

The Health-Security Nexus and the Impact of Epidemics on Global Security

by Matteo Bursi

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ABSTRACT

The aim of this paper is to illustrate the nexus between health and security, dealing, in particular, with the impact of epidemics and pandemics on global security. Firstly, it sheds light on the various shapes that the bidirectional link between health and security can assume. Secondly, it describes the threats posed to global security by three major virus epidemics – HIV/AIDS, Ebola and Covid-19 – with a focus on the European security environment.

Health | Security | HIV/AIDS | Ebola | Coronavirus

keywords

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Introduction

In the last decades growing attention has been placed on the way in which social unrests and armed conflicts can jeopardise healthcare systems and, consequently, deteriorate living standards and potentially cause the spread of viruses. Since the 1980s, the relevance of health to the area of security has also begun to be examined by scholars and policymakers,¹ so much so that the existence of a two-way causal relationship between health and security is today widely acknowledged. Academia, governments and international entities have investigated, *inter alia*, how critical sanitary problems may erode social cohesion and undermine institutional structures. Particular attention has been paid to the disruptive social and economic effects of epidemics and pandemics and their impact on conflictual dynamics.

This paper illustrates the two-way relationship between health and security, focusing on how it manifests itself in environments affected by epidemics or pandemics. Firstly, the paper looks into the various forms that the nexus between health and security can assume. Secondly, it describes the dynamic that has highlighted the crucial importance of health for global security, by looking at three diseases: HIV/AIDS, Ebola and Covid-19.²

¹ See, among others, Colin McInnes and Kelley Lee, "Health, Security and Foreign Policy", in *Review of International Studies*, Vol. 32, No. 1 (January 2006), p. 5-23, <https://doi.org/10.1017/S0260210506006905>; and David McCoy et al., "Global Health Security and the Health-Security Nexus: Principles, Politics and Praxis", in *BMJ Global Health*, Vol. 8, No. 9 (September 2023), Article e013067, <https://doi.org/10.1136/bmjgh-2023-013067>. According to the latter scholars, only since the 1980s, "a growing tendency in policy circles and the general media to frame various health problems as security threats" has emerged. This element is also reflected by the steep rise "in the frequency of references to 'security' by health academics" and by the exponential increase of "the number of publications in the PubMed database that mention both 'health' and 'security'" registered between 1980 and 2022.

² The paper draws on a literature review and on interviews with military personnel with direct knowledge and expertise of the topics under analysis.

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1. Health and security: A bidirectional relationship

While the devastating effects of conflicts and wars on human health have always been manifest, the relevance of health to security became a subject of deep analysis only during the 1980s, especially out of growing concerns over the potential health crises – and resulting social crises – in megacities in middle- and low-income countries and the exponential growth of international exchanges.³ Growing attention was paid to the diffusion of old and new diseases around the world, including scenarios in which a sanitary emergence threatens global security.⁴ The HIV/AIDS crisis contributed to further amplifying this alarm. Several scholars and institutions underlined the risk posed to global security by the wide diffusion of this disease within states with a poor healthcare system due to the potential spillover to other regions of the world. The subsequent outbreak of other lethal viruses (e.g. SARS and H5N1 avian influenza) that have destabilised several areas of the world has brought the utmost gravity of such threat into sharper relief. The relationship between health and security has also appeared increasingly complex and multi-faceted as a result of new threats stemming from technological developments such as bioterrorism and cyber-attacks. The acknowledgement of the bidirectional character of the causal relationship between health and security dimension is reflected in the inclusion of various health risks in the security agendas of national and international institutions.⁵ Drawing from the analysis by McCoy et al.,⁶ we can identify five possible configurations of such relationship.

First, a health emergency that does not pose a security threat but that prompts the deployment of military forces to perform functions aimed to relieve or facilitate the activities carried out by health workers, by, for example, providing logistical support for a mass vaccination campaign or an emergency airlift to transfer

³ See, for example, Laurie Garrett, "The Return of Infectious Disease", in *Foreign Affairs*, Vol. 75, No. 1 (January/February 1996), p. 66-79.

