# An Old Enemy in a New Guise: The Armed Forces and Infectious Diseases

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**Article Information***

Review Article ● UDC: 355.1:616.9
Volume: 20, Issue: 2, pages: 155–174
Received: May 10, 2023 ● Revised: June 23, 2023
Accepted: June 24, 2023
https://doi.org/10.51738/Kpolisa2023.20.2r.155rd

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We have no known conflict of interest to disclose.
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*Cite (APA):
Rokvić, V., & Dimitrijević, I. R. (2023). An old enemy in a new guise: The armed forces and infectious diseases. *Kultura polisa*, *20*(2), 155–174. https://doi.org/10.51738/Kpolisa2023.20.2r.155rd

Kultura polisa
20(2), 155–174

**Abstract**

COVID-19 seemingly opened the issue of the militarisation of health, primarily due to the war narrative which accompanied crisis communication during the pandemic from its very beginning, but also due to the specific engagement of the armed forces in facing the various challenges that the pandemic posed to almost all countries of the world over time. However, as it usually happens during events that affect the entire planet, collective memory and historical knowledge become the first victims, and all possible historical parallels with previous, same or similar, situations and difficulties are erased from people's memories. The purpose of this review is to clearly indicate that infectious diseases are not a "new enemy", that the role of the armed forces has been constant since the first recorded global infections, and that the armed forces have played a major role throughout modern history in developing ways and measures for repressing infectious diseases. Precisely taking into account the importance of the armed forces during pandemics of infectious diseases, we decided to choose three pandemics that left an indelible mark on the history of three different centuries - the Russian flu, the Spanish flu and the COVID-19, with special reference to the documented experiences of the armed forces of Serbia in selected periods. Literature review and content analysis of original and peer-reviewed academic articles, institutional reports and media articles have been used for the purposes of preparing this review article.

*Keywords*: armed forces, infectious diseases, Russian flu, Spanish flu, COVID-19

## An Old Enemy in a New Guise: The Armed Forces and Infectious Diseases

At the end of January 2020, the World Health Organisation (WHO) declared a global health crisis caused by the COVID-19 virus, which two months later was labelled a pandemic (WHO, 2020). Very quickly, a large number of countries introduced various restrictive measures, and the military narrative and war metaphors dominated the political discourse. According to Panzeri et al. (2021), the former USA President Trump described himself as "a wartime president", British Prime Minister Johnson stated that it must be acted as if it were "a state of war", while the French President Macron has just declared that France is at war. Other state officials were not far behind in using war metaphors. That's how Chinese President Jìnpíng "vowed to win the people's war against the novel coronavirus" (Panzeri et al., 2021), while Hungarian Prime Minister Orbán justified the closure of the country by stating that "the country is at war and operating on a military plan'' (Grzebalska & Maďarová, 2021, p. 144), and President Aleksandar Vučić, when announcing the declaration of a state of emergency on the territory of the entire Republic of Serbia, pointed out that "Serbia... is at war against an invisible enemy that it must defeat" (Vlada Republike Srbije, 2020). The war narrative gained even more meaning when the states, as it happens in war, engaged the armed forces, which even 95% of them did (Erickson et al., 2023).

Academic workers also joined the militarisation of the pandemic, as evidenced by the data that a search of the Google Scholar database using the keywords COVID-19 and the armed forces shows 93,800 results and 325,000 results using the phrase "war against COVID-19". A large number of research refer to the analysis of the role that the armed forces played in the fight against COVID-19, whether that role is supported or criticised (Kalkman, 2021). In some papers, it is emphasised that the world has faced "a new enemy", and that this is the result of a changed perception of society about the role of the armed forces (Latici, 2020). The question we raised in this paper is whether it is really "a new enemy" and "a new role for the armed forces"

or, as Price-Smith states, when it comes to infectious diseases and security, our species tends to exhibit the affliction of short generational memory" (Price-Smith, 2002, p. 3).

