



National Guard troops [stand by](#) as people wait to be tested for coronavirus in New Rochelle, New York, on March 13, 2020. Timothy A. Clary/AFP via Getty Images.

The Militarization of US Government Response to COVID-19 and What We Can Do About It

[About Face: Veterans Against the War](#)

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This statement was written by [Drake Logan](#), a civilian ally to About Face, with input on content by About Face veteran members Lisa Ling, Krystal Two Bulls, Maggie Martin, Erica Manley, Shawn Fischer, Jovanni Reyes, Matt W. Howard, Derek S. Matthews, and Ramon Mejía. Editorial guidance was provided by Clare Bayard, civilian ally to About Face. [Authorship is always collective.](#)

Summary:

This document outlines six broad areas of current political need and opportunity as the US government ramps up the militarization of its response to the coronavirus epidemic. About Face is an organization of post-9/11 service-members and veterans who organize to end a foreign policy of permanent war and the use of military weapons, tactics, and values in communities across the United States.

We present this statement in order to generate further conversation on these points both within and beyond our organization, as well as to enter the national media conversation on coronavirus response. Please reach out to About Face if you are a member or civilian who would like to be

involved in media work on these issues, or if you would like to help create further independent media.

We need to begin by tackling these six areas of political need and opportunity in the time of coronavirus: (1) We need to engage in and spread praxes of community-based defense instead of militarized security. (2) We need to draw careful lines between what is acceptable military response and what is categorically unacceptable. (3) We need to put coronavirus in context with the Global War on Terror (GwoT) and domestic militarism. (4) We need to take a stand on Coronavirus Capitalism. (5) We need to demand that the Department of Defense adequately protect its active-duty and reserve service-members from contracting coronavirus. And (6) We need to act in solidarity with international communities.

Collective action areas and opportunities needed right now as COVID-19 response further militarizes:

1) We need to engage in and spread praxes of community-based defense instead of militarized security.

Community defense praxes need to be included under the umbrella of necessary mutual aid as we face coronavirus. Community-based safety or defense is a praxis in which everyday people get together [in their own communities](#) and agree on how best to secure their safety, using their own bodies and resources. It looks different for each community, but the common denominator is that community defense never centers police or military resources in securing peoples' lives; instead, it relies on communities' own resources, which communities can control. While we cannot protest en masse, let us rise in support of one another and take control of our collective health and safety—which [will help us build roots](#) to grow yet further future resistance.

Our military has already announced on a CNN feature that it views coronavirus as the new national enemy: “we are being attacked by a virus, which is different than any of our opponents,” and which they say they need to activate the full force of our military to kill. ***If collective demilitarization action does not popularize now, we face the very real possibility that our military will be allowed to further militarize our neighborhoods, cities, and even rural spaces in the name of “national security.”***

Our governor in California has already been [speaking publicly about imposing martial law](#) across the state—since March 18th. “If enacted, it would temporarily replace civil rule with military authority. The precedent for martial law in the US [states](#) ‘certain civil liberties may be suspended, such as the right to be free from unreasonable searches and seizures, freedom of association, and freedom of movement.’” California governor Newsom implicitly backpedaled his previous [talk of martial law](#) for the state on March 21st, stating in a live presser that he was only

[deploying National Guard troops](#) to help run food banks, as well as [having the military lease two hospitals](#) with a combined 3,000 beds for the state.



Army National Guard troops at the Sacramento Food Bank & Family Service in Sacramento, California, March 20, 2020. Army National Guard photo by Staff Sgt. Eddie Siguenza.

Both the President and Congress have the power to enact martial law nation-wide. President Trump [deployed nonfunctional hospital ships](#) to New York City's harbor on March 18th to fight the coronavirus "war." Our national public is so unaware of the ongoing US-led "Global War on Terror" (GWOt) that Trump can speak of himself in a novel fashion as a new "wartime president" because of his "war" against coronavirus, and thus far get away with it. Our government went to war in October of 2001 against the international ["terrorist"](#) enemy-other, and has only continued to stoke terrorism in its global warfare ever since. GWOt is the longest-running—as well as far and away the [most geographically widespread](#)—war in US history.

