

EXECUTIVE SUMMARY



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Civil-Military-Police Coordination during National Responses to COVID-19

Australia

New Zealand

United States

ACMC



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Introduction

The Australian Civil-Military Centre (ACMC) conducted a three-nation comparative examination of civil-military-police coordination during national responses to COVID-19 in Australia, New Zealand, and the United States (US). Case studies were completed for each nation using key informant interviews and literature. ACMC conducted the Australian case study, with Massey and Brown Universities completing the New Zealand and US case studies respectively. These case studies are the foundation of the project, which has produced a suite of documents including this Executive Summary, case study reports, leadership essays, a cross-case comparison report, and practical considerations for the use of militaries during public health emergencies. Their collective purpose is to transfer effective coordination strategies and practices, and lessons learned to future public health emergencies and events which affect all sectors of society simultaneously.

As the project summary, this document provides readers with novel factors that were found to influence coordination during COVID-19 responses, effective coordination practices from each nation, and recommendations for future public health emergencies. Despite identifying some novel factors, overall, this study found that coordination during national responses to COVID-19 shares more similarities than differences with geographic or sector bounded crisis responses. This is because the importance of pre-established relationships, employing the best suited people to work in diverse teams, and civil-military-police teaming emerged as key factors of effective coordination.

Coordination during National Responses to COVID-19

The COVID-19 national emergency was unique by affecting all sectors of society simultaneously. Emerging literature regarding public health emergencies are considered a distinct civil-military-police coordination setting.¹ Variances in coordination strategies means that there has been no single or exemplar response path identified.² Instead, the project found that responses had similar foundations, both across nations and when compared to other crisis response. This was that COVID-19 had a technical component (public health) and an operational component (allocation and coordination of resources against necessary tasks).

In conducting the tasks necessary to respond to COVID-19 and its health, societal and economic effects, Australia, New Zealand, and the United States, used their defence force and National Guard to varying degrees. Use of militaries in this way reflects that 'civil-military-police coordination' in a public health setting centres on how militaries and the National Guard were employed and integrated, at all levels of a response, in support of lead agencies and their outcomes.

National governance and decision-making frameworks provided a starting point for coordination, however in all case studies, these structures were adapted as understanding of the epidemiological nature and implications of COVID-19 grew. In addition to the national level, Australia and US states and territories also had jurisdictional responsibility. In Australia a national strategy and plan was in place, however it was states and territories who held decision-making authority on public health measures.³ Similarly, in the US, much of the response was pushed down to state and local levels, especially when federal strategy and resources did not match response requirements. Both contrast with New Zealand, which has a unitary system of governance with centralised authority that was found to generate less inter-jurisdictional conflict.⁴ Despite these considerable differences in national context, civil-military-police coordination was found to consistently occur at operational and tactical levels with a similar purpose to support lead agencies, which were often health departments or law enforcement.

Factors that Influenced Coordination

Jung et al (2021) found that "health and wellbeing are products of politics, policies, strong and empathetic leadership, coordination, and mechanisms of accountability at all levels and

across all sectors.”⁵ This meant that national responses to COVID-19 were complex, informed by many factors, and had far-reaching social, health and financial implications. These implications precipitated a very high degree of political interest and influence that drove taskings at operational and tactical levels. As like other crises response situations, COVID-19 necessitated the merging of organisational cultures into multi-agency teams. Effective coordination occurred where there were pre-established relationships or where relationships formed quickly by putting well-suited and informed people into multi-agency teams.⁶ This is an enduring characteristic of civil-military-police coordination, with relationships resulting in understanding of each other’s organisational culture and capabilities to harness and employ respective organisational strengths.

Countering the epidemiological nature of COVID-19

The epidemiology of COVID-19 was an invisible threat which nations had not faced in our lifetime. Compliance with public health measures required communities to trust authorities to a greater degree than other types of crises. Firstly, because there was initially little understanding of the nature of COVID-19 and how it was spreading through communities. Secondly, because nations turned to the militaries and National Guard to implement measures to contain the spread. These activities included military and National Guard presence in communities to conduct compliance, assurance and welfare checks, and vaccinations once a vaccine had been developed. In some communities, there was trust in authorities and military presence. In others, including First Nations and culturally and linguistically diverse (CALD) communities, this trust had to be built. Coordinated civil-military-police efforts were required and occurred to support social cohesion in this way. Examples of good community engagement practices are drawn from the case studies to reflect coordination approaches, building trust to support access to First Nations and CALD communities. Some of the more novel factors of national COVID-19 responses that required focused civil-military-police efforts included:

