November 5, 2020

IRSEM
INSTITUT DE RECHERCHE STRATÉGIQUE DE L'ÉCOLE MILITAIRE

RESEARCH PAPER – NO. 107

# COVID-19 AND THE MOBILIZATION OF THE ARMED FORCES IN EUROPE AND IN THE UNITED STATES

**François DELERUE, Edouard JOLLY, Léa MICHELIS, Anne MUXEL, Florian OPILLARD et Angélique PALLE**
*Research Fellows at IRSEM*

## ABSTRACT

The mobilization of armed forces in the management of the health crisis linked to Covid-19 is part of the fight against the pandemic. In Europe, the States requested them mainly for logistical and medical support, but in some countries, they also participated in public security tasks, such as maintenance of order or border control. This note presents an initial overview of the missions they have undertaken among civilian populations by comparing the nature of the interventions carried out, the number of personnel deployed, and the scale of operations in France, Germany, Switzerland, Italy and the United States. In recent times, the scope of missions carried out by the armed forces has undeniably widened and they must regularly provide their support and skills in situations of natural, humanitarian and health disasters, in support of civilian resources. The Covid-19 pandemic is a new illustration of this evolution.

## CONTENT



MINISTÈRE DES ARMÉES
Liberté
Égalité
Fraternité

## INTRODUCTION[1]

The Covid-19 pandemic has led to an unparalleled mobilization throughout the world. Faced with the propagation of an eminently contagious and lethal virus, nearly all states have had to adopt emergency measures to confine the population and mobilize the sanitary tools at their disposal to face a crisis of unmatched magnitude. Amidst a health emergency that reached most countries, some states decided to mobilize their armed forces. France, for instance, as well as many other countries in European and elsewhere decided to mobilize their armed forces.

Armed forces have long been called on to provide logistical and human support in situations of natural, humanitarian, or sanitary catastrophes. In recent years, we have actually noted a redefinition of the perimeter of their missions to include new threats weighing on civilian populations, especially environmental crises and the need to securitize the national territory against terrorist threats. The Covid-19-led health crisis illustrates this transformation and reveals the way in which the political sphere has called on the military to palliate major problems falling outside of the strict perimeter of military affairs and warfare. That said, and depending on the country, defense stakeholders have been diversely implicated. In this note, we set up a preliminary list of the missions they carried out for the civilian population during the first wave of the pandemic, highlighting the similarities and differences between countries. It is a first step toward a comparative analysis at the European level – and more globally with the United States – of the new missions endowed to armed forces. During major health crises, they stand at the intersection of political power and civil populations.

## THE MILITARY MANAGEMENT OF THE HEALTH CRISIS IN FRANCE

The 2013 White Paper on Defense and National Security listed different risks and threats taken into account by the French defense strategy, including "major crises resulting from natural, health, industrial, technological or accidental risks" (p. 47). The use of the military during health crises – i.e. the Covid-19 pandemic – was then envisioned. Then, on March 25, 2020, the French President launched the *Résilience* military operation and called for a mobilization to wage a "war" against the virus. Here, civil authorities described the situation as a "war" to highlight the direct threat on the "essential functions of the nation."

In the White Paper, the biological risk was considered as a potential threat to the national territory, and as a potential factor in launching a military intervention. That said, the use of armed forces on the national territory to fight the Covid-19 was set in a specific context, due to the old relationship between the military and civil authorities in France, but also to the recent mobilization of armed forces in anti-terrorist missions (the *Sentinelle* operation).

1. This note is part of the ARMY research program funded by the ANR (2020-2022) and bringing together Sciences Po (CEVIPOF) and IRSEM to study the comparative mobilization of national armies in the health crisis in France, Germany, Italy, Switzerland and the United States.

## An army in support of civilian means

In France, military interventions on the national territory are strictly regulated by the law. Apart from a state of siege (*état de siège*) or a state of war (*état de guerre*), which are two exceptional legal regimes, the use of armed forces is limited to law enforcement missions occurring under very strict conditions, the so-called "states of necessity," which apply to the current state of health emergency. A state of necessity can be invoked "when the means at the disposal of the civil authorities are deemed to be non-existent, insufficient, unsuitable or unavailable."[2] The means of the army are then employed only – and solely – in support of civil means, and put at the disposal of civil authorities which must requisition them beforehand. The decision affirming the insufficient, unsuitable or unavailable nature of the means at the disposal of the Ministry of the Interior must result from a dialogue between civil authorities and the military – what the law describes as "civil-military cooperation." In practice, the French armed forces are regularly solicited to provide civil authorities with human and material means, especially when facing natural catastrophes.

Parallel to the ministry-led management of the health crisis, the army sets up a decisional structure, tested to crises situations, that relies on the existing military zonal command. The Planning and Operations Center (CPCO) of the Ministry of Armed Forces conducts operations, while the Territorial Joint Defense Organization (OTIAD) is responsible for the use of armed forces in the territorial divisions – the seven defense and security zones. During the Covid-19 pandemic, the Interministerial Crisis Unit (CIC) of the Ministry of the Interior, created by law, was set up belatedly. A structure in the Ministry of Health, led by Jérôme Salomon, the Director General of Health, was initially preferred. In fact, health authorities were at the heart of the management of the crisis. The intervention of the military was limited to logistical matters: transport of equipment and infected patients in intensive care units over long distances, protection of hydroalcoholic gel and masks plants. Finally, and contrary to other European countries, the Ministry of Armed Forces didn't publicized the number of soldiers deployed during the *Résilience* operation.