⁴ In this period some projects expressly based on the idea that health protection facilitates the preservation of peace were also initiated. Regarding this topic, see Ciro A. De Quadros and Daniel Epstein, "Health as a Bridge for Peace: PAHO's Experience", in *Lancet*, Vol. 360, Suppl. 25-26 (December 2002), [https://doi.org/10.1016/S0140-6736\(02\)11808-3](https://doi.org/10.1016/S0140-6736(02)11808-3).

⁵ It is relevant to note that the perception regarding the bidirectionality of the relationship between health and security became wide approximately at the same time as the emergence of the concept of "Human Security". In fact, this expression – the definition of which is still a matter of debate – has become rooted in the public debate during the 1990s and, as affirmed by Roland Paris, has essentially led policymakers and academics to "think about international security as something more than the military defense of state interest and territory". See Roland Paris, "Human Security. Paradigm Shift or Hot Air?", in *International Security*, Vol. 26, No. 2 (Fall 2001), p. 87-102 at p. 87, <https://www.belfercenter.org/node/20823>. In this sense, in the 1994 Human Development Report it is stated that "Human security can be said to have two main aspects. It means, first, safety from such chronic threats as hunger, disease and repression. And second, it means protection from sudden and hurtful disruptions in the patterns of daily life—whether in homes, in jobs or in communities." See United Nations Development Programme (UNDP), *Human Development Report 1994: New Dimensions of Human Security*, New York/Oxford, Oxford University Press, 1994, p. 23, <https://hdr.undp.org/node/1234>.

⁶ David McCoy et al., "Global Health Security and the Health-Security Nexus", cit., p. 7-9.

critically ill patients from one hospital to another.⁷

In a second scenario, military forces address a potential security threat arising from a health problem. This often happens during epidemic/pandemic events when military personnel are asked, for example, to ensure public order (e.g. lockdowns enforcement).

A third scenario occurs when a security predicament translates into a health threat. This is the case, for instance, of a military confrontation that is conducive to the emergence or the spread of viruses. Telling examples are the protracted military conflict in Syria and the war in Ukraine.⁸ The civil war in Syria caused a drastic deterioration of water quality which led to the outbreak of a cholera epidemic.⁹ The destruction of health facilities and the marked worsening of the quality of life in Ukraine has aggravated already existing health problems, with a worrying increase in cases of tuberculosis and the risk that asylum seekers suffering from this disease could prompt a surge of cases in other European countries.¹⁰

A fourth scenario concerns situations when health personnel are threatened or come under attack and, therefore, need the protection of security actors. This situation arises when, for instance, armed groups target medical facilities or health personnel (or both) with the aim of destabilising a certain territory or community during an ongoing war.¹¹

⁷ This was the case, for example, of the emergency transport of a two-month-old baby performed in the summer of 2024 by the Italian Air Force. On this point, see the Italian Air Force website: *Trasporto di emergenza: aereo dell'Aeronautica Militare trasferisce lattante di due mesi da Cagliari a Milano*, 5 July 2024, <https://www.aeronautica.difesa.it/?p=160259>.

⁸ Examples of this kind could be many, such as the current polio emergency in the Gaza Strip. See the World Health Organization (WHO) website: *Gaza Hostilities 2023 / 2024 - Emergency Situation Reports*, <https://www.emro.who.int/opt/information-resources/emergency-situation-reports.html>.

⁹ On 10 September 2022 the Syrian Ministry of Health announced the existence of a new cholera epidemic in the country. It is generally accepted in the academic world that this ministerial declaration was largely belated, especially in light of the difficulty of the Syrian health system – which has been in an extremely fragile condition for years because of the continuing military conflict – in collecting data on the health conditions of Syrian citizens. On this topic, see Bahaa Aldin Alhaffar et al., “The Cholera Outbreak in Syria: A Call for Urgent Actions”, in *IJID Regions*, Vol. 8 (September 2023), p. 71-74, <https://doi.org/10.1016/j.ijregi.2023.06.005>.