The purpose of this paper is to point out that infectious diseases are not "a new enemy", but that only the circumstances of their appearance have changed, and that throughout the rich history it was the armed forces that faced infections and developed measures that contributed to the preservation of global public health. Bearing in mind the complexity of the topic and a large number of pandemics that have occurred throughout history, in this paper we chose three pandemics that marked three centuries: the Russian flu in the 19th century, the Spanish flu in the 20th century and COVID-19 in the 21st century. These three pandemics have many common characteristics, such as speed of spread or virulence, late diagnosis, treatment and development of vaccines, negative effect on the global economy and relations between countries, impact on the armed forces or their response, but also the characteristic that in a given period, regardless of previous events, they were often characterised as "something new". Literature review and content analysis of original and peer-reviewed academic articles, institutional reports and media articles have been used for the purposes of preparing this review article. The search of relevant databases such as JSTOR, Google Scholar, PubMed and Serbian Citation Index, was completed in 2023, without limitation as to the starting time. We only included literature on the infectiuos diseases and armed forces specific topic, ranging from health science to political and security science. Considering the large number of published papers, the selection criteria applied only to articles published in English and Serbian, as well as studies on the infectiuos diseases and armed forces related to the period of three selected pandemics.

## The Forgotten Russian Flu

The COVID-19 pandemic has often been compared to the 1918 Spanish flu pandemic (three waves of the pandemic, speed of spread, virulence, measures taken, and more). However, what is

neglected in the scientific literature in relation to other pandemics, and with which the domestic public is almost not familiar, is the Russian flu pandemic that appeared in 1889 in Russia, and then in four months thanks to the developed railway network and sea routes, it spread around the world (Valleron et al., 2010). It is estimated that this disease claimed a million lives just in Europe (Honigsbaum, 2014).

There are several reasons why we decided to make this pandemic the starting point of our work. Firstly, according to Vagneron, thanks to the Russian flu, epidemiological statistics were developed in France that provide insight into virus transmission, mortality and excess mortality, which are still used today to assess the effectiveness of measures to fight the virus (Vagneron, 2020). Secondly, in their research, Brüssow and Brüssow, based on the analysis of medical reports published in Britain and Germany, come to the conclusion that the symptoms of the Russian flu were very similar to the symptoms of COVID-19, that is, that this pandemic may be an early version of the coronavirus pandemic (Brüssow & Brüssow, 2021).

Then, according to Honigsbaum, reporting on the pandemic in real time "via the worldwide telegraphic network made the Russian flu something of a 'media sensation'" (Honigsbaum, 2014, p. 44). Finally, the reason that is of key importance for the topic of our paper is the impact of this virus on the armed forces. Thompson states that thanks to the mobility of the Canadian and American armed forces in the 19th century, the flu spread to North America. The outspread of the flu was especially observed among American marines, as evidenced by reports from the given period (Weekly Sanitary Reports). Citing the aforementioned reports, Thompson writes that on 26th December 1889, a military ship arrived in the port of Massachusetts "with a large number of the crew disabled with influenza" (Thompson, 2011, p. 47). Analysing the impact of the Russian flu in selected European cities, Kempińska-Mirosławska and Woźniak-Kosek state that in Berlin and other German cities there were 1600 soldiers among "the victims of the flu", in Copenhagen at

the end of 1889 there were reported 56 cases of infection, among which there were 38 soldiers, military schools were closed in Sofia, military exercises were suspended in Vienna, while military hospitals were overloaded in St. Petersburg (Kempińska-Mirosławska & Woźniak-Kosek, 2013).

Thanks to Doctor Stanojević and the publication on the historical development of Serbian Army Medical Corps, there are also records of the impact of this flu on the Serbian army. Due to the outbreak of influenza, an order was issued that from 1st January 1890, in the commands where the disease appeared, more food would be allocated, but also "the necessary amount of brandy, in addition to the prescribed food; it is forbidden to give leave and sick leave in places where infection has occurred, as well as to send recruits from infected places and invite conscripts to exercises" (Stanojević, 1925, p. 205). From the mentioned data, it can be concluded that the armed forces around the world undertook preventive measures, especially isolation, in order to control and suppress the spread of the disease. What was characteristic of the given period was, as Stanojević writes, that of all the diseases that appeared in the armed forces all over the world, "infectious diseases take the first place in terms of their importance and consequences... because of which the armies suffer great losses" (Stanojević, 1925, p. 206).

