CHACR

IN DEPTH BRIEFING

CIRCULATION: PUBLIC

31 MARCH 2020

The Corona Virus and its Strategic Consequences Based on Historical Lessons

The Corona virus crisis is holding the entire world firmly in its grip. It seems totally unclear what impact this crisis will have on societies and what the implications for the military will be. This article offers some thoughts based on the analysis of history and how epidemics have influenced the course of history and military events. It will concentrate on the implications for western states and militaries – this seems most appropriate for a think tank that serves the British Army. The author is not an expert in medical matters and the article will therefore not touch upon the pure medical lessons and implications. The article is not intended to provide final answers – a short piece such as this covering such wide fields could never achieve this. Instead, the aim is to provide food for thought and stimulate debate. Comments and, indeed, criticism are therefore encouraged.

History provides us with useful benchmarks and offers comparisons and guidelines for our current situation. Up to this point, one has to conclude that -thankfully- the Corona virus is by no means as deadly or intimidating as epidemics in the past. And yet, the whole world seems to be in shock. The answer to this seemingly illogical conundrum lies in the successful repression of epidemics in the last one hundred years or so. We have seen outbreaks of diseases in recent years, but these were local and, if they threatened to become a global problem, were usually successfully contained, such as Ebola. One might perhaps argue that the current shock mode into which the world has descended is not the deadly threat of the Corona virus, but the fact that we, in the west in particular, are no longer used to such diseases. Our general understanding of diseases and advancements in medicine meant that killers, such as the plague or Cholera, had lost their stings. To put it provocatively: The current crisis is as much a shock to the world's psychological condition as it is a threat to individuals' well-being and, indeed, their lives.

And yet, epidemics and pandemics were a common occurrence in history. The Epic of Gilgamesh, often regarded as the oldest sur-

ABOUT THE AUTHOR

Dr. Matthias Strohn, MSt (Oxon), FRHistS

Dr Strohn is the head of the Historical Analysis Programme at the CHACR. He is a specialist in the history of warfare in the 20th century, with a special interest in the World Wars, the inter-war period, command and leadership, the development of doctrine and the application of doctrine on the battlefield

viving literary text in the world (written approximately 1,800 BC) is also the first text that mentions a contagious disease – probably the plague. Throughout history, outbreaks of such epidemics had a decisive influence on events: In his history of the Peloponnesian War, Thucydides tells of the outbreak of a disease in Athens in approximately 430 BC when it was besieged by the Spartans. This disease not only killed Pericles, the great leader of Athens, but it was a contributing factor to the defeat of the Athenians and the decline of the golden age of classical Greece. Alexander the Great died in Babylon in 323 BC of "a fever" as the sources tell us. There is debate as to what this fever was, but it is possible that it had been caused by Malaria. At the time of his death he was 33 years old. It is difficult to imagine that the world would not have looked differently if he had lived for another three decades. In 180 AD the Roman Emperor Marc Aurel died of the plague while campaigning against Germanic tribes. This ended the long period of political and military stability of the Roman Empire. From this point onwards Rome would see a steady decline, culminating in the end of West Roman Empire in 476 AD. The list could be continued through the centuries, but there was one event that has burnt itself into the common memory of Europe: The Black Death, or the Great Plague, of the mid-14th century. Before the outbreak of this epidemic, Europe was a continent of 70 million people. When the grim reaper finally departed the continent, about one third of these were dead. Some areas had been completely depopulated. Norway, for instance, lost 60% of its population. The plague would continue to ravage Europe in the following centuries and it has been argued that the plague was present somewhere in Europe in every year between 1346 and 1671. Plague epidemics hit London in 1563, 1593, 1603, 1625, 1636, and 1665, reducing its population by 10 to 30% during those years. Over 10% of Amsterdam's population died in 1623–1625, and again in 1635–1636, 1655, and 1664. The list of epidemics could be continued, but it suffices to say that the last deadly pandemic hit the Western World at the end of the First World War. The Spanish Influenza -named thus because Spanish newspaper were the first ones to report about it- ravaged between 1918 and 1920 when it slowly petered out. This pandemic is said to have claimed the lives of 50 to 100 million people – the exact figures are unknown. It infested 500 million people (one third of the global population). In the US alone, 675,000 people died, compared to 116,000 who had died during the First World War.

