THE ROLE OF ARMED FORCES IN THE COVID-19 PANDEMIC

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Although the COVID-19 pandemic is not a crisis which demands that military forces are used as a main way of countering this threat, most countries have in fact deployed their national armed forces. The extent of such use varies and depends on the national legal framework determining the role of armed forces in crisis management. In certain countries, only regular forces were deployed while in others reserve forces were also activated. The role of armed forces has varied not simply regarding the type of force, but also the type of tasks. The COVID-19 crisis is not the first health crisis for which armed forces have been used. The Ebola crisis in 2014–2015 offers several important lessons for both armed forces and decision-makers. This paper is based on analysis of the extent of armed forces use in the COVID-19 pandemic in seven countries during the pandemic's first wave in the northern hemisphere in the first half of 2020, problematising the issue of using armed forces in a medical crisis, while identifying challenges and benefits of such use.

Key words: pandemic; COVID-19; armed forces; health crisis.

1 INTRODUCTION

Starting in early 2020, the COVID-19 pandemic has put the world's healthcare systems, governments and societies under enormous pressure. The pandemic crisis caught many countries unprepared, highlighting several issues in their existing emergency response systems. During the pandemic's first wave, upon which this article focuses, countries hit by the emergency had to react to different critical points and issues, such as a lack of healthcare personnel, intensive care equipment, and other emergency supplies. States used all their resources in order to rectify the deficiencies of their healthcare systems, including military resources. Combatting the epidemic has required governments to respond in unprecedented way in terms of both scale and complexity. "One of the most common measures countries have employed to deal with the disproportionate scale of the health crisis caused by COVID-19 has been the deployment of armed

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forces" (Hidalgo 2021, 3). Besides being deployed at home, armed forces have been sent abroad to help other countries manage the health crisis as well. China sent military medics and supplies to various countries. Russian military doctors, machines and personal protective equipment were deployed to Italy (Kalkman 2020).

COVID-19 confronts us with a crisis that is taking lives and jeopardising public health in the long run. "It also is generating negative political and economic effects, influencing the psychological condition of individuals, groups and society while also changing the social discourse, limiting human rights, impacting our art, culture, education and sport, and having a great bearing on human relationships" (Malešič 2021, 67). It is clear that the COVID-19 pandemic is "a public health crisis" (Glušac et al. 2021, 2). This makes the involvement of armed forces in a public health crisis seem inappropriate and unnecessary. However, as this article shows, assisting civilian authorities in managing the crisis has been the role of many armed forces around the world. While armed forces' efforts in dealing with events like earthquakes, floods and other crises have been significant and are not novel, they are nothing compared to the deployment needed in a worldwide pandemic. To face the emergency and compensate for the shortages of personnel, logistics and equipment, armed forces have often been called into action. As Glušac et al. (2021, 2) notes, this is not the first time the world has experienced this type of emergency in the last 25 years, namely, when armed forces supported civilian efforts to fight a health crisis, "…/from the deployment of Brazil's military to help contain the spread of Zika in 2016, to the international military response to the West African Ebola outbreak in 2014, to the role of Pakistan's military in the Global Polio Eradication Initiative, to the use of 'tailgate medicine' by coalition forces in Afghanistan and Iraq". Glušac et al. (ibid.) state that, despite armed forces being deployed in some countries/regions to address previous health crises, the COVID-19 pandemic has seen the unparalleled participation of armed forces in these efforts across the world.

A particularly interesting 'use' of armed forces in the COVID-19 pandemic can also be identified, albeit it is not the object of this analysis yet still worthy of further research attention. "COVID-19 has also been linked rhetorically to armed forces through the widespread use of military metaphors by government officials since the outbreak of the virus, employed to motivate acceptance and compliance with legislative measures and to mobilize populations that might otherwise be unwieldy and slow to respond to the crisis" (ibid). Several examples of such rhetorical expressions can be found: former US President Donald Trump referred to COVID-19 as "our big war… a medical war" (Bennett et al. 2020), while UK Prime Minister Boris Johnson stated, "We must act like any wartime government" (BBC 2020). General Secretary of the United Nations Antonio Guterres (Al Jazeera 2021) also called the struggle against COVID-19 a war, "Let's be clear, we are at war with the virus. And if you are at war with the virus, we need to deal with our weapons with rules of a war economy, and we are not yet there" (UN News 2021). A BBC article summarised this nicely, stating: "Healthcare workers are on the frontlines, scientists are the new generals, economists draw up battle plans, and politicians call for mobilisation" (Bernhard in Kalkman 2020). Thus, if we are labelling the COVID-19 crisis a war, the use of armed forces to combat such a threat seems self-explanatory. Or to cite Kalkman (2020, 2): "And if there is an 'enemy' to be 'fought' in 'battle' or 'war', which organization would be better suited to take the lead than the military?".

2 METHODOLOGY AND SAMPLE

The analysis is guided by two main assumptions: First, the international status of a country (EU, NATO, neutral) was not decisive in activating the armed forces in the COVID-19 pandemic, with all states having faced the same issues while dealing with this crisis. Second, armed forces were used to supplement the shortages in healthcare systems, performing roles not considered to be traditional military roles.

