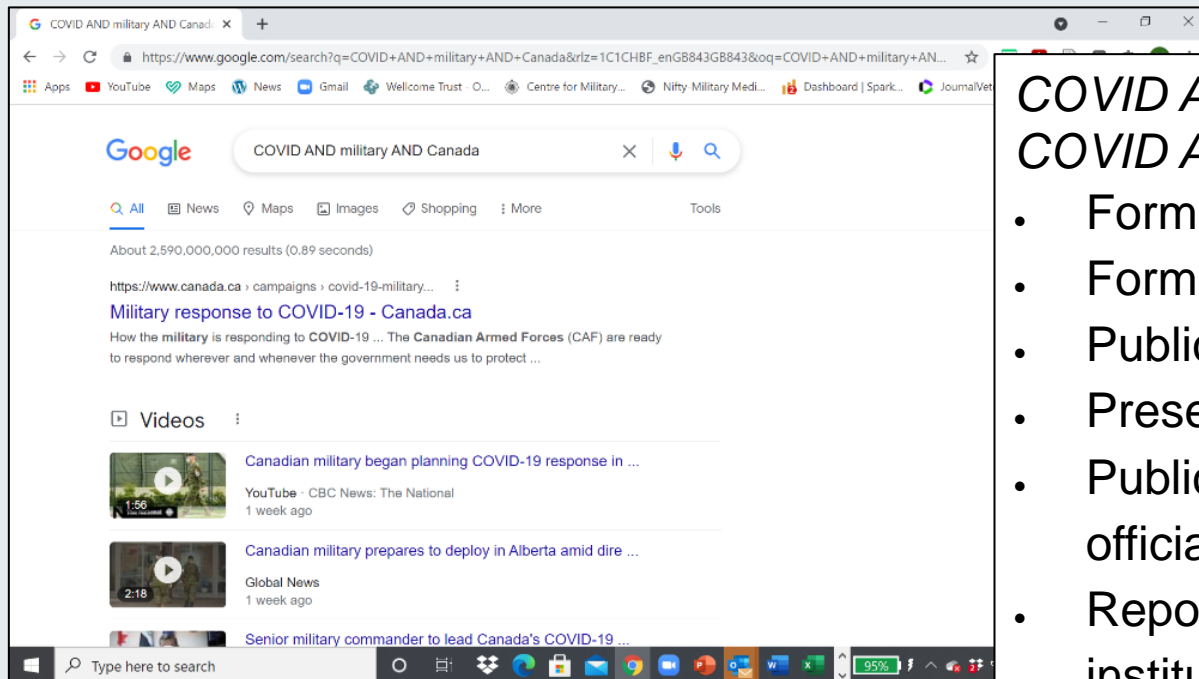
Further refinement of typology:

1. Maintaining military capability.
 - a) Continued/adjusted military activity
2. Protecting the health of the armed forces and beneficiaries of military health systems.
 - a) Force health protection measures
 - b) Clinical services
3. Generic military assistance to the national response.
 - a) Government emergency management capability and capacity
 - b) Augmentation of non-health response
4. Specific military assistance to the national health and social care response.
 - a) System Augmentation
 - b) Community Care Pathway
 - c) Hospital Care Pathway

METHODS (4) – Testing of Typology

Analysis of the contribution of the Armed Forces (GBR, CAN, NLD, FRA, BEL) to the response to the COVID pandemic across the four categories :

- Maintaining military capability.
- Protecting the health of the armed forces and beneficiaries of military health systems.
- Generic military assistance to the national response.
- Specific military assistance to the national health and social care response.



COVID AND military AND selected country
COVID AND (armed forces) AND selected country

- Formal government reports.
- Formal military medical services reports.
- Publications in academic journals.
- Presentations at public conferences.
- Public statements by senior military medical officials.
- Reports in formal publications of authoritative institutions based on primary sources.

