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Militarisation of COVID-19 responses and autocratisation: A comparative study of eight countries in Asia-Pacific and Latin America

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GIGA Research Programme:
Accountability and Participation

Militarisation of COVID-19 Responses and Autocratisation: A Comparative Study of Eight Countries in Asia-Pacific and Latin America

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and David Pion-Berlin

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Militarisation of COVID-19 Responses and Autocratisation: A Comparative Study of Eight Countries in Asia-Pacific and Latin America

Abstract

This paper examines the relationship between the militarisation of COVID-19 state responses and autocratisation in eight Asian and Latin American countries. Using a conceptual framework of COVID-19-related military missions and operations, our findings for each country over the first two pandemic years show that although military engagements in the COVID-19 response profiles considerably varied, all governments deployed their military, especially in the provision of health services, logistics, and the production of COVID-19 goods. Meanwhile, soldiers were generally less involved in health bureaucracy and public security. Based on two rounds of an expert survey, we then evaluated whether military pandemic deployments negatively affected democratic standards. This was the case where soldiers routinely conducted public-security operations autonomous of effective civilian oversight. Our study concludes that the pandemic did not induce autocratisation; rather, it exacerbated pre-existing conditions and problems in the democratic governance of the security sector. This “acceleration effect” was visible in democracies and autocracies experiencing autocratisation already prior to the pandemic.

Keywords: COVID-19, civil–military relations, militarisation, democratic backsliding, disaster response

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1 Introduction

This study¹ examines the military's contributions to COVID-19 pandemic responses and their impact on democracy in eight Asian and Latin American countries. Around the world, militaries have taken on a variety of domestic tasks to supplement under-resourced healthcare

1 The authors thank Carla Zappen, Anaís Medeiros Passos, Igor Acacio, Fee Cohausz, Marlit Claussen, Dana Dramsch, Nina Engelbracht, Katharina Shah, Maria Sourdi, and Tiffany Bahuri for their excellent research assistance.

systems, enforce COVID-19 public polices, and to support civilian logistical and infrastructure capacities (Erickson et al. 2022; Gibson-Fall 2021; Laïci 2020). Military deployments in response to disease outbreaks date back as far as the “Spanish Flu” and continue to be a persistent occurrence, as demonstrated by the military’s involvement in containing Ebola and Zika transmissions, the 2002 to 2004 SARS outbreak, as well as by the 2009 “Swine Flu” pandemic (Ventura 2016; Watterson & Kamradt-Scott 2016; Wenham 2019). The scope and scale of military involvement in containing the COVID-19 pandemic are, however, unprecedented (Erickson et al. 2022; Gibson-Fall 2021; Kalkman, 2021). The militarisation of pandemic responses has raised concerns over the consequences hereof for democracy, especially in places already experiencing democratic erosion prior to COVID-19’s onset (Edgell et al. 2021; Lewkowicz et al. 2022).

Tracking military engagement in COVID-19 responses and their implications for democracy and for civil–military relations requires reliable data. While research on this key topic has flourished of late, comparative research remains modest in size and previous efforts to assess the implications for civil–military relations and democratic governance have been restricted to democracies and one or only a few countries in a single world region (Acácio et al. 2022; Erickson et al. 2022; Macias Herrera & Croissant 2022; Passos & Acácio 2020).

This study presents a systematic cross-regional assessment of how militaries were used in state COVID-19 responses in 2020 and 2021, highlighting their implications for autocratisation in eight democracies and autocracies in Asia-Pacific and Latin America. Using a conceptual framework of COVID-19-related military missions and operations, we find that although military engagement as part of COVID-19 response profiles varied considerably, all governments did deploy their militaries, especially in the provision of health services, logistics, and the production of COVID-19 goods. Meanwhile, soldiers were generally less involved in health bureaucracy and public security. Based on two rounds of an expert survey, we then evaluated whether military pandemic deployments negatively affected democratic standards. This was the case where soldiers routinely conducted public-security operations autonomous of effective civilian oversight. We conclude that the pandemic did not cause autocratisation; rather, it exacerbated pre-existing conditions and problems in the democratic governance of the security sector. This “acceleration effect” was visible in democracies and autocracies experiencing autocratisation already prior to the pandemic.

The paper proceeds as follows. We first present our conceptual framework, which is followed by the case selection and data collection. Next, we systematically compare military deployment in COVID-19 responses in eight countries ranging from closed autocracies to liberal democracies: Cuba, Vietnam, Venezuela, the Philippines, Brazil, Sri Lanka, Uruguay, and Taiwan. Subsequently, we assess the implications of how the military was used for autocratisation and democratic resilience. Lastly, we present some tentative conclusions.

2 Conceptualising the Militarisation of State COVID-19 Responses

Our concept captures a range of potential COVID-19-related military missions and operations during the response phase of the pandemic-management cycle. We define “the military” as a hierarchically structured, trained, and equipped state institution that is constitutionally mandated to defend against external and internal threats through organised physical violence. It encompasses the service branches and state organisations that support the armed services in national defence matters and function under the direct subordination and command of the professional officer corps.

Drawing on existent conceptualisations of military missions and operations (Pion-Berlin 2016), we define “military missions” as the primary and permanent roles of the military that are assigned by the state and generally codified into law. Missions define the military’s purpose and objectives, based on which soldiers can devise strategic and operational plans to achieve these aims. “Military operations” are more specific and episodic campaigns that soldiers undertake, whether independently or on the initiative of civilian authorities, to fulfil a particular mission. The degree of militarisation of state responses to COVID-19 is a function of the extent to which a military is deployed to fulfil missions and operations as part of a given country’s response to the pandemic: the more missions and operations that are in the hands of the military, the greater the degree of militarisation.

We differentiate five types of potential military missions in a state’s COVID-19 response. First, “health bureaucracy” captures the military’s influence in shaping the policy agenda of government responses to the pandemic. We assess this by determining whether military personnel served as the minister of health or were members of a national emergency response committee (NERC) explicitly tasked to advise the government in COVID-19 management (Rajan et al. 2020). Second, “military production” relates to the mobilisation of military industrial capacities to develop and produce medical supplies (e.g., vaccines and personal protective equipment) to compensate for shortcomings in healthcare supply chains.

Third, the use of the military’s “healthcare” capacities to assist overwhelmed or under-resourced civilian health systems includes the deployment of military resources to decontaminate public areas and disseminate COVID-19 information as well as to test, screen, vaccinate, and care for patients (Lopez 2022; Ministry of Defense of Brazil 2020). Fourth, troops may also provide “logistical support” beyond direct healthcare to complement civilian humanitarian efforts. During the pandemic, soldiers built or managed isolation, quarantine, or healthcare facilities, distributed medical supplies to civilians, transported civilian patients or medical personnel, and assisted in the repatriation of nationals. Troops were also deployed to deliver meals to vulnerable communities and mitigate the economic fallout caused by the pandemic (Lațici 2020; Ministry of Defense of Brazil 2020).