Responding to misinformation and disinformation

One of the novel factors of civil-military-police coordination was the need for collective efforts to counter misinformation and disinformation entering communities. A specific example is drawn from New South Wales (NSW), Australia to highlight good coordination practice. Social media posts claimed that the Australian Defence Force (ADF) was forcibly vaccinating or detaining members of the Australian community.⁷ This misinformation reached First Nations communities and together with community leaders and the NSW Police Force, the ADF assisted to dispel these messages and enable access by their Vaccination Outreach Teams (VOT).

While the ADF was responsible for VOT, they were designated ‘in support’ of NSW Health and Police, with the latter having the best engagement with First Nations communities through the Aboriginal Community Liaison Officers (ACLO). A zoom meeting was set up to speak with First Nations community leaders to counter a message that the ADF were forcibly vaccinating people. Colonel Warwick Young opened the meeting with a statement

“I have heard all the information and misinformation that you’ve been given, and I’ll open by saying I understand why you might find it hard to trust a middle-aged white fella in a uniform. I get that you’re scared because of the mistakes that have been made in the past. All I can tell you, is that I honestly believe, you as a community are a national treasure, the oldest living civilisation on Earth. I wear this uniform to protect our nation and its treasures, and that is what I’m here to do.

I know how connected to country you are. If you look at the colours of my uniform, the pattern is called the Australian Military Camouflage Uniform. These colours within it are the colours of the Australian bush, and it was specifically designed this way to protect our country. This is your uniform; this is your country, and you have ownership over it. I’m not going to tell you how to run this or how to do it - I’m handing this over to you to tell us how you want it done’.

Collective civil-military-police efforts in setting up and conducting this meeting led to assurances from communities to support access by ADF VOT. Within 10 weeks there were five VOTs operating across remote areas of Western, Southern and Northern NSW. These teams achieved a significant increase in vaccination rates. Some of the communities had vaccination rates as low as 10 percent before the VOTs were deployed. As a result of VOT efforts, some vaccination rates increased to over 90 percent in all communities.

Adapting to meet community perception and needs

Another novel factor was that civil-military-police coordination existed within broader societal issues and challenges, including negative or hesitant perceptions of the military and National Guard. For example, in the US police and military involvement coincided with the civil order challenges of the January 6 riots and the Black Lives Matter movements. To access communities, civil-military-police coordination efforts were tailored to meet community perceptions and needs. Examples from Australia and the US are provided below to demonstrate this coordination factor.

Military in non-public facing roles

In Australia, one of the tasks assigned to the ADF was distributing food to CALD communities in Melbourne. Some CALD communities, because of previous personal experiences, have negative or fearful perceptions of military personnel. One approach used by the ADF to adapt to these perceptions was to ensure they were not in public facing roles, and was achieved through separation of roles and close civil-military coordination. This practice was adopted by the ADF when supplying a food distribution point. It saw the ADF deliver to a central point and state workers to distribute the food to community members. In this case, the ADF was not in a public facing role in consideration of community needs.⁸ In comparison, coordination efforts in NSW consisted of police-military teams conducting compliance, assurance, and welfare activities in communities when appropriate. While different approaches, both demonstrate how civil-military-police coordination was tailored to community needs.

Mobile vaccination

In the US, mobile vaccination efforts provided CALD and vulnerable communities with easier access to vaccinations. These efforts focused on communities with low vaccination rates to overcome barriers to access, including language, negative or fearful perception of military and National Guard, documentation/immigration status or inability to take time off work. Mobile vaccinations were conducted in locations that were largely outdoors in open public spaces where people could see what was happening and felt safe to approach, such as a church parking lot or basketball court.⁹ These efforts were community-based, fully considered diversity and equity as part of the vaccination campaign and were part of the National Strategy for the COVID-19 Response and Pandemic Preparedness.¹⁰ Where needed, local law enforcement augmented security staff, however mobile vaccination efforts were largely conducted by civilian nurses, technicians, emergency medical works and community partners. They complemented the official, large, and fixed vaccination sites, which had military and National Guard presence to maximise implementation of public health measures.¹¹

Operationalising a public health response

Another novel coordination factor that arose during national COVID-19 responses was supporting health departments or lead agencies to 'operationalise' their response. This was because COVID-19 necessitated they respond in an operational manner outside of their normal policy or service delivery structures. Nations approached this differently as discussed below, however in general, military operational support included providing planning, leadership, and operational administration. In New Zealand, it also included policy development.