FINDINGS – 1 - Maintaining military capability

1. Maintaining Military Capability						
Activity	UK	Canada	Netherlands	France	Belgium	Other country example
1.1 Command and Control	X			X	X	
1.2 Existing Operations					X	
1.2.1 National	X	X	X	X		
1.2.2 International	X	X	X			
1.3 Rotations of forces	X					
1.4 Maritime Operations		X	X	X		
1.5 Reaction Forces	X					
1.6 Training						
1.6.1 Individual Training	X	X	X			
1.6.2 Collective Training	X	X	X			
1.6.3 Mission-specific Training						
1.6.4 Recruit/Entry Training						USA
1.7 Recruiting	X		X			
1.8 Remote working	X	X	X	X	X	
1.9 Cyber security						
1.9.1 Military						
1.9.2 Civilian/national	X					
1.10 Intelligence						
1.10.1 Military	X					Israel
1.10.2 Civilian/national						
1.11 Strategic communications						
1.11.1 Military			X			
1.11.2 Civilian/national						
1.12 Military diplomacy			X			
1.13 Military health diplomacy	X	X		X		

Similarities:

- Maintenance of key HQ outputs – new working
- Sustainment of existing operations
- Outbreaks - maritime

Differences:

- International engagement
- Cybersecurity, Intelligence, STRATCOM

Insights:

- Flexible working – pros/cons
- Capability can be maintained in BW

Lessons:

- Digital skills
- Electronic teams
- Flexible working

FINDINGS – 2 - Protecting the health of the armed forces and beneficiaries of military health systems

2. Protecting the health of the Armed Forces and Beneficiaries of military health systems						
Activity	UK	Canada	Netherlands	France	Belgium	Other country example
2.1 Technical advice to the 'executive'	X	X	X	X	X	
2.2 Health communication						
2.2.1 To military personnel	X	X	X	X	X	
2.2.2 To beneficiaries		X		X	X	
2.3 Self-care support						
2.3.1 At home				X		
2.3.2 'COVID' hotels	X	X			X	
2.4 COVID Testing (of beneficiaries)		X		X	X	
2.5 Remote consultation	X	X		X		
2.6 COVID Vaccinations		X				
2.7 Clinical Care	X			X		
2.8 Recovery and Rehabilitation	X		X			

Similarities:

- Military medical technical advice
- Health communication
- Telemedicine

Differences:

- Beneficiary care
- COVID hotels

Insights:

- 'militarising' civilian public health advice
- Occupational aspects of COVID

Lessons:

- Civil-military co-operation for armed forces healthcare
- System-level opportunities with digital healthcare
- Occupational vaccinations

FINDINGS – 3 - Generic military assistance to the national response

3. Generic military assistance to the national response						
Activity	UK	Canada	Netherlands	France	Belgium	Other countries examples
3.1 Government emergency management capability and capacity						
3.1.1 Military liaison	X	X	X	X	X	
3.1.2 Embedded personnel	X	X	X		X	
3.2 Augmentation of non-health response						
3.2.1 Global repatriation	X	X		X	X	
3.2.2 Procurement	X					
3.2.3 Movement of materiel			X	X		
3.2.3.1 Land	X					
3.2.3.2 Air	X					
3.2.3.3 Sea						
3.2.4 Storage and distribution		X	X			
3.2.5 Border security		X	X			
3.2.6 Internal security	X		X	X	X	
3.2.7 Environmental decontamination			X	X	X	

Similarities:

- Military augmentation to C2
- Military capability as a strategic reserve

Differences:

- Internal security
- Environmental decontamination

Insights:

- Flexibility of military personnel
- Fragility of resilience across government
- Importance of 'localisation'

Lessons:

- Civil-military integration/interoperability
- Overseas dependencies and partners
- Risk of over-dependency on military

FINDINGS – 4 - Specific military assistance to the national health and social care response

4. Specific military assistance to the national health and social care response						
Activity	UK	Canada	Netherlands	France	Belgium	Other country example
4.1 System Augmentation						
4.1.1 National command and control	X	X				
4.1.2 Regional/local command and control	X	X				
4.1.3 Medical personnel augmentation	X		X	X	X	
4.1.4 Medical Logistics			X	X	X	
4.1.4.1 Procurement	X			X		
4.1.4.2 Manufacture						
4.1.4.2.1 PPE						USA
4.1.4.2.2 Sanitisers						Spain
4.1.4.2.3 Drugs						
4.1.4.2.4 Vaccines						China
4.1.4.3 Warehousing		X	X		X	
4.1.4.4 Distribution	X	X	X	X	X	
4.1.4.5 Medical research	X	X		X		
4.2 Community Care Pathway						
4.2.1 Protection measures						
4.2.1.1 Enforcement of restriction of movement			X			
4.2.1.2 Management of quarantine facilities					X	
4.2.1.3 Support to vaccination services	X	X	X			
4.2.2 Detection of COVID						
4.2.2.1 Community Testing	X	X	X	X	X	
4.2.2.2 Contact tracing		X				
4.2.3 Self-care						
4.2.3.1 Support to isolated or vulnerable populations						Brazil
4.2.4 Out-of-hospital care						
4.2.5 Pre-hospital transport			X	X	X	