The selection of countries for the analysis sought to the reflect different international status of EU countries. The selection was also influenced by the amount of data and publicly available sources. Countries included in the sample are Slovakia, Czech Republic, France, Slovenia, Sweden, Finland and the United Kingdom. A preliminary analysis was conducted in May 2020 when sources on the use of armed forces during the COVID-19 pandemic were poor and limited to the most outstanding cases. Later, as the crisis continued and escalated several analyses on the role of armed forces became available and were used for the purposes of this article. The article analyses the roles and tasks performed by armed forces during the first pandemic wave in the northern hemisphere in the first half of 2020 yet does not focus on the selected countries' particular crisis management systems nor on any plans to activate the armed forces for crisis management. The article also does not assess whether armed forces were used consistent with the national legislation and activation plans. In the first part, the article presents research concerning the role of armed forces in a health crisis. The second part of the article brings a cross-country analysis of the role and tasks of armed forces in the selected countries. The article is based on a literature analysis, a scoping study, analysis of primary sources and comparative analysis.

3 THE TRADITIONAL ROLE OF ARMED FORCES

Armed forces, particularly in the West, have traditionally been seen as institutions restricted to territorial defence of the state against external military threats. "The mass armed forces' mission was to prepare and to conduct total wars for their respective nation-states" (Manigart 2006, 329). With the end of the Cold War and collapse of former communist states (Soviet Union, Yugoslavia) which led to several small-scale armed conflicts, many armed forces[2] have increasingly assumed the additional international role of participating in different types of peace operations. "Since the end of the Cold War the military organizations of Western Europe have been engaged more often than ever before in Military Operations other Than War" (Haltiner 2006, 364). This was also noted by Manigart (2006, 323), who noted that, with the collapse of communist regimes in Eastern Europe and of the Soviet Union itself, Western armies' missions have also changed, "They are no longer to deter a known adversary, but to intervene, with other actors, in the new kinds of conflicts, i.e., maintaining or enforcing peace in regions where our interests are in jeopardy, fighting international terrorism and other threats, and/or carrying out humanitarian missions" (ibid.).

[2] The changes and restructuring most of the armed forces of Western countries underwent after the end of the Cold War is a very complex topic and has been subjected to several analyses (Haltiner 1998 and 2006; Manigart 2006). Performing additional roles and tasks is only one dimension of the changes armed forces have experienced since the end of the Cold War.

Finabel (2021) states, "the lessons learned from decades of experiences in humanitarian missions overseas, peacekeeping operations and expeditions have been extremely precious for safeguarding the entire civilian population". For some countries, Slovenia for example, deployment to peace operations around the world at one stage became the main role and task of national armed forces. Apart from the roles of external defence and peace operations abroad, a third traditional role of armed forces entails assisting civilian authorities in responding to natural, manmade or hybrid disasters, also known as crisis/disaster management tasks. "While the external roles of armed forces are relatively straightforward, there is considerable ambiguity around this internal role, especially regarding why and when support should be provided by armed forces to civilian authorities, and what kind of support these forces may offer" (Glušac et al. 2021, 4). As external military threats to national territories have subsided in most Western countries, the role of armed forces in crisis management has become more important.

In recent years, humanitarian needs have grown steadily, with greater resources being needed to meet the needs of people directly affected by a disaster. Earthquakes like those in Haiti (2010) and Nepal (2015) or massive super typhoons like Haiyan which hit the Philippines in 2013 underscore the dangers of failing to prepare. While the first responders to any disaster are always the local communities most affected, these communities are often overwhelmed by large disasters and require the support of neighbouring communities domestically, and often of a mix of local and international humanitarian organisations. Militaries (domestic or other countries') have a pivotal role to play in the early days of providing relief from major disasters that exceed the capacity of the affected state.

Glušac et al. (2021) describe three main factors driving the ever more prominent crisis/disaster management role for armed forces.[3] The first is a demand for assistance in delivering services normally provided by civilian public services and government agencies, when they are temporarily unable to do so effectively or adequately due to an exceptional or emergency situation. The second factor is the comparative advantage of armed forces in that they possess relevant equipment, skills, experience and manpower, as well as unhindered access to all parts of a country. Finally, the third factor is the ability of armed forces to serve as a national unifying mechanism that reaches across all communities and classes of society, and all regions of a country. The use of armed forces in the COVID-19 pandemic is aptly described by Glušac et al. (2021, 4): "Armed forces can also provide capacity when civilian authorities are overwhelmed".

4 REVIEW OF RECENT RESEARCH ON THE ROLE OF ARMED FORCES IN A HEALTH CRISIS

Although at first glance armed forces and their use in a health crisis seems contradictory and inappropriate, in fact armed forces are particularly suitable for

[3] As Malešič (2015) discovered, some authors who identify several potential pitfalls of military humanitarian assistance and disaster relief need to be considered. Laksmana (Malešič 2015, 984) warns that military resources are only suitable for high-intensity, short-term missions, not for long-term engagements of several weeks or months. Further, humanitarian assistance and disaster relief require different training and equipment than traditional military tasks. In terms of their organisational culture and ethos, humanitarian assistance and disaster relief missions are required to respect humanitarian principles; they also call for patience, restraint and flexibility.

confronting health emergencies. Most modern armed forces have special capabilities and characteristics that are essential if one is to work (and survive) in a health emergency. Armed forces units are trained to command and control people in chaotic situations and environments. They typically have military medical systems integrated with trained personnel and equipped units, as well as the logistics resources and competencies needed in emergencies. Further, on the most basic level, the military possesses a national command network and constitutes a pool of disciplined manpower, including reserves, which can be deployed at relatively short notice to supplement civilian frontline services during national emergencies.

