

# Transposing Military Role Amidst Covid-19 Pandemic in Southeast Asia

## Transposición Del Papel Militar En Medio De La Pandemia De Covid-19 En El Sudeste Asiático

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**Resumen:** El compromiso militar en respuesta a la crisis de COVID-19 ha sido un discurso político desde el estallido de la pandemia a principios de 2020 en todo el mundo. Si bien la medida en que el compromiso militar de las respuestas de COVID-19 sigue siendo polémica, identificamos las formas en que los países del sudeste asiático han empleado tropas para enfrentar las crisis y los desafíos de salud pública. Con el objetivo de medir cuán profundos han sido los compromisos militares en las respuestas de COVID-19 en el sudeste asiático, desarrollamos la tipología de respuestas militares durante la pandemia de COVID-19 de Passos y Acácio. Descubrimos que la participación militar se ve afectada por la capacidad de gobierno, especialmente el sistema de atención médica, en lugar de la fuerza política. Un país que tiene una capacidad de atención médica débil tiende a

**Abstract:** Military engagement in response to COVID-19 crisis has been a policy discourse since the breakout of the pandemic in early 2020 worldwide. While the extent to which the military engagement of COVID-19 responses remains contentious, we identify the ways in which Southeast Asian countries have employed troops in dealing with the public health crises and challenges. Aimed to measure how deep military engagements in the COVID-19 responses in Southeast Asia have been, we developed the typology of military responses during COVID-19 pandemic by Passos and Acácio. We discovered that military involvement is impacted by governance capacity, especially health care system, rather than political strength. A country that has weak in health care capacity tends to engage military in fighting against COVID-19.

**Keywords:** Transposing, Military, Covid-19, Pandemic

involucrar militares en la lucha contra COVID-19.

**Palabras clave:** Transposición, Militar, Covid-19, Pandemia

## 1. INTRODUCTION

Coronavirus Diseases 19 (COVID-19) has spearheaded rapidly to the point where it exposes states unpreparedness, incapacity, juxtaposition, and systemic oppression. As the World Health Organization (WHO) declared COVID-19 as a pandemic (WHO, 2020), it prompted unprecedented actions which required health, political, economic resources allocation in responding the public health crises. This critical juncture therefore activated myriad methods and a wide array of strategies in slowing down the infection rate. One of which is framing the pandemic as a threat to national health, hence national security. The framework of securitizing COVID-19 suggests that the severity of this public health crises is a reflective of a war, thereby enabling political discourse of war metaphor (Jetly, R. et al, 2020; Seixas, E.C, 2020, Maxwell, D.N., T.M. Perl, and J.B. Cutrell, 2020)

French president, Immanuel Macron declared that France has been in war against COVID-19 (Fejerskov & Lang, 2020). The use of this diction puts forward the need of armed forces to take primary part in fighting the pandemic. Therefore, the pandemic has altered the ways which policies have been taken, paving the way for military institution to influence on the political process, hence states have the legitimacy to deploy military troops to overcome the national security (Kalkman, 2021).

According to Wilén (2021), armed forces involvement to fight against the pandemic is enabled by the fact that they have vital resources and versatile nature, whereby military troops are trained to persevere the challenges, such as logistical operations and infrastructure building. The three key roles of military during the pandemic are, inter alia, to provide additional medical capacity, infrastructure, and logistic, and internal security support.

Military involvement in response to COVID-19 does not appear harmless. One of the biggest risks is that the militaries being in front aside from the health workers, are prone to be infected as well. Besides, the deployment of militaries in domestic tasks has made alterations to civil-military relations (Gibson-Fall, 2021). Furthermore, assigning tasks to militaries in domestic realm will likely challenge other public institutions legitimacy (Fejerskov & Lang, 2020).

Aside from the French president who militarized the COVID-19 responses, several literatures discussing country-specific responses were identified. For examples, COVID-19 has demanded tactical readiness and strategic caution in the US militaries (Logan, D., et al., 2020; Forester, S. and C. O'Brien, 2020); French and Europe in general (Opillard, F., A. Palle, and L. Michelis, 2020); South Korea (Kim, J.-G,2020); Latin America (Passos, A.M. and I. Acácio, 2021) . However, liberal democratic values embedded in civilian power is not congruent with some settings where the regime types are not liberal nor fully democracy. Southeast Asian region serves the best examples of this. Moreover, institutional, and political legacies of

military actors in specific context of this region have been evident, whereas some countries have struggled to open the pathway to be more democratic.