Similarities:

- Military medical capability as a strategic reserve
- Whole 'pathway' support

Differences:

- Military hospitals
- Strategic implications of embedded military personnel

Insights:

- Augmentation with people – inc non-medical
- Social care

Lessons:

- Flexibility of the 'military medic'
- Implications for use of Reserves and Role 4 capacity

FUSION OF FINDINGS/CONCLUSIONS

Typology and Research

- Further development of typology as a method of comparison
 - Definitions/meaning
 - What is missing?
- Triangulation with Key Informant Interviews
- Widen case study samples

Findings

- **Similarities** – common sense? Or organisational learning?
- **Differences** – pre-COVID strategic decisions? Opportunities for learning?
- **Insights** – genuine new knowledge? Lack of pandemic planning
- **Lessons** – new normal?

Thank you

Contact details/for more information

Professor Martin Bricknell CB OStJ PhD DM
Department of War Studies
K7.23, Strand Building
London
WC2R 2LS

martin.bricknell@kcl.ac.uk

<https://www.kcl.ac.uk/people/professor-martin-bricknell>

Spare slides

SparSpe

Military Contribution to Civilian Response

Civil-military Perspectives



Militarism/Securitism

Civilian Control

Disaster Response

Last Resort

FGV EBAPÉ **RAP**
Revista Brasileira de Análise de Políticas Públicas

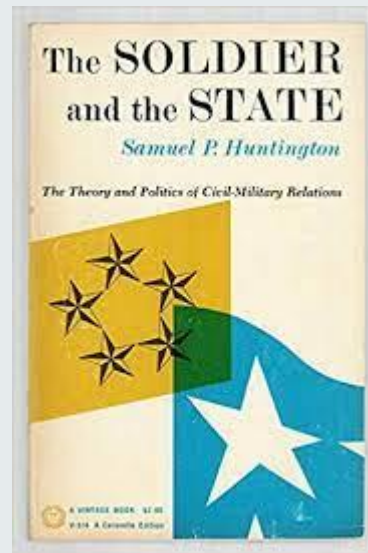
The militarization of responses to COVID-19 in Democratic Latin America

Anais Medeiros Passos¹
 Igor Acácio²

¹ Universidade Federal de Santa Catarina / Departamento de Sociologia e Ciência Política, Florianópolis / SC – Brazil
² University of California / Department of Political Science, Riverside / CA – United States

Latin America has been severely affected by the COVID-19 pandemic, prompting its governments to take action. In this context, countries within Latin America have used their armed forces for an array of tasks to serve citizens. But how militarized is the response to COVID-19 in Latin America? This paper proposes a typology of tasks provided by the armed forces as a response to COVID-19. The descriptive findings allow us to map these tasks, attributing scores to the fourteen Latin American democracies. We also show evidence for the potential consequences of some tasks. Policing the streets to enforce stay-at-home orders may lead to the military committing human rights violations, assuming eminently civilian posts to manage the public health crisis can result in long term implications for the civil-military balance that are detrimental to the democratic control over the military.

Keywords: COVID-19; global pandemic; militarization; civil-military relations; Latin America; military missions.



OCHA
 Office for the Coordination of Humanitarian Affairs
 Response Support Branch – Coordination Division
 Civil-Military Coordination Service
cmcs@un.org

Humanitarian Civil-Military Coordination (UN-CMCoord) Operational Guidance for Appropriate Interaction with Armed Actors in the Context of the COVID-19 Response v1.0

This Operational Guidance complements country-specific guidance where it exists and considers lessons observed from the SARS outbreak in 2002-2003 and the Ebola outbreak of 2014, amongst others. This operational guidance will be continuously updated as the situation evolves.