Meanwhile, the President is choosing not to use his Defense Production Act powers to provide the country with vital medical supplies such as personal protection equipment (PPE). Representative Alexandria Ocasio-Cortez [strongly admonished Trump](#) for this, saying that it will cost American lives.

On March 21st, [Politico reported](#) that the "Justice Department has quietly asked Congress for the ability to ask chief judges to detain people indefinitely without trial during emergencies," in a request for even wider powers during the coronavirus

national emergency. States can also impose martial law if such power is in the state's constitution. Many of us have a fresh memory of 2013 Boston, which had [quasi-martial law imposed on it](#) and nearby Watertown. Government mandated a shelter-in-place lockdown: heavily armed soldiers and militarized police forces roamed the streets in search of the Boston Marathon bomber.



The view from [Fran Forman's porch](#) on April 13, 2019.

Now in 2020, California governor Newsom just [deployed the National Guard to help run a food bank](#) in Sacramento, while thousands of Californians have been laid off and cannot make their rent. We do not need soldiers in combat fatigues with guns to run a food bank. We can do it with our own communities.

We already have militarized police forces on our streets. Their racial profiling leads to frequent police killings of unarmed, innocent people—especially black and brown folks. Our military receives deep psychological training in a counterinsurgency strategy which teaches them to see black and brown people as the dangerous [“terrorist”](#) enemy-other, which needs to be eradicated, and even executed on sight. Military racial profiling will only escalate the extrajudicial killings happening on our streets every single day.

We need a [just transition](#) from an economy of “banks and tanks” to a peaceful, green, humanity-centric economy. We already have militarized human health services. A subsidiary of military contractor corporation Lockheed Martin [is](#)

[already contracted](#) to provide services in the public foster care system in Los Angeles County, California. Privatization of public services under the Trump administration has already escalated, and we can predict more of the same ahead. Privatization of service provision by health and safety-related corporations is one thing; service provision in this sector provided by war corporations is another. We do not need more funds going to these companies, which are already well overpaid and bloated by our gargantuan [\\$1.3 trillion “defense” budget](#). Additionally, federal resources such as those of the Federal Emergency Management Agency (FEMA), which are woefully mis-managed, regularly involve militarized security operations to secure their logistics, as happened in the aftermath of Hurricane Katrina’s devastation of New Orleans in 2005.

Instead of further militarization, we need decarceration and community-based aid in this country. Activists are calling on incarcerating institutions to release all prisoners, now more than ever. Even Secretary of State Mike Pompeo has [called for the release of political prisoners](#) around the world, citing the virus. This needs to be taken well beyond political prisoners--although all prisoners are, in truth, political prisoners. Prisoner releases need to include migrants and asylum-seekers in US detention centers, and the scope of prisons needs to include US-funded detention centers on proxy borders such as those in Mexico and Guatemala. [Incarcerated folks](#) are kept in crowded, small, enclosed spaces which are rife for COVID-19 transmission, and they lack proper healthcare, like many who are not locked up.

Note regarding rural organizing and community defense:

Rural organizers also face unique organizing challenges because they are more spread out than people are in cities, and folks tend to have more guns per capita. City-based community defenders need to talk and trade praxis with rural community defenders and join forces in their borderlands, as well as both kinds of communities reflecting on and refining their own praxes. There are many communities which have long histories of community-based defense—we need to pull on their knowledge bases now, and help it spread faster than the virus among us.

2) We need to draw careful lines between what is acceptable military response and what is categorically unacceptable.

What is acceptable?