¹⁰ Tuberculosis was already widely present in Ukraine before the outbreak of the war. The Russian invasion, and the devastation it has generated, has exacerbated this health problem. See Pranabashis Haldar, Lauren Ahyow and Martin Dedicoat, “Responding to the Tuberculosis Risk of Forced Mass Migration from Ukraine: A Complex Challenge with No Simple Solution”, in *Thorax*, Vol. 79, No. 1 (January 2024), p. 5-6, DOI 10.1136/thorax-2023-220502; and Ed Holt, “Tuberculosis Services Disrupted by War in Ukraine”, in *Lancet Infectious Diseases*, Vol. 22, No. 5 (May 2022), Article e129, [https://doi.org/10.1016/S1473-3099\(22\)00214-6](https://doi.org/10.1016/S1473-3099(22)00214-6).

¹¹ Cases of attacks on health facilities by armies/terrorist groups are numerous. In this regard, consider for instance the attacks perpetrated by Russia against Ukrainian health facilities; on this topic see, among others, Dennis G. Barten et al., “Attacks on Ukrainian Healthcare Facilities during the First Year of the Full-scale Invasion of Ukraine”, in *Conflict and Health*, Vol. 17, No. 1 (2023), Article 57, <https://doi.org/10.1186/s13031-023-00557-2>. On the attacks perpetrated by Israel against health facilities in the Occupied Palestinian Territory, see the Report of the Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel

A fifth and last scenario pertains to situations in which medical personnel are asked to perform a security function in the absence of a health threat. They may be entrusted with the task of conducting surveillance or intelligence functions needed to obtain data for security purposes. These cases are more frequent in the states where fundamental rights of citizens are infringed¹² but they may occur even in countries that have a strong tradition of rule of law.¹³

2. The impact of epidemics on global security

The nexus between health and security tends to be particularly close during epidemics and, even greater, during pandemics. The spread of viruses within a population makes cooperation between security and health operators essential. Such health emergencies may cause the impoverishment of certain geographical areas, triggering social tensions.¹⁴ In this section we focus on three diseases that show how health emergencies heavily affect the security domain: HIV/AIDS, Ebola and Covid-19.

2.1 HIV/AIDS

The HIV/AIDS pandemic has played a key role in redefining the relationship between health and security. It was the experience of this disease that make health threats “officially” enter the realm of contemporary global security risks.¹⁵

The connection between HIV/AIDS and security began to be analysed in the 1980s as the emergence of this virus became increasingly evident in high income countries,¹⁶ while the nuclear threat appeared less threatening following the end of the Cold War.¹⁷ During that period, the rapid diffusion of the disease and its

(A/79/232), 11 September 2024, <https://undocs.org/A/79/232>; and WHO website: *Gaza Hostilities 2023 / 2024 - Emergency Situation Reports*, cit.

¹² An example is that of doctors who provide medical information of dissidents to public authorities in dictatorial countries.

¹³ This is, for example, the case in which medical personnel are required to report to the public security authorities that they have treated persons who suffered injuries attributable to crimes (e.g. a gunshot wound).

¹⁴ On this issue, see Rebecca Cordell, Reed M. Wood and Thorin M. Wright, “Disease and Dissent: Epidemics as a Catalyst for Social Unrest”, in *Global Studies Quarterly*, Vol. 3, No. 2 (April 2023), Article ksad031, <https://doi.org/10.1093/isagsq/ksad031>. According to the results of this analysis – carried out taking the distribution of epidemics and social unrest in Africa and Central America into account, over the period 1990-2017 – even medium and low-level epidemic events lead to an increase in social unrest.

¹⁵ Alex De Waal went so far as to state that this disease represented a watershed moment for global security at the beginning of the new millennium. See Alex De Waal, “How Will HIV/AIDS Transform African Governance?”, in *African Affairs*, Vol. 102, No. 406 (January 2003), p. 1-23, DOI 10.1093/oxfordjournals.afraf.a138809.

¹⁶ See Gwyn Prins, “AIDS and Global Security”, in *International Affairs*, Vol. 80, No. 5 (October 2004), p. 931-952 at p. 933-935, DOI 10.1111/j.1468-2346.2004.00426.x.

