



Security Nexus Perspectives

PLANNING FOR MILITARY INVOLVEMENT IN AN INDO-PACIFIC PANDEMIC VACCINATION PROGRAM

By Sebastian Kevany,¹ Deon Canyon,² Robert Ostergard,³ Michael Baker,⁴ Sheena Eagan,⁵ Jacob Baker⁶

Summary

The Indo-Pacific contains most of the world's population and many frail health systems that may falter when it comes to implementing a vast global vaccination campaign against COVID-19. For decades, military medicine has pioneered vaccination programs and is aware of the complex ethical considerations involved. Military involvement in vaccination programs could do immeasurable harm to soft power efforts and international relations if mishandled. It is likely that the Oslo humanitarian doctrine, stipulating that foreign military assistance should only be used as a last resort, will characterize the way forward. The best option is for joint or combined missions, based on shared responsibility between all stakeholders, to conduct the preponderance of hands-on medical work, when and where most needed. Above all, militaries must ensure that they commit to [upholding the ideals of a rules-based domestic and international order](#) that ensures peace and prosperity for all.

Preparing for the Pandemic End-Game

The United States has over two hundred years of experience engaging in the Indo-Pacific. Throughout this period, [the U.S. has actively promoted regional peace and stability via diplomacy, fair and reciprocal trade, climate justice, open commerce, and freedom of navigation that have frequently resulted in significant improvements in distributed prosperity](#). Historically, actions by the U.S. to improve threat preparedness also have involved a forward-leaning posture, developing partnerships, and promoting networks. These activities have been essential in preserving a free and open Indo-Pacific where sovereignty, independence, and territorial integrity are safeguarded.

As the region becomes ever more geopolitically complex in the context of a global pandemic, preserving these free and open principles demands an increased focus of resources on diplomacy, capacity building, economic development, commercial partnerships, and security preparedness. In a region that contains a

¹ University of California, San Francisco

² Daniel K. Inouye Asia-Pacific Center for Security Studies, Hawaii

³ University of Nevada, Reno

⁴ U.S. Navy (Retired)

⁵ East Carolina University

⁶ Georgetown University

majority of the human population and many frail health systems, the biggest immediate challenge may be determining how best to play the COVID-19 end-game.

At the time of press, there is still no viable and clearly effective SARS-CoV-2 (COVID-19) vaccine, and yet there are grounds for optimism: in the context of numerous vaccine trials, preparations are underway for a [vast global vaccination campaign in late 2020 or early 2021](#). Global supply chains and logistics are planning for a saturation of availability around the globe, while concerns surrounding intellectual property rights are being resolved in advance of associated potential legal issues.

Teams of scientists are competing and collaborating to ensure that the most effective vaccine is mass-produced in the shortest possible time. [In some cases, decades of work are being compressed into the space of a year](#). Meanwhile, investors are advancing capital in support of promising vaccine candidates, while ethical approvals and processes that typically slow production are accelerating without compromising human safety.

Detailed planning for vaccine dissemination has already begun and should, ideally, [involve a diverse range of stakeholders](#). In this regard, questions over whether militaries should take a lead in these efforts will inevitably arise. [Some sources have suggested that the U.S. military could reduce delays in the deployment of millions of doses to the public](#); thus, political, strategic, diplomatic, hegemonical, and sphere-of-influence considerations emerge. For the Indo-Pacific region, while the prestige and importance of such a mission in the international relations and public health contexts cannot be underestimated, this paper sheds light on a range of issues that policy-makers must carefully consider.

A Noble History

The U.S. military has had a long-standing interest in vaccine development, not least as part of maximizing force readiness and conserving fighting strength. Historically, infectious diseases have not only been significant problems for troop deployment preparedness, but also significant contributors to personnel mortality and illness (both in and out of combat situations). In point of fact, [infectious diseases have had well-established outcome consequences in the military, taking more lives than battle throughout the history of military medicine](#). In recognition of this fact, military medicine has pioneered and promoted many forms of public health, including vaccination.