Fifth, and more controversially, troops were mobilised for “public security” operations to enforce mandatory containment measures seeking to prevent the virus’s spread. Previous research indicates that military involvement in domestic law enforcement puts soldiers at risk

of committing human rights violations under certain circumstances (Flores-Macías & Zarkin 2021; Pion-Berlin 2016). During the pandemic, soldiers were still frequently deployed to patrol streets, construct roadblocks, control international borders, and restrict movement (Kalkman 2021). Troops also controlled public gatherings and repressed protests incited by COVID-19-related measures as well as protected critical infrastructure associated with pandemic efforts (e.g., guarding hospitals and warehouses containing medical provisions or escorting vaccine transports).

3 Case Selection and Data Collection

We utilise three case-selection principles to maximise variance on relevant variables and reduce selection bias (Gerring 2016; Seawright 2016). First, we picked cases from Asia-Pacific and Latin America, two regions where militaries traditionally fulfil a variety of different missions and roles (Alagappa 2001; Mietzner 2014; Pion-Berlin 2016); both were particularly hard-hit by the pandemic, too (CSSE 2022). Second, since it might be that the extent and implications of military deployment vary across political systems we include cases encompassing different regime types. Drawing on the work of Lührmann et al. (2018), we sample one closed autocracy, electoral autocracy, electoral democracy, and liberal democracy each per region. Third, if a given regime type was represented by multiple countries in the region, we randomly picked one case for our empirical analysis. The sample is summarised in Table 1 below. Eight cases constitute a sufficiently large sample to capture intra- and cross-regional variance as well as differences across regime type, but are also small enough to allow for case-sensitive, qualitative, within-case analyses.

Table 1. Case Sample

Regime Type		Asia-Pacific	Latin America
Autocracies	Closed	Vietnam	Cuba
	Electoral	Philippines	Venezuela
Democracies	Electoral	Sri Lanka	Brazil
	Liberal	Taiwan	Uruguay

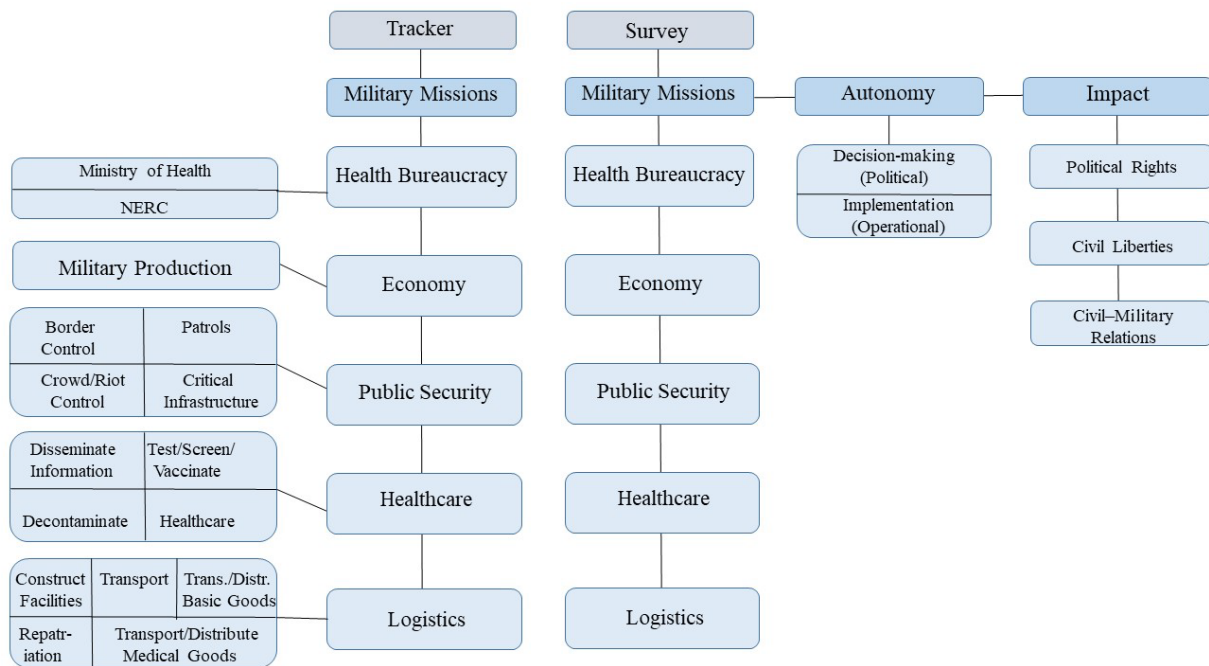
Note: Regime type as of 31 December 2019.

Source: Authors' own compilation, based on Coppedge et al. (2022).

The data-collection process comprised two steps (see Figure 1 below). The first involved systematically tracing military operations across 16 indicators for the five types of military missions outlined above on a monthly basis from 1 January 2020 to 31 December 2021. Drawing on a list of government, non-governmental, and media sources, a team of trained research assistants collected information on each indicator for each of the eight countries. We compiled a set of guidelines with instructions for the data collectors and worded each indicator to min-

imise the role of subjective judgment. To ensure transparency, data collectors provided a written justification and complete record of sources for each indicator. Once the qualitative data was compiled, it was independently coded by two of this paper’s authors. To minimise the introduction of arbitrary thresholds, we utilised a simple dichotomous coding for each indicator, “1” marking military involvement and “0” indicating the absence of military engagement. Disagreements between coders were discussed bilaterally until a consolidated final code was agreed on.² The resulting data includes a total of 192 country-month observations.

