Vaccination Against COVID-19 Among the Armed Forces of the Western Hemisphere: Readiness, Force Protection, and International Cooperation

William Godnick, Ph.D.
Photo caption: Soldiers from the Brazilian Army 4th Military Region help clean and disinfect the Municipal Market in Belo Horizonte, Brazil in August 2020.

Photo credit: Douglas Magno, AFP via Getty Images. With permission.

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Introduction
In March 2020, at the beginning of the COVID-19 pandemic, there was a highly publicized viral outbreak in the Indo-Pacific region on the U.S. Navy’s aircraft carrier the USS Theodore Roosevelt that led to the infection of 1,200 sailors, including one death.¹ The event took place during moments of high uncertainty, charged partisan politics in Washington DC, and increasing tensions in the South China Sea, and resulted in the ship’s captain being relieved of his command and the resignation of the Secretary of the Navy soon thereafter. However, more importantly the episode highlighted the impact of the pandemic on operational readiness and force protection, and potentially international cooperation activities with allies and partners. Fortunately, the international community now has several highly effective vaccines to curb the pandemic’s impact and a number of anti-viral treatments have also emerged.

In broad terms, readiness refers to the armed forces’ ability to carry out a range of missions and operations on short or with very little notice.² The component parts of readiness include personnel, equipment, supplies, training, ordnance, electronic networks, and infrastructure.³ Force protection alludes to preventive measures taken to mitigate hostile or adverse actions and/or events against defense sector personnel including their families, resources facilities, and critical information.⁴ For the purposes of this paper, international cooperation refers to a wide range of positive sum collaborative efforts between allied and partner military institutions including but not limited to peacekeeping, humanitarian assistance in cases of natural disasters and combined training exercises.⁵

Close to the time of the above-mentioned USS Theodore Roosevelt incident, the Washington State National Guard was forced to evacuate all personnel from a partially completed exercise with the Malaysian military due to the onset of the pandemic.⁶ In the Western Hemisphere, the U.S. Northern Command, the U.S. Southern Command, and their components, carry out a range of annual combined

⁵ Ibid.
exercises with Latin America and Caribbean partner nations to ensure interoperability and optimize collective defense and security environments. Many of these activities had to be cancelled, postponed, or converted into virtual or hybrid exercises during the 2020 and 2021 fiscal years. Despite robust vaccine rollout among the U.S. armed forces and defense sector writ large, the emergence of the Delta and Omicron variants has hindered the ability of the U.S. military to fully gather large numbers of personnel from partner nations to train and exchange best practices on a consistent basis. Table 1 below lists the key annual exercises supported by the U.S. Southern Command.

Table 1: Select U.S. Southern Command Exercises

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Nature of Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITAS</td>
<td>Multiple threat maritime exercise w/20 countries</td>
</tr>
<tr>
<td>Tradewinds</td>
<td>Multidomain exercise in the Caribbean</td>
</tr>
<tr>
<td>PANAMAX</td>
<td>Multi-national exercise to simulate Panama Canal protection</td>
</tr>
<tr>
<td>PANAMAX Alpha</td>
<td>Joint US/Panama exercise to support Panama Canal protection</td>
</tr>
<tr>
<td>CENTAM Guardian</td>
<td>Multinational interoperability border exercise with 3 Central American countries</td>
</tr>
<tr>
<td>Fused Response</td>
<td>Bilateral exercises related to response to acute incidents such as weapons of mass destruction, chemical or biological attacks</td>
</tr>
<tr>
<td>Resolute Sentinel</td>
<td>Bilateral air domain exercise to simulate humanitarian response in cases of natural disasters</td>
</tr>
</tbody>
</table>

However, despite the pandemic, the exercises listed above have continued as the military must be able to undertake operations in challenging environments. This includes facing health protection risks. These exercises provide an opportunity to think through and address those risks while still building military readiness. Exercises continued even before vaccine rollout and a number of protective health measures were put in place in addition to reduced density of exercise participants, testing and masking to include placing sub-units into bubbles to avoid cross-contamination, and intensive hygiene and cleaning procedures. International exercises have moved towards greater normality with the rollout of multiple vaccines throughout the Western Hemisphere including Moderna, Pfizer, AstraZeneca, Johnson and Johnson as well as Russian and Chinese versions.

