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**Mapping Military Roles in COVID-19  
Responses in Latin America –  
Contours, Causes and Consequences**

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# Mapping Military Roles in COVID-19 Responses in Latin America – Contours, Causes and Consequences

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## Abstract

This is an explorative analysis of military roles in COVID-19 government responses in Latin America. We conceptualize the military's involvement along fifteen categories of COVID-19 related roles and missions. Based on this conceptualization we assess the extent of military engagement in containing the disease in 17 countries. Our descriptive findings and cases studies of Brazil, El Salvador, and Uruguay also provide some hints at possible drivers of militarized COVID-19 governance and its short-term impact on democratic governance. We found that the pandemic accelerated military participation in governance. However, the military usually acted on the initiative and according to the directives of civilian leaders. We find that military COVID-19 activities are less likely to cause damage to democratic civil-military relations, if they are limited to policy implementation and exclude enforcing punitive COVID-19 measures in the realm public security.

Keywords: COVID-19; civil-military relations; democracy

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## 1. Introduction

Since Brazil confirmed the first official Covid-19 case in Latin America on February 26, 2020, governments across the region have taken an array of actions to protect their citizens and contain COVID-19's spread. One striking feature of government responses to the pandemic is the prominent role of the armed forces. Apart from Costa Rica and Panama, who do not have armed forces, all governments in the region deployed their soldiers in a variety of COVID-19 activities (RESDAL 2020b). Generally, governments justified mobilizing military support by the imperative of protecting lives in an environment of weak civic capacities. Nevertheless, the imposition of military-controlled curfews and other constraining measures that resemble more closely martial law rather than traditional quarantine measures, raise concerns about the adherence to human and civil rights and the rule of law. In some countries (e.g., Brazil, Ecuador, and Nicaragua) militaries have seized the opportunity to strengthen their public image, as the nation's guarantor of stability and governance, rekindling concerns about a potential resurgence of the past praetorian politics (Blofield et al. 2020; Mani 2020). Yet, such concerns are evitable as recent research suggests that civilian governments can involve the military in non-traditional missions without destabilizing democratic civil-military relations (Pion-Berlin and Acácio 2020). In fact, domestic disaster relief is included in most militaries' mission portfolios worldwide (Bruneau and Croissant 2019). Particularly, the impact of military participation in pandemic

governance is dependent on how relevant it is for the overall ability of governments to govern the corona crisis, and whether military participation is limited to the implementation of policies, or involves a pronounced shift of decision-making authority from civilian institutions to the military. Moreover, similar kinds of emergency measures, including the mobilization of the military, can have very different political implications depending on the robustness of democratic institutions and norms prior to pandemic in the affected countries.

The pandemic occurs in Latin America against the background of long-standing defects in democracy, and in a context of socio-economic distress and political crisis. Illiberal, or even anti-democratic backlash, has been particularly powerful in Central America (excluding Costa Rica) and in countries with populist governments, such as Brazil, Colombia, Ecuador (temporarily), Mexico, and Venezuela (Mainwaring and Pérez-Liñán 2015; Pérez-Liñán et al. 2019; IDEA 2020; Weiffen 2020). Especially in political regimes with democratic "pre-existing conditions" –that is, they experienced autocratization prior to the pandemic–, elected leaders might be tempted to take advantage of the crisis and prolong instruments, such as military deployments, to discard obstacles to their rule. In contrast, healthy democracies with clear limits on the military's role in society, and which have proven resilient to democratic backsliding before the corona crisis, could be less threatened.

The objective of this paper is to provide an explorative analysis of the roles of the armed forces in COVID-19 government responses, and their implications for democratic civil-military relations in Latin America. The following section, discusses the historical context

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of civil-military relations in the region, and contemporary trends that emerged in the era of post-praetorian politics, including new forms of military involvement in politics and society. Section three, outlines our conceptual framework of COVID-19 related military roles and missions. Section four, analyzes the militarization of pandemic responses, or the systematic use of the military to execute missions in support or replacement of civilian-led pandemic efforts, in the period from January 1, 2020 to September 30, 2020 along four main categories of military roles and fifteen sub-categories. Section five, reflects on and presents some inductively derived assumptions regarding the drivers of militarization during the pandemic, and its consequences for democracy and civil-military relations in post-pandemic Latin America. The final section, summarizes our findings and provides some tentative conclusions as well as an outlook for future research.

## **2. . Pre-pandemic Expansion of Military Roles and Missions in Latin America**

Militaries in the region share a common path of origin, the aftermath of the post-independence wars of the nineteenth century, and the state-building period from 1870 to 1940. In general, professional military forces were born early in this state-building period and as a result, militaries frequently became not only defenders of the nation but also agents of the state-and-nation building process. During the Cold War, most of the region came under the grip of anti-communist, often highly repressive, military rulers (Loveman 1999). From the late 1970s to the early 1990s, the third wave of democratization encompassed the region. It brought the removal of the armed forces from positions of overt political power and reduced their informal and formal veto power over policy-decisions (Pion-Berlin and Martinez 2017; Smith 2012).

Up until the third wave of democratization, most of Latin America's militaries were largely devoted to border protection, civic action, national defense, and internal security, which often included silencing civilian dissent (Ross 2004; Loveman 1999, chap. 6). Democratization however, induced major changes to the portfolio of missions and roles of the militaries in the region. Since the 1990s and 2000s, militaries in the region have taken on major non-traditional roles in disaster relief and social service provision (e.g., Chile), and in the participation in peacekeeping missions—Argentina, Brazil and Uruguay are prime examples. In addition, governments have become progressively reliant on soldiers to assist in civilian law enforcement (e.g., anti-gang operations in Central America), and in the so-called war on drugs (e.g., Mexico). In other countries, the military delivers aid in poverty relief programs (e.g., Ecuador and Venezuela), or provides health services in rural areas (e.g., Uruguay) (Millett and Orlando 2005; Sotomayor 2010; Kenkel 2010; Pion-Berlin 2016; David Pion-Berlin and Miguel Carreras 2017; Flores-Macías and Zarkin 2019; Solar 2019). Simultaneously, the myth of Latin America's militaries as national defense forces is very well

alive, though most armed forces rarely carry out conventional warfighting missions. Furthermore, in some countries (e.g., Cuba, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua and Venezuela), the military is an influential economic actor through ownership or stakeholding in commercial enterprises or the management of state-owned enterprises (Mani 2011; 2016).

Even before the pandemic, there were already signs of a heightened political role of the military in some countries. Over the past few years, presidents in Bolivia, Chile, Colombia, Ecuador, Honduras, Nicaragua, Peru, and Venezuela deployed the military in riot control and used troops against mostly peaceful protests (Kurtenbach and Scharpf 2018; Pion-Berlin and Acácio 2020). Since 2019, Brazilian President Jair Bolsonaro has enormously expanded the military's participation in his administration as he tried to push through his controversial policy agenda (Hunter and Vega 2021). Furthermore, in Honduras, Nicaragua and Venezuela, which are also prime examples of re-autocratization in the region (Maerz et al. 2021), the military has played an important role in democratic backsliding (Strønen 2016; Polga-Hecimovich 2019). In other countries, civilian politicians have sought to drag the military into political struggles between government and opposition parties, turning soldiers into powerbroker in the removal of presidents from office, such as in Ecuador (Jamil Mahuad), Honduras (Manuel Zelaya), Paraguay (Fernando Lugo), and, most recently, in Bolivia (Evo Morales) (Kuehn and Trinkunas 2017; Pérez-Liñán and Polga-Hecimovich 2017; Pion-Berlin and Acácio 2020).

Based on a review of the extant literature, we identify nine major categories of pre-pandemic military roles and missions, which are defined by most constitutional texts of countries in the region (see Table 1). In addition to the primary mission of national defense, and the use of soldiers to repress political opposition, which is observed in both authoritarian and democratic regimes in the region, the most common new military roles are: humanitarian assistance, including disaster relief operations, peacekeeping, peace-support operations and law enforcement. The significant role that armies play in the event of natural or manmade disasters and in humanitarian assistance throughout Latin America, indicates that much of states' institutional capacity for crisis response is embedded in the military. These deployments usually take place within legal parameters, are restrained to specific areas for a limited amount of time, and are in accordance to emergency plans set in motion in conjunction with civilian agencies.

The constabularization of the military is especially concerning for Latin American civil-military relations, considering the lack of adherence to human rights, deficiencies in civilian oversight, and the erosion of the rule of law (Flores-Macías and Zarkin 2019). For instance, Mexico created in 2019 a new gendarmerie with national police functions. Nominally civilian, this National Guard is currently led by a recently retired army general; the lion's share of its personnel are deputized

Table 1. Pre-Pandemic Military Roles and Missions in Latin America

Country	National Defense	Maintenance of public order	Border control	Protection of infrastructure	Law enforcement	Peace support operations	Humanitarian assistance/ disaster relief	Entrepreneurship	Regime maintenance
Argentina	X		X			X	X		
Bolivia	X	X	X	X	X	X	X	X	X
Brazil	X		X	X	X	X	X		
Chile	X					X	X		
Colombia	X	X	X	X	X	X	X	X	
Cuba	X	X	X	X	X		X	X	X
Dom. Rep.	X	X	X		X	<sup>a</sup>	X		
Ecuador	X	X	X	X	X	X	X	X	
El Salvador	X	X	X		X	X	X	X	
Guatemala	X	X	X	X	X	X	X	X <sup>b</sup>	
Honduras	X	X	X	X	X	X	X	X	
Mexico	X	X	X	X	X	X	X	X <sup>c</sup>	
Nicaragua	X		X	X	X		X	X	X
Paraguay	X		X		X	X	X	X	
Peru	X		X	X	X	X	X	X <sup>d</sup>	
Uruguay	X		X	X		X	X		
Venezuela	X	X	X	X	X		X	X	X