Figure 1. Conceptual Framework and Data Collection



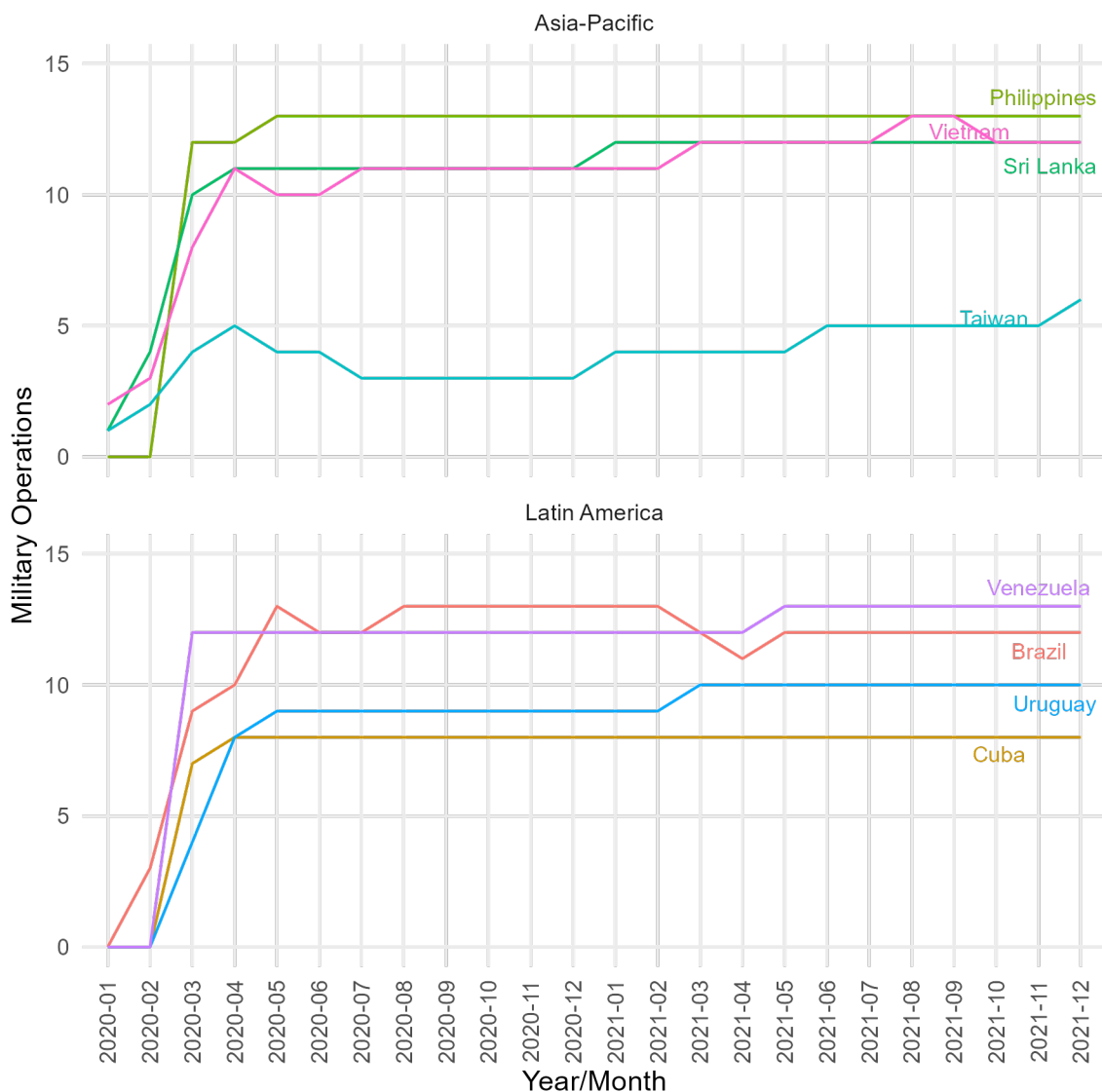
The second step in the data-collection process was an expert survey. We recruited two experts for each country and two survey waves were implemented. The first wave, conducted in late 2021, covered the year 2020, while the second wave, conducted in early 2022, covered the year 2021. Each survey included 10 questions on the military’s role in distinct missions as part of a given country’s response to the COVID-19 pandemic; the extent of military autonomy in implementing the respective mission; and its political impact, if any, on political rights, civil liberties, and civil–military relations. Experts were asked to provide qualitative assessments for each question and a numerical score. All numerical responses are ranked on a four-step ordinal scale from “0” (none) to “3” (high).

2 Inter-coder reliability was very high, with Cohen’s kappa of 0.98.

4 Tracking Military Missions as Part of State COVID-19 Responses

Figure 2 below tracks the cumulative trends in military operations across the five missions in each of the eight countries from January 2020 to December 2021. Five findings stand out. First, while there is considerable variance in the overall extent of military mobilisation, there is a stronger degree of convergence in government responses to COVID-19 after the first months of the pandemic have passed. Once the COVID-19 outbreak had been declared a pandemic, governments were quick to mobilise their militaries to meet the health emergency. By late March 2020, militaries in every country were deployed to join in the response efforts.

Figure 2. Military Operations per Country, January 2020–December 2021



Note: The line graphs represent the number of pandemic-related operations conducted by militaries in Asia-Pacific and Latin America per month and country.

Source: Authors' own compilation.

Second, there are two groups of countries. Uruguay, Cuba, and Taiwan exhibit lower levels of military involvement, though it is only in Taiwan that soldiers played a minimal role in the government's COVID-19 response. In the five countries of the second grouping, the pandemic confirmed the importance of the military as the state's most versatile institution in responding to large-scale disasters and in supporting – as well as sometimes also compensating for – deficient civilian capacities.

Third, once deployed for a specific mission, the military generally remained involved in that field for the remainder of the review period. From April 2020 to December 2021, the average number of military operations increased from eight to around 10. Most governments moved to a higher level of military deployment with the mass roll-out of vaccines and the spread of new variants of the virus in late 2020 and early 2021.

