

THE WORK OF MILITARY FORCES IN THE CONTEXT OF THE **COVID-19** CRISIS

Nº2 | July 2020



AFRICA, LATIN AMERICA and EUROPE



- On March 11, 2020, the World Health Organization declared the new coronavirus SARS-CoV-2 outbreak a pandemic. By then, the virus was already spreading worldwide and had turned into a global problem. It was precisely the close connection between countries in a globalized world that caused an impact on so many people, across all continents, in such a short time. Against this backdrop, as was already pointed out in the previous Newsletter, the armed forces were called upon to play a role in response to the crisis.

The exponential spread of the disease has led to the implementation of risk management systems in various countries and, in many cases, the armed forces have been deployed due to their quick response and logistic support capabilities. This same situation has been evident in various regions of the world, where the armed forces have been involved in supporting systems, delivering food to people and patrolling areas, among other actions. In this context, it is worth reflecting on their role, particularly the capabilities required for them in order to deal with these types of scenarios and, above all, on the importance of coordination, both at national and international levels. The information below describes the scenarios observed in various parts of the world and depicts some contrasting cases, including Argentina, Bolivia, Brazil, Burkina Faso, Chad, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, France, Guatemala, Honduras, Mali, Mexico, Niger, Nigeria, Panama, Paraguay, Peru, Portugal, Spain, the United Kingdom, Uruguay, and Venezuela.

What actions are being taken by the armed forces?

Indicators of the actions taken by the armed forces relies on the promotion of their activities in data published on their official social media accounts. The data presented below shows the actions posted between March 10 and May 18th for the above-mentioned countries. It is divided into three general areas: assistance to health-care systems, public order maintenance and direct support to populations. These general categories and the actions taken under each of them allow for further research in order to lay the foundations for the development of response protocols for other health-care crises, especially as regards to the training of personnel.

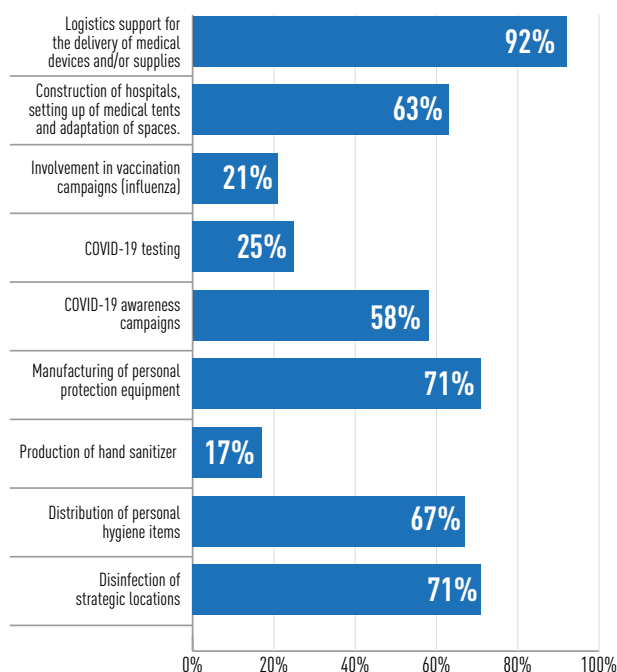
The eminently global nature of this threat demands urgent international coordination to offer an adequate response. However, analysis shows that countries have failed to coordinate with each other in most of their decisions. When we observe what has occurred in Latin America and the countries under analysis in Europe and West Africa, it is clear that response strategies were deployed urgently and the use of the armed forces was defined according to national needs and operating capabilities. Countries whose military forces have more developed logistic capabilities have tended to engage in a more significant transportation of medical equipment and personnel. In countries affected by food insecurity, the role played in relation to food delivery actions was recurrent. When mandatory lockdown was implemented, the need to have personnel available to enforce this measure led to the involvement of the military in patrols as well as checkpoint security activities.



If all of the cases reviewed in this paper are taken into account, including countries from Africa, Latin America and Europe, the percentage where the armed forces played a role in each of the categories is as follows:



Assistance to health-care system.
Percentage of countries where the armed forces undertook each of the above-mentioned actions.



Source: Compiled by the authors based on daily social media publications of the Armed Forces from the various countries from March 10 to May 18.

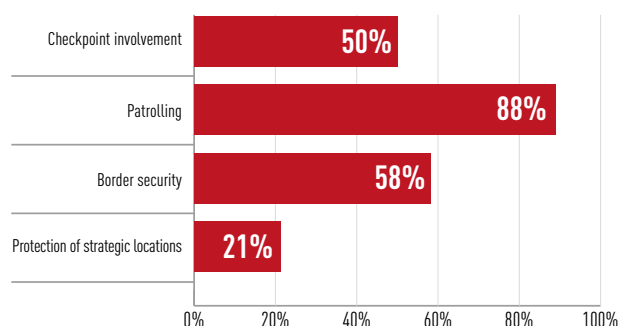


Health-care module deployment at the Van Buren Hospital – Valparaíso. **Source:** Army of Chile.

Assistance to health-care systems has been the main activity carried out by the armed forces within the context of COVID-19. Their logistics and quick response capabilities, combined with the availability of personnel, make the armies, navies and air forces strategic partners in the response to the current crisis. Assistance in the delivery of medical and strategic equipment is the most frequent task undertaken by the military. In several countries, the armed forces have also been involved in manufacturing personal protection equipment, which is key in the context of global scarcity of such items.



Public order maintenance and border control.
Percentage of countries where the armed forces undertook each of the above-mentioned actions.



Source: Compiled by the authors based on daily social media publications of the Armed Forces from the various countries from March 10 to May 18.



French Army soldier guarding a medical tent.

Source: Twitter official account of French Army

Although the police and security forces are generally responsible for enforcing law and order, it is common to have legal mechanisms in place that allow for the involvement of the armed forces in these tasks in exceptional cases. Due to the SARS-CoV-2 outbreak, several countries have implemented measures for social isolation.

In some cases, such as Spain, the measures were implemented nationally, and disobedience was penalized with fines. On the other hand, in Brazil, the federal government has not enacted mandatory isolation measures, but some states and cities have shut down non-essential businesses and institutions. In some cases that required isolation, the armed forces were entrusted with the responsibility of enforcing the rules. Also, in places with restricted movement of people within a national territory, the use of the army at checkpoints was recurrent.

The protection of strategic locations, such as hospitals and medical depots, was also conducted by the armed forces in countries like France and Colombia. Finally, the army was also responsible for securing the borders in cases when the movement of people was restricted.



As for assistance to the population, the main tasks have been food and water distribution as well as repatriation, among others.

Food and/or drinking water distribution is one of the main actions taken; it is present in 92% of the countries under analysis.



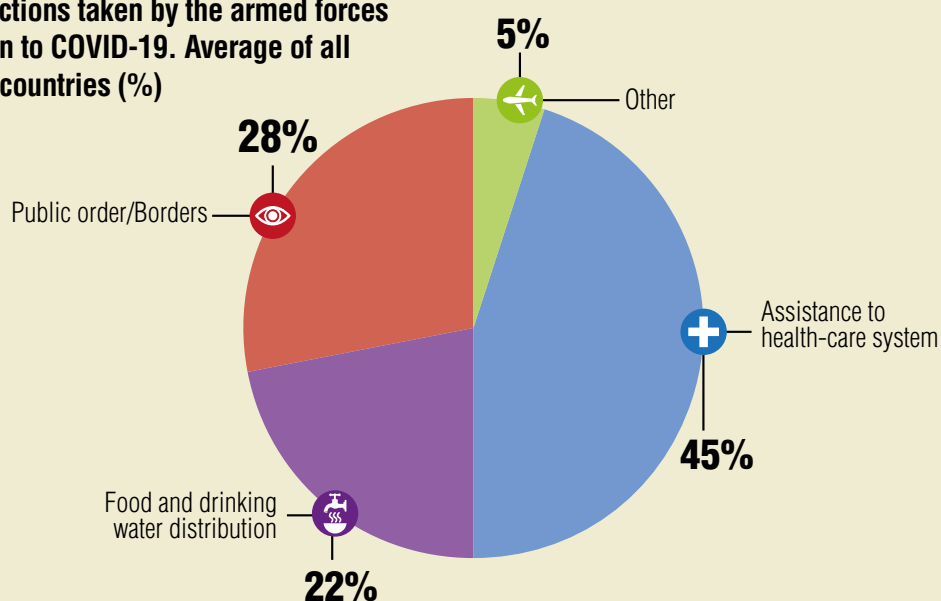
Food distribution in Conchalí, Santiago. Source: Army of Chile.

Due to the prompt border closure and commercial flight cancellations, a large number of nationals were isolated overseas, giving way to another significant activity which has been citizen repatriation, present in 42% of the countries.