## Soldiers as actors of a "territorial equalization"

The viral infection spread throughout the national territory but with a Northeast/Southwest dissymmetry. The mobilization of military material and personnel followed the geography of the viral infection: the Intensive Care Military Component (*Élément militaire de réanimation, EMR*) of the French Defense Health Service was thus installed in Mulhouse, a city at the heart of the most infected territories. This hospital of thirty intensive care units (ICUs) was the only punctual infrastructure deployed by the army during the crisis. That said, a similar EMR module was installed in Mayotte, but only mid-May, after the lockdown was suspended nationally. Indeed, almost all of the army's interventions during the

2. General Secretariat for Defense and National Security (SGDSN), *Instruction interministérielle relative à l'engagement des armées sur le territoire national lorsqu'elles interviennent sur réquisition de l'autorité civile*, N°10100/SGDSN/PSE/PSN/NP, November 14, 2017.

crisis were tasked with bringing logistical assistance to the health sector. The vast majority of military interventions involved transporting ICU patients in airplanes, helicopters and ships within metropolitan France and as far as Germany, in order to relieve the intensive care units of hospitals that reached their saturation point.

As shown in Figure 1, the eastern regions of France, along with the Ile-de-France, suffered the most from the pandemic. Hospital capacities were saturated in these regions (surface figure) whereas they generally weren't in the southern parts of the country. The number of hospitalizations, represented in proportional circles, shows a geography similar to that of the saturation of ICU capacities. However, there is a discrepancy between the two figures: some areas with the most strained ICUs are not matched with the highest number of hospitalizations. This discrepancy reveals significant territorial disparities in terms of hospital ICU capacities. In addition, many hospitals in the most saturated regions more than doubled the number of beds available before the crisis, such as hospitals in the Vosges for instance, where ICU capacities were 425% occupied last spring.

A geography of military actions can then be mapped. Two figures represent the places where patients were transported by the army from the hospitals in the most saturated *départements* (Metz, Strasbourg, Mulhouse, Paris) to the least saturated ones (Caen, Brest, Nantes, Bordeaux, Toulouse, Marseille). In land-use planning, such a rebalancing is called a "territorial equalization." In its classic sense, this term describes transfers, particularly financial transfers, to remedy territorial inequalities. The inscription of the term in the French Constitution in 2003[3] led to a transformation of public action in the territories, and draws an interesting parallel to military activities during the health crisis.

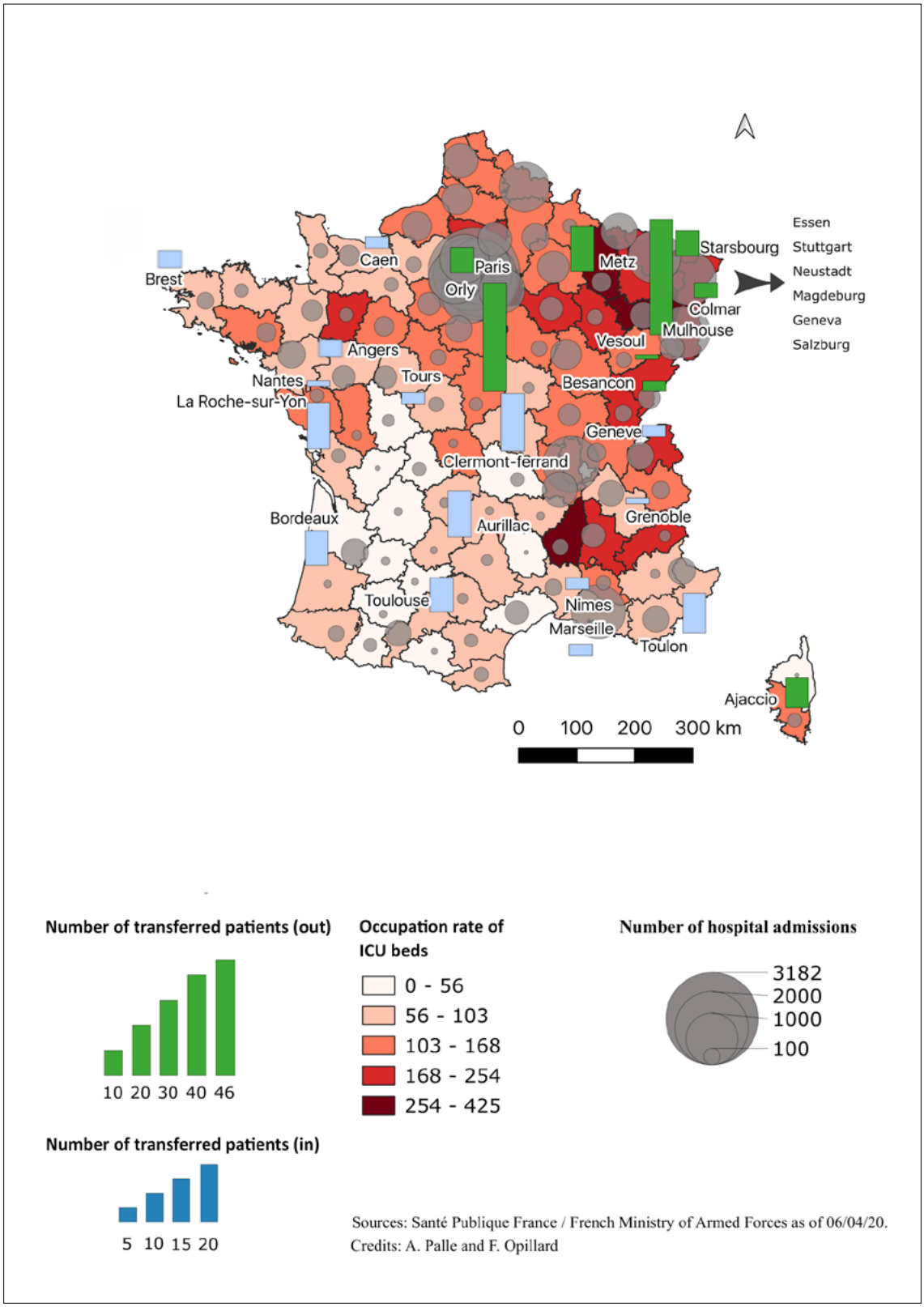
Therefore, the army carried out an emergency rebalancing of caregivers, equipment, and patients. It contributed to levelling the pressure of the crisis among the territories as well as the overall response and mobilization of local authorities. In the context of "insufficient" civil power resources, it was therefore used as a tool of last resort.