Notes: a Police force/staff officers only. b Guatemala’s military industry manufactures, acquires, commercializes, and distributes weapons, ammunition, and equipment to the Army and the Ministry of the Interior (Government Accord No. 127 2014). c Mexico’s military industry is managed by the Secretary of National Defense (SEDENA) and produces arms for its own use and sale to civilians (Arana 2020; Segura 2020). d The main clients of the Peruvian Army Arms and Ammunition Factory (FAME S.A.C) are the Peruvian Armed Forces, National Police, companies, and civilian personnel (FAME S.A.C, n.d.). FAME S.A.C is a state company with private shareholders, and is directed in part by the Ministry of Defense (Law No. 29314 art. 1, art. 11 2009).

military personnel, and civilian oversight of its activities is minimal (Mayer 2020). In Honduras, the Military Police of Public Order, established in 2013, is notorious for brutally suppressing social protests (OHCHR 2020a, 6). In addition, President Juan Orlando Hernandez put the armed forces in charge of the prison system in December 2019 (González 2019). Highly constabularized militaries can also be found in Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua and Venezuela. A more limited form also exists in Brazil, Bolivia, Paraguay and Peru (Flores-Macías and Zarkin 2019). In contrast, the Argentinean armed forces can only provide logistical support and information on issues, such as on the fight against drug trafficking, arms smuggling and border control. Internal security and law enforcement are the responsibility of the (militarized) police forces. Similarly, the Chilean government can only authorize the deployment of the military

for public order and riot control under a state of emergency –as happened in November 2019, for the first time since the Pinochet dictatorship (OHCHR 2020b).

### 3. Conceptualizing military roles during the COVID-19 pandemic

Scholarly research on the roles of Latin America’s militaries in the fight against the coronavirus is at an early stage. The Latin American Security and Defense Network (RESDAL) produced two reports on military activities in pandemic efforts in Latin America and elsewhere, based on data collected from the official Twitter accounts of the armed forces between mid-March and mid-May 2020 (RESDAL 2020a; 2020b). While these reports are an important first step into the analysis of duties absorbed by militaries throughout the first wave of the pandemic, data coverage on Latin America

is limited to fifteen countries that have a standing military. Besides, the information is exclusively provided by the national armed forces' own social media. The retrieved data may therefore be incomplete, and militaries may use their social media feed to improve their image and remind taxpayers of their enduring importance.

We built upon RESDAL's work and put forth a comprehensive categorization of potential COVID-19 related military activities. We collected data from legislation, official decrees, scholarly articles, NGO reports, news articles, and government websites, including the ministries of health and defense as well as the various military branches (see Appendix 1). In a first step, we identified four main categories and fifteen sub-categories of potential COVID-19 military roles and missions (see Figure 1).

Figure 1. Military Roles and Missions in Government Response to COVID-19

- |   |
|---|
| 1. Decision-making and Planning   |
| 1.1. Military health minister   |
| 1.2. Military led and/or staffed COVID-19 national emergency response unit  |
| 2. Public Security  |
| 2.1. Border control   |
| 2.2. Street patrol  |
| 2.3. Crowd and riot control   |
| 2.4. Protection of critical infrastructure                                  |
| 3. Healthcare Sector  |
| 3.1. Assistance in healthcare-related functions                             |
| 3.2. Transportation of medical personnel and/or COVID-19 patients           |
| 3.3. Establishment of COVID-19 isolation, quarantine, and/or health centers |
| 3.4. Production of medical products   |
| 3.5. Distribution of medical products                                       |
| 3.6. Dissemination of COVID-19 information                                  |
| 4. Logistics  |
| 4.1. Decontamination of public areas and/or facilities                      |
| 4.2. Distribution of food and water   |
| 4.3. Repatriation of nationals  |

Source: The authors.

The category of decision-making and planning portrays the military's role in shaping the COVID-19 response of the national government, whether it by having military personnel (active-duty, reserve, or retired) head the health ministry, and/or lead or staff a COVID-19 national emergency response unit designed to mitigate the effects of the pandemic at the national level. This unit formulates plans to safeguard public health, coordinates relief efforts, and may provide disaster management training as well as call for the activation of a national emergency response plan.

The category of public security encompasses the military's deployment in maintaining public order. While most militaries were already tasked with the conservation of public order before the pandemic (see Table

1), soldiers may shift their efforts to specifically combat the coronavirus. The first sub-category of border control depicts the participation of soldiers in enforcing COVID-19 travel restrictions by controlling aerial, maritime and terrestrial international borders. The second sub-category captures soldiers conducting street patrols to ensure compliance with coronavirus measures, such as stay-at home orders and mask wearing. The third sub-category of crowd and riot control captures the employment of troops to disperse groups of people who are breaking social gathering limitations, or who violently riot. The final sub-category depicts the military's engagement in providing security for critical infrastructures associated with COVID-19, including healthcare sites, government facilities, manufacturing entities, and storage warehouses.

The third main category entails the military's engagement in supporting the healthcare sector. As the pandemic struck, most healthcare systems in Latin America were already severely underfunded, exhibited wide inequalities in access to healthcare services, and were strained due to a spike of vector-borne diseases (e.g., dengue, chikungunya and yellow fever) (Litewka and Heitman 2020). To compensate for the limited capacities of the civilian healthcare sector, military agents may assist in COVID-19 health-related functions by directly treating coronavirus patients, or supporting civilians in screening or testing individuals for the disease. Furthermore, soldiers may assist civilian agencies in the transportation of medical workers and coronavirus patients. The military may also open its medical facilities to coronavirus patients and/or install temporary COVID-19 isolation, quarantine, and/or health centers. In addition, military facilities may also be commissioned to manufacture COVID-19 related medical products, such as personal protective equipment. Moreover, the armed forces may be tasked with the distribution of medical products to vulnerable communities and front-line workers. Governments may further delegate the armed forces with launching or assisting in COVID-19 educational efforts or awareness campaigns.

The final category of military roles linked to COVID-19 consists of the following logistics functions: the decontamination of frequented public areas or facilities; the distribution of food or potable water to communities in need; and the repatriation of nationals or foreigners to their respective country of origin.

**4. Contours of Military Deployment in Response to Covid-19 in Latin America**

From the onset of the pandemic, the common denominator across the region was for governments to promptly call upon the military to support and bolster the healthcare sector (see Table 2). The only exception

was Nicaragua where the military began working with their Military Medical Corps, Civil Defense, and Humanitarian Rescue Unit to prepare for the approaching disease in January 2020, despite the absence of an official government mandate (Baltodano 2020). In this section, we first provide a regional overview of what COVID-19 related roles and missions militaries carried out during the first contagion wave (see Table 2). Then we examine the potential implications that these military roles have for democracy in the case studies of Brazil, El Salvador, and Uruguay.

4.1 Regional Overview

As Table 2 depicts, the scope and intensity of military deployment in Latin America during the pandemic va-

ries from country to country. The Ecuadorian military executed the most COVID-19 related missions in the region, thirteen out of fifteen. In contrast, the armed forces in El Salvador and Guatemala were assigned the lowest number of missions, six and seven respectively. Apart from Argentina, El Salvador, Guatemala, Nicaragua and Paraguay, all militaries in the region ascertained ten or more COVID-19 related roles and missions. Military operations related to humanitarian assistance, disaster control, and public security generally amplified. In some countries, like Peru, even the military reserve was activated to meet the COVID-19 challenge (Aquino 2020). In sum, the data indicates that there was an overall expansion of military roles in the region throughout the pandemic.

Table 2. Military Roles and Missions in Government Responses to Covid-19 in Latin America (January 1-September 30, 2020)

Country	Decision-making and Planning		Public Security				Logistics		
	Military Health Minister	Military Led/ Staffed Emergency Unit	Border Control	Street Patrol	Crowd & Riot Control	Protection of Critical Infrastructure	Decontamination of Public Areas	Distribution of Food/ Water	Repatriation of Nationals
Argentina			X	X				X	X
Bolivia		X	X	X	X	X		X	X
Brazil	X	X	X				X	X	X
Chile			X	X	X	X		X	X
Colombia			X	X			X	X	X
Cuba	X	X	X	X	X		X		
Dom. Rep.		X	X	X	X		X	X	X
Ecuador		X	X	X	X	X	X	X	X
El Salvador		X	X	X				X	
Guatemala			X	X				X	
Honduras			X	X	X		X	X	X
Mexico		X	X	X		X	X	X	X
Nicaragua			X				X		
Paraguay			X	X	X		X	X	X
Peru		X	X	X	X		X	X	X
Uruguay		X	X	X	X		X	X	X
Venezuela		X	X	X	X		X	X	X

Table 2. – continued

Country	Healthcare Sector					
	Production of Medical Products	Distribution of Medical Products	Transportation of Medical Personnel/ Covid-19 Patients	Establishment of COVID-19 Isolation/Quarantine/ Health Centers	Assistance in Health-Related Functions	Dissemination of COVID-19 Information
Argentina	X	X		X	X	
Bolivia	X	X	X	X	X	
Brazil	X	X	X	X	X	X
Chile	X	X	X	X	X	
Colombia	X	X	X	X	X	X
Cuba	X			X	X	X
Dom. Rep.	X	X	X	X	X	
Ecuador	X	X	X	X	X	
El Salvador				X	X	
Guatemala	X	X		X	X	
Honduras	X	X	X	X	X	
Mexico	X	X	X	X	X	
Nicaragua	X	X	X	X	X	X
Paraguay	X			X	X	
Peru	X	X	X	X	X	
Uruguay	X	X	X	X	X	
Venezuela	X	X	X	X	X	

Source: The authors based on Appendix 1.