Repatriation flight by the Uruguayan Air Force. Fuente: Uruguayan Air Force Website

Type of actions taken by the armed forces in relation to COVID-19. Average of all selected countries (%)

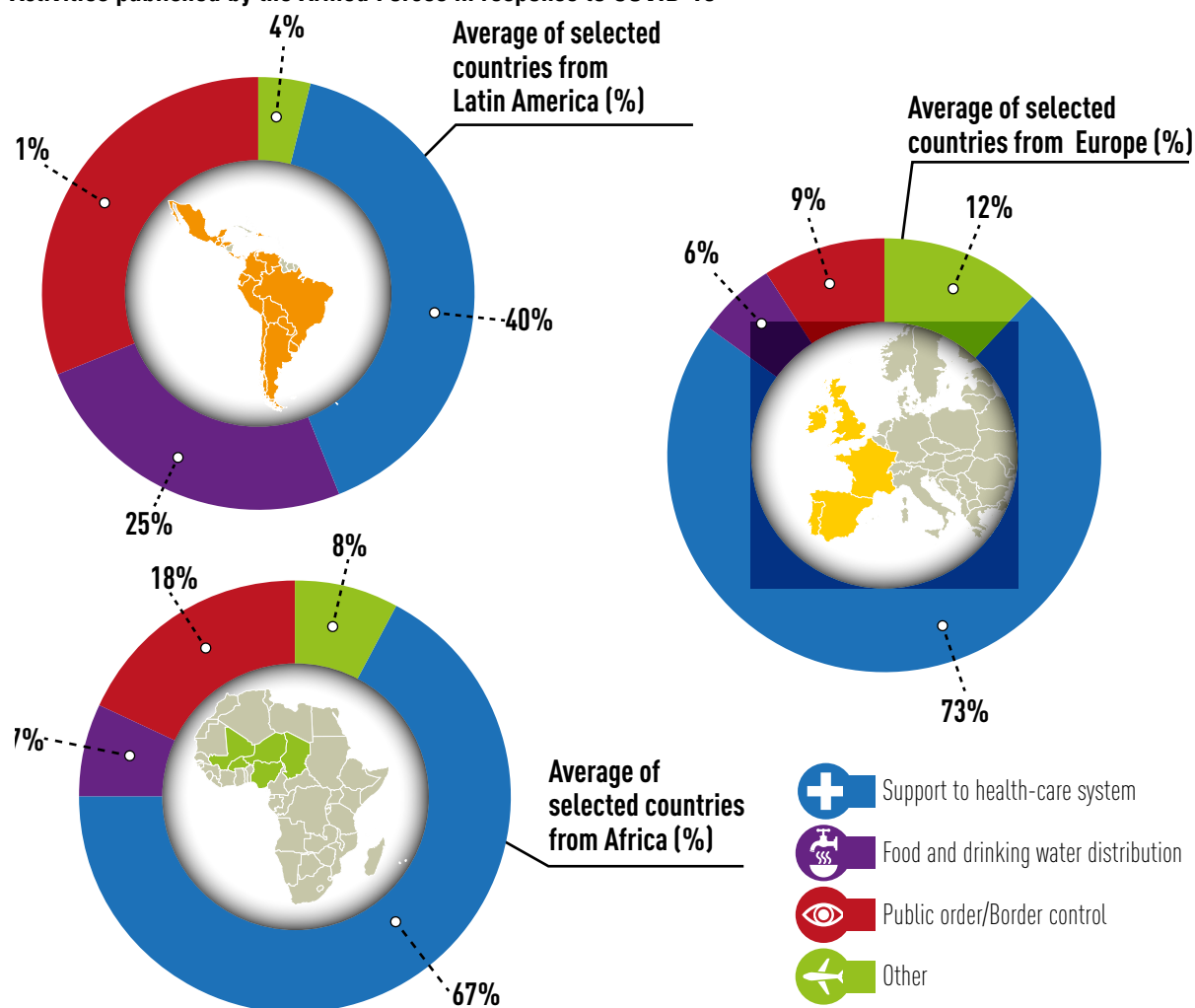


Source: Compiled by the authors based on daily social media publications of the Armed Forces from the various countries from March 10 to May 1



In general, the armed forces have been quite active in conveying information and showing the activities that were undertaken. In addition to the guidelines drafted for the population, they have also published their actions to fight coronavirus. The following charts illustrate the most active topics in each region.

Activities published by the Armed Forces in response to COVID-19



Assistance to health-care system: disinfection of locations with high circulation of people; prevention campaigns; deploying and setting up of medical tents, temporary hospitals and quarantine centers; transport and distribution of medicines, biomedical equipment and medical supply; production of personal protection equipment; among others.



Food and drinking water distribution: delivery of rations, food boxes and purified water to communities in need.



Public order/Borders: maritime, air and land patrols; border controls.



Other: repatriation of nationals; disinfection of military facilities; coordination meetings; among others.

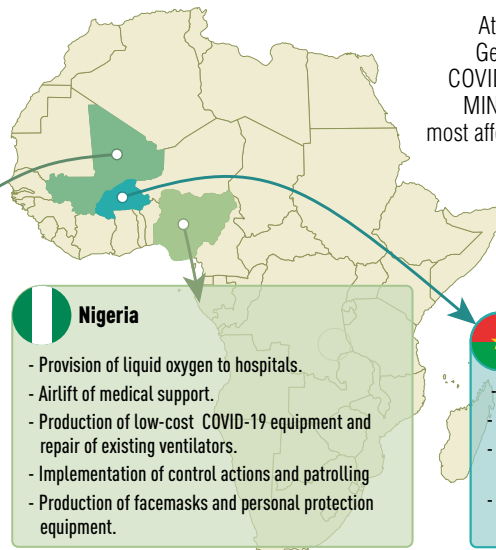
Source: Official Twitter accounts of the armies, air forces and navies of: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica (Public Force), Ecuador, El Salvador, Spain, France, Guatemala, Honduras, Mexico, Panama (Aeronaval Service), Paraguay, Portugal, United Kingdom, Dominican Republic, Uruguay and Venezuela. Facebook accounts of Burkina Faso and Mali's Armed Forces. From March 10 to May 18.



The Action of the Armed Forces against COVID-19*

Mali

- Involvement in awareness campaigns.
- Prevention and response measures within military facilities.
- Assistance to evacuation actions.
- Patrolling. Curfew enforcement
- Availability of military health-care facilities to use in case of emergency.



Nigeria

- Provision of liquid oxygen to hospitals.
- Airlift of medical support.
- Production of low-cost COVID-19 equipment and repair of existing ventilators.
- Implementation of control actions and patrolling
- Production of facemasks and personal protection equipment.

At the end of May 2020, the UN Secretary General released a report on the impact of COVID-19 in UN peace operations, including MINUSMA (UN Mission in Mali) one of the most affected missions which regretted the loss of two members. One of them was Lt. Col. aviator Carlos Guillen Alfaro, representing El Salvador, who died while serving in this peace mission.

Burkina Faso

- Awareness campaigns.
- Patrolling.
- Enforcement of measures adopted in public spaces.
- Production of protection devices, particularly facemasks.

Country	Rules/Decrees/Resolutions/Communiqués	Characteristics
Burkina Faso	Decree No. 2020-0215/PRES (March 21, 2020)	A curfew from 7 p.m. to 5 a.m. has been established as of March 21, 2020, countrywide.
	Decree No. 2020-0239/PRES (March 30, 2020)	It imposes a state of health-care alert across the national territory as of March 30, 2020.
	Decree No. 2020-0323/PM/MDNAC/MATDC/MSECU/MS/MTMUSR/MCIA (April 30, 2020)	It establishes the restriction on freedoms by virtue of the measures taken to fight against the pandemic. It also restricts various activities as of May 4, including: The suspension of commercial flights at the main airports. The closure of land and railway borders to traffic, except for cargo and humanitarian traffic. The suspension of funerals and related ceremonies exceeding 50 people (in the case of people who passed away due to coronavirus, the appropriate protocols shall apply). The cancellation of wedding and christening ceremonies with over 50 people. The suspension of demonstrations, processions and activities at stadiums, coffee stores and bars, among others. In turn, individuals suspected of spreading COVID-19 must be in quarantine for 12 days.
Chad	Decree No. 0708/PR/2020 (April 25, 2020)	It established the state of health-care emergency in the entire Republic of Chad as of April 25, 2020.
	Arrête Conjoint No. 038/MDPDNSACVG/MATCTD/MIT/2020 (May 6, 2020)	It establishes the suspension of the exit from, and entry to, the main cities of each province and the city of N'Djamena for two weeks. At the same, it imposes a curfew in those cities from 8 p.m. to 5 a.m.
Niger	Communiqué from the Extraordinary Council of Ministers (March 17, 2020)	It sets forth: The closure of the international airports of Niamey and Zinder. The closure of all the land borders. The closure of all educational institutions. The closure of movie theaters, bars, night clubs and entertainment places. The ban on meetings with over 50 people, including christenings, weddings and any type of ceremony. The implementation of mandatory hygiene measures at markets, shops, restaurants, public and private services. In turn, it establishes to maintain a distance of at least one meter between people in outdoor areas, restaurants, businesses, airport areas and other public places.
	Communiqué from the Council of Ministers No. 12/CM/2020 (March 27, 2020)	It implements a series of measures effective as of March 27, 2020, aimed at fighting against COVID-19, including: The declaration of state of urgency across the entire national territory. The isolation of the city of Niamey for one week, starting on March 29. A Curfew in the city of Niamey, as of March 28, from 7 p.m. to 6 a.m. The recruitment of 1500 health-care agents to support public duties.
Mali	Decree No. 2020-0170/P-RM (March 25, 2020)	The decree establishes a curfew from 9 p.m. to 5 a.m. countrywide as of March 26, 2020.
	Communiqué issued by the Chief of Staff of the Armed Forces (March 27, 2020)	It states that the president of the Republic has issued a decree effective as of March 25, 2020, imposing the following measures: State of health-care emergency; a curfew from 9 p.m. to 5 a.m. It also establishes the closure of land borders, except for the transport of goods and other exempted supplies.
Nigeria	COVID-19 No. 2 Regulation of 2020 issued by the president of the Federal Republic of Nigeria (April 13, 2020)	It restricts the movement of people in the state of Lagos, the capital city of the territory, Abuja, and the state of Ogun, for 14 days. This measure may be extended at a later time, considering a partial cease of restrictions as of May 4.