France is not the only European country that called on the army to intervene in the management of the health crisis. In other European countries that suffered from the Covid-19, the mobilization of armed forces was broad, but within the framework of differentiated perimeters of action and methods of intervention. We will cover this in the following part of this paper.

3. Article 72-2 of the Constitution states that "Equalization mechanisms intended to promote equality between territorial communities shall be provided for by statute."

**Figure 1**

**Transport of patients by the army during the Covid-19 crisis in France**



## THE MOBILIZATION OF GERMAN ARMED FORCES

The use of the national army on the German territory is governed by Article 35 of the Basic Law of the Federal Republic of Germany (*Grundgesetz für die Bundesrepublik Deutschland*),[4] which endorses mutual legal and administrative assistance in the event of a disaster. During the first stages of the pandemic, the Bundeswehr received requests for support from Länder and municipalities. Besides administrative support provided between civil authorities (Article 25, paragraph 1), this article grants Länder with the ability to request help from armed forces during natural catastrophes and particularly dire accidents (paragraphs 2 & 3). That said, this assistance limits the use of military means, contrary to what is possible in other European countries. For instance, deploying soldiers in the country – what France has done with the *Vigipirate* plan and *Sentinelle* operation – is not conceivable in Germany.

If the German government put together an inter-ministry crisis management team as early as January 27, its pandemic management plan was activated on February 24 only.[5] Among the measures adopted, Germany used executive orders to ban the export of medical protective equipment, masks in particular. On the military side, the Inspector of Armed Forces (*Inspekteur der Streitkräftebasis*), Generalleutnant Martin Schelleis, announced on March 19, 2020 that the Bundeswehr would offer additional support. By June 4, more than 632 requests for administrative assistance had been received, and 344 of them approved. Efforts focused on helping the elderly population and nursing homes, as well as assisting health authorities in their search for chains of infection. Hence, the assistance provided by the military was logistical: provision of personnel, equipment, means of transport and infrastructures.

### Political crisis management and health recommendations

From the first contaminations at the end of January, and until early March, health precautions followed the recommendations of the Robert Koch Institute (RKI), which modeled its input on their experience with the seasonal influenza epidemics.[6] The rapid rise of cases in early March, especially in Italy, altered the political approach based on the advice of more than 450 RKI medical and health experts. Despite differing infection rates from one state to another, the RKI's neutrality and political independence allowed political leaders to ground restrictive measures on a respected medical and health discourse. If the federal government was responsible for closing the frontiers and ensuring the adequate supply in health resources, most of the essential competences remained within the power of

4. An English translation of the Basic Law of the Federal Republic of Germany, adopted on May 23, 1949, is available online.

5. See: Ministry of the Interior (*Bundesministerium des Innern*), System of Krisenmanagements in Deutschland, December 2015. The Interministerial cell of crisis management is schematized page 19. The coordination between the federal authorities and the Länder has been tasked to an Interministerial group of crisis management, but the cell is itself under the authority of the Ministry of the Interior.

6. See, for example, the plan developed by the Robert Koch Institute to fight pandemics: Robert Koch Institute, *Rahmenkonzept: Epidemisch bedeutsame Lagen erkennen, bewerten und gemeinsam erfolgreich bewältigen*, Octobre 2019.

the Länder: school closures, quarantine rules, limits on group meetings and events, and restrictions on non-essential economic activities. A structural cohesion without concertation emerged: when a Land adopted a new measure, other Länder followed shortly after.

## Nature of the missions devolved to the Bundeswehr and the sizing of armed forces

The Federal Office of Bundeswehr Equipment, Information Technology and In-Service Support (*Bundesamt für Ausrüstung, Informationstechnik und Nutzung der Bundeswehr, BAAINBw*) worked with the federal ministry of health, in cooperation with the federal ministry of finance, to get the protective equipment the country urgently needed. The Bundeswehr also transported by plane, to Germany, more than twenty intensive care patients from Italy and France in March and April.

On the national territory, 17,000 health service soldiers attended to civilian and military hospitals, backed up by reservists. For the first time in the history of the Bundeswehr, 15,000 soldiers from the contingents of the Marinekommando in Rostock, the Luftwaffen-Kommando in Berlin, the 1st Panzerdivision in Oldenburg and the 10th Bavarian Panzerdivision formed the "Corona Assistance" unit (*Hilfeleistung Corona*) under the command of General Lieutenant Martin Schelleis.[7] The mobilized soldiers, however, came neither from the projected forces nor from the contingents mobilized in NATO missions.[8]

The Bundeswehr divided the mobilized troops between the following missions:

– 5,500 soldiers for protection missions;

– 6,000 soldiers in support of the population;

– 600 military police soldiers to maintain law and order and control human movements;

– 18 decontamination groups of 250 soldiers each, from the specialized CBRN battalions;

– 2,500 soldiers from logistics units with 500 trucks for storage, transport and handling missions.

## Federal singularity and official recommendations during crisis management

The federal structure of the German regime suggests that centrifugal tendencies could weaken the development of a coherent, effective and broad-based policy response, particularly during emergency situations. Yet, the German response proved the contrary to be true. Federalism permitted a finer and more diversely adaptable political response to the pandemic when infections were heterogeneously distributed over the territory. Here, cases emerged in Bavaria at the end of January. More generally, GIDS's Matthias Rogg, made a

7. Matthias Gebauer and Konstantin von Hammerstein, "Bundeswehr mobilisiert 15.000 Soldaten," *Der Spiegel*, March 27, 2020.