Brazil and Cuba were the only countries where military personnel directed the ministry of health. In the former the health minister was an active general with no medical experience, and in the latter it was an ex-military who was a certified medical doctor. In Bolivia, the Minister of Defense, Fernando Lopez, did take over the Ministry of Health in early July 2020, yet only on an interim bases while the Minister of Health recovered from contracting the coronavirus (MINDEF 2020). Furthermore, national emergency response units were predominantly led by civilians from the executive branch and/or the health ministry. The ministry of defense or other high ranking military members staffed the emergency units in ten countries, among which military personnel led the emergency units in Brazil and Cuba. Despite the military being excluded

in seven countries from sitting in the national emergency response unit, military capabilities were always set at the disposal of the emergency units and ministries of defense often created a plan to support civilian institutions under the framework set forth by the emergency units. For instance, the Argentinian Defense Emergency Committee (COVID-19) and the Brazilian Operation COVID-19 were established to coordinate and manage the armed forces in support actions with civilian agencies.

Civilian authorities did chiefly steer and outline COVID-19 actions and measures. Nonetheless, the implementation and enforcement of COVID-19 response plans heavily depended on the cooperation of the military. In the realm of public security, troops were most

deployed in border control (all countries) and least involved in the protection of critical infrastructure. Only soldiers in Bolivia, Chile, Ecuador, and Mexico secured the operation of healthcare sites, medical supply convoys, and humanitarian aid distribution points. Though border control was no new task for most national militaries, troop numbers at international border crossings did increase and consequently raised military tensions between some neighboring countries, such as Bolivia and Peru, Bolivia and Chile as well as Colombia and Venezuela (Rincón 2020; Rivera 2020; EFE 2020). In some cases, under the facade of protecting the wider public from the coronavirus, the military was used by authoritarian leaders to intensify repression. For instance in Venezuela, President Nicolás Maduro increased military border surveillance to specifically target and prosecute citizens who returned to the country via illegal passages (Semana 2020). Maduro labeled returnees “bio-terrorists” accusing them of importing the coronavirus to Venezuela. In this way, Maduro posed potential coronavirus carriers as a national security threat. Under this stigma, the Venezuelan military also reportedly harassed legal returnees and quarantined them in poor sanitary conditions (HRW 2020b).

In almost all countries, with the exception of Brazil and Nicaragua, militaries supported the police in street patrols to enforce COVID-19 provisions, including lockdown orders and mask wearing. Considering that the military is trained in warfare and not law enforcement, it was foreseeable that soldiers would fall into using excessive force against infringers. In Venezuela, for example, military punishment against individuals breaking COVID-19 confinement measures included beatings, forced exercise, and long periods of sitting under the scorching sun (Carvajal and Sequera 2020). In ten countries, the military was also tasked with crowd and riot control. Thereby, troops dispersed demonstrations and social gatherings. Protests over stay-at-home orders and medicine shortages resulted in confrontations between the military and civilians in Bolivia, Chile and Honduras. Besides, a high number of arrests and detentions were carried out by the military against individuals participating in COVID-19 related demonstrations and breaking COVID-19 measures in Bolivia, Ecuador, El Salvador, and Peru. Ecuador and Peru also passed acts that granted security forces broad powers to use force against public disorder. These acts could potentially lead to human rights violations during the pandemic and beyond. Although these laws were set in motion before the pandemic, when social protests shrouded Latin America in 2018 and 2019, they provide legal grounds that authorize use of force inconsistent with international standards during the pandemic. Due to concerns over constitutionality and compliance with human rights standards, Ecuador’s Constitutional Court eventually temporarily suspended these powers in late June 2020 (Garcia 2020).

Beyond the intensification of military activities in public security, militaries heavily shifted their capacities to new areas in order to support the healthcare sec-

tor. All militaries were involved in installing temporary COVID-19 facilities and assisted in health-related functions. Military medical personnel directly cared for civilian coronavirus patients in all countries, and in some countries, like Colombia, medical officers even treated coronavirus patients at home (CEA 2020). In most countries, military personnel also assisted in screening and testing civilians for the disease. Moreover, the military was the prime distributor of coronavirus information in Cuba. Additionally, the armed forces in Brazil, Colombia, and Nicaragua created COVID-19 awareness campaigns and disseminated information on the disease either via radio broadcast, pamphlets, or held health education courses for civilians, as was the case in Nicaragua.

The pandemic revealed major supply chain deficiencies that pressed militaries into producing medical goods to keep up with consumer demand. Militaries in all countries, besides El Salvador, modified their facilities to fabricate medical products, especially disinfectant liquids and masks, which were then distributed to frontline workers. In Honduras, for example, the military produced over 3,500 masks daily (Baires 2020). Besides, the territorial reach of the armed forces, especially of the air forces, proved fundamental in rapidly and effectively distributing large quantities of medical goods and in reaching remote areas in all but three countries –Cuba, El Salvador, and Paraguay. The air forces also assisted in the transportation of medical personnel and/or COVID-19 patients in all but five countries –Argentina, Cuba, El Salvador, Guatemala, and Paraguay.

Lastly, in the category of COVID-19 related logistics, the military was most involved in the distribution of food and potable water, followed by the repatriation of nationals, and the decontamination of public areas. Besides the Cuban and Nicaraguan armed forces, militaries in all other countries –dispensed basic foodstuffs or cooked meals for quarantining families and vulnerable communities. Moreover, military personnel decontaminated streets, hospitals, public transportation, and other public areas in all but five countries –Argentina, Bolivia, Chile, El Salvador, and Guatemala. Decontamination efforts were usually in conjunction with local civilian authorities and in close coordination with the ministry of health. Furthermore, apart from in Cuba, El Salvador, Guatemala, and Nicaragua, militaries repatriated thousands of foreigners and nationals to their country of origin

#### 4.2 Case studies

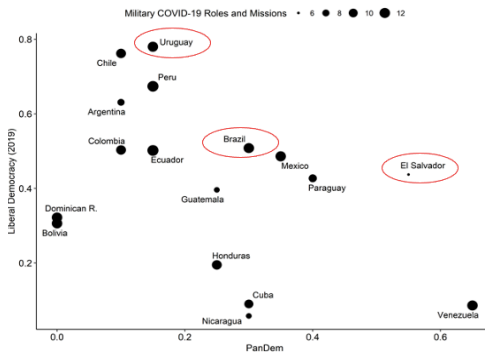
Considering the armed forces’ considerable resources as well as their permanent state of readiness and ability to work under pressure, it is unsurprising that all militaries in Latin America were at the forefront of containing the pandemic. While these unique features enable a rapid response to crisis situations, prolonged military engagement in non-defense affairs could potentially undermine civilian supremacy and deteriorate



the quality of democracy (Amorim Neto 2015).

To assess whether the deployment of the armed forces to contain the disease has thus far been problematic for democratic governance, we examine the cases of Brazil, El Salvador, and Uruguay more closely. Our case selection takes into consideration three criteria: the number of COVID-19 related roles ascertained by the armed forces (see Table 2); the general pre-pandemic trajectory of democracy as captured by the Varieties of Democracy (V-Dem) Liberal Democracy Index (LDI) in 2019 (see Coppedge et al. 2020); and the risk of pandemic backsliding experienced during the pandemic as estimated by *V-Dem's Pandemic Violations of Democratic Standard (PanDem) Index*.<sup>1</sup>

Figure 2. Quality of Democracy, Pandemic Violations of Democratic Standards and Military Roles during the Pandemic



Source: The authors based on data in Table 2, Coppedge et al. (2021), and Edgell et al. (2021), February 16, 2021 at 4:00 am EDT.

Uruguay stands out in the region with the highest pre-pandemic democratic performance in the V-Dem's LDI, with a score of 0.78, and is widely perceived as one of the region's most stable democracies. Moreover, as depicted in Figure 2, Uruguay is among the Latin American countries in which government responses to the COVID-19 crisis were mostly compatible with democratic standards. At the same time, the military conducted among the highest number of COVID-19 related roles in the region, twelve out of fifteen. Uruguay was prompt to respond to the coronavirus outbreak under the leadership of the then newly inaugurated center-right president, Luis Lacalle Pou, who relied heavily on scientific advice to shape the government's pande-

mic response. At the same time however, he refused to impose a national lockdown and instead relied on the goodwill of Uruguayans to voluntarily practice good hygiene and social distancing.

As opposed to Uruguay, which has managed to maintain a positive standing on the LDI, Brazil and El Salvador are two cases that have experienced a regression in democracy over the last few years, and the autocratic leaning right-wing populist leaders in both countries ignored and violated democratic standards during the pandemic. Brazil's quality of democracy was relatively high from 2000 to 2013 but dropped to its lowest pre-pandemic score of 0.508 in 2019 (Coppedge et al. 2020). Similar to Brazil, El Salvador experienced a downward trend of liberal democracy from 2017 to 2019, dropping from an LDI score of 0.48 to 0.437. Furthermore, El Salvador ranked second in Latin America in terms of violations of democratic standards for emergency repressions.

Despite these similarities, the Salvadorian government took a drastically different approach to responding to the coronavirus in comparison to Brazil. While Brazil relied heavily on its armed forces to tackle the pandemic, El Salvador used the military to a lesser extent. In contrast to Brazil's Bolsonaro, who refused to impose country-wide coronavirus restrictions and repudiated recommendations from the scientific community, Salvadorian President, Nayib Bukele, responded with a tough and urgent stance imposing prompt containment measures. Still, the Salvadorian civilian authorities granted the military only six COVID-19 related roles, the lowest in the region.

In the following sections, we analyze whether the deployment of the armed forces in COVID-19 related roles and missions impacted the quality of democracy in Brazil, El Salvador, and Uruguay. To begin, we provide a brief introduction to each case and an overview of the individual government COVID-19 responses. Then we depict the military's engagement within these responses while taking into consideration the following four aspects: the extent of government dependence on the military; whether COVID-19 related military roles and missions were executed adhering to democratic principles; whether the armed forces were effectively overseen by civilians in their actions; and whether the military acted autonomously in their COVID-19 activities.