¹⁷ In fact, the end of the Cold War allowed scholars and national governments to focus on the so-

high mortality rate led Western institutions to consider the adverse effects that a widespread outbreak of this virus might have on global stability, particularly in low- and middle-income countries. According to Laurie Garrett, in 1987 the CIA drafted a report in which “it concluded that HIV/AIDS would have a serious destabilising effect on sub-Saharan Africa and warned that, without intervention, much of the region might devolve into civil wars, unrest, and downward economic spirals”.¹⁸

Two critical elements highlighting the potential impact of HIV/AIDS on international security emerged. Firstly, the high number of infected people threatened the economic and social systems of the affected areas. Indeed, the GDP decline in poor regions caused by the spread of the disease raised concerns that the resulting increase in unemployment and poverty could give rise to major social unrest in contexts where terrorist/violent groups already had a strong position.¹⁹ Secondly, it was feared that the virus could have a heavy impact on the armed forces of various states. Given the HIV sexual transmission pattern, the concern was that the disease could spread among the military personnel of some countries – predominantly composed of young males, often from lower socioeconomic backgrounds –, leaving the state vulnerable to both internal and external threats.²⁰

called “new threats”, going beyond the traditional analyses related to military conflicts. On the subject see, among others, João Nunes, “Health, Politics and Security”, in *e-cadernos CES*, No. 15 (2012), p. 142-164 at p. 151-152, <https://doi.org/10.4000/eces.989>.

¹⁸ Laurie Garrett, “HIV and National Security: Where Are the Links?”, in *CFR Reports*, July 2005, p. 23, <https://www.cfr.org/node/21824>. According to the United Nations Programme on HIV/AIDS (UNAIDS), at the beginning of the century, in sub-Saharan Africa, almost 29 million people lived with the virus. See UNAIDS, *Report on the Global HIV/AIDS Epidemic 2002*, Geneva, 2002, p. 22, <https://digitallibrary.un.org/record/502608>. On the incidence of HIV in Africa, and how it has evolved over the last two decades, see Laura Dwyer-Lindgren et al., “Mapping HIV Prevalence in Sub-Saharan Africa between 2000 and 2017”, in *Nature*, Vol. 570, No. 7760 (13 June 2019), p. 189-193, <https://doi.org/10.1038/s41586-019-1200-9>.

¹⁹ The link between poverty and the emergence of terrorist/violent movements has long been a subject of debate within the academia as well as the political world; in this sense, several scholars have argued that this link might not even exist. However, at the present time, also in the light of what happened in the 2010-2020 decade (for example, the emergence of Boko Haram and ISIS), we think it is reasonable to lean towards the existence of a correlation. On this topic, see Adesoji O. Adelaja and Justin George, “Is Youth Unemployment Related to Domestic Terrorism?”, in *Perspectives on Terrorism*, Vol. 14, No. 5 (October 2020), p. 41-62, <https://pt.icct.nl/node/5027>; Corinne Graff, “Poverty, Development, and Violent Extremism in Weak States”, in Susan E. Rice, Corinne Graff and Carlos Pascual (eds), *Confronting Poverty. Weak States and U.S. National Security*, Washington, Brookings Institution Press, 2010, p. 42-89, <https://www.brookings.edu/articles/poverty-development-and-violent-extremism-in-weak-states>; and Edward Newman, “Weak States, State Failure, and Terrorism”, in *Terrorism and Political Violence*, Vol. 19, No. 4 (2007), p. 463-488, DOI 10.1080/09546550701590636.