8. Claudia Major, René Schulz and Dominic Vogel, "Die neuartige Rolle der Bundeswehr im Corona-Krisenmanagement, Erste Schlussfolgerungen für die Bundeswehr und die deutsche Verteidigungspolitik," *SWP-Aktuell 2020/A 51*, June 2020.

number of recommendations as soon as April, including a further development of health crisis management based on strategic simulations involving academic, medical and military actors. He also recommended an ethical reflection on political problems combining health, economic and security contributions, and a debate on strategic reserves that included the possibility of a one-year compulsory draft. Finally, he offered a critical and empirical analysis of the performance of medical services and health warning systems, social resilience, as well as of the use of Bundeswehr forces in the context of the crisis.[9]

## THE INTERVENTION OF THE SWISS ARMY

The engagement of the military in the coronavirus crisis took place in two steps in Switzerland. First, after March 6, the Swiss Federal Council acknowledged a "particular situation," in line with the status created by the law on pandemics adopted on September 28, 2012. From that moment on, the federal government ordered the army to provide "support services" to civilian structures. The deployment was then temporary, and the law demanded that civilian authorities decide on its continuation after ten days. Hence, the Federal Council made it durable on March 16, 2020 as it moved to declare an "extraordinary situation" (art. 7).[10] This alert level overturned the decision-making hierarchy between the cantons and the Federal Council, the latter becoming the primary decision-making body on health matters. And it facilitated coordinating restrictive measures throughout the territory. In that context, the cantons, including eight that had already declared a state of emergency before the March 16 decision by the Federal Council, submitted requests for recourse to the army to the Federal Council based on the principle of subsidiarity. At the end of May, 280 requests had been submitted by health authorities solely.

### Federal political decision-making and cantonal management

The declaration of a federal "extraordinary situation" on March 16 was preceded by the activation of the ORCA (Disaster Relief Organization) plan on March 13, 2020 by the Councils of States of the cantons of Ticino, Vaud and Geneva. This triggered the organization, at the cantonal level, of civil-military crisis management structures: Cantonal Crisis Management Headquarters (*États-majors cantonaux de crise*, EMCC). These structures are usually headed by a military officer, a doctor, and civil security staff members. Subsequently, requests for recourse to the federal army were drafted by the EMCCs, which also compiled the statistics of infected individuals and available beds in hospitals. As in Germany, localized crisis management structures in the cantons made it possible to adapt the military intervention to the local needs. The relevance of the federal structure was thus reinforced by a highly decentralized crisis management.

9. Matthias Rogg, "COVID-19: The Pandemic and Its Impact on Security Policy," #*GIDSstatement* 1/2020, April 2020, p. 9.

10. *Loi fédérale sur la lutte contre les maladies transmissibles de l'homme*, RS 818.101, September 28, 2012.

## Nature of military missions and the sizing of the operations

The military missions delineated by the Federal Council meant to:

– "assist the staff of civil hospital structures in providing basic care and treatment;

– support measures aimed at stemming the spread of the COVID-19;

– support the transport of contagious patients;

– help the cantonal police forces in security operations;

– support personnel involved in border protection and controls;

– support the execution of other logistical tasks."[11]

Hence, the missions dealt with health and logistical issues, but also with what we could qualify as "law enforcement" (*maintien de l'ordre*) in the French terminology. For instance, armed forces were mobilized to support custom officers in controlling the borders. As such, 650 soldiers of the infantry battalion 65 helped border guards. This mission protecting the borders was actually extended until June 15, beyond the term of the health mission which ended on May 30, 2020.

However, the health operations of the Swiss military were undoubtedly the most emphasized by the central command, with the commitment of several hospital battalions (battalions 2, 5, 66 and 75), two medical companies (companies 1 & 5), and a health logistics battalion (battalion 66).

Overall, 8,000 soldiers were made available to civil authorities, and 5,000 of them effectively mobilized during nearly 300,000 days of service. Besides this support in men, the army was also called upon for its material resources (ambulances, respirators, masks). On March 16, the Swiss Parliament endowed the army with 2.1 billion Swiss francs for the purchase of medical equipment for civilian hospitals (masks, gels, tests, gowns and respirators).

The Swiss army, which is called a "militia" army, operates according to a principle different from that of the French army. In Switzerland, military service is compulsory and anyone who has performed it can be mobilized in case of necessity.[12] This was notably the case for the "CORONA-20" operation.

For civil authorities, the intervention of the army in the health crisis confirmed the relevance of the militia army system. Besides, 80% of the personnel was placed on alert in 2020, while Switzerland has been reforming its "Army Development" since 2010 to effectively increase the availability and responsiveness of the forces.[13]

11. Raynal Droz, "Opération CORONA-20," *Revue Militaire Suisse*, 2020, p. 5.
12. Dominique Julliand, "La Suisse n'a pas d'armée, elle est une armée," *Inflexions*, No. 20, 2012, p. 183-195.
13. The details of this reform can be found on the website of the Federal Department of Defense, Population Protection, and Sports: https://www.vtg.admin.ch/fr/actualite/themes/deva.html.

## THE COMMITMENT OF THE ITALIAN ARMED FORCES

The Italian government declared a state of emergency on January 31, 2020. Then, an extraordinary emergency commissioner was appointed, Domenico Arcuri. On February 23, as the number of cases was fast growing, a first decree-law was signed to prevent movements from and to municipalities suffering from the pandemic.[14] On March 9, another decree-law imposed a lockdown on the whole Italian population.[15]

All through the crisis, the decision-making process was led by the President of the Council Giuseppe Conte, working in close collaboration with the health ministry, the department of civil protection headed by Angelo Borelli and the *Istituto Superiore di Sanità* headed by Silvio Brusaferro. A scientific committee, installed in early February, was tasked with monitoring the spread of the virus on the Italian territory and keeping up with scientific discoveries on the matter.

### Coordination at the regional level

The crisis was therefore managed in a tripartite manner. However, the Civil Protection remained the most important crisis management structure, working under the full authority of the president of the Italian Council. Its commandment center coordinated the necessary resources, and it was endowed with a 5-million-euro emergency funding at the start of the crisis, in January 2020. The structure also coordinated efforts with other partners, such as firemen and the Ministry of Defense.