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7 E-mail correspondence with Ed Rogers, Deputy Division Chief for Joint Training and Exercises, U.S. Southern Command, 15 September 2021.
For a variety of reasons including population density, multi-generation households, health co-morbidities and the large numbers of people who work in the informal sector with limited access to social benefits, the Western Hemisphere was extremely hard hit by the pandemic. Table 2 illustrates the range of death rates per 100,000 in the Western Hemisphere over the course of the pandemic as well as the percentage of the population considered fully vaccinated as of late January 2022. According to recent data, Peru was the country with the highest death toll due to the coronavirus with the Dominican Republic and Venezuela being the least affected, although alternative sources for Venezuela suggest the death rate is really 240 per 100,000 placing it closer to neighboring Colombia.8 The percentage of the population considered fully vaccinated in Chile is among the highest in the world at 89 percent while countries like Jamaica demonstrate very low rates of vaccination despite relatively abundant access.9 The definition of fully vaccinated is a moving target, as will be discussed further below in this paper, but for the moment it refers to the guidance of the U.S. Centers for Disease Control as two weeks after the

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second shot of a two-dose vaccine or after a single shot of a single dose vaccine. It does not necessarily include having received a booster shot.

Table 2: COVID-19 in the Americas (as of 19 January 2022)

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative Deaths per 100,000</th>
<th>Fully Vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>263</td>
<td>75</td>
</tr>
<tr>
<td>Bolivia</td>
<td>176</td>
<td>43</td>
</tr>
<tr>
<td>Brazil</td>
<td>294</td>
<td>70</td>
</tr>
<tr>
<td>Canada</td>
<td>95</td>
<td>82</td>
</tr>
<tr>
<td>Chile</td>
<td>208</td>
<td>89</td>
</tr>
<tr>
<td>Colombia</td>
<td>261</td>
<td>59</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>147</td>
<td>72</td>
</tr>
<tr>
<td>Cuba</td>
<td>74</td>
<td>86</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>40</td>
<td>54</td>
</tr>
<tr>
<td>Ecuador</td>
<td>197</td>
<td>75</td>
</tr>
<tr>
<td>El Salvador</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>Guatemala</td>
<td>97</td>
<td>30</td>
</tr>
<tr>
<td>Guyana</td>
<td>141</td>
<td>39</td>
</tr>
<tr>
<td>Honduras</td>
<td>107</td>
<td>45</td>
</tr>
<tr>
<td>Jamaica</td>
<td>87</td>
<td>20</td>
</tr>
<tr>
<td>Mexico</td>
<td>236</td>
<td>59</td>
</tr>
<tr>
<td>Panama</td>
<td>178</td>
<td>59</td>
</tr>
<tr>
<td>Paraguay</td>
<td>239</td>
<td>43</td>
</tr>
<tr>
<td>Peru</td>
<td>626</td>
<td>69</td>
</tr>
<tr>
<td>Suriname</td>
<td>210</td>
<td>40</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>231</td>
<td>49</td>
</tr>
<tr>
<td>Uruguay</td>
<td>181</td>
<td>78</td>
</tr>
<tr>
<td>Venezuela</td>
<td>19</td>
<td>41</td>
</tr>
<tr>
<td>United States</td>
<td>282</td>
<td>65</td>
</tr>
</tbody>
</table>


With such a wide range of natural immunity via infection and vaccination, it is still an issue of trial and error to determine what level of public health protective measures military forces need to put in place when undertaking combined exercises and/or providing support in actual situations of natural disaster response. It would be bad on multiple levels for a foreign military force to be the source of a new COVID-19 outbreak whether it be from existing or novel variants of the virus. The experience in

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2010 where Nepalese peacekeepers in Haiti were found to be the source of an outbreak of cholera and caused at least 7,000 deaths among the local population sewed distrust that remains to this day.\textsuperscript{11}

While this paper focuses on vaccination practices among the Western Hemisphere’s armed forces, it should be acknowledged that there has been significant scholarship on new military missions to support national pandemic responses including the enforcement of lockdowns and curfews, the manufacturing of protective equipment, logistical support for the distribution of supplies and vaccines, and the operation of hospitals and clinics.\textsuperscript{12} This literature identifies three levels of military involvement in COVID-19 response: (1) minimal technical military support, (2) blended civil-military responses, and (3) military-led responses. Argentina, Brazil, Mexico, Chile, Uruguay, and Ecuador were categorized by one author as somewhere on the continuum between blended civil-military and military-led responses.\textsuperscript{13} In Europe, various military forces have played active roles in distributing and administering vaccines, including Spain and the United Kingdom.\textsuperscript{14}