*Information updated at May 18, 2020.

Source: Compiled by the authors based on daily social media publications of the armed forces (Twitter and Facebook official accounts) from the various countries from March 10 to May 18, 2020.



Case studies - the actions taken by the Armed Forces against COVID-19 during the first two months after declaring the global pandemic.

NIGERIA

Nigeria is a relevant country in terms of regional context, with a population of more than 190 million inhabitants. The first confirmed case of COVID-19 was an Italian citizen in Lagos. On March 9, the second case was confirmed in Ewekoro, in the province of Ogun, only this time it was a Nigerian citizen.

While COVID took longer to spread in Africa than in Europe or Latin America, the armed forces still played an important role. In the case of Nigeria, they had already been deployed for internal order maintenance in relation to attacks of Boko Haram. The emergence of coronavirus demanded additional tasks in terms of providing the air transport of health-care equipment and personnel, training personnel, monitoring the distribution of palliative care supplies and setting up facilities to support the Government's effort at isolation centers.

The response to coronavirus has been coordinated by the Presidential Task Force on COVID-19, a coordinated and multi-sector effort mostly comprised of civilian sectors.

27 February	First COVID-19 case.
9 March	Creation of the Presidential Task Force on COVID-19.
27 March	The Air Force provides liquid oxygen to hospitals.
29 March	First presidential address on the issue of COVID-19.
30 March	Lockdown begins in some states.
05 April	The Army distributes essential supplies to various institutions, including an orphanage in the province of Edo. The Army enforces compliance with the lockdown policy.
07 April	The armed forces manufacture personal protection equipment and facemasks for the health-care personnel.
10 April	The Air Force transports medical support equipment.
13 April	Transportation of Center for Disease Control staff.
15 April	Production of equipment on COVID-19 and repair of existing ventilators.
17 April	The Air Force creates a workshop to manufacture facemasks.
21 April	The Air Force distributes palliative supplies.
22 April	Transportation of CDC staff to meet with regional leaders.
23 April	The Air Force provides training for flight nurses.
06 May	Donation of personal protection equipment.
18 May	The Air Force continues the transport of medical supplies and personnel.
21 May	The Armed Forces offer facilities to conduct actions against COVID-19 and to train personnel.

SOME STATISTICS:

As of May 16, the Air Force had flown **300** hours to carry medical equipment and supplies, as well as medical personnel and government officials country-wide.



Left: Donations for communities in Lagos, Enugu, Yenagoa and others. Right: Donation of personal protection equipment and other kits to the administration of the Federal Capital Territory.

Source: Air Force and Army of Nigeria

Source: Website of the Presidential Task Force on COVID-19. Official Twitter account of the Nigerian Armed Forces.



ECUADOR

In response to the health-care emergency, military personnel have been deployed to support other state institutions in matters such as the delivery of food rations, setting up of temporary shelters, supply of essential goods, medical evacuations and actions related to citizen security in support of the National Police. The conduct of the operations is under the responsibility of five Operational Commands deploying over 31,000 members of the Armed Forces.

Given the critical situation in the province of Guayas, particularly in Guayaquil, the province was declared a Special Safety Zone (Decree N° 1019), and a Joint Task Force (FTC, Spanish acronym) made up of 5,200 members of the military, the National Police, the Traffic Commission and the City Traffic Agency was created. About 2,600 military members joined the FTC and performed various tasks, such as restricting pedestrian and car movement, as well as the collection and transportation of bodies. The JTF was decommissioned on May 15 by Decree 1052.

29 February	First COVID-19 case.
11 March	A State of Health Emergency is declared.
13 March	The National Emergency Operations Committee is activated (COEN-N).
14 March	The Armed Forces, jointly with the Police and Customs, began to control the entry of foreign citizens at the International Lalamor Bridge, and later closed this border crossing.
16 March	State of emergency due to public calamity is declared for 60 days, and a curfew is established (Decree N° 1017).
18 March	The Armed Forces are deployed nationwide to enforce the curfew.
20 March	The Air Force makes a humanitarian repatriation flight to Chile. Binational Meeting between Ecuador and Colombia for the control of illegal crossings in the northern border.
23 March	The Province of Guayas is declared Special Safety Zone and the "Guayas" Joint Task Force is created (under Executive Decree N° 1019).
27 March	The Air Force establishes an air bridge with the Galapagos Islands, to deliver essential products and protective medical supplies.
1 April	The Air Force carries essential products and medical supplies from Quito to Guayaquil.
3 April	The Air Force establishes the second air bridge to carry provisions and medical supplies to Guayaquil.
4 April	Ecuador and Peru coordinate actions to control the spread of the virus in the southern border.
6 April	The Army assists in the land transportation from Quito to Guayaquil of a mobile hospital donated by the Red Cross.
16 April	The Army delivers disinfection kits and individual sanitizing chambers to Guayaquil.
9 May	The Army assists in setting up COVID-19-specific medical tents for the IESS Quito Sur Hospital.
14 May	The Armed Forces conduct patrolling operations at the northern border crossing.
15 May	The state of emergency is extended for 30 days. The special security zone and the Joint Task Force of the Province of Guayas are deactivated (Decree N° 1052).
18 May	The Armed Forces deliver food, antibacterial gel and facemasks to older people in various locations.



Left: Transportation of medical supplies and personnel.

Right: Military medics.
Source: National Ministry of Defense of Ecuador.

TOTAL PERSONNEL DEPLOYED DURING THE HEALTH-CARE EMERGENCY: 31,426

• Support to security in **6** activated logistical corridors • Security provided to over **168** supply convoys • Support to the delivery of **255,305** food kits. • Setting up of **4** climatized tents for medical support at the IESS • Assistance in the control of **890** supply centers • Disinfection of **405** outdoor areas and places • **199** emergency support flights • Air evacuation of **27** patients • **536** flight-hours in emergency support operations • Assistance in the control of **800** supply centers • Security provided to over **100** supply convoys • **Support to the National Police** in control operations at social rehabilitation centers and in movement restriction operations. **51,471** kilos of food and medicine transported by air. (Statistics to May 25).

Source: Covenant 00126 and Executive Decrees 1.017, 1019 and 1.052. Official Twitter of the Ecuadorean Armed Forces (information dated May 18), Joint Armed Forces Center for Information Management. (Statistics. Information dated May 25) and information provided by the National Ministry of Defense of Ecuador.



PEACE MISSIONS AND EPIDEMICS: THE CASE OF THE URUGUAYAN CONTINGENT

Prepared jointly with Lieutenant Colonel Gabriel Cabrera,
Chief of Personnel of Uruguay IV Battalion. Deployed in the DRC since June 2019.



Female Engagement Team personnel doing temperature controls. Photograph: URUBATT.

● What happens with the work of military forces when epidemics and pandemics break out in the context of a peace mission? Since 2018, the Democratic Republic of the Congo has experienced new Ebola outbreaks, resulting in 2,280 deaths out of a total of almost 3,500 cases up to mid-June 2020. In March this year, COVID-19 struck and caused almost 6,000 confirmed cases to date. Both viruses added further challenges to what is now one of the most protracted and critical humanitarian conflicts in the world. In this scenario, where the United Nations established its MONUSCO operation, the Uruguayan troops carry out their task as part of the mission.

The 2018 Ebola outbreak

Ebola, possibly one of the viruses worst feared by humanity because of its lethality, reappeared in the Democratic Republic of the Congo in mid-2018 with an outbreak in the town of Butembo, North Kivu Province, with an estimated population of 670,000. At the time, the World Health Organization (WHO) deployed medical teams to care for the sick and prevent the epidemic from spreading to other areas.

Paradoxically, health workers were attacked on several occasions, medical facilities were vandalized, and their personnel threatened with death. Violence peaked on 19 April 2019, when Dr. Richard Mouzoko (Cameroon) was murdered by a group of angry locals while treating patients in the Butembo University Hospital. In May, a health worker was killed, and a clinic was looted in an area located east of Butembo.



The aggressive rebel groups operating in the area – mainly Mai Mai and ADF (an extremist Islamic group considered as a terrorist organization) –, acting through agitators, led people to believe

that Ebola was a disease spread by foreigners or a scam operated by the world powers in order to get hold of national riches. This exacerbated the feelings of the local population against international NGO's and any other institution representing international aid.²

In this context, the frequency and lethality of the attacks was affecting the struggle against the epidemic. "The tragedy is that we have the technical means to stop Ebola but, unless the attacks cease, it will be very difficult to put an end to this outbreak", tweeted the WHO Director General on 10 May. "The security challenges are twofold: the armed groups that have been present in the region for decades, and the hostility of the community, which went from attacking facilities to assaulting the workers", stated the Deputy Director of Mercy Corps in DRC, in an interview with the BBC.³

In this context, which included the risk of the virus spreading to the whole Great Lakes region, WHO asked for MONUSCO's help to improve the security of the humanitarian workers. Thus, URUBATT was instructed by the MONUSCO general command to deploy a company in order to stabilize the area of responsibility in Butembo.