- Armed actors¹ are or will likely be involved in an affected government's response to COVID-19 in a number of ways. This operational guidance provides practical approaches to navigating humanitarian operating environments where:
 - domestic armed actors are responding to COVID-19 as part of the government's efforts,
 - where peacekeeping forces and/or foreign armed actors (military and/or police) may possess unique capacity to support humanitarian requirements,
 - combinations of the above.
- The primary consideration for engaging with armed actors in relation to the COVID-19 response is to analyze the risks and benefits of the engagement and identify potential unintended secondary and tertiary effects to both short- and long-term perceptions on the overall humanitarian response. This is particularly true for humanitarian operations in conflict settings.
- Militaries and armed actors are increasingly acting as first responders for national authorities in response to the COVID-19 emergency. Militaries could be tasked by national leadership to: maintain law and order on land and at sea during instances of lockdown and border closure; provide engineering support for emergency construction requirements; provide logistics and transport of essential goods and services (including medicines); provide health care and medical support to national authorities through personnel, medical equipment and facilities and PPEs; establish communications; and conduct aerial assessments of population movements in contained areas, amongst other traditional and non-traditional roles in support of national authorities.
- Appropriate liaison arrangements need to be established or maintained at all relevant levels to sustain effective information sharing to maintain common situational awareness between humanitarian and relevant armed actors; identify constraints and limitations in the response; determine who is doing what, where, when and how at different levels; and coordinate to ensure that planned activities are not duplicative or contradictory and will not generate potential unintended negative secondary and tertiary effects in both the short and long term.

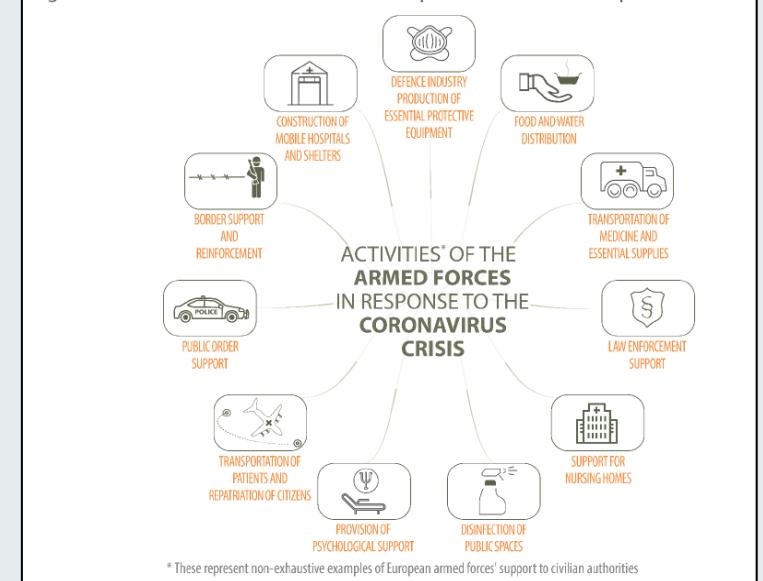
¹ Armed actors include a country's armed forces and its different branches, police forces at national or sub-national levels, O&D Reserve organizations that perform security-related functions, quasi-military organizations, police units that perform military functions, government militia and foreign military forces from UN and hybrid peacekeeping forces and other armed actors that may have a role in the COVID-19 response.