For example, it could be very helpful to our society if our government puts the military to work providing communities with the massive material resources and logistics necessary to establish public field hospitals, or to simply give us medical supplies such as personal protective equipment (PPE) to distribute. We don’t want the military itself to run these hospitals or distribution operations with its service-

members, because we don't want the further militarization of our society or resources, nor any more guns on our streets than there already are. Our unfortunate reality right now is that our hospitals and clinics will soon be overwhelmed with people seeking coronavirus treatment. We need fast action, and the military can help with that, but we don't want them to run our critical civilian services. Not least, we do not want the military running our civilian treatment facilities because this will make it much less likely that vulnerable populations, such as those who are under-documented, will be able to use them. Under-documented folks are [already not seeking treatment](#) for their regular healthcare needs out of fear that they will be exposed and violently detained or deported. These folks are very reasonably "worried that militarization of the streets" in places like San Antonio, Texas "will only serve as auxiliaries to ICE and other deportation mechanisms," as About Face organizer Jovanni Reyes writes. Immigrations and Customs Enforcement (ICE) agents are [pretending to be doctors](#) to enter homes and detain under-documented residents.

[Problems](#) with supply chain logistics are already coming up as our country hoards supplies. We can expect the militarization of supply chain security if these incidents continue. As AF member [Lisa Ling](#) notes, you can "walk into any store and you will quickly recognize that the supply of incoming [goods] is compromised."



"A giant line formed outside a Costco store in Honolulu" on April 29th, "after the

Hawaii Department of Health advised residents to [stock up](#) on food and necessities earlier in the week.” Reuters/Duane Tanouye

It is also acceptable—and necessary—for us to protect our communities by practicing control over who can and cannot enter. However, how can we do this via community-defense praxis in ways which do not reinforce the long-term power of borders, which we ultimately need to abolish? We can, for example, enact flexibility and concern for humanity in our holding of the borderlines around our communities. The Trump administration is seeking to close the US-Mexico border [to even asylum-seekers](#), which is blatantly against international law. We need to push the US to allow asylum-seekers and refugees escaping conditions of violence to come into the US, not keep them out. We need to hold our communities’ borders in praxis of community defense, which always foremost prioritize our collective health and safety—including that of folks who are most vulnerable and not already on the inside with us.

What is unacceptable?

What would be categorically unacceptable to communities in the US is for soldiers to have their weapons and war-grade [Kevlar](#)—as well as other battlefield gear—out on our streets while they do any of the above. We already have a highly militarized domestic police force which fills our streets with weaponry, and which daily kills innocent Americans who never have a chance to be innocent until proven guilty. We cannot afford more of the same from US soldiers. We ask that necessary security operations for medical and food supply chains be provided by community members—many of which are now out of work—and only if absolutely necessary, by **unarmed** police.

What would likewise be categorically unacceptable is if the militarization of federal COVID-19 response begins to break down significant federal limitations on what the military can and cannot do to enforce federal policy domestically. The Posse Comitatus Act of 1878 regulates how much the military can be mobilized in the domestic enforcement of federal policies. Neither the US Army, Air Force, nor Navy can be deployed to enforce federal policy on domestic soil. Posse Comitatus does not regulate the Army National Guard or the Air National Guard, which states can activate for law enforcement purposes within their boundaries.

The last time Posse Comitatus was suspended was in [2006-07](#), when Congress—as urged by President George W. Bush—passed the John Warner National Defense Authorization Act for Fiscal Year 2007 (HR 5122), signed into law on October 17, 2006. Its Section 1076, “Use of the Armed Forces in major public emergencies,” permitted the President to activate the armed forces “to restore public order and enforce” US laws “when, as a result of a natural disaster, **epidemic**, or other serious public health emergency...or other condition” the President determines that “domestic violence has occurred to such an extent that

the constituted authorities of the State or possession are incapable of maintaining public order.” This suspension of Posse Comitatus was entirely repealed in 2008.

