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Public Health Emergencies: Moving Beyond Ad Hoc Military Responses

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SYNOPSIS

COVID-19 drew attention to the trend of involving the military as part of national responses to health crises. ***S. NANTHINI*** *suggests that governments clarify the role of their armed forces and formalise their involvement in such non-traditional security contexts rather than rely on ad hoc measures that raise concerns over the militarisation of national responses during health emergencies.*

COMMENTARY

In the face of the various infectious disease outbreaks and public health emergencies over the past few years, the health sector has become increasingly securitised. This trend has in turn led to defence organisations – as protectors of the state – becoming key actors in this space. In particular, COVID-19 has placed the spotlight on the military's involvement in health crises, with states around the world mobilising their militaries as part of their national response to the devastating effects of the pandemic.

Should the use of the military in the face of non-traditional security threats such as health crises be permissible, or even normalised? This is the primary question that states are grappling with in the wake of military mobilisations across the world in response to non-conflict crises. While there are advantages to increased military involvement in health crises, such involvement has also proven controversial, with some warning that it risks militarising health processes or diluting the purpose of the military and overstretching military resources.

The Military's Involvement in Health

According to United Nations guidelines, deploying militaries for humanitarian and disaster relief purposes, including health crises, should be undertaken only as a "last resort". However, this guideline is rarely adhered to in practice, with some countries in regions like Southeast Asia often regarding their militaries as first responders in crises. In the absence of resilient national health systems – which are generally civilian in nature – it was therefore no surprise that militaries were filling the gaps in national COVID-19 pandemic responses by deploying soldiers, support staff and logistics capacities. The deployment of military personnel and assets in non-conflict crises also tends to be a knee-jerk response on the part of governments, often undertaken in an ad hoc manner rather than as part of a planned, whole-of-society approach.

During the early stages of the COVID-19 pandemic, militaries around the world were mobilised to support their national responses by enforcing curfews and movement control orders, constructing makeshift hospitals, and providing transportation and logistics support. Such use of the military during health crises is not limited to the COVID-19 pandemic; militaries have also been mobilised in other health crises such as the Ebola and Zika epidemics, when civilian health services were overwhelmed. For example, during the Zika outbreak in Brazil, over 220,000 military personnel were mobilised to raise awareness of the virus through visits to homes and public places.

A soldier from the Ohio National Guard conducts a COVID-19 test at a pop-up testing drive-thru in Ohio, 2020. Although the UN guidelines state that deploying militaries in health crises should only be undertaken as a "last resort", governments readily mobilised their militaries ad hoc to combat the pandemic. *Image from DVIDS.*

Dangers of Militarising Health

Some observers view the growing role of the military in health crises as a dangerous trend, increasingly blurring the line between military and non-military affairs.

After all, the pre-eminent mandate of the military is not to improve health outcomes but to defend the security interests of the state. Indeed, a state's armed forces are highly visible in their role as an extension of state power. As such, while mobilising the military during a health emergency could be viewed as a sign of the national government taking visible action during times of crisis, it could also be seen with suspicion as a cover for political objectives, including potential abuses of power against local populations.

The financial cost of involving militaries in health crises must also be taken into account. There is likely to be significant opposition from public health officials and professionals if such "militarisation" of health is regarded as a possible first step in the transfer of funds from public health services to the military. On the other hand, militaries – already facing the prospect of budget cuts in an uncertain global economy – may themselves be reluctant to take on more responsibilities during health emergencies, particularly if they are expected to fund the performance of such obligations themselves.

Civil–Military Collaboration: Moving Towards a Support Role for the Military

The COVID-19 pandemic has highlighted the growing trend of military involvement in national responses to public health crises – a trend that is unlikely to be reversed in the near future. For example, the 2021 "National Civil–Military Health Collaboration Framework", a guidance document by the World Health Organization, acknowledges the likely continuation of this trend and provides guidance for strengthening national health emergency preparedness through civil–military collaboration. In particular, it highlights the need to move beyond using the military in an ad hoc manner once a public health emergency has been declared and instead to include the institution in national preparedness strategies.

The key first step must be to acknowledge the differences between the civilian and military health services and systemically assess their capacities for emergency preparedness. It would then be easier to define their individual roles and responsibilities and, importantly, the scope of their limitations – particularly those of the military. Such capacity assessments and role definitions would allow the military to be involved only when and where necessary, such as in areas where it has the technical expertise, human resources and logistics capacities.

However, investment in a strong national health system is still vital. While the military may help to fill the gaps in times of crisis, there should not be broad institutional reliance on the military as a replacement for resilient national health systems. The military should be ready to step in and support civilian health services if and when the need arises, with roles and limitations clearly laid out in national preparedness and response strategies.

With the world still reeling from the effects of the COVID-19 pandemic, it is necessary to be prepared for the next unforeseen health crisis. With military involvement in health emergencies being an irreversible trend in the near future, states should look to institutionalising civil–military collaboration and developing national strategies for such crisis situations, with civilian health services taking the lead and the military playing a support role.

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