Significantly more scientific works in the context of the topic of this paper were published about the Spanish flu pandemic that appeared in 1918 at the end of the First World War. Bearing in mind both the period in which this pandemic appeared and the fact that it killed around 50 million people, it is understandable that researchers are more interested in this topic.

## The Purple Death of the First World War

Watterson and Kamradt-Scott believe that the trend of militarisation of health is actually "anchored in the rich legacy of the military's involvement in the fight against infectious diseases" (Watterson & Kamradt-Scott, 2016, p. 147). This is confirmed by

numerous research and historical data, since war and infectious diseases are considered "deadly comrades" (Connolly & Heymann, 2002). Every war in history was also marked by the occurrence of infectious diseases, which left consequences for the armed forces, both in terms of morbidity and mortality, and in terms of efficiency, combat readiness and the implementation of military operations (Watterson & Kamradt-Scott, 2016). According to Pages et al. (2010), until the end of the First World War, infectious diseases were the main cause of morbidity and mortality among soldiers. Therefore, the first measures to combat infectious diseases were developed precisely within the military medical institutions, which then found their application in the civilian population as well (Smallman-Raynor & Cliff, 2004).

Therefore, the Spanish flu, also called the "Purple Death", named after the purple color the faces of dying cyanotic patients acquired (Kiester, 2020), best illustrates the connection between infectious diseases and the armed forces, since it was found that the flu originated at Camp Funston, Kansas, where about 56,000 recruits were trained. Since the troops in this camp were preparing to go to the Western Front in Europe, the disease spread very quickly across the Atlantic (Molgaard, 2019, p. 34). Byerly (2005, 19) states that in Europe "influenza attacked Allied and German armies with equal virulence, filling field hospitals and transport trains with weak, feverish men all along the Western Front". It is estimated that in the spring of 1918, during the first wave, which is considered to be the mildest, three quarters of French soldiers and more than half of British soldiers fell ill with the flu (Martini et al., 2019). The flu affected all sides in the First World War, and due to censorship in reporting, the exact numbers of deceased soldiers cannot be stated with certainty.

What is evident from the analysed literature is that for the American army, influenza was the "deadliest battle" in the First World War (Wever & van Bergen, 2014). Referring to official data, Byerly states that 50,280 American soldiers died in combat and as a result of wounds, while 57,460 soldiers died as a result of the flu.

The number of recorded cases of influenza in the German army was 700,000 with a mortality rate of between 16% and 80% in different units (Byerly, 2005, p. 23). In the memoirs of the general and commander of the German army, Eric von Ludendorff, the following was written: "our army suffered. Influenza was rampant. It was a grievous business having to listen every morning to the chiefs of staffs recital of the number of influenza cases, and their complaints about the weakness of their troops" (as cited in Byerly, 2005, p. 86).

When it comes to our country, as in some other, more modern situations, the Spanish flu caught us off guard. So Radosavljević writes that "until 1918, influenza was one of the most common and everyday diagnoses, and thus it was tacitly assumed that we knew the disease well, until we were stunned when an epidemic broke out in 1918, and we asked ourselves: what kind of new disease is it?" (Radosavljević, 1925, 470). He goes on to say that only those doctors who followed the Russian flu were "able to cope with it". We were unable to find official data on the losses of the Serbian army from the Spanish flu, since, as Krivošejev states, historiography and the history of medicine in Serbia did not deal with this pandemic (Krivošejev, 2020). Anyhow, certain records remain, such as the work of Dr Radosavljević, who states that the Serbian army first encountered the Spanish flu in Corfu, when 150 soldiers fell ill in just two days, while in mid-December 1919, daily arrivals began to arrive at the General Military Hospital soldiers of the Belgrade garrison (Radosavljević, 1925, p. 472). Analysing the publication on the development of Serbian Army Medical Corps, we noticed in the writings of Dr Radosavljević that soldiers suffering from the flu were often mistakenly referred for treatment with a diagnosis of malaria or typhoid (Radosavljević, 1925, p. 472), while Dr Genčić writes that on the Salonika front malaria "caused the most losses" to the Serbian army, as well as that there were almost no other infectious diseases (Genčić, 1925, p. 788). Having in mind the scale of the Spanish flu and the high rate of morbidity and mortality in the foreign armed forces, as well as the fact that the breakthrough on the Salonika front coincided with the second, deadliest wave of flu,

