U.S. Military Response to Domestic Civil Unrest: Implications for Social Work

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Abstract

By highlighting infectious disease pandemics such as Ebola Outbreak 2014, this paper presents and discusses implications for social work practice with regards to the use of U.S. military in situations of civil unrest within the U.S. borders. It is intended to assist both civilian and military communities and systems in preparing to effectively address such a volatile, and seemingly inevitable, situation. Micro, mezzo, and macro social work practice implications are presented.

Keywords: Military, Social Work, Civil Unrest, Ebola

Disasters, such as infectious disease pandemics, have fueled humanitarian response since time immemorial. Military-like humanitarian involvement has probably been part of the response to these situations for just as long. While there is a tendency to keep military affairs separate from civilian affairs (Shiff, 1995) the modern US military has been called upon to do many tasks such as combat, peace keeping, disaster response and most recently deploying active duty service members to Africa in response to Ebola Outbreak 2014. Hodge, J. G., Barraza, L., Measer, G., & Agrawal, A. (2014) suggest that if the if same Ebola Outbreak 2014 death rate that had happened in Liberia happened in the U.S., that there would be over 80,000 fatalities. At some point in the future, military involvement in disaster/pandemic response or social injustice fueled civil unrest within the US continental borders seems not only likely, but inevitable.

While broad social work practice and policy development with military or military associated client systems may have once been rare, it is becoming more the norm. Across the spectrum of actions and functions, from direct involvement with active duty service members to policy development on behalf of veterans and their families, social workers are involved with the military. There is real need and potential for the field of social work to contribute to effectively understanding and responding to micro, mezzo, and macro response to use of U.S. military in domestic humanitarian situations in general, as well as those which may pose homeland security risks due to elements of civil unrest.

Discussion

Infectious Disease Pandemics

Gostin, L. O., Lucey, D., & Phelan, A. (2014) indicate that during 2014, the World Health Organization's declaration that Ebola was an international public health emergency activated 2005 International Health Regulations (IHR) requiring countries to develop their nationwide readiness to address an Ebola outbreak.

While hospitals are not prepared to deal with large scale infectious disease outbreaks (Terhakopian & Benedek, 2007), now that Ebola has entered the U.S. it is imperative to increase the intensity of infection control in hospitals all across the country (Evans, 2014).

There have been several Ebola outbreaks in African countries since 1976. Most of them occurred in West Africa and involved less than a few hundred infected and even fewer deaths ("List of Ebola outbreaks," 2015). The latest outbreak however, became much more threatening to the whole world and has resulted in thousands of infections and deaths. At the height of the outbreak, in the fall of 2014, fear and near panic situations played out in several developed countries including the United States. The threat consumed the major network news and the internet for several days (McDonough, 2014). The government of the United States responded to the crisis by sending aid workers, supplies, and eventually, U.S. service members to the most affected areas in Africa ("FACT SHEET," n.d.).

According to the Centers for Disease Control and Prevention's (CDC) website CDC 24/7 (SARS. n.d.) severe acute respiratory syndrome (SARS), a potentially lethal respiratory illness, was first reported in Asia in early 2003. It struck four continents before it was contained in 2004. Additionally CDC 24/7 (Measles. n.d.), with regards to measles, while there are cases of measles each year, the cases linked to an amusement park in California during December 2014 and the increasing number of associated Measles Outbreak 2015 cases is making it the worst measles outbreak in years.

The Spanish Flu pandemic of 1918-1919, with its morbid similarities to the Black Plaque of the Middle Ages, was a biological mega disaster that killed up to 40 million people world-wide. This global pandemic was fueled by service members returning home due to the end of World War I (WWI). They had already suffered the ravages of the flu while serving in the warzone as evidence by an estimate of half of all U.S. soldier deaths in Europe being from the flu as opposed to the enemy. Military camps were some of the first places that the flu appeared early in 1918 but due to lack of response the flu revitalized itself and came back virulently that winter. Problems cascaded as the flu infected 28% of the American population, ultimately killing approximately 675,000. There were severe shortages of medical personnel and supplies as well as a shortage of coffins and grave diggers. Thought to be promoted by the Nationalism that engulfed America at the end of the war coupled with the fresh wartime experiences, the American public readily accepted limitations and restrictions imposed as part of the containment and eradication effort. (The Influenza Pandemic of 1918. n.d.)

CDC 24/7 (Quarantine. n.d.) indicates that isolation and quarantine are common approaches to preventing transmission of infectious diseases. Isolation is the act of separating infected individuals from non-infected individuals while quarantine is separating individuals who may have been exposed from non-infected individuals. Both strategies can be implemented on a voluntary basis but there are both state and federal laws giving legal authority to force individuals into mandatory isolation or quarantine as a containment response relative to some infectious diseases including Ebola but not measles.

Blendon, R. J., Benson, J. M., DesRoches, C. M., Raleigh, E., & Taylor-Clark, K. (2004) indicate that anxiety and misperception can cause panic and refusal to comply with quarantine while Blendon, R. J., DesRoches, C. M., Cetron, M. S., Benson, J. M., Meinhardt, T., & Pollard, W. (2006) go on to suggest that public anxiety around the use of quarantine can be reduced and quarantine compliance increased by addressing implementation issues prior to starting the use of quarantine. However, Dynes, M. M., Miller, L., Sam, T., Vandi, M. A., & Tomczyk, B. (2015) relate that fear of contracting Ebola keeps some individuals form using available resources even for reasons other than Ebola.