²⁰ Concerns about the incidence of HIV within the armed forces of African countries were massively raised particularly during the 1990s and early 2000s. The virus burden levels in the armies has since become a subject of debate, with several analysts arguing that this risk should be downgraded. On this point, for example, see Colin McInnes, “HIV/AIDS and Security”, in *International Affairs*, Vol. 82, No. 2 (March 2006), p. 315-326 at p. 319-322, DOI 10.1111/j.1468-2346.2006.00533.x. In the following years, great attention was also paid to the issue of peacekeeping and to the possibility that soldiers employed in such operations could become infected and vectors for the spread of the virus. With this in mind, upon the initiative of the United Nations, investments were made to strengthen the awareness of members of the armed forces regarding the ways in which HIV is transmitted, as well as “practical” measures to make the spread of the disease less likely (e.g. through the distribution of condoms, see Laurie Garrett, “HIV and National Security”, cit., p. 31).

The widespread awareness of those two factors, which prompted an unprecedented mobilisation of scientists and communities affected by the disease, had a major role in convincing the United Nations and the G7 to act on the matter. A novel approach emerged that went beyond what had traditionally been done in the health field. The United States gave a fundamental impulse to this effort to understand the security implications of HIV/AIDS.²¹ Several prominent US academics and policymakers promoted a broader concept of national security that included epidemic diseases among the potential sources of new international tensions resulting in significant changes in the balance of power and new conflicts, which could spill over to economically advanced countries.²²

Under the leadership of United Nations Secretary General Kofi Annan (1997-2006), HIV/AIDS was put on the agenda of both the Security Council and the General Assembly and a landmark UN Security Council resolution was adopted in 2000. Noting with particular concern the precarious situation experienced in Africa, UN Security Council resolution 1308 (2000) stated that the HIV/AIDS pandemic, "if unchecked", could represent "a risk to stability and security".²³ For the first time the international community formally recognised a disease as a threat not only to global public health, but also to global security. The United Nations General Assembly also called for the creation of a new fund to fight AIDS. This initiative was endorsed by the G8 and resulted in the creation of the Global Fund to fight AIDS, tuberculosis and malaria at the 2001 Genoa summit under the Italian presidency. The United States later went a step further, by creating its national programme against HIV/AIDS, PEPFAR.²⁴ By September 2023, with this initiative, the US has supported antiretroviral treatment for more than 20 million people, enabling, at the same time, 5,5 million children to be born HIV-free to mothers affected by HIV.

2.2 Ebola

The Ebola epidemic of 2014-2016 represented a health emergency of a different nature.²⁵ Ebola transmission modalities anchored the disease in sub-Saharan Africa,

²¹ It is fair to state that the United States has been the country that, more than any other, has pushed for the UN's identification of HIV/AIDS as a threat to global security. In this regard, see Gwyn Prins, "AIDS and Global Security", cit., p. 940-942.

²² Concerning US recognition of HIV/AIDS as a threat to national security, see Susan Peterson, "Epidemic Disease and National Security", in *Security Studies*, Vol. 12, No. 2 (Winter 2002/3), p. 43-81, <https://smpete.people.wm.edu/files/epidemic.pdf>.

²³ UN Security Council Resolution 1308 (2000), adopted on 17 July 2000, <https://digitallibrary.un.org/record/418823>.

²⁴ The US President Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 by George W. Bush. Through PEPFAR, US has invested in over 50 countries more than 100 billion dollars in HIV/AIDS treatment and prevention. The programmes' achievements are reported in the PEPFAR factsheets: see *Latest Global Results & Projections*, December 2023, <https://www.state.gov/pepfar-latest-global-results-factsheet-dec-2023>.

²⁵ Regarding this epidemic, see, among others, Edward C. Holmes et al., "The Evolution of Ebola Virus: Insights from the 2013-2016 Epidemic", in *Nature*, Vol. 538, No. 7624 (12 October 2016), p. 193-200, DOI 10.1038/nature19790; and Jolie Kaner and Sarah Schaak, "Understanding Ebola: The 2014

unlike the later Covid-19 pandemic.²⁶ The 2014 Ebola outbreak in West and Central Africa was mainly concentrated in Liberia, Guinea and Sierra Leone, with minor and rapidly controlled outbreaks in Nigeria and Mali. Despite the epidemic's territorial delimitation, there was widespread awareness about its potentially damaging effects on global security. The lethality rate of the disease,²⁷ along with its rapid rate of propagation and the danger it posed to medical personnel, made it evident that it could lead to the destabilisation of densely populated geographical areas, generating major side effects on the affected security environments. In addition, Ebola highlighted how increased human penetration into wild environments could lead to the emergence, and resurgence, of dangerous viruses.²⁸