Additionally, staff at the Civil Protection worked in tandem with the regions and autonomous provinces. Notably, it coordinated the various regional crisis units that are under the authority of the Ministry of Health. The coming of the Covid-19 pandemic contributed to highlighting the decentralized nature of the Italian state: regions and provinces have a certain degree of decisional autonomy, especially on health matters. Indeed, health structures are financed by a regional tax, and regional authorities can adopt measures autonomously. For example, the Prefect of Lodi (Lombardy), Marcello Cadorna, ordered a total confinement long before it was imposed on the region at large. Moreover, the Veneto region unilaterally decided to test the population in the city of Vo, which was the main source of contamination in the region. 450,000 tests were realized at the start of the crisis, which limited the number of contaminations there. Overall, the management of the crisis was implemented at the local and national levels.

14. *Decreto-Legge 23 febbraio 2020, n. 6, Misure urgenti in materia di contenimento e gestione dell'emergenza epidemiologica da COVID-19.* (20G00020) (GU Serie Generale n.45 del 23-02-2020).

15. *Decreto del Presidente del Consiglio dei Ministri 9 marzo 2020, Ulteriori disposizioni attuative del decreto-legge 23 febbraio 2020, n. 6, recante misure urgenti in materia di contenimento e gestione dell'emergenza epidemiologica da COVID-19, applicabili sull'intero territorio nazionale*. (20A01558) (GU n.62 del 9-3-2020)

## Nature of military missions and the sizing of operations

Alongside the purely sanitary aspects of the crisis, the Italian army was called upon to play a role. Indeed, it had to fulfill three types of mission. First, as the hospital system was very quickly overloaded, the army was commissioned to provide logistical support. In particular, it deployed four field hospitals after March 17: one in Emilia-Romagna and three in Lombardy. Unlike the field hospital built and managed directly by the army in Emilia-Romagna, the other three were administered by different civil actors: public hospitals or a non-governmental organization. The army's actions enabled the creation of more than 300 beds. Also, it provided medical equipment, significant logistical support and it transferred patients, personnel and goods with the mobilization of three airplanes and four helicopters.

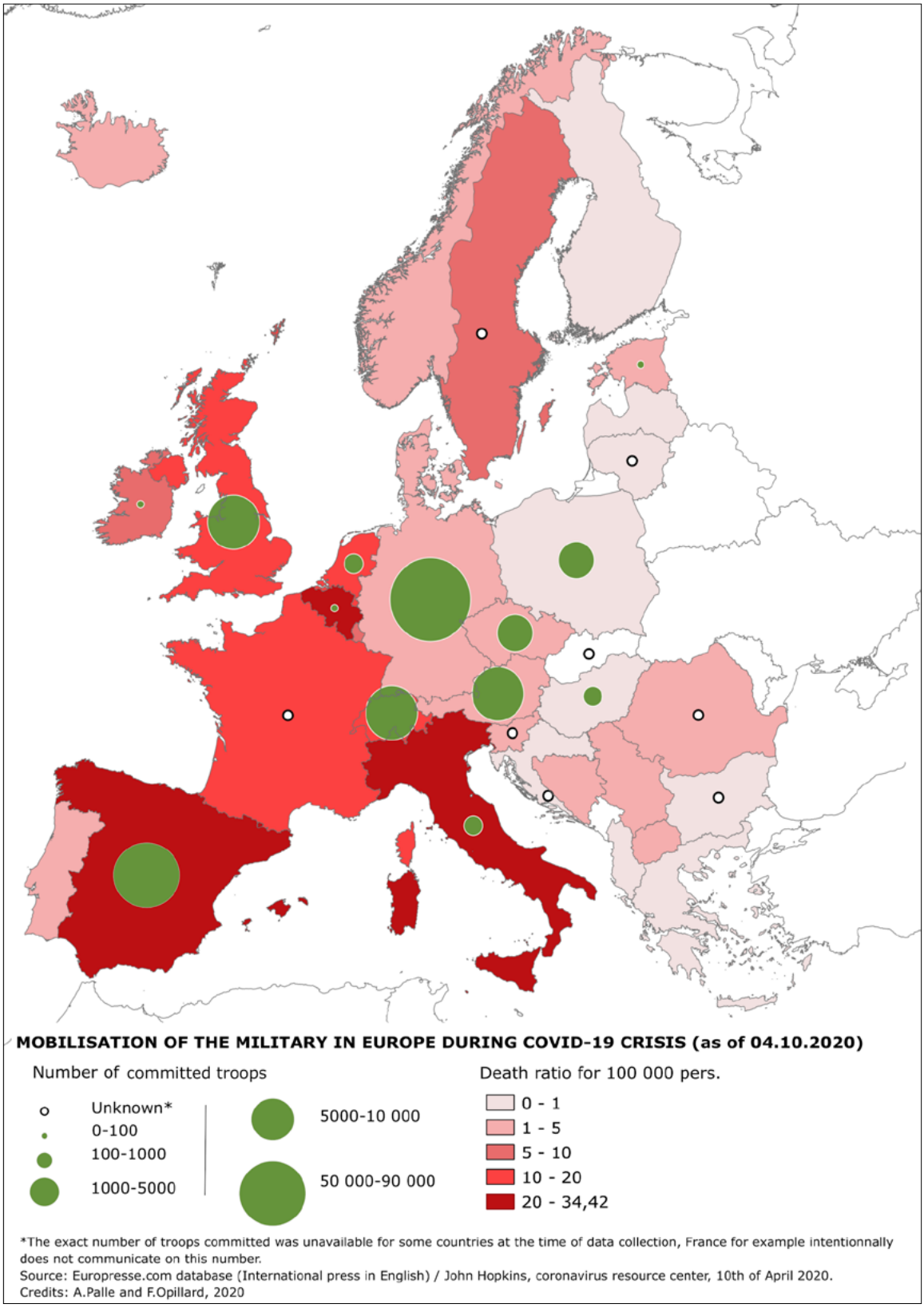
In addition, the military institution directly participated in providing care as it deployed military doctors and nurses. The 7th CBRN Regiment (7° *Reggimento di difesa chimica, biologica, radiologica e nucleare* "*Cremona*") was used in support. For instance, it carried out the decontamination of the centers receiving people from Wuhan, Yokohama and other countries. Two mobile laboratories were sent to support the military hospital in Rome. Finally, armed forces were used by political authorities to maintain order. The *Strade Sicure* ("safe streets") operation, akin to the *Sentinelle* operation in France, was created in 2008 to use land forces to ensure the security of the Italian territory. In 2020, it was endowed with more personnel and tasked with overseeing the lockdown. When conducting actions on the national territory, soldiers have a special legal status: they are public security agents. As such, they can take the place of police officers and carabinieri and carry out searches and the identification of persons and vehicles.[16] Overall, 7,803 soldiers were mobilized during the operation, with 700 additional soldiers starting in January 2020. They were charged with carrying out travel controls to implement the limits set by political authorities. On average, they conducted 5,000 controls per day. Additionally, they helped securitize a contaminated area near Napoli when, in June 2020, the infected inhabitants tried to escape the lockdown. Military force was used to ease the pressure on the health system and enforce traffic regulations.