On 17 July 2019, the World Health Organization declared the Ebola outbreak in the Democratic Republic of the Congo a public health emergency of international concern.

In the Beni-Butembo area of responsibility, 3,371 cases of Ebola were reported, with a total of 2,266 deaths (70.25% lethality).

According to WHO, between 1 January and 24 July 2019, 198 attacks were perpetrated against health facilities and medical personnel, leaving seven dead and 58 wounded¹.

Deployment of the Uruguayan Infantry Battalion IV Delta Combat Team

The first Uruguayan contingent renewal flight arrived on 5 June 2019, carrying 146 military personnel. One week later, many of them were being deployed in the locality of Butembo. Their mission was to protect the personnel working in the area and support humanitarian workers to enable them to implement the health activities required to combat the Ebola virus.

The military personnel deployed numbered 150, who left the headquarters in the city of Goma and traveled to their destination in land vehicles. The 300 km trip took five days because of the extremely poor condition of the roads in the country.

**Deployment period:
From 12 June 2019 to
21 February 2020.**

Soon after URUBATT's security and patrolling operations started, the hostilities against the health centers treating Ebola and the medical personnel died down, and the city of Butembo and its surroundings (estimated population: 670,000) returned to calm. By providing patrolling services on a 24/7 basis, URUBATT ensured security for the six Ebola treatment centers in the area (Itav Center, Vungi Center, Katwa Center, Graben University Hospital, Kikyo Hotel and Auberge Hotel). It also provided escorts for WHO medical personnel, Doctors Without Borders, United Nations observers, International Monetary Fund authorities, UNICEF, UN human rights agencies personnel and UNPOL.

¹ Available at <https://www.who.int/dg/speeches/detail/high-level-event-on-ebola-virus-disease-in-drc>.

² See, for example, <https://news.un.org/es/story/2019/11/1465991>.

³ Available at <https://www.bbc.com/mundo/noticias-49200746>.



Context:

- High level of violence from armed groups.
- Personnel in daily contact with Ebola treatment centers (all personnel were vaccinated).
- Providing security to the local population and health workers.
- Providing escorts.
- Patrolling services on a 24/7 basis.
- Engaging with humanitarian actors.

Main elements of the operation
From 12 June 2019 until the troop renewal
on 21 February 2020, URUBATT carried
out 835 patrolling operations in Butembo,
covering 30,000 kilometers.

On 21 February 2020, URUBATT relocated to its headquarters in Goma, with the satisfaction of having accomplished their mission: in March 2020, no Ebola cases were reported. WHO had been ready to declare the Congo an Ebola-free area, but three days before, on April 10th, a new case appeared in the same area. The contingent's work made it possible to successfully achieve the objective of protecting WHO, NGO and Congo Public Health personnel in Butembo while operating in a highly dangerous area, being exposed to the Ebola virus, patrolling day and night and protecting medical facilities. The contingent thus became an invaluable security asset in the containment of the virus in the Butembo area.

Facing the COVID-19 pandemic

Coexisting with a new Ebola outbreak since April 2020, COVID-19 can have extremely severe effects on the humanitarian and health situation in the DRC, a country persistently ravaged by decades of armed violence. Since 10 March 2020, the country has reported over 5,000 confirmed cases. "In regions such as Beni and Ituri, two of the areas most affected by Ebola which also endure the presence of a large number of armed militia, the spread of COVID-19 would have catastrophic consequences for health centers, which often rely on international aid", said Geoffrey Denye Kalebbo, from World Vision DRC, who also mentioned the distrust of the local population during the Ebola crisis, describing it as "a resistance that led to attacks against the health services in 2019".⁴

The context is characterized by factors such as frequent and habitual population displacements from areas affected by armed conflict; violent attacks against medical personnel and facilities; the scarcity of health infrastructures; extremely limited resources; and the lack of safe water, sanitation, hygiene items, and preventive measures in homes and public areas. Most inhabitants live on a daily income, which implies that one day of confinement will probably make it impossible for them to obtain food and cover their basic needs. In addition, the State lacks sufficient capacity to provide the support required in these cases.

⁴ Available at <https://www.elindependiente.com/vida-sana/2020/04/19/convivir-con-el-ebola-y-el-covid-19-el-congo-ante-el-peor-escenario-de-salud-publica-del-mundo/>.



Health care. Photograph: URUBATT.

Current deployment of the Uruguayan battalion

Today, the major humanitarian emergencies and armed conflicts in the DRC are focused in the Great Lakes region, in the provinces of North Kivu, South Kivu, Katanga and Ituri. URUBATT is present in these provinces through deployments in the areas of Goma (North Kivu), Biakato (Beni-Butembo/North Kivu region), and Fataki (Ituri). In addition, it has installed water treatment plants in Goma, Bunia (Ituri), Uvira (Kivu South)

and Kalemie (Katanga). These are areas suffering from severe shortcomings, where it is difficult to improve the population's wellbeing in the short term because of the hostilities, criminality and insecurity that pervade the conflict areas.

URUBATT has a Female Engagement Team (FET) which is used as a tool to foster trust among, and proximity to, the local female population. It is very useful during deployments, since it deals with issues related to gender violence and sexual violence against local Congolese women and children. The FET has developed many activities, including food distribution, clothing distribution, awareness sessions on sexually transmitted diseases and COVID-19, familiarization meetings about general issues and first-level health care.

URUBATT is present at the core of the conflict and provides protection for the activities carried out by health workers (security tasks), deters the rebel groups from attacking civilians, and thus also helps to prevent massive displacements and attacks against medical personnel and health facilities treating COVID-19.

The activities carried out in support of civil society included the following:

- **Security:** The main missions of the Uruguayan Infantry Battalion IV are civilian protection and area stabilization. If the civilian population is protected, medical teams can work, schools can open and people can carry on with their economic activities. Security is the most pressing need of the local Congolese population.
- **Sessions on COVID-19 sensitization and preventive measures** for the local population: military personnel deployed in Goma, Biakatu and Fataki are carrying out temperature controls as part of the sanitary measures applied to stop the spread of this dangerous disease, and collaborate in the health campaign launched to prevent and combat coronavirus.



-Incinerator construction in the provincial hospital. Photograph: URUBATT.

• **Quick-impact projects:** One example of this activity is the installation of an incinerator in the Provincial Referral Hospital in Goma. This project was crucial for health purposes, since it contributed to the creation of an adequate work environment for hospital employees and minimized the disposal of hazardous waste into the environment, thus decreasing exposure to diseases and improving sanitary conditions both in the hospital and the community.

- Another example is the **solar panels** project: Uruguay's National Electric Power Plant and Transmission Administration (UTE) donated 10 photovoltaic solar energy systems, which were installed in the Tulizeni Center and the Amour Orphanage, both in the city of Goma. These institutions care for abandoned children aged 1 to 16, mostly victims of sexual violence and of the hostilities among local rebel groups.
- **Donations:** the distribution of donations consisting of food, mattresses, materials and clothing continued in Goma (Tulizeni Center, Happy Children Orphanage and Amour Orphanage), Fataki and Biakato.
- **Water distribution from water treatment plants:** water has been distributed to United Nations personnel, the Tulizeni home, Amour and Happy Children orphanages, the Referral Hospital in Goma, UNICEF Uvira, the Migration Department of Congo Bunia, the Congo Bunia Fire Department, the Bunia local prison, and the Migration Department of Congo Kalemie.
- **Visits by multidisciplinary teams (physician, dentist, psychologist):** the activities included sessions on awareness and prevention, hygiene measures, first level medical assistance and psychological support for the Tulizeni home and the Amour and Happy Children orphanages.
- **Support through minor engineering works and repairs to infrastructure:** carpentry, electricity, and plumbing jobs were performed in the Tulizeni home and the Amour and Happy Children orphanages.