Some important conclusions can be drawn from certain previous involvement of armed forces in tackling a health crisis, especially the Ebola pandemic in 2014–2105 in Western Africa (Sandy et al. 2017). Health sectors in the most affected African countries (Guinea, Liberia and Sierra Leone) were seriously overwhelmed and unable to perform their main tasks. "Medical centres and military hospitals had limited resources for both Ebola and primary healthcare support" (Sandy et al. 2017, 6). Not only the armed forces but whole security sectors were involved: national armed forces; intelligence services; police/gendarmerie services; border guards and border management; local security actors, including militias; international security arrangements; national governments; civil society actors (media, think-tanks etc.); regional and international governmental organisations, including the United Nations; and legal and parliamentary bodies (ibid.). The roles of the armed forces across the region were generally quite similar, yet with some distinct differences. In most cases, the armed forces were involved in preventive activities: they were deployed to quarantine communities, to prevent individuals from leaving or entering infected communities, and to restrict movement across the borders of countries in the region. For example, in Liberia, the Armed Forces of Liberia had to be deployed to meet basic security needs and provide security protection. "They were responsible for the enforcement of quarantine and curfew and manning of several checkpoints to slow down and stop the free movement of people in an attempt to halt the spread of the disease" (ibid., 10). The situation was similar in Guinea where checkpoints to monitor body temperature and perform medical checks were installed at the border. The armed forces were tasked with offering protection to the population and health workers alike, providing logistical assistance, and transporting materials and medical supplies. Moreover, the armed forces protected the health workers sent by regional organisations.

Several benefits of armed forces use in this health crisis can be identified (Sandy et al. 2017; Glušac et al. 2021). First, the Ebola crisis demanded quick responses and considerable discipline in their implementation. Stronger discipline is institutionalised in armed forces than in civilian actors and the population at large. Second, military medical doctors were well trained, disciplined, and able to cope with the crisis. Their training also meant they were already familiar with the protocols that had to be considered and enforced. Third, military doctors displayed greater discipline than many civilian health workers in civilian hospitals. Fourth, collaboration between civil and military actors could be established; for instance, in Guinea, civilian and military coordination centres collaborated closely and exchanged information in daily joint briefings. Fifth, military officers provided logistical support and security advice to deployed representatives of the West African Health Organisation.

"The missions assigned to armed forces in the context of the COVID-19 pandemic have only slightly differed from one country to another and have all centred on reinforcing health systems" (Glušac et al. 2021, 10). A very interesting survey[4] on the role of armed forces in the COVID-19 pandemic was conducted by the Geneva Centre for Security Sector Governance (DCAF) (Glušac et al. 2021). The Centre's final conclusions on the role of armed forces in the COVID-19 pandemic may be summed up in the following sentence, "… the tasks performed by armed forces during the COVID-19 pandemic may be divided into three main categories: logistical, medical and law-and-order".

The first main function of armed forces in fighting COVID-19 is logistical support. Among respondents who explicitly reported on the internal role of the armed forces during this pandemic, the vast majority indicated that their armed forces had been tasked with providing logistical support to civilian authorities. In most cases, this included providing military transport capabilities for civilian use, and supplying medical equipment and personal protective equipment. One-third of respondents reported that armed forces had distributed food aid, and one-quarter that military factories had been used to produce medical supplies. In a smaller number of countries, armed forces had also been tasked with disinfecting public spaces, while in some countries armed forces had helped create mobile testing stations or supported local authorities in contact-tracing efforts.

The second most frequent function is medical support, that is, providing assistance to health systems that are close to saturation. According to the DCAF survey, 60 percent of respondents who had explicitly reported the internal role of armed forces during the pandemic indicated that the armed forces of their respective countries had been called upon to provide medical assistance. In every country where the armed forces were given such a task, their main activities involved setting up field hospitals and mobilising military medical personnel to support civilian infrastructures/services. Establishing field hospitals in support of existing hospitals has been the strategy in Spain and the United Kingdom, also in regions isolated from national health systems (such as the island of Saaremaa in Estonia). Most survey participants responded that the armed forces had provided voluntary blood donations. In some countries, they had also conducted health checks along the national borders.

The third main function of armed forces during the COVID-19 pandemic is providing support in maintaining public law and order. Still, it should be emphasised that this function was rarely reported by respondents compared to medical and logistical support. In fact, among respondents who explicitly reported the internal role of the armed forces, only one in five indicated that the armed forces had been assigned this function in their country. Where support for this law-and-order function was provided by the armed forces, this most entailed the patrol of borders, assistance to police to ensure compliance with lockdown

[4] Besides their own analysis of the available sources, data for the DCAF survey were also obtained by an online survey distributed to ombuds institutions for the armed forces that regularly participate in the International Conference of Ombuds Institutions for the Armed Forces (ICOAF). The survey was sent to 140 ombuds institutions and other organisations (coming from 87 countries) that have participated in ICOAFs. Responses were received from 46 institutions (including 41 ombuds institutions) of 37 countries around the world. The survey was based on responses received from the following countries: Albania, Armenia, Australia, Austria, Belgium, Benin, Bosnia and Herzegovina, Burkina Faso, Canada, Costa Rica, Croatia, Czechia, Estonia, Finland, Georgia, Germany, Greece, Hungary, Ivory Coast, Kenya, Latvia, Mali, Malta, Madagascar, Montenegro, Netherlands, Niger, Norway, Poland, Kosovo, Senegal, Slovenia, South Africa, Tajikistan, Ukraine, and the USA (Glušac et al. 2020). The overall analysis and survey include more countries than only those that responded to the DCAF online survey.

or curfew regulations and preventing individuals from leaving or entering infected communities. This last function of controlling the population's movements (compliance with confinement measures) had been undertaken by the armed forces in Spain, Italy, Slovakia, Bulgaria and Lithuania, where these forces have generally been entrusted with police functions.