Finally, Italy was notable for receiving help from two foreign countries: Russia and Cuba. Indeed, the Russian Federation sent doctors and military experts (virologists and epidemiologists) to Italy at the end of March 2020. It also sent mobile disinfection systems and medical equipment that were used, among other things, to disinfect nursing homes in Lombardy. The Russian personnel started leaving in May. As for Cuba, it sent doctors and nurses to assist Italian health providers.

16. Ministero della Diffesa, Operazione "Strade Sicure".

**Figure 2**

**The mobilization of armed forces in Europe during the Covid-19 crisis**



## THE MILITARY MOBILIZATION IN EUROPE: PRELIMINARY ELEMENTS OF COMPARISON

The majority of European countries used armed forces but there wasn't any clear correlation between the "direness" of the crisis (ratio of deaths to the population) and the number of soldiers deployed. Countries such as Germany and Austria, less impacted than their Italian and French neighbors, for instance, more largely mobilized their military reserves. In Germany, 38,000 reservists were mobilized, on top of a contingent of 15,000 soldiers.[17] In Austria, 10% of the reservists were called (3,000 persons), together with the persons who had returned from military or civil service less than five years earlier (2,400). Meanwhile, the draft of soldiers serving during the crisis was prolonged. The differences observed can be explained in part by the military cultures of the countries concerned.[18]

Figure 2 compares the ratio of deaths of Covid-19 in the population of a country, considered here as an indication of the seriousness of the crisis, to the number of troops deployed in the country as part of the health management of the epidemic.

Furthermore, the missions tasked to the military were different in each country. If a great majority of them used the army to reinforce their health infrastructures, a minority used armed forces to control the mobility of the population and human flows at large, either inside the country or with its neighbors. Figure 3 synthetizes the different missions of the military in Europe.

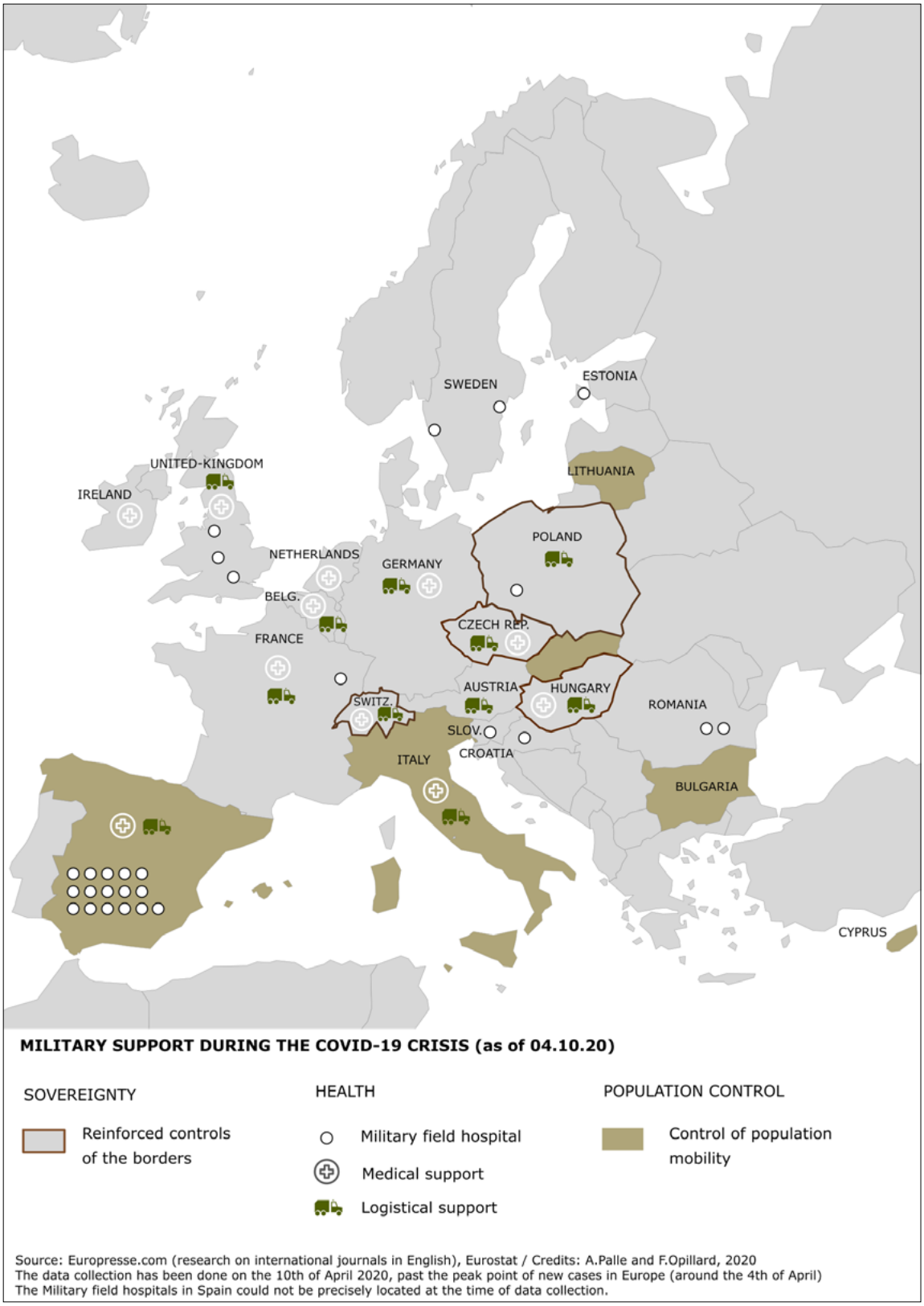
The first mission of the military was to support health structures that neared saturation. The armed forces were then mobilized to set up field hospitals in support of existing hospitals (especially in Spain and in the United Kingdom) or in regions isolated from national health infrastructures, on the Estonian island of Saaremaa for instance. The second type of intervention dealt with providing an active contribution to the logistics behind the health crisis management, which could be found in a majority of the countries concerned (transport of equipment, patients, etc.). The third health contribution took the form of the provision of military medical personnel for public hospitals, a function that was also very widely mobilized by European states.

