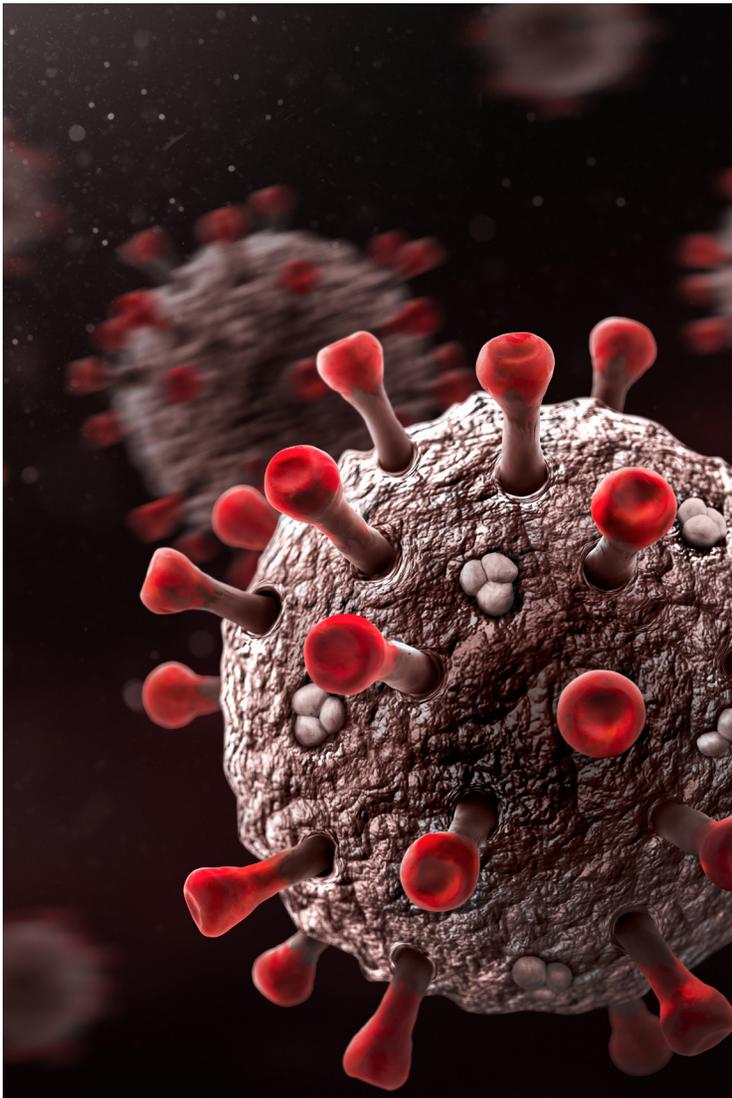


AN ANALYSIS OF THE NATIONAL RESPONSES TO THE COVID-19 PANDEMIC THROUGH THE LENS OF MEDICAL MILITARY SUPPORT REQUIREMENTS

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EXECUTIVE SUMMARY

The COVID-19 pandemic has dominated the agenda for national governments and international organisations since January 2020. It has had substantial impact on the health and health systems of NATO members, with the armed forces making an important contribution to national crisis response. Measures taken to mitigate the impact of COVID-19 on the health of armed forces personnel have also affected military operations, exercises and routine training. Concurrently, there is a concern that some states or malign actors may use the disruption caused by the COVID-19 crisis to advance their interests and create further instability within the international system. Finally, the economic impact of the pandemic may reduce investment by NATO members into their security and defence as a result of both reductions in overall Gross Domestic Product (GDP) and relative prioritisation towards investment in economic recovery and welfare support.

This project is the first part of a programme of work led by the Medical Branch of Allied Command Transformation to draw forth the salient lessons and required capabilities from the COVID-19 crisis into future conceptual and capability developmental activities for military medical services in support of future large scale warfighting operations. This analysis takes an external and comparative perspective to open source information published on the internet of national responses, both civil and military, to the COVID-19 pandemic.

The study was based on 4 components: a review of the Committee of the Chiefs of Military Medical Services (COMEDS) survey of NATO military medical services' responses to COVID-19 conducted in April 2020; a case study analysis of the military contribution to the national response to the COVID-19 pandemic in six European countries with the highest COVID-19 mortality rate¹ (Belgium, Spain, France, UK, Italy, Sweden); a case study analysis of the military contribution to the national response to the COVID-19 pandemic in 4 large non-European states (China, United States, Russia and Brazil); and a case study analysis of the impact of COVID-19 crisis on security policy and activities of multilateral organisations (the United Nations (UN), European Union (EU) and NATO). These case study analyses are based on a Google™ search for the first 100 website hits in English using the search terms "Country AND covid-19 AND (military OR army OR security)" for the period 01 January to 31 July 2020 augmented by a detailed review of press releases by the Ministries of Defence for each country or each organisation.

All of the countries and organisations studied were significantly affected by the COVID-19 crisis in the Spring of 2020. In the initial phase of the outbreak, their armed forces assisted with the repatriation and quarantine of nationals from Wuhan and other countries affected by local outbreaks or restrictions of movement (e.g. outbreaks in cruise ships). The next priority for the armed forces was to protect the health of their personnel by mirroring wider public health measures but tailoring these to the military context. This reduced or stopped many planned military activities, including reducing national contributions to multi-national security operations. When local transmission of COVID-19 within countries became established, the armed forces became a vital component of national crisis planning and response. The analysis within this report describes the breadth of capabilities that the military provided to support civilian authorities ranging from planning assistance, general logistics support, assistance with public order policing, and a wide variety of specific medical capabilities. Whilst there are some common activities between all

¹ As reported by the Johns Hopkins University Mortality Analysis (<https://coronavirus.jhu.edu/data/mortality>) on 08 Jul 2020

countries, it is the differences that provide the most insights. As an example, it is possible to augment the civilian health system with military field hospitals, hospital ships, and temporary hospitals in convention centres or by providing military medical manpower as reinforcements to civilian hospitals. Each option has strengths and weakness, these could be codified through a specific analysis based on a comparison of lessons between countries. All countries used military vehicles (ambulances, helicopters, aeroplanes) and medical teams to assist with the redistribution of COVID-19 patients. This experience could provide insights into the challenge of medical evacuation during CBRN operations. Finally, countries probably underestimated the importance of the nursing home and social care sector in the pathway of recovery for COVID-19 patients (and the risk of COVID-19 transmission in these settings). Many countries used their military medical services augment this workforce and to assist with training them in infection, prevention and control (IPC).

The analysis of the data collated about the UN, EU and NATO reinforced concerns reported in the country case studies about the potential impact of the COVID-19 crisis on global security, the conduct of international security and peacekeeping operations, and the contributions (with both money and national contingents) by nations towards these missions. This exposes the potential tension between the sovereign national interests of states and the benefits of collective action through solidarity in multi-lateral organisations. Whilst open source information provides very good examples of information sharing between nations through these organisations, it is less clear what tangible benefits member states actually received from multilateral brokerage rather than bilateral support. It is noticeable that bilateral, military-military medical assistance activities with partner countries are a significant feature of both Chinese and Russian press releases.

Overall, this project is the first structured analysis and comparison of the impact of the COVID-19 pandemic on armed forces between states. It has used a formal analytic approach to ensure consistency in data capture between states and to provide a foundation for any further research. A considerable volume of information has been detected by the search for each of the case studies. This is likely to be representative of the public activities of armed forces, though there is variation in the quantity, quality and ease of access of information available between countries.

This analysis has demonstrated the substantial contribution of countries armed forces as part of the national response to the COVID-19 crisis. This civil-military co-operation is a critical part of the resilience of states, though the interdependence of the civil-military capabilities of national health systems may not previously have been considered as a capability driver for military medical services. The report identifies several areas for further research and interpretation to inform Lessons Learned for NATO and future medical capability planning. The report is valid as an analysis of the case studies for the Spring/Summer of 2020. At the time of writing, cases of COVID-19 were rising again in NATO member countries. There would be value in repeating this analysis in the summer of 2021 to compare the findings in this report with the contribution of armed forces to national responses in Winter 2020/Spring 2021.



INTRODUCTION

The 2020 COVID-19² pandemic has had profound consequences for global security. It is affecting many dimensions of society across NATO nations (such as human health, economies, education, social protection, employment, diplomacy, personal freedoms). All countries have used their armed forces as part of their government response to the crisis. In addition to the internal impact on sovereign nations, the pandemic has affected relationships between nations at a bilateral and multi-lateral level including within international alliances and organisations. The crisis has originated from an apolitical threat to human health, resulting in the mobilisation of national resources akin to war. The political, economic and social impacts have created tensions around existing stresses and fault lines in the international system. These could exacerbate the consequences of existing conflicts and create new flashpoints. This risk has profound implications for international security institutions such as NATO.

The capability and capacity of countries' health systems and services have been a critical element of the response to the COVID-19 crisis. Whilst military medical services are designed to care for their beneficiaries³ in garrisons and to support military operations and training overseas, all states have mobilised their military medical services to support the civilian health response. The aim of this Open Publication for Allied Command Transformation is to examine national responses, both civil and military, to the COVID-19 pandemic and especially the coordination function between them. It will look at the strategic directions that nations have taken, including the NATO partner nations. It will also include the experiences and comparisons of the non-NATO nations of Russia, China, and Brazil as they present a differing strategic approach to NATO and western nations. The paper will support further analysis of current and future capabilities required of military medical services, especially how this pandemic compares to large scale warfighting operations. It will identify areas of similarity and differences within and between nations that could inform future conceptual and novel capability development. This will support future conceptual and capability development of military medical support for NATO.

The report is structured in 4 sections. This introduction and background section describes the overall context, observations of the civil-military response to the Ebola crisis in West Africa in 2014/5, and a short review of NATO documents civil-military relationships as part of national resilience prior to the COVID-19 crisis. The methodology section describes the 4 components of the project: a review of the Committee of the Chiefs of Military Medical Services (COMEDS) survey of NATO military medical services' responses to COVID-19 conducted in April 2020; a case study analysis of the military contribution to the national response to the COVID-19 pandemic in six European countries with the highest COVID-19 mortality rate⁴ (Belgium, Spain, France, UK, Italy, Sweden); a case study analysis of the military contribution to the national response to the COVID-19 pandemic in 4 large non-European states (China, United States, Russia and Brazil); and a case study

² This document will use the term 'COVID-19' as 'short-hand' for the disease 'coronavirus' caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as described by the World Health Organisation at: Naming the coronavirus disease (COVID-19) and the virus that causes it [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it) (accessed 20 Oct 20).

³ Active duty personnel, and in some countries, families, retirees, veterans and designated civilians. Martin Bricknell & Paul Cain (2020) Understanding the Whole of Military Health Systems, The RUSI Journal, DOI: [10.1080/03071847.2020.1784039](https://doi.org/10.1080/03071847.2020.1784039)

⁴ As reported by the Johns Hopkins University Mortality Analysis (<https://coronavirus.jhu.edu/data/mortality>) on 08 Jul 2020

analysis of the impact of COVID-19 crisis on security policy and activities of multilateral organisations (the United Nations (UN), European Union (EU) and NATO). These case study analyses are based on a Google™ search for the first 100 website hits in English using the search terms “Country AND covid-19 AND (military OR army OR security)” for the period 01 January to 31 July 2020 augmented by a detailed review of press releases by the Ministries of Defence for each country or each organisation. The results section summarises the findings from each of these components with the detailed data being presented in the Annexes. The conclusions section interprets the results section from the following perspectives: threats to international security, threats to internal security, impact on health security, impact on defence and security operations, contribution of armed forces to national responses, lessons for international/national responses, implications for future military medical capability.

BACKGROUND

The potential impact of a pandemic on the stability of the international system was acknowledged in the 2013 NATO Strategic Foresight Analysis (ACT, 2013) within the trend of ‘human networks’. The report forecast that *‘a pandemic will increase instability in weaker states while wealthier, more stable states will be likely to focus resources and efforts to protect their own population. Ensuing tensions, competition for medical resources, treatment and vaccines, coupled with the possibility of uncontrolled migration, could produce instability along and within NATO’s border’*. The 2014 outbreak of Ebola in West Africa provided a case-example of the impact of the outbreak of a high threat epidemic disease on the affected countries and the requirement for global co-operation in both the local response and mitigation of the risk to global health (Kamradt-Scott et al, 2016). International armed forces were an essential component of the humanitarian response. The multiple roles played by the armed forces of the affected countries (Guinea, Liberia and Sierra Leone) provides a case-example of the types of military contribution to national crisis response to a pandemic (Sandy, J). The 2017 version of NATO Strategic Foresight Analysis reflected the international experience of the 2014 Ebola outbreak by stating *‘the impact of a major pandemic would be globally destabilizing and could leave affected nations extremely vulnerable to external intervention’* (ACT, 2017).

NATO has placed an increased emphasis on civil preparedness and national resilience over the last decade as the risk of inter-state conflict between military peers has increased. At the 2016 Warsaw Summit, NATO Heads of State committed to enhance resilience, improve civil preparedness, and prepare for defence against chemical, biological, radiological, or nuclear (CBRN) threats (including improving the ability to deal with mass casualties, NATO, 2016). This was reinforced through a common set of new proposals to implement the 2017 NATO-EU Joint Declaration that aimed to bolster resilience by strengthening cooperation on civil preparedness, medical evacuation (MEDEVAC), mass casualty incidents, and population movement (NATO, 2017). The 5th progress report, published in June 2020, highlighted the impact of the COVID-19 crisis on EU Member States and NATO Allies but also identified areas of mutual collaboration in the response including *‘countering disinformation and hostile propaganda; potential logistics support in facilitating the delivery of assistance; responding to cyber threats; exploring the implications of the crisis on respective operational engagements in theatres’* (NATO, 2020). However, apart from a short paragraph on staff co-ordination between NATO and EU medical staff, this report makes no mention of the impact of COVID-19 on international security or military operations or progress on the resilience of the EU or NATO to deal with mass casualties – all of which have been the hallmark of the COVID-19 crisis.

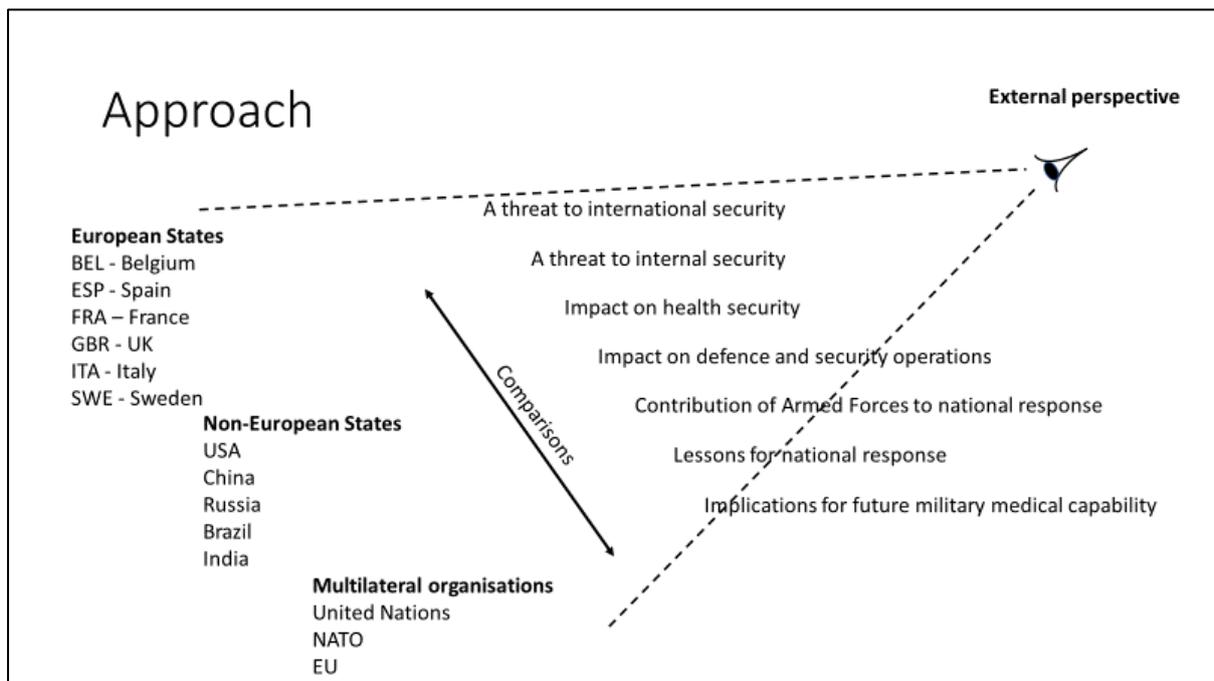
All the instability situations (including pandemics) listed in the 2018 NATO Framework for Future Alliance Operations have the potential to cause mass casualties (ACT, 2018). Whilst the document stresses the importance of resilience to recover quickly from strategic shocks or operational setbacks, there is no mention of mass casualties or the strategic capabilities and capacity required to meet the resulting demand for healthcare. The COVID-19 crisis has demonstrated an initial lack of strategic resilience within the health systems of EU Member States and NATO Allies. The response has required a massive expansion of capacity (e.g. civil-military temporary hospitals, procurement of additional respiratory ventilators, increase in the healthcare workforce) and transformation of ways of working (e.g. widespread introduction of personal protective equipment for clinical staff, video clinical consultations, closure of non-COVID-19 clinical services etc). Most of these changes would also have been necessary in response to a major conflict, especially if it had included CBRN weapons. Thus, it could be argued that insufficient emphasis had been placed on analysing the civil-military capability and capacity requirements for a response to global health threats compared to other emerging and traditional security and defence threats. This includes a relative lack of understanding of the interdependencies between the civil and military health systems within EU Member States and NATO Allies. However, this report will show how these issues have been addressed during the response to the COVID-19 crisis.



APPROACH AND METHOD

This project takes an external and comparative perspective to open source information published on the internet of national responses, both civil and military, to the COVID-19 pandemic. This is illustrated at Figure 1. Whilst there are existing internal processes for observing and learning lessons within the armed forces of each country and organisation, it is very early in this cycle and there is limited publicly available information. This project fills this void by interpreting publicly available information without the constraints of compliance with internal organisational sensitivities. The analysis uses a structured approach to ensure consistency across case-studies and an analytical hierarchy from strategic context to tactical recommendations.

Figure 1 - Analytical approach to civil-military response to COVID-19



COMPONENTS OF ANALYSIS

The project is based on 4 components:

1. **Review of the COMEDS survey of NATO military medical services' responses to COVID-19.** This component analyses the survey undertaken in April 2020 and the subsequent NATO videoconference of military medical services on 23 April led by the Chairman of COMEDS to identify themes and to develop an analytical framework of military activities.

2. **Case study analysis of key European states.** This analysis considers the role of the armed forces in the national response to the COVID-19 crisis based on case studies of the six European countries with the highest COVID-19 mortality rate reported by the Johns Hopkins University Mortality Analysis (<https://coronavirus.jhu.edu/data/mortality>) on 08 Jul 2020 (Belgium, Spain, France, UK, Italy, Sweden). These case study analyses are based on a Google™ search for the first 100 website hits in local languages using the search terms "Country AND covid-19 AND (military

OR army OR security)” for the period 01 January to 31 March 2020 augmented by a detailed review of press releases by national Ministries of Defence.

3. **Case study analysis of large non-European states.** This section considers the role of armed forces in the national response to the COVID-19 crisis based on case studies of 3 of the largest armed forces in the world (China, United States, and Russia) and a large South American armed force, Brazil. These case study analyses are based on a Google™ search for the first 100 website hits in local languages using the search terms “Country AND covid-19 AND (military OR army OR security)” for the period 01 January to 31 July 2020 augmented by a detailed review of press releases by national Ministries of Defence.

4. **Case study analysis of multilateral organisations.** This analysis considers the role of the security forces in multilateral organisations (United Nations, European Union and NATO) to the COVID-19. These case study analyses are based on a Google™ search for the first 100 website hits in English using the search terms “Organisation AND covid-19 AND (military OR army OR security)” for the period 01 January to 31 July 2020 augmented by a detailed review of press releases by each organisation.

Details of the methodology for the case studies are at Annex A. The phases are outlined as follows:

- 1) **Detection** – the use of a Google™ search to detect websites that reported information on armed forces and COVID-19. This included detection of organisational websites including Ministries of Defence.
- 2) **Collation** – the extraction of each link to the website onto an Excel spreadsheet for further analysis.
- 3) **Identification** – initial review of the website to identify the subject that linked the armed forces and COVID-19 and producing a short precis.
- 4) **Analysis** – this was undertaken in four phases
 - a) Timeline – ordering the hits by date in order to create a timeline and narrative summary.
 - b) Relevance and completeness – an assessment of the effectiveness of the search string to detect relevant websites.
 - c) Categorisation – assigning a category to the content of the website.
 - d) Synthesis – fusion of quantitative and qualitative information.

Scope, Constraints and Limitations. This project has analysed the military contribution to the national and international response to the COVID-19 crisis from the perspective of military medical support requirements for NATO force planning and operations. It has primarily used English language sources, though some of the case-study analysis has been undertaken by native language speakers. It has used publicly available information or specific information released by ACT to the authors. The team has not analysed classified information nor is any of the report classified. The analysis was conducted on a tight timeline and so it should be regarded as an indicative rather than comprehensive study.

Definitions. The project defines 'armed forces' as military forces under the control of a government's Ministry of Defence. Their role is the defence of the country or alliance partners against external aggressors including forces under direct government control for military operations outside the country borders. This includes armies, navies, air forces, and strategic space or missile forces and personnel employed full-time (Regular or active Duty) and part-time (Reserve). It excludes paramilitary internal security or civil defence forces for internal security that are controlled by other national government ministries (e.g. Ministry of Interior) or regional governments (e.g. US National Guard, unless mobilised under national government control). However, these will be reported where such paramilitary forces have been identified as contributing to the government response.



RESULTS

1. COMEDS SURVEY AND VIDEO-TELECONFERENCE – APRIL 2020

This section reviews the analysis of the COMEDS survey of NATO military medical services' responses to COVID-19 undertaken in April 2020 and the subsequent NATO videoconference of military medical services on 23 April led by the Chairman of COMEDS, BG Zoltan Bubeník (CZE). The analysis identifies themes and issues based on the trawls for information on the response to the COVID-19 outbreak by nations and by European bodies.

The survey covered questions concerning national policies regarding COVID-19 personal protective equipment, diagnostics and social policies with their application in the military environment. Twelve nations provided responses. Whilst this is not a comprehensive response rate, it does provide an indication of the Force Health Protection issues to be considered and the balance of risk of infection against the impact on military activities. At the time of the survey, the focus was on the detection of cases and the prevention of transmission in military populations. All survey respondents emphasised the primacy of national COVID-19 policies with adaption for the military context. They described policies for cohort isolation of military personnel in mission critical roles, including pre-deployment quarantine for deploying troops and post-deployment quarantine after troop rotations. Non-mission critical military activities had been significantly constrained with no group training as well as closure of gyms and fitness facilities. The majority of military cases seemed to have been mild due to the absence of co-morbidities and the favourable age group of military personnel.

A total of 22 nations attended the VTC (NATO 17, partners 5) from 39 invited. Table 1 shows the number of nations of those attending reporting issues by subject. The absences of comments or observations does not mean that the issue did not occur. This list provides an indication of the range of subjects in which COVID-19 has affected the armed forces and their contribution to the national response to the emergency.

Table 1 - COVID-19 Issues reported by NATO military medical services

Subject	Number
Military cases	18
Operational implications	10
Force health protection for military personnel	7
Military field hospitals	6
Temporary civil-mil hospitals	4
Military medical personnel to civilian hospitals	7
Civilian access to military hospitals	7
Military medical assistance to nursing/care homes	5
Military medical support to ambulance services	8
Overseas aeromedical evacuation for civilians	2

Military support to civilian COVID-19 testing	6
Military laboratory support to COVID-19 testing	4
Military decontamination teams for public spaces	3
Call up of military reservists	2
Military assistance to border protection operations	2

Clearly, military personnel are likely to catch COVID-19 with 18 countries reporting military cases. As highlighted by 10 countries, this has significant implications for military operations and internal training. Whilst the specific aspects of Force Health Protection for military personnel was only raised by 7 nations, those that did, mentioned the cancellation of military exercises, reduction in overseas contingents and the challenge of testing and outbreak control on military operations. The USA specifically mentioned the impact of COVID-19 outbreaks on maritime operations. UKR highlighted the challenge of COVID-19 control measures on combat operations. Two countries reported force health protection concerns for military personnel providing assistance to civilian border protection operations. Many military medical services augmented national civilian medical systems, examples included: providing individual augmentees for civilian hospitals, civil-military co-operation in setting up temporary hospitals, and the deployment of military field hospitals to augment local civilian medical services. Notably, five nations specifically mentioned the provision of military medical assistance to nursing or care homes. Eight nations reported military medical assistance to civilian ambulance services including helicopters. Two nations reported international redistribution of patients by military aeromedical evacuation aircraft. France described provision of military escorts for the redistribution of patients by train. Military personnel were used to provide COVID-19 screening of patients prior to entry to hospitals, and the setting up of COVID-19 testing sites for civilians using military personnel. Finally, military laboratories have supported laboratory testing of civilian samples.

COVID-19 also had implications for the conduct of NATO led activities. The ACO MEDAD described the policies and procedures taken to protect NATO forces on operations and across the non-deployed NATO command structure. This has been a complex fusion of host nation policies and arrangements, national procedures for national personnel and transparency for coherence across the Alliance. An example is the challenge of 'COVID compliant' cross-European movement for the rotation of forces for the NATO Enhanced Forward Presence contingents across its Eastern borders. There was consensus from the VTC that the COVID-19 crisis has exposed deficiencies in civil-military resilience and civil-preparedness to respond to mass-casualties and other consequences of significant conflict.

Overall, these two sources show that the public health control measures for COVID-19 have had significant implications for Force Health Protection and substantial impact on routine military activities. However, the military medical services of NATO have had a significant role in supporting the civil response to the COVID-19 crisis within nations, both as a general augmentation of medical capacity and also in the provision of specific military capabilities. These themes and issues will be examined in more detail in the case-studies for comparisons between countries.

2. EUROPEAN CASE STUDIES - ANALYSIS

The method of using an internet Google™ search was designed to detect websites reporting the impact of COVID-19 on the armed forces and the military contribution to nation's responses to the pandemic. This was complemented by a search of the website of each nation's Ministry of Defence. These reports were ordered by time and by category in order to compare the response of each of the selected countries. The method is fully described in Annex A. The full country case studies are included at Annex B.

The number of relevant hits provides an indication of the prominence of the armed forces in the national response compared to other subjects reported by websites identified by the search. The results represent information available in the public domain. At time of writing, none of the countries have yet published an authoritative report and so this cannot be compared with the 'official' narrative. The categories were created as described in the methodology, though the additional activities undertaken by each country are highlighted in each of the country summaries. The features of each country's military contribution are reviewed and then directly compared.

Table 2 summarises key data for each country. There is no authoritative source of the total number of military medical personnel in each country so it is not possible to directly compare the scale of the armed forces medical contribution in each country's response. It is notable that two countries, the UK and Sweden, do not have military hospitals.

Table 2 - Population, size of armed forces, size of medical services, mortality per 100,000 and military hospitals - Europe

Country	Population	Size of Armed Forces	Size of medical services	Mortality per 100,000 ^{5,6}	Military hospitals
BEL	11,431,406	29,000	1500	86.99 #1	1
ESP	47,100,396	121,000	1930 professionals	65.07 #2	2
FRA	66,993,602	268,715	1,827 doctors	46.43 #6	8
GBR	66,435,550	135,360	7,600 active duty	62.42 #3	0
ITA	60,262,000	175,900	1,566 doctors 1995 nurses	59.01 #4	3
SWE	10,327,590	22,500	Not recorded	57.59 #5	0

Primary source: ALMANAC Military Medical Corps Worldwide at: <https://military-medicine.com/almanac/index.html>

Comparison across European case studies. Table 3 compares the reported military activities by country for each category. It is not possible to assess the scale of these activities. All countries reported military cases and implemented force health protection measures for their personnel (including health education, remote working, isolation or quarantine, and remote methods of accessing healthcare). This reduced internal military activities, affected some military ships and led to the withdrawal of several contingents from overseas operations or training. Many counties used military aircraft to assist with repatriating nationals from overseas.

⁵ Source: John's Hopkins Coronavirus Resource Centre Mortality Analysis - Friday, September 18, 2020 at 03:00 AM EDT <https://coronavirus.jhu.edu/data/mortality>

⁶ Rank order of rate per European country

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
<i>Environmental disinfection by CBRN units</i>		X	X		X	
Rumours/allegations related to Covid19	X	X	X		X	
Other – military and Covid – <i>military activities</i>	X		X	X		

Military medical services represent a cadre of people and units that can be re-deployed to support national health crises. Whilst tented field hospitals might be suitable for augmenting the civilian system, alternative options such as building 'temporary' hospitals or providing manpower reinforcements were also utilised. The armed forces also augmented the patient transport system with pre-hospital care, ambulance transfer or aeromedical evacuation. Notably France also used trains.

BEL – Belgium. Although there were only 27 hits from the Google™ search for military topics, the search did detect key Belgian official websites and the breadth of military activity within the national government response to the COVID-19 crisis. This might be an indication of the relatively small size of the Belgian armed forces and impact of its contribution within the national effort. The specific COVID-19 pages on the Belgian MOD websites provided easy access to public information and summaries of the contribution of the Belgian armed forces including a timeline (though the links no longer work). The number of military cases was publicly available and the impact of COVID-19 on military activity reflected the national lockdown. The armed forces supported most aspects of the national plan. The Queen Astrid Military Hospital played an important national

⁷ The Spanish health system created 'medicalised hotels' rather than temporary hospitals in order to provide additional hospital capacity.

⁸ GBR and SWE do not have military hospitals

⁹ Both sample collection and laboratory testing

¹⁰ The Belgian armed forces were already undertaking counter-terrorism patrols of public spaces

¹¹ The French armed forces were already deployed under Opération Sentinelle for counter-terrorism but not involved in 'lockdown' measures.

role, first as a quarantine centre for Belgian nationals repatriated from Wuhan, then to receive civilian burns cases to free up civilian ICU beds and finally in support of the Brussels region in distributing and treating COVID-19 patients. Also notable are the use of military medical personnel to support care and training of staff in nursing and care homes, and the role of the SLFP Defense in publicly advocating for coherent MOD policies on the protection of the health of military personnel. There were no reports of the deployment of a field hospital or the construction of a temporary hospital in a convention centre or other building.

ESP – Spain. Eighty-five hits from the Google™ search were relevant and these included government websites. There was a considerable volume of information about the military response on the MOD website. Specifically, this included information on the armed forces response on the pages of the Unidad Militar de Emergencias (Military Emergency Unit), and the pages of the Instituto Social de las Fuerzas Armadas (Social Institute of the Armed Forces) covering provision of health support and social security for armed forces and retirees. Additionally, the April and August 2020 editions of the Revista Española De Defensa contained reports of the work of the Spanish Armed Forces.