The military's interest in vaccine development can be traced back to George Washington and his use of "[inoculation](#)" against smallpox during the Revolutionary War. Later, in 1897, President William McKinley appointed Major Walter Reed to lead The Yellow Fever Commission to seek out the origins of the disease. Working from a hypothesis developed by Carlos Findlay, a Cuban physician, Reed's work demonstrated that mosquitos were a primary vector for the illness. As a result, vector-control programs [brought yellow fever under control](#) in Cuba and in the Panama Canal Zone, allowing work on the canal to be finished.

While these are prominent examples of the US military's involvement in disease vaccination and control, the [military's history is rich with other examples](#) that have made significant contributions to both infectious disease research and vaccination development. Just some of these programs include pneumococcal disease (1880; 1945); typhoid fever (1909); tetanus (1942); influenza A and B (1940s); typhus (1940s); Japanese encephalitis (1940s-1950s, 1980s); hepatitis B (1944-1950); hepatitis A (1945); measles (1945); mumps (1945); diphtheria (1950s); anthrax (1950s; 1990s-present); adenovirus (1950s-1970s); HIV/AIDS (1980s-present); tick-borne encephalitis (1980s-1990s); plague (1990); and cholera (1990s).

Naval Focus

The U.S. Navy, specifically, has a distinguished history in vaccine programs as part of their broader work within global health engagements. Beginning in World War II in the South Pacific, U.S. naval ships first took on the roles of hospital providers to local populations in the soft power context. This evolved over the years in to [efforts that used health programs as part of hearts and minds programs](#); more recently, hospital ship efforts as part of earthquake, hurricane, and tsunami relief have become common features of naval engagement in the region. Combined, these represent important contributions to public health as well as security and stability -- particularly given the prevalence of disease in post-natural-disaster contexts.

Such efforts are thus not only altruistic; important dividends in the soft power and entente contexts rapidly emerge, as reflected by the [recent increased use of hospital ships by other regional powers](#). Fortunately, ongoing efforts in global health engagement and diplomacy have prepared the U.S. military, and the Navy in particular, for current and prospective events, leaving these institutions well-positioned to facilitate global public health initiatives.

As an example, key loyalties have been established throughout the region via the Navy, through the provision of healthcare, training, and crisis management and disaster relief programs -- often in states that [might previously have been ambivalent](#) about aligning themselves with Western [interests and policies](#). In the context of the current global pandemic, as has been the case historically, as the logistical considerations multiply exponentially, so too do the opportunities and dividends for smart power approaches to the region -- not to mention the vital health and security needs of the United States and its allies.

There is, thus, a wide spectrum of potential roles for naval medical forces in vaccination programs, dependent on political will, affordability, and the nature and urgency of the response. These range from large-scale mobilization of troops to build temporary medical centers ([as was the case in the West African Ebola outbreak](#)) to secondary advisory roles in which U.S. missions are dispatched to train and skill-up local actors. In between, there are options related to more specific emergency-type responses to particular vaccination needs in highly affected resource-poor zones. In all of these situations, both the opportunities for strategic gain, altruism, prestige -- as well as opposition, complaints, and criticism -- are almost endless.

Complex Considerations

Military involvement in vaccine dissemination and roll-out would involve many of the [same complex ethical considerations as other forms of global health engagement by armed forces](#). Following its ethos to protect national interests, the military can, theoretically, logically and justifiably play a part in vaccine dissemination and roll-out, but the reality of this is not so simple. Questions to consider include the following:

- Can the military operate at a high level in this regard without depleting its essential defensive and peace-keeping capacity; if so, which countries should be targeted?
- Do opportunities for collaboration with the Australian military and other fleets exist; what are the sovereignty implications of such partnerships?
- Should international security training begin, in advance, to explore opportunities for collaboration?
- Should the U.S. military only provide technical public health-related assistance and resources?