#### 4.2.1 The Militarization of Brazilian Governance in a War against the Invisible Enemy

President Bolsonaro, a retired army captain, became an emblematic figure in Latin America and beyond, openly rejecting scientific and health expert advice, including that of his own health ministry. He refused to implement nationwide lockdown measures to address the crisis arguing that they would damage the economy. Although Bolsonaro remained a coronavirus sceptic, he came to embrace his cabinets', of which one third are military officials, securitized framing of

<sup>1</sup> The index measures to what extent government responses to the pandemic violated democratic standards. It captures the time between 11 March 2020 and the end of December 2020 and ranges from no violations (0), minor violations (1), some violations (2), and major violations (3) by taking the sum of six different indicators: discriminatory measures, derogation of non-derogable rights, abusive enforcement, no time limit, limitations on legislature, and official disinformation campaigns. The index is rescaled between 0 and 1 (Edgell et al. 2021).

the government's response. The military depicted the crisis as a 'war' against a so-called 'invisible enemy' that only the armed forces would be able to besiege (Pfrimer and Barbosa Jr 2020, 138). This approach not only sidelined civilian health experts but also encouraged the pervasive engagement of high-ranking military officers in managing the crisis and legitimized the large-scale deployment of soldiers in COVID-19 related roles. In the short-term, Brazil's endorsement of military COVID-19 roles did not drive democratic backsliding. Nevertheless, the military expanded its sphere of influence into the public health sector and further intensified the ongoing militarization of governance under Bolsonaro.

On February 3, 2020, weeks before the first COVID-19 case was recorded in Latin America, Brazil's Health Minister, then civilian Luiz Henrique Mandetta, declared a national public health emergency (Ordinance No. 188 2020). Subsequently, in mid-March, the Crisis Committee for Supervision and Monitoring of the Impacts of COVID-19 (CCOP) was created to organize federal government actions and to advise the President on managing the pandemic (Decree No. 10.277, art. 4 §a 2020). The CCOP was headed by the President's Chief of Staff, as of writing active-duty army General Walter Braga Netto, and was staffed by representatives from various ministries, including the Ministry of Defense (Decree No. 10.277, art. 3 2020). As of writing, the Ministry of Defense is led by retired army General Fernando Azevedo e Silva. Despite Bolsonaro's defiance to enact nationwide quarantine measures, most states refused to follow suit and imposed lockdowns as well as restricted social gatherings (Paraguassu and Eisenhammer 2020). With the situation worsening, all land borders were closed and non-residents were banned from entering the country on 19 March (Infobea 2020). A day later, the Senate approved a presidential decree that declared a national emergency and enabled the government to surpass fiscal targets for the year to confront the coronavirus (Financial Post 2020).

To assist in COVID-19 efforts, the Minister of Defense created Operation COVID-19 in mid-March under which the military committed its' operational and logistical resources to federal agencies (Ordinance No. 1.232 2020). Accordingly, two navy and eight army joint commands that cover the whole of Brazil were activated and the operations of the Aerospace Operations Command (COMAE) were redirected towards pandemic efforts (Ibid.; Gröhs et al. 2020, 3). The joint commands were to support civilian agencies in decontamination efforts, screening potentially infected individuals, transporting materials, assisting in coronavirus awareness campaigns, and backing public security agencies in border controls, among other tasks (Ordinance No. 1.232, art. 4 2020). COVID-19 related military operations were to be organized in close communication with the Ministry of Health (Ordinance No. 1.232, art. 6.1 2020).

In the absence of robust civilian disaster relief capaci-

ties, the Brazilian government deployed over 34,000 soldiers to execute operations in all main categories of potential coronavirus related roles and missions. Bolsonaro most notably incorporated the military directly into the area of pandemic decision-making and granted military officers' civilian intended seats in governance. As discussed above, Bolsonaro appointed General Braga Netto to preside over the CCOP, which enabled the military to design and coordinate the government's coronavirus action plan. In mid-May 2020, the President also promoted active-duty General Eduardo Pazuello, who has no medical background, to Minister of Health after two civilians left the position over disagreements with Bolsonaro on social distancing policies and on the use of chloroquine. After coming to power, General Pazuello gave into the President's impetus and authorized the usage of chloroquine to treat coronavirus patients with mild symptoms (Eisenhammer and Stargardter 2020). Hence, the Brazilian President not only managed to use his new military appointees as a political tool to fulfill his agenda, but he also continued to militarize his administration, a trend that predates the pandemic. Alone within the first year of governing, Bolsonaro granted more than one-third of his cabinet posts to military affiliates and nearly doubled the number of military personnel in the federal public administration to over six thousand (Stuenkel 2020; TCU memorandum No. 57 2020). Following the footsteps of the commander-in-chief, General Pazuello further militarized the health ministry and appointed lower-level positions to military officials, raising their numbers from one in early March to at least thirteen by late May 2020 (Eisenhammer and Stargardter 2020).

Although Brazil was among the Latin American countries that relied most heavily on the military in its COVID-19 response, it deployed troops in only one public security role. Brazilian soldiers did not conduct street patrols, crowd and riot controls, nor did they protect COVID-19 related critical infrastructure. Instead, they assisted civil police in border patrols and in operating city checkpoints (MD 2020). In these activities, the military avoided confrontation scenarios with civilians and thereby, evaded engaging in potential human rights violations. In contrast, the police, including the military police<sup>2</sup>, and municipal guards were in constant direct contact with civilians as they carried out street patrols and crowd controls. There were a few incidents where law enforcement clashed with civilians that violated coronavirus measures (Chagas 2020; Calçada 2020). However, such encounters were rare and soldiers predominantly acted according to law.

The armed forces were also key in propping up the healthcare sector. They performed operations in all

<sup>2</sup> The military police consists of reserve troops and auxiliary forces from the Brazilian Army (BR. Const., art. 144 §6 1988). The force is administratively subordinate to the governor of the respective State in which they operate, yet they can be called upon to supplement the federal army as a reserve. Each military police unit has its own formation, uniform, and rules depending on their location of employment (Law No. 7.289 1984).

COVID-19 healthcare related roles and were prominent actors in spreading coronavirus safety information. Soldiers participated in about two and a half thousand COVID-19 awareness campaign drives within the first 120 days of Operation COVID-19. The armed forces also adjusted its organizational and structural capacities to focus more on public health actions. The Brazilian Air Force switched gears to work with the Health Ministry to transport medical personnel and coronavirus patients to medical facilities, build temporary tent hospitals, help civilian authorities screen for the coronavirus, and the Armed Forces Hospital (HFA), in Brasília, was opened to coronavirus patients (MD 2020). Hundreds of military and civilian health professionals also received coronavirus training at the HFA and the Army School of Health, in Rio de Janeiro, in a program initiated by the Ministry of Defense in May 2020 (Barretto 2020). Furthermore, to supplement civilian production efforts, the Brazilian Defense Industrial Base (BID) adapted its' manufacturing system to produce medical goods that were then distributed to military personnel, health professionals, and the public. Hundreds of defected respirators were also repaired and returned to health facilities across the country in a joint initiative between the Ministry of Defense, through the Department of Defense Products and the National Confederation of Industries as well as other civilian agencies (Hillebrand and Andrade 2020, 9; MD 2020). The armed forces undertook all logistical roles linked to COVID-19. In the first three months of Operation COVID-19, military units specialized in biological, nuclear, chemical and radiological defense, decontaminated almost four thousand public areas, including mass transit. In addition, troops transported over twenty-three thousand tons of medical equipment and personnel, via land and air, and distributed over eight hundred thousand food kits to vulnerable communities (MD 2020). Moreover, thousands of Brazilians were successfully repatriated from abroad, including from Wuhan, China. The military's agile mobilization capabilities also facilitated its reach to indigenous communities in the Amazons, to which tons of medical supplies were distributed along with food, water, hygiene goods, and chloroquine pills –although unproven effective against COVID-19 yet manufactured by Brazilian military medical laboratories (Ibid.; Horwitz et al. 2020).

The military did not act autonomously in its COVID-19 missions. Rather, the COMAE and the Logistics and Mobilization Coordination Center (CCLM) coordinated COVID-19 activities between the armed forces and civilian organizations. The CCLM also acted as a liaison to the CCOP, and effectively integrated the armed force into the broader pandemic response thereby, mitigating the duplication of COVID-19 efforts (Gröhs et al. 2020, 4). The military thus, adopted and fulfilled its roles according to the needs of its civilian partners. Besides, the military required an approval of its' COVID-19 operations from the Minister of Defense to receive financial resources (Ordinance No. 1.232 art. 6 §4 2020), though the Minister of Defense is a retired general. As to oversight, the Legal Consultancy (CONJUR) of the

Ministry of Defense, an agency of the Attorney General, monitored military COVID-19 activities (Ordinance No. 1.232 art. 7 2020). According to a recent report, CONJUR was the most efficient legal consultancy agency among government ministries in processing complaints (Brazil Federal Government 2020). Still, at this point it is difficult to tell whether CONJUR's efficacy extends to COVID-19 related cases.

In sum, the military was an essential pillar in Brazil's early COVID-19 government response. Without the armed forces' manpower and logistical capacities, it would have been merely impossible for civilians alone to deliver large amounts of humanitarian aid and COVID-19 related goods around the country promptly and effectively. While the armed forces executed their COVID-19 roles according to law and in coordination with other civilian agencies, it is important to recall that COVID-19 related military duties were executed under the supervision of military men that usurped top civilian government positions in the Health Ministry and CCOP. The militarization of health governance has not necessarily degraded the country's democracy. However, the obedience of Bolsonaro's 'yes-men' has certainly emboldened his authoritarian attitude.