Civil-Military Response to Covid-19 – Generic Military

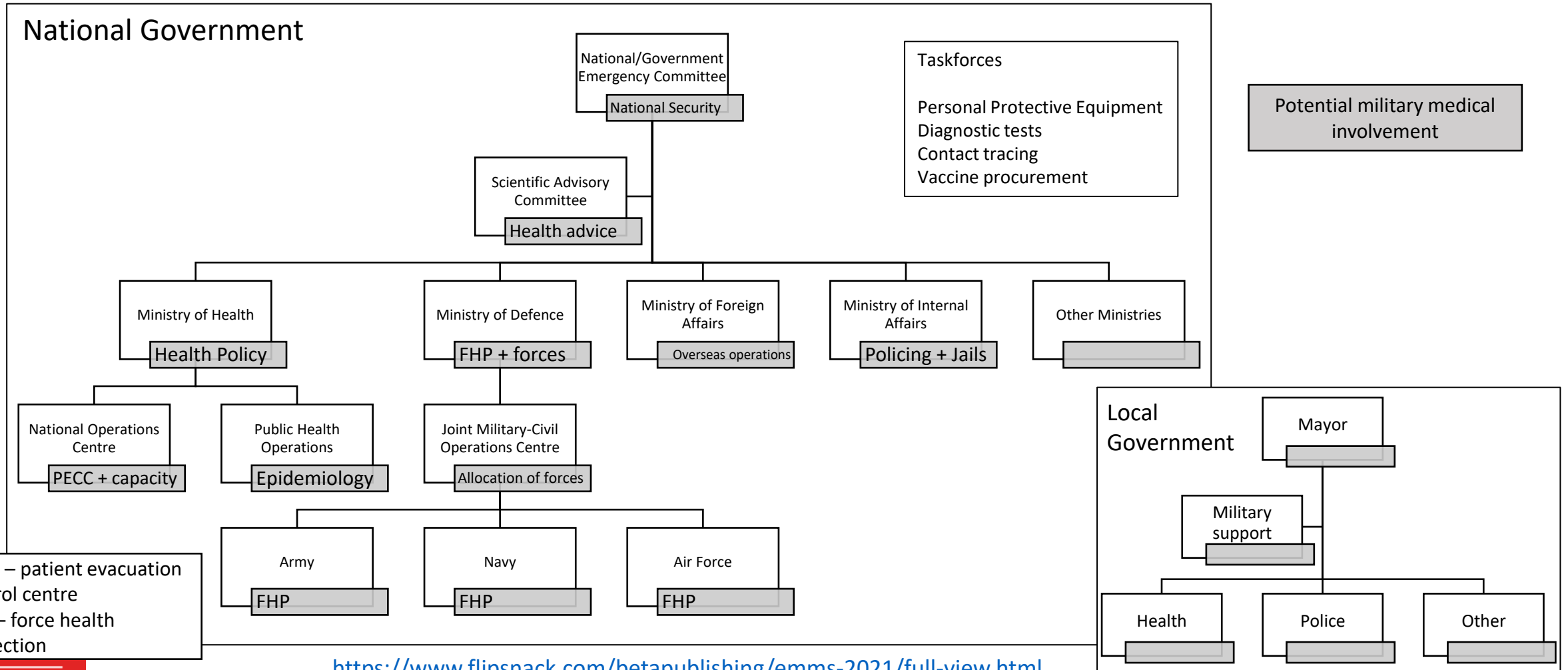
- National government level:
 - Existing crisis response arrangements
 - Covid-19 Taskforce
 - Military ‘take-over’ of essential public/commercial services
- Specific domestic resilience tasks:
 - Support to government planning
 - Repatriation of national citizens
 - Quarantine centres
 - Public Order
 - Testing centres
 - Procurement, storage, distribution – PPE, key commodities



Figure 1 – Armed forces' contributions in response to the Covid-19 pandemic



COVID Civil-Military Command and Control 'presence'



Civil-Military Response to Covid-19 – Military Medical

- Aeromedical evacuation:
 - Repatriation flights
 - Between hospitals, including international
- Medical capacity:
 - Covid-19 screening
 - Opening military hospitals to civilians
 - Military personnel augmenting civilian hospitals
 - Military field hospitals
 - Civil-military emergency hospitals
 - Ambulance services
- Public health
 - Testing centres
 - Track and Trace
 - Vaccination