As such, the role of military in politics and decision-making process, either in representing parliament or government, is still prominent. Thus, questions whether the imposition of COVID-19 securitization is democratically presented and scientific or rather that there is a significant leverage used by military figures who part of the government are and might have certain political interests.

Military deployment in responding to COVID-19—thereby understood as militarization, which incorporates military engagement concept in the operations other than war—in settings—where state capacity is inadequate, where civil-military relations are less clear-cut and, in less balance, such as in Southeast Asia—has been theoretically understudied. Despite the number of literatures that particularly focuses on the military engagement, civil-military relations, militarization, they primarily take examples of how liberal democracies use military as a tool to curb the pandemic, leaving out the fundamental questions on how militaries in countries where their influences in the politics, political and decision-making process are authoritative.

As a region that is in close proximity to China, where the first outbreak was reported, Southeast Asia are struggling to get COVID-19 handled. While the literatures on regime types have particularly addressed how individual country, through its government's policies, has been handling the pandemic (UNDP, 2020), it is noteworthy to examine the political process of military engagement during the pandemic as in countries, such as those Viet Nam, Thailand, Indonesia, and Singapore. Despite the fact that the aforementioned nations are functional democracies, military have had a significant impact on the political process (Boogards, 2009). In contrast, Southeast Asian countries have low democracy index. This entails that the military involvement in COVID-19 handling might have a broader effect as compared to Europe.

Furthermore, militaries deployment might also induce some drawbacks, particularly violation of human rights (Passos & Acácio, 2021). Although the role of the militaries in the humanitarian affairs—such as mitigating post-disaster area or military operations other than war—is something to be expected, the fundamental questions that need to be looked are what causes the deployment of militaries in the first place? How has or will it affect civil-military relations, given the apolitical nature that military institution has? And to what extent has the militarization been and to what degree is the effectiveness?

The deployment of militaries to provide additional assistance to the state incapacity during catastrophe is not an exclusive instrument to COVID-19 pandemic. Predictably, military engagements have been found in other humanitarian responses. However, this article is focusing on answering the research questions, while putting forward the framework of civil-military relations during COVID-19, which the argument is based. Subsequently, this article aims to fills a vacuum in the research on

comparative civil-military relations in Southeast Asia and offers securitization-based analysis of how armies are deployed.

This research uses comparative analysis, supported by case studies, to address questions about how militarized the COVID-19 response has been in Southeast Asian nations and how the dynamics of this military involvement in public health crises have changed. A thorough grasp of the decision-making process will also be provided via the use of several case studies to comprehend the behavior of the state machinery, including the governments and military institutions. In order to provide a clearer approach in the field of international relations, comparative politics, and strategic studies, this research will apply the theoretical underpinnings indicated above while emphasizing the real-world issues.

## **2. LITERATURE REVIEW**

### **2.1. SECURITY AND SECURITIZING COVID-19**

The conceptualization of what security is that had been predominantly the domain of traditional strategic studies has undergone a radical shift. In a traditional sense, supported by realist school of thought, securitization is limited to the relationship between political power and military roles, which perceives threat as a tangible and material objects. Traditionally, security studies have focused only on state security, that is, measures to safeguard the state from external military threats, As it develops, there is an increasing concern for community security, defined as a society's capacity to maintain its fundamental identity in the face of changing situations and potential or real dangers (Edwin Martua Bangun Tambunan, 2022). However, as the conceptualization of security and what makes is securitized—hence securitized—have developed, given that many non-traditional actors and new threats, risks and challenges are also considered, securitization becomes increasingly complex. Buzan and Wæver (1998) put forward in their book *Security: A New Framework for Analysis* that securitization in security matters is conceptualized in constructive operational. Departing from the obsolescence of traditional securitization concept, Buzan and Wæver extended the theory which expand security to other realms, such as economy, social and environment. The lacunae within traditional securitization concept are one in which Buzan developed that securitization has a broad meaning—thus regarded as ‘widener’—that is not limited to state nor politics-military.

Securitization is then developed as an extreme form of politization (Buzan, Wilde, & Wæver, 1998) whereby securitization that is interpreted as a real threat requires political discourse by the elites, which are in charge of imposing sense of risks to the society over which they rule. Although the critics of securitization concept put forward by Buzan and Wæver are many—for instances, Skidmore (2014) pointed out that the concept is full with vague notions and of jargons—securitizing COVID-

19, in particular, goes in line with what Buzan called as justification of an action that is deemed as extraordinary that otherwise would have been normal political procedure. As such, this concept does not only perceive that the threat is real, but also how the very threat per se is being framed as a 'threat'. The downplay the severity of COVID-19 by elites at the beginning thus confirm that the governments have been struggling to securitize COVID-19.