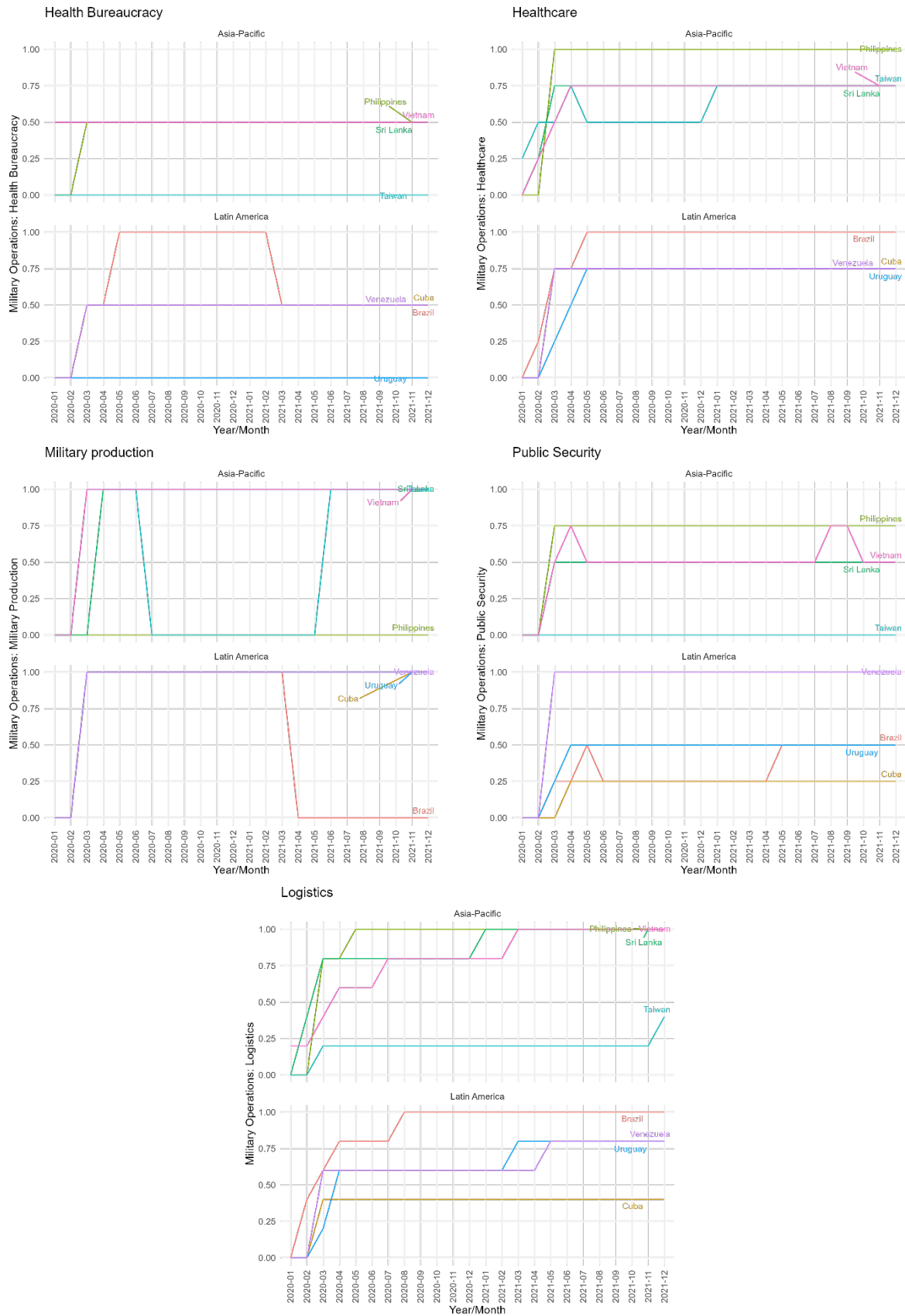
Fourth, Asian militaries were involved earlier than their peers in Latin America, but the latter have a slightly broader mission profile – especially in the second half of 2020. Between May and December 2020, Latin American militaries performed, on average, two missions more than their Asian counterparts. Beginning in January 2021, the regional patterns began to converge as Asian militaries successively adopted broader mission portfolios, while Latin American militaries were not assigned additional operations.

Fifth, contrary to the widely held belief that autocratic governments have more extensively securitised the pandemic, we found that regime type per se was a weak predictor for the militarisation of COVID-19 responses. While in the two liberal democracies, Taiwan and Uruguay, military participation tended to be low, the closed autocracy of Cuba also conducted a small number of pandemic-related operations. The remaining five cases reveal very similar deployment patterns despite differing regime types: militaries in the two electoral democracies (Brazil and Sri Lanka), the two electoral autocracies (Philippines and Venezuela), and Vietnam (closed autocracy) conducted a similar number of operations during much of the review period.

4.1 Disaggregating Military Mission Profiles

Beyond these general similarities and patterns, we found important differences in terms of the specific missions and operations that militaries were authorised to implement. This is summarised in Figure 3 below, which presents monthly data on military activities in health-related bureaucracy, production facilities, public security, healthcare, and logistics. For comparability, the graphs are normalised to a 0–1 scale, showing operations conducted by the military as a percentage of all operations that are part of one of the five missions. Reiterating the aggregate differences between the countries, with Taiwan's military being involved in the fewest and Venezuela's army conducting the most COVID-19-related operations, the disaggregation yields important insights into the concrete mission profiles.

Figure 3. Military Mission Profiles per Country, January 2020–December 2021



Source: Authors' own compilations.

First, all eight militaries were extensively involved in providing health services. In Brazil and the Philippines, the army supported or conducted the full range of COVID-19-related healthcare missions, disseminating information, decontaminating public areas, as well as testing, vaccinating, and caring for patients. The Taiwanese, Uruguayan, and Vietnamese militaries were not involved in informing the public, while the Venezuelan military did not perform testing, screening, or vaccination duties.

Second, active-duty or recently retired military officers played a very prominent role or dominated the NERC in six of the eight cases. In Brazil, an active army general was minister of health from June 2020 to March 2021. Only in Taiwan and Uruguay were NERCs exclusively staffed by civilians.

Third, militaries also shouldered the burden in a host of logistical operations to support pandemic responses. In Brazil, the Philippines, Sri Lanka, and Vietnam, troops were involved in all five COVID-19-related logistical tasks: the construction and maintenance of healthcare facilities; the transportation or distribution of basic goods to vulnerable communities or civilian healthcare workers; the repatriation of nationals; the transport or distribution of medical products; and the transportation of patients or medical personnel. In Taiwan and Cuba, the government almost exclusively relied on civilian logistics, though soldiers maintained COVID-19 quarantine sites or helped transport/distribute medical supplies.

Fourth, by December 2021, militaries in all cases except Brazil and the Philippines supported the civilian production of COVID-19-related equipment. This included military institutions developing vaccines and building or assisting civilian factories vis-à-vis the production of medical supplies like masks, disinfectants, or ventilators.

Fifth, there has been considerable variance in the militarisation of public-security operations. Interestingly, the differences here are not particularly stark between liberal democracies and closed autocracies. In both Cuba, a closed autocracy, and Taiwan, a liberal democracy, the military was not extensively involved in public-security operations. The Taiwanese military were not assigned domestic law and order functions, while in Cuba soldiers were deployed solely to support the police in street patrols. In contrast, in the two electoral autocracies, the Philippines and Venezuela, militaries secured borders, patrolled streets, enforced curfews, and performed crowd- and riot-control functions. Soldiers also guarded critical infrastructure in Venezuela. In the electoral democracy of Brazil, public-security mobilisation was limited to border control, whereas in the electoral democracy of Sri Lanka it extended to street patrols, similarly to the liberal democracy of Uruguay.

Figure 3 above suggests some noteworthy temporal dynamics. In Brazil, for instance, both the Ministry of Health and the “Crisis Committee for Supervision and Monitoring of COVID-19 Impacts” were headed by active-duty army generals: Eduardo Pazuello and Walter Braga Netto, respectively (Government of Brazil 2020). During Pazuello’s tenure, more than 20 officers replaced civilians in leadership, logistics, and finance posts within the Ministry of Health (Lima & Braziliense 2020). Furthermore, Brazil and Vietnam saw significant changes in the use

of military production facilities. For instance, in March 2020, the Vietnam Military Medical University designed COVID-19 test kits in cooperation with the Viet A Company (Vietnam Military Medical University 2020); in June 2021, the Vietnamese Military Medical University began conducting Phase 3 of clinical trials on a SARS-CoV-2 vaccine that was developed by a domestic biotech start-up (McBeth 2021).