#### 4.2.2 *The Growing Militarization of El Salvador's Public Security*

Contrary to Bolsonaro's downplaying of the pandemic, Salvadorian President Nayib Bukele took the threat earnestly and promptly imposed strict containment measures. Notably however, the Salvadorian military derived the regional low of COVID-19 related roles, six. Despite the limited number of military coronavirus roles, Bukele heavily deployed troops in the realm of public security. Thereby, the President leaned into his autocratic tendencies and not only intensified the militarization of public security, a tactic that antecedes the crisis, but encouraged the use of force. Subsequently, the security forces conducted arbitrary detentions and inflicted significant human rights violations, which partially attributed to the stark democratic backsliding experienced during the pandemic.

On March 11, 2020, a week before the first coronavirus case was recorded in El Salvador, Bukele closed all international borders and decreed an obligatory nationwide quarantine (Decree No. 12, art. 1 2020). The decree further commissioned the police and the Armed Forces of El Salvador (FAES) to enforce COVID-19 measures and to hold transgressors in so-called "containment centers" (Decree No. 12, art. 5-6 2020). In addition, security forces were "to provide all the necessary collaboration" to the Commission of National Civil Protection, Prevention and Mitigation of Disasters, commonly known as *Protección Civil* (Decree No. 12, art.7 2020, own translation). *Protección Civil* is de jure in charge of developing and coordinating civil operational plans in disaster events of "any nature" and is to be presided by the Minister of Interior, as of writing a civilian, as well as staffed by representatives from multiple go-

vernment agencies, including the Ministry of Defense (Decree No. 777, art. 8 2005). As of writing, the Minister of Defense is active-duty René Merino Monroy, who holds a naval rank equivalent to Colonel. In early April 2020, Bukele announced via Twitter the creation of the Interdisciplinary Epidemiological Containment Team (EICE) to complement *Protección Civil's* efforts. The EICE's main activities include: profiling individuals with the coronavirus; locating and geographically surveying the residence of those infected; contact tracing; and transferring individuals to quarantine and monitoring centers. The Committee is headed by the President and is staffed by various government agencies and ministries, including the armed forces and the Ministry of Health (Cuéllar-Marchelli et al. 2020, 10-11).

In mid-March 2020, the legislature also declared a national state of emergency, which reiterated that security forces render their capacities to coronavirus actions (Legislative Decree No. 593 2020). A week later, Bukele declared a national curfew and ordered a total domicile quarantine, with an exception of application for one household member, who was entitled to leave their home to buy food or medicine (Executive Decree No. 12, art. 1-2 2020). Public officials, security forces, doctors, journalists, food distributors as well as bank, energy, highway and restaurant workers were exempted from quarantining (Executive Decree No. 12, art. 1 2020).

The Salvadorian government did depend on the Minister of Defense to implement emergency measures. Nevertheless, the FAES played a minimal role in shaping the government's coronavirus response, unlike in Brazil where the military dominated. In the area of decision-making, the Ministry of Health was directed by a medical doctor who was not part of the military establishment. Besides, as highlighted above, the military and the Ministry of Defense took a back seat in forming the governments' response as they only staffed the national emergency response unit. Still, the Minister of Defense remained a key actor within Bukele's administration. The Minister is a strong proponent of Bukele's tough stance on crime, which he shielded when he gave into the President's political ambition and had soldiers occupy the Legislative Assembly in early February 2020 in an attempt to pressure legislators into adopting a loan plan for security forces to combat gang violence. While the maneuver proved unsuccessful and the Minister of Defense received major international backlash, he remains highly respected within the administration.

Outside of decision-making, soldiers executed the most roles in public security and the healthcare sector, two out of four and two out of six respectively, and the least roles in logistics, only one. In the area of public security, troops engaged border controls and street patrols. Within the first few months of the pandemic, soldiers secured 187 border-crossings (MDN El Salvador 2020, 25-27). The most controversial set of military missions however, were in the conduction of street pa-

trols that were carried out by about 23,000 FAES and police agents. On March 22, the first day that hardening quarantine measures were implemented, 269 people were arrested and detained in containment centers by the FAES and the police for supposedly breaking these measures. The detentions were condemned by human rights organizations that claimed quarantine exceptions were not being adhered to, and that detainees were denied their right to legal counsel. President Bukele quickly took to Twitter to defend the detentions arguing that it was for their own good and to safeguard the public's health (Deutsche Welle 2020c). With the confirmation of the President, the security forces continued to fulfill their patrolling duties. On April 6, Bukele even ordered the military and police "to be tougher with people violating the quarantine," which led to hundreds of detentions that night (HRW 2020a). Detainees were reportedly held in overcrowded and unhygienic conditions, which contradicted the purpose of stopping the spread of disease. Besides, there were reports of security forces unjustifiably destroying journalistic material and hundreds of complaints were filed to the Ombudsperson's Office documenting arbitrary detentions and excessive use of force (Ibid.; PDDH 2020). Coronavirus measures provoked conflict between the President and the Supreme Court of Justice, which on 8 April annulled stay-at-home orders and containment center holdings. The Supreme Court contended that forced confinement deprived citizens of their liberties and was unconstitutional (Deutsche Welle 2020a). Bukele refused to draw back troops and refuted the resolution asserting that, "No resolution is above the constitutional right to life and health of the Salvadoran people" (Deutsche Welle 2020b, own translation).

Bukele's punitive approach to addressing the coronavirus mirrors and is a continuance of his tough-on-crime populism, which brought him to power in the first place. Before the pandemic, the FAES was already heavily involved in public security matters fighting organized crime, especially gang violence, alongside civilian law enforcement. Shortly after coming to power in early 2019, Bukele launched the Territorial Control Plan (TCP) that aims to guarantee public order and broadly mandates that the FEAS support the National Civil Police in internal security matters (Decree No. 36 2020). Hence, the military was already engaging in street patrols before the crisis and securing blind spots on country borders. While the military's deployment in COVID-19 public security roles is controversial, it is merely a continuance of the on-going militarizing of public security.

In the area of healthcare, the FAES established quarantine centers and military medical workers directly tended to coronavirus patients. Within the first three months of taking on these duties, soldiers created eighty-five containment centers and assisted in their management in coordination with the Ministry of Health and the Monitoring Center to the Presidency (MDN El Salvador 2020, 27). Moreover, the Central Military Hospital, in San Salvador, accepted coronavirus patients who were active-duty and retired military person-

nel as well as family members who required intensive care for other conditions (Periódico 102nueve 2020). These medical maneuvers were coordinated by the Ministry of Health and the Ministry of Defense.

In the logistics category, the military was not involved in decontamination nor repatriation initiatives, as these were carried out by civilian entities. Instead, the FAES were involved in the distribution of essential goods. As part of the Logistics Sector Technical Commission (CTSL), troops received and stored humanitarian aid and worked beside the National Civil Police to prepare over one and half million packages of basic food staples for families inflicted by COVID-19, and then dispersed these to municipal and central government authorities (MDN El Salvador 2020, 27-28; Diario el Mundo 2020a). The CTSL was established in 2016 to manage supplies in emergency situations upon the request of Protección Civil. Within this constellation, the FAES was commissioned to coordinate the exchange of emergency supplies in collaboration with Protección Civil (Ministry of Interior of El Salvador 2016, 1-9). Hence, the FAES did not itself impulse the assumption of logistical duties, but rather accepted these tasks from civilian government authorities in accordance to legal statutes that predate the pandemic.

In sum, the Salvadorian government relied to a lesser extent on the military in its coronavirus response when compared to Brazil and Uruguay. Nevertheless, the FAES still participated in all categories of COVID-19 roles. The military is required to inform the Legislative Assembly about their COVID-19 related activities "in detail" (Legislative Decree No. 593, art. 10 2020), yet it remains unclear whether and to what extent their missions are de facto articulated to the legislature and effectively overseen. Overall, the FAES involvement became most prominent in the sector of public security. Contrary to the case of Brazil, where the military was only tasked with securing borders, the FAES were in close daily proximity to civilians through their street patrolling operations. Through the direct enforcement of quarantine measures coupled with the President's punitive orders of engagement, human rights abuses were inevitable. Salvadorians appear to embrace Bukele's militarization of the COVID-19 response. Still, according to a CID-Gallup poll of 1,200 citizens from the end of June 2020, 95 percent of respondents rated Bukele's management of the pandemic good to very good (Diario el Mundo 2020b).

#### 4.2.3 *The Tamed Uruguayan Armed Forces*

Similar to Brazil, the Uruguayan Armed Forces (FF.AA) performed twelve COVID-19 roles. Uruguayan troops supported civilian authorities in public security functions, however unlike El Salvador, there were no reports of military abuse of power nor infringements on civil liberties, and Uruguay experienced a relatively low level of democratic backsliding throughout the pandemic. This was in part due to the government's non-oppressive COVID-19 policy approach and the

FF.AA's consequent nonviolent enforcement.

In contrast to the Bolsonaro, Uruguay's President, Lacalle Pou, took the emerging pandemic seriously and relied on scientific evidence to guide his response. A national health emergency was decreed on March 13, 2020, as the Ministry of Public Health (MSP) confirmed Uruguay's first coronavirus cases (Decree No. 93 2020). Further decrees followed shortly after that closed the nation's borders and halted international and domestic touristic travel (Decree No. 94 2020; Decree No. 102 2020; Decree No. 104 2020). The FF.AA is not explicitly mentioned in any of these legal actions, yet according to military defense policy documents from the mid-2010's, the FF.AA may develop actions in order to support state agencies and secure national borders in the face of exceptional threats, and with prior authorization from the Executive Office (Rodríguez 2020).