Buzan and Wæver postulate that the issue—which is considered as a threat, therefore is translated as the reference object—is a social contract between institutions and society, as coercion and consent in conceptualizing threat is presented. This suggests that there are hierarchy between the rulers, notably the authorities, and the ruled, i.e., society. Moreover, the authorities are seen as the securitizing actor. Framing a certain reference object as a threat thus requires a transaction whereby the authorities convince their societies that COVID-19 is dangerous, or the common enemy. Otherwise, in a specific circumstance that securitizing COVID-19 is not bought, the presence of threat is only regarded as the securitizing move—wherein the emergence of a threat is presented in a way that the authority imposes a top-down sense of urgency.

In Buzan's words, securitization is translated as “[the making of] ... existential threats to a reference object by a securitizing actor who thereby generates endorsement of emergency measures beyond rules that would otherwise bind” (Buzan, Wilde, & Wæver, 1998). This means that there are three main takeaways which can be pulled from the definition: the concept of security, the nature of referent object and the role of securitizing actors (Skidmore, D., 2014)

In the context of the COVID-19 pandemic, securitization of global health issue entails two level of securitizing move. First is the global level at which securitization of COVID-19 is determined by the WHO, following its declaration of the outbreak as a pandemic in March 2020 (WHO, 2020). Securitizing move done by one of these UN agencies thus accentuated the role of international organization in imposing sense of urgency. Second is started when the national government began securitizing COVID-19 as a threat to national security whereby, as noted, the metaphor of war was widely used.

The two level of securitizing moves, whose actors are notably the international organization and the governments, therefore, indicate that the role of securitizing actors is critical. Moreover, the extraordinary measures taken by the governments to deploy military troops are seen as institutionalizing the militaries as the instrument to cope with COVID-19.

The need to frame COVID-19 as a national threat became more acute for the fact that the early stage of the pandemic during which speculations about the disease that was intentionally created as a bioweapon were circulated has caused unreasonable fears [21]. As a result, this gives more legitimacy to the government not only to counter hoaxes but also to securitize COVID-19 as a deadly disease.

One of the strategies to securitize COVID-19 is to exploit the metaphor of war which is also used to illustrate the behind the scenes as to the military strategy is being applied to outbreak management. As such, the reference to Sun Tzu's *The Art of War*, for example, is used by Maxwell, Perl and Cutrell (2020) in which ancient military sages are still relevant as of today. Maxwell and Perl have noted that the relevancy of Tzu's wisdom which are then categorized into three ways to fight against the pandemic. Drawing on examples of how previous the pandemic, the 2003 SARS, was handled, several strategies introduced to fight against it show the importance of knowledge management—from tracing, testing, supply chain management, research, and development—as key to preparing for a pandemic.

## 2.2. CIVIL-MILITARY RELATIONS AMID COVID-19

A body of growing literature on civil-military relations (CMR) has identified how military institutions are situated within the state, either in democracies or less democratic countries. One seminal work on CMR was Huntington's *The Soldier and the State* in which the extensive theory of CMR was built at the first time. Huntington (1981) maintained that there are two types of civilian controls, which are distinguished based on subjective and objective characters. On the one hand, the former refers to the flexibility of military institution in the policy setting, which is primarily translated as greater control over national politics; on the other, the latter's characteristics are identified based on civilian-led control over the military whereby the military is reckoned as a tool or an instrument, which aims to be used as ways and means to achieve the end goals. These distinctive features therefore characterize the dynamics of CMR.

In other senses, normative theory of CMR in a more mature democracies (Burk, 2001), particularly in liberal democratic settings (Bland, *Patterns in liberal democratic civil-military relations*, 2001); the question being asked on how military is controlled by civil power to which the answer is through sharing of responsibility (Bland, 1999); are altogether form the basis for answering such a question.

However, the core puzzle needed to be solved in political science in which the question arisen with regard to CMR is the fact that, according to Feaver (1999), there is a paradox: “the very institution created to protect the polity is given sufficient power to become a threat to the polity.” This implies that the military are created to protect the nation state, thus insinuating the subservient nature of military per se. However, given the context of its enormous power, militaries could become a threat in the sense that its influence on political process might induce a coup d'état, which have been the case in many countries.