This very short tour de force through millennia of epidemics and pandemics offers a wealth of insights for the military mind, stretching from the strategic sphere right down to questions of equipment, training, resilience and sustainability. As mentioned above, this article does not seek to provide answers to all questions, but to stimulate debate, so let's analyse some of the consequences of epidemics and offer some (perhaps provocative) conclusions:

The first point is that we need to part from our common perception that globalisation -with all its implications for economy, society and also the military- is a phenomenon of the 20th century. To take just one example: The Black Death of the 14th century had its origin in the Crimea. In 1346, the Genoese trading outpost Caffa was besieged by the Monguls. When the plague broke out in the Mongul army, they catapulted the plague infested corpses of their dead soldiers into the city. Panic struck and the Italian traders left for home via the sea, carrying the plague with them. Over the next few years, all European countries came under the yoke of the plague. The Black Death of the 14th century could spread because of well-established trade routes all over Europe, stretching as far as the Crimea and China. And so,

a conflict in the Crimea led to the hecatomb of medieval Europe on the altar of the grim reaper. Naturally, travel was slower than it is today, and thus it took the plague some years until it had Europe in its grim hand, not hours or days as today. This should also make us realise that shutting borders is not a finite answer, in particular in our days, in which death can travel fast and easily. This concept did not work in the old days, so why would it work today: closing the city gates did not stop the spread of the Black Death. In the early 1830s, the "Asian Beast", a Cholera outbreak in Eastern Europe, threatened the peoples of Europe. Prussia and Austria tried to contain the spread of the disease by establishing a *cordon sanitaire*, a military barrier belt on their Eastern borders. The movement of people and goods was restricted and shipping was reduced. The result of this action was less than impressive. By 1832, 41,000 people had died of Cholera in Prussia alone. One of the most famous victims was Carl von Clausewitz, the great philosopher of war, who succumbed to the disease in November 1831. And yet, the current crisis has seen a renaissance of the nation state. Despite the WHO and other international organisations, the fight against the pandemic is currently mainly fought along national borders. It was not surprising that the EU initially argued against unilateral border closures – something that stands opposed to the principles of free movement of people and goods, a pillar of the EU's belief system. At this stage it is unclear where this obvious conundrum will take us: to a renationalisation of politics or to an even more global outreach and willingness to co-operate.

One thing is clear, however, and this is the second point: outbreaks of widespread epidemics have historically contributed to a strengthening of government. Medieval administration did not have the capacity or structure to organise sufficient counter-measures against a biblical disease. The well-being and protection of the individual depended on one's ability to shelter from the horrors outside. One of the most famous pieces of Italian literature, Boccaccio's *Decamerone*, describes the withdrawal of people from the city to escape the Black Death and presents stories that the refugees told each other while they waited for the storm of pestilence to pass. It is very difficult to compare and contrast the European states from the middle ages to the modern period, but one trend is obvious: the authorities started to regulate the lives of their people in order to offer protection. First, this was protection against external enemies and it is not surprising that the centralisation of the state was a prerequisite for the development of standing armies. A standing army is more costly than bands of mercenaries that are taken on only in times of crisis. The necessary money comes from taxes, and an efficient taxation system is only achievable in a centralised state. As a consequence, the most centralised state of Europe in the medieval and early modern period, France, was also a dominant military power in this time. But this centralisation also offers protection against other forms of threat: crime and, within the medical realities of the time, disease. For this protection, the people had to learn to obey the state's regulations, or as Thomas Hobbes, the great English philosopher of the 17th century stated: *Pro protection oboedientia* – obedience for protection. This principle is still the fundamental principle of the modern state in which the state holds the monopoly of force, internally expressed through the police, and the legal and judicial systems, and externally expressed through the armed forces. Gone were the days of the condottieri, the mercenaries and local warlords that had characterised European warfare from the middle ages until the end of the Thirty Years War. The power of the local gentry was pushed back and the balance of power swung to the central government of the state. However, there is also another side to this development. If protection also means protection against disease, it becomes the task of the state to provide healthcare for the people. This, together with the development of the welfare state, is proba-

