



## **NATO's COVID-19 objectives: Improving aid assistance, continuing core security tasks and winning the propaganda war**

By Dr. Ian Davis and Joe Malmkvist

COVID-19 has changed everything. Schools are closed, all public gatherings have been cancelled, hundreds of millions of people around the world are out of work and governments are introducing some of the largest economic stimulus packages in history. And the huge cost in lives lost continues to grow at an alarming rate. At NATO, however, despite [concerns](#) on the impact of COVID-19 on military readiness and the cancelling and rescheduling of some military exercises, on the surface at least, it is largely business as usual.

NATO Foreign Ministers meeting for the first time ever by video conference on 2 April agreed to speed up deliveries of medical aid to allies suffering the most from COVID-19. In their collective [statement](#) they emphasised that doing the “absolute maximum to contain and then overcome this challenge” would occur alongside the alliance remaining “active, focused and ready to perform its core tasks: collective defence, crisis management, and cooperative security”.

In his [press conference](#) after the foreign ministers meeting, the NATO Secretary General said that NATO's top commander, Air Force Gen. Tod D. Wolters, the Supreme Allied Commander in Europe, was now tasked with coordinating military support to combat the COVID-19 crisis. And a meeting of NATO defence ministers

is to be arranged on 15 April to review the support being provided, to take decisions on any further steps and to “start assessing the medium and long-term implications” for “our resilience, the continuity of our essential work, and the broader geostrategic picture”. However, Stoltenberg also reaffirmed that “NATO's primary responsibility is to deliver security and defence for almost 1 billion people”. Indeed, the opening sentence in NATO's own [fact sheet](#) on its response to the COVID-19 pandemic reveals where its priorities lie: “In responding to the COVID-19 pandemic, NATO continues to deliver credible and effective deterrence and defence. Our ability to conduct operations has not been undermined, our forces remain ready, and our crucial work goes on”.

### **NATO's civil emergency response**

So, what does NATO's ‘absolute maximum’ contribution currently look like? NATO's principal civil emergency response mechanism, the Euro-Atlantic Disaster Response Coordination Centre ([EADRCC](#)), has been coordinating requests for and offers of international assistance from NATO allies and partner countries. To date, it has received requests for assistance from 10 states (five NATO member states and five partner countries)—[Spain](#) (23 March), [Ukraine](#) (23 March), [Italy](#) (26 March), [Montenegro](#) (26 March), [Albania](#)

(27 March), [North Macedonia](#) (30 March), [Moldova](#) (1 April), [Bosnia and Herzegovina](#) (2 April), [Georgia](#) (3 April) and [Colombia](#) (6 April). These requests, which are mainly for supplies of personal protection equipment and other medical equipment, are passed on to NATO allies and partners, who provide assistance on a bilateral basis. The EADRCC issued its first [situation report](#) on 1 April and since then has published five updates, the most recent on [9 April](#).

Thus far, it would seem that most of the requests remain unfulfilled with only Turkey and the Czech Republic having completed deliveries of medical equipment to Spain and Italy under the mechanism. The Czech Republic [provided](#) both countries with medical supplies, including 10,000 protective medical suits each, while Turkey [delivered](#) medical supplies such as masks, personal protection equipment and disinfectants.

Other NATO agencies have also contributed to the effort. Through its two strategic airlift programmes—the [Strategic Airlift International Solution](#) initiative and the [Strategic Airlift Capability](#)—NATO has helped [the Czech Republic, Poland, Romania and Slovakia](#) in receiving medical supplies from China and South Korea, including facemasks, protective suits and goggles. The NATO Support and Procurement Agency (NSPA) has [helped Luxembourg](#) increase its hospital capacity by providing field hospital tents, mobilising equipment, while in Italy it is cooperating with the private sector to [produce](#) 25 3D-printed connectors a week to convert snorkelling masks into emergency ventilator masks.