In the context of COVID-19, the involvement of military personnel has shifted and redefined the contemporary definition of CMR. The position of military vis-à-vis state during the pandemic also underwent adjustment. Based on Gibson-Fall (2021) observation, these alterations are caused by the gaps within health and

political systems. It thus presents a unique shift within which, at the national level, militaries complement, if not overtake, supposedly the civilian-led responses. If framing COVID-19 as a threat by using metaphor of war legitimizes the use of military forces—through which the principle of chain of command for the sake of effective action at the cost of collaboration is prioritized—the role of civilian in turn may be disregarded (Kalkman, 2021).

Accordingly, the trend of military engagements in response to the public health crisis at the domestic level, as Gibson-Fall (2021) suggests, is divided into three categories. (1) minimal technical military support; (2) blended civil-military responses; and (3) military-led responses. These categories postulate how deep the military involvement is in response to the COVID-19 pandemic.

Table 1. Three Trends in COVID-19 Civil-Military Involvements

Trend Types	Key Characteristics
Minimal technical military support	Civilian leadership and niche technical support provided by militaries
Blended civil-military response	Civilian leadership-military support in organization and logistics; air repatriations, border controls, mobile testing, quarantine and lockdown enforcement, emergency field hospitals
Military-led response	Military leadership in response planning and coordination, emergency hospitals, contact-tracing, surveillance, border controls, quarantine, and lockdown enforcement

Source: Gibson-Fall [8]

Furthermore, in pertaining to comparative analysis, each country's CMR dynamics is corresponding to historical factors that determined how militaries are situated, or in Gibson-Fall's words, context-specific political military legacies. Nevertheless, country-specific factors underpinning the different response outcome should never be disregarded. These partake of regime type, institutionalism, legitimacy, rule of law, media freedom, and accountability.

Other factors that determine military engagement level such as infection rate, political climates and institutional legacies are also considered. These also include the density of population in urban and rural areas, leader's competency (both in political and technocratic terms) , ministers and special taskforce for COVID-19 response. Equally important is the perception of and the impacts on citizens, especially the vulnerable and most affected communities, such as low-income populations whose livelihoods depend upon informal and high mobility jobs and sectors.



### 3. RESULT AND DISCUSSION

#### 3.1. MILITARY ENGAGEMENT IN SOUTHEAST ASIA

Militarizing COVID-19 in the efforts of persevering the challenges responses entails military engagement which depicts a process whereby military institution is deemed as the subsidiary of and the instrument for a state in order to achieve its objective: curbing the pandemic. While the government responses, either minimal technical military support, blended civil-military responses, or military-led responses are presented, this article will further extend these three categorizations based on the typology put forward in the method section.

The underlying basis of this typology application to Southeast Asian context is underpinned by the fact that the gap in literatures discussing comparative analysis on CMR in the region has been understudied and less theorized. It is in the context of CMR during the pandemic where the relationship between the two is changing. Therefore, CMR in the context of militarization which is employed by the state becomes a significant element on which its theory and practice will depend.

Nevertheless, it is also crucial to understand the contagion level and specific country-context from which the analysis will be constructed. This is due to fact that the varying degrees of military engagements in Southeast Asian countries depend on biosecurity preparedness. We argue that the more prepared the country in dealing biosecurity (re: the pandemic) is, the less likely the country will deploy the military troops. Public institutions led by civilian government—whose legal instruments are adequate, socio-economic responses are well-executed and -targeted—would be ready to implement necessary policy which avoid military deployment.

Furthermore, albeit militarization is still taking place, it still prevents from turning to military-led responses, which to some extent would result in human rights abuses. Latin America has exemplified this phenomenon where human rights abuses and forceful measures were justified in the name of emergency. This is also where the securitization issue comes into the equation. Late civilian-led responses that downplayed the early stage of the pandemic would, either deliberately or under pressure, employ the military. Therefore, the securitizing move by which the state framed it as a threat to national security therefore further legitimizes systemic restraint that limit public freedom. While the necessary measure to impose lockdown, for example, is in accordance with science, societal compliance would also depend on the effective measures implemented by the government, instead of militarization, which resulted from late responses and anti-science populism (Mietzner, 2020).

In analyzing the theoretical implications of the typology offered in the previous section on the case of Southeast Asian countries, this paper laid out a table below which incorporates the typology with the facts derived from news below.

