



RETHINKING NATIONAL SECURITY IN WAKE OF PANDEMICS

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Abstract

Pandemics have alarmed the world about their fatal nexus with national security. It has clearly exposed new security dimensions. Historical trajectory of these global lethal diseases show how badly they have affected the security of nations across the globe. Recent pandemic i.e Covid-19 has shaken not the just the health systems but the security in terms of health, human, environment and economic security. This paper aims to explore the paradigm shift between traditional security and contemporary security dilemmas that arise as a result of pandemics.

Keywords: National Security, Pandemics, Covid-19, Environment.

Introduction

According to Lee Jong-wook, former Director-General of the World Health Organization (WHO), pandemics have no respect for international borders (WHO,2005). Therefore, they have the power to weaken many societies, political systems and economies at the same time. This article attempts to broaden the concept of security so that basic human needs can be prioritized including freedom from disease. Two main causal mechanisms threatening national security would be analyzed:



1. Disease outbreak contributing to rising violent conflict within a state as it alters balance of power among countries, raising conflicts in foreign policy, creating political and economic instability
2. Disease outbreak causing alterations in outcomes between international conflicts either directly through possibility of use of biological weapons or indirectly by targeting mass public health or challenging military readiness to prevent its spread.
3. As we discuss major pandemics in detail, we will see how their course of history impacts national security. In this paper we have emphasized the role of military security in pandemics . Meanwhile, pandemics and viruses such as the Spanish Flu, HIV/AIDS, the Hong Kong Flu/ Flu pandemic, Ebola Virus and Covid-19 are hinged to further expand on the security perspective.

HISTORICAL TRAJECTORY OF PANDEMICS WITH AN EFFECT ON NATIONAL SECURITY

Starting from the very first pandemic hitting the planet earth, the historical trajectory is described briefly chronologically.

Russian flu (1889-1890): also known as the Asiatic Flu, claimed about one million lives. The outcomes were more disturbing than was appreciated at the time, or since. The Russian influenza and its sequelae might well have had a crucial part in creating the 'spirit of the 1890s.

Spanish Flu: Also known as the influenza pandemic of 1918, was one of the deadliest pandemics infecting around 500 million people- a third of the world's population(Miller, 2020). The virus killed an estimated 20 million to 50 million victims—that's more than all of the soldiers and civilians killed during World War I(Billings, 1997). The Spanish Flu, like all pandemics, had a direct and adverse impact on the security situation globally. This was especially in context of the year 1918 when World War I was reaching its conclusion. The pandemic overlapped with the war for nine months and persisted in its aftermath. The war saw the mobilization and movement of large numbers of troops and related personnel, both within and between continents. This deeply impacted military operations as soldiers lost their lives and many were sent home (Swords, 2020).

German Gen. Eric Ludendorff in his memoirs named the flu as one reason for the final failure of Germany's spring offensive. Historian Elizabeth Greenhalgh confirms that the flu hampered preparation for the "Gneisenau" offensive (Wever & Bergen, 2014).



The role of the Spanish flu often does not earn enough attention as a factor of paramount significance during the World War I but in essence, World War I and the influenza collaborated: the war fostered disease by creating conditions in the trenches of France that some epidemiologists believe enabled the influenza virus to evolve into a killer of global proportions. In turn, disease shaped the war effort by rendering much of the Army and Navy non-effective and diverting resources, personnel, and scarce human attention and energy from the military campaign. The pressures of war also thwarted many of the efforts such as crowd mitigation and quarantines to control the pandemic (Shanks & Hodge, 2011).

The Spanish flu also significantly challenged economic security. Though not many records are available to posit that, some newspaper reports from 1918 depicted the extent of low growth. For example, the Arkansas Gazette in October 1918 was reporting a 30 per cent fall in grocery sales and a 40–70 per cent fall in sales at merchants and department stores in the context of Australia. The Spanish flu reduced real GDP per capita by around 6 per cent in the typical country over the period 1918–21. Unemployment rose during the time as well and there was political discontentment (Bishop, 2020).