In Australia, there were instances of dual-leadership arrangements including civil-military (national-level in the National COVID-19 Vaccine Campaign Plan) or civil-police

arrangements (in NSW with lead agencies being health and police). ADF personnel also integrated into health departments or coordination structures, such as the Victorian Aged Care Response Centre (VARC) and Vaccine Operation Centre (VOC) in Canberra and provided support to develop standard operating procedures (SOPs) and share advice in areas of planning expertise or operational administrative support.

In New Zealand, like Australia, the Ministry of Health was supported by various agencies to manage the operational component of the response, including the police and the military. It faced challenges because it is a policy agency, not an operational agency like the police or military. The department was also not positioned to manage operational requirements in an Whole of Government manner and contribute the public health component of the response. To maintain a health-led response and support effective coordination, New Zealand maintained a conceptual approach with public health as the starting point, with other agencies adding their considerations, perspectives, and capabilities. This saw the New Zealand Defence Force (NZDF) integrate into the national response by providing planning, logistic and liaison staff to support Customs to manage their border and law and order workstreams respectively. Later they shared operational control of the Managed Isolation and Quarantine (MIQ) system. For the NZDF, their operational utility was having a workforce trained in planning and having organisational capabilities including a workforce with specialist skills and 'surplus' capacity.¹²

In the US, national governance and plans for pandemic responses has the Department of Health and Human Services (HHS) as the primary and coordinating agency for Emergency Support Function (ESF) #8. This is the federal mechanism for coordinating federal assistance to supplement state, local, tribal, and territorial (SLTT) resources during public health and medical emergencies. However, on March 19, 2020, the White House Coronavirus Task Force directed the Federal Emergency Management Agency (FEMA, within Department of Homeland Security [DHS]) to take over the coordination and management role from HHS as part of its whole-of-government approach to the pandemic. This resulted in the national response being led by DHS with the HHS as a co-lead. In the early part of the response, a lack of national strategy from these departments meant that responses were pushed out to the states, making each state's response different.¹³ Within states, responses became locally driven, with counties defining and describing their requirements.¹⁴

While different approaches were used to merge public health expertise with operational and coordination capability, it was found that public health emergencies require operational leadership, experience, and competencies. These are not always resident in lead agencies because of their policy or service delivery roles. Effective civil-military-police coordination practices, including harnessing organisational strengths, clear strategy, and clarity of roles and responsibilities, is necessary to support lead agencies with operational structures, competencies, and behaviours. This ensures that health departments and experts are supported to focus on providing their expertise to inform strategy, decision-making and resource prioritisation.

Effective Civil-Military-Police Coordination Practices

Each nation approached COVID-19 differently, in terms of governance, coordination and use of militaries. Effective civil-military-police coordination practices are provided here to give insight into 'what works' during a public health emergency response. These practices largely reflect that effective coordination is grounded in enduring themes of teaming and complementarity. What we learn is that national responses to COVID-19 share more similarities than differences with geographically or sector bounded crisis responses, and effective coordination requires ongoing efforts in these areas until it becomes 'business-as-usual' as the NZ case study demonstrates.

Australia - civil-military-police teaming

The Australian case study demonstrates effective civil-military-police teaming, at all levels and in varying settings. In addition to the examples noted above, the Department of

Defence, which includes Australian Public Servants (APS) and uniformed members, teamed with members from other government departments to provide a range of services to support the Australian population and economy. In some state jurisdictions, civil-military-police teams formed to conduct tactical activities and were disbanded on completion of the activity. The activities these teams conducted included strategic and operational planning, contact tracing and outbreak management, community engagement and testing, mobile testing, welfare assistance to locked down and isolated communities, strategic messaging and community engagement within a CALD overlay, multi-agency joint intelligence and coordination of interagency responses. Much of Defence's internal response was also civil-military teaming between uniformed members and public servants ('One Defence'), most notably at the operational/strategic levels in areas of Defence providing support to Australia's economy through the Service Delivery Division.