However, a number of scholars and institutions have been critical of the role of Latin America’s armed forces in this space pointing to, \textit{inter alia}, the risk of increasing the militarization of society and shifting of public health resources to military institutions.\textsuperscript{15} Nonetheless, any objective assessment of the last couple of years acknowledges the essential role played by the armed forces of the Western Hemisphere in responding to the pandemic irrespective of the underlying reasons why it was necessary to do so.\textsuperscript{16}

In the United States, as in many other countries, members of the armed forces are considered essential workers. Specifically, members of the military are considered by the U.S. Department of Homeland Security to be Essential Critical Infrastructure Workers as part of the Defense Industrial Base, and thus were prioritized for vaccination at the early stages of vaccine rollout.\textsuperscript{17} Given the importance of vaccination in reducing the impact of and hopefully ending the pandemic policies to vaccinate the armed forces are critical. Just like the general population, members of the military are equally likely to hold the entire range of views on the COVID-19 vaccine including different levels of enthusiasm, questions about safety and efficacy, hesitancy, and outright resistance.

Vaccination of soldiers is clearly not a new phenomenon. George Washington ordered the inoculation of troops against smallpox during the Revolutionary War.\textsuperscript{18} In 1832, the Spanish crown issued a royal decree requiring the vaccination of its troops against smallpox if they had not been previously infected or vaccinated.\textsuperscript{19} However, beginning in the 1990s the Spanish military started to experience

\begin{thebibliography}{99}
\bibitem{13} Ibid.
\bibitem{14} Mar Hidalgo, \textit{El papel de las Fuerzas Armadas en la gestión de la COVID-19 como generador de confianza}, Madrid, Instituto Español de Estudios Estratégicos, 10 de marzo de 2021.
\bibitem{19} Francisco Sierra, ‘Vacunaciones en las Fuerzas Armadas. Un largo camino recorrido por por recorrer.’ \textit{Sanidad Militar}, Vol. 68, No.2, April/June 2012.
\end{thebibliography}
growing resistance to vaccines with arguments by some soldiers as to the benefits of natural immunity by infection. In 1996, a U.S. Navy cruiser had to return to port due to the side effects of a flu vaccine that was poorly modeled to the prevailing strain in circulation.\textsuperscript{20}

Prior to the rollout of the COVID-19 vaccines, members of the U.S. military were required to be vaccinated for Adenovirus, Hepatitis A&B, Influenza, Measles/Mumps/Rubella, Meningococcal, Poliovirus, Tetanus-Diptheria, and Varicella.\textsuperscript{21} Commanders may issue exemptions for one or more of these vaccines on medical grounds for medically-certified underlying conditions, administrative grounds if an individual is within 180 days of retirement from military service or on religious grounds. The latter may be rescinded by the unit commander if the individual is facing imminent exposure. Commanders may invoke the Uniform Code of Military Justice and proceed to administrative removal if a member of their unit is in non-compliant with a vaccine mandate.

Despite the combination of legitimate medical concerns of citizens across the globe and widespread bad-faith disinformation about vaccines, swift rollout of vaccines is going to be required to respond to new strains of COVID-19 or other viruses as well as potentially weaponized pathogens. The remainder of this paper is devoted to looking at the vaccination of the armed forces of the Western

Hemisphere not only as a response to the current pandemic, but also as purveyors of national security and emergency response services.

With this in mind, the remainder of the paper will look at:

- The institutional and normative sources of vaccine requirements and mandates;
- The alternatives provided, if any, to those service members who choose not to be vaccinated; and
- Incentives and penalties for non-compliance.

The analysis will be broken down by sub-regions of the Western Hemisphere: North America, the Caribbean (non-Spanish speaking), Central America and the Dominican Republic, and South America.

Some caveats and limitations to this research include:

- This paper does not cover, in any detail, the important role the region’s armed forces are playing in vaccine logistics and rollout. Nor does it attempt to provide a comprehensive picture of vaccination of the general population.
- As mentioned above, the definition of fully vaccinated has become a moving target. For general purposes, fully vaccinated here will mean one dose of a single-dose vaccine or two doses of a two-dose regimen. However, this may vary by national jurisdiction.
- The purpose of citing figures and statistics in this paper is to help give a picture of the trends and the overall scale and dimensions involved, not to determine the final outcome to any national effort to vaccinate members of the military.
- As is often the case, norms and policies related to the armed forces can be deemed sensitive and not for public consumption. Where the author was unable to obtain official documentation, research was complemented by interviews and media reporting. The author recognizes that this reality can potentially render some analysis provided here as incomplete.
- This paper does not include analysis or documentation of military vaccination in Cuba, Nicaragua, or Venezuela due to the non-transparent and authoritarian nature of these regimes. This does not suggest that they do not have policies in this area, rather that no information is readily available for inclusion here.