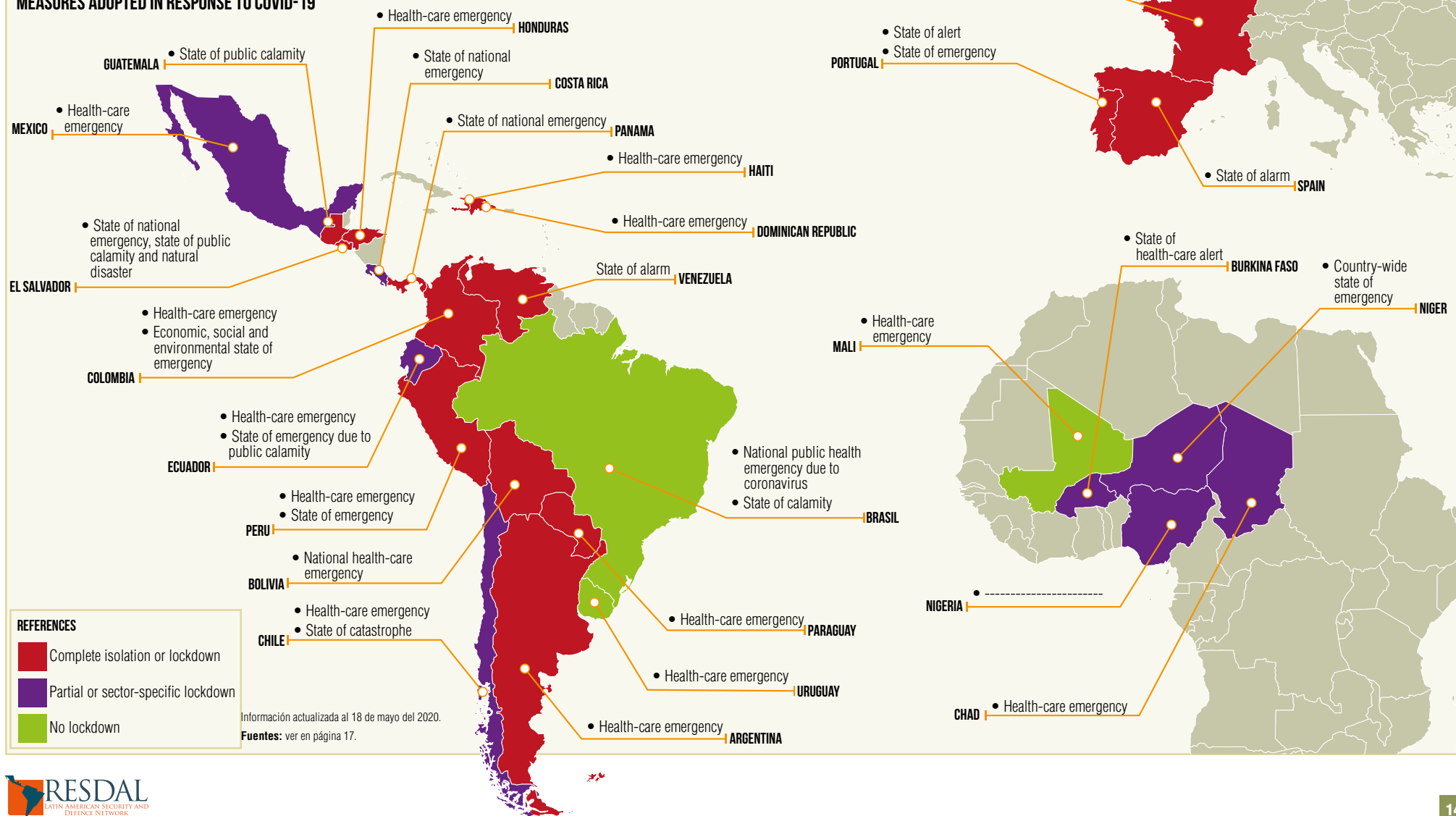
Solar panel installation. Photograph: URUBATT.



How has the regulatory situation evolved?

In view of the crisis scenario, states have resorted to various regulatory provisions in line with the emergency situation. Measures range from the temporary suspension of rights, to the extended powers of the Executive Branch to take prompt action, to the greater permission to use public funds in a discretionary manner, and the declaration of a health-care emergency or mandatory social isolation. The following map illustrates the measures taken by countries in response to COVID-19.

MEASURES ADOPTED IN RESPONSE TO COVID-19





Measures adopted over time

	State of emergency/curfew/health-care emergency	Lockdown/social isolation
02/03/2020	Brazil: National public health emergency due to coronavirus	
02/05/2020	Chile: Health-care emergency	
02/10/2020	Honduras: Health-care state of emergency	
03/05/2020	Guatemala: State of public calamity	
03/11/2020	Ecuador: Health-care state of emergency	Peru: Health-care emergency
03/12/2020	Argentina: Health-care emergency	Colombia: Health-care emergency
03/13/2020	Panama: State of national emergency	Uruguay: State of health-care emergency
		Venezuela: State of alarm
		Portugal: State of alert
03/14/2020	El Salvador: State of national emergency, state of public calamity and natural disaster	Spain: State of alarm
		Spain: Freedom of movement restriction
03/15/2020	Peru: State of emergency	Peru: Lockdown
03/16/2020	Costa Rica: State of national emergency	Ecuador: State of emergency due to public calamity
		Paraguay: Health-care state of emergency
03/17/2020	Colombia: Economic, social and environmental state of emergency	Ecuador: 2 pm-5 am curfew and other restrictions
		Venezuela: Full mandatory lockdown
03/18/2020	Bolivia: National health-care emergency	Portugal: State of emergency
03/19/2020	Chile: State of catastrophe	Haiti: Health-care emergency
		Dominican Republic: State of health-care emergency
		Chile:) Sector-specific lockdowns, customs and <i>cordon sanitaire</i>
03/20/2020	Brazil: State of calamity	Haiti: Health-care emergency
		Dominican Republic: Complete mandatory lockdown
		Argentina: Social, preventive and mandatory isolation
		Honduras: Total curfew
		Portugal: Mandatory social isolation
03/21/2020		El Salvador: National lockdown
		Burkina Faso: 7 pm-5 am curfew
03/22/2020		Bolivia: nationwide lockdown
		Guatemala: Lockdown
03/23/2020	France: State of health-care emergency	United Kingdom: Mandatory social isolation
03/24/2020		France: Obligatory social isolation
03/25/2020	Mali: State of health-care emergency	Colombia: Preventive and mandatory isolation
		Panama: National lockdown
03/27/2020	Niger: countrywide state of emergency	Burkina Faso: Quarantines in some cities
03/28/2020		Niger: Curfew and isolation in Niamey
03/29/2020		Paraguay: Total quarantine
03/30/2020	Mexico: Health emergency	Mexico: Suspension of non-essential activities
	Burkina Faso: State of health-care alert	Nigeria: Lockdown in some cities
04/03/2020		Costa Rica: Temporary restriction to vehicle traffic in national territory
04/25/2020	Chad: State of health-care emergency	Chad: Curfew and movement restriction in the main cities of the provinces and in N’Djamena
05/08/2020		

Sources: Executive orders 260, 297, 325 and 459 (Argentina); Supreme Decrees 4.196, 4.199, 4.200 and 4.229 (Bolivia); *Portaria* 188 and Law 13.979 and amendments (Brazil); Decrees 0215, 0239, 0323 (Burkina Faso); *Arrêté Conjoint* 038/MDPDNSACVG/MATCTD/MIT, *Arrêté Conjoint* 036/MDPDNSACVG/MIT and Decree 0708 (Chad); official website of the government of Chile (Chile); Decrees 417, 457, 531, 637, 636 and 749 (Colombia); Executive Decrees 42.227 and 42.285 (Costa Rica); Covenant 00126 and Decrees 1.017 and 1.052 (Ecuador); Decrees 593 and 594 and Executive Decrees 121, 19 and 21 (El Salvador); Royal Decrees 463, 465, 476, 487, 492, 514 and 537 (Spain); Decree 293 and LOI 290 (France); Government Decrees 5, 6 and 9 (Guatemala); PAHO (Haiti); Executive Decree 005 (Honduras); Decree 0170 (Mali); Official Journal of the Federation March 30, DIELAG ACU 026/2020 and Official Gazette of the Constitutional Government of the State of Michoacán de Ocampo 93 (Mexico); Communiqué by the Extraordinary Council of Ministers 12 (Niger); Presidential announcement on March 29 (Nigeria); Executive Decrees 489, 490, 499 and 507, Cabinet Resolution 11, and Communiqué 27 (Panama); Decrees 3.456, 3.490 and 3.576 (Paraguay); Supreme Decrees 044, 083 and 008 (Peru); Decree 14-A and 2-A (Portugal); Coronavirus Bill (Bill 122) and announcement by the Prime Minister to the people on March 23 (United Kingdom); Decrees 134 and 135 (Dominican Republic); Decree 93 (Uruguay); Decrees 4.160 and 4.198 (Venezuela). Except otherwise declared, the aforementioned decrees and regulations date from 2020.

Security and Human Rights

In April 2020, the UN Secretary General released a report titled: “COVID-19 and Human Rights. We are all in this together”, which delivers six key human rights messages. Referring to one of these, which is that “the threat is the virus, not people”, the report states that “The pandemic has led to countries imposing emergency and security measures. While in most cases these are needed to fight the virus, they can also be politically driven and may be easily abused. The pandemic could provide a pretext to undermine democratic institutions, quash legitimate dissent or disfavored people or groups, with far-reaching consequences that we will live with far beyond the immediate crisis. Although coercive measures may be justified in certain situations, they can backfire if applied in a heavy-handed, disproportionate way, undermining the whole pandemic response itself.

“States should be guaranteeing, in their crisis response, rights related to the use of force, arrest and detention, fair trial and access to justice and privacy, among others. Basic principles of legality and the rule of law must be observed.”



The Security Sector and the Pandemic: We Must Do Better because Much is at Stake

Hal Klepak*



The Covid-19 pandemic is shattering myths and showing up startling and usually highly troubling realities in a vast range of elements of our societies. However, despite the often central role the various parts of the security sector are playing in facing the crisis, there is surprisingly little thought being given to the impact of the moment on the sector and by extension, on our societies themselves.*

What is the current state of play? The security sector, in an enormous variety of countries, especially those with relatively weak civilian state institutions, is engaging in a simply enormous range of activities assigned them, or taken over by them, in dealing with the pandemic. A list of such activities would be so extensive as to be almost impossible to draw up. And while the majority of the security services, such as the police, the fire service, national health services, and the like are merely increasing the intensity of their efforts in areas normally within their purview, there is one which is expanding massively outside its normal responsibilities.

This exception is of course the armed forces, and most especially the army. The armed forces have been asked to move into fields as varied as medical assistance and vaccination, protection of food convoys, evacuations of persons, cordoning off of affected zones, transport of medical support staff, setting up of concentration centres, military hospitals used by the civilian sector, emergency staffing of long-term care centres, taking over border controls at international or even internal border points, and a host of other missions.