Two examples are provided below of the International Freight Assistance Mechanism (IFAM) and Vaccine Operations Centre (VOC) to highlight some specifics of civil-military teaming.

International Freight Assistance Mechanism (IFAM)

A small team of Air Force personnel with expertise in logistics was instrumental in establishing IFAM within the Australian Trade and Investment Commission (AUSTRADE). IFAM's role was to reconnect Australia's supply chains particularly for high value perishable freight exports such as coral trout, pork, beef, dairy, and vegetables. The ADF became involved in IFAM after it was jointly established by the Department of Infrastructure and Transport and AUSTRADE. A shared leadership approach was adopted with two Principals, an ADF member (Air Vice Marshal) and a civilian (International Freight Coordinator General). The ADF's contribution included a management and expertise role that assisted IFAM to better understand freight and freight movement.

Vaccine Operation Centre (VOC)

Defence personnel supported the Commonwealth Department of Health through placement in the VOC. Personnel provided planning, operations, and logistics support, including developing SOPs to assist with decision-making, provision of advice in relevant areas (e.g., cold chain supply), and operational administrative support to bring order in a high tempo environment. Proactive support, such as labelling offices, developing orientation packages, and data management, assisted to operationalise the VOC. ADF leadership in the VOC also worked closely with VOTs and civilian counterparts to coordinate essential components of vaccination administration at Aged Care facilities and Disability service organisations.

In both examples, teams leveraged each other's strengths to achieve coordinated efforts - the first for international freight and the second for the vaccine rollout. As shown, part of effective teaming is supporting a lead agency and understanding their organisational culture. With the ADF always in a supporting role, expertise was provided in a diplomatic and collaborative way to enable civilian and police agencies to get their necessary outcomes. For future responses, we need to answer the question of what the likelihood is that the ADF will work within these agencies again to support preparedness.

New Zealand - 'business-as-usual'

The nature of civil-military-police coordination occurring during New Zealand's response to COVID-19 can be considered 'business-as-usual' because the integration of police and military into the 'all-of-government' response occurred as expected. The case study identified that for the NZ Police, the response was like their day-to-day operations. There were greater challenges for the NZ Defence Force (NZDF) because some personnel needed to work within policy teams and had to adapt to working with other organisational cultures and practices.

The NZDF were not given a specific role as part of the Pandemic Action Plan. Instead, as like most agencies, they were required to provide staff and support to lead agencies and their workstreams being health, supply chains and infrastructure, welfare, education, civil

defence emergency management, economic, border, international, law and order, and workplaces. The NZ Police was designated lead of the law and order workstream. Both NZ Police and NZDF were involved in the response from the outset, with support dependent on demand which varied over the period of the response as policies were developed and measures associated with international travel, infections, and testing and vaccines changed. The nature of the police and NZDF response was linked to the policies and procedures initiated in response to the threat of COVID-19 and had little to do with the pandemic being designated as a public health emergency or health security threat.

In support of the workstreams, NZDF involvement ranged from supporting overarching policy issues to minor response details. Staff were involved in policy development at every level, normally as part of wider teams. These activities opened the eyes of many military personnel to the diversity of the policy sector within the government. For some individuals it reinforced the value and benefits of a military approach to decision making in developing policy and concepts. For others, it raised questions of their own knowledge of the wider government system. One lesson is that the NZDF needs to ensure its personnel have a wider knowledge of the government and its processes than many currently have. This will enhance the integration of NZDF personnel into interagency policy development teams. This can be achieved through a systematic programme that gives uniformed members experience outside the armed forces from an early stage in their careers.

At times, relationships between agencies or during the conduct of activities was an issue because there was no integrated command system. This meant that agencies were supporting the response rather than being “commanded.” This specifically arose in the context of the Managed Isolation and Quarantine System (MIQ) where it needed to be emphasised that police “belonged to the police not the MIQ system”

The Coordinated Incident Management System, known as CIMS, enabled the New Zealand ‘all-of-government’ approach. Although CIMS was not used during the COVID-19 response (because of the size and scope of the response, many people were not aware or trained in the processes), its underlying principles are ingrained in civil, police and military approaches to emergency management. This is especially true for police and NZDF because they routinely use the principle of ‘unity of effort,’ and their activities are underpinned by the other two CIMS principles of ‘responsive to community needs’ and ‘flexible.’ Of note here is that CIMS is akin to a handbook defining how organisations should work together rather than a plan to integrate agencies.