bly one of the great achievements of western societies from the 19th century onwards. However, it also means that large sums of money are fixed and that a pandemic has got a direct impact on the state's finances. In earlier days, healthcare was not the task of the state and a welfare system hardly existed – these were things that mainly the church dealt with, but not the state. This meant that the state itself was affected by outbreaks of epidemics rather indirectly, mainly by the loss of revenue. This explains why Britain and the Dutch Republic could fight three wars amidst the height of the plague that hit Europe in the 17th century. The second of these wars lasted from 1665 to 1667, a very difficult time for England. Not only did the plague hit London particularly hard (it has been argued that up to 30% of the population died), but the Great Fire of London practically destroyed the ancient city of London. And yet, it was not these events that led Charles II to sign a peace treaty with the Dutch Republic. The trigger for this was the Dutch Raid on the Medway in June 1667. A Dutch flotilla sailed up the Thames estuary and attacked the English fleet in its home port. Admiral de Ruyter's ships set fire to the English fleet and towed away HMS Unity and the Royal Charles, the pride of the English fleet. This attack has been called one of the most humiliating defeats in British military history and was a psychological disaster for the English. But as long as enough people survived to build ships, equip them and sail them to war, the war could continue. Probably on a smaller scale than would have been the case without an epidemic, but, in this scenario, both England and the Dutch Republic were hit by it, so that the absolute strengths of the forces might have been smaller, but the relative force levels remained roughly the same.

We can still see the concept of *Pro protection oboedientia* in the way the world fights the Corona virus, and the degree of *oboedientia* that seems acceptable to the nations. In the Netherlands and Sweden, we have seen far less stringent measures to contain the virus than in other countries, as this seems to be the right approach for countries that are famed for their liberalism and personal freedom and also for their strong sense of civic duty: rather than forcing measures onto the population, the government appeals to the common sense of the population and asks for its help rather than its obedience. The same applied, until recently, in the UK, until a change of mood occurred amongst the political masters. In France, the philosophy and tradition of Statism and the centralist state demands a strong response from a powerful state. Germany, with its federal traditions and constitutional setting, has tried to go down a middle path and it is interesting to see that some of the States, such as Bavaria, seem more willing to adopt tighter measures than the central government in Berlin. States that have traditionally stressed *oboedientia*, such as China and Russia are -if the official statements are to be believed- dealing with the current pandemic more efficiently than other countries. This raises interesting questions about the future world order. It is not unthinkable that these more totalitarian states will emerge stronger from this crisis compared to the western world. This would have obvious and clear repercussions not only for our everyday lives, but also for the strategic realities and the world order. The consequence of such a scenario would be clear: to achieve protection against external threats it might be necessary to focus on the internal *oboedientia* in western states -something that would stand opposed to the predominant philosophy of liberalism. The fact that over 750,000 people signed up in Britain to support the NHS is a very strong signal of existing community spirit and sense of civic duty. But it might not be enough if the long-term strategic situation changes as a result of this crisis. Even though it does not seem to an option right now, we might have to think about new measures to ensure that the people can be offered *protection* through *oboedientia*, including such things as some form of national ser-

vice. And it is possible that such measure would not only have to apply in times of national crisis or war. Resilience is the key word here. The current pandemic has shown that such problems can occur quickly and suddenly, and that the nation needs to be prepared to deal with such issues before they arise. If the global world order changes as a consequence of the current crisis, such steps might be even more appropriate and necessary.

The third point is obvious: epidemics and pandemics have an impact on the economy. It might sound surprising in a time when the Corona virus has sent the world into lock-down and, if the economic augurs are to be believed, will most probably result in a recession and years of economic suffering: widespread epidemics could provide economic stimuli that benefit the survivors. The aftermath of the Black Death in England in the 14th century is a good example: due to the horrendous loss of life, human labour became a scarce resource and those that had survived were able to use this as a lever to increase payment for their services. Living standards improved – as far as this was possible in medieval Europe. Naturally, this demand for higher wages and the labour shortage resulted in tensions. The Ordinance of Labourers of 1349, followed by the Statue of Labourers of 1351, tried to address this: they fixed wages at pre-plague level, stated that everybody under the age of 60 had to work and introduced price controls. The Peasant's Revolt in England in 1381, also known as the Wat Tyler Rebellion, was a direct consequence of these measures. The labour shortage also shifted the economic outlook of England from a country based on (manual labour intensive) agriculture to trading, in particular the wool trade, and proto-industrialisation. Somewhat dramatically, one could argue that the rise of Britain to the leading economic and trading power in the world in the 19th century had its beginning in the plague burial pits of the 14th century. Today, we face a totally different situation. Considering that the death toll is, thankfully, far lower than what was experienced in the 14th century, we do not face a labour shortage problem, but a potential collapse of the economic system on which the western world is built. The time might come, and in some countries these voices have already been heard, when the "luxury" of individual liberalism and the value of individual life has to be weighed up against the (economic) survival of the state. A crippled economy (and who knows when the next pandemic will hit us) will have obvious repercussions on society and thus also the military – directly, because less money will be available for the armed forces, and indirectly through the interaction with society (e.g. who will join the forces). The necessity in western states to offer internal soft *protection* through the welfare state will, in a global strategic setting, exacerbate this problem and might contribute to a further decline of the power of the west on the world stage compared to countries for which such things are not top priorities. We will also have to think hard about whether our current economic model is sustainable: our long supply lines and economies based on just-in-time deliveries (which could be interpreted as a general feeling of a lack of threat of any kind) do not allow a buffer for unforeseeable events. The fact that the Army is on standby to secure the (civilian) supply chain is a good indicator of a lack of strategic foresight in the economic sphere.