HIV/AIDS:

In 1998, UNAIDS estimated that sexually transmitted disease “rates among armed forces are generally 2 to 5 times higher than in civilian populations”. Furthermore, there is evidence that the disease is affecting African militaries. Ugboga Nwokoji and Ademola Ajuwon state that “AIDS is now the leading cause of death in military and police forces in some African countries, accounting for more than half of in-service mortality”. The US National Intelligence Council estimates that “HIV/AIDS probably will complicate staffing in the military officer corps” of Nigeria and Ethiopia. Also, according to some sources, the rate of HIV prevalence amongst African militaries can be as high as 90 percent (Ba et al., 2008). However, the impact of HIV/AIDS on militaries is not limited to Africa and encompasses many other regions. In Russia, 9,000 potential draftees have been rejected for service because of testing HIV positive in the last five years, with 5,000 rejected in the last two years. While China and India's large populations provide some insulation against shortages in military personnel, these countries are increasingly monitoring AIDS in their militaries as epidemics in these countries spread (Schneider & Moodie, 2002).

Hong Kong Flu



In 1968, the USA was engaged in the Vietnam war with mounting casualties- 16,899 troops were killed in action in 1968 alone. However, what is not paid much heed to is that in the United States, with a 1968 total population of 205 million, the flu pandemic killed more than 100,000 people (Moir, 2020). It is pertinent to note that pandemics contribute majorly to unrest, and it is highly possible that the US public discontentment with the Vietnam war was partially fueled by the health crises mentioned. In addition to this, it also must have majorly affected military operations in Vietnam (Jester et al., 2020). It is of significance that the pandemic killed more individuals in the U.S. than the combined total number of American fatalities during both the Vietnam and Korean Wars.

Ebola Virus

Focused on but not limited to African countries, Ebola emerged as a serious threat to national security of states suffering from the virus. The virus impacted not only military security, but also social, health, economic security etc. Due to the virus, countries were adversely affected. The population of various countries got dissatisfied with their governments' poor response to the epidemic. Further, there was a risk that growing food insecurity would lead to further unrest and threaten stability in the region (Lightsey, 2016). More than 7,000 police and soldiers had been mobilized to enforce quarantine and security measures. This developed fear among the population and generated a high risk of civil unrest in Sierra Leone. Further, the progress made in peacebuilding and state building efforts in the country is likely to be reversed by the diversion of resources to fight Ebola (Verhulst & Young, 2016).

Emphasis on COVID-19 and the Paradigm Shift in Security Challenges

None of the pandemics have come close to the contemporary pandemic which has shaken the world with its ruthless sweep. COVID-19 started off as a localized virus, but it soon spread throughout the globe. According to the World Health Organization (WHO), COVID-19 infected about 181,722,790 individuals in 216 nations, regions, and territories (World Health Organization, n.d.).

When it comes to security, academics divide a worldwide pandemic into two categories. One school of thought connects the global pandemic's influence on health security and public health, while the other portion connects it to a more conventional and patriotic component of security: national security. While the pandemic's impact on health is clear, nations are dealing with unexpected consequences of the virus on national security. According to Richard Ullman "A security threat is an action or a sequence of events that



threatens drastically or over a relatively brief span of time to degrade the quality of life for the inhabitants of the state.” (Ullman, 1991).

Security Concerns:

With time, security concerns may become more acute, and additional negative consequences of the infection may become apparent. So far, it's been determined that the disease affects humanitarian assistance flows, restricts peacekeeping operations, and delays or diverts warring parties from nascent and continuing diplomatic attempts.

Due to a lack of mobility and a reduction in financial contributions from donor governments, the UN Peacekeeping operations stationed in that region have experienced a severe setback in terms of peaceful conflict resolution. Due to the recent escalation of armed conflict in Burkina Faso, approximately 779,741 people have fled their homes; in the Democratic Republic of Congo (DRC), a number of Mayi-Mayi militia members have been killed in a clash with Armed Forces; and at least twelve people have been killed in an have been killed in an attack in central Mali (United Nations Peacekeeping, 2018).

In other cases, the pandemic has brought to light previously unresolved security concerns. Syria, which was already a hotbed of violent conflict and home to one of the main ISIS bases, has once again become one of the Middle East's worst-affected countries. The country is vulnerable to the resurgence of terrorist operations due to a lack of a good health-care system, a stable political administration, and a weak economy. ISIS has boosted attacks in the Kirkuk area by as much as 200 percent, according to Charles Lister of the Middle East Institute, and was undertaking practically daily attacks in Diyala. COVID-19 recently brought attention to the current humanitarian situation in Yemen, which is located in a similar location. An assault by a Saudi-led coalition on the 15th of June killed 12 people, bringing the total number of civilians killed in the state to over 800 since January (United Nations, 2019).