Civil Unrest

Fear about safety promoted by a severe infectious disease outbreak, such as the 2014 Ebola Outbreak, may one day fuel citizen protest on a scale that is beyond the capacity of local and/or state law enforcement and will ultimately require the support of military personnel and resources. Tierney, Bevc, and Kuligowski (2006) suggest that mass media significantly influences the general public's view of safety during times of disaster and that media can promote the public perception of need for military involvement during such situations. Soldiers do develop infections during deployments. In fact, infectious diseases have caused more lost duty time and hospitalizations than combat injuries in every important war in US history (Aronson, Sanders, & Moran, 2006). Given this, it needs to be understood that the military service member may they themselves have concerns and fears about the safety of themselves and their loved ones.

Use of Military in Situations of Domestic Civil Unrest

Policing within domestic borders are the responsibility of local and state police forces and the military should avoid policing in part due to the complexities of knowing who does what when (Musa, S., Morgan, J., & Keegan, M. 2011). Security outside the U.S. borders is the responsibility of the Federal government and includes the U.S. Armed Forces. The National Guard is the exception because they respond within domestic borders but the President has the authority to mobilize them for broader roles in situations of national emergencies (Scurfield, R. M., & Platoni, K. T., 2012). Dunlap, C. J. (1999) indicates that while the need for the military to take on policing roles will increase with time, it is not in the best interests of neither the police nor military.

For a situation to get beyond the capacity of local and state law enforcement to handle, and thusly require military involvement, it would seem to have to be one of such a large scale of civil unrest that it had already erupted into civil violence. However, given implications of infectious disease epidemic/pandemic containment, the military may be called upon to provide supports and services both humanitarian and possibly security based.

The U.S. military, both active duty and Guard/Reservist, has been called upon to respond to humanitarian missions across the globe such as with Ebola Outbreak 2014. Many responses included funds and resources while others included military service members on the ground and directly involved. The U.S. military has also responded within its own borders such as with Katrina. Its domestic operations most typically include humanitarian efforts but have sometimes involved domestic deployments related to domestic civil unrest.

While the use of U.S. military has been effective in humanitarian deployments (Abramovitz, Rodriguez, & Arendt, 2014), they are not very effective in situations of civil unrest such as when more than 10,000 service members from the National Guard, Regular Army, and the Marines were deployed to respond to the LA Riots of 1992, which resulted in over 50 deaths and hundreds of injuries (Mendel, W. W., & Peters, R., 1996). Or in 1970 when the National Guard fired upon Kent State University students protesting the Viet Nam war, resulting in the deaths of 4 students and injuries to 9 others (Dingman, 2012).

The role of the Army in the Ebola Outbreak 2014 response was mainly supplementary to the eradication effort and included mostly infrastructure development and support. It is clear however that other armies from other countries had been considered for deployment if the situation had worsened (Khoshdel, 2014).

Implications

Safety fears for oneself or loved ones is an incubator of civil unrest. A crowd of individuals with those fears can function like a crucible needing only a flashpoint to turn civil unrest into civil violence.

Smith (2006) relates that the SARS epidemic taught us that globalization promotes the rapid spread of infectious disease from one country to another and that a better system is need to address the next global pandemic. This concept is supported by Blake, K. D., Blendon, R. J., & Viswanath, K. (2010) indicating that there is real need for a global plan to address a pandemic that lasts longer than a year. So it is reasonable to expect that an infectious disease pandemic will undoubtedly impact the U.S. in the future. Circumstances may become so serious that humanitarian efforts may have situations of civil unrest that go beyond the capacity of law enforcement and require the deployment of military forces. It is very likely that social workers are going to be directly or indirectly involved. They can be helpful to both their client systems and others by helping them to effectively function within situations which may have a military presence. They should understand the population they are working with and the contextual or environmental conditions in which they exist. Thusly it is incumbent upon them to not only understand human and social factors related to pandemics but also have a basic knowledge of working with the U.S. military and military associated individuals.

While social workers may have become more military friendly, a social injustice fueled display of civil protest maybe consistent with their own values and ethics. The implications of adding a homeland security factor, and thusly the potential for an associated military component may have impact on how they perform. Across the broad spectrum of practice and policy development, from direct involvement with active duty service members to advocating on behalf of veterans, social workers are involved with the military. There is a real likelihood that that they may be called upon to interface with military systems involved in humanitarian efforts that have a civil unrest component. It is hoped that they will take heed of this reminder to be prepared for the inevitable.

The precedent has been set. The potential use of military involvement in both humanitarian and civil unrest situations is a given.

While there is a myriad of potential players and variables, it is clear that those in social work can make significant contributions by exploring and researching in this area to positively affect policy and practice at the micro, mezzo and macro levels.

Conclusion

The 2014 Ebola Outbreak gave America a rude awaking of the absolute necessity for the U.S. to be able to effectively respond to and contain infectious disease outbreaks before they enter the U.S. borders. The use of U.S. military within the Ebola Outbreak 2014 zone, and their subsequent quarantine both within and outside of the U.S. continental borders (Lamothe 2014), demonstrates the federal government's willingness to use armed forces to contain the spread of an infectious disease.

Given the reality of the ongoing and increasingly complicated fight against infectious diseases within and external to U.S. domestic borders, U.S. society must address the possibility of civil unrest and the potential use of U.S. Armed Forces for both humanitarian and homeland security purposes. A critical issue to confront is how to mitigate the potential of the involvement of the military being the flashpoint that turns a situation of civil unrest into a situation of civil violence.

As a society, America should never forget the horrors of the Spanish Flu. SARS should have woken us up, fortunately Ebola Outbreak 2014 did. Unfortunately, a measles outbreak within the continental United States is a grim reminder that infectious diseases know no borders. The question is no longer who, how, or why but rather what happens now with regards to the U.S.'s response to infectious disease epidemics/pandemics that not only threaten to cross U.S. borders but for those that start to run rampant within the U.S. continental borders. It is believed that the field of social work can and should contribute to mitigating this issue.

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