COVID-19 had a significant impact on the activities of the armed forces including the withdrawal of the Spanish contingent from Iraq and an outbreak aboard a naval ship. Reports were identified for Spanish armed forces' activities in all categories except 'military repatriations flights', and 'building of temporary hospitals'. Whilst Spain did not build 'temporary hospitals' in the same way as the UK or Sweden, the Spanish armed forces did assist with converting exhibition spaces into care centres in Madrid and Barcelona to alleviate the pressures on nursing homes. Notable activities by the Spanish armed forces included: decontamination of public spaces, movement of deceased, assistance to nursing homes, the deployment of the amphibious assault ship Galicia to reinforce the hospital beds in the Spanish city of Melilla in North Africa, and the use of armed forces personnel to reinforce the police in public order and internal security operations.

FRA – France. Whilst the Google™ search resulted in 41 'irrelevant hits', many of the relevant hits covered multiple categories within one page. Information available from the French MOD Operation Resilience website included the additional military contributions beyond the end of the period of the search. The largest number of hits covered the deployment of a military intensive care field hospital to Mulhouse and the use of military evacuation assets to redistribute COVID-19 patients. COVID-19 has had a significant impact on French military activities included an outbreak on the French aircraft carrier Charles de Gaulle in early April, an outbreak amongst peacekeepers in Mali (that include French personnel) and the withdrawal of the French contingent from Iraq.

The French armed forces were involved in most of the categories shown at Table 3. The peak of the mission in France occurred in March and April though overseas support continued into May and June. The role the armed forces provided all forms of medical evacuation including: military ambulance support to the Paris Fire Brigade and other pre-hospital settings; internal redistribution of COVID-19 patients by ambulance, train and aeroplane; and care and evacuation of civilian patients from overseas from Corsica by a naval ship. There was also a substantial commitment to supporting internal security, COVID-19 disinfection, and relief to overseas French territories. More widely, the Armed Forces Medical Bioresearch Institute contributed to the national research effort. No reports were found for the conversion of buildings into temporary hospitals or support to nursing or care homes. A description of the French military medical contribution to the COVID-19 response is provided in the BMJ Military Health paper by Pasquier et al published in August 2020 (Pasquier, 2020).

GBR - United Kingdom. There were only 20 relevant hits from the Google™ search for military activities, none of which included government websites covering the military COVID Support Force. This could be attributable to other aspects of the UK government response dominating news media. No single source of military press releases could be found, though substantial additional information was obtained from the military media service, ForcesNet. The maximum crisis response occurred during April.

In common with all countries, routine military activities were substantially reduced including a reduction in overseas operations and training. By 17 July, 406 military personnel had reported positive tests for COVID-19. Military activities managed by the joint COVID Support Force were reported across most categories. The UK has not 'Deployed military (field hospitals) to augment local capacity' nor used the armed forces as 'Military assistance to police/public order'. No reports were found for military support to nursing or care homes or disinfection of public spaces. All military hospital personnel are already embedded within NHS and there are no UK military hospitals. However there are also no reports of significant redeployment of military medical personnel to augment civilian hospital capacity. The UK response to the pandemic has been under considerable scrutiny with the MOD providing reports or written briefings to the House of Lords Public Services Committee, House of Commons Public Accounts Committee, and the House of Commons Defence Committee.

ITA – Italy. Eighty-three of the 100 websites found from the Google™ search were relevant, with hits including to the MOD and Italian Army websites. Italy was the first European country to have substantial numbers of COVID-19 cases and the peak of activity occurred in February and March. There were many individual reports of military cases but no summary of the numbers of military cases could be found. There were also significant outbreaks aboard ships and in overseas contingents.

The Italian armed forces were active across all categories of analysis with a significant emphasis on the contribution to public order security and Operazione Strade Sicure (Operation 'Safe Roads'). The military medical services provided support to the civilian system across all forms of capability including deployment of field hospitals, building temporary hospitals in existing buildings, and providing access to civilians in military hospitals and providing manpower support. The armed forces also assisted with re-distribution of COVID-19 cases, movement of the deceased and disinfection of public spaces. Notably, the MOD recalled reserves and also increased recruiting for medical personnel. Italy was the only European country to receive assistance from military contingents from overseas including Russia. The Sindacato Italiano Autonomo Militare Organizzato (collective military unions) was active in representing armed forces personnel to ensure that they were adequately protected from COVID-19 during their duties.

SWE – Sweden. Only 12 websites identified in the search contained information relevant to military activities. The Swedish armed forces are primarily a conscript force with a very small active duty medical component. The military medical services are fully integrated with the civilian health system under a 'total defence healthcare system' (Khorram-Manesh et al, 2020). Whilst military cases were reported in the media, the MOD made a policy decision not to publicly report the numbers of military cases. Military exercises were cancelled and the Swedish contingent was withdrawn from Iraq. The military response extended beyond the time frame of the search and covered most of the categories. The primary military medical activities were the construction of a

temporary hospital in the Stockholm Fair and a tented ICU facility at Östra Hospital in Gothenburg. There were no reports of assistance to nursing or care homes, or military assistance to police or public order. The Swedish armed forces do not have military hospitals and so there were no reports of the ‘use of military hospitals for civilian patients’.

3. NON-EUROPEAN CASE STUDIES - ANALYSIS

The analysis of the military response to COVID-19 in non-European countries followed the method detailed at Annex A. Full descriptions of the country case studies are at Annex C. The Google™ search identified sufficient material that was relevant to this analysis, including providing websites for further analysis. The dates of publication of information facilitated the construction of a response timeline for each organisation. The search also indicated the importance of individual subjects by indicating the amplification of information across a number of different sources. This is indicated by the counts in the category analysis. This information is based upon publicly available information and so it is not a comprehensive description of the internal activities of the armed forces of each country.

The method demonstrated the importance of searching in the native language for China, Russia and Brazil (and using virtual private networks (VPNs) for the first two countries). Searches translated from English using a UK based server had a negligible detection rate. Even this refined search technique detected low number of websites reporting for Russia and China. However, it did detect the official military website that could be directly searched. For all countries, the military websites proved to be an important source of additional information.

Table 4 shows macro-comparative information about the armed forces and military health systems for the countries in this analysis. There is no information about total number of military medical personnel for the US Army, China, Russia, or Brazil. For all countries, the size of the armed forces and likely beneficiaries (families, retirees) requires large government-funded health systems with a substantial number of hospitals to meet the baseline needs of their populations. It is probable that mortality rates are not directly comparable between countries due to differences in national methods of coding deaths from COVID-19.

Table 4 -Population, size of armed forces, size of medical services, mortality per 100,000 and military hospitals – non-European

Country	Population	Size of Armed Forces	Size of medical services	Mortality per 100,000 ¹²	Military hospitals
USA	328M	1,247,500	Army N/A Navy 63,000 Air Force 58,258	60.41	21 6 4
China	1400M	2,260,000	79,000 Medical Officers	0.34	125
Russia	147M	1,013,600	N/A	13.15	13
Brazil	208M	360,500	N/A	64.42	7 Regional
India	1380M	1,325,000	NA	6.15	133

¹² Source: John’s Hopkins Coronavirus Resource Centre Mortality Analysis - Friday, September 18, 2020 at 03:00 AM EDT <https://coronavirus.jhu.edu/data/mortality>

Primary source: ALMANAC Military Medical Corps Worldwide at: <https://military-medicine.com/almanac/index.html>

Table 5 compares military activities in response to the COVID-19 crisis between countries. There are more types of activities reported for the US and Russia compared to China and Brazil. China has not published reports of military assistance to the crisis response since 8 June. There are news reports for COVID cases in the armed forces of the USA, Russia and Brazil, and each MOD has published Open Source counts of military cases. The USA is the only country that reported reductions in overseas military activities, and Russia has published several press releases emphasising the continuation of military activities in spite of COVID-19 restrictions. The armed forces of the USA, Russia and Brazil continued to support internal civilian response through to the end of the data collection on 31 July. The USA, China and Russia have all reported military research activity in vaccine development. China, Russia and Brazil have all reported the use of military CBRN units to decontaminate public spaces. Results from China and Russia included several reports of their armed forces supporting international partners with their response to COVID. A narrative summary of notable activities for each country is provided below.

Table 5 - Comparison of Military Activities by Country for each Category

Category	USA	CHI	RUS	BRA
Military case	X	X	X	X
Protection of core military capability by modifying activities	X		X	X
Reduction of internal military activities	X		X	
Reduction of external military activities	X			
Military repatriation flights	X		X	X
Military aeromedical evacuation flights	X		X	
Deployment of military (field) hospitals to augment local capacity	X		X	X
Use of military expertise to build 'temporary hospitals'	X	X	X	
Use of military hospitals for civilian patients		X	X	
Use of military medical evacuation assets (intranational)				
Use of military personnel to augment civilian manpower (incl. medical)	X	X	X	X
Mobilisation of Reservists (including medical)	X			
Military support to Covid testing	X		X	X
Military assistance to police/public order			X	X
Military support to logistics	X	X	X	X
Allocation of military capability to national response – other	X		X	X
<i>Environmental disinfection by CBRN units</i>		X	X	X
Rumours/allegations related to Covid19	X		X	
Other – military and Covid – <i>military activities</i>	X		X	X

United States. The USA has faced significant challenges in responding the COVID-19 crisis, balancing domestic response with international engagement. The US Department of Defence (DOD) is responsible for the health needs of a significant population of US armed forces personnel and dependant beneficiaries across garrisons and deployments in the USA and globally. In addition, the DOD and military personnel represents a significant federal contribution to the national and local response to the pandemic.

The USA military has a substantial and globally dispersed population at risk, with the consequent requirement for tailored health protection policies and access to healthcare. It is one of the few countries that has regularly reported the number of COVID-19 cases in the Defence community. There is also a substantial volume of policy and technical information available across multiple official websites. There has been a significant impact on routine movement of DOD personnel, military training, exercises and readiness. The US armed forces have assisted the national response through a designated military COVID Taskforce across almost all categories listed. There are likely to be significant, transferable lessons comparing different types of medical augmentation to civilian capacity, across the use of hospital ships, deploying military field hospitals, building temporary medical facilities and using military healthcare personnel as augmentees to civilian hospitals. There are reports of DOD providing additional support to the national response through health intelligence, health research, vaccine production, invocation of the Defence Production Act, and redistribution of military medical stockpiles. No reports were found for military assistance in intra-national ambulance support nor the use of military hospitals for civilian patients. Whilst State National Guard and paramilitary Federal forces have been used to reinforce local police to provide public order forces, the potential use of Active Duty military personnel became a highly politicised issue and the Secretary of Defence issued a press briefing on 3 June stating that they would not be used (US DOD, 2020). No reports of US military support to international partners in their national COVID-19 response were detected.

China. No reports were detected on the impact of COVID-19 on the armed forces, though there was a statement on 3 March by Major General Chen Jingyuan, Health Division Director of the Logistic Support Department under the Central Military Commission (CMC), that there had been no cases amongst People's Liberation Army (PLA) personnel. This would be contrary to the experience of the rest of the world, especially in regard to healthcare workers. It would also seem contrary to the announcements in February of 'honouring deaths amongst military healthcare workers' and the provisions of free life insurance for medics fighting COVID-19.

It is not surprising that there was no information on the repatriation of Chinese nationals from Wuhan, but there no other reports were detected on the repatriation of Chinese nationals from across the world. Chinese PLA websites reported the rapid construction of Huoshenshan Hospital, a substantial redeployment of military medical personnel to Wuhan and logistics support to the movement of medical supplies, equipment and distribution of food and essential supplies. After March, the most common reported Chinese COVID-19 related activities concerned military-to-military international collaborations and donations of medical materiel. The Chinese announced civil-military research into a COVID-19 vaccine on 22 July. No reports were detected for 'deployment of field hospitals', 'use of military evacuation assets' for internal movement of civilian patients, 'military support to COVID testing' or 'military assistance to police/public order'.

Russia. It was not possible to use exactly the same method for the Google™ search for Russia because of language and semantic differences. Using a Russian speaker, key sources were identified and a substantial amount of information was obtained from the Russian MOD website including intermittent comprehensive summaries. There was significant emphasis on measures to protect the armed forces from COVID-19 including testing of military personnel and press releases from different military districts on their arrangements. Whilst the numbers to be conscripted in 2020 were reduced, there was significant emphasis in the maintenance of military training, field exercises and the military parades on the 75th anniversary of Victory in the Great Patriotic War. After military support to the repatriation of Russian nationals from Wuhan, Russia was the only country that

reported military field exercises to train for a response to COVID-19. Military support to the civilian hospital system covered all types of assistance including the construction of semi-permanent COVID-19 hospitals (multi-functional military medical centres), the build of a temporary hospitals in a convention centre in Moscow, the rapid deployment of field hospitals across substantial distances to local outbreaks, the establishment of 65 resuscitation medical and nursing teams (similar to the US Urban Augmentation Medical Task Forces (UAMTF), and using temporary military tented camps as quarantine centres. Additionally, there was prominent use of military CBRN teams for the disinfection of public spaces. Russia was the first country to declare the use of military medical research institutes in development of a vaccine against COVID-19. Russia deployed a military team to Italy to assist with the COVID-19 response and then deployed civilian and military technical teams to assist other regional governments with their response.

Brazil. Although the Google™ search did not produce many relevant results for Brazil, it identified the key websites and there was a substantial volume of press releases on the MOD COVID-19 website. The MOD published its force health protection policies on 17 March, rapidly followed by a plan for the assistance of the armed forces in the COVID-19 response. Whilst there were no specific reports of reductions in military activity, the MOD reported significant numbers of cases in the armed forces. Brazil is the only country to use military in support of COVID-19 border bio-security procedures as part of Operação Acolhida (Operation Welcome, the military plan for the response to human migration from Venezuela). The armed forces built civil-military ‘Hospitais de Campanha (H Cmp) Militares e Cíveis’ or ‘protection and care hospitals’ and supported COVID-19 testing and screening centres. Military medical personnel were also used to reinforce civilian hospitals and as part of rural community medical outreach programmes. Like in Russia, there were a large number of reports on the use of military CBRN teams to disinfect public spaces. The military provided training for civilian disinfection teams and medical staff. In addition to military logistics support to the procurement, transport and distribution of medical supplies and equipment, there were also multiple reports of military personnel distributing ‘solidarity’ food and essential items. Notably the armed forces increased production of chloroquine, possibly in response to early suggestions that the drug might be effective in treating COVID-19 patients.

4. MULTILATERAL ORGANISATIONS - ANALYSIS

The Google™ search identified sufficient material that was relevant to this analysis, including websites for further analysis for the three multilateral organisations: United Nations, European Union and NATO. The dates of publication of information facilitated the construction of a response timeline for each organisation. The search also indicated the importance of individual subjects by indicating the amplification of information across a number of difference sources. This is indicated by the counts in the category analysis.

For all three organisations, the peak of crisis response activity occurred in March and April as policies and procedures were developed to protect the health of personnel, especially those deployed on missions. The narrative then moved towards the potential threat of the COVID-19 crisis to international stability and security. UNSC Resolution 2532 of 1 July was an attempt to commit states to supporting the humanitarian response through the avoidance of conflict. However, both the EU and NATO perceive that their adversaries are exploiting the crisis through sub-threshold conflict, the so called ‘grey zone’. It appears that the threat of COVID-19 to ‘health security’ is transforming into a threat to all domains of security (military, economic, commercial, social etc).

The category analysis shows that COVID health protection requirements have had an impact on security activities within the international missions of each of the three organisations. Personnel have withdrawn from local engagement, rotations of contingents have been delayed, contingents have been reduced or withdrawn, and personnel have become sick or have died. Medical support arrangements for missions have always been challenging. Through UNSC Resolution 2518, the UN had already been calling upon nations to support the improvement in quality, capability and capacity of medical arrangements for peacekeeping. Whilst there is little public information about medical shortfalls on missions, it is unlikely that this would have been less challenging than for national responses. It is notable that the announcement of COVID-19 testing capability for the NATO mission in Afghanistan was as late as 31 May. Whilst nations and their armed forces are attempting to return to normal military activities, this is likely to be significantly constrained in the short term.

Each organisation has a different perspective of its role to mobilise international collaboration or solidarity to support the international community's response to COVID. The UN focusses on humanitarian response, while the EU focusses on economic response within Europe, and NATO focusses on trans-Atlantic defence and security. All member nations of these organisations have utilised their armed forces in support of national crisis response, both as general support and to augment their health systems. However, it seems that many nations are placing sovereign autonomy above multi-lateral unity. Whilst both the EU and NATO have listed the activities of armed forces in the response to COVID-19 within nations, there are relatively few examples of pooled multi-lateral military support being provided to individual member states. From publicly available sources, most of the COVID-19 defence-related activities in the EU and NATO consisted of information sharing, though some of the NATO agencies are undertaking specific COVID-19 activities.

United Nations. The United Nations Secretary General and the United Nations Security Council (UNSC) recognised the potential for the COVID-19 pandemic to increase instability and conflict across the world as the health, social and economic impacts spread and deepen. However, several factors have resulted in substantial restrictions of movement and hygiene protection measures: the significant risks of indigenous transmission of the disease to UN personnel (including UN Peacekeepers) in missions, the importation of the disease by UN personnel from their country of origin to the community in missions, and the transmission of the disease by UN personnel from the country of mission to their parent country. Despite these factors, there have been outbreaks of COVID-19 amongst UN personnel within missions. It is likely that the true impact of COVID-19 on UN peacekeeping has yet to emerge. The global economic impact may reduce funding for peacekeeping, nations may be increasingly reluctant to expose their personnel to the risks of COVID-19 in missions, and they may also need their armed forces as part of their national response to the crisis.

The provision of medical support to UN peacekeeping missions was already subject to scrutiny as a result of the HIPPO report published in 2015 (United Nations, 2015) and the subsequent Cruz report published in 2017 (United Nations, 2017). UN Security Council Resolution 2518 refreshed the call to UN members to enhance operational health support on UN missions. UN policy for casualty evacuation was updated in March 2020 (United Nations, 2020). However, the optimum balance between UN member states providing sufficient medical forces to support UN missions and UN missions contracting third party commercial providers (using funds provided by member states) has yet to fully emerge. Although the information is not available in the public domain, it is likely that the UN has faced challenges in procuring and delivering personal protective equipment (PPE) to its missions, and establishing test, trace, isolate and treat systems within its missions.

European Union. The European Union (EU) is fundamentally an economic and trade union, with an interest in security, defence and international relations. Whilst there is considerable overlap in membership of the EU and NATO, there are key countries that are not members of both¹³. There are strong co-ordination mechanisms between both organisations including the military medical staffs of NATO HQ and the EU. Germany has sponsored the establishment of a single NATO Military Medical Co-ordination Centre/European Medical Command. However, there was a clear lack of domestic preparedness across European countries to respond to the health crisis and substantial lack of reserve health capacity (Render and Castro, 2020 and Bozorgmehr et al, 2020). This raises a question on the responsibility of multi-lateral organisations to challenge member states on crisis response capabilities and their genuine commitment to mutual support on non-state threats to security.

The initial response of the EU External Action Service and EU overseas missions to the COVID-19 crisis mirrors that of the UN, NATO and member states' diplomatic corps; namely to 'lockdown' in order to reduce risks of exposure and transmission of COVID-19. The EU military staffs set up a COVID-19 Taskforce that was similar to (or possibly replicated) that set up by NATO. It has not been possible to find any public products from this taskforce and all reporting covers the contribution of European armed forces to national crisis response efforts.

The economic impact on EU Gross Domestic Product (GDP) is likely to place significant constraints on the capacity of the EU to fulfil its aspirations under the Common Security and Defence Policy. This will be replicated within NATO. The added value of the parallel military structures between NATO and the EU, is not clear from analysis of open source information, especially for very limited resources such as military medical services.

North Atlantic Treaty Organisation. The primary commentary within and about NATO was concerned with the impact of COVID-19 on security and defence. Messaging initially focused on the protection of NATO personnel (both on missions and within the NATO command structure) and the maintenance of critical defence capabilities. However, the search highlighted a substantial number of reports covering the reduction in military exercises (mainly Exercise Defender Europe) and the withdrawal of national contingents from NATO operations. NATO presented its value as a multilateral organisation through the establishment of the COVID Taskforce and the use of co-ordination mechanisms such as the Euro-Atlantic Disaster Response Co-ordination Centre (EADRCC), NATO Procurement and Supply Agency (NSPA), the Science and Technical Organisation (STO), the Strategic Airlift International Solution (SALIS), and the Rapid Air Mobility (RAM) initiative. However, the relative importance and value of these processes versus bilateral arrangements between nations is not clearly identifiable. As the immediate crisis in Europe diminished through April and May, the narrative shifted to the potential for the crisis to threaten stability and security. This may occur through dis-information campaigns to destabilise the confidence of the public in the response of governments and multi-lateral organisations. 'Second wave' planning has also considered the wider aspects of resilience including energy, telecommunications and supply chains.

¹³ Canada, USA, Iceland, Norway, Albania, Montenegro, North Macedonia, Turkey and UK are not in the EU, and Ireland, Austria, Sweden and Finland are not in NATO



CONCLUSIONS

Summary

This project is the first structured comparison of the impact of the COVID-19 pandemic on armed forces between states. It has used a formal analytic approach to ensure consistency in data capture between states and to provide a foundation for any further research. A considerable volume of information has been detected by the internet search and this has been complemented by a review of the information published on the Ministry of Defence website for each country or and the official website of the UN, EU and NATO. This is likely to be representative of the public activities of armed forces, though there is variation in the quantity, quality and ease of access of information available between countries. This project has shown that, in the short-term, military personnel have been affected by the disease, military activities have been curtailed or cancelled, and military units have contributed to governments' response to the crisis. In the longer-term, the secondary impacts of COVID-19 are likely to increase instability between states, threaten social cohesion, reduce economic activity and shrink national defence budgets. This project has developed a framework for comparison that identifies military support activities to the COVID-19 crisis that are common to all countries and some important differences. This could be developed into capability descriptors that inform the development of new capabilities to support military activities in response to future health threats to security. Subsequent analysis identifies some subjects for further examinations as part of the lessons learned assessment of the response to the pandemic.

Limitations. This project is based on an internet search using a single search string. This will only detect publicly available information. Whilst all countries have released information that has been detected by the search, it is probable that some military activities have not been reported in the public domain due to security classification. In order to reduce the risk of incorrect translation, the search string was used by a native speaker, applied in the official language of the country studied and hosted through a Virtual Private Network located in the country. However, the semantic meaning of the English language words 'security' and 'military' may not directly translate and the behaviour of the search algorithm may not have been the same for each case study (Homan & Udum, 2019). The search did detect key government websites for each country. These provided the majority of information for the timeline in each case study and triangulated the search data for the category analysis. The complete search dataset was transcribed at the time of the search to remove variations between searches, but it is not possible for the search for each country to be precisely replicated. Furthermore, links to some primary webpages decayed during the study and are likely decay further over time. The period selected for the Google™ search for the European country case studies ended on 31 March and so did not capture subsequent military activities. This was mitigated by the analysis of the Ministry of Defence websites through to 31 July. Indeed, the COVID-19 crisis has continued in many countries and it may have further impacts on armed forces.

Perspectives

Threat to international security. The three multi-lateral organisations perceive the COVID-19 as a threat to international stability and security. There is the potential for malign actors (state and non-state) to exploit the economic and social instability for political gain. Whilst the UN Security Council passed Resolution 2532 calling for a humanitarian pause in armed conflict, this has not been respected in many conflict settings. Both NATO and the EU report an increase in disinformation activities as a result of COVID-19 that seem to be targeted to damage social cohesion and public confidence in political institutions. The UN, EU and NATO report outbreaks of

COVID-19 amongst personnel on deployed missions, a reduction in peace and security activities, and the withdrawal of national contingents. All organisations have prioritised the health of contingents and personnel above the goals of individual missions. The UN re-emphasised the importance of medical support to peacekeeping missions in UN SCR 2518. All organisations have challenges with generating medical support for deployed missions and it is likely that providing care for COVID-19 patients will be even more difficult than providing high quality care for trauma patients. It is possible that the economic impact will reduce national contributions to the budgets of international organisations and the funding available to nations to contribute to multilateral missions. EU and NATO reporting of the military contribution to the COVID-19 response has emphasised the role of armed forces within national responses. It is difficult to identify the unique added role of each of these institutions at the European level, though information sharing and collaboration at a multi-lateral level probably has a value of its own. The early stages of the crisis also revealed the tensions between the behaviours of sovereign nations maximising national interest during the international scramble for scarce resources versus the duty of nations to support multi-lateral institutions to provide solidarity and assistance to individual member countries during crises. At the time of writing, there are no publicly available sources of lessons learned nor the detail of planning for the COVID-19 'second wave'.

Further research questions:

- What is a pragmatic balance of expectations between sovereign countries' national interest versus the benefit of multi-lateral solidarity in mitigating risks to international order and stability?
- What is the pragmatic balance between mitigating risks from COVID-19 versus other operational risks on security operations in order to achieve mission success?

Threat to internal security. Whilst many organisations and countries included health threats within their national security risk assessments, the impact of the COVID-19 pandemic has exceeded the resilience of many nations resulting in exceptional measures to control the epidemiological curve and reduce demand on national health systems. This has required unprecedented constraints on individual freedoms by governments, often without the usual democratic scrutiny. So far, publics have largely consented to government restrictions and so there have not been any reports of substantial public disorder or other threats to internal security. Some countries have used their armed forces to reinforce internal security forces (usually police services in a variety of forms) either to undertake non-public facing police tasks or as direct reinforcement (France, Belgium, Italy, Spain). The role of armed forces (unarmed or armed) in internal security operations has been the subject of political debate in a number of countries (UK, Spain, Italy, France, Brazil, UK).

Further research questions:

- Should the military contribution to national crisis response be a last resort or a planned (and funded) component of national resilience?

Impact on health security. It could be argued that the security architecture of nations failed to assess and mitigate the potential damage from bio-security threats compared to other threats to national security (e.g. state conflict, terrorism). There are also suggestions that there is insufficient capacity and competence in national and multi-lateral security intelligence services to

assess bio-security threats in contrast with 'chemical, radiological and nuclear' in 'CBRN'. This also includes the capacity and capability of the technical staff to provide advice and implementation of COVID-19 force protection measures in armed forces. There is also scope for deeper collaboration and information-sharing between civilian and security organisations in the assessment of bio-security threats.

The COVID-19 crisis has tested the resilience of national health systems across all forms of care, extending into social and elderly care. It has proven that most health economies have operated that the peak of their natural capacity and that substantial system redesign and reinforcement has been needed to build capacity to meet the new demand from COVID-19. Whilst local outbreaks have caused significant challenges, most countries have been able to mobilise sufficient extra capacity and re-distribute patients to avoid triage at the national level for accessing care for acute COVID-19 patients. However, there has been evidence of excess mortality for non-COVID-19 patients and a substantial backlog for access to non-COVID-19 healthcare.

Further research questions:

- What is the impact of COVID-19 on the future resilience of national and military health systems against strategic shocks?

Impact on defence and security operations. Cases of COVID-19 have occurred amongst armed forces personnel both on deployment and within garrison. The tracing and quarantine of contacts has affected operational deployments, most publicly deployments of naval ships. National public health measures have had substantial impact on working patterns for military units resulting in cancelled military activities and reduced military productivity. Military force health protection policies have mitigated some of this impact through pre and post-deployment isolation, formation of occupational 'protective bubbles' and active case detection and contact tracing. However, the most effective and efficient balance of these interventions (including screening for COVID-19 in asymptomatic cohorts) to maximise military productivity has not yet been identified.

Whilst COVID-19 is likely to be mild or asymptomatic in the young adult military population, there is emerging evidence of a debilitating post-COVID syndrome in some patients. This has implications for the medical assessment of potential recruits to the armed forces, employment limitations on post-COVID patients and high-risk individuals, and the attribution of employment exposure to COVID for disability benefits and military pensions. Finally, the impact of COVID on access to health services for non-COVID care may delay resolution of other medical conditions.

Further research questions:

- What force health protection policies and measures to counter COVID-19 are most effective in maximising military productivity?
- What are the implications of COVID-19 on occupational health policies for armed forces personnel?

Contribution of Armed Forces to national responses to COVID-19. In all nations, the armed forces have been a valuable resource of additional government capacity across many domains of response. Most nations have crisis response structures that include the armed forces. In some nations, this is an established part of military capability with dedicated (solely assigned to this task) or designated (trained for other tasks as well as civilian crisis response) military units (e.g.

Spain). Other nations have formed ad hoc military taskforces (e.g. UK, USA, and Brazil) and repurposed military units to undertake new tasks (e.g. military teams to collect COVID-19 test samples, or military units to screen civilians for COVID-19 prior to entry to hospitals or other public buildings). Some nations have used their armed forces alongside existing reserve 'civil defence' organisations (e.g. Russia). It is clear that civil-military co-operation is an essential component of national crisis response though there might be universal lessons to be identified by comparing these arrangements across nations, including the potential for reserve 'civil-defence' forces to be created alongside existing reserve military forces.

Military units and personnel have provided a wide range of non-health support to governments. This included: repatriation of nationals from Wuhan and other overseas locations; quarantine facilities; planning assistance and capacity across government organisations; procurement, manufacture, storage, distribution and issuing of essential equipment and supplies (e.g. personal protective equipment, medical materiel, food items and domestic supplies); public communication, counter-cyber and counter-disinformation; and engineering assistance to building or converting existing structures into medical facilities. A notable variation is the use of CBRN units to provide decontamination or disinfection of public spaces. The effectiveness of this activity in reducing the incidence of COVID-19 should be subject to further research.

Some nations have used their armed forces to reinforce military capacity in overseas military garrisons and to support the civilian response in isolated communities and their overseas territories (e.g. Brazil, USA, UK, and France). This has included amphibious and logistic shipping. No other component of government or commercial services is likely to have been able to fulfil this role.

Further research questions:

- What universal lessons from the COVID-19 experience can be identified by comparing the structures for organising the armed forces support to national resilience between countries?
- Should nations (re)establish reserve 'civil defence' forces to reduce the likelihood of active duty armed forces personnel being required to support national resilience?
- What are the strengths/weaknesses of different components of the 'pick list' of military activities in support of civilian crisis response?
- What is the value of environmental decontamination/disinfection?

Contribution of military medical services to national responses to COVID-19.

Military health systems have undergone the same transformation in models of care delivery as civilian systems in order to meet the needs of military patients and wider beneficiaries including COVID-19 safe practice and new models of access to care. In some countries, this has facilitated the pace of change to enabling remote consulting, 'military-service'-neutral models of provision¹⁴, digital management of health records, digital prescribing, and the use of websites and smartphone apps to promote physical and mental wellness. The barriers to physical patient-provider delivery of healthcare are likely to have reduced community provision of dental services, musculoskeletal rehabilitation, immunisation programmes, and in-patient services hospital.