To these three main missions, we can note an additional two that were less mobilized in Europe: controls over the mobility of the population and the strengthening of territorial regalian functions. Controls over the mobility of the population inside a country, especially to ensure the respect of the lockdown, were conducted in Spain, Italy, Slovakia, Bulgaria and Lithuania, where soldiers were granted authority usually left to the police. They were sometimes restricted to certain areas particularly affected by the crisis, such as Liguria in Italy, or to certain types of population, such as in Slovakia, where the army was in charge of controlling the mobility of Roma communities. In a minority of countries (Poland, Czech Republic, Hungary, Switzerland), the army was used to reinforce the sovereign presence of the state and the controls at the borders, to oversee transborder mobilities in those cases.

17. Press Bureau of the Prime Minister, *Comparaison des mesures prises dans les* États *de l'Union Européenne*, April 2, 2020.
18. Bernard Boëne, "La professionnalisation des armées : contexte et raisons, impact fonctionnel et sociopolitique," *Revue française de sociologie*, Vol. 44, 2003/4, p. 647-693.

**Figure 3**

**Military support in Europe during the Covid-19 crisis (until April 10, 2020)**



Finally, several countries used the crisis as an opportunity to set up coordinated military actions, such as the Scandinavian states (Denmark, Norway, Sweden) that opted for "joint evacuations, air assistance and information sharing."[19] At the scale of the European Union, several coordinated operations were set up, such as the creation by "EU Defence Ministers […] of a dedicated task force at the level of the EU Military Staff. This is meant to temporarily support and facilitate information exchange among Member States' armed forces on military assistance in support of civilian authorities to help fight the coronavirus pandemic."[20] However, it can be observed that European prerogatives in crisis management were mainly limited to the coordination of fiscal and health policies, while the states remained sovereign in terms of the response that might or might not have be provided by armed forces. Hence, NATO actions largely consisted in coordinating transfers of material between countries, such as Spain and Italy from Turkey, or from the United States to Albania.

## A CASE STUDY OF THE UNITED STATES

The Posse Comitatus Act[21] of 1878 prevents the U.S. Army and Air Force from deploying soldiers on U.S. territory for law enforcement missions, and the Department of Defense has extended its interpretation of this law to the U.S. Navy and the Marines.[22] The American army can however "help at home," which means that it can provide emergency aid, or some humanitarian assistance, to the American population when demanded by Congress.

During the Covid-19 crisis, the military mobilization centered on the National Guard, composed of citizen soldiers that ordinarily exercise a civil activity. The National Guard counts 335,000 soldiers in the 50 states, three territories, and in the District of Columbia. Nearly 22,000 have regularly been mobilized alongside armed forces in foreign wars and missions since the 2000s. On March 22, president Trump requisitioned the National Guard to intervene – at the federal government's expense – in the three states suffering the most from the pandemic (California, New York, Washington).[23] Beyond this use of federal funds, each state can adapt its own resources to the needs. Nearly 10,000 National Guard members were mobilized to test (Florida, Louisiana) or inform (Arkansas) the population, but also to ensure logistical missions (Maryland, Pennsylvania, Wisconsin). At the end of September 2020, 18,000 soldiers were still mobilized for pandemic-related missions.[24]

19. Tania Laţici, *The role of armed forces in the fight against coronavirus*, European Parliament Research Service (EPRS), 2020.
20. Ibid., p. 4.
21. *Use of Army and Air Force as posse comitatus*, 18 U.S. Code § 1385.
22. Mark Nevitt, "Why Posse Comitatus is Not Immediately Applicable to the Military's Mission in Puerto Rico," *Just Security*, 3 October 2017.
23. *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*, White House, United States, 22 March 2020.
24. Jim Garamone, "National Guard serves throughout nation, world," *DOD News*, September 16, 2020.

## Structure of political decision-making and the sizing of military actions

Aside from the federally-funded mobilization of the National Guard in several states, and the intervention of two ships of the US Navy – the *USNS Mercy* in Los Angeles, and the *USNS Comfort* in New York City – military operations were organized at the state level, and in some cases even at the local (urban) level. The state of New York, which mobilized around 3,000 National Guards, divided its territory into six regional task forces at the height of the pandemic, for greater operational flexibility. They were progressively reduced to two headquarters as the crisis slowed down.[25] The missions assigned to the National Guards included: management of screening centers, distribution of food (especially to vulnerable people), logistical missions (distribution of medical equipment, masks, hydroalcoholic gel), management of the deceased in their homes, assistance at the switchboard of the 911 emergency number, as well as telephone assistance to veterans.