Table 2. Military Engagement in Southeast Asian Countries During the COVID-19 Pandemic

Country	Logistic	Defense Industry	Crisis Management	Policing
Indonesia	-	-	3	-
Malaysia	2	-	-	-
Myanmar (pre and since coup d'etat)	-	-	-	-
The Philippines	3	-	2	3
Singapore	2	-	-	3
Thailand	-	-	-	-
Viet Nam	3	-	3	-

Source: Authors' Analysis

The table above provides overarching scores based on the typology of military responses to COVID-19 across Southeast Asian countries. That table was intended to quantify how deep the military engagement has been, given the various level of involvement of military. While the concept of securitization has postulated an underlying basis that underpins as to why COVID-19 is interpreted as a “war against invisible disease”—hence the metaphor of war—it also justifies the military deployment over several specified categories.

Not only is it able to provide a quantitative measure on the level of military engagements among selected Southeast Asian countries, but it also offers valuable insights into the roles of militaries, how militaries are being deployed, the capacity and the limitation of militaries, the civilian institutional capacity and preparedness. Consequently, the extent to which militaries are engaged in COVID-19 responses, in turn, suggests a confounded account in which regime type does not necessarily reflect the success story of a country whose governments might be less democratic (Iberahim, M.M. 2020; Nguyen, M. 2020)

### ***Indonesia***

#### ***Medical Care***

In collaboration with the Ministry for Public Works and Public Housing (PUPR), the Indonesian Military led the construction of the hospital, which was a Vietnamese refugee camp, for COVID-19 patients (Fadli, 2020). In another case, more than 2000 beds in Wisma Atlet, Jakarta, one of the places where the number of cases were high, were built. In addition, according to MOFA, Wisma Atlet is equipped with 3,000 beds, laboratories, pharmaceutical materials, and portable medical equipment (Ministry of Foreign Affairs of Indonesia, 2020). Moreover, it is reported that a huge site consisting of hospitals, observation centers, shelter, and quarantine was built in 8 days of the Island of Galang, equipped with 1,000 beds and began operating on 6 April 2020.

### Crisis-management

The Indonesian government decided to form a COVID-19 Taskforce led by Army Lt. Gen. Doni Monardo serving as the head and Gen. Andika Perkasa as deputy head of COVID-19 economic recovery committee (Mcrae, 2020). This implies that the involvement of military figures in efforts of tackling the pandemic in Indonesia is deep. 6 executive positions are held by senior generals, including Doni, and only one of the six has a public health background (Chandran, 2020).

### **Malaysia**

#### Border Security

The government formed the National Task Force (NTF) to manage illegal entry to Malaysia. The Malaysian Armed Force (MAF) was given a mandate to coordinate and integrate operation with other security enforcement agencies within the NTF. It aims to control illegal immigrants and foreign workers during pandemic time (Krishan, 2020). According to Malaysia, the heightening border restriction during the pandemic is meant to control the virus coming from other countries which is carried through the traveler.

#### Logistical

Malaysia has provided 14 tones of medical supplies with the help of the MAF based at Subang Air Base. It included personal protective equipment (PPE), isolation gowns, mask, and tyvek suits (Lee, 2020).

#### Medical Care

In providing adequate medical treatment facilities, Tawau field hospital has the availability of 100 beds, including four intensive care unit beds (Lee, 2020). The role of MAF in building six more field hospitals amid COVID-19 has surged. Previously, the three MAF field hospitals in operation are in Tawau, Sabah state, Kapit in Sarawak and Kepala Batas in Penang (The Strait Times, 2021).

### Crisis-management

The crisis management in Malaysia is led by civilian health minister Adham Baba, and Noor Azmi Ghazali and Aaron Ago Dagang as the deputy minister. As Malaysia also formed COVID-19 Task Force, it is chaired by Dato Kamarudin Jaffar who is the deputy minister of foreign affairs.

### **Myanmar**

#### Border Security

Jieago bridge, which links China-Myanmar was temporarily closed and patrolled by local party officials and militias in guarding the villages along the border (Caiyu & Xuanzun, 2021).

#### Medical Care

The medical facilities in Myanmar are largely controlled by the Tatmadaw, which is the Myanmar's military. It prepares several transit centers in Hlaing Township in Yangon and Naypyitaw for quarantine facilities. There are 40-member medical team to the COVID-19 center at the Hlegu Township, and in Yangon

Region, Tatmadaw have arranged a clinic in the Defence Services Liver Hospital (Thiha, 2020).

### ***The Philippines***

#### *Logistical*

The Armed Forces of the Philippines (AFP) was transporting of 1.9 million pounds of medical equipment and supplies via air assets of the Philippines Air Force (PAF), another 962,416 pounds delivered using the Philippine Navy (PN); distribute 2,455,288 foods packs nationwide; the AFP helped 57,870 civilians in returning to their province via military aircraft; AFP personnel donated PHP20.5 million to the Office of Civil Defense (Nepomuceno, AFP plays key role in gov't Covid-19 response: Gapay, in Philippine News Agency, 2020).