It is inevitable that military medical services would have been actively involved in supporting national civilian health systems. Military medical services represent an important component of a

¹⁴ i.e. a regional approach to healthcare delivery that unifies garrison medical services from the Army, Navy and Air Force into a Joint/Defence organisation

country's government health system that is trained to be redeployed from their home location in crisis situations. The breadth and depth of this contribution has been determined by the size of each nation's military medical system, their role in supporting armed forces personnel and other beneficiaries, and their existing capabilities and capacities.

All nations have used their military medical services to support expansion of civilian hospital services in response to local outbreaks. Countries with military hospitals have provided access to these for civilian patients (except for the USA). The exact method has varied from deploying field hospitals (France, Italy, Russia, or hospital ships, USA), building semi-permanent new hospitals (China, Russia), converting large public buildings into temporary hospitals (Belgium, Spain, UK, Italy, Sweden, Russia) and providing military medical personnel as augmentees (all nations studied). It is notable that Russia specifically trained its medical units for this role in March 2020 and may have used its deployment of medical personnel to Italy as a means of gaining knowledge about the clinical treatment of COVID-19 patients. Both China and Russia had pre-existing plans to build semi-permanent hospitals to care for infectious disease patients and were able to rapidly construct these facilities. Russia has demonstrated its ability to move, deploy and operate field hospitals over 'operational' distances as part of their response to local outbreaks. Russia and the US Army Reserve pre-designated and trained teams of military personnel for augmentation to civilian hospitals. Spain and Brazil focussed their military medical augmentation on caring for low-acuity COVID-19 patients including 'step-down' for the elderly prior to discharge to care homes. No nation declared the use of a 'biological warfare medical facility' as part of their military medical contribution (in spite of some nations having this as a military medical capability). These choices could be analysed and formalised as military capability codes.

Many nations provided military personnel and equipment (ambulances, helicopters, and aircraft) to augment civilian pre-hospital care and patient transfer services. This included the movement of COVID-19 patients in an array of different 'infection control' modules. It is likely that this experience will have been additional to that gained from patient movement during the Ebola crisis and might provide lessons for the movement of casualties from biological warfare.

All nations have used their military medical logistics organisations to support civilian capacity including allocation of military stockpiles (PPE, drugs, and medical equipment) to civilian use. COVID-19 testing has been incorporated into military laboratory services for both military patients and as part of national laboratory programmes. Military medical research institutions have conducted COVID-19-related medical research on military populations, been innovators in COVID-19 healthcare for wider populations, and been part of national vaccine research programmes within existing bio-security research institutions (China, USA, and Russia).

The COVID-19 crisis has demonstrated the importance of the military health sector as part of national crisis response. It is notable that Russia and China have been very public in their COVID-19 military to military global health engagement programmes. It is important to consider this aspect of global health diplomacy as countries review their approach to international development assistance in global health.

Further research questions:

- How can the volume of physical patient-provider community services in garrison health services be restored in order to recover 'personnel readiness' in military forces?

- What are the lessons from COVID-19 from the strengths and weakness of each type of military support to civilian hospitals and the implications for operational medical support?
- What are the lessons from patient movement during the COVID-19 crisis for MEDEVAC of casualties from CBRN weapons?
- What should be the contribution of military medical services in security sector partnerships and global health diplomacy?

‘Critical Questions’

This project deliberately provides an external perspective to the analysis of national responses to the COVID-19 pandemic through the lens of medical military support requirements. Therefore, it should also pose ‘critically challenging’ research questions even if the answers may not be suitable for public release. The following research questions are suggested as additions to those posed above:

- What is actual level of consultation, agreement or compliance with NATO COVID-19 policies by nations in missions? Should these policies reflect best practice or minimal practice?
- How is the risk of COVID-19 transmission going to be balanced against other risks to mission success?
- Has the use of CBRN decontamination and disinfection procedures had any impact on environmental contamination by the coronavirus?
- Why have no military counter-CBRN medical facilities been used in support of civilian medical services?
- Could any NATO nation have mobilised, deployed and operated its military medical units as effectively as Russia?
- What would have been the true level of national resilience to cope with military casualties from conflict if nations had needed to call up their medical reserves to support military combat operations?

Finally, this report is valid as an analysis of the case studies for the Spring/Summer of 2020. At the time of writing, cases of COVID-19 were rising again in NATO member countries. There would be value in repeating this analysis in the summer of 2021 to compare the findings in this report with the contribution of armed forces to national responses in Winter 2020/Spring 2021.

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ANNEXES

- A. Case Study Methodology
- B. European Case Studies
- C. Large nation Case Studies
- D. Multi-lateral Organisation Case Studies

Annex A - CASE STUDY DETAILED METHODOLOGY

The aim of these case studies is to identify the impact of COVID-19 on national armed forces and the types of activities undertaken by military units and personnel in support of the response to COVID-19 in the country of analysis from publicly available information. The methodology followed these five phases:

- 1) **Detection** – the use of a Google™ search to detect websites that reported information on armed forces and COVID-19. This included detection of organisational websites including Ministries of Defence.
- 2) **Collation** – the extraction of the link to the website onto an Excel spreadsheet for further analysis
- 3) **Identification** – initial review of the website to identify the subject that linked the armed forces and COVID-19 and producing a short precis
- 4) **Analysis** – this was undertaken in 5 phases
 - a) Timeline – ordering the hits by date so as to create a timeline
 - b) Relevance and completeness – an assessment of the effectiveness of the search string to detect relevant websites
 - c) Categorisation – assigning a category to the content of the website
 - d) Synthesis – fusion of quantitative and qualitative information
- 5) **Comparison** between countries/organisations in each group

Each of these phases is described in more detail below.

Study Sample. The case study countries and organisations were organised in three groups:

1. The top six European countries with the highest COVID-19 mortality rate reported by the Johns Hopkins University Mortality Analysis (<https://coronavirus.jhu.edu/data/mortality>) on 08 Jul 2020 as Belgium, UK, Spain, Italy, Sweden, France. (date range – 28 Jan – 21 Mar 20). This will provide insights into the role of the armed forces in response to the COVID-19 crisis in the worst affected European countries, and possible insights into differences between their engagements with NATO and the EU.
2. Key international comparator countries: Brazil, China, India, Russia, United States. (date range – 28 Jan – 28 Jul 20). This will provide insights into the contribution of the military to the COVID-19 response in countries with large armed forces.
3. Multi-lateral alliances. UN, NATO, EU. (date range – 01 Jan - 31 Jul 20). This provides insights into the perspective of these organisations on COVID-19 as a threat to security and security (or peacekeeping) activities. It will also provide insight into the balance between the self-interests of states compared to their collective commitments.

Detection. A search string was created “Country AND covid-19 AND (military OR army OR security)” to detect websites that reported information on armed forces and COVID-19 for each case study country or organisation. The search terms were translated into the native language using Google™ Translate. The date range was set in Advanced Search-Tools. The date range was set by the order of groups for analysis by our study team. The search string was developed through an iterative process of testing against the countries in the first group and through repeatability between individual researchers. The final search was conducted by a single researcher to ensure consistency. It was noted that there were minor changes in the search each time it was repeated and so the extraction of website hits into the collation spreadsheet was done at a single sitting.

Collation and Identification. The first 100 websites were collated onto a spreadsheet in the order of relevance and date of publication¹⁵. After collation, each website was summarised from the English language translation¹⁶. This process identified the types of websites that were detected by the search (e.g. government, news, thinktanks) and key websites that were likely to be primary sources of information, particularly government information sources. This also provided an indicative overview of the key topics that were relevant to the search that affected the country/organisation of the case study.

Analysis. The analysis phase covered three activities; timeline, completeness and relevance, categorisation. Each is covered below, and used separate working copies of the collated spreadsheet:

Timeline. The website hits were put into date order. This provides a timeline of events and reports detected by the search. An attempt was made to find the primary information source (e.g. government press release) for secondary source reports. Where reports were aggregated around a particular date, an attempt was also made to identify whether past or future events were the precipitant for the number of hits. Examples include: a report of a military death from COVID-19 that may result in several news reports, or a significant upcoming decision on a defence subject (e.g. budget) that might lead to commentaries from several defence thinktanks. If this process identified additional significant events that were not captured by the original search, these were added to the timeline. A graphical timeline and a narrative summary were produced from this process.

Relevance and completeness. A Google™ search will present hits in the order of relevance determined by the search algorithm¹⁷. The relevance of the hit to the search ‘decays’ according the order in which the website is displayed. Therefore, it is to be expected that fewer hits in the series 91-100 will be relevant compared to 1-10. The overall relevance of the search for this study can be indicated by the frequency in which the content of each website collated is assigned to an ‘irrelevant’ category (‘Others – Civilian and COVID’, ‘NOT about COVID – military story’, ‘NOT about COVID – civilian story’ and ‘Other’ – see the next section for a fuller discussion of categorisation). Searches were stopped, if the search stopped producing relevant hits after a continuous sequence of 10 hits. The search was repeated using other relevant key words ‘and COVID’ to determine if other key data

¹⁵ If a website reported a first date and dates of update, the first date of publication was used.

¹⁶ Searches and website analysis was done in the non-English native language for the following countries: France, Spain, Italy, Russia, China, India, Brazil.

¹⁷ https://www.google.com/intl/en_uk/search/howsearchworks/algorithms/

sources could be identified (described for each case study). All searches were stopped after 100 hits even if relevant hits were obtained in the last group of 10.

Categorisation. The content of each website was categorised according to the list in *Table 6*. [This list was based on the COMEDS topic list and then refined by reviewing website topics from the survey and expanding the topic list to reduce the number of entries in ‘other’ to zero across the European countries – this description links to another piece of work.] The categories were developed through an iterative process alongside the development of the search string. MB proposed an initial list based on personal experience and a previous analysis¹⁸. The list was tested against early versions of the search string in order to capture each event relevant to the military or discrete types of military activities. The ‘other’ and ‘NOT’ categories were developed to cover the content of websites not relevant to the study. The definitions evolved through discussions between the research team in order to make them as exclusive as possible.

Table 6 - Categorisation List

No	Category	Definition
1	Recognition of health security threat from coronavirus in Wuhan	Not about intelligence on origin
2	First imported case	Civilian
3	First internally transmitted case	Civilian
4	Military case	For reported military COVID cases and positive tests
5	Invocation of national crisis response planning	The moment when national government level crisis response is initiated (not necessarily involving the military)
6	Declaration of military in support of national response	Declaration or statement of intent by national government to use military/armed forces as part of the national response – general description
7	Protection of core military capability by modifying activities	If military activity is continuing but with COVID-19 arrangements to protect core military capacity – e.g. working from home,
8	Reduction of internal military activities	Cancelling or withdrawing military personnel from activities within national borders – e.g. travel restrictions, exercise cancellations
9	Reduction of external military activities	Cancelling or withdrawing military personnel from activities overseas – e.g. reduction in operational activity, reduction in scope of training
10	Military repatriation flights	Using military support to augment commercial repatriation of nationals from international destinations.
11	Military aeromedical evacuation flights (international)	Using military support for aeromedical support + evacuation for patients from international destinations
12	Deployment of military (field) hospitals to augment local capacity	Deployment of temporary medical facilities to support local capacity (add to surge capacity) - managed by the military personnel
13	Use of military expertise to build ‘temporary hospitals’	Non-medical buildings such as conference centres and hotels being converted to clinical facilities using military expertise & support (managed by civilians)
14	Use of military hospitals for civilian patients	Using of already existing military hospitals for civilian patients (new arrangements due to COVID)

¹⁸ This will reference some work done inside NATO

No	Category	Definition
15	Use of military medical evacuation assets (intra-national)	Transport using ground ambulances, aeroplanes, or trains nationally or regionally within the country or region for collection or redistribution or to meet medical needs of patients
16	Use of military personnel to augment civilian manpower (incl. medical)	Supplying military personnel (medical and non-medical) to fill gaps/needs for manpower for civilian-led activities
17	Mobilisation of Reservists (including medical)	Activation of reserve recruits for general or medical purposes
18	Military support to Covid testing	Includes both testing facilities and/or laboratory testing
19	Military assistance to police/public order	Includes monitoring streets, policing, and maintaining order or lockdowns
20	Military support to logistics for PPE and essential supplies	Includes all aspects of logistics including acquisition, transport, warehousing, distribution for PPE and essential supplies in general
21	Allocation of military capability to national response - other	General support of military to more than one domain for national response and/or mentions of strategy, plan of support, specific activity not covered in the categories above – also covers military research
22	Rumours/allegations related to Covid19	Covering all aspects for which there is no factual evidence and attempts to refute them (e.g. allegations about the origin of COVID-19)
23	Other – military and Covid	Military specific stories or narratives that emerged because of COVID19 not categorised above – e.g. implications of COVID19 on defence strategy, defence funding, impact on recruitment,
24	Others - Civilian and Covid	Civilian specific stories or narratives that emerged because of COVID19 with no mention of the military or armed forces
25	NOT about country of analysis	Detected by search but not about the country or armed forces of the case study
26	NOT about Covid – military story	Military specific story not related to COVID19 or its impact
27	NOT about Covid – civilian story	Civilian specific story not related to COVID19 or its impact
28	Other	

The categorisation was repeated by a second researcher for 25% of the records. Differences in coding were discussed until congruence. If there was greater than 5 disagreements, the second researcher categorised the entire dataset and with reconciliation agreed between researchers. A bar chart showing the number of hits in each category was produced alongside a qualitative description of the findings and key topics covered by the category for each country/organisation.

Annex B - EUROPEAN CASE STUDIES

These case study analyses are based on a Google™ search for the first 100 website hits in English using the search terms “Country AND covid-19 AND (military OR army OR security)” for the period 01 January to 31 March 2020 using the techniques as described in the Methodology. The search identified sufficient material that was relevant to this analysis, including providing websites for further analysis. The dates of publication of information facilitated the construction of a response timeline for each organisation. The search also indicated the importance of individual subjects by indicating the amplification of information across a number of different sources. This is indicated by the counts in the category analysis.

This information is based upon publicly available information and so it is not a comprehensive description of the internal activities of each organisation. However, it is hoped that this search provides sufficient information to identify themes and issues relevant to the response to COVID-19, and this can be subject to external critical analysis without the constraints that would be placed on an internal process.

BEL – BELGIUM

The Belgian search yielded a high proportion of relevant hits that continued through to the time cut-off. There were 110 category entries from 100 website hits. Most websites detected were news reports, though 6 hits from the Belgian Ministry of Defence (MOD) were also captured. No unique operation name was identified for the support of the Belgian armed forces to the national response to COVID-19. Whilst all the URLs were correct at the time of analysis, it seems that the Belgian Ministry of Defence subsequently redesigned its website resulting in most of the links redirecting to a new website by the time of publication of this report. These pages may be accessible using an internet archive tool such as ‘wayback machine’ at: <https://archive.org/web/>.

Key Belgian websites are:

Belgian Ministry of Defence COVID-19 website: <https://www.mil.be/fr/page/covid-19>

Belgian COVID-19 military response timeline: <https://www.mil.be/fr/page/la-defense-honore-ses-missions-sur-tous-les-fronts>

[all Belgian MOD COVID-19 webpage links were broken as at 14 Sep 20]

Belgian Ministry of Defence Medical Component website: <https://www.mil.be/fr/composante-medicale>

Belgian Government Official page: <https://news.belgium.be/>

Belgian Defence News: <https://www.belgiandefencenews.be/>

Belgian Timeline. The timeline of Belgian military activities and reports is shown below at *Table 7*. It has been compiled from the dates of hits from the Google™ search plus a review of all news reports from the Belgian MOD website for COVID-19 up to July 2020.

The first report on the MOD website was on 2 February describing the military support to the repatriation and quarantine of Belgian nationals from China¹⁹. This was updated on 16 February to

¹⁹ <https://www.mil.be/fr/article/la-defense-prete-pour-les-rapatriements-depuis-la-chine>

announce their release from quarantine at the Queen Astrid military hospital²⁰. The first report of a reduction of military activity was the announcement of the postponement of Belgian Defence International military Tattoo due to COVID-19 on 1 March. By 10 March, a news report was published that compared civilian measures being taken to control COVID-19 between Italy and France. On 11 March, the MOD reported that defence would provide storage support to PPE. The National Security Council met on 12 March on COVID-19 and the MOD reported two possible cases in soldiers²¹. On 13 March the Chief of Defence issued a 'flash' announcement to defence personnel on COVID-19 measures²² with detailed instructions covering personal hygiene, and organisational measures²³.

The first hits detected by the GoogleTM search covered the reporting on 16 March of the SLFP Défense (representative group the armed forces and civilian personnel) raising concern over the variation in the application of Defence policies for the protection of health of armed forces personnel²⁴. SLFP Défense has issued multiple commentaries since. MOD reporting covered the provision of ambulances to support movement of COVID-19 patients and the Queen Astrid Hospital receiving burn patients to free up civilian intensive care beds (additional reporting on 24 March²⁵). Major General Pierre Neirinckx, General Medical Officer of the Belgian Army gave a press interview on 17 March describing the preparedness of the Belgian military medical services, including existing relationships with civilian health services. The MOD also reported support to the transport of PPE and medical equipment. On 18 March it was announced that military personnel in Afghanistan would have an extension to their tour²⁶. On 19 March the first case at the NATO military base in Mons was reported²⁷. On 22 March a military aeroplane repatriated 52 Belgians from Tenerife. On 23 March two military medical planners were detached to the Ministry of Public Health. The first naval case was reported on 24 March, which required the ship to return to port²⁸. The MOD reported that the air force mobile demonstration unit had been converted into a COVID-19 screening centre at the Heilig Hart hospital on 25 March²⁹. On 26 March the military detachment due to rotate to Afghanistan was placed into quarantine³⁰. The MOD issued further updates on logistic support and medical support on 27, 28, 30 and 31 March.

Beyond the timeframe of the search, active military medical support continued during April, including a significant effort in support of residential care homes³¹ and the detachment of military

²⁰ <https://www.mil.be/fr/article/retour-sur-le-service-de-quarantaine-de-lhopital-militaire>

²¹ <https://www.belgiandefencenews.be/news/alerte-dans-larmee-belge-deux-cas-possibles-de-coronavirus-chez-nos-militaires/>

²² <https://www.belgiandefencenews.be/news/deze-maatregelen-neemt-defensie-tegen-het-coronavirus/>

²³ <https://www.mil.be/fr/page/covid-19>

²⁴ <https://www.vsoa-defensie.be/fr/page/16-03-20-covid-19-entre-theorie-et-realite-de-terrain.html>

²⁵ <https://www.mil.be/fr/article/la-composante-medicale-soutient-le-spf-sante-publique>

²⁶ <https://www.belgiandefencenews.be/news/belgische-militairen-noodgedwongen-langer-op-missie-in-afghanistan-vanwege-coronavirus/>

²⁷ <https://www.belgiandefencenews.be/news/un-1er-cas-de-coronavirus-sur-la-base-militaire-de-shape-a-mons/>

²⁸ <https://www.belgiandefencenews.be/news/coronavirus-en-belgique-la-fregate-leopold-1-de-la-marine-rentre-a-zeebruges-suite-a-un-cas-de-contamination-a-bord/>

²⁹ <https://www.mil.be/fr/article/lexposition-de-la-force-aerienne-utilisee-comme-poste-de-triage-coronavirus>

³⁰ <https://www.mil.be/fr/article/quarantaine-avant-le-depart-pour-lafghanistan>

³¹ <https://www.mil.be/fr/article/la-composante-medicale-forme-le-personnel-des-centres-de-soins-residentiels>

medical personnel to augment civilian hospitals. Responding to external questions, the MOD released information on the 62 military cases on 8 April³².

Table 7 - Belgian military COVID-19 Timeline

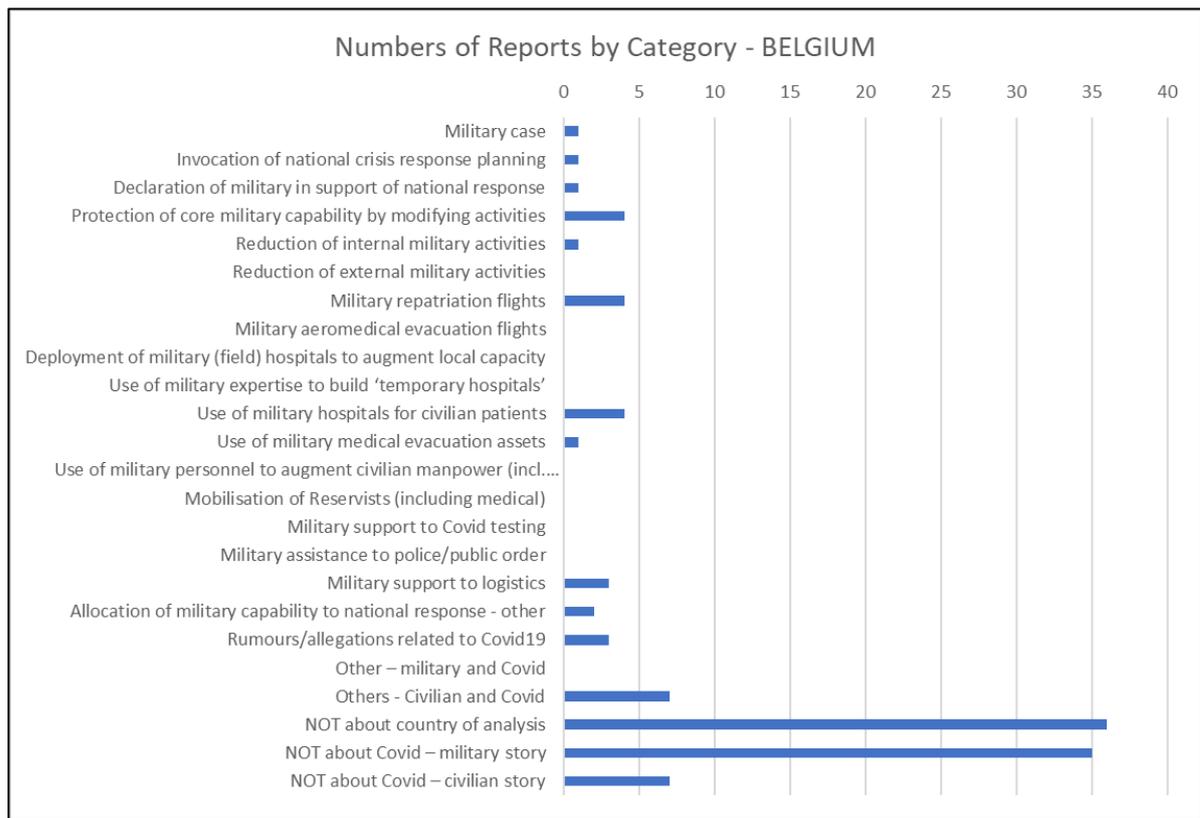
Date	Event
2 Feb	Repatriation from Wuhan
16 Feb	Release from quarantine
1 Mar	Cancellation of Belgian International Military Tattoo
12 Mar	National Security Council meeting. 2 possible military cases.
13 Mar	MOD 'News flash'
16 Mar	Queen Astrid hospital receiving burn patients and providing ambulance support
17 Mar	Statement by Surgeon General of Belgian Army
18 Mar	Extension of tours in Afghanistan
19 Mar	Case in NATO HQ, Mons
22 Mar	Military repatriation of nationals from Tenerife
23 Mar	2 military medical planners detached to the Ministry of Public Health
24 Mar	Sailor reported positive
25 Mar	Air force demonstration unit converted into a COVID screening unit
26 Mar	Isolation measures for military deployment to Afghanistan

Belgium - Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. The distribution of categories is shown at *Figure 2*. There were 142 reports of military activities from 110 hits, and 83 hits were assigned to the 'irrelevant' categories³³. The largest category was 'NOT about country of analysis'. This covered reports of the COVID-19 outbreak in France, Italy and the UK and miscellaneous security topics from Syria, Russia, Brazil, the Democratic Republic of the Congo and Burundi. The 'NOT about Covid – military story' category covered 3 Belgian soldiers being injured in Mali on 24 January, criticism of the Belgian intelligence services after reports of Russian infiltration, issues with recruiting to the Belgian armed forces and the ongoing Vigilant Guardian internal security operation. The 7 hits for 'Others – civilian and Covid' covered reports in the middle week of March about the government response to Covid. The 7 'NOT about Covid – civilian' hits covered 7 separate topics.

³² <https://www.belgiandefencenews.be/news/coronavirus-62-cas-confirmeres-au-sein-de-la-defense-et-douze-hospitalisations/>

³³ 'Others – Civilian and Covid', 'NOT about Covid – military story', 'NOT about Covid – civilian story' and 'Other'

Figure 2 - Numbers of Reports by Category – Belgium



There were only 27 counts for military activities relevant to the COVID-19 response and all of these came after the MOD summary report on 16 March. There were very few original hits related to the Belgian MOD press releases with most of the information coming from secondary news reports. As described in the timeline analysis, there were many new COVID-19 related activities for the armed forces after 30 March. There were 4 hits for the announcement of military policies to protect the health of the armed forces, 1 for the reduction of internal military activities (cancellation of the Belgian Defence International Tattoo). The role of the military to repatriate nationals from overseas was picked up 4 times. Specific military activities were the use of the Queen Astrid Military hospital and ambulances to assist with moving civilian patients. There were 3 hits for 'Military support to logistics' and 2 for 'Allocation of military capability to national response – other' covering topics such as providing military masks for civilian use and the briefing by Pierre Neirinckx, Medical Officer of the Belgian Army.

Whilst not within the timeframe for the category analysis, there are subsequent Belgian press reports on the military timeline³⁴ covering the categories of 'reduction of external military activities', 'military augmentation to civilian manpower' through the provision of medical manpower to hospitals and assistance to nursing homes, 'military support to COVID testing', and 'military repatriation flights'. No activity was detected in the categories of, 'military aeromedical evacuation flights', 'deployment of field hospitals', 'use of military expertise to build 'temporary hospitals', and 'mobilisation of reservists'. Whilst not covered by COVID-19 reporting, the Belgian armed forces are already

³⁴ <https://www.mil.be/fr/page/la-defense-honore-ses-missions-sur-tous-les-fronts>

committed to providing 'military assistance to police/public order' as a counter-terrorism operation under Operation Vigilant Guardian (OVG) and Operation Spring Guardian (OSG).

ESP - SPAIN

The search yielded a high proportion of relevant hits for Spain that continued through to the time cut-off. Most websites detected were media reports, though 10 news reports from the Spanish Ministry of Defence were also included. The Spanish organised the military support to the COVID-19 response under the name Operation BALAMIS³⁵.

Key Spanish websites are:

Spanish Ministry of Defence website: <https://www.defensa.gob.es/>

Unidad Militar de Emergencias (Military Emergency Unit) COVID-19 website:
https://www.defensa.gob.es/ume/covid19/COVID19_site.html

Social Institute of the Armed Forces (ISFAS) website:
<https://www.defensa.gob.es/isfas/isfasap/index.html>

Additional sources:

REVISTA ESPAÑOLA DE DEFENSA April 2020 edition:
<https://www.defensa.gob.es/Galerias/gabinete/red/2020/04/RED3-ingles.pdf>

REVISTA ESPAÑOLA DE DEFENSA August 2020 edition:
<https://www.defensa.gob.es/Galerias/gabinete/red/2020/07/RED4-ingles.pdf>

Spain – Timeline. The timeline of Spanish military activities and reports is shown below at *Table 8 - Spanish military COVID-19 Timeline*. It has been compiled from the dates of hits from the Google™ search plus a search of news reports from the Spanish Ministry of Defence website for COVID-19 to 31 July 2020. The first relevant hits are news report on 12 March covering the announcement by the Minister of Defence for plans to use the armed forces in support of the COVID-19 crisis including the use of field hospitals, the activation of the Unidad Militar de Emergencias (UME, Military Emergency Unit) and the use of military engineers to design temporary hospitals. There were 8 news stories on 13 March covering the announcement by the Prime Minister of a national crisis response including the use of the military. This coverage included the suspension of military exercises, the use of the Spanish military hospital in Madrid for quarantine of nationals repatriated from Wuhan and measures to protect the health of military personnel. The Spanish Social Institute of the Armed Forces (ISFAS) ISFAS also published a list of the measures for accessing healthcare for military personnel and retirees as a consequence of COVID-19. Further coverage on 14 March included speculation on the non-medical roles that the Spanish Armed Forces might undertake including assistance to police to restrict public movement, maintaining key supplies (PPE and food) and support to manufacturers including artificial respirators. Twenty-one hits on 15 March included 4 reports from the Ministry of Defence

³⁵ This was named after Francisco Javier Balmis, a military doctor who led the philanthropic expedition that took the smallpox vaccine to Spanish America and the Philippines in the early 19th century.

covering the Minister of Defence chairing the military co-ordination meeting³⁶. News reports covered the assignment of tasks to the military including the allocation of military hospitals in support of the Ministry of Health, mobilisation of reserve medical personnel, the increase of production of disinfectant and generic drugs by the Military Pharmaceutical Centre, and the suspension of all military exercises to reduce COVID-19 transmission and release military personnel to support the crisis. News reports on 16 March included military undertaking disinfection tasks, support to the homeless. The Ministry of Defence issued a further news report on 17 March expanding the military presence to 48 localities, providing support to the homeless and the use of military personnel to help enforce social distancing in the Madrid suburban rail system³⁷. Several news channels reported the deployment on military personnel in support of public order on 18 March. There was also a report of 22 naval personnel being evacuated from a NATO operation in the Indian Ocean due to a positive case of COVID-19. One additional topic reported on 19 March covered the possible establishment of a field hospital in the Basque region. In addition to the activities previously reported, the use of the armed forces to augment protective security at nuclear power plants was reported on 20 March. On 21 March, it was reported that Spain would reduce the number of military personnel in the NATO mission in Iraq. Further press releases on 22 Mar from the Ministry of Defence covered logistic support to the movement of personnel and medical supplies, the collaboration to build a temporary hospital in the IFEMA conference centre (Madrid) and the start of mixed security patrols with State Security Forces³⁸. On 1 April the Ministry of Defence announced: assistance in nursing homes, transfer of patients between medical facilities, amphibious assault ship Galicia to arrive in Melilla in the next few hours to reinforce the hospital beds in the city, support to the movement of deceased³⁹. A summary of Operation BALMIS from 8 April listed the following military activities: 89,780 military personnel involved; supporting hospitals, health centres and social centres; supporting public administration such as National Police, Civil Guard, courts and prisons; disinfection of government offices, airports and ports; and logistical support including the movement of essential supplies and the deceased⁴⁰. The last press release for Operation BALMIS on the UME website was for a disinfection task at the national library on 17 May⁴¹.