**North America**
Canada
In October 2021, the Canadian Chief of Defense issued *Chief of Defense Staff Directive on Canadian Armed Forces COVID-19 Vaccination*\(^{22}\) requiring the vaccination against the coronavirus for all Canadian officers, non-commissioned officers, and members of reserve forces with similar requirements applying to defense contractors. In addition to a contribution to the general public health, the vaccination campaign was seen as a policy for both force protection and enabling cooperation with international allies. Unless otherwise noted, all the content of this sub-section draws on the text of this directive. Vaccination against COVID-19 was deemed obligatory for twelve months, with the possibility of extension for additional time periods until the pandemic has subsided to the point that it no longer threatens the national health system. The rollout of vaccination was divided into three phases: Phase I (8-29 October 2021); Phase II (29 October – 14 November); and Phase III or the post-compliance period thereafter.

After an initial 60-day campaign implemented through the military health system, 91 percent of the force was deemed fully vaccinated with an additional two percent partially inoculated. Fully vaccinated was defined as having received one dose of a one-dose regimen, two doses of a two-dose regimen, or a single dose after a previous infection. Previous infection alone does not meet the requirement. The directive also recognizes that the definition of fully vaccinated may change over time with the adoption of boosters and the emergence of new variants.

The overall policy refers semantically to people who request exemptions on religious, health or

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other protection or human rights grounds as “unable to be vaccinated” and those who either refuse to do so or to share their status as “unwilling to be vaccinated” For those categorized as unable to be vaccinated, alternative accommodations should be made for those individuals including self-testing two times per week and alternative and remote work arrangements for the duration of the pandemic. However, any individual unable or unwilling to be vaccinated is required to attend an educational seminar on the benefits of COVID-19 vaccination and re-consider their position thereafter. Additionally, the policy states that lack of vaccination status may have an impact on the ability to attend career courses and to participate in international deployments, and exercises for the duration of the pandemic.

While the language of the Directive suggests a degree of tolerance for those unwilling to be vaccinated, by February 2022, 58 service members were involuntarily terminated while an additional 66 left the military voluntarily with several hundred additional members of the defense force in limbo.23 These exits from the force present challenges to the Canadian Armed Forces which already report being short 12,000 regular force troops with an additional 10,000 unavailable for duty.24

**Mexico**

In contrast to many countries in the Western Hemisphere, Mexico has not adopted a vaccination policy for the armed forces distinct to that of the general population. Soldiers, sailors, marines and members of the newly created National Guard are vaccinated on a voluntary basis according to the prioritization scheme established in the *National Policy for Vaccination against the SARS-COV2 Virus*.25 According to this policy, most members of the armed forces in Mexico became eligible during the fifth phase of the vaccination rollout given that a large majority of this group are healthy individuals under age 39. Under this scheme, only members of the armed forces sent abroad for missions, courses, deployments, and exercises would have to be vaccinated to meet host country requirements.

However, one practical exception to the national policy is observed when armed forces personnel participate in vaccination campaigns as medical personnel or security. When vaccines are left over at the end of the day at vaccination sites personnel present can opt to be vaccinated to not allow supplies to go to waste.26

**United States**

In August 2021, the U.S. Secretary of Defense issued a memorandum establishing mandatory vaccination against COVID-19 for all members of the Armed Forces (Coast Guard, Army, Air Force, Space

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26 Email communication with Rear Admiral Hector Solis, Commander of Naval Sector Ixtapa, Zihuatanejo, State of Guerrero, Navy of Mexico, 10 September 2021.
Force, Navy and Marines), including national guard and reserve units.\textsuperscript{27} This guidance drew upon additional guidance that was adopted for the entire federal government, including civilians within the Department of Defense. The requirement was that all personnel receive one dose of a single dose vaccine or two doses of a two-dose regimen. Each branch of the armed forces was tasked with developing specific guidelines for the implementation of the policy. In December 2021, an additional memorandum as issued recommending an additional booster dose for all military and civilian personnel, but complying with the mandate for full vaccination remained the initial one dose of a single dose vaccine or two doses of a two dose regimen.\textsuperscript{28}

As stated earlier, each branch of the military developed their own more detailed guidance for its members. In September 2021, the Marine Corps issued its specific guidance, which included, inter alia, the following points: \textsuperscript{29}

- Service members were given 120 days to comply with the order to be vaccinated;
- Upon vaccination, service members were to required provide electronic attestation of their vaccination status;
- Permanent and temporary medical exemptions would be granted on a case-by-case basis upon the recommendation of a DoD-authorized physician, in addition to administrative exemptions;
- Prior infection does not replace the vaccination requirement; and
- All refusals to be vaccinated will be referred for disciplinary action, including court martial processes.