Meanwhile, the People's Republic of China poses the greatest security danger to India. China has been criticized across the world for its handling of the coronavirus, particularly in the United States. The recent border skirmish in the Galvan valley, in which the People's Liberation Army (PLA) killed 20 Indian soldiers, has heightened tensions between the two countries. It is the most serious border conflict in 45 years. This issue developed over a disputed location that Chinese officials believe is part of their territory, while India claims it is on their side of the Line of Actual Control. According to some strategic experts, the Chinese have sought to take advantage of the COVID-19 detour to further their national



interests. This has posed a serious challenge to India's security in the area. India is now the fourth-largest country in terms of coronavirus cases.

Following are the trends regarding Covid-19 Civil-Military Involvements

Three trends in COVID-19 civil-military involvements.

Trend types	Key characteristics	Response examples*
1 Minimal technical military support	Civilian leadership-military niche tasks in transportation and supply chain, border control	Japan, Taiwan, Canada, Kerala, Sweden, New Zealand, South Korea
2 Blended civil-military response	Civilian leadership-military support in organisation and logistics; air repatriations, border controls, mobile testing, quarantine and lockdown enforcement, emergency field hospitals	Nigeria, Kenya, US, France, UK, China, Vietnam, South Africa, Singapore
3 Military-led response	Military leadership in response planning and coordination, emergency hospitals, contact-tracing, surveillance, border controls, quarantine and lockdown enforcement	Indonesia, Philippines, Iran, Pakistan, Brazil, Peru

Minimal Technical Military Support:

During the first six of the COVID-19, the first pattern seen was a lack of military-targeted technical support. This pattern evolved as a result of reactions that were purposefully civilian-led. These approaches have purposefully confined military to specialized technical duties in support of the civilian response. During the early months, specialized and occasional military intervention was often underused in these circumstances. For instance, as part of the reaction in Japan, this focused military presence was implemented (King, 2020). The country, which has a strict structure in place to ensure civilian control of its military, has used its Self-Defense Forces (SDF) to aid in the quarantine of arrivals at major airports (Graham, 2020). Despite both having recent histories of military control, South Korea and Taiwan are also strong examples (up until 1980s). Minimal technical military participation was also seen in New Zealand, Sweden, and Canada. In news appearances in Canada, for example, the prime minister made it plain that he avoided military engagement. Despite this, the Canadian province of Quebec placed Canadian military personnel in care homes (trained by the Quebec division of the Canadian Red Cross) (Marin, 2020). As a result of these tangential involvements, new civil-society-public-sector-military collaborations are emerging. There are few countries that have not



had some sort of engagement, even if it is merely symbolic. To deal with the surge of patients in Stockholm's major hospital, Sweden used a military crisis hierarchy management system taken from NATO (Aljazeera, 2020). However, there are examples where there had been no military participation. In the first six months of the pandemic, Costa Rica (which has no military) has remained a model of community compliance. During the early months of the pandemic, the nation maintained low contagion rates compared to other Latin American countries. Kerala, a state in India, is another example. Its low-cost, innovative socioeconomic and logistical solutions received high commendation and did not necessitate military intervention. In the early months of the epidemic, states with limited military participation had better outcomes in terms of disease management and execution of measures. The reach of primary care capability, appropriate civilian pandemic preparedness, and faith in governmental institutions appear to be common factors.

Blended Civil-Military Responses

The most predominant and exhaustive form of response to COVID-19 is blended civil-military operations. China's People Liberation Army played a key part in the national response from the start, setting the tone for later responses (Graham, 2020). Mixed civil-military solutions are proposed to keep systems from collapsing. It brings together players from several ministries (such as defense, interior, health, transportation, and so on) as well as civil society organizations (Bricknell, 2020). To assist procurement and distribution, military logistics and transport assets are deployed. Medical air ambulance services, oxygen tanker transportation, aircraft repatriations, research and laboratory capacity, mobile testing units, and patient screening centers are among the technical support provided (Verhulst & Young, 2016). The capability of civil-military hospitals is a key component of this development. The NHS Nightingale Hospitals in the United Kingdom, the Belgrade Rair hoc hospital in Serbia, and the French field medical units in Mulhouse are all instances of collaborative military outlets that have been set up to relieve pressure on civilian institutions. Countries around the globe have displayed dramatic disparities in subnational experiences of civil-military conflicts. In the United States, for example, the military was deployed at the local level (for example, the US hospital ships dispatched in cities of New York and Los Angeles and Pakistan) (Barkan, 2020).