Table 8 - Spanish military COVID-19 Timeline

Date	Event
12 Mar	Defence Minister announces Spanish Armed Forces available in support of the COVID-19 response.
13 Mar	Prime Minister announcement of national crisis response.
13 Mar	ISFAS published COVID arrangements
14 Mar	Royal Decree 'state of alarm'
15 Mar	Minister of Defence chairing the military co-ordination meeting.
16 Mar	Expansion of military support to civilian response – including support to homeless
17 Mar	Further military co-ordination meeting

³⁶ <https://www.defensa.gob.es/gabinete/notasPrensa/2020/03/DGC-reunion-covid.html>

³⁷ <https://www.defensa.gob.es/gabinete/notasPrensa/2020/03/DGC-Reunion-Defensa-seguimiento-covid.html>

³⁸ <https://www.defensa.gob.es/gabinete/notasPrensa/2020/03/DGC-200322-fas-refuerzan-papel-contra-covid.html>

³⁹ https://www.defensa.gob.es/ume/noticias/2020/04/Noticias/covid19_01_abril.html

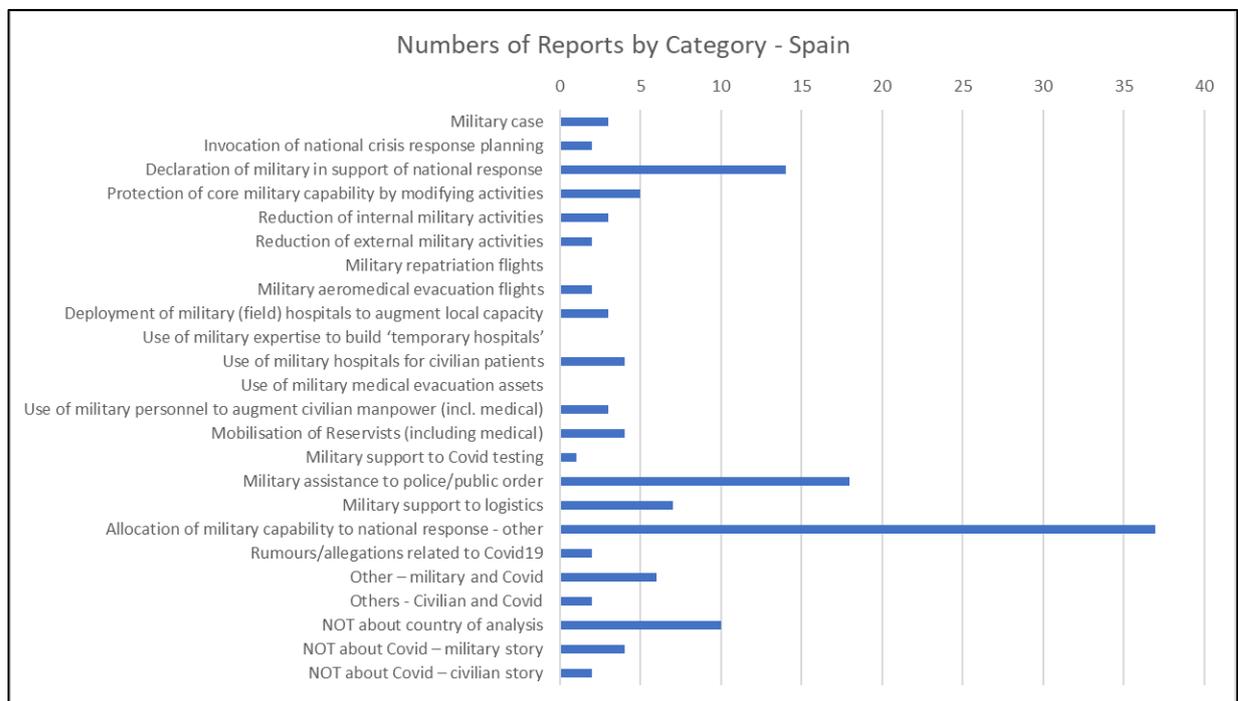
⁴⁰ https://www.defensa.gob.es/ume/noticias/2020/04/Noticias/covid19_12_abril.html

⁴¹ https://ume.defensa.gob.es/va/gl/noticias/2020/05/Noticias/covid19_biblioteca_nacional.html

18 Mar	Military involved in public order
18 Mar	Military case of COVID
19 Mar	Possible deployment of a field hospital
20 Mar	Use of military for protective security of nuclear power plants
21 Mar	Announcement of reduction in Spanish forces in Iraq
22 Mar	Temporary hospital opens in IFEMA, Madrid
22 Mar	Logistical support, mixed security patrols
1 Apr	Assistance in nursing homes, movement of patients and deceased.
13 Apr	COVID arrangements in military training schools
27 Apr	Movement of deceased to temporary morgue in Madrid
30 Apr	First military death
17 May	Last UME press release

Spain - Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. The distribution of categories is at *Figure 3 - Numbers of Reports by Category – Spain*. There were 134 reports of military activities from 100 hits, and 15 hits were assigned to the ‘irrelevant’ categories⁴². The largest number of hits was for ‘Allocation of military capability to support national response-other’ covering announcements by the Ministry of Defence of multiple armed forces activities during the last two weeks in March and linked news reports. Included non-categorised activities such as environmental disinfection and support to the homeless and care homes.

Figure 3 - Numbers of Reports by Category – Spain



The second largest category was ‘Military assistance to police/public order’. This covered the deployment of armed forces personnel onto the streets of many cities to reinforce messaging about

⁴² ‘Others – Civilian and Covid’, ‘NOT about Covid – military story’, ‘NOT about Covid – civilian story’ and ‘Other’

restriction of movement, it also included the use of military personnel to assist with protective security at nuclear reactors and borders. The category, 'Declaration of military in support of national response', covered speculation about possible roles for the armed forces and the declaration of the 'State of Alarm' by the Prime Minister on 13 March and subsequent Royal Decree on 15 March. There are hits for military activities across most other categories. The Ministry of Defence issued policies to protect core military capabilities, reduced military exercises and withdrew military personnel from overseas missions (5, 3 and 2 hits). Medical services were involved by assigning military hospitals for the care of civilian COVID-19 patients, deployment of military medical personnel to augment civilian hospitals, mobilisation of medical reservists and working in temporary hospitals. Although two news articles suggest that field hospitals might be used, there are no reports of them actually being deployed. The seven hits for 'Military support to logistics' covered support to food distribution and the production of medicines and disinfectant by the Military Pharmaceutical Centre. There were 3 hits for military cases arising from a sailor from a ship in the Indian Ocean testing positive, the subsequent repatriation of him and his contacts is covered by the hits for aeromedical evacuation. Whilst not captured by within the time period for the search, the Spanish MOD update of 1 April included the military contribution to the transfer of civilian patients between hospitals and 'medicalized hotels' and supporting mortuary services which would lie within the category 'use of military medical evacuation assets'.

FRA – FRANCE

The search yielded a high proportion of relevant hits that continued through to the time cut-off with significant military activity in April, May and June. Most websites detected were new reports. The French military operation was termed Operation Resilience.

Key French websites are:

French Ministry of Defence Operation Resilience website:

<https://www.defense.gouv.fr/operations/france/operation-resilience/dossier-de-reference/operation-resilience>

French Army Support Association website: <https://www.asafrance.fr/>

French Military Health Service website: <https://www.defense.gouv.fr/english/sante/le-ssa>

Additional Sources:

Operation RESILIENCE. Press kit. Military Staff Media Relations Office. Ministère des Armées 27 Apr 2020 Available at:

https://www.defense.gouv.fr/content/download/582051/9923589/20200422_NP_EMA%20CABCOM_DP%20RESILIENCE_ENGLISH%20VERSION.pdf

Pasquier P, Luft A, Gillard J, et al. How do we fight COVID-19? Military medical actions in the war against the COVID-19 pandemic in France. *BMJ Mil Health* Published Online First: 05 August 2020. doi: 10.1136/bmj-military-2020-001569

France – Timeline. The timeline of French military activities/reports is shown below at *Table 9*. It has been compiled from the dates of hits from the Google™ search and a review of the MOD

Operation Resilience website. The first relevant hit was for 29 January from a website from Directorate of Legal and Administrative Information (Prime Minister) concerning different types of reserve public service, both civilian and military. The first military commitment was the use of military personnel to decontaminate aeroplanes returning from Wuhan on 11 February. The first report of military cases was 4 personnel from Creil air base on 28 February which led to speculation that these were the original source of COVID-19 arriving in France. The first report of mobilisation of the armed forces in response to the COVID-19 outbreak was on 3 March. The French Ministère des Armées (MOD) published a summary the repatriation operation that ran from 30 January to 3 Feb on 4 February⁴³. The MOD published a statement that the armed forces had been mobilised in response to COVID-19 on 13 March which included an explanation of the actions being taken to minimise transmission⁴⁴. It was announced on 15 March that an army field hospital would be deployed to Mulhouse which attracted 8 news reports on 17 March. There were also 6 reports of patients being redistributed from the region and military hospitals being used for civilian patients on 17 March. News reports on 18 March covered 6 patients being moved from Mulhouse, preparations for the deployment of the field hospital, MOD provision of 5 million face masks for civilian healthcare workers, and denials that the armed forces will be used to impose lockdown measures. On 19 March the Chief of Staff of the Army released a video message summarising the response of the army to the crisis including protection of military capabilities, undertaking essential missions and contributing to the national emergency response⁴⁵. This was followed up by a statement by the Minister for Armed Forces on 20 Mar⁴⁶. Operation Resilience, the military contribution to the government response to COVID-19, was launched on 25 May.

A cumulative summary of Operation Resilience was published on 27 April 2020. The last patient was discharged from the field hospital at Mulhouse on 7 May⁴⁷. The French armed forces have also provided substantial to overseas French territories including in Martinique in the West Indies⁴⁸, Mayotte near Madagascar⁴⁹ and French Polynesia⁵⁰.

Table 9 - French military COVID-19 Timeline

Date	Event
29 Jan	Advert for Reserve service
11 Feb	Military decontamination of repatriation aeroplanes
28 Feb	4 Military personnel test +ve Creil air base.
3 Mar	First report of mobilisation of the armed forces

⁴³ <https://www.defense.gouv.fr/operations/france/autres-missions-interieures/coronavirus-operation-d- evacuation-des-ressortissants-francais-et-europeens-de-chine>

⁴⁴ <https://www.defense.gouv.fr/fr/actualites/articles/jdef-covid-19-le-ministere-des-armees-mobilise>

⁴⁵ <https://www.asafrance.fr/item/coronavirus-2.html>

⁴⁶ <https://www.defense.gouv.fr/fr/actualites/articles/covid-19-le-message-de-florence-parly-ministre-des-armees>

⁴⁷ <https://www.defense.gouv.fr/operations/france/operation-resilience/breves/resilience-le-demantelement-de-l-element-militaire-de-reanimation-de-mulhouse>

⁴⁸ <https://www.defense.gouv.fr/operations/france/operation-resilience/breves/resilience-16-evacuations-medicales-dont-3-patients-atteints-de-covid-19-pour-les-puma-du-3e-rhc-aux-antilles>

⁴⁹ <https://www.defense.gouv.fr/operations/france/operation-resilience/breves/resilience-arrivee-du-renfort-du-service-de-sante-des-armees-au-centre-hospitalier-de-mayotte>

⁵⁰ <https://www.defense.gouv.fr/operations/france/operation-resilience/breves/resilience-les-fapf-realisent-des-missions-logistiques-dans-les-iles-de-la-societe>

4 Mar	Summary of military repatriation operation
13 Mar	French military mobilised
15 Mar	Deployment of field hospital to Mulhouse
17 Mar	Reporting of military re-distribution of COVID-19 patients
18 Mar	5 million masks released by military for civilian use.
19 Mar	Statement by Chief of Staff of the Army
20 Mar	Statement by Minister of the Armed Forces
25 Mar	4 soldiers +ve in Mali and Operation Resilience launched
3 Apr	Helicopter carrier Dixmude deployed to West Indies for 2 months
8 Apr	Outbreak on Charles de Gaulle
27 Apr	Operation Resilience cumulative summary published
07 May	Last patient discharged from Mulhouse
19 May	Hospital resuscitation team deployed to Mayotte

France - Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. The distribution of categories is at *Figure 4*. There were 139 reports of military activities from 100 hits, and 41 hits were assigned to the ‘irrelevant’ categories⁵¹. The biggest topic in the ‘Others – civilian and Covid’ category was President Macron’s announcement of national ‘lockdown’ on Mon 16 March. Two hits covered both pre-announcement speculation and two covered post-announcement analysis of the possible contribution of the armed forces to this national response under the name Operation Resilience.

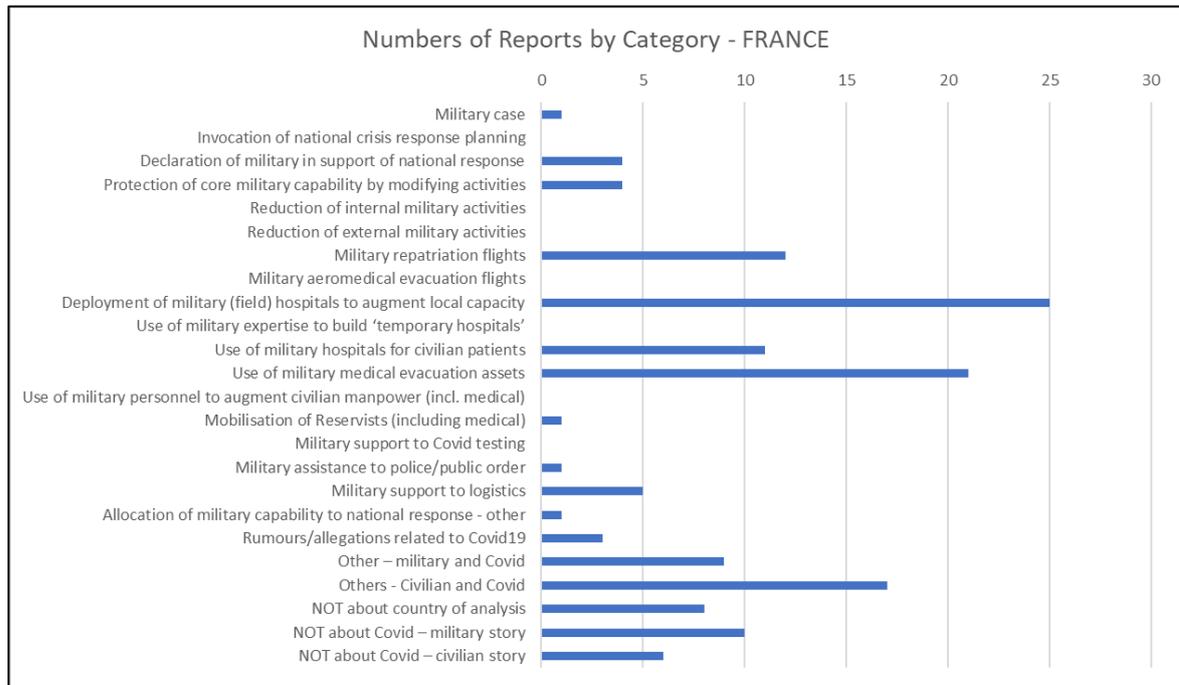
The largest number of hits was for ‘Deployment of military (field) hospitals to augment local capacity’. This covered the deployment of a 30 bed military intensive care hospital to Mulhouse to augment local hospitals in Eastern France near the Swiss and German borders. This deployment is covered in an academic paper by Danguy des Déserts et al⁵². The medical services also provided substantial assistance to medical evacuation including the redistribution of civilian COVID-19 patients from the worst affected areas by aeroplane, helicopter, train and the amphibious assault ship (from Corsica to Marseille). Although military hospitals were already part of the national health system, there were 11 hits describing how they were being adapted to provide care for civilian COVID-19 patients. There were 12 hits covering the role of the French air force in the repatriation of French nationals from Wuhan, China. Six hits covered the contribution of the armed forces to logistics of PPE including the allocation of protective masks from military stores for civilian use. There was one hit concerning military cases at Creil airbase (outside Paris) on 1 March, and 4 subsequent hits describing the actions being taken by the armed forces to limit the spread of COVID-19 in military personnel. These included comments specifically countering the allegation that military personnel had imported COVID-19 into France from the military repatriation flights. Three hits categorised ‘Rumours/Allegations related to COVID-19’ covered speculations about the origin of the virus in China and the possible use of the military to enforce lockdown measures (though this was countered in other commentaries). The one hit covering ‘Mobilisation of Reserves’ covered a public service job advert for reserve roles in the military and civil service. There were no hits for ‘reduction of internal or external

⁵¹ ‘Others – Civilian and Covid’, ‘NOT about Covid – military story’, ‘NOT about Covid – civilian story’ and ‘Other’

⁵² Danguy des Déserts M, Mathais Q, Luft A, Escarment J, Pasquier P. Conception and deployment of a 30-bed field military intensive care hospital in Eastern France during the 2020 COVID-19 pandemic. *Anaesth Crit Care Pain Med.* 2020;39(3):361-362. doi:10.1016/j.accpm.2020.04.008

military activities’, ‘military aeromedical evacuation flights’, ‘use of military expertise to build ‘temporary hospitals’, ‘use of military personnel to augment civilian manpower’ and ‘military support to Covid testing’ from the period of the search, however subsequent reports in April covered ‘reduction of internal or external military activities’ with the outbreak in the Charles de Gaulle aircraft carrier.

Figure 4 - Numbers of Reports by Category – France



GBR – UNITED KINGDOM

The UK search yielded a low proportion of relevant hits that continued through to the time cut-off. There were 109 category entries from 100 website hits. Most websites detected were news reports, though 38 hits from UK government websites and 16 hits from Forces Net were also captured.

The UK adopted two operation names for the military operation in support of the COVID-19 response:

- Op RESCRIPT to deliver COVID-19 activity in the UK and Crown Dependencies, including Departmental business continuity and resilience, MACA, and other support to Government departments and local responders.
- Op BROADSHARE delivering operations and activity outside the UK, including the PJOBS, the Defence overseas network, overseas training teams, support to the Overseas Territories, and government overseas operational and business continuity activity.

Key UK websites are:

UK government COVID Support Force website: <https://www.gov.uk/guidance/covid-support-force-the-mods-contribution-to-the-coronavirus-response>

British Army COVID webpage: <https://www.army.mod.uk/news-and-events/covid-19/>

Royal Air Force COVID webpage: <https://www.raf.mod.uk/coronavirus/>

British Forces News site: <https://www.forces.net/news>

Additional source:

Written evidence submitted by the Ministry of Defence to the Defence Committee Inquiry on 'Defence contribution to the UK's pandemic response' dated 29 June 2020 at: <https://committees.parliament.uk/writtenevidence/8426/default/>

UK – Timeline. The timeline of UK military activities/reports is shown below at *Table 10*. It has been compiled from the dates of hits from the Google™ search plus a review of all news reports from the UK government website, Forces Net and the Defence Committee Inquiry for military activities related to COVID-19 up to July 2020. This narrative will highlight key events. The first public UK MOD commitment was made on 5 February when RAF Boscombe Down was designated as a quarantine location for repatriation flights. The first event detected by the Google™ search was the publication of the UK government plan for responding to COVID-19 including potential use of the armed forces on 3 March⁵³. The MOD deployed military planners deploy to the Department of Health and Social Care on 04 March. The first UK military cases reported were amongst British Forces in Cyprus on 10 March⁵⁴. The MOD announced COVID-19 protection measures for UK troops on Exercise Cold Response in Norway on 11 March⁵⁵. On 13 March the government announced the 38 military planners were ready to support Local Resilience Fora under for Military Assistance to the Civil Authorities (MACA) arrangements⁵⁶. On 15 March two further military personnel tested positive in Cyprus which led to the announcement that UK nationals who arrive in UK Sovereign Base Areas in Cyprus would isolate for 14 days⁵⁷. The Defence Secretary announced the standing up of the COVID Support Force and the measures to be taken by the UK Armed forces on 18 March including repatriation of nationals from China and Japan, establishment of military liaison officers to civil emergency planning forums, the training of drivers to transport oxygen⁵⁸, the assistance of the Defence Science and Technology Laboratories (DTSL)⁵⁹ and activation of orders to mobilise reservists⁶⁰. On 19 March it was announced that some UK forces would be withdrawn from Iraq⁶¹, and that army basic training and face-to-face assessment of candidates would be postponed⁶². On 20 March the government published the UK coronavirus 'key workers' list' which included defence personnel⁶³ and on 21 March military medical personnel assist with repatriation of nationals from Cuba⁶⁴. Military personnel were asked to work

⁵³ <https://www.forces.net/news/coronavirus-army-ready-backfill-response-virus>

⁵⁴ <https://www.forces.net/news/coronavirus-robust-plan-protect-british-personnel-cyprus>

⁵⁵ <https://www.forces.net/news/coronavirus-uk-troops-nato-exercise-continue-deployment>

⁵⁶ <https://www.forces.net/news/downing-street-mod-advise-uk-how-support-public-services-covid-19-outbreak>

⁵⁷ <https://www.forces.net/news/two-british-service-members-test-positive-coronavirus-cyprus>

⁵⁸ <https://www.forces.net/news/coronavirus-military-personnel-train-drive-oxygen-tankers-lockdown-begins>

⁵⁹ <https://www.forces.net/news/porton-down-assist-coronavirus-response>

⁶⁰ <https://www.gov.uk/government/news/military-stands-up-covid-support-force>

⁶¹ <https://www.gov.uk/government/news/uk-personnel-to-drawdown-from-iraq>

⁶² <https://www.forces.net/news/army-recruitment-assessments-postponed-over-covid-19>

⁶³ <https://www.forces.net/news/uk-defence-coronavirus-key-workers-list-schools-close>

⁶⁴ <https://www.forces.net/news/raf-assist-repatriation-flight-british-citizens-cuba>

from home on 22 March⁶⁵. The first publication of the government COVID Support Force webpage was on 23 Mar⁶⁶ and the first military assessment team deployed to the London Excel conference centre to support its transformation into a temporary hospital. Further military commitments included the first deployment of General Duties personnel to support COVID-19 sample collection and army drivers starting to transport PPE to NHS hospitals⁶⁷ on 24 March; military healthcare personnel deployed to Falkland Islands and Gibraltar to augment civilian medical facilities, a helicopter task force set up⁶⁸ and an army base in Northern Ireland to be used as a temporary mortuary⁶⁹ on 27 March; military planners being deployed to the Foreign and Commonwealth Office to assist with repatriation efforts on 30 March; and military personnel augmenting South Central Ambulance Service⁷⁰ on 31 March.

Substantial military support to the COVID-19 response continued beyond the search period. On 2 April it was announced that up to 3000 Reservists could be mobilised⁷¹, alongside 4 people at British Forces Brunei testing positive⁷². The armed forces supported the establishment of temporary hospitals in converted buildings to augment regional health services. These included London NHS Nightingale Hospital in Excel Centre opened (opened 3 April⁷³), NHS Nightingale Hospital at Birmingham National Exhibition Centre (opened 10 April⁷⁴), NHS Dragon's Heart Hospital opens at Cardiff Principality Stadium (opened 12 April⁷⁵), NHS Nightingale North West in Manchester Central Convention Centre (opened 17 April⁷⁶), NHS Nightingale Hospital Harrogate opened (opened 21 April⁷⁷), NHS Nightingale Hospital Bristol (opened 27 April⁷⁸). Military general duties and medical personnel were also deployed to support these facilities during their operation⁷⁹ until they started to be mothballed in May⁸⁰. There are no reports of military assistance to care homes, though the Army provided medical augmentation to the military veterans home, Royal Hospital Chelsea⁸¹.

⁶⁵ <https://www.forces.net/news/military-personnel-asked-work-home-letter-cds-and-permanent-secretary>

⁶⁶ <https://www.gov.uk/guidance/covid-support-force-the-mods-contribution-to-the-coronavirus-response#history>

⁶⁷ <https://www.forces.net/news/army-deliver-protective-equipment-frontline-nhs-workers>

⁶⁸ <https://www.forces.net/news/coronavirus-military-sets-helicopter-task-force-support-nhs>,

⁶⁹ <https://www.forces.net/news/coronavirus-army-base-set-be-used-temporary-mortuary>

⁷⁰ <https://www.forces.net/news/coronavirus-military-personnel-undertake-blue-light-training-help-drive-ambulances>

⁷¹ <https://www.forces.net/news/coronavirus-3000-reservists-mobilised-six-months>

⁷² <https://www.forces.net/military-life/coronavirus-four-test-positive-covid-19-british-forces-brunei-overseas-bases-go>

⁷³ <https://www.forces.net/news/prince-charles-declares-londons-nhs-nightingale-hospital-open-treat-covid-19-patients>

⁷⁴ <https://www.forces.net/news/inside-birmingham-necs-nhs-nightingale-hospital>

⁷⁵ <https://www.forces.net/news/military-help-develop-nhs-field-hospital-cardiffs-principality-stadium>

⁷⁶ <https://www.forces.net/news/coronavirus-nhs-nightingale-north-west-opens-today>

⁷⁷ <https://www.forces.net/news/harrogates-nhs-nightingale-opens-after-military-assistance>

⁷⁸ <https://www.forces.net/news/bristols-nhs-nightingale-hospital-officially-open>

⁷⁹ <https://www.forces.net/news/coronavirus-military-deploy-nhs-nightingale-hospitals>

⁸⁰ <https://www.forces.net/news/londons-nhs-nightingale-hospital-put-standby>

⁸¹ <https://www.chelsea-pensioners.co.uk/covid-statistics#:~:text=Since%20the%2014th%20of,deaths%20here%20within%20the%20Royal>

The armed forces supported the ambulance services across the country including the Welsh Ambulance Service Trust⁸² and the London Ambulance Service Critical Care Transfer teams⁸³. This also included moving patients by aeroplane from Orkney⁸⁴ and by helicopter⁸⁵ and by aircraft⁸⁶.

The armed forces developed Mobile Testing Units to collect samples for COVID, starting operations on 23 April⁸⁷ and handing over to civilian contractors on 31 July⁸⁸. Wider military logistics support included: military transport of PPE from Turkey⁸⁹, movement of key medical equipment to the Falkland Islands⁹⁰, and in July the military supply chain fulfilment centre delivered over 10,000 pieces of medical equipment to the NHS⁹¹.

Military personnel continued to catch COVID-19, including cases in the Falkland Islands⁹² and Brunei⁹³, with 406 military personnel testing positive of 9220 tested since the start of the outbreak by 30 July⁹⁴. COVID-19 led a delay to the sailing of the aircraft carrier⁹⁵ (HMS Queen Elizabeth), to the cancellation of military sporting fixtures⁹⁶, and then to adjustment of military training⁹⁷.

The role of the UK Armed Forces has been subject to significant interest. On 22 April the Chief of Defence Staff gave a statement on the military contribution at the UK government daily COVID-19 briefing⁹⁸. On 18 May the House of Commons Defence Committee announced its inquiry into Defence's contribution to the pandemic response⁹⁹ and the House of Commons Public Accounts Committee reported its assessment on of the UK government's response on 23 July, noting *'there do seem to be lessons that could still be learned from the Armed Forces so that decision making structures are swifter and better informed'*¹⁰⁰.

⁸² <https://www.forces.net/news/coronavirus-60-soldiers-support-welsh-ambulance-service-nhs-trust>

⁸³ <https://www.forces.net/news/coronavirus-armed-forces-personnel-support-ambulance-services>

⁸⁴ <https://www.forces.net/news/raf-delivers-medical-evacuation-unrelated-covid-19-during-outbreak>

⁸⁵ <https://www.forces.net/news/aviation-task-force-military-helicopters-responding-corona>

⁸⁶ <https://www.forces.net/news/coronavirus-raf-aircraft-reconfigured-transport-covid-19-patients>

⁸⁷ <https://www.forces.net/news/coronavirus-mobile-test-units-road-first-time>

⁸⁸ <https://www.forces.net/news/armed-forces-hand-over-operations-englands-mobile-testing-units>

⁸⁹ <https://www.forces.net/news/coronavirus-ppe-delivered-raf-brize-norton>

⁹⁰ <https://www.forces.net/news/coronavirus-raf-delivers-equipment-falkland-islands>

⁹¹ <https://www.forces.net/news/coronavirus-mod-delivers-over-10000-critical-medical-items-nhs>

⁹² <https://www.forces.net/news/armed-forces-member-becomes-first-covid-19-case-falklands>

⁹³ <https://www.forces.net/military-life/coronavirus-four-test-positive-covid-19-british-forces-brunei-overseas-bases-go>

⁹⁴ <https://www.gov.uk/government/statistics/number-of-covid-19-tests-in-defence-and-positive-cases-in-the-uk-armed-forces-2020>

⁹⁵ <https://www.forces.net/news/hms-queen-elizabeth-carriers-portsmouth-departure-delayed-coronavirus-tests>

⁹⁶ https://www.forces.net/search?keys=covid-19&sort_by=search_api_relevance&page=0

⁹⁷ <https://www.forces.net/news/coronavirus-army-basic-training-resumes-reduced-capacity>

⁹⁸ <https://www.forces.net/news/chief-defence-staff-military-support-nhs-single-greatest-logistic-challenge-i-have-come-across>

⁹⁹ <https://www.parliament.uk/business/committees/committees-a-z/commons-select/defence-committee/news-parliament-2017/defence-contribution-to-uk-pandemic-response-inquiry-launch/>

¹⁰⁰ <https://committees.parliament.uk/publications/2024/documents/19531/default/>

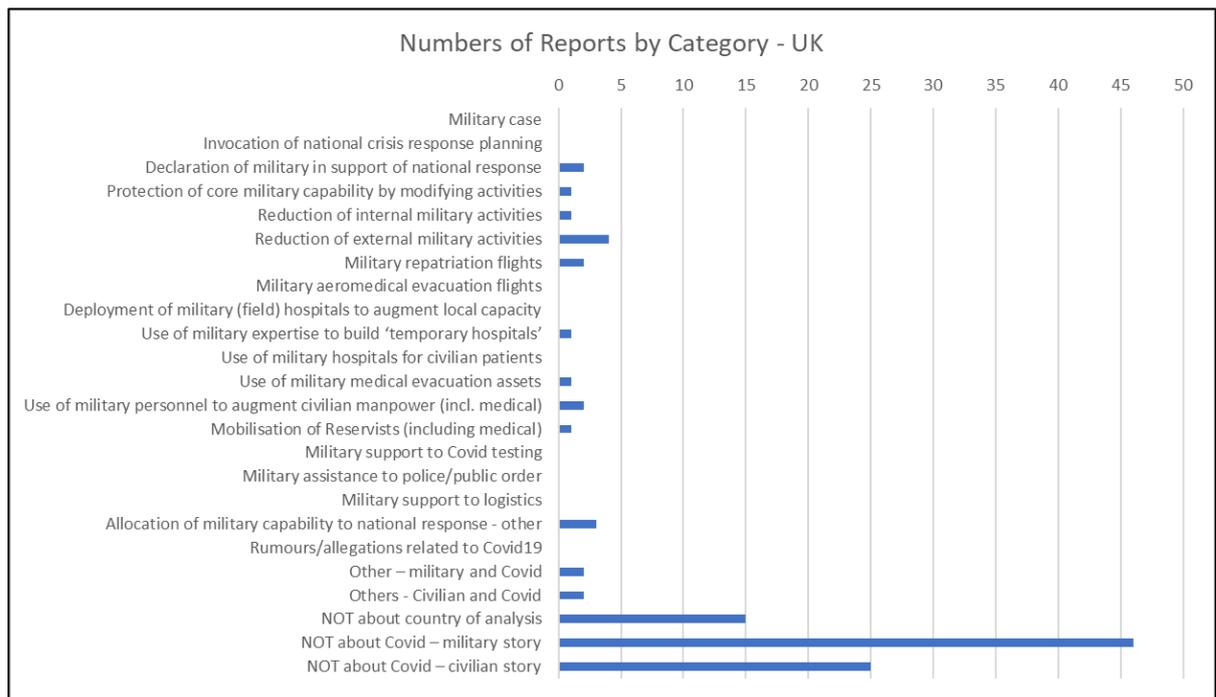
Table 10 - UK military COVID-19 Timeline

Date	Event
5 Feb	RAF Boscombe Down as quarantine centre
3 Mar	UK COVID Response Plan published
10 Mar	First military cases reported, in Cyprus
18 Mar	COVID Response force stood up
19 Mar	UK troops reduced in Iraq, Army basic training stopped
21 Mar	Military medical personnel assist with repatriation from Cuba
22 Mar	Defence personnel told to work from home
23 Mar	First publication of the COVID Support Force webpage
24 Mar	Military support to movement of PPE, and support to COVID testing sample collection
27 Mar	Deployment of military medical personnel to the Falklands Islands, stand up of the helicopter taskforce and an Army base earmarked as a temporary mortuary
30 Mar	Military planners to Foreign and Commonwealth Office
31 Mar	Military personnel support South Central Ambulance Services
	<i>End of search – additional activities</i>
2 Apr	Up to 3000 Reservists to be mobilised and 4 +ve in Brunei
3 Apr	NHS Nightingale hospital, London opened
6 Apr	Second +ve case in Falkland Islands
10 Apr	NHS Nightingale hospital, Birmingham opened
12 Apr	Welsh NHS Dragon's Heart hospital, Cardiff opened. Military aircraft transport PPE from Turkey
17 Apr	NHS Nightingale, Manchester opened
22 Apr	Chief of Defence Staff gives statement on Armed Forces role at COVID-19 press conference
23 Apr	Military Mobile Testing Units start
12 Jun	Last update to government COVID Support Force webpage

UK - Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. The distribution of categories is at Figure 5. There were 100 reports of military activities from 100 hits, and 88 hits were assigned to the 'irrelevant' categories¹⁰¹. The majority were captured prior to 18 March (the date of the first formal announcement by the MOD of the role of the armed forces in the response). The largest category was 'Others – Civilian and Covid'. This covered reports of COVID-19 cases, lack of ICU capacity in United Kingdom, restrictions on travel, differences in opinions on the likely evolution of the pandemic etc. The category 'NOT about country of analysis' primarily captured reports on COVID-19 in other countries. 'NOT about Covid – civilian story' detected various stories before early March on range of subjects. 'NOT about Covid – military story' picked up stories about the relationship between the armed forces and police and international military co-operation (NATO, France, Finland).