Most states, irrespective of being EU or NATO[5] members, have included and activated their own armed forces in the COVID-19 measures, yet it is important to note that the armed forces of individual countries have been activated to varying degrees. In some countries, only members of the regular forces had participated (such as in Slovenia), while for example in Austria members of the reserve force were also called up to carry out border controls (RTVSLO.si 2020).

An interesting research study[6] on the topic under study (Savage 2020) shows that armed forces in this crisis have mainly been used to support health workers, for logistical support, to provide transport, to provide health services and in some places also carry out border controls. More controversially, however, troops have also been deployed to enforce mandatary lockdowns by patrolling the streets, constructing roadblocks and curbing movement. These measures, aimed at stemming the coronavirus' spread, have been adopted around the world (Kalkman 2020). In certain countries like Italy or Serbia, armed forces were used to monitor compliance with quarantine or to exercise control over compliance with a curfew, while in some countries (i.e., Italy) members of the armed forces also guarded entrances to hospitals and other medical institutions. Finally, troops have been deployed to reduce the negative fallout of the lockdowns and the extreme economic impact by planning deliveries of meals to vulnerable people and supporting food banks (Savage et al. 2020).

An important and interesting perspective on the use of armed forces in the COVID-19 crisis is raised by Lambert et al. (2020), who focused on the compliance of this type of armed forces' use with the OSCE Code of Conduct. Their analysis encompasses European OSCE participating states. Lambert et al. (2020) found that following the start of the coronavirus crisis, more than one-third of OSCE participating states had officially declared a state of public emergency as envisaged by international law, while others had introduced other emergency regimes of different intensity or had adopted restrictive measures through legislation and policy. While the main purpose of Lambert et al.'s (2020) analysis

[5] Although NATO's response in the COVID-19 crisis is not the subject of this analysis, we cannot ignore its role. NATO, as expected, was not a first responder in this crisis. In the first 6 months of the crisis, NATO was mainly concerned with three sets of issues: "to maintain its readiness and the credibility of its defence posture; to prevent any development that would transform the health crisis into a security crisis; and to demonstrate its presence and relevance by supporting civilian efforts" (Tardy 2020, 34). As the COVID-19 crisis was evolving, with national health systems being put under extreme conditions and demanding national armed forces assistance, NATO's response also evolved. NATO has facilitated different interventions aimed at tackling the pandemic, including the construction of more than 100 field hospitals, the addition of about 25,000 treatment beds, the deployment of about 5,000 military medical professionals in support of the civilian population. In addition, the NATO airlift fleet was pivotal in numerous aero-medical evacuations with intensive care teams, several missions (about 350) to support and transport medical personnel, treatment capabilities and supplies, and in the repatriation of more than 3,500 allied citizens globally. It is estimated that by November 2020 NATO had transported more than 1,000 tonnes of emergency-related equipment (NATO 2020).

[6] A study was done by Resdal – Latin American Security and Defence Network that includes the following countries: Argentina, Bolivia, Brazil, Burkina Faso, Chad, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, France, Guatemala, Honduras, Mali, Mexico, Niger, Nigeria, Panama, Paraguay, Peru, Portugal, Spain, the United Kingdom, Uruguay and Venezuela (Estre 2020, 2).

was compliance with the politically binding OSCE rules, the authors also detected several tasks being performed by armed forces in the OSCE countries. These tasks can be divided into five main categories: Logistics and transportation; Medical support; Research and Development; Governance support and Internal Security (Lambert et al. 2020, 76).

5 COUNTRY ANALYSIS

This chapter includes a country-by-country analysis of the role and tasks performed by national armed forces in a chosen country. The analysis is based on data collected through formal, governmental sources and does not assess whether the use of the armed forces was appropriate and consistent with national legal frameworks.

In Slovakia, the military has been actively involved in tackling the COVID-19 crisis from the outset. In the initial phase, military units worked together in mixed patrols with the police in conducting enhanced border controls. Members of the military have also participated in the governmental campaigns aimed at convincing citizens to respect and abide by the measures imposed. They were also involved in the transport and distribution of protective equipment, medical devices, food and water supplies, and aided medical staff (EUROMIL 2020b). At the beginning of the epidemic in March 2020, 340 members were immediately activated, while the entire armed forces were put on standby. According to the Chief of Defence (Ministry of Defence of the Slovak Republic, 2020), on top of delivering support to the Slovak police and setting up an isolated facility at the Lešť Training Centre, additional tasks for tackling the COVID-19 crisis could be undertaken by an extra 2,800 soldiers. At the same time, the armed forces remained committed to ensuring that all their duties arising from legislation, such as protecting the airspace, continued to be performed and were not endangered. Soldiers also guarded the Slovak National Institute of Infectious Diseases and one of the main hospitals (Ministry of Defence of the Slovak Republic, 2020). Slovak soldiers also assisted in conducting tests on COVID-19 among the Roma population. To ensure security in the Roma communities, which were quarantined upon the outbreak of the virus, a civil/military mission called Operation Umbrella 1 was also set up. Around 1,500 members of the Slovak armed forces were involved in Operation Umbrella 1, the first civil/military operation in Slovak history (EUROMIL 2020b).