The Pentagon is already reporting [124 known cases](#) of coronavirus within the Department of Defense (DoD). Yet, its Navy’s Indo-Pacific Command [refuses amidst the epidemic to postpone or cancel](#) the Rim of the Pacific (RIMPAC) international war games, which it hosts every two years across the Hawaiian archipelago. It is the largest international military maritime exercise in the world. With every new event, [RIMPAC expands](#) to include more countries and more service-members per country. RIMPAC brings thousands of soldiers, sailors, and airmen from militaries around the world to the Hawaiian Islands, to “practice” live-ammunition training and simulation exercises. It also causes extreme social disruption in Hawai’i, as service-members run amok in the streets during R&R hours, perpetrating [violence against Hawaiian residents](#)—especially women.

3) We need to put coronavirus in context with the Global War on Terror and domestic militarism.

The dominant media largely treats coronavirus as if it is an isolated viral epidemic which emerges from a vacuum. It quarantines the COVID-19 crisis, removing it from history and present-day context, except to address the economic ramifications of the pandemic and some limited impacts on our ongoing Presidential election.

The present conversation on how our government should respond to COVID-19 is dominated by [militarist rhetoric across the political spectrum](#). We need to speak up in the media across that political spectrum to dispel the myth that more military involvement in coronavirus response will make our country safer.

We need to put the COVID-19 outbreak in context with the US-led Global War on Terror, which in reality has only stoked more [“terrorism,”](#) as well as in context with domestic US militarization—of our society, our economy, our schools, and our healthcare system. Each of these socio-political arenas of our country are profoundly contoured by US militarism: the massive Department of Defense budget, funded by our tax dollars, swallows up **over a trillion dollars** which could otherwise be putting our children through school and providing us adequate healthcare.

Thus far, this militarism is only escalating in response to the coronavirus. As [reported on March 20th](#), “A group of lawmakers are urging Congress to approve the purchasing of 19 more F-35 fighters than the Pentagon requested as part of the battle against the disease.” We urge you to demand from your representatives in Congress that they cease funding useless and dangerous war machines instead of properly funding civilian public health response. The lawmakers urging Congress to approve the extra F-35 purchase are: Reps John Larson (D-Conn),

Mark Veasey (D-Texas), Martha Roby (R-Ala), and Mike Turner (R-Ohio). Because, as About Face member [Ramon Mejía](#) writes, “doing the military-industrial complex’s bidding is a bipartisan endeavor.”

As Tobita Chow writes [on social media](#), we are “getting outflanked by the right. Across the media, China is blamed more than Trump” for COVID-19 running rampant all over the world. This pandemic has been profoundly racialized from its very beginnings, which are unduly pinned on the Chinese population and government. Both are scapegoated for the entire global scope of the epidemic, although world leaders like Trump [knew about the virus](#)—and did not act—as of December 2019. Chow continues, “the hardcore nationalist right is using this crisis moment for radical political realignment (trying to turn the GOP into a combination of violent nationalism + a semblance of social democracy, aka national socialism). Are we doing the same?” We need to do the same to shift the national conversation towards our human values, via media work which is rooted in our core values of global anti-racism in solidarity with international peoples of color, demilitarization, and [genuine security](#).

4) We need to take a stand on Coronavirus Capitalism.

[Coronavirus Capitalism](#), as articulated by Naomi Klein, addresses the common political slippage which happens during a state of emergency. The Trump administration is [already talking about enacting policies](#) it’s long had under the table, but has lacked the political will or public circumstance to push through. Our memory of disaster capitalism is still fresh from the immediate post-9/11 days, weeks, and months, during which the USA PATRIOT Act was codified into law and our military immediately invaded Afghanistan. These emergency responses become codified on the long-term and stick with us far beyond the end of the crisis in which they opportunistically emerged. We see this with the [PATRIOT Act](#) and the US-led [War in Afghanistan](#)—both continue to be in effect 19 years after their invention during the 9/11 emergency.



Naomi Klein on [Coronavirus Capitalism](#), via the Intercept.