These two countries also experienced changes in military mobilisation as part of public-security operations. In Brazil, the military's public-security function in the first pandemic year was mostly limited to border control. Starting in May 2021, its operations expanded to the provision of security for 24-hour vaccination stations. Still, the Brazilian military kept an overall low profile in public security. In Vietnam, along with controlling border areas and guarding critical infrastructure, troops also patrolled the streets to enforce government-decreed lockdowns in March and April 2020, doing so again in August and September 2021 (Amnesty International 2021; Ebbinghausen 2020). Only Taiwan's military saw significant changes in its healthcare operations after the initial mobilisation phase. Besides supporting civilian agencies in COVID-19 testing and providing medical care, anti-chemical warfare units of the Republic of China Army decontaminated cruise ships, repatriation flights, and public areas from February to April 2020, and then again throughout 2021 (National Defense Army Command 2021; Wang 2020).

Finally, in four cases, Figure 3 shows an almost parallel increase in military logistical operations in late 2020 and early 2021. In Uruguay and Venezuela, this was related to the military taking over the transportation and distribution of COVID-19 vaccines in March and May 2021, respectively (Ministry of National Defense of Uruguay 2021; Redacción teleSUR 2021). In January 2021, the Sri Lankan military was charged with, *inter alia*, transporting COVID-19 patients; starting in March 2021, the Vietnamese People's Army began renewed repatriation activities (Antara Indonesian News Agency 2021; PTI 2021).

5 Militarised Pandemic Backsliding?

The COVID-19 pandemic emerged against the backdrop of a worldwide trend towards autocratisation – with Asia-Pacific and Latin America being no exception (Curato & Fossati 2020; Edgell et al. 2021; Lewkowicz et al. 2022; Polga-Hecimovich 2021).³ Initially, many observers worried that the militarisation of pandemic relief would “fuel a crisis for democracy around the world” (Freedom House 2021). The data from the Varieties of Democracy (V-Dem) project's Pandemic Backsliding database (Edgell et al. 2022; Maerz et al. 2021) indicate that the public

3 The term “autocratisation” describes changes in the political system of a country that reduce its democratic quality (Cassani & Tomini 2019; Lührmann & Lindberg 2019). These changes take different forms. Some democracies face an erosion of democratic rules (“democratic backsliding”), while others experience democratic breakdown. Meanwhile, autocracies experience “autocratic hardening” when political leaders attack civil society and tighten the screws on opposition forces (Lührman & Lindberg 2019).

policies made in response to COVID-19's onset and spread often further complicated democratic processes. However, the data in Table 2 below reveal important refinements. Among the eight countries under review, those that had already taken an authoritarian turn before the outbreak of SARS-CoV-2 were at higher risk of suffering democratic erosion due to COVID-19-related government violations. The pandemic fostered democratic regression in the Philippines, Sri Lanka, Brazil, and Venezuela. Cuba's democratic quality was weakly impacted given its already low democracy level. State COVID-19 responses in the consolidated liberal democracies of Uruguay and Taiwan as well as in authoritarian Vietnam neither massively violated democratic standards for emergency responses nor did the existing level of democracy recede – albeit censorship and repression of critics continued in Vietnam (Chang & Lin 2021; Macias Herrera & Croissant 2022; Schuler 2021). It is, however, unclear whether pandemic backsliding was causally linked to the involvement of the military in the health emergency's management. In fact, the eponymous database provides little evidence of military involvement in pandemic backsliding – as only one indicator looks at whether soldiers enforced COVID-19 measures.

Table 2. Democratic Backsliding Prior to and During the Pandemic

	Democratic backsliding (pre-2020)	PanDem (March 2020–June 2021)	PanBack (March 2020–June 2021)
Democracies			
Brazil	Yes	0.35	0.31
Sri Lanka	Yes	0.7	0.64
Taiwan	No	0	0
Uruguay	No	0.15	0.07
Autocracies			
Cuba	No	0.4	0.12
Philippines	Yes	0.4	0.33
Venezuela	Yes	0.65	0.16
Vietnam	No	0.15	0.07

Notes: The Pandemic Violations of Democratic Standards Index (PanDem) measures the extent to which state emergency responses to COVID-19 violated democratic standards. Its scores range from low (0) to high (1), reflecting the sum of seven quarterly violation indices between March 2020 and June 2021. The Pandemic Backsliding Index's (PanBack) quarterly scores between March 2020 and June 2021 also ranges from low (0) to high (1). They capture the extent to which state COVID-19 responses undermined the overall quality of democracy within a given country.

Sources: Maerz et al. (2021) and Edgell et al. (2022).

All four countries with pre-pandemic backsliding, plus Cuba, had a PanDem score above the average of 0.20 (out of a maximum of 1.0) for the 144 countries included in the Pandemic Backsliding dataset, meaning about 20 per cent of the maximum possible extent of violations. In fact, Sri Lanka, ranking 2nd in PanDem and 1st in PanBack, Brazil ranking 27th and 8th respectively, the Philippines ranking 22nd and 5th respectively, and Venezuela 3rd and 45th respectively are among the 10 worst countries globally in terms of the extent to which these

emergency measures violated democratic standards and/or undermined the overall quality of democracy within each country. Ranking 16th in PanDem, Cuba lags not far behind here.

Our expert survey includes five questions addressing the implications of domestic COVID-19-related military deployment for democracy and civil–military relations: two concern the political and operational autonomy of the military, two cover potential impingements on civil liberties and political rights, and one addresses whether the military gained or lost influence in political decision-making or encroached on civilian authorities’ decision-making power as a result of their involvement in state COVID-19 responses. We reproduce the questions in the Appendix. Table 3 below summarises the results.

Table 3. Political Implications of Military Engagement in State COVID-19 Responses

	Military Autonomy				Political Rights and Civil Liberties				Civil–Military Balance of Power	
	Decision-Making on Deployment		Autonomy from Oversight		Violation of Political Rights		Violation of Civil Liberties		Additional Military Influence	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Brazil	low	medium	high	medium	none	none	none	none	high	moderate
Cuba	medium	medium	medium	medium	high	high	low	low	moderate	moderate
Sri Lanka	medium	medium	medium	medium	none	none	low	none	high	decrease
Taiwan	none	none	none	none	none	none	none	none	un-changed	un-changed
Philippines	low	low	medium	low	low	none	medium	low	moderate	un-changed
Uruguay	none	none	low	low	none	none	none	low	un-changed	un-changed
Venezuela	medium	low	high	medium	low	none	high	medium	un-changed	un-changed
Vietnam	low	medium	none	none	low	none	none	low	un-changed	un-changed

Source: Authors’ own compilation.