This exceptional capacity to take over new roles in an emergency is of course usually the unique advantage of the armed forces, and especially the army, because that institution has automatically as part of what it is characteristics allowing such an expansion of missions: discipline, an organized chain of command and hierarchy, numerous and generally fit personnel, a distribution widely across the country's territory, communications internal to the force, mobility, engineering skills, air, sea, and land transport, medical and dental services accustomed to emergencies, postal services, and many other logistical capabilities largely absent from other government institutions.

Little wonder then that in times of emergency the armed forces are called on to fill gaps in the overall state response. When added to this that those forces are trained to give flexibility to the

* Professor Emeritus of History and Strategy, Royal Military College of Canada. Member of RESDAL Board of Directors



Hal Klepak | **The Security Sector and the Pandemic: We Must Do Better because Much is at Stake**

state, and that they are armed, with all that means in times of crisis, it can hardly surprise us that their utility to government is obvious to all. What is perhaps not so obvious is the dangers that such an imbalance between security and civilian sectors of the state apparatus may bring about precisely because of this extraordinary need for them when crises arise.

In the specific context of this pandemic, the crisis arises when the political situation is already a complicated one, with widespread disorder present in much of the globe. Populist governments have come to power in situations of dubious constitutional legality with the return of the coup d'état, in a variety of old and new forms, joined by other upheavals dangerous for the fledgling democracies of many countries. And while repression was seen once again to be no answer for societal needs over the long term, it was often extremely useful in allowing governments time to see the immediate crisis through.

In an era already characterized as of insecurity, citizen and state, a pandemic such as Covid-19 arrived with a massive impact on governments and societies. In as dramatic an appeal as ever, once again the knock at the door of the barracks was heard and the armed forces responded. Again, little wonder that under such circumstances the military receive kudos from the general public, often richly deserved, for their unique and invaluable contribution to the state effort to mitigate the disaster.

But then what? Having proven their worth yet again, and garnered the public's esteem and gratitude, they are no longer necessarily quite the same institution they were beforehand. Their budgets have normally increased substantially, the public's contentment with their acting in normally civilian missions is reinforced, their power in cabinet and government is enhanced, and the imbalance between the power and influence of the military sector of the state over the civilian is further shifted in the military's favour.

In the wake of this pandemic, this situation may be worsened by the economic depression, or at the very least recession, that virtually every economist sees as inevitable over the next extended period of time. Budgets for improving civilian sector emergency capabilities may well be far from generous. Ideas for new non-military state institutions to be able to better face future pandemics and natural disasters may find precious little funding.

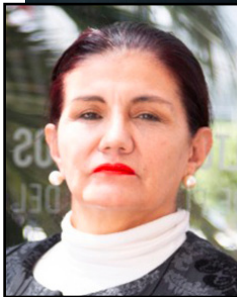
Moreover, international support for such improvements may be difficult in the extreme to obtain, especially in the financial area, as a result of the growth of a nationalistic, go-it-alone approach so prominent during the current pandemic. Countries with weak civilian institutions may find themselves on their own, with highly serious economic challenges of the deepest kind, and unable to address reform issues whatever their desirability and stymied in finding assistance in doing so from traditional supporters of such reforms abroad.

For democracy, and the progress made with anchoring it in so much of the world in recent decades, the problem is visible but, as mentioned, little discussed and even less studied or addressed. It is vital that those interested in democratic civil-military relations, and the further progress of democracy in the world, take this issue seriously. It deserves immediate attention while we have the evidence of these threats clear in our minds. The military's roles are ideally those of national defence and the capacity to assure that defence gives them special capabilities in the field of pandemics and natural disasters. But for the good of democracy, democratic states need to be wary of a further drift into weakened civilian institutions alongside strengthened military ones. Study of this phenomenon in order to deal properly with it is essential. The urgent must not be permitted to boot out the important.



Innovation in biosecurity management

María Noboa* and Diómedes Palacios**



Innovation in connectivity at the global level in the 21st century has given rise to unprecedented inter-connection processes. Although this phenomenon has brought about multiple benefits, including in the economic and social areas¹, it has also generated new risk factors and threats –biothreats– associated with high demographic growth rates and population concentra-

tion in cities. Should these risks and threats fail to be managed in due time, they may impair the governance of security in States and societies, with serious implications for every level of life.

The outbreak of COVID-19, which quickly generated a global pandemic, causing panic in the population as well as high mortality rates, has also revealed the limited capacities of states for strategic anticipation and epidemiological surveillance.

This situation clearly showed that the world is highly interconnected, that it is experiencing critical fractures and that power is condensed. In the coming years, the major challenge for modern societies will be to manage this interconnectivity through improved processes capable of linking needs and resources in an effective, binding and responsible manner. The discourse should project a social network that is more cohesive and more willing to address crises collectively. Public policies should be organized on a cross-cutting basis, allowing the processes to configure environments and individuals at micro, meso and macro level. People should establish local links, but without disregarding the global view of the world.

There is a strong and urgent need to build human and institutional capacities in the biosecurity area within specific legal frameworks. For this purpose, legitimation must be sought through international cooperation, in order to address a pandemic that has severely impacted the poor and people who are constantly on the move. The main challenge is to understand the quick geo-spatial proliferation of the aggressive behavior of this infectious and contagious disease and thence, the way it alters our biological security or biosecurity.

Additionally, from a prospective point of view, the challenge to governance reveals the need to understand the mutability not only of the virus but also of the threat and risk, and how this should be controlled by means of preventive and timely public policies and adequate courses of action, that is to say, through epidemiological surveillance. It may thus be seen that the present challenge requires domestic and international inter-agency actions based on the existing intercon-

* Dean of the Center for Strategic Studies Institute for Advanced National Studies Ecuador.

** Director of Security Evaluation and Economy Ministry of the Interior of Ecuador.

¹ Yuval Noah Harari, *De animales a dioses. Breve historia de la humanidad*, trad. Joandomènec Ros i Aragonès (Editor digital: Titivillus, 2014).



nectivity. Given the current asymmetries in early anticipatory processes, derived warnings and strategic prospective analyses about the pandemic, governments should develop prospective studies with the aim of determining the tools to be implemented and the measures to be taken in order to avoid catastrophic scenarios. In the next few years, a sustainable and cooperative approach will be crucial to appropriately handle the complex COVID-19 cycle. It is also necessary to process and learn from other countries' experiences in this crisis, and to consolidate scientific and institutional policies in order to anticipate and strategically manage future crises.

Risk and threat reduction in the near future

Any decisions taken after the COVID-19 crisis should meet at least three requirements: timeliness (UNICEF, 2011)², pertinence (Beisland, 2013)³ and creativity (Kimbell, 2009).⁴ The main decisions faced by governments involve the capacity to strengthen the internal mechanisms dealing with public management and anticipation, and enhancing the interoperability between governments and international organizations in order to prevent the threat from spreading and becoming a risk. In this line, the challenge faced by states is social in nature, since we as individuals must generate the sense and conscience for change as a learning opportunity to prevent a repetition of this crisis. The convergence between government actions and social attitudes should be geared towards a coherent projection of the future through the timely and pertinent management of threats and risks.

What is to be done? Faced with a future scenario of dynamic and severe risks, activities and spaces should be fostered where societies, responding to healthy state leadership, are oriented towards active, contingent, forward-looking, and sustainable attitudes. This will make it possible to anticipate future measures and act in a timely manner as required, in a spirit of advanced and comprehensive cooperation. On the other hand, plans articulated with a long-term vision should be developed with the aid of strategic intelligence as a major and concurrent tool. In Latin America, for example, plans and protocols that build upon this experience should be set up, so that future governments may be prepared to take adequate actions should such a crisis arise again.

The challenges are many and diverse. Each society should analyze and reflect on the events that occurred within its territory, how it faced the crisis and which lessons are to be learned across the world from the COVID-19 pandemic. Although each process within a crisis has its own features and characteristics, actors and decision-makers should take into account how the event began, the disorder and negation it brought about, and the stages of its intrusion, transvaluation and conclusion (Horowitz et al., 1979).⁵ Policy leaders should apply to each of these stages a creative, transdisciplinary and outspoken approach. A redefinition of concepts and their meanings is now required. This is a perfect opportunity to generate a debate on the concept of security and its components, as well as on the factors that alter it and cause security crises. Biosecurity and the new threats and risks, some of which are more solid than liquid or hybrid, are the emerging challenges for governments and for the world as a whole. From this point of view, intelligence and strategic prospective become the critical link that governments should address in order to achieve an optimum future where crises can be reduced, contained and countered.

² UNICEF, *Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood*. (United Nations Children's Fund - UNICEF, 2011).

³ Leif Atle Beisland, "The value relevance of accounting information during the global financial crisis: Evidence from Norway", *International Journal of Economics and Accounting* 4, No. 3 (2013): 249–263.

⁴ Richard Kimbell, "Creativity in crisis", *Journal of Design & Technology Education* 5, No. 3 (2009): 206–211.

⁵ Mardi Horowitz, Nancy Wilner and William Alvarez, "Crisis support: Impact of Event Scale: A study of subjective stress", *Psychosom Med* 41, No. 3 (May 1979): 209–218.