#### *Medical Care*

Philippine Army Covid 19 molecular lab now operating, accredited by Department of Health capable of conduction RT-PCR test about 90 samples a day (Nepomuceno, 2020). The AFP deployed over 2,000 doctors, nurses and military medical auxiliary in Covid 19 treatment and quarantine facilities nationwide, divided into 212 combined medical and security personnel outside the camp; 80 medical personnel deployed to man military emergency with 86 on standby and 46 on reserve, and 1,730 military (Nepomuceno, AFP plays key role in gov't Covid-19 response: Gapay, in Philippine News Agency, 2020).

#### *Crisis-management*

The government of the Philippines activated the Inter-agency Task Force on Emerging Infectious Disease (IATF-EID), consisting of the AFP, Philippine National Police (PNP), Philippine Coast Guard (PCG), Bureau of Fire Protection (BFP), and Barangay tannoids. IATF-EID is led by Department of Health, whose secretary is Fransisco Duque III who comes from a civilian background. (Philippines Government , 2021)

#### *Policing*

The Duterte administration has assigned 'former' military generals to deal with COVID-19 and police special forces to contain communities (Roberston, 2021). The 'shoot them' method, similar to war against drug strategy, is certainly militarized and is further example of the oppressive approach. The military has played a key role: operate checkpoints, distribute food, and manage local quarantine regulations (Asian Development Bank, 2020). However, over 9,000 officers of the PNP were deployed more than 35 curfew checkpoints across Metro Manila in March 2021 (PhilStar, 2021).

### ***Singapore***

#### *Logistical*

In March 2021, 6.000 SAF personnel were tasked to pack five million masks in two days, stabilizing the outbreak in foreign worker dormitories (Ministry of Defence Singapore, Fact Sheet: The SAF Stands Ready Amidst COVIS-19, 2021)

#### *Medical Care*

In April 2020, 2,000 Singapore Armed Forces (SAF) personnel were deployed in fight against COVID-19. Their roles include contact tracing, helping in scientific efforts as well as managing dormitories (CNA, 2020), helping to set up community care and recovery facilities, supporting contract tracing, and medical logistics operations (Ministry of Defence Singapore, Fact Sheet: The SAF Stands Ready Amidst COVID-19, 2021).

Singapore, as a small nation, has earned international praise. As part of the government's efforts to assure public health, the SAF was called upon to support distribution of medical masks to the public and helped to monitor passengers at Changi Airport and make phone calls to support contact tracing. And this is not the first time the SAF has been called to assist in a domestic contingency.

#### Policing

As compared to other Southeast Asian countries, the deployment of SAF in public domain in reducing the COVID-19 cases is accepted by the public. This is resulted from high degree of trust in government and military institution because the Singaporean government are prioritizing professionalism and social contract between the two is cofounded through conscription.

Another aspect about the deployment of the SAF is visibility; people in uniforms attract attentions and conveys a very clear message. Also, a majority of the SAF is made up of conscripts—the sons, brothers, fathers, and husbands of Singaporeans; by involving everyday Singaporeans through the largely conscript SAF, it also communicates the message that the entire nation is united in overcoming the common adversity (Ng, 2020).

#### **Thailand**

##### Medical Care

Hospitals in Thailand are divided into 3 categories, and one of them operated by Royal Thai Army, which is also public hospital.

##### Crisis-management

Minister responsible: Anutin Charnvirakul. (civiliann)  
 B) Deputy Minister responsible: Satit Pitutecha (civilian). Thailand's response to the COVID-19 pandemic has been guided by the Integrated Plan for Multilateral Cooperation for safety and mitigation of COVID-19, which drafted by Ministry of Public Health (Marome & Shaw, 2021).

#### **Viet Nam**

##### Border Security

Viet Nam has sent hundreds of additional troops to secure the Laos border and ensure no one enters country illegally. The military commander of Nghe An Province said that troops were in place at 34 posts and 22 stations along the border. Other provinces such as Quang Tri and Thua Thien Hue have also boosted the number of troops patrolling the border, including remote trails (New Strait Times, 2021). 1,6000 check points manned by 7,000 soldiers and officers were set up last year along Viet

Nam's borders as a part of the army's effort to prevent and control COVID 19 (Vietnam News, 2021).