While New Zealand appeared to be ‘business-as-usual’ in most of its response, the merging of organisational cultures and agencies being ‘in support’ rather than being commanded highlights an ongoing need to remain focused on civil-military-police coordination to ensure it remains embedded within organisational culture and approaches. The main learning point for, and from, New Zealand appears to be at an individual-level, whereby people understand and appreciate that ‘their’ approach to issues is not necessarily the only one, the best one and sometimes, not even a good one. All of which are reflected in the CIMS principles. There is opportunity for Australia and the US to learn from New Zealand’s experience to understand how to progress civil-military-police coordination as ‘business-as-usual.’

United States - vaccine development, manufacture, and distribution

While there are many instances of effective civil-military and civil-military-police coordination in the US, one of the best examples that highlights harnessing organisational strengths to build an effective civil-military partnership is Operation Warp Speed (OWS). OWS was a US federal government initiative that was tasked to deliver over 300 million doses of a vaccine for COVID-19 by January 2021.¹⁵ OWS brought together civilian and military personnel to develop, manufacture, and distribute a COVID-19 vaccine on an accelerated timeline.

OWS was a partnership between the Department of Defense (DoD) and HHS. It had a dual civilian-military leadership structure which was modelled off existing structures responding

to public health emergencies. As of July 2020, military officials held 60 of the 90 leadership positions within OWS. While the focus of the military contribution was logistics, including procurement of vaccine materials from around the world and distribution of vaccines across the US, OWS also harnessed the US military's pre-existing research and development capabilities, and rapid contracting capabilities. OWS effectively integrated DoD expertise and capabilities into a "whole-of-government, public-private logistics operation."¹⁶ Later, the DoD and HHS facilitated partnerships with 19 retail pharmacies to increase the capacity for COVID-19 vaccination.¹⁷ Harnessing and integrating DoD capabilities in this way ensured the availability of supplies and equipment, leading to accelerated vaccine manufacturing.¹⁸

During distribution, military personnel collaborated with Centers for Disease Control and Prevention (CDC) regional directors on vaccine prioritisation and delivery plans. DoD was able to offer new technologies and contingency planning to support public health experts.¹⁹ As military liaisons, these officers held daily conversations with other agencies to discuss vaccine prioritisation, packaging, and shipping. These daily exchanges offered opportunities for expertise information exchange, such as logistics for ultra-cold chain storage.²⁰ Military officials also remained accountable for each dose of the COVID-19 vaccine in development, manufacturing, and distribution. Personnel provided physical security of the COVID-19 vaccine, with officials present at all manufacturing and distribution sites, and facilitating cybersecurity protection to safeguard OWS from foreign interference and theft.²¹

Unique to the US, OWS demonstrates how a civil-military partnership was at the forefront of a nation's response to COVID-19. This partnership supported the development, manufacturing, and distribution of a COVID-19 vaccine on an accelerated timeframe, as well as more broadly prepare and equip the US government and private sector partners to respond to future pandemics and public health emergencies.²² The partnership exemplified shared leadership and responsibility in areas of relationships, rapid contracting, logistics, research and development, operational distribution and prioritisation, and physical security.

Future Responses

Based on the study's findings, there are opportunities for nations to improve civil-military-police coordination during responses to public health emergencies. Many of these recommendations are not new and reinforce what we already know about multi-agency and multi-sector responses. In many cases, they boil down to areas of organisational learning, application of agreed and known governance and ensure the efficient and effective use of military capabilities. While the military is a large and flexible workforce, use outside its core role can lessen its effectiveness, including in preparedness, morale, recruitment, and retention.

Learning from preparedness activities

Training and exercises develop a nation's preparedness; however, organisational learning needs to occur from these activities to embed good practice into response plans and documents. This includes fully engaged and committed leadership to ensure agencies contribute and are aware of preparedness documents, including plans and playbooks. While preparedness activities contributed to a cooperative and collegial environment, much of the learning prior to and during COVID-19 responses was limited to information gained by participants. The difficulty of organisational learning is an enduring characteristic of multi-agency environments, with part of this challenge being confronting the reality of what threats nations and their population face.