¹⁰¹ 'Others – Civilian and Covid', 'NOT about Covid – military story', 'NOT about Covid – civilian story' and 'Other'

Figure 5 - Numbers of Reports by Category – United Kingdom



There were only 20 hits for military activities, though they covered most of the category listings. Four reports were included in the category ‘Reduction in external military activities’ and included the withdrawal of UK troops from Iraq. ‘Allocation of military capability to national response’ included the announcement of UK COVID-19 response plan (which listed potential military roles) and the contribution of the Defence Scientific and Technology Laboratories to the scientific response. The formal ‘Declaration of military in support of national response’ was announced by the Defence Secretary on 19 March and captured by 2 hits as were ‘Military repatriation flights’. The category ‘Use of military personnel to augment civilian manpower’ was used to cover the list of potential roles of armed forces in supporting testing, transport of supplies, supporting ambulance crews’, many of which came to reality in April. Single hits covered the remaining topics.

The additional reports in the timeline analysis of military activities after 31 March included ‘Military support to COVID-19 testing’, and ‘Military support to logistics’. The UK does not have military hospitals and so it is expected that this category would not feature. The UK has not ‘Deployed military (field hospitals) to augment local capacity’ nor used the armed forces as ‘Military assistance to police/public order’. No reports were found for military support to nursing/care homes or disinfection of public spaces.

ITA – ITALY

The search yielded a high proportion of relevant hits for Italy that continued through to the time cut-off. Most websites detected were news reports, though 12 hits from the Italian Ministry of Defence (MOD) and 3 from the Italian Army were also captured.

The Italian Armed Forces used the name 'Operation Safe Roads' to describe military support to the police operation to restrict transport movement. No other operation names were identified.

Key Italian websites are:

Italian Ministry of Defence COVID-19 website:

<https://www.difesa.it/SMD /Avvenimenti/Coronavirus Forze Armate operazioni per rientro italiani da Wuhan Cina/Pagine/Coronavirus il contributo delle Forze Armate.aspx>

Italian Ministry of Health COVID-19 website:

http://www.salute.gov.it/portale/news/p3_2_1.jsp?lingua=italiano&menu=notizie&area=nuovoCoronavirus&btnCerca=

Italian Department of Civil Protection COVID-19 website: [http://www.protezionecivile.it/attivita-](http://www.protezionecivile.it/attivita-rischi/rischio-sanitario/emergenze/coronavirus)

[rischi/rischio-sanitario/emergenze/coronavirus](http://www.protezionecivile.it/attivita-rischi/rischio-sanitario/emergenze/coronavirus)

Italy – Timeline. The timeline of Italian military activities/reports is shown below at *Table 11*. It has been compiled from the dates of hits from the Google™ search plus a review of all news reports from the Italian MOD website for COVID-19 until July 2020. A national coronavirus taskforce was established on 21 January and the Italian Council of Ministers declared a state of emergency on 31 January. The first relevant hit is from a news report on 12 February describing the role of the military in the repatriation of Italian nationals from Wuhan including military provision of COVID-19 screening and quarantine. The first official report from the MOD detected was released on 15 February and covered the aeromedical evacuation of COVID patient from Wuhan¹⁰². A further government summary of the repatriation operation for both Wuhan and Japan including the establishment of a special operations unit for repatriation was released on 19 February¹⁰³. On 22 February the Minister of Defence committed to give maximum support to the population in a conference call with the national civil protection committee¹⁰⁴. The MOD reported the first military case on 24 February and released a summary of the additional protective measures for personnel on Operation Safe Roads¹⁰⁵. On 25 February the Headquarters, Comando Operativo di Vertice Interforze (COI) was nominated to manage the military support to the COVID-19 crisis¹⁰⁶. The impact of COVID-19 on planned military activity was further extended when the MOD announced the restriction of rotation of personnel for operations on 27 February. Military support was extended to providing quarantine facilities in barracks on 3 March¹⁰⁷. The Army announced that the Chief of Staff was infected with COVID-19 on 9 March. On 11 March the Army released a full summary of military activities including the use of the Army Olympic Sports Centre for quarantine of nationals repatriated from Wuhan, the reinforcement of civilian hospitals with military healthcare personnel, the move a 62 year old patient by an air force helicopter in a biocontainment system military medical units held on standby, provision of military liaison officers

¹⁰²

[https://www.difesa.it/Primo Piano/Pagine/covid_19_rimpatriato connazionale dalla cina con velivolo aero nautica militare.aspx](https://www.difesa.it/Primo Piano/Pagine/covid_19_rimpatriato_connazionale_dalla_cina_con_velivolo_aero_nautica_militare.aspx)

¹⁰³ <http://www.governo.it/it/approfondimento/nuovo-coronavirus-il-rientro-degli-italiani-allestero/14146>

¹⁰⁴ https://www.difesa.it/Il_Ministro/Comunicati/Pagine/guerini-massimo-sistegno.aspx

¹⁰⁵ <https://www.reportdifesa.it/esercito-militare-residente-a-cremona-positivo-al-covid-19-disposte-tutte-le-misure-a-tutela-del-personale/>

¹⁰⁶

<https://www.difesa.it/SMD /Comunicati/Pagine/Emergenza Coronavirus impegno delle Forze Armate.aspx>

¹⁰⁷ https://www.difesa.it/Il_Ministro/Comunicati/Pagine/emergenza-corona-virus.aspx

to regional government and to contribution of 7,000 soldiers to Operation Safe Roads to reinforce the restriction of movement, and that Army would not take part in the NATO exercise Defender Europe¹⁰⁸. The first death of a member of the armed forces was also announced. Lastly, the Central Representative Council for the Army released a letter to Chief of Staff of Army from concerning employment arrangements for armed forces personnel. On 12 March the government approved the legal status of ‘public security agents’ for the armed forces, and the suspension of all military training was announced¹⁰⁹. There was a further announcement of COVID protection instructions for Italian military alongside a report of 3 naval ships being held in port due to cases of COVID-19 amongst their sailors on 14 March. The Ministry of Health published a ‘health decree’ on 17 March which included the recruitment of additional military medical staff¹¹⁰. On 18 March the MOD announced that the Military Chemical and Pharmaceutical Plant will produce disinfectants and a further press release on 19 March described military trucks being used to transport deceased, an Army bio-containment helicopter being deployed in support of patient movement and two field hospitals to be deployed. A further military outbreak was reported on 21 March as two airmen tested positive as Sigonella NATO base. Four cases were reported in the Italian contingent in Herat, Afghanistan on 25 March¹¹¹. The field hospital at Piacenza opened on 22 March¹¹² and on 30 March the Army reported the assignment of Army helicopters and trucks to support distribution of materiel¹¹³. Beyond the time period of the search, on 8 April the MOD announced that a COVID-19 reference hospital had been established at Celio Military Polyclinic in Rome¹¹⁴.

Table 11 - Italian military COVID-19 Timeline

Date	Event
21 Jan	Set up of Italian Coronavirus Taskforce
31 Jan	Council of Ministers declares state of emergency
15 Feb	Aeromedical evacuation of COVID patient from Wuhan
19 Feb	Establishment of special operations unit for repatriation
24 Feb	First military case
27 Feb	MOD restriction of operational rotations
09 Mar	Army Chief of Staff +ve for COVID-19
11 Mar	News report from Italian Army
11 Mar	Central Representative Council letter
12 Mar	Grant of ‘public security agents’ to the Army
14 Mar	3 naval ships held in port due to COVID amongst crew
14 Mar	News report that Italian military has issued COVID protection instructions
17 Mar	Italian ‘health decree’
18 Mar	Military production of disinfectants

¹⁰⁸ http://www.esercito.difesa.it/comunicazione/Pagine/covid-2019_200311.aspx

¹⁰⁹

https://www.difesa.it/SMD/Comunicati/Pagine/Emergenza_COVID_19_Difesa_predispone_misure_attivita_ormative.aspx

¹¹⁰

<http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioNotizieNuovoCoronavirus.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4247>

¹¹¹ https://www.ilmessaggero.it/mondo/coronavirus_italiani_afghanistan_ultime_notizie_24_marzo_2020-5130868.html

¹¹² <https://www.youtube.com/watch?v=FJTIOlQccuI>

¹¹³ http://www.esercito.difesa.it/comunicazione/Pagine/Esercito-per-il-Paese-e-i-cittadini_200330.aspx

¹¹⁴ https://www.difesa.it/Primo_Piano/Pagine/Al-Celio-nasce-l%27Hub-Covid-Hospital-da-120-posti.aspx

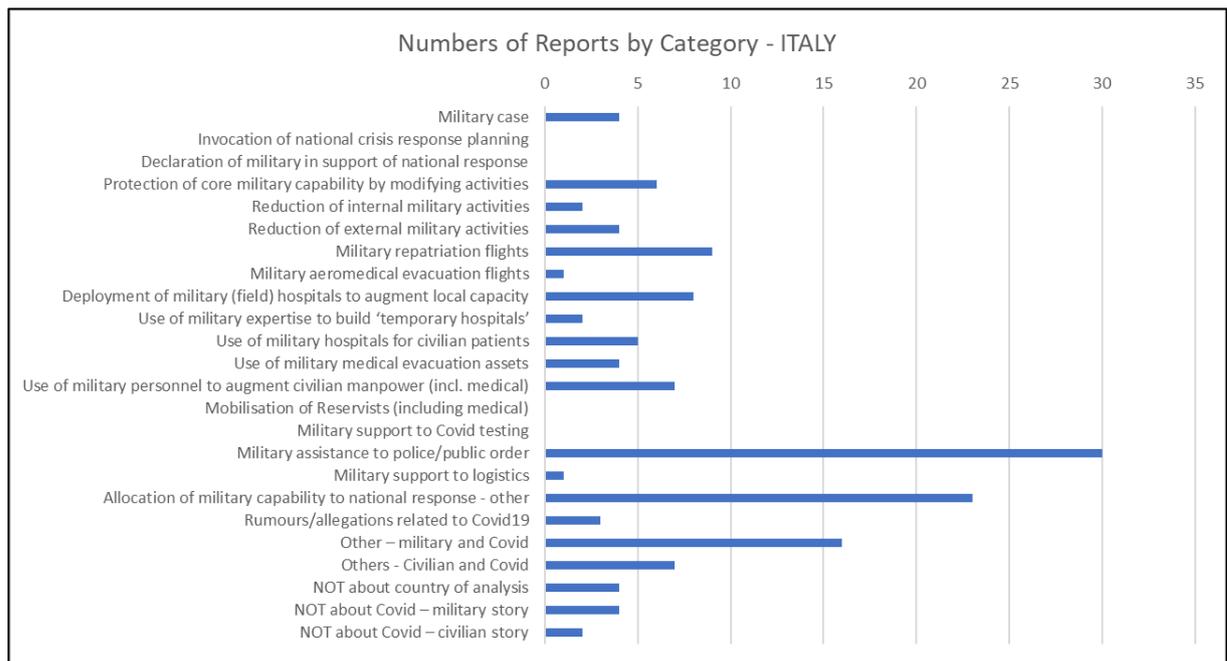
19 Mar	Military trucks to move deceased and set up of two field hospitals
22 Mar	Field hospital at Piacenza opens
30 Mar	Assignment of Army transport for COVID movements
8 Apr	COVID-19 reference hospital established at Celio Military Polyclinic in Rome

Italy - Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. The distribution of categories is at *Figure 6*. There were 142 reports of military activities from 100 hits, and 17 hits were assigned to the ‘irrelevant’ categories¹¹⁵.

The largest number of hits was for ‘Military assistance to police/public order’ primarily covering Operation Safe Roads but also military foot patrols to ensure compliance with restrictions of movement. The ‘Allocation of military capability to national response’ category covered those hits with multiple listings and non-categorised activities such as environmental disinfection, provision of quarantine centres, and provision of military liaison officers to regional government. The ‘Other – military and covid’ category covered several opinion pieces on the implications of COVID-19 on national security and the call from the Consiglio Centrale di Rappresentanza - Sezione Esercito (Army Section of the Central Representative Council) to the Chief of the Army to ensure the protection of the health of army personnel. The use of military aircraft and aeromedical evacuation for the repatriation of Italian national was prominent in the hits from February. Four separate groups of military cases were reported, the death of an Italian officer, a soldier testing positive on Cremona, two airmen testing positive in Sigonella, and naval personnel on three ships. Military medical assistance included the provision of field hospitals, making military hospitals available to civilians, expanding military facilities as specialist COVID-19 treatment centres, deployment of medical personnel to civilian hospitals and authorising the additional recruitment of military medical personnel. Military aeroplanes, helicopters and ambulances helped in the redistribution of COVID-19 patients and the movement of deceased. There were 6 hits for measures to protect the health of military personnel, and 4 about the withdrawal of the Italian contribution to Exercise Defence Europe. There were 3 hits for the news topic of allegations that the US bought COVID-19 into China. Three of the 4 stories ‘NOT about country of analysis’ concerned the USA, two for reduction in the Exercise Defender Europe and one about US military bases in Italy being told to stop movement of US personnel.

¹¹⁵ ‘Others – Civilian and Covid’, ‘NOT about Covid – military story’, ‘NOT about Covid – civilian story’ and ‘Other’

Figure 6 - Numbers of Reports by Category – Italy



SWE - SWEDEN

The search yielded a low proportion of relevant hits for Sweden that continued through to the time cut-off. There were 100 category entries from 100 website hits. Most websites detected were news reports, though 18 hits from the Swedish Ministry of Defence (MOD) were also captured. No specific name was found for the military support to the national response to COVID-19.

Key Swedish websites are:

Swedish Ministry of Defence COVID-19 website:

<https://www.forsvarsmakten.se/sv/aktuellt/coronaviruset-och-forsvarsmakten/>

Sweden – Timeline. The timeline of Swedish military activities/reports is shown below at *Table 12*. It has been compiled from the dates of hits from the Google™ search plus a review of all news reports from the Swedish MOD website for COVID-19 to 31 July. The first hit detected by the Google Search, was dated 26 Feb and covered a MOD report of a civil-military exercise to rehearse testing for COVID-19 patients¹¹⁶. On 2 March the Swedish Prime Minister stated that the authorities are prepared for a COVID-19 outbreak. The first COVID death in Sweden was reported on 11 March alongside the first military case and a reduction in military exercises¹¹⁷. The MoD announced the detachment of two military laboratory scientists to the Swedish Public Health Agency on 13 March¹¹⁸. Emerging concerns were reflected in a commentary on previous reductions in military medical capability and implications on ability of military assistance in the COVID-19 crisis published on 15 March¹¹⁹. On 18 March the MOD

¹¹⁶ <https://www.forsvarsmakten.se/sv/aktuellt/2020/02/forsvarsmakten-avslutar-corona-ovning/>

¹¹⁷ <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/forsvarsmakten-vidtar-atgarder-med-anledning-av-coronaviruset/>

¹¹⁸ <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/forsvarsmakten-stodjer-folkhalsomyndigheten/>

¹¹⁹ <https://www.dn.se/nyheter/sverige/skrotat-totalforsvar-ger-samre-beredskap-mot-pandemi/>

announced the intended deployment of a field hospital to Uppsala airbase¹²⁰, followed by the withdrawal of Swedish military personnel from the NATO mission in Iraq on 20 March¹²¹ and press reports emerged of the possible cancellation of Exercise Aurora. The field hospital started to deploy on 21 March¹²² though, on 22 March, the field hospital was redirected to Stockholm Fair at request of National Board of Health and Welfare¹²³. It was ready for patients on 6 April, though it was never used and finally closed on 4 June¹²⁴. On 26 March the MOD announced the restriction of movement of military personnel to reduce transmission of COVID-19. On 27 March the tented intensive care expansion unit, constructed by the armed forces, was handed over to the civilian Östra Hospital in Gothenburg¹²⁵.

Additional military activities reported by the MOD outside the timeframe of the search included the assignment of military planners to the National Board of Health and Welfare¹²⁶. The MOD formally reported the cancellation of Exercise Aurora on 3 April¹²⁷ and concerns about misinformation were described by the Military Intelligence and Security Service on 6 April¹²⁸. The MOD reported the use of military helicopters¹²⁹ and military ambulances¹³⁰ on 17 April. The MOD also provided non-medical assistance logistics and transport from March¹³¹, and support to COVID-19 sample collection¹³². The last summary of armed forces activities was published on 24 April¹³³, though the Ministry of Defence COVID-19 website remains live with intermittent press releases. No reporting of the numbers of cases in the armed forces were found.

Table 12 - Swedish military COVID-19 Timeline

Date	Event
26 Feb	Civ-mil COVID-19 testing exercise
2 Mar	Prime Minister declares readiness for COVID-19 outbreak
13 Mar	Two military personnel detached to the Public Health Agency
20 Mar	Withdrawal of military personnel from Iraq
27 Mar	Tented ICU expansion handed to Östra Hospital, Gothenburg
6 Apr	Temporary hospital at Stockholm Fair opened
17 Apr	Support to movement of civilian patients by ambulance and helicopter
24 Apr	Last summary of armed forces activities published

¹²⁰ <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/forsvarsmakten-stodjer-med-faltsjukhus/>

¹²¹ <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/tillfallig-hemtagning-av-personal-fran-irak/>

¹²² <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/faltsjukhuset-pa-vag-osterut/>

¹²³ <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/forsvarsmaktens-faltsjukhus-hamnar-pa-stockholmsmassan/>

¹²⁴ <https://www.thelocal.se/20200604/stockholm-to-dismantle-coronavirus-field-hospital-alvsjo-that-was-never-used>

¹²⁵ <https://www.forsvarsmakten.se/sv/aktuellt/2020/03/faltsjukhus-iva-kronan-overlamnat-i-goteborg/>

¹²⁶ <https://www.forsvarsmakten.se/sv/aktuellt/2020/04/forsvarsmakten-stodjer-socialstyrelsen-med-personal/>

¹²⁷ <https://www.forsvarsmakten.se/sv/var-verksamhet/ovningar/aurora-20/>

¹²⁸ <https://www.forsvarsmakten.se/sv/aktuellt/2020/04/sakerhetsrisker-och-desinformation/>

¹²⁹ <https://www.forsvarsmakten.se/sv/aktuellt/2020/04/coronasmittade-kan-nu-flygas-med-militarhelikopter/>

¹³⁰ <https://www.forsvarsmakten.se/sv/aktuellt/2020/04/militara-ambulanser-hjalper-till-i-norrbotten/>

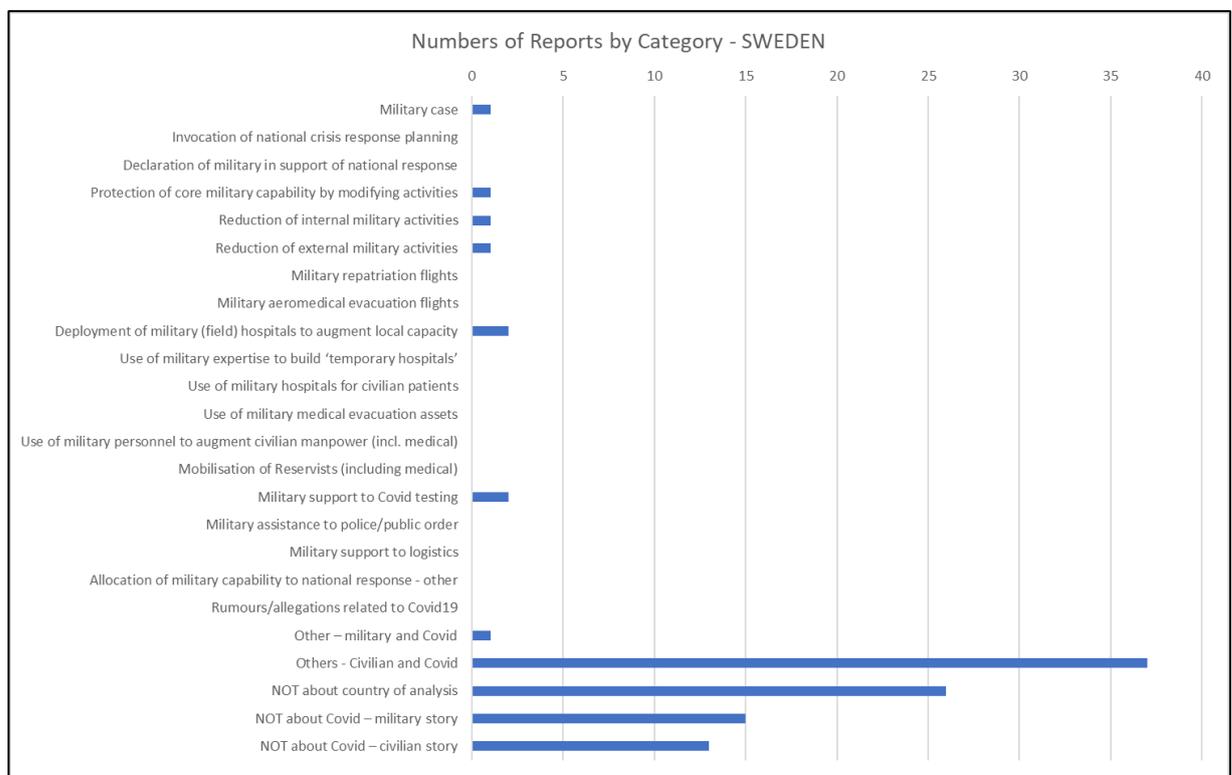
¹³¹ <https://www.forsvarsmakten.se/sv/aktuellt/2020/05/bra-logistik-en-forutsattning-nar-forsvarsmakten-stodjer-samhället/>

¹³² <https://www.forsvarsmakten.se/sv/aktuellt/2020/07/hemvarnet-samlar-in-sjalvtester-i-goteborg/>

¹³³ <https://www.forsvarsmakten.se/sv/aktuellt/2020/04/forsvarsmaktens-massiva-stod-i-krisen/>

Sweden - Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. The distribution of categories is at Figure 7. There were 100 reports of military activities from 100 hits, and 88 hits were assigned to the ‘irrelevant’ categories¹³⁴. The largest category was ‘Others – Civilian and Covid’. This covered reports of COVID-19 cases, lack of ICU capacity in Sweden, restrictions on travel, differences in opinions on the likely evolution of the pandemic etc. The category ‘NOT about country of analysis’ primarily captured reports on COVID-19 in other countries. ‘NOT about Covid – civilian story’ detected various stories before early March on range of subjects. ‘NOT about Covid – military story’ picked up stories about the relationship between the armed forces and police and international military co-operation (NATO, France, Finland).

Figure 7 - Numbers of Reports by Category – Sweden



There were only 8 counts for military activities relevant to the COVID-19 response. Although the MOD reported a military case on 11 March, a policy decision was made not to report military cases (‘FAQ – How many in the Armed Forces are affected’¹³⁵). There were 3 counts for the plan to build a field hospital at Erna Air Base but the subsequent decision to use this equipment to set up the equipment in as a temporary hospital in the Stockholm Fair was not detected. The collaboration between the military CBRN unit and the Public Health Agency and the subsequent allocation of military laboratory scientists were captured as ‘Military support to Covid testing’. The implementation of health protection policies for armed forces personnel, the withdrawal of some military personnel from

¹³⁴ ‘Others – Civilian and Covid’, ‘NOT about Covid – military story’, ‘NOT about Covid – civilian story’ and ‘Other’

¹³⁵ <https://www.forsvarsmakten.se/sv/aktuellt/coronaviruset-och-forsvarsmakten/>

Iraq and the potential cancellation of Exercise Aurora were captured as single hits. As described in the timeline, subsequent reports by the MOD would have been categorised as 'Use of military expertise to build 'temporary hospitals', 'use of military medical evacuation assets', 'use of military personnel to augment civilian manpower', and 'military support to logistics'. Not activities were detected for assistance to nursing/care homes, military assistance to police/public order', 'mobilisation of reservists' though some conscripts were mobilised, and 'use of military hospitals for civilian patients'.

Annex C – NON-EUROPEAN CASE STUDIES

These case study analyses are based on a Google™ search for the first 100 website hits in English using the search terms “Country AND covid-19 AND (military OR army OR security)” for the period 01 January to 31 March 2020 using the techniques as described in the Methodology. The search identified sufficient material that was relevant to this analysis, including providing websites for further analysis. The dates of publication of information facilitated the construction of a response timeline for each organisation. The search also indicated the importance of individual subjects by indicating the amplification of information across a number of different sources. This is indicated by the counts in the category analysis.

This information is based upon publicly available information and so is not a comprehensive description of the internal activities of each organisation. It is hoped that this provides sufficient information to identify themes and issues relevant to the response to COVID-19, and this can be subject to external critical analysis without the constraints that would be placed on an internal process.

USA CASE STUDY

The USA search yielded a high proportion of relevant hits that continued beyond the cut-off limit. Thirty-five hits covered March, reflecting the intensity of Federal and State responses to COVID-19 crisis during this period. The search detected many ‘tracking sites’ that provided updated summaries of the response, including those of the US Department of Defence (DOD), army, navy, air force, military health system and information for families and veterans. These provided significant information additional to the content of the page from these websites that were detected by the search.

Key US websites are:

US DOD coronavirus timeline: <https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/>

US DOD COVID-19 response website: <https://www.defense.gov/explore/spotlight/coronavirus/>

US Military Health System COVID-19 page: <https://www.health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus>

US TriCare COVID-19 website: <https://www.tricare.mil/HealthWellness/HealthyLiving/Coronavirus>

US Army COVID-19 website: <https://www.army.mil/coronavirus/>

US Army Reserve COVID-19 website: <https://www.usar.army.mil/COVID19/>

US Navy COVID-19 website: <https://www.navy.mil/US-Navy-COVID-19-Updates>

US Airforce COVID19 website: <https://www.af.mil/News/Coronavirus-Disease-2019/>

DOD Military Community website: <https://www.militaryonesource.mil/family-relationships/family-life/covid-19-resources>

US Timeline. The timeline of US public activities/reports is shown in *Table 13*. It has been compiled from the dates of hits from the Google search plus key DOD events reported on the DOD timeline¹³⁶ (shown in italics). Notably the US DOD timeline only covers DOD contracts from 02 July. The DOD timeline also starts from 17 Nov 2019, the presumed date of ‘patient zero’ (according to the DOD). The first report of a military response to COVID-19 detected by the Google search is a report

¹³⁶ <https://www.defense.gov/Explore/Spotlight/Coronavirus/DOD-Response-Timeline/>

dated 2 March suggesting that COVID-19 was beginning to impact on military supply chains and readiness. The DOD issued its first public statement on its priorities in combating COVID-19 on 4 March, with the Secretary of Defence (Sec Def) priorities as protection of service members, their families, and the DOD workforce, to safeguard DOD mission capabilities or readiness, and to work in support of partners¹³⁷. On 5 Mar, the Pentagon held a press briefing to describe the DOD work to develop a COVID-19 vaccine¹³⁸. The first hit for the impact of COVID on DOD activities is a US Air Force news item dated 11 March describing the arrival screening of US Air Force basic trainees at Lackland Air Force Base. On 12 March, the Chinese Foreign Ministry suggested that the US military might have brought COVID-19 to Wuhan. The first hit from the Google search to the DOD website for the military community on COVID-19 was dated 13 March. The first call for a military contribution to the Federal response was made the Governor of New York on 15 March for the US Army to help increase hospital capacity¹³⁹. The first hit about the use of the US military in support of the Federal response was on Military.com website on 17 March with further reports over the subsequent days in response to different public announcements. On 23 Mar Sec Def gave a press briefing that summarised the actions being taken by the US DOD to support the response to the COVID-19 crisis¹⁴⁰. After the initiation of a daily report cases, on Mar 26, Sec Def explained that the military would continue to report COVID-19 cases but withhold mission-specific information to protect security. The number of military cases and its impact on military readiness is a persistent topic. NORTHCOM (as the military headquarters in support of the Federal Emergency Management Agency (FEMA)) issued its first press release on its activities on 27 March. The US Army Reserve announced the creation of Urban Augmentation Medical Task Forces (UAMTF) on 5 April¹⁴¹. The first hit for the Navy response to COVID-19 was 11 Apr and on 07 May for the Army. The impact of Covid-19 on recruitment to the US military hit the media in early May as a result of a memo issued by the US Military Entrance Processing Command making a history of COVID-19 a permanently disqualifying condition, this is was made less stringent by 22 May¹⁴². As the peak of infections reduced in the US, the narrative shifted to restarting military activities including mitigating the risk in training establishments. The US CDC published a paper on 2 June that described the procedures taken at Lackland Air Force Base to manage the risk amongst Air Force Basic Military Training¹⁴³ (also see entry for 11 Mar). On 26 May, the DOD changed its blanket travel ban to a conditions-based approach¹⁴⁴ However UAMTFs were deployed in July to Texas and California as the

¹³⁷ <https://www.jcs.mil/Media/News/News-Display/Article/2104815/dod-outlines-priorities-in-combating-coronavirus/>

¹³⁸ <https://www.defense.gov/Explore/News/Article/Article/2103732/army-medical-personnel-describe-efforts-to-develop-coronavirus-vaccine/>

¹³⁹ <https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-governor-cuomo-calls-president-trump-take-comprehensive>

¹⁴⁰ <https://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2122708/remarks-by-secretary-esper-in-a-press-briefing-on-covid-19-response/>

¹⁴¹ <https://www.usar.army.mil/News/Article/2137735/urban-augmentation-medical-task-forces-uamtf/standto/>

¹⁴² <https://www.militarytimes.com/news/your-military/2020/05/06/coronavirus-survivors-banned-from-joining-the-military/>

¹⁴³ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6922e2.htm>

¹⁴⁴ <https://www.defensetravel.dod.mil/coronavirus/>

US COVID-19 outbreak expanded¹⁴⁵. This was complicated by an increase in US military cases in Asia, especially Japan¹⁴⁶.