More broadly, since the military is an arm of national politics, the distribution of any vaccine will be complicated by the potential reemergence of [vaccine nationalism](#). For example, during the 2009 H1N1 pandemic, pre-production vaccine contracts had been signed by developed countries that allocated all possible doses to their domestic markets. Yet, by the time developed countries donated vaccine doses to developing countries, the main wave had passed, and no second wave materialized.

Planning for Military Involvement in an Indo-Pacific Pandemic Vaccination Program

Further, in the context of the current pandemic, some countries [attempted to secure exclusive rights to vaccine candidates from the German biotech firm CureVac](#). Such attempts died quickly, but sowed the seeds of mistrust even among established allies, as the German government decried the potential agreement as an attempt to sell biotechnology through the highest bidders.

Avoiding Negative Effects and Unintended Consequences

In light of this complicated and contentious landscape, military involvement should include careful consideration of all possible negative and unintended consequences. Many countries may see -- as with polio efforts in Nigeria and Pakistan -- vaccine programs to be part of a nefarious international agenda. For instance, birth control and family planning efforts, along with male circumcision for HIV, have frequently been conflated with sterilization or other negative local impacts in Africa: with vaccines, related issues become even more complex. We should, for example, expect international anti-vaccine campaigners and groups to make many people reluctant to be immunized. Other objections on the grounds of culture, society, libertarianism, and fear of side-effects will need to be considered.

Such concerns are not isolated incidents within the international community. [Speculation concerning the role of the U.S. military](#) in the domestic distribution of COVID-19 vaccines has also been in circulation. [While some have promoted the idea that the military would be intricately involved in domestic distribution of the vaccine](#), other officials have denied that any [plan](#) is, to date, in place to distribute the vaccine.

Even if the U.S. government envisions an active domestic role for the military in vaccine distribution, it does so in a climate of mistrust -- particularly amongst minority populations such as the [African American, Native American, and Latino communities that have been disproportionately affected by the pandemic](#). While these may appear to be issues of domestic politics and public health, such challenges may project confusion and distrust globally. In turn, such domestic precedents may contribute to a skeptical view of any vaccine distribution program in which the U.S. military may participate, [despite its long history of vaccine development](#).

Given such suspicions -- engendered both domestically and in many other parts of the world -- toward both the principles of vaccination and international involvement in such programs, perhaps one of the greatest dangers regarding vaccines in the current climate is the potential for vaccine ineffectiveness or harm. Such risks mean that the initial role for military assistance in vaccine distribution will perhaps best be framed as a backup and supplement to domestic and international public health efforts, to be drawn upon when both the *vox populi* and the local health system call for it. Without such caution, there is a chance that the combination of suspicion and local opposition may mean that military involvement in such efforts, if mishandled, does more harm than good on both the international relations and regional soft power levels.

A Humanitarian Assistance and Disaster Response Paradigm

Despite such risks, the U.S. also faces threats via inaction, and the proverbial gazumping of regional vaccine assistance programs by other powers, thus threatening spheres of influence and hegemony. [China and Russia have begun rollout of vaccines, creating an unexpectedly complex ethical and geopolitical challenge for the U.S. and others. China's Sinopharm recently announced that it would provide one of its two trial vaccines to the United Arab Emirates; Meanwhile, Russia's sovereign wealth fund signed a deal this week to supply India with 100 million doses of the Sputnik V vaccine.](#)

However, resistance to Russian and Chinese vaccinations before clinical tests are complete [suggests that the U.S. path may also pay dividends](#) -- although any unnecessary delay would surely be harmful, on both regional stability and public health grounds. In that context, by participating in logistical support, rather than direct vaccine distribution, the U.S. military is acting in line with [international doctrine related to](#)

[humanitarian assistance and disaster response \(HADR\)](#). In this regard, according to the World Health Organization, humanitarian assistance can be divided into three categories. Attention to these distinctions may help to inform this discussion by defining which types of actions are considered appropriate for military actors and resources -- and which are not:

- Direct Assistance: activities involving the face-to-face distribution of goods and services to the affected population, such as direct medical care.
- Indirect Assistance: activities that are at least one step removed from the affected population -- designed to include, for example, the transportation of relief goods or relief personnel.
- Infrastructure Support: activities providing general services such as road repair, airspace management, and power generation that facilitate relief -- but are not necessarily visible to or solely for the benefit of the affected population.