we might assume that the losses from the Spanish flu were mistakenly attributed to malaria. This is evidenced by the work of Krivošejev, who writes that the mortality rate among the Serbian army was very high, both at the front and after returning to Serbia (Krivošejev et al., 2020). Referring to the research of Nedok, Todorović and Mikić, Krivošejev and colleagues state that during a tour of hospitals, the Chief of Medical Services of the Supreme Command, Dr Roman Sondermeyer, noted that he found 256 flu patients in Priština, 350 patients in Mitrovica, 624 patients in Kraljevo, and 169 in Čačak (p. 60).

Despite the fact that the Spanish flu had a negative impact on the armed forces of all countries, it also left one positive consequence. Namely, according to Watterson and Kamradt-Scott, the experiences of the Spanish Flu influenced on the development of the role of the armed forces in the fight against infectious diseases, as well as the role of strengthening the public health of the civilian population (Watterson & Kamradt-Scott, 2016).

Although, on the one hand, the armed forces during the First World War were significantly affected and weakened by the Spanish flu, Watterson and Kamradt-Scott state that in military medical institutions in the USA, Japan, Canada and Britain, vaccines were developed that were tested specifically on soldiers. However, due to the lack of understanding of the etiology of the disease, as well as the inability to develop new vaccines, it cannot be determined how effective they really were (Watterson & Kamradt-Scott, 2016, p. 151). Coombs writes that there are also other examples of how the armed forces sought to protect themselves, thereby actually contributing to the protection and preservation of public health. He states that the French army introduced prevention measures that are still not obsolete today (quarantine and isolation measures), that in the German army there was observed the connection between the spread of disease and the accommodation of soldiers in terms of their number, since the lowest rate of illness was observed among officers who had separate accommodation (distancing measures), while in Canada and Great Britain, military doctors made a significant

contribution to the preservation of public health by participating in the implementation or supervising the implementation of prescribed measures, such as quarantine, vaccination and wearing masks (Coombs, 2022).

Learnt from the experience of the First World War, after the formal entry into the Second World War, the USA within its armed forces formed the Board for the Investigation of Influenza and Other Epidemic Diseases, which was later renamed into the Armed Forces Epidemiological Board – AFEB. The committee consisted of ten committees, of which one was in charge of influenza. In the period between 1942 and 1943, the aforementioned commission developed vaccines against influenza. After a successful clinical trial on soldiers, in July 1944, mass vaccination of the US Army was approved, and by October 1945, seven million of its members had been vaccinated. Subsequently, in October 1945, the US National Institute of Health approved the production of influenza vaccines for the civilian population in accordance with the standards established by the military (Watterson & Kamradt-Scott, 2016).

The flu vaccine is not the only one that was originally developed for military use and then for civilian use. In a review of military strategies for combating infectious diseases, Biselli and colleagues (Biselli et al., 2022) state that military doctors from Germany, Britain and France (Emil von Behring, Ronald Ross and Charles Laveran) are the winners of the first, second and seventh respectively Nobel Prizes in the field of physiology and medicine whose work enabled the prevention of diphtheria and tetanus, as well as identifying the vector and etymology of plague and malaria, which enabled their suppression.

It is certainly important to mention the role of the armed forces in improving and preserving public health in modern times and outside the context of armed conflicts. The members of the US and Chinese armed forces contributed to Ebola vaccine and drug research, while US military scientists contributed to the development of the first HIV vaccine to reach Phase III testing, and the development of the first approved malaria vaccine (Michaud et. al,

2019).

From the above, it can be concluded that the armed forces have a long history in the fight against infectious diseases and the preservation of public health, however, the scale of their involvement in the fight against COVID-19, as stated by Kalkman, was "unprecedented" (Kalkman, 2021, p. 99).