5.1 Military Autonomy

A first crucial finding is that in half of the cases under analysis (Brazil, Cuba, Sri Lanka, and Venezuela), the military enjoyed medium to high autonomy in deciding on its COVID-19-related missions and operations with only sporadic or ineffective civilian oversight. In Cuba, the blurred boundaries between the Fuerzas Armadas Revolucionarias (FAR) and the government, which has characterised civil–military relations since 1959, persisted throughout the pandemic. Military personnel (most retired) in consultation with civilians, especially the president, made decisions on managing the pandemic and jointly decided to activate the National

Defense Council, which has the authority to adopt general and mandatory provisions during exceptional situations. While the FAR has significant political influence, it did not act with complete autonomy as it either followed government instructions or made decisions regarding its COVID-19-related operations and missions in conjunction with members of the Communist Party (Expert 1 CU 2022; Expert 2 CU 2021).

In Brazil, President Jair Bolsonaro had sought to militarise the government even before the pandemic's onset. By the end of 2020, active and reserve officers occupied about half of his cabinet positions and over 6,000 more within the federal administration (Hunter & Vega 2022). As the pandemic progressed, civilian oversight decreased and Bolsonaro's nonchalant stance on COVID-19 mitigation strategies enabled army generals to progressively gain more influence over the initiation, formulation, management, and termination of related military health-emergency missions (Expert BR 1 2022). In Venezuela, military elites had also already possessed political decision-making authority before the onset of COVID-19. The militarisation of the national government further intensified throughout the health crisis, as the number of both active and retired officers forming part of the Nicolás Maduro administration increased from eight to 11 between 2020 and 2021 (Altuve et al. 2021). Moreover, civilian oversight was limited as Maduro's regime is generally apathetic about how the Fuerza Armada Nacional Bolivariana (FANB) carries out its missions (Expert VZ 2 2021, 2022). The government has long turned a blind eye to military excesses, abuses, and illicit activities, since the FANB is key to Maduro's survival in office (Trinkunas 2021).

Finally, the pandemic further enhanced the military's involvement in government affairs in Sri Lanka, where both serving and retired officers played a key role in President Nandasena Gotabaya Rajapaksa's administration. Rajapaksa made the army commander the leader of the "National Operation Center for Prevention of the COVID-19 Outbreak" and appointed senior military officers as taskforce coordinators in all country districts. The government was heavily criticised for enabling officers instead of more competent medical experts to dictate public policies. Partly due to such criticism, in 2021 input from healthcare professionals was increasingly incorporated into the COVID-19 policy-making process and the military's role lessened as the year progressed. Despite sporadic and ineffective civilian oversight, civil society and the media closely monitored COVID-19-related programmes and openly criticised some policies (Expert LK 1 2021, 2022).

In the Philippines, the military was initially formally excluded from the relevant national decision-making body, the Inter Agency Task Force (IATF) on COVID-19, but later joined the force in March 2020. President Rodrigo Duterte's administration also appointed retired military officers to other key positions related to the pandemic, such as heading the vaccination programme, and the military worked alongside the police, coastguard, and the Bureau of Fire Protection as part of the "security cluster" to decide on the allocation of public-security tasks. Moreover, in consultation with local authorities, the IATF commander decided on how many soldiers and what equipment to commit and withdraw from COVID-19-related operations.

Beginning in 2021, however, military units on the ground had to disclose their activities in local IATF meetings in addition to reporting to the defence secretary, which conveyed military activities back to the IATF (Expert PH 1 2021, 2022).

In the remaining three cases, the military had little decision-making autonomy and could not conduct COVID-19-related operations free from civilian oversight. In Taiwan, the military was minimally involved in the pandemic response and merely carried out missions ordered by civilian authorities, especially the Central Epidemic Control Center (Expert TWN 1 2021; Expert TWN 2 2021, 2022). In Uruguay, similarly, military missions were exclusively decided on by the government and civilian authorities, though the armed forces did make operational decisions regarding how they would accomplish their assigned tasks (Macias Herrera & Croissant 2022). The Vietnamese People's Army did not assume decision-making authority, as the National Steering Committee for COVID-19 was headed by civilians (VNA 2020; Huong 2021). Officers did make up the Provincial People's Committee COVID-19 Response Boards; nevertheless, they had no decision-making power. All COVID-19-related missions and operations were monitored and overseen by the government and party officials (Expert VT 1 2021, 2022).

5.2 Political Rights and Civil Liberties

A second striking finding is that military deployment and autonomy, even where it was of medium to high intensity, only had weak repercussions for political rights and civil liberties. Certainly, there were also disturbing human rights violations. In Cuba, for example, the National Brigade, an elite FAR group, was deployed in Havana in December 2020 to intimidate anti-government protestors (Rodríguez 2020). Demonstrations against the ruling Communist Party, strict pandemic lockdowns, and economic mismanagement continued into 2021 and were met with immediate military repression and arbitrary detentions (Tedesco & Diamint 2021). The mobilisation of soldiers to enforce COVID-19 policies in Venezuela severely curtailed civil liberties. Maduro's Emergency Decree, first issued in mid-March 2020, authorised the security forces to carry out inspections of individuals under reasonable suspicion of violating COVID-19 measures. Moreover, military border surveillance specifically targeted citizens who returned to the country via illegal passages and were labelled "bio-terrorists" (AF 2020). Under this stigma, the Venezuelan military reportedly harassed returnees and quarantined them in poor sanitary conditions (HRW 2020).

Finally, in the Philippines, the involvement of the army in policing tasks and surveillance during the first pandemic year was also fraught with threats to civil liberties (Villar & Magnawa 2021). Soldiers were ordered to quell protests and other forms of political demonstration, and fully armed troops were stationed at checkpoints and performed curfew-enforcing patrols. The presence of heavily armed soldiers constrained the political space, not least because the armed forces did not adapt their repressive rules of engagement to fit different mission types (Expert PH 1 2021, 2022; Expert PH 2 2022).

In Uruguay and Taiwan, in contrast, military operations did not significantly affect political rights or civil liberties due to the limited involvement of their respective armed forces in state COVID-19 responses. This was, however, also the case in Brazil and Sri Lanka, where the military was extensively involved in containing the pandemic. President Bolsonaro repeatedly stated that “my army is not going to force the people to stay at home,” and so the military withheld from engaging in coercive COVID-19-related operations (Acacio et al. 2022; CNN 2021). The Sri Lankan government’s COVID-19 responses did curb freedoms of expression, minority rights, and the rule of law (PEARL 2020), yet putting soldiers in charge of handling population control and manning curfew roadblocks did not contribute to widespread or systematic violations of political or human rights. Soldiers rarely clashed with civilians, unlike the police – who were at the forefront of disputes with protestors (Expert LK 1 2021, 2022). Finally, the Vietnamese government abstained from deploying the military to curtail civil liberties and political rights throughout the pandemic, instead continuing to use other organisations – particularly the gargantuan Ministry of Public Security – to wield its coercive power.