The FF.AA were widely deployed in the overall COVID-19 government response, like in the case of Brazil. Nevertheless, in the area of decision-making the military played a subordinate role to civilians, as in El Salvador. The national emergency response unit, National Emergency Response System (SINAE), was composed of various entities that all ultimately respond to the President (Law No. 18621, art. 1, 5-6 2009). Created in 2009, its highest body for coordination and decision-making lies is the National Emergency and Risk Reduction Board (JNERR), which formulates policies, strategies, regulations, and national plans for emergency management. The JNERR also monitors recovery plans and establishes advisory committees for decision-making (Law No. 18621, art. 9 2009). The JNERR is presided by the Deputy Secretariat of the Presidency, as of writing a lawyer, and is staffed by representatives from the Ministry of Defense, among other ministries. The Minister of Defense, a certified physician and politician with no military background, did not have the last say in decisions regarding the government's COVID-19 response.

Despite the military's limited influence in decision-making, the military adopted a myriad of activities in public security, healthcare, and logistics. In accordance with the government's strategy plan, the military boosted its presence in border regions where they conducted surveillance tasks and border patrols (Rodríguez 2020). The Navy also controlled sea and terrestrial transit of foreigners leaving the country and Uruguayans returning home in collaboration with the MSP (Delgado 2020). In 2019, the military was entrusted with border surveillance and support functions to civilian agencies. Hence, the pandemic presented a model of continuance for the military and was an opportunity for the FF.AA's to intensify their border presence and operations.

Similar to border control, soldiers joined civilian law enforcement in street patrol and crowd control operations. These efforts were organized between the Ministry of Defense and the Ministry of Interior (Rodríguez 2020).

Within the first fifteen days of engagement, troops conducted over 600 street patrols alongside police. In addition, soldiers dispersed crowds and urged people to stay home. In contrast to El Salvador, military actions did not go beyond deterrence and generating awareness about the dangers posed by COVID-19 (Uruguay Presidencia 2020). The Uruguayan military circumvented employing excessive force to enforce coronavirus measures, in particular because the government avoided implementing a lockdown. The only individuals that were required to self-isolate were those above the age of sixty-five. Due to the non-intrusive nature of the military's public security mission, soldiers were spared confrontation with civilians.

In the category of healthcare, the FF.AA were involved in almost all related roles, apart from the systematic dissemination of coronavirus information. While the military did warn bystanders of the disease, they did not create an awareness campaign. The military's accessibility to a broad collection of motorized vehicles and facilities was crucial in mitigating the side-effects of the crisis. SINAЕ took advantage of this and located its' distribution and logistics center on an army site, where medical products were received (Rodríguez 2020). Army facilities and other military departments also adopted their facilities to develop respirators and manufacture chinstraps, hand sanitizer, and masks (Bonilla 2020; El País Uruguay 2020). The Uruguayan Air Force also provided planes and helicopters to transport coronavirus patients and COVID-19 related laboratory material. Furthermore, the Uruguayan Army worked closely with the MPS and the SINAЕ to coordinate assistance in the establishment of temporary coronavirus installations. Troops installed health care centers and built temporary tents at the entrance of hospitals to be used as waiting rooms for potentially infected coronavirus patients (Delgado 2020). Moreover, military medical workers cared for coronavirus patients, with military and non-military background, at the Central Hospital of the Armed Forces, in Montevideo, and soldiers assisted civilian authorities in conducting hundreds of COVID-19 tests (Subrayado 2020).

In the dominion of logistics, the FF.AA was occupied in all roles, like the Brazilian Armed Forces. Less than a month into the national health emergency, the air force repatriated nationals stranded abroad in Argentina, Bolivia, Ecuador, and Peru (Delgado 2020). Furthermore, battalions decontaminated public streets and soldiers distributed essential goods to vulnerable communities, including thousands of warm meals (Bonilla 2020). These activities followed SINEA's plan, which poses that in disaster circumstances the armed forces are to provide logistical and personnel support (Rodríguez 2020). Hence, the military acted in accordance to civilian initiatives.

Furthermore, legal mechanisms were in place to ensure civilian oversight and military COVID-19 related roles originated from civilian authorities. To ensure civilian oversight, the armed forces are obligated by

law to submit a report detailing their missions, within thirty days of their completion, to the Ministry of Defense as well as the Directorate of International Affairs, Cooperation and International Humanitarian Law (Law No. 19.775 art. 86 §L 2019). Considering that coronavirus missions are still ongoing, we cannot yet determine the degree of adherence to the posed oversight mechanisms. Still, taking the military's recent positive track record, we can assume that oversight was overall effective and that the FF.AA conformed to democratic standards. Civilian authorities also retained the power to mandate COVID-19 related military roles. All military activities were coordinated through the Ministry of Defense, which to re-call was headed by a civilian, and coronavirus roles were initiated upon request from the executive branch, the MPS, or the SINAЕ (Law No. 19.775 art. 22 §M 2019). Besides, in collective COVID-19 operations, such as those in public security, the military ceded the lead role to civilian agencies and took on a 'supporter' function.

In sum, the Uruguayan government relied on the military in a broad range of COVID-19 roles to fortify civilian capacities. While some military roles were new, such as the fabrication of face-masks, they all built upon the already existing capacities of the FF.AA. In areas where the military was already active, the pandemic served to magnify its presence and operations, most notably in the area of public security. Still, soldiers were tame in their implementation of containment measures and were able to avoid hostile encounters with civilians largely due to the President's rejection of punitive measures. The leniency of coronavirus measures not only reflects the trust the Uruguayan government has in its citizens, but also highlights the contrast between opposing governing styles. In Uruguay, the President is committed to democratic principles and rejects polarization, as opposed to the populist leaders in Brazil and El Salvador, who seek to polarize and are in constant feuds with other government branches.

## 5. Causes and Consequences of Militarized COVID-19 Responses

Our analysis finds that all countries in the region have mobilized military troops, but their portfolios of functions are relatively diverse. There are some universal functions which are performed by all militaries in the region, which include: providing border security, establishing and/or guarding isolation, quarantine, and health centers, and providing assistance in health-related matters. Near universal roles include the production of medical equipment (all countries except for El Salvador) and its transport and distribution (apart from Cuba, El Salvador and Paraguay), street patrols (except Brazil and Nicaragua), and the distribution of food and water (all but Cuba and Nicaragua). In contrast, Brazil was the only country in which the military de facto took over both the health ministry and emergency response unit (in another eight cases, military personnel staff civilian-led emergency units). In four countries, the military protected critical infrastructure in connec-

tion to the pandemic.

Unsurprisingly, given the recent trend toward the constabularization of the military and the militarization of law enforcement in Latin America (Flores-Macias and Jessica Zarkin 2019), public security was a particularly common role of the military during the pandemic. This is in particular true for Bolivia, Chile, and Ecuador, where the armed forces fortified their policing activities by engaging in border controls, street patrols, crowd control, and the protection of critical infrastructure. In Cuba, the Dominican Republic, Honduras, Mexico, Paraguay, Peru, Uruguay and Venezuela, the military performed three of these roles. Cuba, Chile, and Uruguay are particularly interesting in this context., because Chile and Uruguay this role has not been part of the military's remit since the countries' military regime, and in Cuba this function traditionally falls under the prerogative of the Ministry of Interior (Minint)<sup>3</sup>.

5.1 Potential Drivers of Military Involvement in COVID-19 Responses

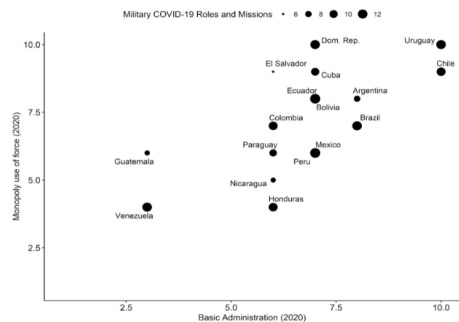
Our findings also provide some hints at possible drivers of militarized COVID-19 government responses in the region. Building on the analysis above, we suggest three factors which potentially affect the extent to which the military is brought in to contribute to the making or implementation of government COVID-19 policies.

Pre-pandemic militarization. The first is the extent of militarization of public policies and governance prior to the pandemic. As discussed in Section 2, militarization sometimes predated the pandemic and it occurred at the urging of civilian governments with broad popular support. In particular, "punitive populists" (Wood 2014) in Latin America responded to rising levels of violent crime and perceived insecurity by appealing to tough-on-crime approaches and increasing the role of the armed forces in public security. In addition, government leaders increasingly rely on soldiers to formulate and implement policies because this allows them to bolster their own legitimacy and, if necessary, bypass democratic institutions (Kurtenbach and Scharpf 2018; Diamint 2018). Moreover, military involvement in episodes of government instability has also increasingly played an important role, with the mass protest against President Evo Morales of Bolivia (2005–2019), his removal from office and the use of lethal force by soldiers against peaceful pro-Morales protests in November 2019 as the most recent example (Lehoucq 2020; Pion-Berlin and Acacio 2021). If the military already plays an important role for example in maintaining public security and in providing government services, there is an incentive for governments to extend this role during the pandemic, and the military is more prepared

and willing to accept these additional responsibilities. Moreover, soldiers are more likely to accept such a role as compatible with its corporate self-conception, institutional tradition, and organizational capabilities.

State capacity. The second factor concerns a state's levels of administrative and coercive capacity. Administrative capacity affects a government's preparedness for and ability to mobilize national resources in response to a public health emergency, whereas coercive capacity refers to the strength of the state's monopoly on the use of force which is relevant for the ability to intervene competently in arenas from public security to quarantine maintenance (cf. Croissant and Hellmann 2018). There are important differences in the strength of state capacities in the region. However, if government capacity is deficient, then this indicates that state institutions are frail, and political leaders are pushed to rely on the military, which might be the only or at least the most efficient and effective state institution. For example, recent research on civil-military cooperation in the early response to the pandemic in Europe suggests that military medical capacities were deployed to prevent a (partial) collapse of the civil healthcare system that was on the verge of being overwhelmed by the pandemic. Where the operational capacity of the national health care system is low, military assistance will be needed to at least provide minimal or basic health services and provisions. However, as Figure 3 shows, there is no linear relationship between state capacities in Latin America –approximated by the indicators for the monopoly on the use of force and basic administration in the Bertelsmann Transformation Index (BTI)– and the number of military roles in the pandemic. In Latin America, where the virus arrived only in late February 2020 and most governments waited another four to six weeks before they began implementing more stringent containment measures (Hale et al. 2020), governments at all levels of state capacity may have decided to deploy military capacities in anticipation of problems to come, despite the actual operational capacity of a national healthcare sector, especially the availability of hospital beds and resources for treating infected patients.