In the Czech Republic, members of the armed forces played a similar role as in Slovakia, assisting with logistical support, transporting medical supplies, and setting up field hospitals. The Czech Minister of Defence stated: "Helping Czech health professionals and citizens comes first for us. We want to use the contracted hours within the alliance program of strategic transport SALIS to transport material from China" (Ministry of Defence of Czech Republic 2020a). The Czech forces also helped enforce the 'smart quarantine' policy, a policy adopted by the Czech government to curb the spread of the COVID-19 virus. Army medical personnel were used at border controls to perform COVID-19 testing. Soldiers conducted combined patrols with police officers at 29 border crossings and border sections. The police were strengthened by a total of 941 professional soldiers with 86 items of equipment, mainly personal off-road vehicles (EUROMIL 2020c). The main goal of these inspections was to randomly examine Czech Republic citizens, but especially foreigners, to prevent the disease's spread, which included measuring a person's temperature and investigating their

anamnesis. According to statistics from the Czech police, on average ever day 30,000 vehicles were inspected and the temperature of more than 15,000 people was measured (Ministry of Defence of Czech Republic 2020b).

France already at the start [7] of the pandemic launched a special military operation [8] called *Operation Resilience* to respond to the COVID-19 pandemic. *Operation Resilience* included 15,000 troops fully dedicated to supporting the population and public services in the fight against the pandemic (EUROMIL 2020a). All three branches of the French armed forces were engaged in all sectors for the purpose of "providing support to civil authorities, by adapting their action to local situations and within the framework of an ongoing dialogue with the latter" (Minister des Armees 2020, 3). Operation Resilience was "an unprecedented military operation aimed at supporting public services and the French people in the fields of health, logistics and protection, in France and overseas/…/ on the national territory, in the air, on the seas, in the cyber space, as well as in overseas missions" (ibid.). Engagement of the French military through Operation Resilience refers to three main domains: healthcare, logistics and protection. As part of this operation, the army defined and implemented a specific concept to respond to the coronavirus crisis: health support units. These units are detachments and act as reinforcements for civilian hospital structures. They carry out immediate proximity actions in support of the general functioning of those hospitals. Mainly used in the fields of transport, handling and organisation, they can also help protect the hospital site (Minister des Armees 2020). The number of soldiers participating in this operation was not fixed, although Minister des Armees (2020) mentioned 40,000 soldiers being deployed each day. It is important to add that not all three branches of the French armed forces were intended to participate directly in enforcing the lockdown measures. The Ministry for the Armed Forces also helped in the fight against the pandemic by way of research and development efforts, while in March 2020 made an urgent call for innovative projects to help in the struggle against the coronavirus. Priority areas included individual and collective protection, mass testing, and decontamination, diagnosis, digital continuity, or management of the psychological impact of the pandemic (Pannier 2021).

Another country analysed for this article is the United Kingdom. As Braw (2020, 53) notes: "When the pandemic hit the UK, the armed forces found themselves in a paradoxical situation: though the coronavirus crisis was obviously a public health emergency, not a kinetic attack, the armed forces immediately found themselves in demand". British military personnel from the British Army, Royal Air Force and Royal Navy have been a key part of the UK's COVID-19 response both at home and overseas. At the beginning of 2021, the UK's Ministry of Defence confirmed the UK's Armed Forces' response to COVID-19 had become "the biggest ever homeland military operation in peacetime, with more than 5,000 personnel involved" (Forces.net 2020a). A special COVID Support Force was formed to respond to requests for assistance from public services and civilian authorities and 20,000 military personnel were put on readiness at the commencement of the pandemic (Forces.net 2020b; also see Braw 2020). The soldiers immediately went into action, playing a key role in construction of the Nightingale Hospital in London. They also helped build hospitals in Birmingham

[7] On 25 March 2020.

[8] Besides France, also Spain and Italy, as the countries most affected by the COVID-19 crisis during the pandemic's first wave in the spring of 2020 have also relied on special military operations. In Italy, it was the *Operazione Strade Sicure*, which involved 7,000 troops and in Spain it was *Operation Balmis* which involved 57,000 troops (EUROMIL 2020a).

and Manchester, three other hospitals and additional recovery facilities for COVID-19 patients discharged from hospital (Braw 2020, 53).