5.3 Civil–Military Balance of Power

As for overall civil–military power relations, in Brazil and Cuba the armed forces’ political power increased significantly due to COVID-19. In line with the punitive populism and militarised law-and-order politics of the incumbent presidents in Sri Lanka and the Philippines, the military’s political power increased throughout 2020 in both countries – yet somewhat diminished during 2021, too (see Table 3 above). In the remaining four countries, pandemic-related military missions and operations did not significantly alter the civil–military balance of power. It should be noted, however, that in Venezuela the military already wielded very strong political (and economic) influence prior to the health emergency.

Moreover, not all the changes that took place within civil–military relations were related to COVID-19. Although Brazil’s military gained political influence during the crisis, the militarisation of political and social life there had started long before the novel coronavirus appeared and even before Bolsonaro’s election in 2018 (Harig 2022). Similarly, politics and society in Sri Lanka had seen escalating militarisation since 2019 when Rajapaksa, a former career military officer and defence minister, was elected president in 2019.

Notwithstanding, the pandemic helped legitimate the militarisation that unfolded in 2020 and came at the expense of civilian authorities (Fonseka et al. 2021). In the Philippines, military engagement in the government’s COVID-19-related responses further normalised Duterte’s efforts to grant the military more non-traditional tasks domestically, including in areas where there is no armed rebellion or insurgency (Teehankee 2021). Similar to Brazil, this trend commenced prior to COVID-19 and even before Duterte’s 2016 election (Thompson 2021). In Cuba, the appointment of a former army colonel, Manuel Marrero, as prime minister in 2020 and the selection of other officers as vice-ministers to various departments during the pandemic are

evidence of the military's increasing political power and influence (Expert 1 CU 2021). In contrast, Taiwan, Uruguay, and Vietnam did not experience any significant changes in civil–military relations, which is unsurprising given the lack of military autonomy and the existence of effective civilian oversight in all three of these countries (Karalekas 2018; Macias Herrera & Croissant 2022; Mietzner 2014; Pion-Berlin & Martínez 2017).

6 Conclusion

This paper provided a systematic assessment of military participation in government responses to COVID-19 and its consequences for the robustness of democratic standards in eight countries in Asia-Pacific and Latin America. Based on original monthly data collected for military operations from January 2020 to December 2021, we found that all governments relied on their armed forces to contain the pandemic but the extent of military involvement therein varied considerably. In terms of mission profiles, we identified the provision of health services and supporting civilian logistical and production capacities as being the main tasks in the reviewed cases. Officers were also involved in planning and coordinating pandemic-response policy, typically through the participation in NERCs. Only in some cases did militaries also conducted public-security operations, most prominently in the Philippines and Venezuela.

Based on two rounds of an expert survey, we then evaluated the implications of these military deployments for democratic standards in the eight cases. We found that there were different degrees and types of related impact in Brazil, Cuba, the Philippines, Sri Lanka, and Venezuela. First, the risk of democratic backsliding catalysed by COVID-19-related military engagement was clearly linked to the pre-pandemic state of democracy. The militarisation of pandemic responses did not “cause” democratic regression in the examined countries, but it did exacerbate pre-existing conditions and problems in the democratic governance of the security sector. This “acceleration effect” can be identified in democracies like Brazil and Sri Lanka, where military autonomy increased and the civil–military balance of power shifted in favour of the army. Interestingly, the expansion of military autonomy in these countries did not lead to an increase in violations of civil liberties or political rights. The acceleration effect was also observable in authoritarian regimes like the Philippines and Venezuela, both of which experienced autocratisation leading up to 2020.

Second, there is the less visible but still worrisome potential for what Smith and Cheeseman (2020) describe as the “ratchet effect”: the military's enhanced role potentially outlasting the pandemic and thus prone to future misuse by civilian authorities. This ratchet effect is well-documented in the literature on policymaking in times of crisis (Posner & Vermeulen 2003). Political leaders may refrain from cutting back on responsibilities newly assigned to the military once an emergency has passed to be able to swiftly react to future crises. Moreover,

there is the danger that propping up militaries instead of civilian agencies in pandemic management might have made civilians even more dependent on the armed forces' cooperation and capabilities in future disaster events.

Third, the pivotal role of the military in state COVID-19 responses did not necessarily erode political rights or civil–military relations in most countries. Nonetheless, the obedience of military officers certainly emboldened the authoritarian attitudes of populist-authoritarian civilian leaders like Jair Bolsonaro, Nicolas Maduro, Rodrigo Duterte, and Nandasena Gotabaya Rajapaksa, whose militarised responses to COVID-19's onset marked a continuation or even extension of their pre-pandemic punitive populism. In other words, the militarisation of pandemic relief reinforced the (semi-)authoritarian nature of governance in these respective countries.

Determining whether military efforts to contain the pandemic have proved problematic for democratic governance depends also on whether they were limited to policy implementation or if the military remained autonomous in deciding which roles it would adopt and how it would fulfil these (Passos & Acácio 2020). In all cases, military involvement here was warranted; it was also initiated on behalf of civilian political leaders. However, the militarised administrations in Brazil, Cuba, the Philippines, Sri Lanka, and Venezuela were not only more likely to give their armed forces a larger role in fighting the pandemic but also attached less strings to it. Lastly, not all operations are the same and their implications depend on the context at hand. We assume that military COVID-19-related missions and operations are less likely to cause lasting damage to democracy and civil–military relations once the pandemic is over in those countries where military actors were not involved in the provision of public security and do not have a history of human rights abuses and political adventurism.

Notwithstanding, our analysis cannot explain why different states deployed their respective militaries for certain types of COVID-19-related operations. Our offered insights are only tentative, as the data on which our findings and conclusions are based are limited both geographically and temporally. For a deeper understanding of the military's role(s) in pandemic-management operations, it is necessary to expand the analysis on both of these axes. Only with longer time-series data for a larger number of country contexts across multiple world regions and additional, in-depth case studies can we learn about whether the pandemic-related expansion of military power and the further erosion of democratic standards that we documented for countries such as the Philippines and Venezuela were an acute flare-up or will turn into a chronic illness.

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Appendix

In this appendix, we reproduce the segments of the expert survey that provide the empirical basis of the Section “Militarised Pandemic Backsliding.” In total, five questions were asked to assess the implications of domestic COVID-19-related military deployment for democracy and civil–military relations: two questions concern the political and operational autonomy of the military, two cover potential impingements on civil liberties and political rights, and one addresses whether the military gained or lost influence in political decision-making or encroached on civilian authorities’ decision-making power as a result of their involvement in pandemic responses.

Military Autonomy in COVID-19-Related Missions and Operations

We consider military autonomy as comprising two dimensions: autonomy in decision-making and autonomy from oversight. Autonomy in decision-making refers to the military’s de facto power to make decisions on its deployment and operations on its own. Autonomy from oversight means that, regardless of who makes the decision to deploy the military (the military itself or civilian authorities), the military can execute its COVID-19-related missions and operations without effective monitoring and steering by civilian authorities. Empirically, both dimensions tend to correlate in the sense that a high degree of military autonomy in decision-making is usually paralleled by a high degree of military autonomy from civilian oversight. However, it is quite possible that the military enjoys low degrees of decision-making autonomy (i.e., that civilian authorities decide on what the military is supposed to do), but that civilian authorities are unable or unwilling to effectively monitor the military’s conduct.