According to the [Oslo Guidelines](#), humanitarian assistance must be provided in accordance with the core principles of humanity, neutrality and impartiality, and with full respect for the sovereignty of states—something that historically may, on occasion and in some countries, be [challenged by military involvement](#). This doctrine insists that the involvement of military assets (especially foreign militaries) should be limited to indirect involvement, and only be used as a last resort and only in cases where there is no available civilian alternative.

Further Protocol Considerations

In the current global situation, the latter contingency is entirely expected. This is especially true in the Indo-Pacific, where the military forces of many nations are commonly the first responders for any crisis. Given the unprecedented nature of the current global situation, it is possible to assume -- as death tolls continue to mount and economies, societies, health systems continue to suffer -- that many countries will gladly accept any form of international assistance when rolling out vaccination efforts.

Further, health security considerations exist. For instance, to what extent can militaries be considered to have a moral and ethical right to infringe sovereignty considerations in the name of international public health -- particularly in instances where oppressive regimes may deny populations access to vaccines? Combined, all the precedents, evidence and arguments suggest that military involvement would be beneficial -- however, the management of this endeavor needs to be carefully considered.

Perhaps above all, the prioritization of regional country needs to be clearly articulated. In emergency situations, military involvement in domestic crises -- as with hospital ship involvement in New York -- should be facilitated and prioritized. Funding considerations, such as questions on return on investment (e.g. in terms of political influence, national and international health and non-health security) and a range of other direct and indirect costs and dividends, will inevitably need to be taken into account.

Only then, perhaps, can logistical and protocol considerations start. The usual way for a military humanitarian mission to be initiated is that a foreign government invites an American embassy to conduct an intervention: this is then referred upwards to the State Department (and, where appropriate, the Department of Defense and Joint Chiefs of staff) to determine feasibility. In many cases in which large-scale interventions are involved, these decisions would then be referred to the National Security Council and the White House. The U.S. Congress would then, ultimately, need to manage associated special appropriations requests.

Conclusions: Training, Enlightened Self-Interest, and Soft Power Pragmatism

Despite these hurdles, military involvement in vaccination roll-out programs may yet be inevitable and essential. Both the Department of Defense and the Navy are well positioned to deliver products (e.g. vaccines and injection equipment) and services (e.g. injections), and have the transportation system and logistics chain to do so on a large scale if directed (even with cold chain provision). A significant amount of thought and research has also been devoted to other potential military roles, [including the vaccine research and development process](#).

In many cases, the best way to roll-out may be through joint or combined missions, involving U.S. Forces as the lead provider in logistical support and training, along with local or international NGO partners and local country medical staff to conduct the preponderance of hands-on medical work, when and where most needed. Such strategies, which are [built on shared responsibility and buy-in](#), worked well in [tsunami relief efforts at Banda Aceh](#) (via the USNS Mercy) and in flood responses on the South American Coast.

Ultimately, the U.S. is well-positioned, through its network of allies and partners, to contribute to what is likely to be an unprecedented international public health effort. If handled correctly, this can only advance its goals to promote peace, deter aggression, and improve interoperable military capability. A well-considered strategy involving military personnel and resources in the global pandemic vaccine program is, therefore, a powerful soft power approach with significant health diplomacy benefits. Such an effort is also well-aligned with the concept of 'strategic competition' as outlined in the U.S. National Security Strategy, and, in the current climate, stands to contribute in a fundamental manner to [upholding the ideals of a rules-based domestic and international order](#) that ensures peace and prosperity for all.

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