#### Logistical

In April 2020, the High Command of Military Region 7 of the Việt Nam People's Army (VPA) on Tuesday handed over medical supplies and equipment to some units of the Cambodian Royal Army to fight the COVID-19 pandemic. The supplies include 50,000 face masks, 1,000 liters of hand sanitizer, 1,000 items of protective gear, and 200kg of Chloramine B. Military Region 7 also presented 30,000 face masks and VNĐ500 million (US\$21,450) to Vietnamese Cambodians to help them over this difficult time (Vietnam News, 2021).

#### Medical Care

More than 29,000 COVID-19 tests were conducted within military units, and nine army institutes now had capacity to conduct COVID 19 tests and 15 units had facilities to provide tests if needed (News, 2020).

#### Crisis-management

In the domain of crisis management, health ministry of Viet Nam is led by Lê Thành Long who is civilian and supported by deputy minister, including Phan Chí Hiếu Nguyễn Khánh Ngọc Đặng Hoàng Anh Nguyễn Thanh Tịnh Mai Lương Khôi. On the other hand, the Deputy Director, Department of Medical Service Administration, Ministry of Health, is Dr Vương Anh Dương who comes from civilian background as well. This implies that the elites in health sectors are mainly led by civilian, not that of militaries as opposed to other countries, such as Indonesia or the Philippines.

### **3.2. DEMOCRACY, MILITARIES, AND THE PANDEMIC**

The widely accepted norm of democracy in conjunction to how the militaries are being situated is that it is subservient to the state (Burk, 2001). Conversely, in functioning democracies, or perhaps in semi-authoritarian and hybrid regimes, where military figures are often being part of the ruling class, the military institutions are in fact, to some extents have the influence on politics.

The differences between liberal democracies and functioning democracies in terms of how dynamics of CMR in both differ are significant variable when it comes to decision-making process. The institutionalism in context- and country-specific is distinctive enough to accentuate the ways policies are taken. Furthermore, democracy the historical account on military institution in the decision-making process, either in the government or the parliament, also determines how policies will be made.

Military figures in the government as identified above, be it as the health minister, COVID-19 national taskforce, or other influential roles in the state, have certainly made an impact on military engagement and securitization of COVID-19. However, the subsequent questions need to be asked are: Were the securitization and securitizing move democratic? Did these military figures listen to scientific

arguments scrutinized in the decision-making process? And how was the securitization executed?

### **3.3. INDEX OF DEMOCRACY IN SOUTHEAST ASIA**

Southeast Asian countries have witnessed many ups and downs in politics throughout the end of 20<sup>th</sup> century. The reforms toward democratization, which were the efforts of disentangling from military and authoritarian rules, of these countries have undergone a rough path. Even in present days many of these countries are struggling to even have well-functioning democracy.

According to the Economist Intelligence Unit's (EIU) report on index of democracy in 2020 (The Economist Intelligence, 2021), the overall score of democracy has been declining due to restrictive measures imposed by the governments that affected individual freedoms and civil liberties. Several measurements introduced by EIU are civil liberties, freedom of expressions, and the failures of democratic accountability.

The overall indicators above intersect with the use of military force in the deployment of military institution in the public realm. Of course, it has altered the CMR due to the domain of military engagement in nature is to deal with external threat. Although there is a concept of military operations other than war, it only focused on humanitarian assistance, especially in the area where it is impacted by natural disasters.

### **3.4. STATE (IN)CAPACITY: GOVERNANCE, HEALTH SYSTEM, MILITARIES**

The increasing number of COVID-19 cases in Southeast Asia due to lack of state capacity in dealing with the pandemic through civilian-led approaches—mainly by public health experts and civilian medical personnel—has therefore exposed its pandemic unpreparedness. It also shows that health system is collapsing evidenced by the fact that hospital beds, albeit temporary hospital facilities built by militaries, are not enough. On the other hand, political system, regardless of its types, is evidently dislocated, given how messed up the coordination was and proven by miscoordination between central and local governments, let alone social compliance with the mass mobility restrictions.

The proponents of scientific and evidence-based decision-making were the actors—be it scientist, health workers or civil society organizations—who actively demanded COVID-19 to be securitized. Securitizing move, which according to Buzan is understood as labeling a security as a real threat that is based on intersubjectivity of the elites, has become political. What is exactly meant by political is that the governments that were at first downplayed the severity of COVID-19 eventually started securitizing COVID-19 as an existential threat. The domain of traditional sense of threat—which opts for tangible threats, such as military force, i.e.,

material factors—is no longer relevant in the context of COVID-19. It is the point where securitization has become politically discursive. The needs to repeatedly securitize COVID-19, which were learned from the number of deaths by which it has caused, was now becoming the top priority to the elites.