Figure 3. Coercive and Administrative State Capacities and Military COVID-19 Roles and Missions.

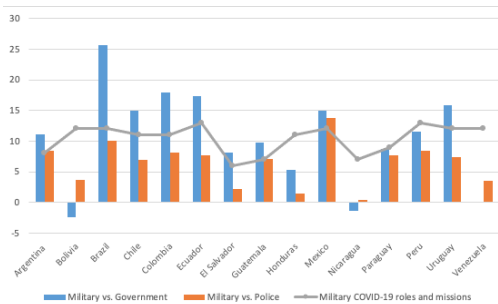


<sup>3</sup> Though, it is important to note that Minint, which maintains operational control over state security, has come under de facto control of the Minister of Defense (Minfar) since 1989 (Mora 2007).

Note: Monopoly on the use of force measures the extent to which the state's monopoly on the use of force covers the entire territory of the country (scale 1-10, higher scores indicate better established monopoly on the use of force). Basic administration measures the extent to which basic administrative structures exist (scale 1-10). Data is from the Bertelsmann Transformation Index (BTI) 2020, which measures both indicators as of 31 January 2019. Source: The authors, based on data from Table 2 and the BTI (2020).

Citizen trust. The third factor concerns the extent of citizen trust in civilian institutions, such as civil service, public administration and police. Where the legitimacy of the government is fragile and citizen trust in political institutions and leaders is low, publics will be reluctant to heed public health directives and measures. For instance, mask mandates or social distancing rules will be difficult to enforce. Moreover, as highlighted by Mares (2014, 93), in periods of crisis citizens in countries with greater trust in the military as opposed to the civilian institutions may even demand greater military engagement in politics. In most Latin American countries, there is a persistent trust gap between government and police on the one hand and the military institution on the other hand (see Figure 4). Such a trust gap incentivizes politicians to securitize the pandemic and bring the military out of the barracks.<sup>4</sup>

Figure 4. Trust Gap between National Institutions and Military COVID-19 Roles and Missions



Note: Trust gap is the difference between the percentage of respondents that have 'a lot of confidence' in the military and in the government or police.

Source: The authors based on Table 2 and Latinobarómetro (2018).

In sum, the overview suggests that there are groups of countries in Latin America that are quite similar in terms of their contexts and background conditions for the development of civil-military relations during and after the COVID-19 pandemic. The first group consists of El Salvador, Guatemala, Honduras, and Mexico. All four

<sup>4</sup> Bolivia and Venezuela do not fit the pattern shown in Figure 4. However, the trust data on Bolivia refer to the Morales administration, which in November 2019 was replaced by the caretaker government of Jeanine Áñez, until November 2020. In Venezuela, the prominent role of the Fuerza Armada Nacional Bolivariana may simply reflect the scale of the institutional decline and collapse under President Maduro.

countries are characterized by a weak and rapidly backsliding democracy; a large trust gap with a comparatively high level of trust among the population in the military's ability to act and integrity (also in comparison to congress and the police); and an assumption of roles by the military before the pandemic. The research literature considers the latter to be potentially problematic for democracy, the rule of law, and civilian control over the armed forces. These states are particularly vulnerable to lasting changes in civil-military relations as a result of the pandemic.

The second group of countries includes Argentina, Chile, Peru, and Uruguay. They are almost mirror images of the countries in the first group. They are robust and, by regional comparison, have a good to very good quality of democracy, low values in the PanDem Index, and until the beginning of 2020, the military had no or hardly any politically sensitive functions. Although a large trust gap exists in the four countries, as in most of the region, it seems rather unlikely that the pandemic would serve as a window of opportunity for the political resurgence of the military, especially since the legacy of brutal and repressive military dictatorships is still very present in three of the four countries (Argentina, Chile, and Uruguay). In the Dominican Republic and Paraguay, the framework and initial conditions tend to indicate fairly favorable conditions for stable civil-military relations as well.

The situation in the other countries in the region is less clear. In Brazil, the military plays a prominent role under Bolsonaro's administration and the President is obviously courting the military. Citizens' confidence in the armed forces is also much stronger than in civilian institutions. Since the end of the military dictatorship, however, the military has increasingly focused on its own professional roles and missions, and Brazilian democracy seems quite robust. While the military might seek to retain some of the roles gained throughout the pandemic, and/or President Bolsonaro might continue to reactivate these roles to face new challenges and to replace civilian authorities with military personnel, our assumption is that the expansion of military roles will rescind as the pandemic is contained.

Turning to Nicaragua, Cuba, and Venezuela, at a first glance these countries seem to fulfill most of the critical conditions for unstable civil-military relations. However, data from the Latinobarómetro (2018) survey indicates that the military is not particularly popular in two of the three countries. Moreover, the armed forces in all three countries are institutionally and informally integrated into ruling coalitions of autocratic regimes, which speaks for the stability of political-military relations.

### 5.2 Potential Consequences of Military Participation in Pandemic Mitigation Measures

It is hard to deny that the pandemic is fostering democratic regression across Latin America. In some cases, this includes military abuses against civil liberties or



presidents resorting to the armed force to intimidate political rivals and civil society. In El Salvador, Bukele has been capitalizing on emergency conditions created by the pandemic to tighten his grip on power. The military's infringement on civil liberties, approved by Bukele's administration in the name of preventing the spread of the disease, partly explains the stark democratic backsliding in El Salvador during the pandemic. Regarding Colombia, in May 2021, U.N. High Commissioner for Human Rights Michelle Bachelet called for investigations into anti-government protests in Cali, following violent clashes between protesters and the military (UN Human Rights Office of the High Commissioner 2021). In Venezuela, President Maduro used the crisis as an opportunity to consolidate his power. In Bolivia, the former caretaker government, led by Jeanine Áñez, used the pandemic as an excuse to postpone the presidential election twice. The interim president imposed a number of decrees that criminalized dissident, repressed political opponents, and restricted freedom of expression. The Bolsonaro administration in Brazil, also stepped up assaults on democracy during the health crisis. However, the nation's democratic institutions have proved harder to undermine. The judiciary and legislature have held the executive branch in check, showing that democracy is resilient despite the President's illiberal populist attacks and his attempt to bring the military into the machinery of the executive government (IDEA 2020). To date, however, there has been no instance in which the military has attempted to supplant the elected government. Even in the examples for democratic backsliding mentioned above, the military's role is that of a 'supporter' of the civilian government; in some cases, soldiers are simply bystanders. Nowhere, is the military the driving force of autocratization. Meanwhile, there is little indication for COVID-19 related negative impact on democratic institutions in Argentina, Chile, and Uruguay. Despite military participation in a plethora of COVID-19 related roles, democracy remains intact in these countries.

Whilst it is too early to determine the long-term impact that military role expansion in response to COVID-19 has on democratic civil-military relations in the region, some preliminary inferences can be drawn from our observations. First, the consequences of military activities in response to the pandemic for civil-military relations will depend on the relative weight of military participation compared to civilian crisis capacity. The more that states embed pandemic policy response capacities in the military, rather than in civilian institutions and agencies, the more civilians will be dependent on the military's cooperation and capabilities.

Another important aspect concerns the strength of civilian oversight and the ability of civilian agencies and institutions to gather information about how the military executes its missions. In this regard, determining whether military efforts to contain the pandemic is problematic for democratic governance depends on whether they are limited to policy-implementation or if the military is autonomous in deciding which roles it adopts

and how it fulfills these (Passos and Acácio 2020). In almost all cases, military involvement in the pandemic response was warranted and initiated on behalf of civilian political leaders. The only exceptions were Brazil, where the President himself is a retired military officer, and Nicaragua, where the armed forces established a contingency plan and carried out preventative actions, while President Ortega ignored the pandemic. Ortega however did accept military COVID-19 initiatives and went on to publicly praise the security forces for keeping the State together during the health crisis (Álvarez 2020). Moreover, the Nicaraguan armed forces are relatively independent in their pandemic engagement. Senior officials, such as the High Command of the Nicaraguan Army, oversee their respective branch COVID-19 operations and ensure their fulfillment (Ejército de Nicaragua 2020, 3). Thus far, there are no signs of abuse of power by the Nicaraguan military in relation to their pandemic missions. This may however be because the military has averted taking on more law enforcement duties, since there are no confinement measures in place.

In addition, the armed forces throughout the region predominantly serve a 'supporter' rather than a 'replacement' function in containment operations. In other words, soldiers carry out most pandemic missions in cooperation and coordination with other civilian emergency services, law enforcement agencies, and the ministry of health, instead of serving in lieu of these. Furthermore, civilians generally act as an intermediary that coordinates military capacities with other civilian entities. Only in few countries do soldiers assume significant decision-making authority in managing the response and leading roles in planning and directing government policies—for example, in Brazil, where soldiers (active-duty and retired) head key government ministries and civilian agencies.

Finally, not all coronavirus operations are the same. When military personnel are asked to work jointly with healthcare professionals to assist in the distribution of food and other basic goods, or to support the repatriation of nationals from abroad, this might have little substantial impact on civilian control, human rights, or the robustness of democratic norms and institutions. In contrast, if the military plays a crucial role in enforcing government authority and providing internal security, this may shift the balance of power between the armed forces and civilian authorities, and open the door to increased military involvement in public life and non-military sectors of governance. In countries where military actors have a history of human rights abuses, ceding more policing functions to the military may have problematic implications. We assume that military COVID-19 activities are less likely to cause lasting damage to democracy and civil-military relations once the pandemic is over, if they are limited to providing medical capacity and transport, and exclude the provision of internal security.