This was seen in the US, Australia, and New Zealand. Firstly, with the 2001 "Dark Winter" tabletop exercise which modeled a biological attack on the US, and purportedly ended with no solution.²³ More recently, with the 2019 joint strategic exercise "Crimson Contagion" which simulated an infectious disease outbreak in the US and resulted in a rapid outstripping of response capacity and a system-level failure. Australia last conducted a large-scale exercise in 2008, where it assessed that failing to continue pandemic exercises contributed to "confusion in the early days of Australia's response to COVID-19, including contradictory

public messaging from national and local leaders and delays in launching communication tools.”²⁴ There was also confusion on decision-making responsibility, including “who may have had responsibility for making the final decision.”²⁵ Similarly, in New Zealand, potential consequences were seemingly ignored from a tabletop exercise conducted in March 2020 because it revealed issues that seemed almost insoluble, including predicting a significantly large number of deaths.

Recommendation: National-level learning needs to occur from crisis response preparedness training and exercises to provide greater insight into the reality of challenges faced by nations. In the Australian context, APMC is well positioned to support this learning because of its cross-agency and cross-functional purpose. This will require progressing a learning mindset, toolkit, and behaviours.

Lead agency operational experience

Public health emergency responses need to effectively integrate health expertise and operational capability. The first supports the development and implementation of health policy and strategy, and the latter supports the application of this strategy, policy, and any further government direction. Health departments or non-traditional lead agencies often don't have experience, procedures, or staffing levels to transition to crisis or emergency response and will need to be supported in management and operational roles, including rapid decision-making and resource prioritisation.

Recommendation: Dual, shared, or multi-agency leadership is necessary where lead agencies have limited operational experience and capability. Alternatively, lead agencies need to be supported in translating political direction and policy into operational planning and tasking.

Applying what works

As the case studies show, nothing stayed the same for long during responses to COVID-19. Leadership and coordination structures changed and in the case of New Zealand, they changed at least three times. While people and structures need to innovate and adapt, equally, if something works then change is not necessary. This was seen in the political disregard of the Obama Administration ‘Pandemic Playbook,’ which was developed by the National Security Council for the incoming administration. Titled “Early Response to High-Consequence Emerging Infectious Disease Threats and Biological Incidents,” the playbook was based on simulations and aggregated expertise and contained suggestion for policy coordination. It contained invaluable lessons learned from real world examples and strategic games conducted prior to the COVID pandemic, however it wasn't applied by the Trump Administration.

Recommendation: While innovation and adaptation are needed during crisis response, applying known and standing plans and playbooks is critical before making any changes. Existing documents contain organisational knowledge and memory, and represent what has been learnt from previous experience, often the hard way.

Locally led responses

While the importance of locally led responses only emerged in the US case study, it is noted because it may have applicability for Australia in other settings, such as natural hazard response. One of the key challenges in the US was mobilising resources across demographically diverse and geographically large states. To meet these diverse needs, disaster response needs to be first and foremost locally driven, with local actors and communities sharing their specific needs with higher-level response partners. This occurred as an adaptation during national responses to COVID-19, with civil-military-police coordination efforts occurring to match community needs.

A universal response across such large and diverse areas is not an optimal approach, especially during a public health emergency. This is because counties have varying factors that influence both the spread of COVID-19 and adoption of measures to counter it, including population and race. For example, Dade County in Florida is home to 2.7 million

people, nearly 70% of whom are Hispanic whereas Dixie County has a population less than 17,000 with an 82% white population. Some areas have a high percentage of multi-generational/multi-age households while others are predominately single-family households. These differences matter during a response. As does being in a rural and urban area because they experienced COVID-19 on different timelines.

Optimising military capability to achieve complementarity

Effective coordination of military and National Guard capabilities requires a firm understanding of their capabilities, including personnel and their skillsets. Early in crisis and emergency responses, calls for Defence assistance can be “unrestrained ... based on misunderstanding of what capabilities are available and what can be achieved.”²⁶ This may be driven by uncertainty, worry that civilian capacity will be overwhelmed or public confidence and preference for militaries. Civil-military engagement and effort is needed at all levels to put in place strategies that stem from knowledge and understanding of military assets. In addition to optimising their use, this ensures militaries are integrated into a response to take pressure of civilian agencies and partners rather than replace them.