In countries where the governments had downplayed the early stage of the pandemic, it is challenging to enforce lockdown since the ripple effect caused by the governments is translated to low level of social compliance. It is this very reason that the governments have been struggling to securitize COVID-19 in the efforts of curbing with the pandemic. The downplay per se is a reflective of state incapacity. Consequently, while the detrimental effects caused by COVID-19 to politics, economic, and particularly health matters have been mounting, the governments therefore use the military troops as the instrument to enforce its policies.

Moreover, securitizing COVID-19 in a society—where the rate of distrust of government is high, where the government is corrupt and opaque, where social contract is not as binding as it should have been—is difficult. Low state capacity which is translated as incapacity of the government in tapering down the adverse impacts of COVID-19 on society would only increase dissatisfaction with the incumbent regime. At this point, securitization move by the state which goes hand-in-hand with military deployment as a mechanism to fill in the gap of civilian-led responses reflects an imposition of top-down sense.

On the other hand, the unintended consequence of this forced imposition also increases the numbers of social incompliance. This is in turn resulting in the disclosure of the state incapacity, which can only rely upon militaries, and as a result, is exacerbating public health crises. In other words, countries with weak health system are found to use top-down militarization to replace the central role of civilian-led governance.

However, the argument on the role of militaries filled with one sided subjectivity would lead to disinformation. It is also worth to note that geographical challenges also play an important role as to whether or not militaries are necessary. While there is an agreement, in theory, that either blended civil-military or military-led responses shows a political and technical incapacity of a state in containing the disease, the argument being put forward here is that the likeliness to deploy military in a country where it consists of dense populations and large areas that pose substantial dynamics and challenges is high. For instances, Indonesia and the Philippines, where military institutions have been the forefront in the fight against COVID-19, are great examples to illustrate why large populations as well as dynamic and challenging fields compel military troops to be deployed (Gibson-Fall, 2021).

Examining military engagements vis-à-vis other public institutions has offered a valuable insight in which militaries are used to compensate state incapacity (Gibson-Fall, 2021). Importantly, systematic review of military engagements will provide a comprehensive knowledge on what can be improved from civilian institutional gap.



## CONCLUSION

The classic understanding that a democracy index implies civil-military relations—the higher the index, the less military involvement—doesn't explain why many Southeast Asian countries with strong democracies yet placed military in charge of COVID-19 response. Therefore, the state capacity in providing health assurance to its societies determines the level of military engagement. States that have lower capacity in terms of public health facilities and leadership—which should be the domain of civilian governance—lead to lacunae which would be filled by military institutions. In other words, low state capacity will likely employ military as an instrument to respond to COVID-19.

COVID-19 marks the critical juncture which alters the dynamics of and the balance of power in CMR. This also further extends the concept of military operations other than war which has been the case in Southeast Asia and elsewhere. That is being enabled by the fact that the securitization has had impact on how state and its apparatus framed COVID-19 as a tangible threat, albeit microscopic, which then become a national security issue. Consequently, the use of metaphor of war language further propagates a top-down value imposition, i.e., securitizing move.

However, this securitizing move did not go smoothly as many governments were ignorant and unscientific during early pandemic and downplayed the virus. This is proven by many cases wherein the governments struggled to impose sense of urgency after many unnecessary deaths occurred that could have been avoided if the governments had taken a scientific and evidence-based action.

Cases of Southeast Asian countries in deploying military to curb the pandemic has revealed two-fold propositions in CMR amidst the shifting relationship: (1) countries which lack of state capacity tend to downplay the virus (encapsulated in populist anti-scientism), therefore accelerating securitization move with forceful means, i.e., militarization; (2) professional military deployment, which acts as the subservient of the state, avoid human rights abuses, gets more social acceptance. This is in line what the theory of securitization that it must go to the process of consensual building, which uses constructive knowledge between state who is the securitizing actor and the people who will accept the securitizing move. This is where rhetoric and how securitization is presented and delivered play a major part in gaining societal approval, which influences social compliance, faith in authority, rate of contagion.

The involvement of military in dealing with health emergency like COVID-19 has resulted new views on how military role is influenced by state's healthcare system. Nevertheless, other possible area of future research would be to investigate how military could also contribute in disaster management and public services due to the fact that military forces are frequently more able to respond swiftly and on a bigger scale than civilian actors because to their special equipment, and they are often deployed for political purposes both within the military and in the government at large.

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