Table 13 - US Military COVID-19 Timeline

Date	Event
29 Jan	<i>DOD supports repatriation from Wuhan and holding/quarantine</i>
29 Jan	<i>Interagency Taskforce established</i>
30 Jan	<i>Initial Force Health Protection guidance issued</i>
1 Feb	<i>NORTHCOM nominated as DOD synchroniser</i>
9 Feb	<i>JCS COVID-19 Crisis Management Team established</i>
10 Feb	<i>first +ve case in military quarantine site</i>
28 Feb	<i>DOD COVID-19 Task Force established</i>
2 Mar	first report of impact on US military
4 Mar	DOD press release on Priorities in Combating Coronavirus
5 Mar	USAMRIID press briefing on COVID-19 vaccine
11 Mar	COVID-19 screening for USAF trainees
11 Mar	<i>DOD Travel restrictions imposed</i>
16 Mar	<i>EX DEFENDER EUROPE modified</i>
12 Mar	Chinese tweet – US Military might have bought COVID to Wuhan
15 Mar	Gov NY calls for Army assistance
16 Mar	<i>DOD approves assistance to US Secret Service White House/Naval Observatory medical support</i>
17 Mar	<i>DOD approves FEMA request to medical surge support to Washington State</i>
17 Mar	<i>DOD makes available respirator masks, ventilators and testing labs</i>
18 Mar	<i>DOD announces USNS Comfort and USNS Mercy will be available</i>
18 Mar	Pentagon starts publishing data on Covid cases
19 Mar	<i>POTUS invokes the Defence Production Act</i>
19 Mar	<i>27 states activate the National Guard and military liaison officers deployed to assist FEMA</i>
20 Mar	<i>CENTCOM stops all movement of forces</i>
22 Mar	<i>USS Theodore Roosevelt sailor tests +ve</i>
23 Mar	Sec Def Press Conference
24 Mar	<i>COVID-19 case at Pentagon</i>
25 Mar	<i>DOD stop movement order</i>
25 Mar	<i>3 Combat Support Hospitals ordered to New York</i>
26 Mar	reduction in granularity of data on military Covid cases
26 Mar	<i>USUHS graduates released early</i>
27 Mar	<i>POTUS authorised mobilisation of Reserves</i>
27 Mar	<i>USA Corps Engineers complete assessment of 114 alternative care facilities</i>
27 Mar	first NORTHCOM press release
28 Mar	<i>100 DOD mortuary affairs personnel deployed to New York</i>
28 Mar	<i>First US service member dies of COVID</i>
29 Mar	<i>USNS Mercy treats first patient in Los Angeles</i>
31 Mar	<i>DOD medical facilities stops routine work</i>
31 Mar	<i>Two Army field hospitals begin treating patients in New York</i>

¹⁴⁵ <https://www.health.mil/News/Articles/2020/07/14/U-S-military-deploys-to-Texas-and-California-in-support-of-COVID-19-operations>

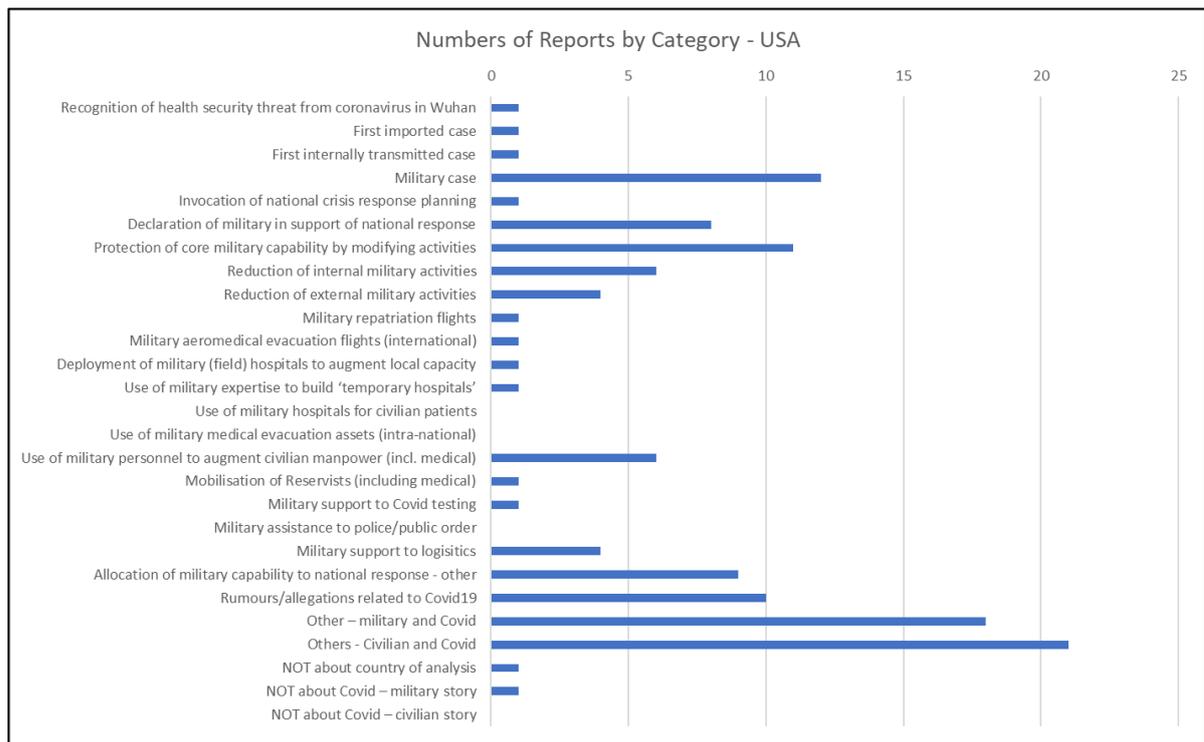
¹⁴⁶ <https://www.usfj.mil/US-Forces-Japan-COVID-19/>

Date	Event
01 Apr	<i>USNS Comfort begins seeing patients in New York</i>
03 Apr	<i>Sec Def MEMO on accessions to the military</i>
04 Apr	<i>POTUS announcement of extra 1000 military medical personnel to New York</i>
05 Apr	<i>US Army Reserve announces creation of Urban Augmentation Medical Task Forces</i>
06 Apr	<i>field hospitals open in Seattle and New Orleans</i>
10 Apr	<i>3 US government contractors aeromedically evacuated from Afghanistan to Germany</i>
11 Apr	<i>first website hit for US Navy</i>
13 Apr	<i>first death of active duty service member</i>
20 Apr	<i>DOD provide humanitarian assistance to Italy</i>
21 Apr	<i>Armed Services Blood Programme starts to collect convalescent plasma</i>
22 Apr	<i>DOD labs to test civilians up to 700/day</i>
26 Apr	<i>USNS Comfort declares all patients discharged</i>
1 May	<i>Javits Centre Military hospital discharges last patient</i>
4 May	<i>MySymptoms.mil as a military COVID-19 symptom checker</i>
06 May	<i>MEPCOM bans enlistment with a history of COVID-19</i>
07 May	<i>first website hit for US Army</i>
19 May	<i>DOD issues guidance to military MTFs on resumption of elective procedures</i>
26 May	<i>DOD shifts to a conditions-based approach to military travel</i>
14 Jul	<i>UAMTFs deployed to Texas and California</i>

US Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the methodology. In addition, the DOD Coronavirus Timeline is an authoritative source of US military activities and so the first event or activity that met the categorisation list was also recorded. This added 18 additional category entries. The distribution of categories is at *Figure 8*. Twenty-two hits were assigned to the ‘irrelevant’ categories¹⁴⁷. The largest category was ‘Others – civilian and Covid’. Topics for hits in this category included US civilian travel restrictions, border controls, cybersecurity and economic impacts.

¹⁴⁷ ‘Others – Civilian and Covid’, ‘NOT about Covid – military story’, ‘NOT about Covid – civilian story’ and ‘Other’

Figure 8 - Numbers of Reports by Category – USA



‘Others – military and Covid’ was the largest military-related category. This included several hits on the policy to ban entry to the armed forces for applicants with a medical history of COVID-19, the impact of COVID-19 on security strategy and defence spending, and general updates on COVID-19 for military family members and veterans.

There were 12 hits for ‘Military case’ which indicates the level of interest on the impact of military cases on military readiness. Notably, the USA is the only country in this group that has been routinely publishing the numbers of COVID-19 cases in the Defence population. This level of interest is also captured by the number of hits on ‘Protection of core military capability by modifying activities’, ‘Reduction of internal military activities’ and ‘Reduction of external military activities’. ‘Declaration of military in support of national response’ covers commentary from news sources and thinktanks about the use of military capability to augment the civilian response in mid-March. Actual military activities were picked up under the specific categories. Interestingly there were no specific hits for ‘Deployment of field hospitals’ (which should also have captured the use of USNS Comfort and Mercy), ‘Use of military expertise to build ‘temporary hospitals’ and ‘Military support to Covid testing’. However, the DOD and each of the Services published rolling updates on their websites describing individual activities and these activities were included in the aggregated summaries that were categorised under ‘Allocation of military capability to national response – other’. Finally, it is notable that there were 10 hits that covered ‘Rumours/allegations related to Covid’ which captured the traffic in mid-March surrounding the Chinese allegation that the US military brought coronavirus into Wuhan. No records were found for the following categories ‘military assistance to police/public order’, ‘military hospitals to treat civilian patients’, or ‘use of military medical evacuation assets (intra-national)’.

CHINA CASE STUDY

The first search was done using the English language following the methodology previously described but this only retrieved webpages from European/American sources. The search was translated into Mandarin and the search was conducted using a Virtual Private Network. The first 100 website hits were collated onto a spreadsheet and summarised in English (articles written in Mandarin were summarised in English as well). The content was then individually categorised using the techniques described in the Methodology. The search yielded a low proportion of relevant hits that continued through to the 31 July 2020. There were 109 category entries from 100 website hits. Most websites detected were news reports, though 38 hits were from Chinese government websites. Further searches were done against the official China Peoples Liberation Army COVID-19 website for pneumonia (51 hits), coronavirus (31 hits), and Covid (100 hits), each with slightly different results.

Key Chinese websites include:

China's official People's Liberation Army COVID-19 website (in English):

http://eng.chinamil.com.cn/2020special/node_109227.htm

Military Medical Research, a journal sponsored by the Chinese military:

<https://mmrjournal.biomedcentral.com/>

China Timeline. The first activity detected is a report of military medical personnel arriving in Wuhan on 24 January¹⁴⁸. This report was amplified on 25 January with an article describing the deployment of 450 military medical staff, including professionals who have experience in the fight against SARS or Ebola, to Wuhan, the city hardest-hit by coronavirus. Three teams of medics were sent by medical universities of the army, navy and air force of the People's Liberation Army (PLA)¹⁴⁹. Further reports published on 27 January included an update from the General Hospital of the PLA's Central Theatre Command located in Wuhan—the hospital's internal medicine inpatient department was changed to an inpatient ward with more than 500 beds for receiving and treating patients contracting the new coronavirus pneumonia, which could relieve the pressure of civil hospitals in Wuhan¹⁵⁰. On the same day were published a report on a train loaded with emergency medical supplies from PLA arriving in Wuhan¹⁵¹, and a report on a medical team from PLA Naval Medical University helping Hankou Hospital in Wuhan¹⁵².

On 30 January, President Xi Jinping called on the People's Liberation Army to shoulder its responsibility and continue contributing to the country's uphill battle to control the recent novel coronavirus outbreak and prevent a pandemic¹⁵³. Further reports on 2 February covered PLA troops stationed in China's Hubei Province dispatching 50 military trucks to transport over 200 tons of living goods and materials from some distribution centers to major grocery stores in Wuhan to support the daily life of local residents¹⁵⁴, and PLA aircraft being used to move medical personnel and supplies to

¹⁴⁸ http://eng.chinamil.com.cn/2020special/2020-01/25/content_9761256.htm

¹⁴⁹ http://eng.mod.gov.cn/news/2020-01/25/content_4859039.htm

¹⁵⁰ http://eng.mod.gov.cn/news/2020-01/27/content_4859130.htm

¹⁵¹ http://eng.chinamil.com.cn/2020special/2020-01/27/content_9761259.htm

¹⁵² http://eng.chinamil.com.cn/2020special/2020-01/28/content_9761242.htm

¹⁵³ http://eng.mod.gov.cn/news/2020-01/30/content_4859253.htm

¹⁵⁴ http://eng.mod.gov.cn/news/2020-02/03/content_4859516.htm

Wuhan¹⁵⁵. On 3 February the PLA announced the construction of Huoshenshan Hospital, with a floor area of 25,000 square meters, which would deal primarily with patients who had been confirmed to have contracted the coronavirus. It would be a copy of Beijing Xiaotangshan Hospital, which was built in seven days in a Beijing suburb in April 2003 during the outbreak of severe acute respiratory syndrome, to treat SARS patients, and which played a key role in the prevention and control of the deadly disease. Construction of Huoshenshan Hospital in suburban Wuhan formally started on January 25 to cope with the rapidly increasing number of people infected by the coronavirus. The majority of the 1,400 medical personnel who would treat patients in the hospital would come from hospitals administered by the PLA Joint Logistic Support Force, with others from PLA Ground Force Medical University, PLA Navy Medical University and PLA Air Force Medical University¹⁵⁶. The hospital started admitting patients¹⁵⁷ on 4 February, on the same day that the PLA established a transport support team of 260 soldiers and 130 trucks to assist local logistic companies in Wuhan to transport daily necessities such as vegetables, according to a statement published by the military on Monday¹⁵⁸. Further announcements of the role of the Joint Logistic Support Force were made on 5 February¹⁵⁹ with full mobilisation on 7 February¹⁶⁰. A further report was released on 9 February covering the first 5G real-time remote consultations between Chinese PLA General Hospital in Beijing and Huoshenshan Hospital in Wuhan¹⁶¹. On 13 February, another report stated the military would send an additional 2,600 medical personnel to Wuhan¹⁶² and military helicopters to assist with the transport of drugs and medical materials¹⁶³. A 14 February article reported that 1,400 military medics and medical supplies from seven cities, including Urumqi, Shenyang and Chengdu landed at Wuhan Tianhe International Airport¹⁶⁴. On 18 March, it was announced that no further new infections were reported in Wuhan¹⁶⁵, and on 20 April, news that military medical personnel would leave Wuhan was published¹⁶⁶.

The Ministry of Veterans Affairs and the Political Work Department of the Central Military Commission (CMC) jointly issued a notice on honoring personnel who died in the fight against the 'novel coronavirus pneumonia' (COVID-19) outbreaks on 18 February¹⁶⁷. This was followed by an announcement medics fighting COVID-19 would have free life insurance¹⁶⁸. In a 3 March statement, Major General Chen Jingyuan, Health Division Director of the Logistic Support Department under the Central Military Commission (CMC), stated that there had been no cases amongst PLA personnel¹⁶⁹. Also on 3 March, the Chinese Global Times published an article suggesting the establishment of a national defense force on biosecurity in response to the COVID-19 outbreak¹⁷⁰.

¹⁵⁵ http://eng.chinamil.com.cn/2020special/2020-02/02/content_9761269.htm

¹⁵⁶ http://eng.mod.gov.cn/news/2020-02/03/content_4859491.htm

¹⁵⁷ http://eng.mod.gov.cn/news/2020-02/04/content_4859643.htm

¹⁵⁸ http://eng.chinamil.com.cn/2020special/2020-02/03/content_9761297.htm

¹⁵⁹ http://eng.mod.gov.cn/news/2020-02/05/content_4859752.htm

¹⁶⁰ http://eng.mod.gov.cn/news/2020-02/07/content_4859848.htm

¹⁶¹ http://eng.mod.gov.cn/news/2020-02/11/content_4860228.htm

¹⁶² http://eng.mod.gov.cn/news/2020-02/13/content_4860355.htm

¹⁶³ http://eng.chinamil.com.cn/2020special/2020-02/13/content_9761234.htm

¹⁶⁴ http://eng.mod.gov.cn/news/2020-02/14/content_4860443.htm

¹⁶⁵ http://eng.chinamil.com.cn/view/2020-06/08/content_9829837.htm

¹⁶⁶ http://eng.chinamil.com.cn/2020special/2020-04/20/content_9803740.htm

¹⁶⁷ http://eng.mod.gov.cn/news/2020-02/18/content_4860709.htm

¹⁶⁸ http://eng.chinamil.com.cn/view/2020-02/26/content_9753502.htm

¹⁶⁹ http://eng.mod.gov.cn/news/2020-03/03/content_4861451.htm

¹⁷⁰ http://eng.mod.gov.cn/news/2020-03/03/content_4861386.htm

Reports on Chinese internal military activities against COVID-19 substantially diminished after March, though a summary was published on 8 June¹⁷¹ and on 22 July there was a report on the progress of a vaccine for COVID-19 created by the Academy of Military Medical Sciences and a Chinese biotech company, CanSino¹⁷². Notably, there are a significant number of reports on Chinese support to China’s international partners as listed in *Table 14*.

Table 14 - Reports of Chinese Military Assistance overseas to COVID-19

Date	Headline	URL
19 Mar	Donation of medical supplies to Iran from PLA	http://eng.mod.gov.cn/news/2020-03/20/content_4862264.htm
23 Apr	China hands medical aid to Iraqi military to contain COVID-19	http://www.81.cn/jwywpd/2020-04/23/content_9799550.htm
24 Apr	PLA medical expert team fights COVID-19 in Pakistan	http://www.81.cn/jwywpd/2020-05/07/content_9808791.htm
27 Apr	Medical team from China helps Serbia's fight against COVID-19	http://eng.chinamil.com.cn/2020special/2020-04/27/content_9803762.htm
27 Apr	Chinese Embassy in Sri Lanka donates anti-epidemic items to the SL Navy	http://eng.chinamil.com.cn/2020special/2020-04/27/content_9803683.htm
28 Apr	PLA sends materials to help Lebanese military battle COVID-19	http://eng.chinamil.com.cn/2020special/2020-04/28/content_9803684.htm
4 May	China PLA donates medical equipment, accessories to Myanmar COVID-19 testing laboratory	http://www.81.cn/jwywpd/2020-05/05/content_9806942.htm
2 Jun	Chinese military provides more medical supplies to help Laos fight COVID-19	http://www.81.cn/jwywpd/2020-06/03/content_9828167.htm
5 Jun	Chinese military donates anti-pandemic medical supplies to Republic of Congo	http://eng.chinamil.com.cn/view/2020-06/08/content_9830099.htm
2 Jul	Chinese military provides supplies to help militaries of five countries (Bolivia, Cuba, Ecuador, Peru and Venezuela) combat COVID-19	http://www.81.cn/jwywpd/2020-07/02/content_9845259.htm

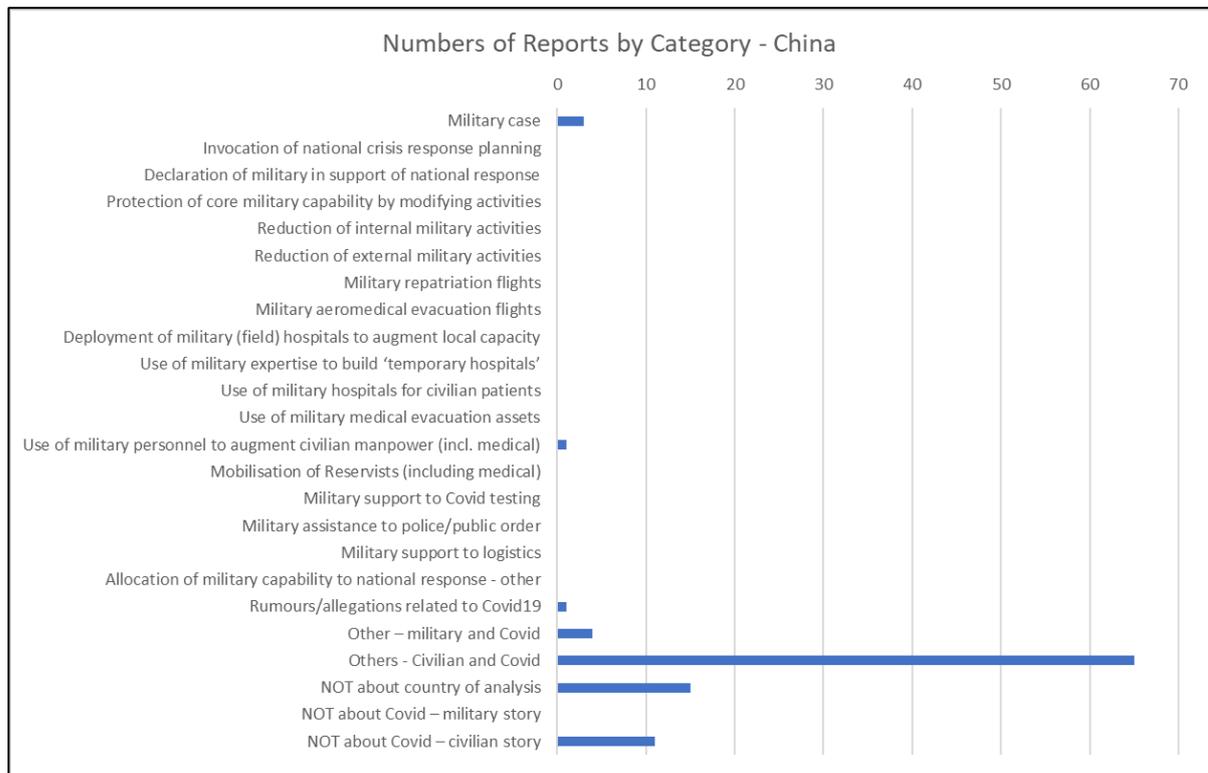
China Category Analysis. The content of the websites identified by the Google™ search was categorised according to the process described in the Methodology. The distribution of categories is shown in *Figure 9*. There were only 9 hits for military topics. Three of these were related to the statement by the Health Division Director of the Logistic Support Department that there had not been any cases of COVID-19 amongst the armed forces. One hit for ‘Use of military personnel to augment civilian manpower’ captured a summary report from the Xinhua News Agency, People’s Liberation Army Branch, on the contribution of the PLA medical services to COVID-19 response in Wuhan. The hit for ‘Rumours/allegations related to Covid-19’ was a Chinese government press release on the development of a vaccine and the refutation of allegations that the virus was man-made. There were 64 hits for ‘Other – Civilian and Covid’ that covered the breadth of the Chinese response to COVID-19.

¹⁷¹ http://eng.chinamil.com.cn/view/2020-06/08/content_9829837.htm

¹⁷² http://www.81.cn/jwywpd/2020-07/22/content_9858856.htm

‘NOT about country of analysis’ picked up hits from Chinese embassies and consulates around the world (Mexico, Kuwait, San Francisco, Los Angeles, Denmark) and websites of companies resident in China (including Cathy Pacific, Lufthansa, Air France, UPS) and case reports from the USA and South Korea. ‘Not about Covid – civilian story’ picked up 8 government websites from ministries, municipal authorities, and health authorities.

Figure 9 - Numbers of Reports by Category – China



The activities of the armed forces in response to COVID-19 reported on Chinese military websites fit many of the categories in this analysis. Thirty-three reports were analysed (one was a civilian announcement that there were no new cases in Wuhan on 18 March) at Figure 10. The majority of reports were categorised ‘Other – military and Covid,’ and these covered 9 reports on donations of medical equipment by the PLA to international partners (Pakistan, Iran, Lebanon, Myanmar, Cambodia, Laos, Iran, Syria, Congo), 2 reports on life insurance and other mechanisms to recognise the contribution of military medics, one report suggesting the creation of a ‘national defence force on biosecurity’, one report on military medical personnel leaving Wuhan, and one report on the development of a vaccine. There were 7 reports on military logistical assistance including the procurement of medical materials and the use of aeroplanes, helicopters and lorries to move medical equipment, food and personnel. Five reports covered the redeployment of military medical personnel from across China to augment the response in Wuhan, and two reports covered the building and operation of new, temporary hospitals. President Xi’s announcement about the involvement of the military and the refutation of COVID-19 cases in the armed forces were each reported once.

There were no reports related to: ‘the protection of military capability’ and ‘the reduction of internal or external military activities’, and there were no reports on military support to the repatriation of Chinese nationals from other nations. Similarly, there were no reports on military field

hospitals being deployed, nor on the armed forces being used for: internal movement of COVID-19 patients, supporting COVID testing, or military assistance to the police/public order.

Figure 10 – Numbers of Reports by Category – Chinese military



RUSSIA CASE STUDY

The literature search for the Russian case was undertaken in Russian. The analysis focusses on the armed forces and does not explore the other types of Russian security and crisis response organisations; Rosguard (Federal National Guard Troops Service of the Russian Federation, Rosgvardiya), and EMERCOM (Ministry for Emergency Situations, Rospotrebnadzor). The identification of reports was based on the key word search for “Russia AND covid-19 AND (military OR army OR security)” translated into Russian as described in the methodology. This identified key websites and themes but did not produce a search output that could be collated in the same way as the searches in European languages. As an alternative, all the news reports on the Russian MOD website that were tagged with #COVID were reviewed in order to identify each unique military activity.

Key Russian websites:

Russian Ministry of Defence website: <http://stat.mil.ru/index.htm>

Russian MoD news reports tagged with #COVID:

https://function.mil.ru/news_page/country.htm?f=651&fid=0&blk=10322350&id=10970@egClassification&ra=egNews&objInBlock=25

Russia Timeline. The first Covid-19 case (civilian) was identified in Russia on 31 January 2020.¹⁷³ On 3 February the military was tasked to evacuate Russian citizens from the Wuhan region. To that end, upon Putin's order, a special aviation group was created which included military medics.¹⁷⁴ Over period 7-11 March the MOD released press reports of preparations by different military districts to prevent the spread of COVID-19¹⁷⁵. The Russian Prime Minister established a Coordination Council for Countering Coronavirus to lead the national response to Covid-19 on 14 March¹⁷⁶. As the virus began spreading, the Russian MoD created an operational HQ (under the leadership of the First Deputy Defense Minister Ruslan Tsalikov) to reduce the risk of contagion in the Russian Army. For instance, the MoD stopped receiving foreign representatives and sending Russian military delegations abroad. All events outside operational deployments were suspended from 20 March.¹⁷⁷

Russian troops, including their CBRN units, were deployed to Italy to help fight COVID-19 on 22 March¹⁷⁸ (possibly to gain experience and as a demonstration of international support (which was highly controversial, especially in the Italian press)).¹⁷⁹ This assistance started with assisting with the disinfections of hospitals, public buildings and nursing homes¹⁸⁰, extended to joint medical training and then working in a temporary hospital in Bergamo¹⁸¹. A press release on 20 April described the measures being taken to protect the health of Russian personnel deployed to Italy¹⁸². There are several reports of videoconferences between Russian military doctors in Moscow, Italy and Serbia sharing their experiences¹⁸³ and a videoconference between military medical staff of the Collective Security Treaty Organisation (CTSO) on 16 April¹⁸⁴. By the beginning of May, press reports were listing the numbers of COVID-19 patients cured by Russian medical teams¹⁸⁵. Russian teams started to return from Italy on 08 May¹⁸⁶ with the final return on 15 May¹⁸⁷.

On 25 March, although the military was yet not officially tasked with fighting Covid-19, special exercises were conducted at seven training camps located on the grounds of the Western and Central Military Districts. These exercises involved RBC units, Aerospace forces, Strategic Missile Forces,

¹⁷³ <https://ria.ru/20200515/1571520997.html?in=t>

¹⁷⁴ <https://www.militarynews.ru/story.asp?rid=1&nid=526425&lang=RU>; For criticism of how the evacuation was carried out, see <https://novayagazeta.ru/articles/2020/02/09/83841-chumnye-voyska>

¹⁷⁵ https://function.mil.ru/news_page/country/more.htm?id=12281070@egNews

¹⁷⁶ <http://government.ru/news/39151/>

¹⁷⁷ https://nvo.ng.ru/nvo/2020-03-20/100_200320news2.html

¹⁷⁸ <https://www.gazeta.ru/army/2020/03/23/13018291.shtml>

¹⁷⁹ <https://www.reuters.com/article/us-health-coronavirus-italy-russia/from-russia-with-love-mission-to-italy-hit-by-press-row-idUSKBN21L30L>

¹⁸⁰ https://function.mil.ru/news_page/country/more.htm?id=12284183@egNews

¹⁸¹ https://function.mil.ru/news_page/country/more.htm?id=12285395@egNews

¹⁸² https://function.mil.ru/news_page/country/more.htm?id=12287605@egNews

¹⁸³ https://function.mil.ru/news_page/country/more.htm?id=12286657@egNews

¹⁸⁴ https://function.mil.ru/news_page/country/more.htm?id=12287145@egNews.