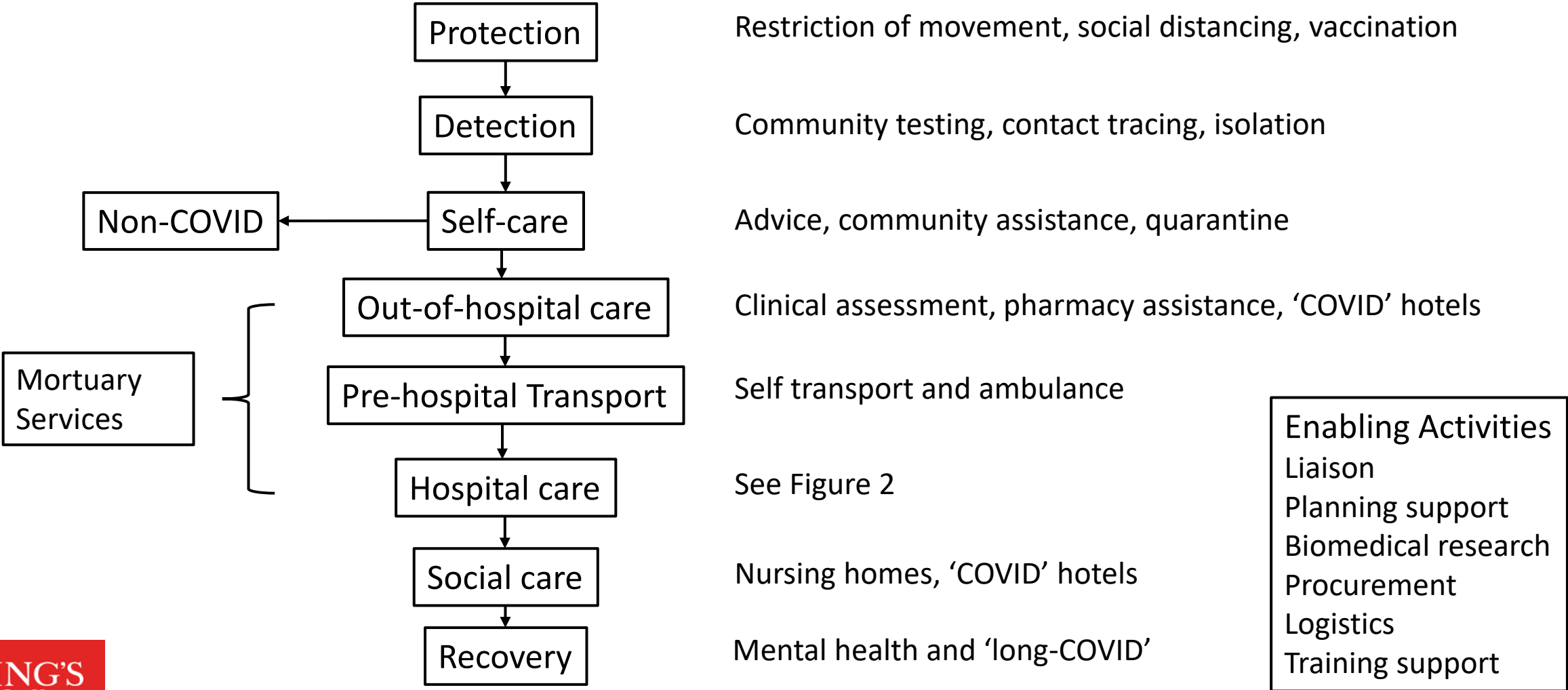


https://commons.wikimedia.org/wiki/File:%C3%96stra_Sjukhuset_COVID-19_F%C3%A4ltsjukhus.jpg