Members of the armed forces were deployed to assist community testing and in some regions of the UK to carry out asymptomatic testing of specific populations. "The UK's Armed Forces have also supported NHS and have helped to set up hospitals around the country, which have provided additional care capacity for coronavirus patients" (Forces.net 2020a). Hundreds of army medics were deployed to UK hospitals, taking on patient-facing roles, while general duties personnel performed non-clinical roles to help healthcare professionals prioritise work on the COVID frontline. Regular and reservist personnel from all three services of the UK's armed forces helped distribute and deliver personal protective equipment to frontline NHS staff, including items like masks, safety glasses, gloves, aprons, and protective suits. It is very interesting to note that the British Army teamed up with eBay to help healthcare workers find and order free personal protective equipment (ibid.). The UK's armed forces not only performed logistical and transport tasks, but also used their knowledge and expertise to produce personal protective equipment when, early in the pandemic, a global shortage appeared. "The military has been 3D printing PPE components. Engineers from the Royal Navy, Royal Air Force, and the Army began producing the components following an appeal from 3DCrowd UK, a volunteer organisation crowdsourcing 3D printer owners to help produce protective equipment" (Forces.net 2020a). The UK's armed forces were also strongly involved in evacuation, transportation and repatriation tasks. The Aviation Task Force provided a dedicated helicopter capability (operating 24 hours a day) to support the UK's response to COVID-19. The Joint Helicopter Command, an aircraft force comprising all three services, was put on standby to be used to reach "isolated communities that may not be able to obtain urgent medical care" (Forces.net 2020a). The military also conducted repatriation flights, including bringing British holidaymakers back who had been stranded on a cruise ship in Cuba (ibid.). Reflecting the fact that Britain has a considerable number of Overseas Territories around the world, the UK Armed Forces also deployed personnel to those territories. UK service members were deployed to Gibraltar, while using a military aircraft other service personnel transported Falklands children attending boarding school in the UK back home (Braw 2020, 54). The UK's armed forces were also given the task of battling fake news and misinformation. "The Ministry of Defence sent a team to support the Cabinet Office in tackling online misinformation – part of the COVID Support Force effort to bolster the UK's coronavirus defences. In addition, two experts from the British Army joined a NATO team set up to combat disinformation" (Forces.net 2020c).

Finland is, compared to the other analysed countries, a very specific case, due to Finland's comprehensive security approach (Vanhanen 2020, 144). "In practice, this is a whole-of-government approach to security, in which tasks and responsibilities are divided between different authorities; the tasks and allocation of responsibilities for preparedness in society are based on legislation" (ibid.). Since Finnish armed forces are a conscription armed service, a major concern regarding the COVID-19 pandemic within the armed forces themselves has been the safety of conscripts (The Finnish Defence Forces). "As Finland annually trains about 20,000 conscripts, there was a need to consider, how the COVID-19 pandemic would affect the training process" (ibid.) When we analyse the role and tasks of the Finnish armed forces in the COVID-19 pandemic, the health of conscripts and all the measures taken to ensure that, must be considered. Hence, it is not only about the tasks performed to assist the national

medical system, like in most of the other countries.[9] "An instruction and guidelines were issued, that if a member of the Defence Forces, a conscript, a woman performing voluntary military service or a reservist instructed for refresher training has returned, or will return, from epidemic areas determined by the National Institute of Health and Welfare, he or she must stay away from service or work for 14 days" (Vanhanen 2020, 152). Conscripts on duty were also trained to identify symptoms and seek treatment if necessary. One legal task of the Finnish armed forces is to assist other government officials and institutions. "As such, the Finnish Defence Forces announced on March 17 that they would support police-led duties with about 40 soldiers and 750 conscripts" (ibid.). Conscripts were also used, among other things, to regulate traffic and isolate areas. In addition to assist the police, the armed forces have also supported other authorities. For example, the Border Guard was provided with transport assistance for operational needs and the Centre for Military Medicine has provided support to the National Institute for Health and Welfare by allocating human and equipment resources (respirators) for its use (ibid.). As most COVID-19 cases in Finland had been registered in the Uusimaa region in Southern Finland, the Finnish government decided in late March 2020 to isolate the region from the rest of the country for 3 weeks. Defence Minister Antti Kaikkonen stated that conscripts and Defence Force personnel could be rapidly deployed to help enforce movement restrictions in and out of the Uusimaa region in southern Finland (Uutiset 2020). This was done to prevent the pandemic from spreading, as Finland's capital and largest city, Helsinki, along with the surrounding Greater Helsinki area, are both located in Uusimaa, Finland's most populous region. The armed forces assisted the police in the process by monitoring movement within Uusimaa's borders.

Sweden is an especially interesting case to analyse due to its "total defence concept". Still, the analysis shows the Swedish armed forces have not played a crucial role in tackling the COVID-19 crisis. This can also be explained by the government's specific approach to the pandemic, which differed strongly from most countries. "Contradicting the swiftly forming international consensus, Sweden developed its own, notably toned-down coronavirus strategy, with dire results" (Jonsson 2020, 160). With most of the measures being based on trusting the Swedish citizens, there was no need to use the armed forces to control compliance with the lockdown or curfew regulations like in some other countries, or to guard the isolated areas as for example the armed forces did in Finland. The Swedish armed forces quickly placed its resources at the disposal of civilian authorities. They established two military hospitals – one in Stockholm and the other in Gothenburg – with a total of 50 intensive care beds, and 90 additional hospital beds. They also supplied 154 ventilators, 50,000 protective masks and 40,000 items of personal protective gear, distributed to other government authorities (EUROMIL 2020c). The Swedish armed forces also supported other authorities with helicopter transport, ambulances, and with the construction of healthcare facilities (ibid.). The armed forces contributed ambulance units and personnel for the Norrbotten Region, Skåne, Stockholm and the Västra Götaland region, among others. Some national agencies (i.e., Swedish Agency for Economic and Regional Growth) received support from the military in the form of staff. Based on the available sources, we may conclude that the Swedish armed forces have mostly participated with equipment, whereas the number of military personnel involved is only small (Försvarsmakten 2020). "Overall, whilst the

[9] This does not imply that in the armed forces of the other countries included in the analysis the health of their own members was not important. Yet, Finland is a country with a conscript army and thus this aspect of the armed forces had to be mentioned.

pandemic revealed worrying gaps in Sweden's civil defence, little of this criticism has been directed at the armed forces themselves" (Jonsson 2020, 168).