On 18 September 2014, with Resolution 2177, Ebola was classified by the UN Security Council as a "threat to international peace and security".²⁹ This characterisation – the second after HIV/AIDS – was accompanied by the creation of the UN Mission for Ebola Response (UNMEER).³⁰ Alongside the UN's action, an important role in tackling this health crisis was played by the armies of some countries.³¹ Highly specialised military units conducted logistical activities – such as setting up field

Epidemic", in *Globalization and Health*, Vol. 12 (2016), Article 53, <https://doi.org/10.1186/s12992-016-0194-4>.

²⁶ Indeed, Ebola is transmitted through contact with the blood, secretions, organs or other biological fluids (e.g. saliva, urine, vomit) of infected people (even dead) and through contact with environments that have been contaminated with such fluids.

²⁷ According to the World Health Organization (WHO), the average Ebola case fatality rate is close to 50 per cent. See WHO website: *Ebola Virus Disease*, 20 April 2023, <https://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease>.

²⁸ In fact, scientific papers produced after the epidemic have shown the very likely correlation between the outbreak of Ebola and (fragmented) deforestation; see, for example, Maria Cristina Rulli et al., "The Nexus between Forest Fragmentation in Africa and Ebola Disease Outbreaks", in *Scientific Reports*, Vol. 7 (2017), Article 41613, <https://doi.org/10.1038/srep41613>. This link – as was also pointed out to us during our interviews – makes the risk of epidemic/pandemic increasingly likely, given the continuous human "enlargement" registered in recent decades towards areas inhabited by wildlife.

²⁹ The resolution stated that "the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security". See UN Security Council Resolution 2177 (2014), adopted on 18 September 2014, <https://digitallibrary.un.org/record/779813>.

³⁰ UNMEER has been the UN's first-ever emergency health mission. It was established on 19 September 2014 following the unanimous adoption of General Assembly Resolution 69/1. See Adam Lupel and Michael Snyder, "The Mission to Stop Ebola: Lessons for UN Crisis Response", in *IPI Reports*, February 2017, <https://www.ipinst.org/?p=13730>.

³¹ To tackle Ebola, the United States created Operation United Assistance (the first US military operation to support a disease-driven foreign humanitarian assistance mission). Meanwhile, the United Kingdom launched Operation Gritrock, primarily aimed at Sierra Leone. See Remington L. Nevin and Jill N. Anderson, "The Timeliness of the US Military Response to the 2014 Ebola Disaster: A Critical Review", in *Medicine, Conflict and Survival*, Vol. 32, No. 1 (2016), p. 40-69, DOI 10.1080/13623699.2016.1212491; and Martin Bricknell et al., "Operation GRITROCK: the Defence Medical Services' Story and Emerging Lessons from Supporting the UK Response to the Ebola Crisis", in *BMJ Military Health*, Vol. 162, No. 3 (2016), p. 169-175, DOI 10.1136/jramc-2015-000512. One interesting fact to note is that, at a certain stage of the epidemic, when the health authorities of the affected countries were unable to cope with the growing number of sick people, even the non-governmental organisation *Médecins Sans Frontières* called for the intervention of military forces, in light of the ability of armies to deploy resources and technologies that were essential to contain the spread of the virus. See Sophie Arie, "Only the Military Can Get the Ebola Epidemic under Control: MSF Head", in *BMJ*, Vol. 349, No. 7979 (18 October 2014), p. 16-18, <https://doi.org/10.1136/bmj.g6151>.

hospitals – and assisted health personnel by supplying medical equipment and providing training in disease management skills.

The deployment of military personnel in the fight against Ebola was a novelty of paramount importance. For the first time, large-scale military contingents not directly affected by a health emergency were dispatched to other states (of a different continent) to deal with an epidemic that, if uncontrolled, could threaten regional as well as global stability. The fear was also that the virus could spread beyond the sub-Saharan African space. The governments of high-income states deemed it necessary to “securitise” a health crisis ravaging another area of the world to prevent the risk that it could have far-reaching destabilising effects.