For future responses, consideration should go to civilian (public and private) and blended civil-military-police options before turning to the military and National Guard. This is applying known coordination principles of ‘complementarity’ and ‘last resort’ but with a quicker decision-making cycle based on practiced plans and known capabilities. This is undertaken recognising that, while Defence has a workforce, it needs to be effectively and efficiently employed. Care must be taken to provide Defence personnel with meaningful employment and not overuse or overextend human resources. By ensuring complementarity, militaries are optimised and employed in roles that reduce impact on their core role and scheduled activities. This links to morale, welfare, recruitment and retention of military personnel.

Recommendation: Optimise the use of military and National Guard capabilities by ensuring civilian and police actors understand and employ military capabilities and skillsets beyond being a workforce for resource-intensive tasks, such as quarantine management.

Merging organisational cultures

In response to the epidemiological nature of COVID-19, decision-making had to happen quickly. National approaches merged culturally different agencies and professions that become cooperative, but not without time spent understanding each other. Health and medical professionals make decisions with as much information as possible, however COVID-19 necessitated quicker decisions, and at times without all information. Militaries and the National Guard are more comfortable, confident, and assertive at making decisions and managing any consequences. Both professions had to come together, navigate a complex space, and be politically attuned and astute.

One way organisations culturally merged was by adopting a “get the job done” attitude. Many personnel were observed to have this attitude - it existed at all levels, and across agencies and nations. It was grounded in innovation and adaption to overcome challenges.

Recommendation: Crisis response brings together different organisational cultures. Recognising this and adapting values, behaviours and a proactive attitude can assist to merge cultures.

Conducting concurrent responses

With high tempo domestic COVID-19 responses, both Australia and New Zealand continued to provide assistance to the Pacific region. Australia deployed an Australian Medical Assistance Team (AUSMAT) and ADF personnel to Papua New Guinea (PNG). They conducted a range of activities including delivering emergency supplies, and providing vaccine training and logistics support to the PNG Defence Force. In support of Fiji, Australia delivered Australian-made doses of AstraZeneca vaccines, medical supplies and personal protective equipment.

New Zealand deployed the NZDF to support the repatriation of non-New Zealanders to their home countries in the Pacific, transported vaccines to Tokelau, Niue and Cook Islands,²⁷ provided logistics and planning support to PNG as part of New Zealand's broader mission there. An NZDF medical officer also worked in an Australian-led response to a surge in COVID-19 in Fiji. To deliver vaccines, HMNZS Wellington undertook a 5,000 nautical mile round trip to deliver Pfizer COVID-19 vaccines to the Fakaofu, Nukunonu and Atafu atolls of Tokelau, as well as the remote Northern Cook Islands. The delivery of vaccines necessitated effective coordination because it was contactless, which required extraordinary logistical effort between the Immunisation Advisory Centre (Imac) in Auckland, NZDF personnel and local health authorities, including online training sessions via Zoom practicing on equipment airfreighted to Tokelau, Niue and Cook Islands.

New Zealand support to Tokelau, Niue, and the Cook Islands, and Australia's support to PNG and Fiji reflects the multi-dimensional nature of civil-military coordination and how it occurs in domestic and international settings concurrently. It is especially critical where domestic health policy has significant implications and consequences for Pacific neighbours.

Recommendation: It is likely that Australia and New Zealand will deliver a domestic and international response for shared threats with Pacific neighbours, and this needs to be incorporated into public health and crises response plans to ensure organisational preparedness and capabilities exist.

The potential of multi-hazard responses

In Australia, New Zealand, and the US, we are lucky enough to hypothesise about responding to COVID-19 overlaid with another crisis, however it is the reality for some nations and may be in our future. In Australia and the US, a devastating bushfire season would result in two separate disasters that would intensify each other. Bushfire smoke would make already life-threatening respiratory symptoms of COVID-19 more deadly and increase the risk of stretching emergency responders even more thinly. Similarly, a cyclone or hurricane would amplify the effects of a public health emergency by forcing people to crowd together in shelters or during evacuations.