In Slovenia, approximately 50 members of the national armed forces per day, totalling around 900 during the first pandemic wave, were involved in various tasks to support the Civil Protection and other structures during the epidemic (Slovenska vojska 2020). In cooperation with the Civil Protection, the Slovenian armed forces established an isolation and capacity area at the Role 2 LM Hospital in the Edvard Peperko Barracks in the capital city of Ljubljana. They also provided transport by trucks and buses, and delivered hot meals to selected civilian institutions and the Ministry of Foreign Affairs on a daily basis. The Slovenian armed forces established military mobile medical groups to support the activities of the consular service of the Ministry of Foreign Affairs with the task of checking the health status of individuals and groups brought to Slovenia by the Ministry of Foreign Affairs in an organised manner. Further, military aircraft to repatriate Slovenian citizens and evacuate infected and risky members of the SAF were used. As part of the assistance within the NATO alliance, a team of medical workers was sent to Eufor and to the NATO headquarters in Sarajevo (Gov.si 2020). Members of the armed forces were not used to monitor compliance with the quarantine or exercise control over the observance of curfew. Slovenian soldiers also did not guard the entrances to hospitals and other medical institutions, like in some of the other countries (Cigler 2020).

6 DISCUSSION: COMPARATIVE ANALYSIS

During this pandemic, the deployment of national armed forces has been widespread in different ways and on different levels. The analysis shows a very wide span of tasks performed by the armed forces. While army medical staff performing medical tasks or transporting medical equipment with strategic air lift capabilities seems understandable, the use of members of the armed forces to combat fake news and misinformation (like in the UK) or to deliver meals to families in need is more surprising. The analysis focuses on the pandemic's first wave when all countries found themselves unprepared to tackle a health crisis of this size. Use of armed forces for the purpose of 'fighting the virus' appeared in some of the countries to be very logical, since the armed forces form part of the states' crisis management systems. While in other countries, use of the armed forces was strongly opposed at the beginning but later, as the crisis worsened and health systems collapsed, armed forces were deployed.

The role of armed forces in the first wave of the COVID-19 pandemic may be summarised in five main areas: Logistics: tasks of transportation and logistics; Medical tasks/assistance to health systems; Police tasks: enforcing restrictions and border controls; Guarding tasks: guarding medical facilities and critical-structure institutions; and Research: using military capabilities to develop and produce own protection gear. This was also confirmed by several surveys mentioned in the article. The collapse of the health systems in most of the countries during the pandemic's first wave means that the use of the armed forces was an appropriate solution for the reasons presented in this article.

Table 1 displays a comparative view of the tasks and roles of the countries selected for the analysis. Countries in which special military operations for the purpose of the COVID-19 crisis were established are also marked in Table 1.

TABLE 1: COMPARATIVE VIEW OF TASKS PERFORMED BY ARMED FORCES IN THE ANALYSED COUNTRIES

Country	No. of troops deployed*	Special Mil Op	Logistics	Medical	Police tasks	Guarding tasks	R&D
Slovakia	1,940	YES**	YES	YES	YES	YES	NO
Czech Republic	941	NO	YES	YES	YES	YES	NO
UK	5,000	YES	YES	YES	YES	NO	YES
Finland	790	NO	YES	YES	YES	YES	NO
France	15,000	YES	YES	YES	YES	YES	YES
Sweden	Only a few	NO	NO	YES	NO	NO	NO
Slovenia	900	NO	YES	YES	NO	NO	NO

* Number of troops refers to the number of military personnel deployed during the first wave of the pandemic.
** The Slovakian special operation was a civil/military operation.
Source: Own analysis.

The most widespread use of armed forces was in logistics and transportation. Armed forces used their logistics and transportation capabilities for equipment, personnel, civilians, infected people, and to evacuate diplomatic staff. The second group of tasks performed by the armed forces are medical tasks. When the states' health systems buckled under the pressure, army medics stepped in. The armed forces mostly provided logistical assistance: in the first period of the emergency, the transportation of basic personal protective equipment such as facemasks was carried out by or under the armed forces' supervision through land, sea and air, ensuring the quickest and safest results. Countries in possession of strategic air lift capabilities relied on them to transport protective equipment directly from China, meaning they were not left dependent on commercial transport providers. Probably, the most unique task performed by the UK's armed forces in the COVID-19 crisis, compared to all the other countries analysed in this article, was the task of battling fake news and misinformation. No other armed forces were assigned the task of battling fake news or misinformation or were included in the civilian authorities for this purpose. A numerical comparative analysis offers interesting results that reveal how differently countries decided to burden their armed forces.

Armed forces were also widely used in other countries not included in our analysis. Large numbers of troops were engaged directly and not through special military operations, like in Spain, France and Italy. In Germany 32,000, Romania 14,000, Poland 9,000, Austria 3,000 and in Croatia 500 armed forces' personnel were deployed in the pandemic's first wave (EUROMIL 2020a). Denmark, Norway, Sweden, Finland and Iceland organised joint dedicated forces (Reuters 2020). Moreover, all three major powers – Russia, China and the USA – made extensive use of their national armed forces.