Military-led Responses

The military seized command of the whole COVID-19 response in some cases. Indonesia, Sri Lanka, Myanmar, Thailand, and Philippines all experienced predominantly militarized responses (Mani, 2020). Argentina's, Brazil's, Mexico's, Chile's, Uruguay's, Ecuador's, and



Peru's militaries are exhibiting mixed civil-military responses (Nandakur, T., 2020). In Brazil, for example, as the situation worsened, the health ministry' eventually moved to the military. In Ecuador, the area around Guayaquil, for example, has been placed under military control. Military leadership of COVID-19 responses might have political ramifications. They face anticipated opposition from civil society organizations there. Fears that the military is attempting to "claw back civilian control" are surfacing in Indonesia and Philippines. COVID-19 reactions are increasing shifts in the power balance of hybrid political systems or systems with strong military involvement. This is the case in Iran and Pakistan, both of which are pursuing divisive responses in the face of persistent civil-military tensions. In this scenario, the pandemic expands the military's role in domestic civilian affairs. This is especially concerning in situations when the military is in charge of disenfranchised minority communities, such as in Sri Lanka's North-East Tamil area.

If there is definitely a turn to the military when civilian capacity fails (vacuum filling pull element), there is also a push factor connected with the military itself and its desire to perform crucial tasks. Militaries are not only called upon in this situation, but they are also positioned as first responders capable of providing needed services. Internal to defense institutions, and not necessarily marshalled via centralized decision-making, is a push element in taking on civilian responsibilities in the midst of a crisis and encroaching on state institutions. In the situations outlined above, it will be critical to keep an eye on whether emergency military powers are returned to civilian authorities.

The effects of COVID-19 on the National Security of Pakistan

We now explore the multidimensional effects of Covid-19 on Pakistan in the context of national security. To understand the enormity of the effects of Covid-19 in Pakistan, it is important to note that more than 67 million cases, with 1.5 million deaths in more than 210 countries have occurred globally, including Pakistan. Factors responsible for the fast community transmission in Pakistan were the lack of health systems' capacity, large population density, environmental factors and poverty which accounted for more than 420,000 cases, and more than 8400 mortalities (World Health Organization, n.d.). Due to this economic crisis, critical health literacy and lacking health care system, an action plan led by public authorities is essential for all segments of society.

In broader economic terms, trillion PKR, which is almost 10% of total economic loss is observed (FY 2021) (Mustafa, 2020). Travel restrictions, social distancing SOPs, lockdowns and other impediment measures implemented by the Government have a direct impact on 7.15 million workers and their livelihoods. Projections of 33.7% increase in



poverty along with negative effects on primary, secondary as well as tertiary sectors within the economy can be seen. The health care, education and agriculture sectors have been gravely affected.

Security concerns for Pakistan

Agriculture sector and food Security

Food insecurity poses many potential threats. The protection of the agriculture sector from the negative consequences of the pandemic has been challenging for Pakistan. As a developing country, food security is a crucial subject (Imran, 2020). According to estimates, 37% of the population of Pakistan has suffered from food insecurity issues. In the province of Sindh, which has 46% population lacking access to basic nutritional facilities, experiences malnutrition issues like stunted growth (UNICEF Pakistan, 2018). This scenario poses critical issues, due to which efforts to prevent the spread of the disease as well as SOPs are required.

The pandemic arose challenges disrupting production due to restrictions in transportation facilities to dispatch harvested crops and limited workforce issues. Pre-Covid times, the agriculture sector faced locust attacks which impacted on a wide-scale and damaged crops causing economic stress on the affected farmers (Tha Nation, 2020).

Due to the pandemic, the price of these staple foods due to the change in production levels needs to be analyzed. Pulses occupy 5% of total cultivated area and faced an increase in price. (AIMS, 2020)

Poverty and Human Security

Pakistan being a developing country has already been struggling at the economic and societal front. Covid-19 has managed to exacerbate poverty levels as income deficit and unemployment striked. This impact can be observed in terms of relate growth scenario in GDP: low recession, i.e. 2.5 to 3.5% decrease in growth rate, medium recession, i.e. 1.5 to 2.5% decline in GDP rate and high recession, i.e. 0–1.5% increase in GDP growth.

The recent pandemic has led to a decrease in employment levels of Pakistan and reached 0.62 million (high economic recession scenario) from an earlier situation of baseline level of 3.86 million to 0.21 million (low economic recession scenario) (Mamum & Ullah, 2020).