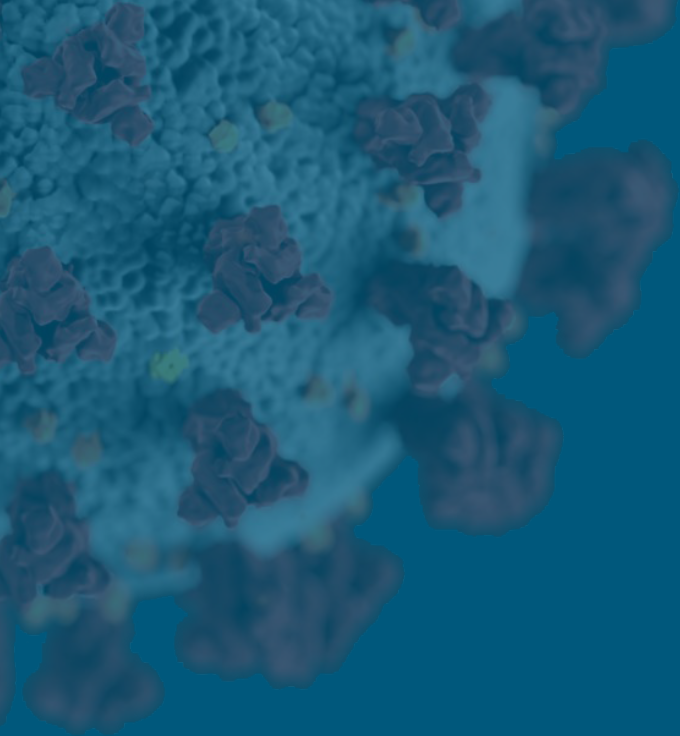
Recommendation: To avoid a possible confluence of disasters, alternative and multi-hazard plans should be developed that consider overlaid disaster responses.

Conclusion

This Executive Summary is part of the suite of products developed by ACMC under a three-nation project that examined civil-military-police coordination during national responses to COVID-19. While a few novel factors emerged stemming from the nature of COVID-19, much of the project reflects enduring themes in coordination including the need to commit and learn from preparedness activities, adherence to known and practiced plans and playbooks, and respecting the nature of affected communities. Much has been learnt and documented from national responses to COVID-19 however there is no clear path to store these learnings for access into the future.

References

- 1 See Outbreak Working Group Report
- 2 Ibid
- 3 Ibid
- 4 Bromfield and McConnell pg. 518
- 5 Jung et al
- 6 Interview_JE
- 7 <https://www.reuters.com/article/factcheck-australia-tiktok-idUSL1N2PB1EO> and <https://www.aap.com.au/factcheck/the-australian-army-isnt-forcibly-vaccinating-nsw-residents/> and <https://www.sbs.com.au/nitv/article/2021/11/24/nt-traditional-owners-deny-reports-army-forcing-vaccinations> and <https://news.defence.gov.au/media/on-the-record/false-claims-regarding-forced-vaccinations>
- 8 Interview_M and <https://www.minister.defence.gov.au/minister/lreynolds/statements/adf-support-victoria>
- 9 Interview_H
- 10 <https://www.cdc.gov/vaccines/covid-19/planning/considerations-operating-vaccine-clinic.html>
- 11 Interview_H and <https://www.nytimes.com/2021/05/20/us/mobile-vaccine-covid.html>
- 12 Surplus in this context means that they are not required for their primary role in defence of the realm or to support other national initiatives.
- 13 Interview_R
- 14 Interview_E
- 15 U.S. Department of Health and Human Services, 2020; U.S. Department of Defense, 2020f; Sowels, 2021). Led by HHS and the US Department of Defense (DoD)
- 16 HJF president and CEO, Dr. Joseph Carvalho
- 17 Joint Base San Antonio, 2020; U.S. Department of Defense, 2020, 2020h
- 18 U.S. Department of Defense, 2020f
- 19 U.S. Department of Defense, 2020g
- 20 Simunaci, 2020a
- 21 Martin, 2020; Sowels, 2021
- 22 U.S. Department of Health and Human Services, 2020
- 23 O'Toole et al, 2002; Perry, 2020
- 24 Welch and Blucher, 2020
- 25 Kamradt-Scott quoted in ibid
- 26 ACMC Interagency Taskforce Leadership Project Interview_LTGEN Frewen
- 27 Tokelau is a dependent territory of New Zealand; Niue and Cook Islands are self-governing in free association with New Zealand



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