## 6. Conclusion

The aim of this study was to map military roles in COVID-19 government responses in Latin America. The region has long enjoyed a dubious reputation of praetorian politics and fragile civil-military relations. Most Latin American countries have democratic governments nowadays, yet many suffer chronic deficiencies. Few countries in the region can be considered consolidated democracies based on the rule of law, and some have regressed into autocracy in recent years.

The coronavirus is playing into Latin America's pre-existing conditions, and portrayal of the region as experiencing democratic decline and a political resurgence of the military. As discussed above, the pandemic has essentially acted as an accelerator and facilitator for militaries to expand their scope of influence, both politically and socially. The bargaining power that the military gains throughout this time could become decisive and potentially problematic in future clashes between government branches, particularly amidst the projected regional economic decline, which is likely re-ignite and inflame social unrest as economic opportunity descends and unemployment increases. Especially susceptible are countries with a history of military intervention and those that experienced democratic backsliding prior to the pandemic (Graham 2020; Sambhi 2021).

At the same time, it is important to emphasize that civil-military relations is not a zero sum game and there are legitimate ways in which governments can draw on the capacities and capabilities of militaries to the benefit of state and society as a whole, especially in the scope of an emergency like the novel coronavirus. The delegation of missions, such as logistics support to hospitals, mobilization of medical personnel and affected citizens, distribution of humanitarian aid, and border protection, to the military is neither per se an indication of a "militarization" of public policies and services, nor is it necessarily a menace for democracy and civilian supremacy. Moreover, many military roles connected to COVID-19 are unlikely to contribute to a decline of democracy, human rights, civilian supremacy, and oversight as long as democracy and the rule of law are robust.

To deter democratic backsliding and retain civilian control over the armed forces, it is vital that civilians retain decision-making authority and maintain effective oversight of COVID-19 related military missions and their execution. In other words, civilian authorities should be the entities to proscribe military roles and should be able to access information on how the coercive force executes these to deter misconduct. The looming question however remains of whether emboldened armed forces will be willing to roll back their pronounced roles, and whether the balance of democratic civil-military relations will turn to favor the men in arms.

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**Appendix 1. Military Roles and Missions in Government Responses to Covid-19 in Latin America (January 1-September 30, 2020)**

This Militarized Coronavirus Responses in Latin America (MCRLATAM) dataset captures the roles and missions that militaries ascertained to respond to the COVID-19 pandemic in seventeen countries: Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, Uruguay, and Venezuela. The data reflects developments regarding the COVID-19 pandemic between January 1, 2020 and September 30, 2020.

**Sources**

The information in the dataset relies on the coding of various sources, including scholarly articles, NGO reports, news articles, legislation, constitutions, official decrees, and government websites, including that of

ministries of health, ministries of defense, and diverse military branches.

**Variables in Dataset**

**Decision-making and Planning**

The first thematic area that we collected data on regards the role of the armed forces in shaping and directly influencing COVID-19 government responses at the national level. We thereby assessed 1) if military personnel (active, reserve, or retired) occupy the seat of minister of health, and 2) if military personnel (active, reserve and retired) and representatives from the ministry of defense, lead and/or staff a national emergency response. We identify a national emergency response unit to be an organization, or alternative entity, that formulates, organizes, and executes a COVID-19 response plan and protocol at the national level on behalf of the federal government.

Variable	Type	Description
mil_moh	Binary	Military personnel that is either active, reserve, or retired heads the ministry of health.
mil_eru	Binary	Military personnel, including individual(s) from the ministry of defense as well as active, reserve, and retired soldiers, lead or staff a COVID-19 emergency response unit at the national level. 1= Military personnel lead or staff a COVID-19 national emergency response unit. 0= No military personnel lead nor staff a COVID-19 emergency response unit.

**Public Security**

In the second thematic area on the conservation of public security, we collected data on the employment of the armed forces in: 1) enforcing border controls to prevent individuals from entering the country due to COVID-19; 2) executing street patrols to ensure that individuals are following COVID-19 government measures; 3) administering crowd and riot control to disperse large groups of people as well as violent demonstrations; and 4) protecting critical infrastructure related to COVID-19 efforts.



Variable	Type	Description
border_control	Binary	<p>Soldiers enforce border controls –aerial, maritime, and/or terrestrial– to restrict mobility and thereby prevent the spread of COVID-19. COVID-19 border controls include soldiers monitoring and restricting the mobility of motorized vehicles and individuals across international borders.</p> <p>1= Soldiers enforce COVID-19 international border controls.</p> <p>0= Soldiers do not enforce COVID-19 international border controls.</p>
street_patrol	Binary	<p>Military personnel patrol streets to ensure compliance with government COVID-19 measures, such as stay-at-home orders and mask wearing.</p> <p>1= Soldiers conduct street patrols to ensure compliance with COVID-19 measures.</p> <p>0= Soldiers do not execute street patrols to ensure compliance with COVID-19 measures.</p>
c/r_control	Binary	<p>Military personnel disperse the agglomeration of groups of people by controlling social gatherings that are prohibited by COVID-19 regulation and/or violent public disorder, in other words rioting.</p> <p>1= Soldiers execute crowds and/or riot controls due to COVID-19.</p> <p>0= Soldiers do not execute crowds and/or riot controls due to COVID-19.</p>

protect_crit_infr	Binary	<p>The military is entrusted by the federal government with protecting and securing the continuance of operations of infrastructure, deemed critical to COVID-19 efforts and whose disruption could have potentially detrimental effects on security and the public's health. This includes, health-care sites, government facilities, manufacturing entities, and storage warehouses.</p> <p>1= Soldiers protect COVID-19 related critical infrastructure.</p> <p>0= Soldiers do not protect COVID-19 related critical infrastructure.</p>
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Healthcare Sector

In the third thematic area, we collected data on the armed forces' involvement in supporting the healthcare sector in six areas: 1) the manufacture of medical products, 2) the distribution of medical products, 3) the transportation of medical personnel and/or COVID-19 patients, 4) the establishment of COVID-19 isolation, quarantine, and/or health centers, 5) the assistance in healthcare-related functions, and 6) the dissemination of COVID-19 information. Medical products include medical equipment that is designed for long-term use (e.g., ventilators, COVID-19 test kits, and medication) and non-reusable medical supplies (e.g., masks and medical gowns).

Variable	Type	Description
manufacture_mp	Binary	<p>The military manufactures medical products to hinder and protect against the spread of the coronavirus.</p> <p>1= The military manufactures COVID-19 medical products.</p> <p>0= The military does not manufacture COVID-19 medical products.</p>

distribute_ mp	Binary	<p>The armed forces distribute medical products, whether self-produced or not, to communities in need and frontline workers executing COVID-19 related duties (e.g., medical workers, government agencies, and security forces).</p> <p>1= Soldiers distribute medical products to communities in need or frontline workers. 0= Soldiers do not distribute medical products to communities in need nor frontline workers.</p>
transport_ patients/ mw	Binary	<p>Military personnel transport confirmed or suspected coronavirus patients to medical facilities as well as take medical personnel to coronavirus patients.</p> <p>1= Soldiers transport suspected or confirmed coronavirus cases to medical facilities and/or medical workers to coronavirus patients. 0= Soldiers do not transport suspected nor confirmed coronavirus cases to medical facilities nor medical workers to coronavirus patients.</p>
covid_ facilities	Binary	<p>Soldiers establish or assist civilians in establishing COVID-19 isolation, quarantine, and/or health centers. This may include the transformation of non-medical facilities or military hospitals into such centers.</p> <p>1= Soldiers establish COVID-19 isolation, quarantine, or health centers. 0= Soldiers do not establish COVID-19 isolation, quarantine, nor health centers.</p>

healthcare	Binary	<p>Military agents directly assist civilians in healthcare-related functions, whether that be by testing or screening individuals for COVID-19, directly caring for coronavirus patients, or taking in non-COVID-19 emergency cases to relieve civilian healthcare facilities.</p> <p>1= Military personnel assist in COVID-19 healthcare related functions. 0= Military personnel do not assist in COVID-19 healthcare related functions.</p>
disseminate_ co-vidinfo	Binary	<p>The military disseminates coronavirus information either by having a formal COVID-19 awareness or prevention campaign or by verbally spreading COVID-19 information in a systematic manner.</p> <p>1= Soldiers disseminate COVID-19 information. 0= Soldiers do not disseminate COVID-19 information.</p>

Logistics

The final thematic area that we collected data on included the military's participation in: 1) the decontamination of public areas and facilities to subside the spread of COVID-19; 2) the delivery of food and water to vulnerable communities; and 3) the repatriation of individuals to their respective country of citizenship who were stranded in other countries due to the coronavirus.

Variable	Type	Description
decontaminaton	Binary	<p>The military decontaminates frequented public areas or facilities, such as hospitals and public transportation, to contain the coronavirus.</p> <p>1= Soldiers decontaminate public areas or facilities. 0= Soldiers do not decontaminate public areas nor facilities.</p>
deliver_ food / water	Binary	<p>The armed forces deliver food or potable water to vulnerable communities due to COVID-19.</p> <p>1= Soldiers deliver food or water to vulnerable communities due to COVID-19. 0= Soldiers do not deliver food nor water to vulnerable communities due to COVID-19.</p>
repatriation	Binary	<p>Military personnel repatriate either nationals or foreigners to their respective country of citizenship stranded abroad due to COVID-19.</p> <p>1= Soldiers repatriate nationals or foreigners. 0= Soldiers do not repatriate nationals nor foreigners.</p>

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