The Spanish Armed Forces and the Balmis Operation



Blanca Palacián de Inza*

The ship Maria Pita sets sail from La Coruña in 1803.
Engraving of Francisco Pérez

The homeland is not the men and women that people a country, or its trivial everyday affairs. Rather, it is the union of the past and future that comes to life in each concrete man –the tradition and the hope merging in the brief agitation of our mortal existence¹.

Gregorio Marañón

Introduction

The Ministry of Defense of the Government of Spain named its operation against **coronavirus** “Balmis”, in honor of **Francisco Javier Balmis**, a physician born in Alicante (1753-1819). Balmis was the military doctor who led an expedition that saved the population of the New World and the Philippines –the overseas territories ruled by the Spanish Empire in the early 19th century– from the dreadful scourge of smallpox. Thanks to this little known achievement, smallpox is the only human disease to have been eradicated. And, now as then, the armed forces are actively involved in whatever tasks are needed to provide the highest level of safety and security to the society they serve.

Although this is a fact that unfortunately remains largely unknown, Spanish military health has often been at the forefront of its field. One example is the health organization of Spanish military units known as the *Tercios*, which not only proved its effectiveness in every battlefield, but can also be considered as the source of the present “social security”.² But the clearest and most spectacular instance of a forward-looking endeavor, as well as of effectiveness, courage, humanity and science, is the Royal Philanthropic Vaccine Expedition headed by Balmis.



Portrait of Francisco Xavier Balmis

The Royal Expedition sailed from La Coruña on November 30, 1803. After carrying out vaccination activities in the Canary Islands and crossing the Atlantic, it touched Puerto Rico and went on to Venezuela, where it

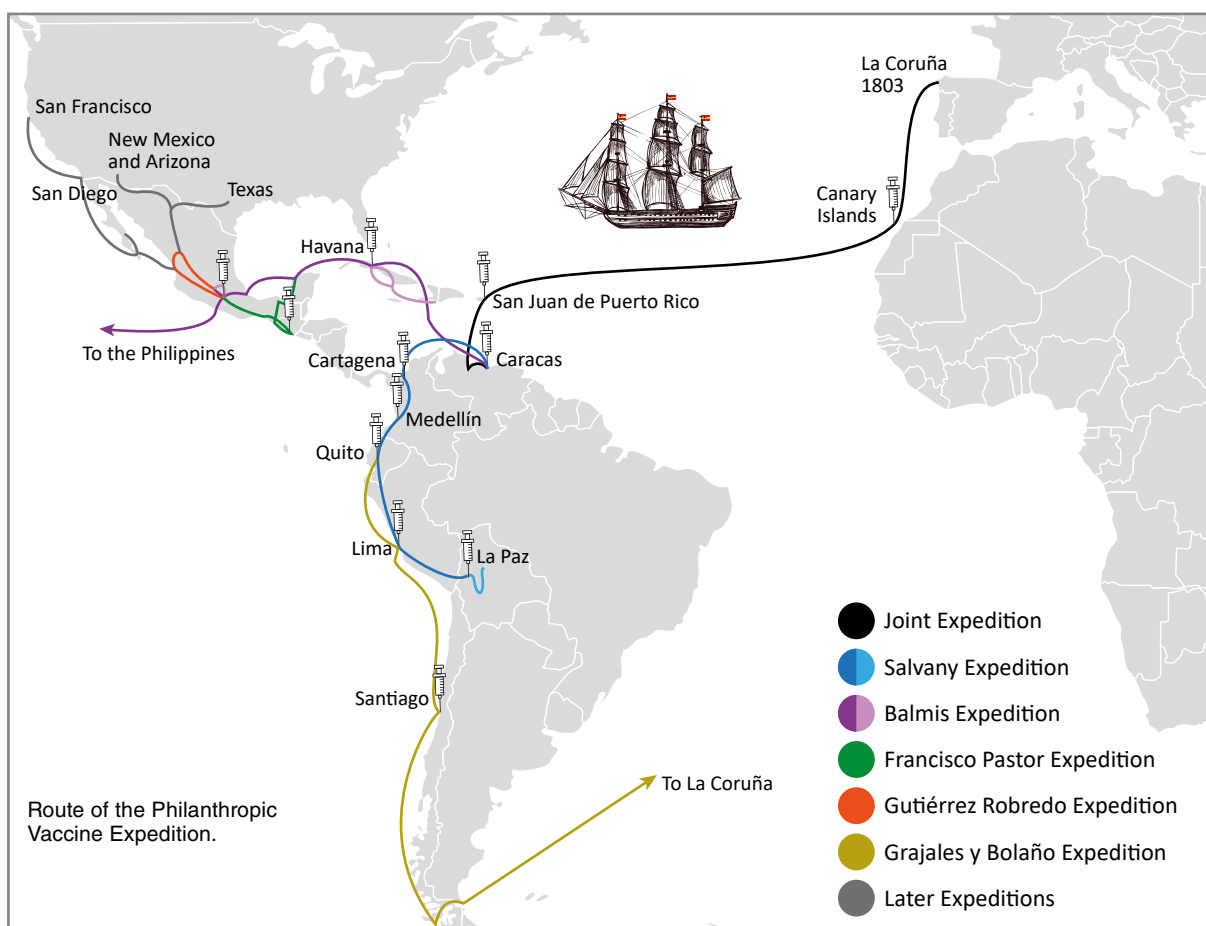
*Analyst at the Spanish Institute for Strategic Studies. CESEDEN. Ministry of Defense of Spain.

1 Antonio Campos Muñoz, “El Legado De Cajal A La Cultura Española”, in *Anales de la Real Academia Nacional de Medicina*, Vol. CXXIII, Book 2, (2006): 290.

2 Manuel Guiote Linares, “Sanidad Militar. Un paseo por la Historia. Introducción”, *Revista Ejército* 889 (april 2015): 74.



split into two branches. One disseminated the practice of vaccination throughout South America and was led by José Salvany, deputy director of the expedition. The second branch was led by Balmis; it headed first to Cuba and then to Central America and Mexico. From Acapulco, the expedition crossed the Pacific Ocean and reached the Philippines. Later, after carrying out vaccination work in Canton, Macao and the island of St. Helena, the expedition returned to Spain, three years after its departure.³



In order to take the vaccine to such a large number of places, the expedition transported the vaccine fluid through carrier children. The fluid was kept active through the successive inoculation of two children per week with the fluid taken from the vesicles of the subjects inoculated the week before. In other words, the vaccine was transported from arm to arm. Luckily for Balmis, the children were well looked after by Isabel Zendal, named by the World Health Organization (WHO) as the first nurse on an international mission.

The Spanish Armed Forces and the Balmis Operation

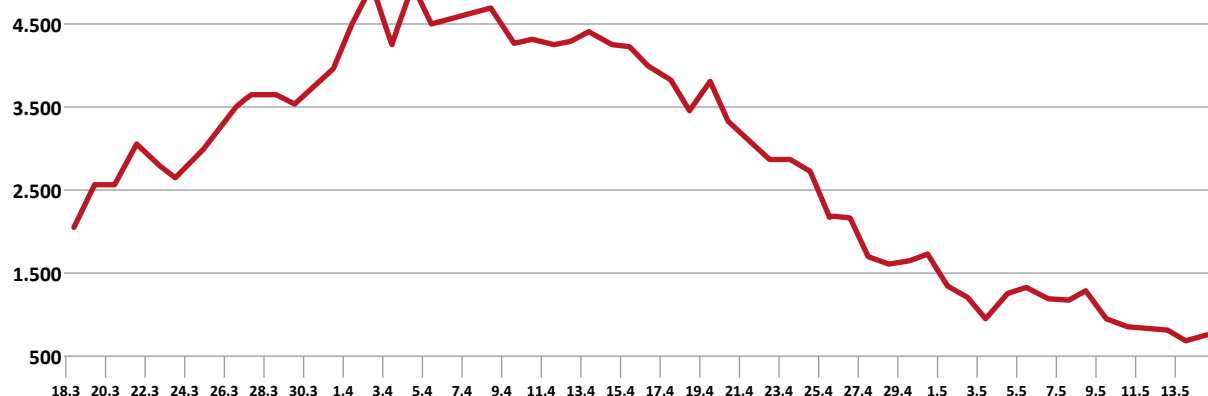
Inspired by Balmis and his desire to serve society, the operation undertaken by the Spanish Armed Forces to respond to the population's needs in the context of the COVID-19 pandemic was named after him. And although the present military operation called Balmis does not—in principle—include in its functions that of vaccinating the population (hopefully, if a vaccine is found soon, this may also happen), the operation does assist and serve the population in the fight against the consequences of a powerful disease.