2.3 Covid-19

Covid-19 has been a highly damaging event which, in addition to the huge death toll, has prompted policymakers to take measures that have caused widespread disruption of global supply chains and temporarily significantly limited personal freedoms. The outbreak of the pandemic caught governments and international organisations unprepared, despite the fact that health experts had long emphasised the risk of the outbreak of new pandemics.³² Security and public health were closely intertwined during Covid-19 as military forces in various countries were engaged in multiple activities aimed at countering the virus’s spread. Three main types of functions performed by military personnel can be identified:

- they were mobilised to provide logistical support. For instance, they were responsible for distributing medical supplies, constructing hospitals and converting military facilities into healthcare centres. Additionally, in the early phases of the pandemic, the military was tasked with repatriating citizens who had contracted the virus abroad through special flights;³³
- military personnel were deployed in order to provide direct healthcare to patients. Military medical professionals were stationed in hospitals and vaccination hubs to assist civilian healthcare workers;
- Armed forces were responsible for ensuring public compliance with legally mandated restrictions on movement and assembly. Military personnel played a crucial role in enforcing lockdown measures and were deployed to restrict access to areas with high infection rates.

³² Several interviewees argued that such a pandemic was not an imponderable event. Moreover, various academic publications have highlighted this aspect. See, for example, Devi Sridhar, “COVID-19: What Health Experts Could and Could Not Predict”, in *Nature Medicine*, Vol. 26 (2020), Article 1812, <https://doi.org/10.1038/s41591-020-01170-z>; Naim Mahroum et al., “The COVID-19 Pandemic – How Many Times Were We Warned Before?”, in *European Journal of Internal Medicine*, Vol. 105 (November 2022), p. 8-14, <https://doi.org/10.1016/j.ejim.2022.07.009>; and Independent Panel for Pandemic Preparedness & Response, *COVID-19: Make It the Last Pandemic*, May 2021, <https://theindependentpanel.org/?p=1560>.

³³ One example is the military flight organised in February 2020 by the Italian Air Force to repatriate Italian citizens present in Wuhan, the epicentre of the virus at the time. On this point, see the Italian Air Force website: *Coronavirus, rientrati italiani da Wuhan con il KC767A dell’Aeronautica Militare*, 3 February 2020, <https://www.aeronautica.difesa.it/?p=16076>.

The Covid-19 pandemic caused social unrest,³⁴ underscoring how a health crisis can evolve into a threat to national security. In western countries, especially within the European Union, the virus was exploited by extremist groups/political parties (such as Forza Nuova, Alternative für Deutschland and Freiheitliche Partei Österreichs) and hostile states (in particular, Russia) to fuel public discontent toward institutions. Anti-system movements spread misinformation, particularly via social networks, aimed at downplaying the severity of the virus and questioning the rationale behind social restrictions and vaccination campaigns imposed by governments. This “poisoning” of information contributed to stirring up public protests that in some cases escalated into violent demonstrations.³⁵ Hostile states, on one hand, exaggerated the effectiveness of their own measures; on the other, they sought to erode public trust in western institutions, aiming to boost support for parties with ideologies and positions more sympathetic with those of authoritarian regimes.³⁶

These massive disinformation campaigns prompted the European institutions to act more vigorously against the spread of fake news on social networks.³⁷ Various provisions of the Digital Service Act are, at least partially, inspired by the pandemic experience.³⁸

It must be noted that Covid-19 also led to a reallocation of resources from the defence sector to the healthcare domain; this shift limited the military’s operational capacity in response to potential “traditional” threats. Indeed – as emphasised

³⁴ On the nexus between Covid-19 pandemic and social unrests, see Reed Wood et al., “Resisting Lockdown: The Influence of COVID-19 Restrictions on Social Unrest”, in *International Studies Quarterly*, Vol. 66, No. 2 (June 2022), Article sqac015, <https://doi.org/10.1093/isq/sqac015>.