If all of this seems a little underwhelming given the scale of the crisis, the reality is that NATO is ill-equipped to deal with a pandemic. In part because, as former NATO Commander James Stavridis has [stated](#), while the military is highly equipped to

provide logistical support in crisis situations, the frontline ‘soldiers’ in this pandemic are civilian medical personnel and other support services. Another part of the problem, however, is that NATO civil emergency projects like EADRCC (with its small budget and staff) have always been sideshows to the alliance’s core defence and deterrence efforts. Finally, alliance solidarity—already much reduced in recent years as a result of several [intra-alliance fault lines](#)—has been further tested by the COVID-19 crisis.

### **Alliance solidarity further strained**

The amount of bilateral assistance between allies has been limited. For example, the German air force has flown Italian and French patients for treatment in Germany, and doctors from Poland and Albania are helping their Italian colleagues. The NATO Secretary General has [trumpeted](#) the bilateral assistance that has been provided to its newest member, North Macedonia, which has [received](#) a \$1.1 million grant from the United States, 100,000 protective masks and 5,000 protective suits from Hungary, 100,000 surgical masks and 100,000 protective masks from Slovenia, as well as test kits from the Netherlands. Norway has also donated medical supplies to North Macedonia that will be shipped from the NSPA, and the country is currently using a field hospital donated by Norway that will double the capacity at the Infectious Disease Clinic at Skopje’s largest hospital. Turkey has [provided](#) masks, overalls and test kits to Serbia, Bosnia and Herzegovina, Montenegro, North Macedonia and Kosovo, as well as personal protection equipment [to the UK](#).

However, there are also numerous examples of a lack of cooperation among NATO member states. In the United States, the Trump administration [ordered](#) healthcare equipment firm 3M to stop exporting N95 respirator masks to Canada, pushing Ottawa also towards China for critical medical supplies. Germany [accused](#) the United

States of engaging in “modern piracy” by diverting in Thailand 200,000 facemasks that were destined for Germany. France also complained when the US [seized](#) a consignment of masks bound for France from China. Of course, such disunity is not limited to NATO. The European Union has also witnessed its members (many also NATO members) [clashing](#) over the terms of a pandemic economic rescue package. The first instinct among most NATO/EU states appears to have been to close borders, stockpile equipment and assemble national responses. In particular, the [rock-bottom global reputation of the United States](#), the total absence of US leadership and the major deficiencies in the Trump administration’s own response to the pandemic will have also impacted negatively on the alliance’s collective resolve.

### **The pandemic information war**

The competition among states, including erstwhile allies, for scarce medical supplies is also part of a larger contest for recognition on the global stage. The governments that most effectively respond to the crisis, that ‘flatten the curve’ first, are likely to be best placed to provide leadership in the post-coronavirus world order. Thus, while UN Secretary General, António Guterres, has [stressed](#) the need for better international cooperation to fight the coronavirus pandemic, much of the Western think-tank discussion is not about cooperation, but who will emerge as the winners and losers in this geopolitical health Olympics. In particular, the bilateral assistance, especially by Russia and China, but also among NATO allies, is being scrutinised for underlying motives. In short, is their assistance an act of altruism and compassion or simply propaganda?

China and [Russia](#) have been providing significant logistical, transport and medical assistance since at least mid-March. One of the NATO members worst hit by Covid-19 has been [Italy](#), and China has [sent](#) doctors,

masks and ventilators. Russia also sent ventilators, medical equipment and military virologists and epidemiologists to Italy. Russia has also sent masks and ventilators to the United States, coronavirus testing kits to Iran, North Korea and Venezuela, as well as to former Soviet republics such as Armenia, Azerbaijan and Belarus. China sent testing kits to Spain, facemasks to Holland and [delivered](#) coronavirus testing kits to Palestine, and aid to Cambodia and Malaysia.