³ Manuel Guiote Linares, "Sanidad Militar. Un paseo por la Historia. Introducción", 77-78



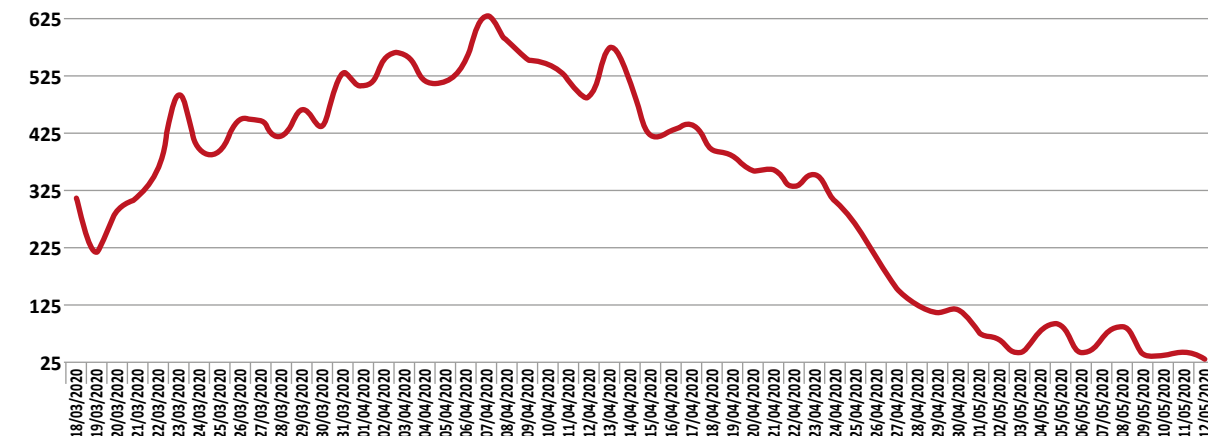
At times during the pandemic, more than 4,000 military personnel worked day after day in Spain to block the advance of coronavirus. Fortunately, this is not a war. We are not fighting an enemy, but a disease. This is a pandemic endangering our safety, and therefore all the tools and resources of Spain have been put to work to eliminate this threat and return to normalcy. The armed forces are one of those tools.

Evolution in the number of military personnel



Source: Operations Command, data as of May 16, 2020

Number of military personnel deployed in the Balmis Operation, by day



Source: Operations Command, data as of May 16, 2020.

The Military Pharmacy, the Gómez Ulla Hospital, the Engineers units, the Military Emergency Unit, the Air Force, the Legion, the Navy, the Army and the Royal Guard, acting under the control of the political power as established by the Constitution, are working ceaselessly and risking their lives out of love for our society, which does not always appreciate them as it should.

The tasks performed are many and diverse: disinfection, food distributions, presence, security, patient transportation, training, bridge construction, field hospitals, installation of power generators, ablution facilities, etc. To avoid overwhelming the reader with figures, we will mention just one example: by mid-April, disinfection work had covered 1,353 elderly homes, 500 hospitals and health centers, 64 airports, 22 ports and 247 subway, train and bus stations.



MISSIONS ABROAD 2020

> 2,800 military members

Last December 13th, the Council of Ministers approved the extension of overseas military missions where the Spanish Armed Forces are involved.

These operations are performed in accordance with international obligations undertaken by Spain to the United Nations, NATO, the European Union as well as bilateral agreements signed with various countries, all of which have been approved by the General Courts, under the Organic Law on National Defense 5/2005.

As approved, Spain will be involved in several European Union missions during 2020: Bosnia-Herzegovina, Atalanta in the Horn of Africa, Somalia, Mali, Republic of Central Africa and VFOR MED Sophia. It will continue to deploy blue helmets to the mission in Lebanon and observers to the UN mission in Colombia; air support operations will be maintained in Mali and the Republic of Central Africa, as well as the operation to fight Jihadist terrorism in Iraq.

Within the NATO framework, forces are still deployed in Afghanistan and as part of Deterrence and Defense missions of the Allied Territory, such as the Forward Presence supporting the East flank and Operation Persistent Effort, which includes air policing in Baltic countries and air defense support in Turkey. In addition, support will be given to the maritime security operation -Sea Guardian- in the Mediterranean, the standing naval forces in the Mediterranean and the North Atlantic, and the Enhanced Response Forces (e-NRF). Likewise, the participation of the EU Battle Group Package Rapid Response Force is expected. The Government has authorized the deployment of the Military Emergency Unit (MEU) and the 43rd Air Forces Group abroad in the event of serious risk, disasters, calamities or other needs, either in a bilateral framework or as part of the European Union Civil Protection Mechanism.

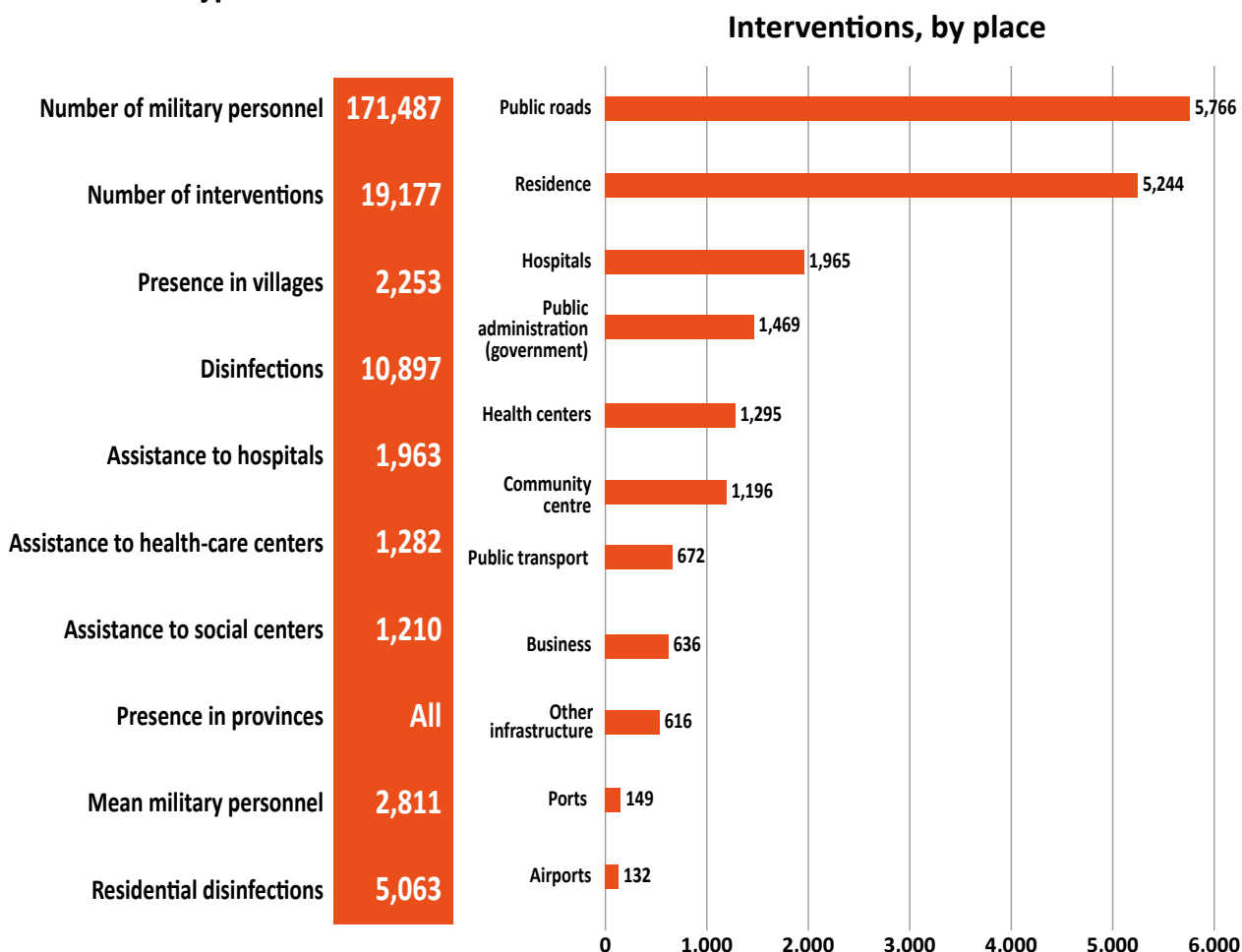


Rafael Navarro / Revista Española de Defensa
Source: EMAD Operations Command



In addition to the above, almost 3,000 personnel of the Spanish Armed Forces remain deployed in many operational areas, carrying out –as far as the virus allows—such missions out-side our borders aimed at defending our freedom and security. This work is less obvious and has no visibility in the citizens' ordinary life, but it is nonetheless essential.

Number and types of interventions.



Source: Operations Command, data as at May 16, 2020.

Final remarks

Although the Balmis Expedition of the 19th century fell into oblivion –an omission which perhaps we are remedying today to some degree– we trust that the Balmis Operation will not have the same fate.

Without the actions of the Spanish Armed Forces, many life-saving activities would not have been possible. In the present environment, which may be described as a VUCA context because of its volatility, uncertainty, complexity and ambiguity, the organizations capable of providing responses are those which are able to adapt. If countries lack modern, robust and well-equipped armed forces, they are likely to find themselves at a disadvantage when facing future crises. In this sense, defense is certainly not a superfluous expense: it is an investment in freedom and security.

THE WORK OF MILITARY FORCES IN THE
CONTEXT OF THE **COVID-19** CRISIS

Nº2 | July 2020

Newsletter coordinator:

Felipe Estre

Researchers:

Rodrigo Sánchez

Dolores Bermeo

Valkamiya Ahmadu-Haruna
Partners West Africa - Nigeria

Elom Khaunbiow

ASSN – African Security Sector Network.

Collaborators:

Nathalie Pabón

Matthew Budd

General Coordination:

Samanta Kussrow

General advisory:

Niagalé Bagayoko and Marcela Donadio

Graphic design:

Rubén Longas

Translation:

Liliana Medina del Pino



Latin American Security and Defence Network

<http://www.resdal.org/ing/index.html>

<https://www.facebook.com/resdal>

https://twitter.com/RESDAL_

<http://atlas.resdal.org>

secretaria@resdal.org