The fourth point is that in the current crisis the general context of the spread of the virus is different. In the days of old, epidemics were often associated with war. Troop movements made it easier for a disease to spread. The hardships of war weakened the people so that the grim reaper found easy prey and could force the peoples of Europe to join his *danse macabre*. This applied in particular in times when the soldiers were living off the land through which they marched. Probably the most drastic example of this in Europe is the Thirty Years War (1618-1648), which was fought in continental Europe. This war was, measured by the percentage

loss of life, the deadliest conflict in European history and killed (again by percentage) more people than both world wars combined. As usual, the vast majority of casualties was not sustained on the battlefield. Disease, epidemics, and hunger killed civilians and soldiers alike. To gain an insight into the realities of this conflict, you only have to read *The Adventurous Simplicissimus*, published in 1668 – a fascinating read of this dramatic period of European history. Today, things are different. In Western Europe, epidemics and pandemics now seem to spread not because we are at war, but because we are at peace. Global tourism, a sign of increased wealth which can only be generated in peacetime, makes it hard to stop a rapid spread of any disease. It is perhaps not surprising that the Alpine Ski resorts have been identified as especially aggressive breeding grounds for the Corona virus.

So what does all this mean for the Army? The potentially crippling effect of an economic decline has already been mentioned. It is the most obvious and pressing question. How much money will be available to the Army and what does this mean for procurement, the Army's structure and the like? The prospects are potentially grim, and the Army needs to start thinking about -and planning for- such scenarios now. At present it is too early to tell, but it is not within the realm of the impossible that the economic effects will prevent the Army from going back to business as usual once the current crisis is over. The implications will be felt for a long period and might fundamentally change the Army.

The Army might be increasingly used not to project force and to engage a physical enemy, but to provide support in the struggle to fight pandemics -both at home and abroad (see, for example, the Ebola crisis). The balance within the task of "Protecting the UK" might shift towards an internal protection, even if carried out overseas – again, Ebola is a good example here. The problem is that this support is not restricted to one area of the Army's abilities, but that it potentially covers the majority of the Army's capability spectrum: direct medical support; logistics and transport support; ambulance provision; curfew enforcement and public order; and many other aspects. The sheer number of required tasks would be a challenge for a small army and the question has to be answered how all this can be achieved while protecting and providing an organised and healthy massed manpower. What "casualty rate" could the Army sustain before it would no longer be able to provide the support mentioned above? What implications would this have on aspects such as force projection? It potentially also raises legal questions: what powers would the Army have to enforce public order, and, taken to the extreme, it might question the necessity for an army at all: if the main task was to become the fight against pandemics, would it not be better to dissolve the Army and spend the money on the police (law enforcement), the NHS (medical care) and the Ministry of Transport (logistical and transport support)? On the other hand, if it does not become the main focus, one could ask the question why the Army is engaging in these matters? The "can-do" attitude of the Army only provides partial answers to all these questions.

We have to re-learn the lessons of CBRN and accept that our adversaries might make use of these. When was the last time that Army as an entity spent enough time on CBRN training? If the author had to bet, his money would be on the First Gulf War 1990/91 when Saddam Hussein's arsenal of WMD was a real threat. When the author joined the German Army, his DS were all Cold War Warriors and he spent days and days in full CBRN protective kit during exercises. It was horrible and sweaty, but everybody understood why it was necessary. Does this happen anymore? Is the Defence CBRN Centre enough to ensure that everybody in the armed

forces is trained appropriately?