## The Militarisation of the COVID-19 Pandemic

Despite numerous past experiences, the world was unprepared for the COVID-19 pandemic. In addition to high mortality (according to data from 1st April 2023, a total of 6,887,000 reported deaths), economic losses (see Matijašević & Ditrih, 2021, pp. 21–24), the closure of states, the introduction of restrictive measures that in certain cases conflicted with the rule of law and respect for human rights, the pandemic was also marked by the massive use of armed forces around the world in the fight, as it is often called, against an invisible enemy.

COVID-19 has undoubtedly had an impact on the armed forces in terms of morbidity and mortality, but at a much lower rate than the civilian population. Statistics of deaths during active military service are available for Britain and according to the latest data, two soldiers died as a result of COVID-19 in 2020, while in 2021 and 2022 one death was recorded each year (UK Ministry of Defence, 2023). Data can also be found for the US Armed Forces, where a total of 96 soldiers are reported to have died (U.S. Department of Defense, 2022). The research conducted by Riley et al. (2023), in which they compared the impact of COVID-19 on the military and civilian population, showed that in the military population there were significantly fewer cases with a more severe clinical picture, as well as significantly fewer deaths. They explain such results by the fact that there are significantly younger and healthier individuals in the military population.

As we have repeatedly pointed out, what marked the COVID-19 pandemic was the massive use of the armed forces, whose

members in most countries carried out the transport of the sick or medical equipment, established temporary hospitals, disinfected public areas and institutions, carried out vaccination and testing, transported the deceased, treated the sick in military medical institutions, distributed protective equipment and provided medical equipment, to the point that they implemented measures adopted in accordance with the state declared in the specific country (state of emergency, emergency situation, health crisis, etc.) (Kalkman, 2021).

Numerous countries also carried out special military operations, such as Spain, which launched Operation Balmis as part of the Spanish Military Emergency Unit, which is said to have been the largest engagement of the Spanish armed forces in peacetime (57,000 members of the armed forces were engaged) (Pérez et al., 2022). A special operation was also carried out by France in order to provide assistance to the civil authorities – Opération Résilience. The German Bundeswehr mobilized 15,000 soldiers and formed a temporary body - the Corona Mission Contingent. Britain has a Covid Support Force, as well as Vaccination Quick Reaction Force Teams, and Australia has acted similarly by implementing Operation COVID-19 Assist and deploying Vaccine Delivery Teams. In Somalia, the military joined the formation of a "Coronavirus Army" whose role was to ensure compliance with social distancing measures among citizens (Wilén, 2021, p. 23). In Poland, the Resilient Spring operation was carried out with the engagement of up to 70% of the armed forces, which continued during the second wave as part of the Continued Resilience operation (Grzebalska & Maďarová, 2021, p. 146). In Slovakia, more than 50% of the armed forces have been engaged in the Joint Responsibility operation with the basic task of testing all the citizens of Slovakia for COVID-19 (Grzebalska & Maďarová, 2021, p. 147).

In contrast to numerous works by foreign researchers in which the role of the armed forces in the fight against the COVID-19 pandemic was analysed, we must point out that this topic has remained neglected in our country. We did not find any domestic research on this topic on the Google Scholar service, while searching the SCIndeks portal we found several works that indirectly deal with

this issue (such as defence expenditures and logistics issues). At the same time, there is still no official report that would present the role and contribution that the Serbian Armed Forces had in the fight against the COVID-19 pandemic. Since the Trade Union of the Serbian Armed Forces is a member of the European Organisation of Military Associations and Trade Unions, relevant information can be found on the website of this organisation because the hyperlinks lead directly to the news of the Ministry of Defence of the Republic of Serbia.