An additional task performed by armed forces and not directly connected with the COVID-19 health crisis, but which was a consequence of the declaration of states of emergencies in some of the countries, was guarding asylum centres and asylum seekers. In Serbia, for example, military police were mobilised to guard the asylum centres in which refugees were detained throughout the state of emergency. In Ireland and the Netherlands, it was also reported that asylum seekers were detained on military premises. The military was also deployed to protect the borders of several other countries: Greece, Croatia, Poland, the Czech Republic, Latvia, Lithuania, the Netherlands, North Macedonia, Austria, Portugal, Serbia, Slovakia and Slovenia. This also led to the involvement of the armed forces in migrant pushbacks and human rights violations, which raises several important issues for further research. With the widespread use and massive vaccination of the whole population, armed forces were also performing tasks in

support of the vaccine rollout, vaccine transportation and vaccine delivery. However, since our article is concentrated on the first pandemic wave in the spring of 2020 when COVID-19 vaccines were still not available, vaccine-related tasks were not included in the analysis.

7 CONCLUSIONS

The analysis reveals that the first assumption is wrong. Based on previous research and the data analysed, we note that it was not the international status of a country which influenced the scope of its deployment of the armed forces in this crisis. Table 1 shows no clear difference between NATO and non-NATO (neutral) countries. France, a NATO member, deployed its armed forces to perform tasks in all five categories, while Slovenia, also a NATO member country, used its armed forces 'only' for medical and logistic tasks. All the other surveys presented in the article also reached the same conclusion: a country's international status has not influenced the roles and tasks performed by the armed forces during the first wave of this health crisis. What distinguishes NATO countries from other countries, for example, is the common NATO action, which developed later as the COVID-19 pandemic continued, and not specific tasks.

The second assumption is confirmed, namely, it is very clear that armed forces were used to supplement the shortages in the healthcare systems. Armed forces were primarily deployed to provide medical, logistical and police-order functions in support of civilian authorities. Having proven powerful agents for pandemic preparedness and response, armed forces were capable of augmenting civilian efforts, contributing efficiently to the national pandemic response, and reducing the virus' negative impacts. Still, several challenges and drawbacks of the armed forces' involvement in tackling health crises must be considered. For example, the discipline of the armed forces can also lead to inflexible responses, particularly since fighting a health crisis is not their everyday task. Strict mandates and operating procedures can complicate their involvement. Using armed forces for this type of crisis can raise the risks of eroding preparedness for the core functions of national defence and war-fighting abilities. Yet, what is probably most important, deploying armed forces is a short-term solution. It should not substitute the building of civilian capacities to respond to large-scale health crises.

The COVID-19 crisis has served as a reminder for armed forces across the globe of the importance of building internal capacity to combat health crises, prompted in part by echoes of the influenza pandemic of 1918 that depleted military readiness by incapacitating soldiers, overwhelming medical facilities, and disrupting military operations and logistics. Although the data on infection rates and casualties among armed forces due to COVID-19 are incomplete, they indicate a need to ensure that armed forces personnel's valuable contribution to suppressing COVID-19 does not lead to any infringement of their rights or a worsening of the conditions in which they serve. Armed forces personnel must be properly equipped, not just to reduce their own risk of infection but to prevent them from becoming vectors of the virus (also see Glušac et al. 2021).

As the pandemic has progressed and numbers of infected and dead have escalated, three very important aspects of the armed forces in this pandemic have surfaced: First, the health and security of armed forces' members themselves; second, the impact of the COVID-19 pandemic on the performance of the armed

forces and third, (mis)use of armed forces under the 'umbrella' of declared states of emergencies for other purposes. These aspects were not the subject of our analysis and thus not included in the article. However, especially the second and third aspects will gain in importance once the pandemic is over, opening several future research possibilities.

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VLOGA OBOROŽENIH SIL V PANDEMIJI COVID-19

Čeprav pandemija COVID-19 ni kriza, ki zahteva uporabo vojaških sil kot glavnega sredstva za boj proti tej grožnji, je večina držav dejansko uporabila svoje nacionalne oborožene sile. Obseg uporabe se razlikuje in je odvisen od nacionalnega pravnega okvira, ki določa vlogo oboroženih sil pri kriznem upravljanju. V nekaterih državah so bile razporejene le redne sile, v drugih pa so bile aktivirane tudi rezervne sile. Vloga oboroženih sil se ni razlikovala le glede na vrsto oboroženih sil, ampak tudi glede na vrsto nalog. Kriza COVID-19 ni prva zdravstvena kriza, za katero so bile uporabljene oborožene sile. Izbruh ebole v letih 2014–2015 ponuja več pomembnih lekcij tako za oborožene sile kot za odločevalce. Članek temelji na analizi obsega uporabe oboroženih sil v pandemiji COVID-19 v sedmih državah med prvim valom pandemije na severni polobli v prvi polovici leta 2020 in problematizira vprašanje uporabe oboroženih sil v zdravstveni krizi, medtem ko avtorica identificira tudi izzive in koristi tovrstne uporabe oboroženih sil.

Ključne besede: pandemija; COVID-19; oborožene sile; zdravstvena kriza.