Additionally, poverty levels are expected to increase by 33.7% from baselines values of 23.4% in case of low recession scenario, while a 44.2% and 58.6% elevation has been estimated in case of medium and high economic recession (International Labour Organization ILO, n.d.).

Consequently, an increase in venerable population has increased and is expected to keep on increasing in Pakistan in addition to the poverty spike above.

Economic Security

In this socio-economic and epidemiological crisis, one of the biggest challenges for Pakistan has been to channel priority measures effectively for low-income communities. The labor community has been exposed to increased financial stress and consequences of the spread of the disease. The backlash in labor market due to covid-19 attributed to three main aspects.

Firstly, several state sectors have been closed due to a visible decline in employment opportunities. Secondly, a qualitative decline in employment type has been observed where social protection related benefits such as relief schemes or additional benefits in case of health problems are not provided to employees. Thirdly, vulnerable sectors of the market such as private earners, women, old-aged and people with physical impairment face a disproportionate influence from Covid-19 (International Labour Organization ILO, n.d.).

Similarly, observing SOPs (standard operating procedures) to ensure workers protection has been challenging for the business sector in this country. As a result of lockdown, micro-enterprises dominating the business sector have suspended their employees permanently.

As stated by the 2017 census, out of the total 207 million population of Pakistan, 10%, i.e. 20 million population was characterized over the age of 50. Out of this 20 million, labor force forms an estimated of 9 million people.

Interestingly, 63 million population is the total labor community in Pakistan, formulating ages 15 and above, and 6% (3780000 people) have lost employment. This alarming multitude has been adversely affected by the pandemic and mostly constitutes hospitality sector, restaurants, education institutes, transport industry and small retail markets. Moreover, the workforce of almost 7.15 million people is directly associated with these afflicted sectors as per the Labour Force Survey (2018) (2020 & Survey, 2018) (International Labour Organization ILO, n.d.).



The consequences of lockdown are many. Initially, the cease in services and routine activities globally was an attempt to prevent exposure to the disease and limit the populations mobility. This was an aim to flatten the curve of virus escalation and control the disease spread. This resulted in a complete official lockdown from 23rd march till 9th may 2020 for several sectors in all provinces including public transport, businesses and educational institutes. Job security in the formal sector employees were paid during lockdown, whilst those in informal sectors were deprived of benefits and most employees faced suspension from their roles as per government guidelines (Malik, 2020). Therefore, economic stress and coronavirus infection lead to the deprivation of food and daily necessities for them (Coibion et al., 2020).

Socio-economic Impacts

It has been observed by regulatory agencies globally that biological threats impact environmental health on a wider scale socio-economically (OECD, 2020). “Such repercussions dominate the entire industrial arena with deep-rooted consequences on local supply chains and national markets as the risk of health loss creates a sense of insecurity among masses” (Szmigiera, 2021).

To understand the socio-economic factors influenced by lockdown it is imperative to differentiate its stages and their impacts. Stage I lockdown barely had repercussions, while stages II and III affected domestic and international demand in the industries mentioned above. Vulnerability of employees increased with the shift from stage II to stage III thus increasing layoffs by 10 folds. (Nasir)

Relief packages were developed for layoffs which requires sufficient funds for their support. Easing lockdown and regular monitoring brought new control measures (Ahmad, 2020).

Political Security

The level of unpredictability and the fluctuating scale of the pandemic crisis in Pakistan has shed light on the effectiveness of government’s response. As a relief response, the federal government’s Ehsaas program for the under privileged and marginalized segment of the society has been widely appreciated by the community. However, it is not considered an entirely sustainable solution. Easing lockdown, as explained in the previous section of socio-economic challenges faced, was to prepare for herd immunity of the masses which is yet to become the inevitable reality. Therefore, this pandemic has made the tussle between provincial and central government more prominent. This is where the



18th amendment comes into play, which states that provinces are made highly autonomous and independent to take decisions on their own while dealing with the pandemic crisis.

A shining example of the practical advantage of this amendment can be seen in the Sindh government which imposed lockdown and shut down independently at the start of the pandemic in Pakistan. Afterwards, KPK and Punjab governments also took the decision to adopt this strategy to cope with Covid-19.

The 18th amendment has made health a provincial subject where provincial governments are responsible to provide health services to its population. However, the federal government has been criticized for its weak handling and health system deficiencies contributing to the spread of the disease.