By analysing the available news on the website of the Ministry of Defence (a total of 151 news that is chronologically compiled backwards for the period March 2020 – October 2021), it can be seen that during the state of emergency, nine temporary military hospitals were formed in five cities in Serbia (Belgrade, Novi Sad, Niš, Kruševac and Novi Pazar). The Covid hospital in Batajnica was built on a location provided by the Ministry of Defence and for which the tactical and technical requirements for construction were prepared by the Directorate for Military Health in cooperation with the Ministry of Health of the Republic of Serbia. In addition to caring for and treating the sick, the Serbian Army, together with the ABHO service, carried out disinfection of facilities and health institutions. During the state of emergency, the role of the Serbian Army was to control border crossings, hospitals, reception centres and asylum centres (Ministarstvo odbrane Republike Srbije, 2020).

## Conclusion

Infectious diseases are considered a faithful and deadly companion of armed conflicts and throughout history they have had significant consequences on the functional capabilities of the armed forces. Historical data have showed us that until the end of the First World War, infectious diseases were the main cause of morbidity and mortality among soldiers, the best example of which is the Spanish flu that appeared in 1918. Certainly, exactly thanks to this, measures were developed within the armed forces that contributed not only to the improvement of the health of the military effective population, but

also to the improvement of global public health. Thus, quarantine and isolation measures, distancing measures as well as vaccines against influenza, typhoid, malaria, HIV, Ebola... were developed thanks to military medical experts. Therefore, it can be concluded that throughout history the armed forces have played a significant role not only in the fight against infectious diseases, but also in preserving the health of the general population.

However, the COVID-19 pandemic has left a whole new light on the role of the armed forces in the fight against infectious diseases. Namely, the introduction of various restrictive measures, have been followed by the military narrative and war metaphors. There was "a state of war", a "war against an invisible enemy", and the states, as it happens in war, engaged the armed forces. Almost 95% of the world's countries have engaged their armed forces to a varying extent, and the instrument that should be resorted to in such situations after exhausting all other instruments has practically become the first to react to a peacetime crisis such as the COVID-19 pandemic. Therefore, the question arises as to why this happened in the first place, and the answer to it goes beyond the scope of this paper and requires a new, thorough research focused on the causes and reasons for engaging the armed forces in these and the same or potentially similar situations.

Although the experience of the last pandemic at the global level shows us that we have a "short-term collective memory", we hope that the lessons have been learnt this time and that the written works will really serve as a reminder that it is not something new, but that only the circumstances have changed. We also hope that we will be more prepared to meet any possible new infection, and that the armed forces will remain, not the first, but the last instrument in the reaction to health crises, which is in accordance with their defined missions.

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# Stari neprijatelj u novom ruhu: oružane snage i zarazne bolesti

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## Sažetak

COVID-19 naizgled je otvorio pitanje militarizacije zdravlja, primarno zbog ratnog narativa koji je pratio krizno komuniciranje tokom pandemije od njenog samog početka, ali i zbog konkretnog angažovanja oružanih snaga u suočavanju s različitim izazovima koje je pandemija vremenom postavljala pred gotovo sve države sveta. Međutim, kako to obično biva tokom događaja koji pogađaju celu planetu, kolektivno pamćenje i istorijsko znanje postaju prve žrtve te se iz sećanja ljudi brišu sve moguće istorijske paralele s prethodnim, istim ili sličnim, situacijama i neprilikama. Svrha ovog preglednog rada jeste jasno ukazivanje na to da zarazne bolesti nisu nikakav „novi neprijatelj", da je uloga oružanih snaga bila konstantna od prvih zabeleženih globalnih zaraza, te da su oružane snage kroz modernu istoriju imale veliku ulogu u razvijanju načina i mera za suzbijanje zaraznih bolesti. Upravo uzimajući u obzir značaj oružanih snaga tokom pandemija zaraznih bolesti, odlučili smo da odaberemo tri pandemije koje su ostavile neizbrisiv trag u istoriji tri različita veka – Ruski grip, Španski grip i COVID-19, s posebnim osvrtom na dokumentovana iskustva oružanih snaga Srbije u odabranim periodima. U svrhu pisanja rada i prikupljanja relevantnih podataka korišćeni su pregled literature i analiza sadržaja originalnih i preglednih naučnih radova, izveštaja zvaničnih institucija i medijskih članaka.

*Ključne reči*: oružane snage, zarazne bolesti, Ruski grip, Španski grip, COVID-19