¹⁸⁵ https://function.mil.ru/news_page/country/more.htm?id=12290075@egNews

¹⁸⁶ https://function.mil.ru/news_page/country/more.htm?id=12291079@egNews

¹⁸⁷ https://function.mil.ru/news_page/country/more.htm?id=12292523@egNews

engineering troops and military medical units. The exercises included practicing quarantine measures, disinfection of objects and terrain, deployment of field hospitals, epidemic reconnaissance, medical evacuation and similar.¹⁸⁸ This provided special training to prepare the armed forces to support the response to Covid-19.

On 27 March the Deputy Minister of Defence announced the building of 16 multifunctional military medical centres for the treatment of COVID-19 patients within the sites of military hospitals across Russia¹⁸⁹. There were multiple subsequent reports tracking progress of the building of these medical centres¹⁹⁰, through to their opening¹⁹¹ and treating patients¹⁹². Further medical centres were commissioned at the end of April. An update was provided by the Russian Defence Minister on 17 April¹⁹³ announcing the intention for the first to open on 30 April with modern medical equipment supported by telemedicine. These were to be manned by 2224 personnel with specialists receiving training at the Military Medical Academy. In addition, 7 mobile hospitals of 100 beds, 3 special purpose medical teams of 100 beds and 450 berths on the hospital ship 'Irtys' were on standby. Sixty-five resuscitation medical and nursing teams have been formed for deployment across the country. It was announced that military personnel from these teams would be used to augment civilian hospitals in Moscow on 24 April¹⁹⁴. Eight multifunctional medical centres were reported ready at the beginning of May within a further 8 ready on 15 May¹⁹⁵, and other reports¹⁹⁶.

Russia announced its intention to provide medical assistance to Serbia on 3 April¹⁹⁷. This followed a similar style of reporting to that of the Italian deployment; co-ordination meetings¹⁹⁸, disinfection tasks¹⁹⁹ and assistance with medical care of patients²⁰⁰. This mission was wound down from 16 May²⁰¹.

On April 7, the Russian military began collaborating with the specialists of the 48th Central Scientific Research Institute of the Russian Chemical and Biological Forces (Центрального научно-исследовательского института войск РХБЗ) in development of a vaccine against Covid-19. The tasks of the 48th Central Research Institute include the development of medical protection for the army and the population from especially dangerous infections.²⁰² Selection and assessment of volunteers

¹⁸⁸ <https://lv.sputniknews.ru/analytics/20200327/13462941/Pandemii-boy-koronavirusu-mozhet-protivostoyat-armiya-russia.html>

¹⁸⁹ https://function.mil.ru/news_page/country/more.htm?id=12284111@egNews

¹⁹⁰ https://function.mil.ru/news_page/country/more.htm?id=12285676@egNews

¹⁹¹ https://function.mil.ru/news_page/country/more.htm?id=12292504@egNews

¹⁹² https://function.mil.ru/news_page/country/more.htm?id=12289665@egNews

¹⁹³ https://function.mil.ru/news_page/country/more.htm?id=12287277@egNews

¹⁹⁴ https://function.mil.ru/news_page/country/more.htm?id=12288660@egNews

¹⁹⁵ https://function.mil.ru/news_page/country/more.htm?id=12292544@egNews

¹⁹⁶ https://function.mil.ru/news_page/country/more.htm?id=12292534@egNews

¹⁹⁷ https://function.mil.ru/news_page/country/more.htm?id=12284998@egNews

¹⁹⁸ https://function.mil.ru/news_page/country/more.htm?id=12285183@egNews

¹⁹⁹ https://function.mil.ru/news_page/country/more.htm?id=12285653@egNews

²⁰⁰ https://function.mil.ru/news_page/country/more.htm?id=12285434@egNews

²⁰¹ https://function.mil.ru/news_page/country/more.htm?id=12292639@egNews

²⁰² <https://www.militarynews.ru/story.asp?rid=0&nid=529774&lang=RU>

for human trials of the vaccine was completed by 2 June²⁰³, clinical trials started on 16 June and completed by 20 July²⁰⁴.

The first of multiple reports of the use of CBRN troops to disinfect public facilities was released on 8 April²⁰⁵. This was the most frequently report of military activity and included roads²⁰⁶, buildings²⁰⁷, industrial enterprises²⁰⁸, educational institutions²⁰⁹, ambulances²¹⁰ and hospitals²¹¹.

Indicators of changes in military activities to reduce COVID-19 transmission included: a report of distance learning for educational institutions of the Airborne Forces²¹²; using bank cards rather than cash to pay for meals²¹³; online management of conscription²¹⁴, ending the military academic year early (announced 27 April²¹⁵); the armed forces started testing all conscripts for COVID-19 in May²¹⁶ and reduced the total numbers to be conscripted in 2020. The MOD reported a conference call on 22 Apr by the Commander of Western Military District that described actions being taken to mitigate the virus and that the combat readiness and training of troops would be maintained²¹⁷. This was reinforced by the Russian Defence Minister on 24 Apr²¹⁸.

On April 13, President Putin 'allowed' the use of the MoD's resources to fight Covid-19 (2 ½ months after the first case had been detected)²¹⁹. This was followed by creation of a reserve within the Armed Forces, aimed to fight Covid-19²²⁰. The first information bulletin of the Ministry of Defence in the COVID-19 collection was published on 7 May²²¹. This reported the creation of 23 laboratories capable of conducting 11,500 tests per day, the building of 182 observational centres for isolation of contacts with 30000 beds, preparation of 6745 beds in military hospitals for military personnel, and 7 mobile units of 100 bed for potential deployment. From March to 7 May, 1540 personnel in military units, 1205 personnel in higher military training institutions, 195 in pre-university educational institutions and 373 civilians had tested positive. There was a detailed description of the protection arrangements for conscripts being recruited and discharged from the armed forces. The same reported stated that 8 multifunctional medical centres were open with a further eight to be commissioned on 15 May. A

²⁰³ https://function.mil.ru/news_page/country/more.htm?id=12295403@egNews

²⁰⁴ https://function.mil.ru/news_page/country/more.htm?id=12302980@egNews

²⁰⁵ https://function.mil.ru/news_page/country/more.htm?id=12285680@egNews

²⁰⁶ https://function.mil.ru/news_page/country/more.htm?id=12286888@egNews

²⁰⁷ https://function.mil.ru/news_page/country/more.htm?id=12286397@egNews

²⁰⁸ https://function.mil.ru/news_page/country/more.htm?id=12288315@egNews

²⁰⁹ https://function.mil.ru/news_page/country/more.htm?id=12287295@egNews

²¹⁰ https://function.mil.ru/news_page/country/more.htm?id=12286588@egNews

²¹¹ https://function.mil.ru/news_page/country/more.htm?id=12286757@egNews

²¹² https://function.mil.ru/news_page/country/more.htm?id=12286418@egNews

²¹³ https://function.mil.ru/news_page/country/more.htm?id=12286488@egNews

²¹⁴ https://function.mil.ru/news_page/country/more.htm?id=12286878@egNews

²¹⁵ https://function.mil.ru/news_page/country/more.htm?id=12289154@egNews

²¹⁶ https://function.mil.ru/news_page/country/more.htm?id=12292486@egNews

²¹⁷ https://function.mil.ru/news_page/country/more.htm?id=12288341@egNews

²¹⁸ https://function.mil.ru/news_page/country/more.htm?id=12288663@egNews

²¹⁹ <https://www.kommersant.ru/doc/4321422>

²²⁰ <https://ria.ru/20200417/1570204100.html>

²²¹ https://function.mil.ru/news_page/country/more.htm?id=12290889@egNews

total of 82,888 objects and 10,981,683 sqM of space were reported as having been disinfected. Further reports were released periodically: 08 May²²²; 17 June²²³; 26 July²²⁴.

On 15 May, the Defence Minister publicly reported measures taken by the military department to the President²²⁵. In addition to highlighting the activities covered elsewhere, he announced the assignment of 600 military medical specialists to the temporary hospital in the Patriot Exhibition and Convention Centre in Kubinka, Moscow. He gave a further update on 2 June, summarizing military achievements in the response to COVID-19, the need to prepare for military parades on the 75th anniversary of Victory in the Great Patriotic War. This conference included an update from the Chief of the Main Military Medical Directorate of the Ministry of Defence²²⁶ on the medical arrangements for personnel on the parade and for visiting foreign delegations.

A new intervention was announced on 18 May with the deployment of military logistics personnel and equipment to set up a 2000 bed COVID-19 observational camp plus a 100 bed mobile hospital to an outbreak in a gold mining plant near Eruda in Krasnoyarsk Territory, Siberia²²⁷. These were in place by 23 May²²⁸. A summary of the clinical work of the units was published on 8 June²²⁹ and 19 June²³⁰ with the hospital closing on 15 July²³¹. On 20 May, two field hospital were deployed to Dagestan in the Caucasus and were receiving patients by 25 May²³². On 6 Jun it was reported that, additionally, 3 semi-permanent multifunctional hospitals would be constructed²³³. A summary of the medical activities in Dagestan was published on 15 June²³⁴. Military personnel also conducted community testing of civilians for COVID-19²³⁵. The mission to Dagestan closed on 3 July²³⁶. A further field hospital was deployed to Chita, Trans-Baikal Territory on 5 June²³⁷ with it opening on 8 June²³⁸ and published a summary of its activities on 29 June²³⁹. The only report of COVID-19 on overseas operations was the placing of a military police battalion in quarantine on returning from Syria on 9 June²⁴⁰. A further deployment of a field hospital to Tuva, Southern Siberia was reported on 29 June²⁴¹ and opened on 2 July²⁴².

²²² https://function.mil.ru/news_page/country/more.htm?id=12291067@egNews

²²³ https://function.mil.ru/news_page/country/more.htm?id=12297755@egNews

²²⁴ https://function.mil.ru/news_page/country/more.htm?id=12304034@egNews

²²⁵ https://function.mil.ru/news_page/country/more.htm?id=12292555@egNews

²²⁶ https://function.mil.ru/news_page/country/more.htm?id=12295483@egNews

²²⁷ https://function.mil.ru/news_page/country/more.htm?id=12292828@egNews

²²⁸ https://function.mil.ru/news_page/country/more.htm?id=12293761@egNews

²²⁹ https://function.mil.ru/news_page/country/more.htm?id=12296319@egNews

²³⁰ https://function.mil.ru/news_page/country/more.htm?id=12297962@egNews

²³¹ https://function.mil.ru/news_page/country/more.htm?id=12301865@egNews

²³² https://function.mil.ru/news_page/country/more.htm?id=12294007@egNews

²³³ https://function.mil.ru/news_page/country/more.htm?id=12295981@egNews

²³⁴ https://function.mil.ru/news_page/country/more.htm?id=12297346@egNews

²³⁵ https://function.mil.ru/news_page/country/more.htm?id=12297450@egNews

²³⁶ https://function.mil.ru/news_page/country/more.htm?id=12300138@egNews

²³⁷ https://function.mil.ru/news_page/country/more.htm?id=12296034@egNews

²³⁸ https://function.mil.ru/news_page/country/more.htm?id=12296324@egNews

²³⁹ https://function.mil.ru/news_page/country/more.htm?id=12299496@egNews

²⁴⁰ https://function.mil.ru/news_page/country/more.htm?id=12296498@egNews

²⁴¹ https://function.mil.ru/news_page/country/more.htm?id=12299578@egNews

²⁴² https://function.mil.ru/news_page/country/more.htm?id=12299988@egNews

Activities reported in July included: the telephone conversation on 2 July between the Head of the General Staff of the Russian Armed Forces Valery Gerasimov and the Chairman of the NATO Military Committee Sir Stuart Peach²⁴³, the creation of an exhibition dedicated to the fight against coronavirus infection at the Military Medical Museum of the Ministry of Defense of the Russian Federation²⁴⁴ and the international deployment of a military medical team to assist Kyrgyzstan on 24 July²⁴⁵.

In the media, the use of military medics is depicted in a positive light, aligning the approach by military medics to the potential consequence of using weapons of mass destruction. It is perceived that this mindset more suitable to fight the spread of the virus than civilians.²⁴⁶ During the whole operation to fight COVID-19, no evidence was found that Russian troops stationed abroad were brought home. In addition, Defence Minister Shoygu stressed the virus should not disrupt the Army's regular activities.²⁴⁷

A limited review of the roles of actors suggests that MoD was better funded than any civilian agency such as EMERCOM for the COVID-19 response. Whereas EMERCOM and Rospotrebnadzor were involved mostly in a 'consulting' role and with the latter undertaking epidemiological consulting abroad (e.g. Tajikistan, Kazakhstan and similar), epidemiological reconnaissance and enforcement of quarantine (joint mission with Rosgvardia)²⁴⁸, tactical tasks such as evacuation, transportation of medical equipment and personnel, construction of field hospitals and medical centers for both military and civilian use as well as participation in vaccine trials was done by the MoD and, by extension, by the Russian Army (with a special emphasis on its CBRN units).

Although the MoD seems to be the most prominent actor in the fight of COVID-19 within Russia's borders (and overseas), EMERCOM and Rospotrebnadzor also operated both within Russia and abroad. The latter two organisations projected 'soft power' by offering consultancy, epidemiological analysis and similar, especially to former Soviet countries bordering Russia. Somewhat paradoxically, given all the help offered to other countries, it seems that the Russian contingent in Syria was neither redeployed nor did it provide any significant local help.²⁴⁹

Russia Category Analysis. The 675 press releases on the Russian Ministry of Defence website were reviewed and 75 reports were collated that were indicative of the breadth of activities undertaken by the Russian armed forces. These are shown in *Figure 11*.

²⁴³ https://function.mil.ru/news_page/country/more.htm?id=12300035@egNews

²⁴⁴ https://function.mil.ru/news_page/country/more.htm?id=12301164@egNews,

²⁴⁵ https://function.mil.ru/news_page/country/more.htm?id=12303596@egNews

²⁴⁶ https://aif.ru/society/army/virusologi_v_pogonah_chem_v_borbe_s_koronavirusom_mogut_pomoch_himyoyska

²⁴⁷ https://function.mil.ru/news_page/country/more.htm?id=12288663@egNews

²⁴⁸ <https://rossaprimavera.ru/news/ffb9493b>

²⁴⁹ <https://avia.pro/news/na-aviabaze-hmeymim-nachali-borbu-za-vyzhivaemost-iz-za-koronavirusa-video>

Figure 11 - Numbers of Reports by Category - Russia Military



The largest category is 'Other – military and Covid'. This covered the dispatch of Russian medical teams to international partners (Italy, Serbia, and Kyrgyzstan), a Russian military flight that moved PPE from China to Moldova, and military medical videoconferences both within Russia and with other nations including France and members of the Collective Security Treaty Organisation (CTSO). It also covered the development of a COVID-19 vaccine by military medical researchers and the conduct/completion of the first clinical trial.

'Protection of core military capability' covered reports in early March of the measures being taken in each Military District to prevent the spread of COVID-19, then 6 reports describing military field training exercises to prepare military units to assist with COVID-19 response, and finally the measures to minimize COVID-19 transmission during the accession and training of military conscripts. The two reports on 'reduction of internal military activities' covered the introduction of distance learning for educational institutions of the airborne forces and the early completion of the military academic year. There were no reports of reduction of overseas military activities.

The armed forces were used to expand capacity to treat COVID-19 in the national health system. This was divided into the 4 activities of deployment of field hospitals (to Eruda, Dagestan and Chita), building and operation of 'temporary' hospital facilities designated for COVID-19 patients, the assignment of military medical teams to civilian hospitals and the use of military hospitals for civilian patients. The one report assigned to 'military support to logistics' covered the movement of medical supplies for a multi-functional hospital; there were no reports of the military supporting the distribution of PPE or other essential supplies. There were no reports of military aircraft, helicopters or ambulances being used to support the civilian medical evacuation system. There were no reports of the mobilization of Reservists and only two reports of the military being used to undertake COVID-

19 testing of civilians. The 3 reports of 'Military assistance to police/public order covered the use of logistics units to build field quarantine centres in the regions of significant outbreaks. There were no reports of the armed forces being used in support of the police for public order or local 'lockdown' measures. Public reports of military cases of COVID-19 were included in the 4 information bulletins of the Ministry of Defense that summarized the epidemiological situation in the armed forces and measures being taken to prevent the spread of the new coronavirus infection.

Many reports covered the use of CBRN forces for public disinfection activities; 5 reports were categorized under 'Allocation of military forces to national response – other' but the count is not indicative of the volume of actual activity. This category also covered two public statements by the Minister of Defence on the military contribution to the response to COVID-19.

The one report assigned to 'rumors/allegations related to COVID-19' covered the press release of the telephone conversation between the Head of the General Staff of the Russian Armed Forces and the Chairman of the NATO Military Committee. The Russian press release states that they discussed the situation in the field of European security, the issues of combating the spread of COVID-19, and measures to prevent incidents during military activities. There were no reports of military assistance to repatriation of Russian nationals overseas though this was picked up other sources in the google search.

BRAZIL CASE STUDY

The Google™ search for the Brazilian case study was done in Portuguese. The search yielded a low proportion of relevant hits that continued through to the time cut-off. There were 109 category entries from 100 website hits. Most websites detected were news reports, though there were 26 hits for 'gov.br' Brazilian government websites. Additionally all the 900 press releases on the Ministério da Defesa COVID-19 website (<https://operacaocovid19.defesa.gov.br/noticias>) were reviewed and 36 events selected as representative of the breadth of activities undertaken by the armed forces. Military activities were under the operation names: Operation Covid-19 and Operação Acolhida (Operation Welcome, the military plan for the response to human migration from Venezuela).

Key Brazilian websites are:

Government of Brazil website: <https://www.gov.br/pt-br>

Official Brazil Government Press: <https://www.in.gov.br/web/guest/inicio>

Brazil Army website: <http://www.eb.mil.br/>

Ministry of Health COVID-19 website: <https://coronavirus.saude.gov.br/>

Military Operation COVID-19 website: <https://operacaocovid19.defesa.gov.br/index.php>

Operação Covid-19 Ministério da Defesa Flickr site:

https://www.flickr.com/photos/operao_covid_19/

Brazilian Navy COVID-19 website: <https://www.marinha.mil.br/saudenaval/covid-19-faq>

Brazilian Army COVID-19 websites: <http://www.dgp.eb.mil.br/index.php/artigos-covid-19> ,

<http://www.eb.mil.br/combate-covid19> , <http://www.coter.eb.mil.br/index.php/operacao-covid19>

Brazilian Army Covid-19 briefing site: <http://www.dgp.eb.mil.br/index.php/apoio-a-familia>

Brazil Timeline. The first hit in the Google search was a report from the Brazilian National Health Surveillance Agency (ANVISA) on COVID-19 dated 24 January. Early military press releases included

the recovery mission for 34 Brazilians from Wuhan on 5 February (Operação Regresso à Pátria Amada Brasil²⁵⁰) and military teams on Operação Acolhida training to deal with possible COVID-19 cases on 17 February²⁵¹.

The first military hit was for a news report on 14 March covering a briefing from the Ministry of Defence describing the first COVID-19 case in the armed forces and measures being taken to reduce the risk of transmission. On 17 March, the Ministry of Defence published Normative Ordinance No. 030 / GM-MD covering the activities of the armed forces and support to military personnel²⁵². The Operação Acolhida Emergency Contingency Plan for COVID-19 for migrants was also released²⁵³. This was followed by the Defense minister, General Fernando Azevedo e Silva signing a decree on 19 March establishing Operation COVID-19 to enable the armed forces to be used to support the health and security agencies²⁵⁴. This included logistical support, CBRN technical assistance, screening of suspected cases, and military pharmaceutical laboratory support. A national Joint Operations Centre with 10 regional Joint Commands was established on 20 March²⁵⁵. By 22 March, soldiers were setting up COVID-19 screening units in front of hospital emergency departments²⁵⁶. The Centro de Coordenação de Logística e Mobilização (CCLM) (Centre for the co-ordination of logistics and mobilisation) was set up to provide assistance to the Joint Operations Centre including medical, transport, personnel mobilisation and finance staff cells on 23 March²⁵⁷. The first government of Brazil press release covering the activities of the armed forces was published on 24 March. This listed: public awareness campaigns, internal case tracing, setting up a field hospital in Campo Grande, patrolling the border, supporting flu vaccination, tented screening stations outside hospitals. Brazilian Air Force repatriation flight to Cuzco, Peru²⁵⁸ and on 26 March the Commander of the Army made a public statement on the army's contribution to the response to COVID-19. A press release on 26 March described the building of 'protection and care facilities' using a military field hospital design to quarantine migrants under Operação Acolhida²⁵⁹. A MOD update on 30 March described the assignment of 5000 military personnel to Operation COVID-19 and listed activities such as: border control, production of disinfectant and chloroquine, and setting up field hospitals as civil-military 'Hospitais de Campanha (H Cmp) Militares e Civis' or 'protection and care hospitals' to augment civilian

²⁵⁰ <https://www.fab.mil.br/operacaoregresso/>

²⁵¹ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/operacao-acolhida-capacita-equipes-para-lidar-com-possiveis-casos-de-coronavirus>

²⁵² <https://www.in.gov.br/en/web/dou/-/portaria-normativa-n-30-de-17-de-marco-de-2020-248410548>

²⁵³ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/operacao-acolhida-disponibiliza-plano-emergencial-de-contingenciamento-para-a-covid-19>

²⁵⁴ <https://www.in.gov.br/en/web/dou/-/portaria-n-1.232/gm-md-de-18-de-marco-de-2020-248808643>

²⁵⁵ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/centro-de-operacoes-conjuntas-do-ministerio-da-defesa-e-ativado-para-acoes-de-combate-ao-covid-19>

²⁵⁶ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/militares-do-exercito-apoiam-hospitais-do-sul-do-pais-no-combate-ao-coronavirus>

²⁵⁷ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/defesa-intensifica-atuacao-de-logistica-militar-no-combate-a-covid-19>

²⁵⁸ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/forca-aerea-brasileira-atua-na-operacao-covid-19-no-resgate-de-brasileiros-que-estao-no-peru>

²⁵⁹ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/operacao-acolhida-se-prepara-para-a-crise-do-coronavirus>

medical capacity to screen and care for COVID-19 patients²⁶⁰. A further press release on 31 March described MOD support to screening and testing centres²⁶¹.

Military activities expanded in April covering: a call for Defence contractors that supply products for the fight against COVID-19 to register with the MOD (2 April²⁶²), military hospitals to train emergency department and intensive care personnel in the care of COVID-19 patients (5 April²⁶³), the transport of ventilators for repair by the air force to the Serviço Nacional de Aprendizagem Industrial (SENAI) (12 April²⁶⁴), and the armed forces helping to run reception centres for bus passengers being repatriated from Bolivia (13 April²⁶⁵). A MOD update released on 14 April describes 28,000 personnel assigned to Operation COVID-19 and other activities such as, a military blood donation campaign, multiple disinfection/decontamination activities, and transport of critical personnel and supplies²⁶⁶. A summary of the breadth of disinfection training and activities undertaken by the armed forces was published on 25 April²⁶⁷. The first military death was reported on 8 April²⁶⁸ and by 27 April there had been 4 deaths and 912 positive cases²⁶⁹.

A press release on 1 May stated that 29000 personnel were now involved and military activities included: disinfection of public places, distributing food, donating blood, and equipping a field hospital in Peruibe²⁷⁰. Press releases for individual activities included: the Army Health School starting training course to teach military medical personnel how to care for COVID-19 cases (5 May²⁷¹), the MOD Defense Products Secretariat co-ordinating of defence industry suppliers of COVID-19 equipment (11 May²⁷²), armed forces assisting with influenza vaccination campaign in drive-through system (11 May²⁷³), armed forces COVID-19 information campaign to the population and Army social media

²⁶⁰ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/hospitais-de-campanha-ampliam-combate-ao-coronavirus>

²⁶¹ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/forcas-armadas-empregaram-mais-de-18-mil-militares-na-operacao-covid-19>

²⁶² <https://operacaocovid19.defesa.gov.br/noticias/noticia/834-ministerio-da-defesa-reforca-aco-es-da-operacao-covid-19>

²⁶³ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/hospitais-militares-treinam-profissionais-da-saude-que-tratam-de-paciente-da-covid-19>

²⁶⁴ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/parceria-com-industria-amplia-combate-a-covid-19>

²⁶⁵ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/forcas-armadas-participam-de-repatriacao-de-brasileiros-vindos-da-bolivia>

²⁶⁶ <https://operacaocovid19.defesa.gov.br/noticias/noticia/893-forcas-armadas-aplicam-esforcos-na-operacao-covid-19-por-todo-o-pais>

²⁶⁷ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/no-combate-a-covid-19-aco-es-de-higienizacao-repetem-se-todos-os-dias>

²⁶⁸ <https://www.diariodepernambuco.com.br/noticia/brasil/2020/04/exercito-confirma-morte-de-tenente-coronel-no-amazonas-por-coronavirus.html>

²⁶⁹ <https://saude.estadao.com.br/noticias/geral,casos-de-covid-19-mais-que-dobraram-em-9-dias-entre-militares-chegado-a-912-oficiais,70003283955>

²⁷⁰ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/operacao-covid-19-segue-em-atividade-por-todo-o-pais>

²⁷¹ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/unidades-de-saude-militares-oferecem-curso-indispensavel-no-combate-ao-novo-coronavirus>

²⁷² <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/combate-a-covid-19-tem-resultados-significativos>

²⁷³ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/forcas-armadas-auxiliam-na-campanha-de-vacinacao-para-desafogar-sistema-de-saude>

'Private Max' (12 May²⁷⁴), Rio de Janeiro General Hospital receiving a field hospital to provide additional 24 beds for low and medium complexity COVID-19 cases (14 May²⁷⁵) and army medical personnel deploying to reinforce the São Gabriel da Cachoeira garrison hospital in Amazonas (19 May²⁷⁶).

Different activities reported by press releases in June covered: military research and innovation to improve care for COVID-19 patients (1 June²⁷⁷), 12 military medical personnel being deployed to augment medical and nursing teams at the University Hospital of Amapá temporary hospital (6 June²⁷⁸), and military assistance to COVID-19 testing of freight and bus drivers (23 June²⁷⁹). On 25 June the Defence Minister gave a summary of actions against COVID-19: 34,000 military personnel were now assigned to Operational COVID-19, there had been 20 deaths and 7000 cases, and the armed forces were surging manufacture of chloroquine, had transported 350 tons of materiel, and were continuing to decontaminate of public spaces²⁸⁰.

In late July, early August there were press releases covering 24 military medical personnel deploying to rural Xavante communities in Western Brazil to augment civilian medical facilities and run health clinics including COVID-19 testing (27 July²⁸¹) with two reports of actual activities (8 August²⁸², and 24 August²⁸³). The final report collated described military CBRN experts training civilian government workers on disinfection procedures for public buildings, hospitals and ambulances (26 Aug²⁸⁴).

Brazil Category Analysis. The content of the websites identified by the Google™ search was categorised according the process described in the methodology. The distribution of categories is at *Figure 12*. The largest number of hits was for 'Others – Civilian and Covid'. This category covered multiple sources and subjects including the Ministry of Health, National Supplementary Health Agency, the National Health Surveillance Agency, Ministry of Health, Ministry of Justice and Public

²⁷⁴ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/informacao-e-indispensavel-no-enfrentamento-a-covid-19>

²⁷⁵ <https://operacaocovid19.defesa.gov.br/noticias/noticia/1182-hospital-geral-do-rio-de-janeiro-recebe-estrutura-do-hospital-de-campanha-e-amplia-disponibilidade-de-leitos>

²⁷⁶ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/profissionais-e-saude-do-exercito-reforcam-equipes-do-hospital-de-guarnicao-de-sao-gabriel-da-cachoeira-no-amazonas>

²⁷⁷ <https://www.gov.br/defesa/pt-br/assuntos/noticias/ultimas-noticias/pesquisadores-das-forcas-armadas-investem-em-novas-solucoes-para-vencer-a-pandemia>

²⁷⁸ <https://www.gov.br/defesa/pt-br/assuntos/noticias/profissionais-de-saude-das-forcas-armadas-chegam-a-macapá-para-atuar-contr-a-covid-19>

²⁷⁹ <https://www.gov.br/defesa/pt-br/assuntos/noticias/forças-armadas-apoiam-testagem-rápida-da-covid-19-em-caminhoneiros-da-capital-maranhense>

²⁸⁰ <https://www.gov.br/defesa/pt-br/assuntos/noticias/defesa-apresenta-balanço-das-ações-para-combater-o-novo-coronavirus>

²⁸¹ <https://www.gov.br/defesa/pt-br/assuntos/noticias/defesa-inicia-mais-uma-acao-de-apoio-a-comunidades-indigenas>

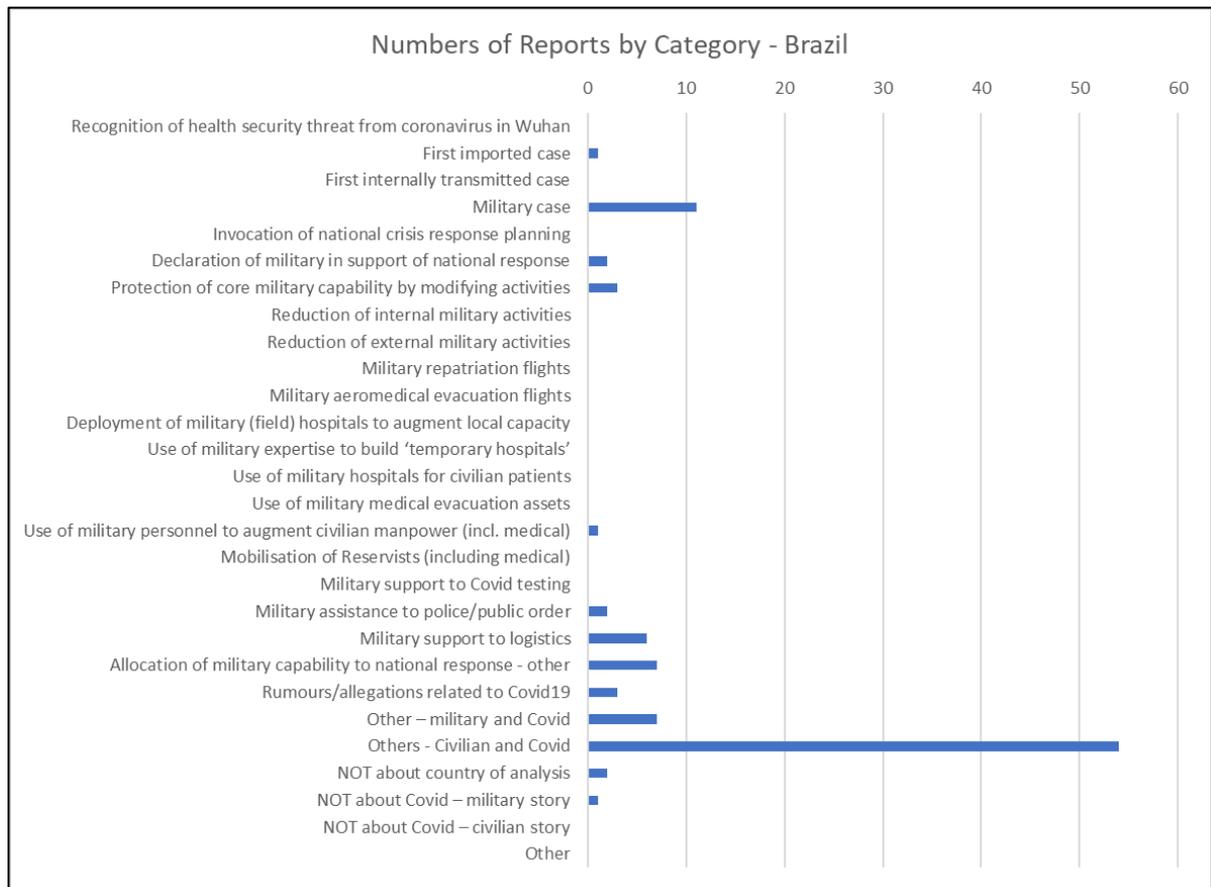
²⁸² <https://www.gov.br/defesa/pt-br/assuntos/noticias/comunidades-indigenas-recebem-apoio-no-contexto-da-operacao-covid-19>

²⁸³ <https://www.gov.br/defesa/pt-br/assuntos/noticias/forças-armadas-seguem-no-combate-a-covid-19>

²⁸⁴ <https://www.gov.br/defesa/pt-br/assuntos/noticias/militares-capacitam-civis-para-o-enfrentamento-a-covid-19>

Security, businesses (such as FedEx, airlines, telecommunications) and news articles/commentaries on the impact of COVID-19 on Brazil.