Autonomy in Decision-making: Did military personnel or civilian authorities make decisions on whether and how the military would be deployed as part of state responses to the COVID-19 pandemic between 1 January 2020 and 31 December 2021?

Clarification: This question aims to capture the degree to which the military is able to decide on its COVID-19-related missions and operations. In other words, whether the military was the “decision-maker” or “decision-taker” in the context of its COVID-19-related response missions. If the “decision-maker,” then military personnel that are either active-duty or recently retired (within the past three years) initiate, formulate, manage, and terminate military COVID-19-related missions and operations. If the “decision-taker,” the armed forces merely accept or refuse the COVID-19-related missions they are ordered to undertake by civilian leadership. Here, we are interested in the formal, legal, and de jure aspects, as well as in the de facto situation. In the qualitative assessment, please consider whether a state of emergency exempted the military from civilian command and identify in which military COVID-19-

related mission(s) or operation(s), if any, the armed forces were able to decide on autonomously from civilian authorities.

Scale: Ordinal (0–3)

3 (High) – The military had complete autonomy in making decisions on its missions, operations, or activities as part of state responses to the COVID-19 pandemic.

2 (Moderate) – The military made autonomous decisions on most of its missions, operations, or activities as part of state responses to the COVID-19 pandemic. Civilian authorities made only a limited number of decisions on the military’s related activities.

1 (Low) – Civilian authorities made most decisions on military missions, operations, or activities as part of state responses to the COVID-19 pandemic. Autonomous military decision-making was rare and sporadic.

0 (None) – Civilian authorities alone made decisions on the military’s missions, operations, or activities as part of state responses to the COVID-19 pandemic.

N/A – The military was not involved in state COVID-19 responses.

Autonomy from Civilian Oversight: To what extent was the military able to conduct its COVID-19-related missions and operations between 1 January 2020 and 31 December 2021 without effective oversight, monitoring, and steering by civilian authorities?

Clarification: Please detail here whether oversight and monitoring mechanisms are in place that allow civilian authorities to monitor military COVID-19-related missions and operations, and whether and how they are de facto implemented and effective. We understand effective implementation of oversight mechanisms to mean (1) that oversight and steering instruments exist and (2) that military personnel are in practice held accountable for their actions.

Scale: Ordinal (0–3)

3 (High) – The military conducted its COVID-19-related missions and operations free from effective oversight by civilian authorities.

2 (Moderate) – Effective oversight by civilian authorities over the military’s COVID-19-related missions and operations was sporadic and often not effectively implemented, or inconsequential.

1 (Low) – Effective oversight by civilian authorities over the military’s COVID-19-related missions and operations was for the most part effectively implemented.

0 (None) – The military’s COVID-19-related missions and operations were subject to effective oversight by civilian authorities.

N/A – The military was not involved in state COVID-19 responses.

Impact of Military COVID-19-Related Missions on Political Rights and Civil Liberties

Impact on Political Rights: Did the armed forces impinge on citizens' political rights when conducting COVID-19-related missions, operations, and activities between 1 January 2020 and 31 December 2021?

Clarification: Here we are interested in whether the armed forces' missions and operations led to violations of citizens' political rights. "Political rights" refer to the ability of a country's citizens to participate in the political process and to hold political decision-makers accountable. We distinguish between three distinct types of political rights: (1) that the national executive and legislative are selected via regular, free, and fair elections in which the majority of adult citizens can participate without discrimination; (2) that citizens can meaningfully participate in the political arena due to the legally guaranteed and de facto freedoms of free speech, of the press and information, as well as of demonstration; and (3) that the legitimate government can operate effectively and free from undue influence of undemocratic actors.

When providing your qualitative assessment, please make sure to describe which political rights were violated, through which military mission(s) or operation(s), and to what extent.

Scale: Ordinal (0–3)

3 (High) – The military's conducting of its COVID-19-related missions and operations led to the severe, widespread, and systematic restriction of citizens' political rights.

2 (Moderate) – The military's conducting of its COVID-19-related missions and operations occasionally restricted citizens' political rights.

1 (Low) – The military's conducting of its COVID-19-related missions and operations restricted citizens' political rights only rarely and in isolated instances.

0 (None) – The military's conducting of its COVID-19-related missions and operations did not impinge on citizens' political rights.

N/A – The military was not involved in state COVID-19 responses.

Impact on Civil Liberties: Did the armed forces impinge on citizens' civil liberties when conducting COVID-19-related missions and operations between 1 January 2020 and 31 December 2021?

Clarification: This question asks whether the armed forces' missions and operations led to violations of citizens' civil liberties. "Civil liberties" refer to the legal provisions that ensure the protection of citizens from state and third-party infringements on their human rights, and the equality of all citizens before the law. This includes: (1) citizens' fundamental human rights (e.g. to physical integrity, freedom of movement, right to own property, and equality of opportunity) being legally guaranteed; (2) an independent and effective judiciary exists ensuring the de facto realisation of these liberties.

When providing your qualitative assessment, please make sure to describe which civil liberties were violated, through which military mission(s) or operation(s), and to what extent.

Scale: Ordinal (0–3)

3 (High) – The military’s conducting of its COVID-19-related missions and operations led to severe, widespread, and systematic violations of citizens’ civil liberties.

2 (Moderate) – The military’s conducting of its COVID-19-related missions and operations occasionally violated citizens’ civil liberties.

1 (Low) – The military’s conducting of its COVID-19-related missions and operations violated citizens’ civil liberties only rarely and in isolated instances.

0 (None) – The military’s conducting of its COVID-19-related missions and operations did not impinge on citizens’ civil liberties.

N/A – The military was not involved in state COVID-19 responses.

Impact of Military COVID-19-Related Missions on Civil–Military Relations

Civil–Military Balance of Power: Did the military’s political power change between 1 January 2020 and 31 December 2021?

Clarification: Here we are interested in whether the armed forces gained or lost influence in political decision-making or encroached on civilian authorities’ decision-making power.

In your qualitative assessment, please describe to what extent change in the distribution of civil–military power happened, how it materialised, and how enduring (temporally) it was.

Scale: Ordinal (0–3)

3 (High increase) – The military’s political power significantly increased between 1 January 2020 and 31 December 2021.

2 (Moderate increase) – The military’s political power increased somewhat between 1 January 2020 and 31 December 2021.

1 (Unchanged) – The military’s political power remained unchanged between 1 January 2020 and 31 December 2021.

0 (Decrease) – The military’s political power was reduced between 1 January 2020 and 31 December 2021.

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