However, the reporting of these activities in parts of the Western media have been extremely critical. [Fox News](#), for example, citing unnamed senior Trump administration official, has attempted to discredit the Chinese supplies to Italy, while even the [New York Times](#) described the Russian supplies to the United States as a ‘propaganda coup for the Kremlin’. Similarly, unnamed Italian officials are cited in [reports](#) claiming that 80% of the Russian supplies were useless, and implied that the delivery was little more than a public-relations stunt.

The extent to which these examples of Chinese and Russian assistance contain hidden political and ideological agendas is difficult to discern. Clearly, they do contain some political motives—China is looking to atone for initially hiding the coronavirus outbreak, while Russia is trying to win back an international reputation tarnished by its support for Ukrainian separatists and allegations of assassination plots in the UK using a banned chemical agent, among other things—but so does the assistance provided by NATO.

Evaluating the propaganda value in humanitarian assistance is a complex matter, and largely seems to depend on the ideological predisposition of the commentator. For example, Russia has been [criticised](#) for claiming a humanitarian role in the delivery of protective masks from China to Estonia, making use of the fact that

the delivery was handled by a Russian aircraft. But NATO has been effectively making the same claims in relation to its two strategic airlift programmes being used to fly in supplies from China and South Korea.

Concerned that it may be losing the propaganda war, NATO has published a [Fact Sheet](#) on ‘Russia’s Top Five Myths about NATO & COVID-19’. This is the latest in a series of publications ‘[setting the record straight](#)’ in addressing alleged disinformation spread by Russian officials and media. One of the myths that the NATO Fact Sheet seeks to debunk is that the alliance encourages defence spending at the expense of healthcare. NATO is right to point out that setting the state budget is a complex political process reflecting social needs, as well as national political priorities, and thus, there is no direct correlation between health and defence investment. It is beyond refute, however, that the alliance has been encouraging member states to [increase defence spending](#) over the past five years, and at a time of economic austerity, there are clearly going to be indirect trade-offs between military spending and other public goods, including public health.

The COVID-19 pandemic highlights the folly of not spending enough on robust health services in member states, but attributing this directly to too much being spent on defence, as some [argue](#), is less clear cut. For example, that money could have been redirected from other public sector budgets, such as education and transport, or by increasing taxation. Nonetheless, it would be the height of folly to continue to increase or ring-fence military spending during the future post-pandemic economic recovery—especially in some central and east European NATO member states where in recent years there has been a great deal of effort to [modernise the military](#) to the relative neglect (sometimes due to [mismanagement](#) or

corruption) of health and other public sectors.

## **Conclusion: NATO needs to demonstrate its value**

While the COVID-19 needs a co-ordinated global response on an unprecedented scale, intergovernmental action has so far been feeble, seemingly hindered by the rise in narrow nationalism and existing geopolitical competition. The fact that the [UN Security Council](#) only met for the first time on 9 April to discuss the spread of the pandemic speaks volumes. For its part, while NATO does not have a central role to play in bringing an end to the health crisis it has done little to foster international collaboration on critical issues like the procurement of medical supplies, testing kits and personal protective equipment. While it is probably the role of the EU, rather than NATO, to develop a common regional plan for the most efficient distribution of medical supplies — including any [newly developed vaccines](#)— the continuing emphasis on delivering deterrence and defence seems badly misplaced when societies in member states are in meltdown. Similarly, while the current crisis affords an opportunity to work more closely with Russia, the emphasis has been on fighting a largely meaningless disinformation war. Russia has its own crisis to contend with and Putin's authority and legitimacy seem to be falling. This is an opportune time for a new Ostpolitik towards Russia.

NATO could also begin signalling that cuts in defence budgets are now an inevitable and essential part of the pathway out of the pandemic. Planning could begin on identifying core programmes, capabilities and missions to be retained, and those that could be cut, such as [nuclear weapons modernisation](#) programmes. A revitalised [arms control](#) process, for example, would enable deeper cuts. Business as usual is simply not an option.