Figure 12 - Numbers of Reports by Category – Brazil



There were 11 hits for military cases spread from the first reported case on 14 March through to 25 June reporting 20 deaths and 7000 infections in the armed forces. The 7 hits for 'Allocation of military capability to national response – other' covered commentaries from new outlets on reports from the Ministry of Defence on the various roles of the armed forces in the COVID-19 response. 'Other – military and Covid' covered the public disagreement between the Commander of the Army and the President over the importance of the military in the COVID-19 response, the military role in the Amazon region and the impact of COVID-19 on the security services (various police forces and the military). There were 6 reports of military support to logistics covering transport of medical equipment and personnel, and manufacture of chloroquine. Three reports covered the decree issued by the Minister of Defence in March to the armed forces to protect personnel (by the reduction in military activities, introduction of teleworking etc) and the impact on military training. There were also 3 separate reports of 'Rumours/allegations related to Covid-19' covering mis-information including an 'Army general asking the military to expose themselves to the coronavirus to "immunize"', disagreements between the President and the armed forces over the response the COVID-19, and suggestions of a military coup.

The activities of the armed forces in response to COVID-19 reported in the Brazilian military websites fit many of the categories in this analysis. *Figure 13* applies this categorisation to the military press reports listed in the Timeline (36 of 900, so the numbers are indicative of types of activities rather than volume of each). There were reports of armed forces activities in most categories. Whilst there were three reports of the 'Declaration of the military in support of national response' covering the announcement of the military's role by the Minister of Defence, the establishment of a joint command and control system and the use of the Centre for the Co-ordination of Logistics and Mobilisation to manage transport, supply, medical and personnel issues. There were two reports covering the protection of military personnel from COVID. One covered the publication of the decree on 17 March and the second covering the arrangements on Operação Acolhida (military support managing migrants from Venezuela). There were no reports of reductions in internal or external military activities. One report covered the air force operation to repatriate Brazilians from Wuhan. The armed forces also supported recovery of Brazilians from other countries and the reception of nationals returning by bus from other countries (the latter was categorised under 'Use of military personnel to augment civilian manpower'). The military deployed 'field hospitals' to augment local capacity as 'Hospitais de Campanha' (H Cmp) or Área de Proteção e Cuidados (or protection and care areas) and also deployed military medical personnel to augment civilian hospitals. There were no reports of military expertise being used to build 'temporary' hospitals in exhibition centres or other public buildings (unlike European countries) or the use of military hospitals for civilian COVID-19 patients, nor were there any reports of military ambulances, helicopters or aircraft being used to move COVID-19 patients. There were no reports of the mobilisation of military reservists or additional recruitment to the armed forces. There were 3 reports for military assistance to COVID-19 screening of transport workers and at entry into hospitals. Additional military support to Operação Acolhida was covered under 'Military assistance to police/public order'. There were 3 reports of military assistance to logistics, covering the movement of medical equipment and personnel, the use of the military procurement system for COVID-19 protective equipment. General MOD updates were covered under 'Allocation of military capability to national response'. These seemed to be produced around weekly and summarised the individual reports. There was significant emphasis on the use of military for the distribution of food as a 'solidarity' programme. Activities classified under 'Other – military and Covid' included: training of civilians in environmental decontamination by military CBRN specialists, training in the care of COVID-19 patients for civilians at military hospitals and training centres, provision of medical clinics for rural communities, use of military personnel to run community influenza vaccination programmes, and the use of military research and innovation to improve care for COVID-19 patients.

Figure 13 - Numbers of Reports by Category - Brazilian military



Annex C – MULTILATERAL CASE STUDIES

UNITED NATIONS PEACEKEEPING CASE STUDY

This case study analyses the United Nations Peacekeeping response to the COVID-19 crisis. It is based on a Google™ search for the first 100 website hits in English using the search terms ‘UN and Peacekeeping AND covid-19 AND (military OR army OR security)’ for the period 01 Jan to 01 Aug 2020 and categorised using the techniques as described in the Methodology.

Whilst the COVID-19 crisis has had an impact across most of the United Nations (UN) and its agencies, this case study concentrates on the implications for UN Peacekeeping missions. There are currently 13 UN peacekeeping operations led by the UN Department of Peacekeeping Operations²⁸⁵ primarily in Africa and the Middle East. Most of these countries already experience complex humanitarian emergencies that has disrupted national resilience and the capacity of the local health system to respond the COVID-19 pandemic.

Key UN websites are:

UN COVID-19 Response: <https://www.un.org/en/coronavirus/un-response>

Impact of COVID-19 on UN Peacekeeping: <https://peacekeeping.un.org/en/impact-of-covid-19-un-peacekeeping>

Guidance for UN Healthcare Workers: <https://www.un.org/en/coronavirus/covid-19-information-un-healthcare-workers>

UN video - Amidst upheaval of COVID-19, Peacekeeping is part of the solution: https://www.youtube.com/watch?v=h_4iFvYOG48&feature=youtu.be&list=PLau-wAojfcs-49JGOIO6Uc35OWiqxL2IT

UN COVID-19 Peacekeeping Timeline. The timeline for UN Peacekeeping activities is shown in *Figure 14*. The first event detected by the Google™ search was the request on 8 March 20 by the UN to 9 Peacekeeping troop contributing nations to delay the rotation of their forces. This was to minimise the disruption of exiting missions and to reduce the risk importation of COVID-19 into the deployment. On 23 March the UN Secretary General (Sec Gen) appealed for an immediate global ceasefire²⁸⁶ followed by the release of the COVID-19 Humanitarian Response Plan by the Office for the Coordination of Humanitarian Affairs on 28 March²⁸⁷. Whilst not covering the COVID-19 crisis, on 30 March, the UN Security Council (UNSC) released Resolution 2518²⁸⁸ on peacekeeping that reaffirmed the standards and performance required for UN peacekeeping from the previous UNSC Resolution 2436 of 2018²⁸⁹. Both resolutions specifically called for ‘*measures to enhance operational health support, including to establish well-defined and practical medical standards for peacekeeping operations, accelerate the ongoing efforts to improve the system of medical support and casualty evacuation for injured peacekeepers, ensure adequate medical facilities and qualified personnel are deployed to provide the essential 10-1-2 response at all times, within the mission area and as close to*

²⁸⁵ <https://peacekeeping.un.org/en/where-we-operate>

²⁸⁶ <https://www.un.org/sg/en/content/sg/statement/2020-03-23/secretary-generals-appeal-for-global-ceasefire>

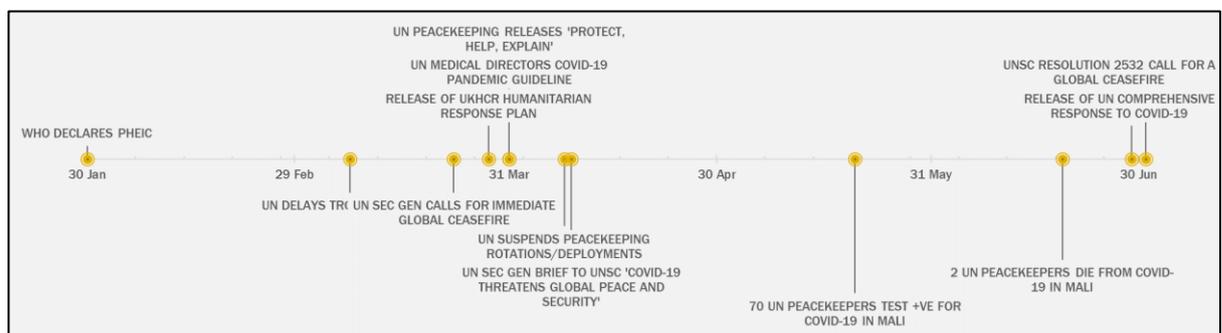
²⁸⁷ <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

²⁸⁸ [https://undocs.org/S/RES/2518\(2020\)](https://undocs.org/S/RES/2518(2020))

²⁸⁹ [https://undocs.org/S/RES/2436\(2018\)](https://undocs.org/S/RES/2436(2018))

deployment of Troop-and Police-Contributing Countries as possible through the life of the mission’. On 31 March the UN Medical Director issued comprehensive guidance and tools on the COVID-19 Pandemic Preparedness to ensure a consistent and coordinated public health response across the UN System²⁹⁰. This focussed on the internal operations of the UN system, not the role of the World Health Organisation in facilitating international collaboration in the global response to the pandemic. The guidance covered the overall plan and detailed measures for risk mitigation, including general prevention measures, travel, and UN health services. This was implemented in UN peacekeeping missions through the message of ‘Protect, Help, Explain’²⁹¹. The Department of Peacekeeping Operations has maintained a contemporaneous webpage on the impact on COVID-19 on peacekeeping operations²⁹². On 8 April, the UN suspended UN troop rotations and deployments until the end of June. The UN Sec Gen formally briefed the UNSC on 9 April and highlighted the threat from the global pandemic to global peace and security and re-emphasised his call for a global ceasefire. On 20 May 20, the UN reported that 70 UN peacekeepers had tested positive for COVID-19 and reported 2 deaths on 29 May. The UN Comprehensive Response plan to COVID-19, released on 19 June, mentioned peacekeeping twice; once in regard to engagement with relevant parties to promote a ceasefire and once covering mitigation measures to protect the force, maintain continuity of operations and provide assistance to vulnerable communities. On 1 July, the UNSC passed Resolution 2532 calling for a humanitarian pause in armed conflict for at least 90 consecutive days²⁹³. This included ‘*further requests the Secretary-General and Member States to take all appropriate steps to protect the safety, security and health of all UN personnel in UN peace operations, while maintaining the continuity of operations, and to take further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of COVID-19’.*

Figure 14 - Timeline of UN COVID-19 peacekeeping activities



UN Analysis of Categories. The distribution of categories covered by websites from the Google™ search is at Figure 15. The principle topic was the political negotiations inside the UNSC from the time that the UN Sec Gen called for a global ceasefire on 23 March until the passing of the resolution on 1 July. This was coded as ‘invocation of (inter)national crisis response planning. A large number of commentators were critical of the political impasse between adversaries in the UNSC and their failure to allow the humanitarian imperative to take precedence over their national self-interest.

²⁹⁰ https://www.un.org/sites/un2.un.org/files/coronavirus_unmdpandemicguide_2020-03-31_final.pdf

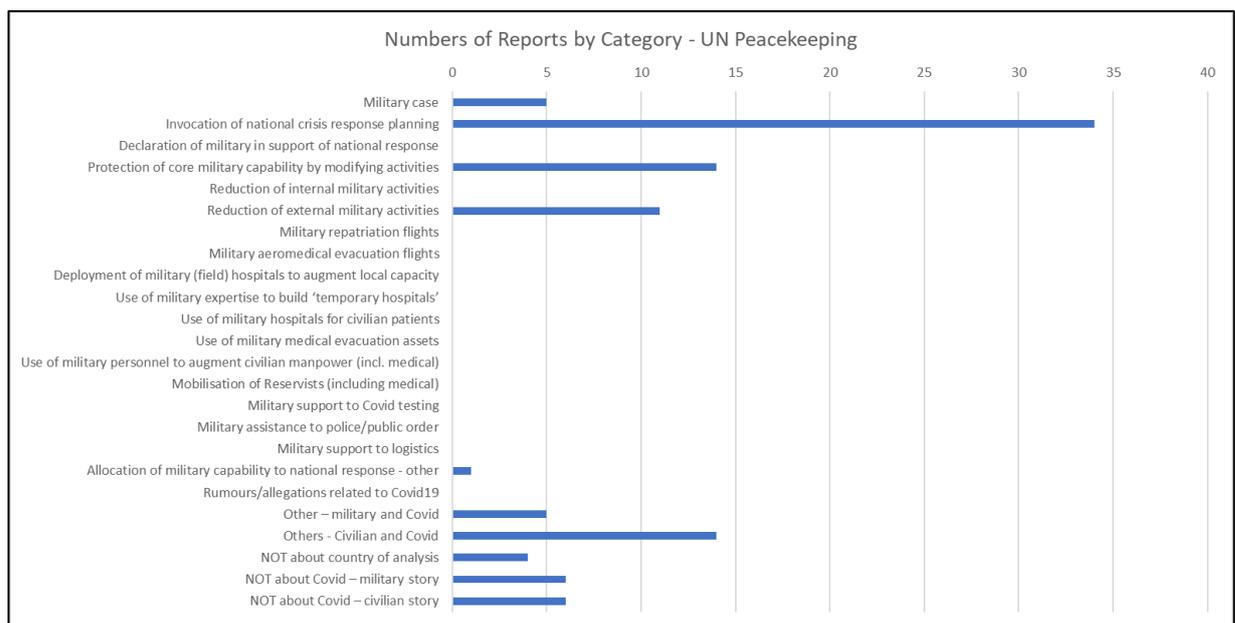
²⁹¹ <https://medium.com/we-the-peoples/protect-help-explain-un-peacekeeping-responds-to-covid-19-d7ebe1a50ca5>

²⁹² <https://peacekeeping.un.org/en/impact-of-covid-19-un-peacekeeping>

²⁹³ [https://undocs.org/en/S/RES/2532\(2020\)](https://undocs.org/en/S/RES/2532(2020))

The second topic was the reduction in the activities of peacekeepers through a combination of COVID-19 protective measures, the commitment of nation’s armed forces to their national COVID-19 response, and the likely reduction in funding and national commitments to support UN peacekeeping operations. The UN published comprehensive guidance on COVID-19 supported by the messaging ‘Protect, Help, Explain’. However, commentators observed the structural implications of the delay in troop rotations imposed from March and the reduction in engagement by UN peacekeepers with their host country partners. This contrasts with the assessment that the pandemic may increase instability and insecurity because of the reduction in security activities and the impact of the economic effects on social order.

Figure 15 - Number of Reports by Category – UN Peacekeeping



The final military COVID-19 related subject is the reporting of an outbreak of COVID-19 among UN Peacekeeping in Mali. It is likely that the number of peacekeepers infected by COVID-19 will increase as infections reach fragile and conflict affected areas of the world.

The categorisation ‘Others – Civilian and Covid’ covers several references to the wider humanitarian and political implications of the COVID-19 crisis on peace and stability. ‘Others – military and Covid’ was used for reports linking the ‘Women, Peace and Security’ agenda to the COVID crisis. A few websites covered topics unrelated to the UN or Covid. Notably, there was only one website detected by this search that related to the use of the armed forces as part of the national response to the COVID-19 crisis.

EUROPEAN CASE STUDY

This case study analyses the security and defence response to the COVID-19 crisis by the European Union. It is based on a Google™ search for the first 100 website hits in English using the search terms ‘EU AND covid-19 AND (military OR army OR security)’ for the period 01 Jan to 01 Aug 2020 and categorised using the techniques as described in the Methodology. The analysis produced 134 hits but

was stopped after 40 websites because there were no hits related to military/security subjects after the 18th hit. Additional searches using 'EU CSDP and COVID' (110 hits) and 'EU military and COVID' (117 hits) were undertaken to find further sources, though the underlying topics and distribution of hits was consistent with the first search string.

Whilst the COVID-19 crisis has had an impact across most European countries, this case study concentrates on the implications for EU Common Defence and Security. The EU External Action Services (EEAS) has 6 military missions (Mali, Central African Republic, Bosnia Herzegovina, Somalia and naval operations in the Mediterranean and Western Indian Ocean), and 10 civilian missions²⁹⁴.

Key EU websites are:

EEAS Coronavirus website: https://eeas.europa.eu/headquarters/headquarters-homepage/76341/coronavirus-latest-news-eu-actions-repatriation-efforts-and-solidarity-stories-around-world_en

European Organisation of Military Associations: <http://euromil.org/>

EU COVID-19 Security and Defence Timeline. The timeline for EU activities is shown in *Figure 16*. The first European military report detected in this Google™ search was the record of the videoconference of the EU Defence Ministers on 6 April that discussed the defence and security implications of the COVID-19 pandemic. They agreed to set up a military COVID-19 taskforce to exchange information and share best practice among EU member states²⁹⁵. Following the meeting, the EU High Representative Josep Borrell stated that the first concern is the health and safety of personnel serving on EU missions. This was reinforced by the statement on 23 April by Nathalie Loiseau, the Chair of the sub-committee of the European Parliament on Security and Defence²⁹⁶. The subsequent meeting of the EU Defence Ministers on 12 May noted the role of the armed forces in supporting the civilian response and agreed the EU should do its utmost to maintain its operational presence and the need to strengthen preparedness and resilience²⁹⁷. This was followed by the EU Chiefs of Defence (CHODs) meeting that emphasised the importance of keeping personnel safe and secure while fulfilling their missions, and noted the likely deterioration of global security. At the 17 June meeting of the European Council of the EU directed the High Representative to undertake a comprehensive analysis of the full range and threats to the security of the EU in preparation for a Strategic Compass document that will 'define policy orientations and specific goals and objectives in areas such as crisis management, resilience, capability development and partnerships'. It also called for the urgent return of personnel to CSDP missions who were withdrawn as a precautionary response to the COVID-19 pandemic. The 9 July EU Chiefs of Defence meeting reviewed the work on the Strategic Compass and the progress of EU-NATO cooperation²⁹⁸.

²⁹⁴ https://eeas.europa.eu/topics/security-defence-crisis-response_en

²⁹⁵ <https://www.consilium.europa.eu/en/meetings/fac/2020/04/06/>

²⁹⁶ <https://www.europarl.europa.eu/news/en/press-room/20200423IPR77730/covid-19-impact-on-the-eu-common-security-and-defence-policy-missions>

²⁹⁷ <https://www.consilium.europa.eu/en/meetings/fac/2020/05/12/>

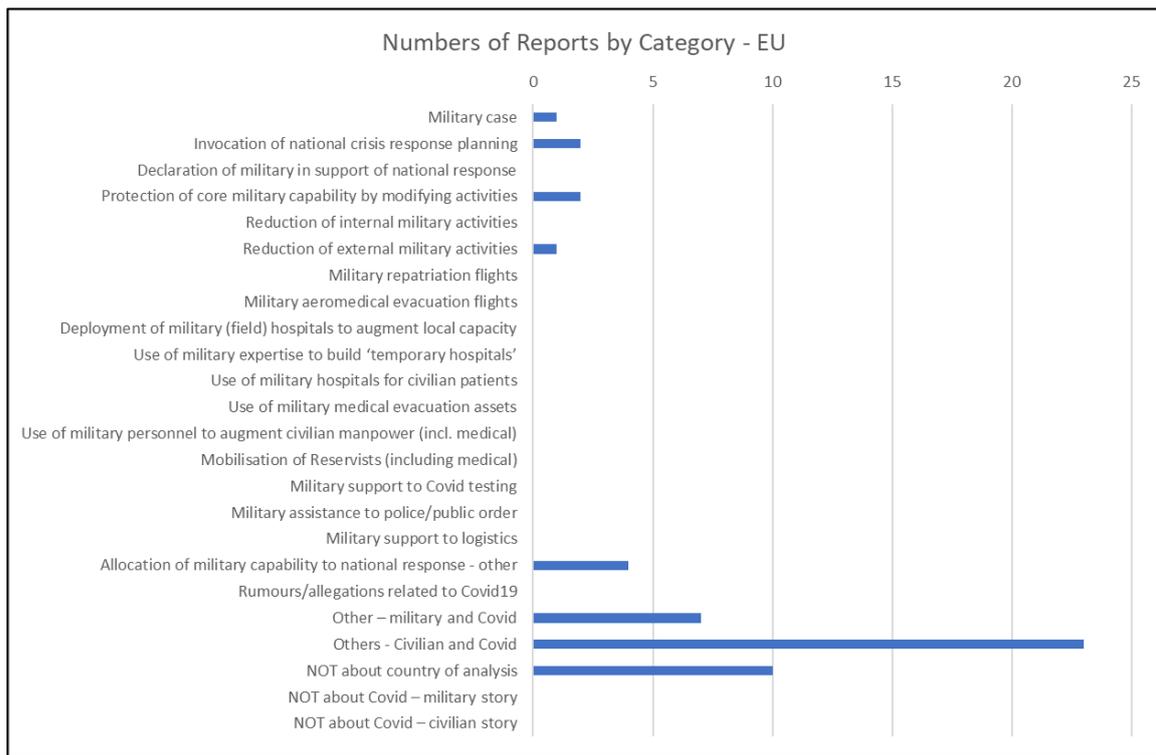
²⁹⁸ https://eeas.europa.eu/topics/common-security-and-defence-policy-csdp/82761/eumc-meeting-chods-level_en

Figure 16 - Timeline of EU Security and Defence activities



EU Analysis of Categories. The distribution of categories covered by websites from the Google™ search is at Figure 17. The majority of hits (even for this curtailed search) were ‘Others – Civilian and Covid’. These included websites covering the impact of COVID-19 on the economy, employment and the need to improve cybersecurity. The category ‘Other – military and Covid’ covers the preeminent European topic on the economic recession caused by COVID-19, the consequent reduction in national and European Gross Domestic Product (GDP) and the impact on spending on security and defence within the EU, rather than NATO. This is despite emerging opinion that COVID-19 may result in greater threats to European security. There were a few citations to the impact of COVID-19 in the USA, UK and Italy. The category ‘Allocation of military capability to national resilience – other’ was used to cover two summaries produced by the European External Action Service on the role of European armed forces in the COVID-19 response, a report of the establishment of a EU military COVID-19 taskforce and meetings of European Defence Ministers on COVID-19. There was one report on the number of COVID-19 cases in European militaries, one report on the reduction of military exercises in Europe and two reports on the measures taken to protect the health of armed forces personnel.

Figure 17 - Number of Reports by Category – EU Security and Defence



NATO CASE STUDY

This case study analyses the NATO response to the COVID-19 crisis. It is based on a Google™ search for the first 100 website hits in English using the search terms 'NATO and COVID' for the period 01 Jan to 01 Aug 2020 and categorised using the techniques as described in the Methodology.

NATO is primarily a defence and security alliance. The initial NATO response has been to protect the health of NATO personnel on operations, exercises and within its organisational structure. This has shifted to the observing the contribution of the armed forces in supporting the COVID-19 response by national governments, the use of multilateral mechanisms to broker assistance to NATO member states, and analysing the security implications of the behaviours of adversaries during the COVID-19 crisis.

Key NATO websites are:

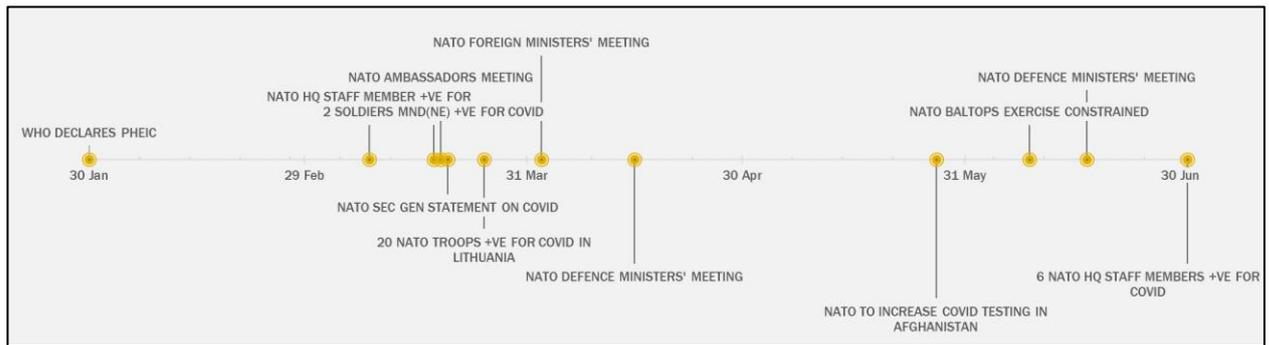
NATO Response to Covid site: https://www.nato.int/cps/en/natohq/news_174271.htm

Allied Command Operations/SHAPE Covid Command Information:

<https://www.shape2day.com/default>

NATO COVID-19 Timeline. The timeline of NATO public activities/reports is shown below at Figure 18.

Figure 18 - Timeline of NATO COVID-19



The highest priority for NATO has been the protection of armed forces and civilian personnel both on deployment and within NATO organisations. NATO HQ reported one NATO staff member working at NATO HQ in Brussels had tested positive for COVID-19 on 9 March²⁹⁹. The first public announcement of the impact of COVID19 on NATO activities was by the Supreme Allied Commander Europe (SACEUR), also on 9 March that announced the modification and reduction of NATO exercises to reduce the risks of exposure and transmission of coronavirus to or from military forces, family members, and home locations³⁰⁰. The timeline shows further reporting of personnel testing positive for Covid-19 and the reduction in scale or cancellation of NATO military activities. Covid-19 was first, publicly, on the NATO agenda at the NATO Ambassador's meeting on 19 March. On the same day the Secretary General presented his Annual Report for 2019 and addressed NATO's response to COVID-19 pandemic. He discussed the protection of the health of armed forces and the maintenance of core military capabilities, stressing that the power of NATO is built upon the solidarity of Members³⁰¹. The NATO RESOLUTE SUPPORT Commander made an address on the impact of COVID-19 in Afghanistan on 25 March³⁰². Allied Command Operations (ACO) HQ issued a public medical advisory video on 27 March³⁰³. The NATO Euro-Atlantic Disaster Response Co-ordination Centre (EADRCC) released its first situational report on 1 April that listed requests for assistance, support brokered by NATO and bilateral arrangements by NATO Members. On 2 April, NATO HQ directed SACEUR to establish a COVID-19 Taskforce to coordinate NATO military support to combat the COVID-19 crisis³⁰⁴. This included the use of existing co-ordination mechanisms such as the EADRCC, NATO Procurement and Supply Agency (NSPA), the Science and Technical Organisation (STO), the Strategic Airlift International Solution (SALIS), and the Rapid Air Mobility (RAM) initiative. The first Allied Nations Support COVID-19 Battle, Weekly Roundup was published on 4 April which described the activities of the armed forces of various NATO members in support of their national response to COVID-19³⁰⁵, with the last one published on 6 Jun 20. NATO produced the first public information factsheet on 14 Apr 20³⁰⁶. The NATO Meeting of Defence Ministers on 15 Apr 20 confirmed the priorities as the protection of armed forces and the maintain readiness to respond to security threats. The Secretary General reported that the COVID-19

²⁹⁹ https://www.nato.int/cps/en/natohq/news_174278.htm

³⁰⁰ <https://shape.nato.int/news-archive/2020/saceur-remarks-on-exercise-modifications-due-to-coronavirus>

³⁰¹ https://www.nato.int/cps/en/natohq/news_174391.htm?selectedLocale=en

³⁰² <https://www.youtube.com/watch?v=zRwSUL7K3LM>

³⁰³ <https://www.shape2day.com/news/aco-medical-advisor-covid19-update>

³⁰⁴ <https://shape.nato.int/news-releases/allied-command-operations-covid-task-force-2>

³⁰⁵ <https://shape.nato.int/news-archive/2020/allied-nations-support-covid19-battle-weekly-roundup>

³⁰⁶ https://www.nato.int/nato_static_fl2014/assets/pdf/2020/4/pdf/200401-factsheet-COVID-19_en.pdf

crises was already affecting national economies with the potential for further insecurity. NATO armed forces had demonstrated their ability to surge capability in support of crisis response and bolster resilience and civil-preparedness³⁰⁷. However, it was clear that the crisis showed weaknesses in critical national infrastructure and supply chains³⁰⁸. By the middle of June, most European countries were reducing the military contribution to the COVID-19 response and restarting normal military activities with COVID-19 protection. The NATO Defence Ministers meeting on 18 June shifted the focus from crisis response to planning to mitigate a 'second wave' including the creation of a stockpile of medical equipment and supplies and a new fund to enable members to quickly acquire medical supplies and services³⁰⁹. The security narrative has moved to enhancing resilience by countering disinformation, improving security of critical supply chains (and oversight of foreign ownership and control of critical companies) and the emerging implications of the consequential economic recession on defence expenditure.

NATO Category Analysis. The analysis of open source information from the Google™ search produced the distribution of categories shown at *Figure 19*³¹⁰. The biggest category was 'Declaration of military in support of (inter)national response'. This category covered all of the NATO meetings of representatives of Member states and public statements by NATO representatives that confirmed the policy decisions taken to use the armed forces in support of the civilian response to COVID-19. This also covered generic listing of military activities by national armed forces. There were separate reports of NATO EADRCC support to coordinate movement of medical supplies and one report of NATO scientific support to COVID-19 diagnosis. National reports of the contribution of a country's armed forces were categorised as 'NOT about the country of analysis'. There were multiple reports of the reduction in military activities (both internal and external) as a result of the risk of transmission of COVID-19. There were several versions of the reports of military cases in NATO staff and on NATO operations. Three reports covered the measures taken by NATO to protect the health of military personnel on operations and NATO staff employed in NATO organisations. NATO counter disinformation activities were categorised under 'Rumours/allegations related to Covid'. There were several commentaries on impact of COVID-19 on the security environment and the squeeze on funding available for security and defence as a result of the impending economic recession.

³⁰⁷ https://www.nato.int/cps/en/natohq/news_175129.htm

³⁰⁸ https://www.nato.int/cps/en/natohq/opinions_175087.htm

³⁰⁹ https://www.nato.int/cps/en/natohq/news_176558.htm

³¹⁰ Most NATO reports are summaries of the activities of NATO members in support of national COVID-19 crisis response. These aggregated reports have been classified as 'declaration of military in support of national response' rather than assigned to subcategories. Subcategories have been used for specific NATO activities.

Figure 19 - Numbers of Reports by Category – NATO