Nationally, the National Guard was mainly dedicated to testing the population (eight million tests in September), distributing food (350 million meals, 12,000 tons of food) and to constructing health structures (15,000 beds).

This mobilization posed a logistical question: the management of the members of the National Guard health providers. The U.S. Secretary of Defense Mark Esper expressed his concern that mobilizing these medical personnel would be akin to taking them out of their usual hospitals where they are needed.[26]

## Management of the pandemic by the Department of Defense

The management of the crisis by the American DOD, particularly in terms of communication, showed the specificities of the American military in managing crises on its territory. As military engagement on the American territory was carried out by the National Guard, the DOD's crisis responses focused primarily on helping find a vaccine, purchasing medical equipment with military budgets for the Department of Health and Human Services, and preserving American military capabilities. On May 15, 2020, the DOD, through the White House, launched *Operation Warp Speed* to coordinate U.S. military and industrial capabilities in the development and distribution of a vaccine for the American population by January 2021.[27] Additionally, on April 11, 2020, the White House authorized the DOD to use Title 3 of the Defense Production Act to respond to the Covid-19 crisis. This program, implemented in 1950, "provides the President broad authority to ensure the timely availability of essential domestic industrial resources to support national defense and homeland security requirements through the use of highly tailored economic incentives. Specifically, the program is designed to create, maintain, protect, expand, or restore domestic industrial

25. Robbie Gramer and Dan Haverty, "The Military Alone Can't Rescue the U.S. From Coronavirus," *Foreign Policy*, March 20, 2020.
26. US Department of Defense, *Coronavirus: Operation Warp Speed*.
27. US Department of Defense, *Defense Production Act (DPA) Title III*.

base capabilities."[28] By September 28, 2020, 537.8 million dollars had been invested by the Department of Defense – out of a total of 2.6 billion – to order medical resources for the Department of Health and Human Services or to invest in programs of medical research dedicated to the pandemic (vaccine research, medical tissues, sterilization, respirators, etc.). Finally, the DOD dedicated a significant part of its interventions to the protection of its own personnel, facing 50,000 cumulative contaminations of military and civilian defense personnel as of August 20, 2020.

## CONCLUSION

European armies were therefore widely used by the states to face the major health crisis of 2020. In the countries we studied, the scale of this mobilization did not appear to be a direct consequence of the seriousness of the health crisis since it was often linked to a plurality of factors, ranging from military capabilities to the availability of forces, as well as the specificities of their national status. In France, the armed forces were professionalized in 1997. Since then, they have largely been mobilized in foreign operations (5,100 soldiers) or missions outside of the national territory (nearly 10,000 persons). The fight against terrorism has enabled the country to resume a visible military presence on its territory on a daily basis (7,000 to 10,000 people) after 2015. Conversely, the Swiss or Austrian armies are not only professional armies, but military or civilian drafts also exist in both countries.[29] Their missions are more focused on the defense of the national territory as the projection on external terrains has been less prevalent and remained largely confined to UN peacekeeping operations. However, it should be noted that in all the cases studied in this note, the armies were initially used to provide logistical and medical support in dealing with the pandemic. Yet, except in France and in the United States, law enforcement missions, or controls at the borders, were also carried out by the military, alongside normal law enforcement agencies, in order to enforce certain public security measures.

Therefore, the mobilization of armies in the Covid-19 health crisis deserves to be taken into consideration as a necessary tool to fight a pandemic. Nevertheless, as this research paper shows, it was not of the same order and magnitude depending on the country. Moreover, it raised a whole series of questions and issues on the definition of the perimeter of military interventions in terms of national defense and security. Overall, there is no clear agreement between military and civilian powers. In addition, there are issues specific to interministerial cooperation in the organization, planning and anticipation of crises that may involve the military institution in one way or another. In a word, this major crisis and the emergency experience faced in 2020 invite us to consider a whole new field of study and reflection.

*(Translation by Maxime Chervaux)*

28. US Department of Defense, *Coronavirus: DOD Response Timeline*.
29. The military draft has been abolished in Germany in 2011 only, and in Italy in 2004.

**François Delerue (Ph.D. in Law) is a research fellow in cyberdefense and international law at IRSEM and a lecturer at Sciences Po. He is also a non-resident associate fellow at The Hague Program for Cyber Norms at Leiden University and rapporteur for international law for the EU Cyber Direct project. His book titled *Cyber Operations and International Law* was published by Cambridge University Press in February 2020.**

**Contact:** francois.delerue@irsem.fr

**Édouard Jolly holds a Ph.D in philosophy, he is a researcher in theory of armed conflict and philosophy of war at the Institute for Strategic Research (IRSEM, Paris). His current research focus is on the conduct of war at the strategic, operational and tactical levels.**

**Contact:** edouard.jolly@irsem.fr

**Léa Michelis is a PhD candidate in political science at the University of Rennes 1 and associated with the Institute of Strategic Research (IRSEM). Her thesis focuses on the concept of the enemy and on how the French military has been understanding and operationalizing it since the end of the Second World war.**

**Contact:** lea.michelis@irsem.fr

**Anne Muxel is a sociologist and political scientist, director of research at the CNRS at the CEVIPOF (Sciences Po) and heads the Defence and Society team at IRSEM. Her work focuses on socialization processes and on the analysis of forms of politicization and expression of citizenship in a context of reconfiguration of democratic regimes.**

**Contact:** anne.muxel@irsem.fr

**Florian Opillard holds a doctorate in geography from the EHESS and is a research fellow at IRSEM and associate research fellow at IHEAL-CREDA. His research focuses on the analysis of the spatial dimension of collective action and on military sociology.**

**Contact:** florian.opillard@irsem.fr

**Angélique Palle holds a doctorate in geography (Paris 1) and is a research fellow at IRSEM and associate research fellow at Prodig Paris 1-CNRS. She works on energy and environmental issues and their impacts on armies.**

**Contact:** angelique.palle@irsem.fr