Environmental Security

On another note, environmental security-wise, in urban centers air quality index has improved due to lockdowns. “The lockdown around the world has stifled the routine activities and has restricted many services including transportation, industrial and agricultural production which were attributed as major contributors to environmental pollution” (Henriques, 2020).

India and Pakistan were ranked in top five countries having worst air quality, however, considerable improvements were observed as the major fossil fuel burning activities were halted to some extent. While unemployed workers were granted employment opportunities as “jungle workers” in the 10 Billion Tree Tsunami programme, a plantation initiative of Pakistan helps curb the threat of climate change (Khan, 2020). However, the government is still prioritizing economic stability and may overlook environmental protection policies post-COVID-19 outbreak (Today, 2020).

Military Role in COVID-19 in Pakistan

Military’s role in Pakistan amid every disaster is always remained exemplary. The flexibility, adaptability, efficiency, effectiveness, and discipline are the very core values of Pakistan military. Covid-19 is also from one of those issues which demanded to extend administrative operation for which the GOP was never ready for. Using Military for extending control over pandemic does not mean that Civil administration failed to cope with this problem, the reason was only to achieve objective by any mean.

Pakistani Military roles amid pandemic are the following:



- Civil-Military collaboration
- Implementation of Pandemic SOP's i.e., lock down, market closure time, social-distancing, mask
- Providing Technical Assistance
- Providing Health Facilities

In recent years, we have seen Pakistan dealing with many major challenges. It has dealt with many internal and external threats and has always managed to fulfill its promise for the safety of citizens. For this purpose, Pakistan military has been at the forefront as the first line of defense. From terrorist attacks to pandemics, the military has played a very vital role in ensuring the safety and welfare of the citizens. Pakistan reported its first case of corona-virus in February 2020 and later, the virus was seen successively spreading out to regions around the country and proved to be devastating in nature. World Health Organization (WHO) warned Pakistan that it will be facing a very tough challenge because of lack of health care facilities in the country.

However, the civilian authorities in Pakistan understood this concern before-hand and took the military leadership on board to establish and formulate a specific policy framework for provincial, federal and regional actors to ensure that all the stakeholders in the region has the capacity to prevent, detect and respond to events relating to COVID-19 pandemic (Government of Pakistan, 2020). As covid-19 cases surge in Pakistan, the civilian government asked the military for assisting them to control the spread of the pandemic (Ahmad, 2020).

Under the supervision of the premier, Prime Minister Imran Khan, the government decided that in order to tackle this, article 245 of the constitution will come in place and armed forces will be called to aid the federal and the provincial governments. From the Inter-Services Public Relations to the National Command and Operations Centre (NCOC), every single stake holder got involved. According to DG-ISPR, initially a number of troops were deployed in 16 major cities including Islamabad, Karachi and Lahore. Faisalabad, Multan, Bahawalpur and Gujranwala were also among these cities (News Desk, 2021).

In order to ensure that this remains a primary humanitarian cause, no further allowance or salary increase were demanded by the military and it formulated plans to establish covid-19 response teams and quarantine centers to cope up with the pandemic (Dagia, 2017). The mandate of the military was very clear from the start; to assist the civil authorities implement the standard operating procedures (SOPs) in the region. However, the armed forces, like always, followed a hierarchy-based system during this as on the divisional level, a brigadier was supervising the teams in the area whereas on the district level, a lieutenant colonel supervised the teams (News Desk, 2018).



Conclusion

From the above discussion of sequential analysis of empirical evidence of pandemic history, its relationship to national security, shift of security paradigm and the active role of military in Pakistan a strong causal link between pandemics and national security across the globe has been established. The empirical findings still need to be articulated in order to prevent the losses incurred to the states, whether economically, politically or individually.

The article was divided into four sections. Firstly, we examined the severity of the global impact of major pandemics during different historical eras. In this section the impact of these viruses was analyzed and the security lens was focused on their influence on national security over time.

Secondly, we tried to measure the extent of security threat by discussing military interventions during disease. This elaborated the effects of the active or passive role of military to combat disease within states and globally.

Thirdly, the impact of Covid-19 from the security perspective was discussed. Furthermore, the military role during Covid-19 in Pakistan was emphasized.

Fourthly and lastly, we explored the nexus and how there has been a paradigm shift between traditional security challenges and contemporary security challenges due to Covid-19. This part reviewed the implications of the arguments we presented in the introduction. The COVID-19 pandemic has highlighted gaps in national and global pandemic response plans, how the approach must adapt as nontraditional security threats simultaneously.



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