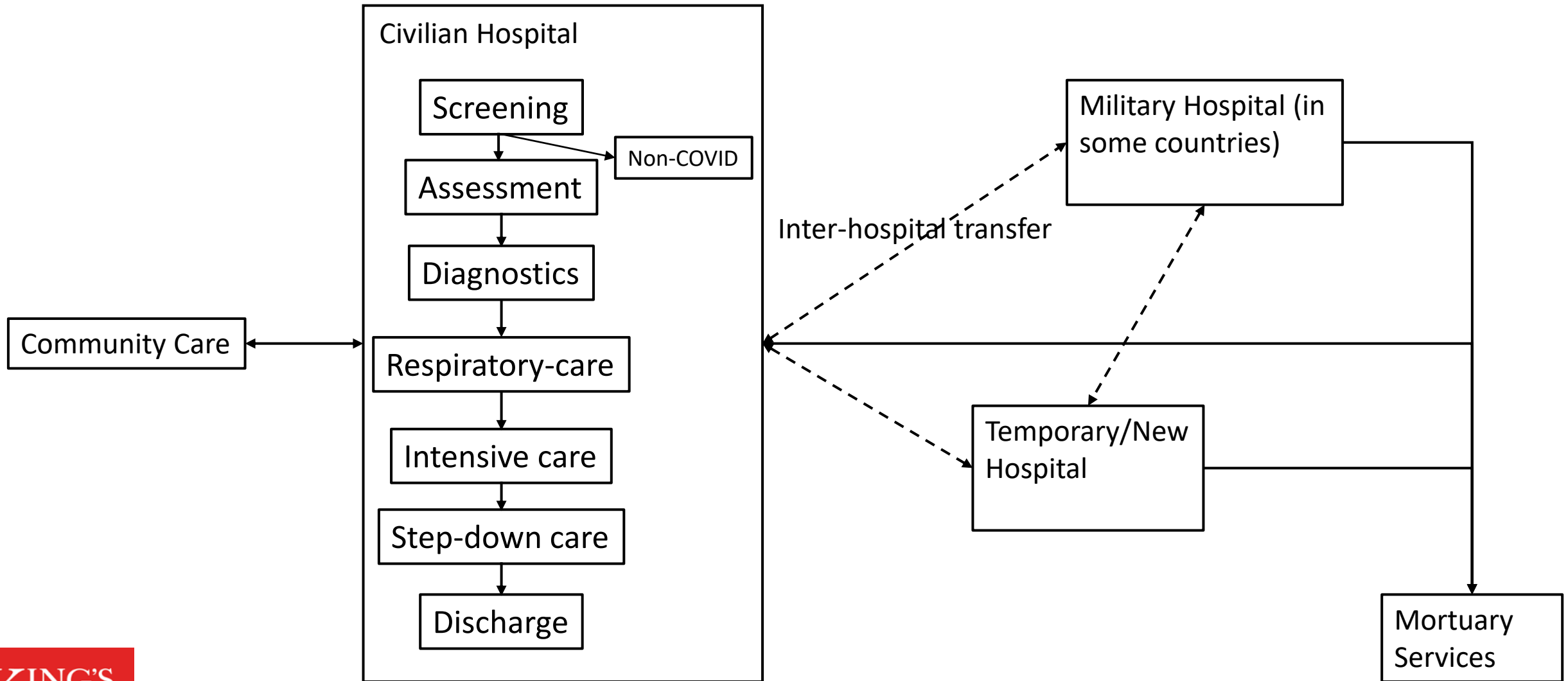


[https://commons.wikimedia.org/wiki/File:NHS_Nightingale_Hospital_London_main_entrance_\(1\)_cropped.jpg](https://commons.wikimedia.org/wiki/File:NHS_Nightingale_Hospital_London_main_entrance_(1)_cropped.jpg)

COVID Community Care Pathway



COVID Hospital Care Pathway



Implications for Security and Defence

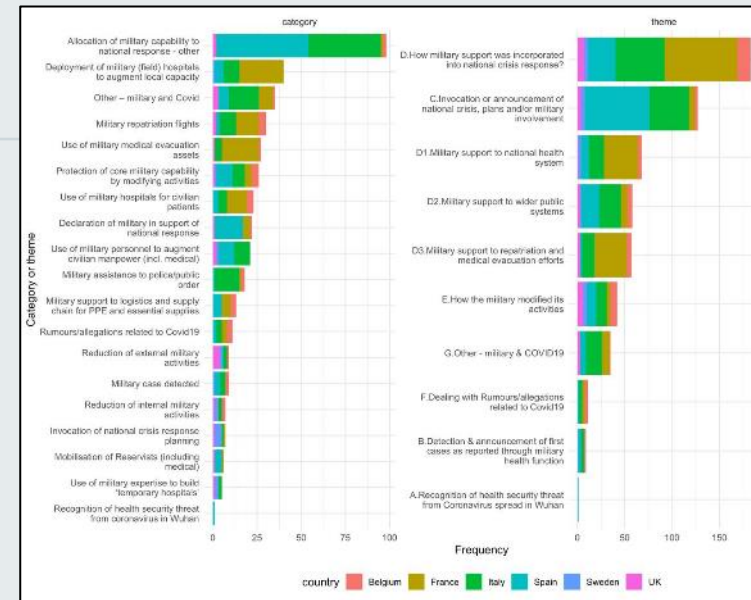
- Health threats as a risk to national/international security
- NATO/EU/national civ-mil crisis management arrangements
- NATO/EU/national resilience for mass casualty events
- Unique military capabilities in response to health crises

- Maintaining military capability including training pipeline
- Conduct of military operations

- Balancing budgets and implications for Security spending

Learning Lessons

- Typology for comparisons
- What activities were common?
- What activities were different?
- What needs to be continued?