To stay in the realm of CBRN, biological warfare is not necessarily a thing of the past. It could hit the troops intentionally by the adversary's use of biological weapons, or unintentionally, through the effects of an epidemic or pandemic. This would clearly have an impact on the combat effectiveness of the troops. One good example of an unintentional use of biological warfare is the Spanish Influenza, which reached the trenches of the Western Front in 1918 when the American Doughboys arrived in France. The German soldiers, weakened by malnourishment caused by the British blockade, suffered most. Ernst Jünger, arguably the most famous German writer of the First World War, eloquently described the effect of the flu on the individual soldiers and his company. From his writings, it seems clear that from the summer of 1918 onwards the flu often claimed more casualties than action with the enemy. Recent operations have seen comparatively light casualties and disease was not a major threat. Fighting a war on a larger scale will cause higher casualties, not only because of sheer numbers involved, but also because of the ability of a peer enemy to use the entire arsenal of CBRN and the unintentional occurrence of diseases. Large movements of troops will make it harder to contain the spread of disease unless restrained resources are diverted – resources that might then be lacking on the front-line in manpower and also equipment. In a time of scarce resources, every additional FUCHS CBRN vehicle will eat a sizeable hole into the Army's budget. Are we willing to accept higher casualties due to disease or we are not inclined to follow this path – and what would this mean for carrying out the mission? History provides us with a plethora of examples how disease impacted on the outcome of battles, campaigns and wars. The German Army of 1918 has already been mentioned. An outbreak of the plague contributed to Napoleon's decision to lift the siege of Acre in 1799. The British troops that besieged Delhi in 1857 were struck by dysentery and Cholera which severely restricted their combat effectiveness and added to the perception that the numerically weaker and weakened besiegers had now become the besieged. During the Crimean War 1853 – 1856, the British Army lost 4,602 men in battle or to wounds sustained on the battlefield. In contrast, 17,580 men lost their lives due to disease. In one of the winters during the Crimean War, only 9,000 British soldiers were classed as fit to fight, while 23,000 were reported unfit due to sickness. How are we as an army going to operate in a disease-ridden environment and what level of casualties will be acceptable to both the Army and also the home front, in particular in a war that is not classed as a war for national survival? What takes precedence: the mission or the soldiers' well-being? Looking at the historical examples, it seems clear what the attitude was in the past: the mission clearly came first and the armies "soldiered on" and were willing to accept the casualties caused by disease. It is doubtful whether this could still be achieved today. To paraphrase a statement by Saddam Hussein from 1990: can our society accept 10,000 dead in a battle against an epidemic and will the Army continue to function should this occur?

It might be necessary to think about how we use troops and, in particular, who we use for specific operations. Between 1792 and 1802 a total of 19,063 British troops died in the West Indies, and a further 3,065 had been sent home as too ill to fight. The vast majority of these casualties had succumbed to illnesses, including Malaria. Between 1799 and 1802 no British soldier died in battle in the West Indies, but more than 6,000 died from disease. The mortality rate amongst the "Black Corps", i.e. the West India Regiments, was far lower than among the regiments that had been sent from the homeland. Of the former 1,564 died between 1796 and 1802, which equated to a death rate less than half compared to the European troops. This

opens an interesting field for debate: would it be advisable to earmark certain acclimatised, self-inoculated through habitual exposure, or even ethnic groups for operations in different parts of the world? Can this be achieved (think about the general impact on recruiting) and is this something that the Army and society would see as ethically and legally acceptable, let alone 'politically correct' or even acceptable to discuss?

One word of caution, though: small armies have a tendency to concentrate on the task at hand and to neglect other, less pressing, threats. The general decline of CBRN training since the 1990s is a good example of this. So are the current deficiencies in the understanding of large-scale operations as a consequence of comparatively small deployments in the times of COIN. We must be careful that "fighting an epidemic" will not become the reason d'être for the armed forces and that "protecting the UK" will not be interpreted in a way that the Army becomes a "counter epidemic force". We have to start thinking about the long game rather than playing catch up to current situations and crises.

To sum up, the current pandemic presents us with problems for which solutions have to be found, both immediate and in the long run. Thinking about these presents challenges, but also options and opportunities, and history can provide us not with definitive answers, but useful pointers. From a pure medical point-of-view, history does not help us to solve this crisis. The plague doctor of the middle ages is certainly not the authority to get advice from in this struggle. Yet, history offers an insight into potential challenges that states, societies, and the military, could be faced with. To paraphrase Clausewitz: the character of pandemics has changed, their nature has not.