We need to, as activists say, "sound the alarm" on what we know becomes suddenly politically reasonable during a state of emergency. We know these ideas as clearly unreasonable during times of relative normalcy. Posse Comitatus is a prime example of a federal regulation which could be broken down in a state of emergency—and has been in the past. In sounding the alarm, we need to predict the very near future for the American public, which we can already see will inevitably include the broader militarization of COVID-19 response. Retired General Stanley McChrystal appeared on CNN on March 17 and said that "this is a time when *every single asset* in the United States military that *could be of use in any way* should be made available. We shouldn't be *tripping over rules* and what-not." We need to press the question of the military and its civilian overseers: which rules are you planning to not bother with?

We know the military's domestic and international playbook intimately, because as veterans and their civilian allies, we've been on both the giving and receiving ends of their tactics for decades. We need to sound these alarms.

5) We need to demand that the Department of Defense adequately protect its active-duty, Guard, and Reserve service-members from contracting coronavirus.

The Pentagon has reported its [first personnel death](#) due to coronavirus. As of this writing, all service-members and civilian employees of DoD are still reporting to work—DoD has not moved to only essential personnel operations, as many other agencies and businesses across the world have. DoD has already activated [2,050 National Guard troops in 27 states](#), as well as likely placing an untold number on alert, in its quickly evolving COVID-19 response. An About Face member in Virginia reports that all active-duty Navy sailors there are going to work in close quarters with one another, without proper personal protective equipment (PPE). This is also being [widely reported](#) across the country. The poverty draft means that our active-duty ranks are full of economically vulnerable and racially targeted folks; now, once again, their commands are unnecessarily endangering their safety.

DoD's [Northern Command](#) (NORTHCOM) is the "global integrator for all of DoD efforts and entities" in dealing with the novel coronavirus, as Defense Secretary Dr. Mark Esper reported. DoD does have a plan in place for dealing with coronavirus within the ranks. However, the ongoing history of GWoT-era active-duty and veteran healthcare systems is neglectful and abusive to US service-members, veterans, their families, and communities. We documented this in-depth in our 2014 publication, [Operation Recovery: Fort Hood Service-Members and Veterans Testify on the Right to Heal](#). This ongoing history warns us against blind faith in our military healthcare systems and directives. We need to critically examine and comment on DoD actions and plans for dealing with COVID-19 as they evolve. The Pentagon just [paused deployments to Afghanistan](#) to protect troops from coronavirus, and it needs to do much more.

6) We need to act in solidarity with international communities.

We need to make solidarity an active verb. We need to take collective action which follows the lead of international communities such as those in the [Hawaiian Kingdom](#) (HK), [atop Maunakea](#), other Indigenous Peoples of Turtle Island, and communities worldwide enduring the ongoing US-led Global so-called War on Terror.

US activists are currently promoting [a petition to US commercial airline pilots](#), and their unions, as planeloads of international tourists continue to flood the HK. Hawai'i's state government refuses to ban tourist travel to the HK. Hawaiian state and county governments rely so heavily on the tourist industry for their economic stability that they currently refuse to ban tourists temporarily to flatten the coronavirus epidemic curve. However, the reality is that not banning tourists right now will have far longer, and far more devastating, effects on the Hawaiian economy, which will be felt hardest by residents, as they always are. Each day that passes in Hawai'i wherein tourists are allowed complete freedom to arrive and roam means COVID-19 spreads wider into the resident population.

Activists around the world are also demanding in solidarity with Iranians and Venezuelans that the brutal US sanctions regimes [against Iran](#) and [Venezuela](#) be lifted amidst the coronavirus crisis. We are calling on the US Treasury Department and demanding that the US lifts its deadly sanctions on Iran. Join us online in fighting to #EndCOVIDSanctions and give Iranians what experts say is critically needed: 120 days of sanctions relief. Time is of the essence here, as it is regarding each of this statement's critical action areas. Sign up [here](#) to #EndCOVIDSanctions for Iran. [Syria](#), [Yemen](#), and [Palestine](#) are also under extreme international sanctions at a time when world supply chains are in crisis, thus being even more vulnerable to the impacts of coronavirus than they were previously. Iran is a global epicenter of the epidemic, yet cannot buy medical supplies on the global market due to these harsh sanctions—this is “literally [weaponizing the coronavirus](#).”