³⁵ In this regard see, among others, Kate Cox et al., *COVID-19, Disinformation and Hateful Extremism. Literature Review Report*, Santa Monica, RAND, March 2021, https://www.rand.org/pubs/external_publications/EP68674.html; and Pamela G. Faber et al., “Viral Extremism. COVID-19, Nontraditional Threats, and US Counterterrorism Policy”, in *CNA Occasional Papers*, March 2021, <https://www.cna.org/reports/2021/03/viral-extremism-covid19-and-nontraditional-threats>. In this sense, a meaningful event is the attack on the headquarters of the CGIL trade union perpetrated, during a demonstration against the so-called “Green Pass”, by extreme right-wing organisations; see Angela Giuffrida, “Calls to Ban Neofascist Groups after Violence at Roma Covid Pass Protests”, in *The Guardian*, 11 October 2021, <https://www.theguardian.com/p/j7t57>.

³⁶ About this topic, see Marc Ozawa, “NATO and Russia in the Time of Corona. Countering Disinformation and Supporting Allies”, in Thierry Tardy (ed.), “COVID-19: NATO in the Age of Pandemics”, in *NDC Research Papers*, No. 9 (May 2020), p. 21-29, <https://www.ndc.nato.int/news/news.php?icode=1440>; and Aiden Hoyle et al., “Web of Lies: Mapping the Narratives, Effects and Amplifiers of Russian Covid-19 Disinformation”, in Ritu Gill and Rebecca Goolsby (eds), *COVID-19 Disinformation: A Multi-National, Whole of Society Perspective*, Cham, Springer, 2022, p. 113-141.

³⁷ Since the early months of the pandemic, the European institutions have taken this issue into consideration. In this regard, for example, the Code of practice on disinformation has been strengthened as direct consequence of the fake news related to Covid-19. See the European Commission website: *Tackling Coronavirus Disinformation*, https://commission.europa.eu/node/4257_en.

³⁸ European Parliament and Council of the EU, *Regulation (EU) 2022/2065 of 19 October 2022 on a Single Market for Digital Services and amending Directive 2000/31/EC (Digital Services Act)*, <http://data.europa.eu/eli/reg/2022/2065/oj>. With this text, the EU has set several obligations for digital platforms regarding the contrast of disinformation.

during our interviews – the effort required to military personnel in order to fulfil the functions mentioned above inevitably diverted defence operators from their core responsibilities, with negative implications for the planning of other interventions and readiness to respond to additional crises.

Conclusions: A permanent threat in an interconnected world

The HIV/AIDS, Ebola and Covid-19 epidemics underscore the bidirectionality of the causal relationship between health and security, highlighting how significant threats to global stability can also stem from healthcare emergencies. Arguably, the Covid-19 pandemic has, more than any other virus in contemporary times, underlined this point, prompting even those outside the field to recognise the potential and devastating spillover effects that can arise from a health crisis originating in a remote part of the world. In today's context, characterised by climate change, a high degree of interconnectedness between continents and a rapid demographic growth in low- and middle-income countries, the risk of new epidemics appears very serious.³⁹ Likewise, the great number of armed conflicts currently taking place amplifies the possibility that people fleeing from crisis situations may lead to the resurgence of viruses within states where these diseases were considered eradicated. Approaching these dangers as purely health-related is clearly misleading and obscures the true scope of these menaces, limiting the effective capacity of institutions to contain the viruses in their primordial stage. National governments, as well as European and international organisations should therefore regard epidemics and pandemics as major threats to stability and consider the allocation of resources to cope with them early on as crucial investments in citizens' security and key to minimising their harmful effects and enormous costs for the affected communities.

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³⁹ Regarding the not-negligible probability of new epidemics/pandemics in the present scenario, see Marco Marani et al., "Intensity and Frequency of Extreme Novel Epidemics", in *PNAS*, Vol. 118, No. 35 (August 2021), Article e2105482118, <https://doi.org/10.1073/pnas.2105482118>.

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