Gad M, Kazibwe J, Quirk E, et al. Civil–military cooperation in the early response to the COVID-19 pandemic in six European countries. *BMJ Mil Health* Published Online First: 30 March 2021. doi: 10.1136/bmjmilitary-2020-001721

- Health *and* social care
- Temporary facilities
- Implications for field medical units

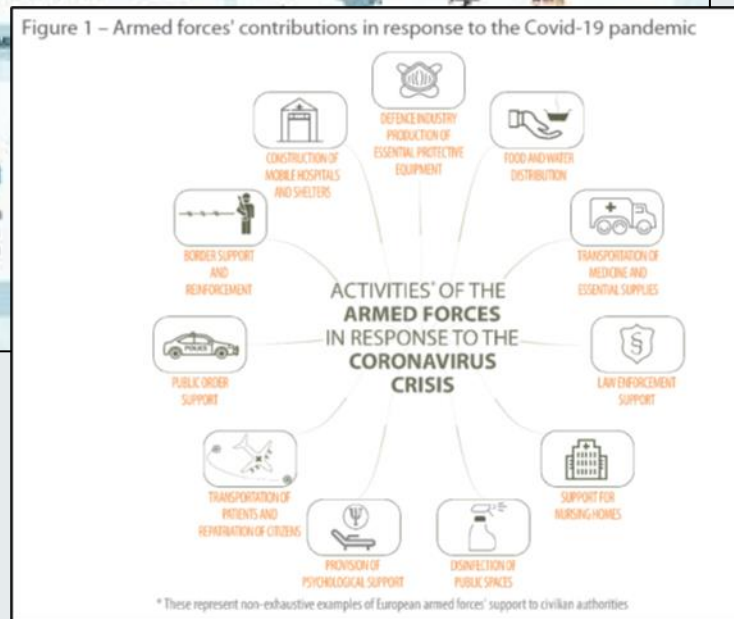
	Governance	Preventing Transmission							Ensuring sufficient physical infrastructure and workforce capacity		Providing health services effectively			Paying for Services	
		Border	Health Communication	Physical Distancing	Isolation & Quarantine	Monitoring & Surveillance	Testing & Contact Tracing	Protective Equipment (distribution)	Physical Infrastructure & medical equipment	Workforce (long term facilities ; hospitals)	Planning Services	Managing Cases	Maintaining essential services	Health financing	Entitlement and coverage
Albania															
Belgium					X					X					
Bosnia		X			X										
Bulgaria	X						X	X			X				
Canada						X		X		X					
Croatia									X		X				
Czech R.	X	X			X			X		X					
Denmark									X	X		X			
Estonia									X	X					
Finland		X													
France									X	X					
Georgia															
Germany								X	X	X					
Greece					X	X	X		X						
Hungary									X	X		X			
Ireland									X	X					
Israel				X	X	X		X							
Latvia		X													
Lithuania		X			X			X							
Malta															
Netherlands									X	X		X			
Poland					X										
Portugal		X						X							
Romania								X	X		X				
Russia								X	X	X					
Serbia		X			X				X	X					
Slovakia									X	X					
Spain		X							X	X					
Sweden						X		X	X						
Ukraine															
UK								X	X	X					

<https://analysis.covid19healthsystem.org/index.php/2020/05/29/what-is-the-role-of-the-military-in-covid-19-response/>

CONTEXT



- Unprecedented global health crisis
- Mobilisation of all resources:
 - Health
 - Economic
 - Military
 - Etc
- Impact on:
 - Military activities
 - Armed Forces personnel and health services
 - Use of armed forces in general support
 - Use of military medical services



IMPLICATIONS FOR MILITARY HEALTH SERVICES

- Security is more than physical defence of borders/interests by military means
- Many domains in which security may be threatened
- Many instruments by which states improve security
 - Diplomatic, Information, Military, Economic (DIME) – very limited
 - Add: Resilience, Strategic Communications, Political, Digital, Law Enforcement, Financial
- Implications for international relations, security/defence/war studies
- New threats
- Old threats undiminished
- Deterrence.....a credible military health service?