All members of the active military service, as well as most Reserve and National Guard units, were required to complete their course of vaccination by the end of the 2021 calendar year, while some Army National Guard and Reserve units were given until June 2022 to comply with the mandate.\textsuperscript{30} Non-compliance is considered a violation of Article 92 of the Uniform Code of Military Justice (Failure to Obey an Order or Regulation) for which a unit commander may take any of the following actions: no action, administrative action, non-judicial punishment, or court martial.\textsuperscript{31}

In the case of the Army, as of 26 January 2022, 96 percent of the active-duty force had been fully vaccinated while 79 percent of the reserved had achieved that status.\textsuperscript{32} In terms of exemptions, six of 709 medical exemptions were granted, no religious exemptions had yet to be granted of 2,910 requests, and 3,350 soldiers had refused to be vaccinated. Statistics are likely similar in the other branches of the armed forces.

In February 2022, the Army announced that it will begin the separation of soldiers who refuse to be vaccinated and that those who have requested exemptions. If those exemption requests were denied,

\textsuperscript{27} Secretary of Defense, \textit{Memorandum: Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members}, The Pentagon, Department of Defense, 24 August 2021.
\textsuperscript{29} General David Berger, \textit{Mandatory COVID-19 Vaccination of Marine Corps Active and Reserve Components}, Washington, D.C., United States Marine Corps, 1 September 2021.
\textsuperscript{31} Ibid.
\textsuperscript{32} Terence Kelley, ‘Department of the Army Announces Update COVID-19 Vaccination Statics,’ \textit{Army.mil}, 27 January 2022. Available at: https://www.army.mil/article/253543/
they have seven days to begin an approved course of vaccination.\textsuperscript{33}

In late 2021, the Air Force discharged 27 service members for refusing vaccine orders in addition to 37 who had been removed during basic training.\textsuperscript{34} The Air Force had granted 1,080 medical exemptions in addition to 161 administrative exemptions to active-duty service members while the majority of the more than 7,000 unvaccinated members were awaiting decisions on request for religious exemptions.\textsuperscript{35}

As of this writing, several state governors have filed lawsuits against the federal government seeking to impede enforcement of the vaccine mandate for members of National Guard units who currently remain unvaccinated. For example, unvaccinated members of the Air National Guard in the state of Oklahoma are not allowed to train and are not being paid.\textsuperscript{36} Only 3 percent of the Oklahoma Air National Guard remains unvaccinated. Across the entire U.S. armed forces, roughly 97 percent of all American active-duty service members are vaccinated while those numbers are lower for reserve and national guard units who fulfill more of a citizen-soldier role within the military.\textsuperscript{37}

However, in a more recent court hearing addressing a lawsuit from several Navy Seals (Navy special forces) who refused vaccination, a federal appeals court blocked the vaccine mandate for 35 members of this special forces organization.\textsuperscript{38} This would be the first federal case on record where a judge can compel the military to deploy specific individuals to perform a specific duty over the objections of military commanders and is likely to go to the U.S. Supreme Court.

\textbf{Caribbean}

\textbf{Antigua and Barbuda}

As of 1 October 2021, all officers and support staff of the Antigua and Barbuda Defence Force, as well the police, were required to be vaccinated.\textsuperscript{39} Any public sector employee in the country that refuses vaccination faces the suspension of their salary and benefits. Several weeks after the issuance of this national vaccine mandate, the Government of the United States made a donation of tens of thousands of Pfizer vaccines and two 40-bed field hospitals to be jointly administered by the Defence Force and the Ministry of Health.\textsuperscript{40}

\textbf{Bahamas}

\textsuperscript{35} Ibid.
\textsuperscript{36} Chris Casteel, ‘Guard Members named in Oklahoma’s new version of lawsuit opposing vaccine mandate,’ The Oklahoman, 17 February 2022. Available at: https://www.oklahoman.com/story/news/2022/02/17/vaccine-mandate-oklahoma-air-guard-members-named-new-legal-challenge/6813212001/
\textsuperscript{40} United States Embassy, Bridgetown, ‘United States Donates Two Field Hospitals to Antigua and Barbuda, 11 November 2021. Available at: https://bb.usembassy.gov/united-states-donates-two-field-hospitals-to-antigua-and-barbuda/
In March 2021, the Commander of the Royal Bahamas Defence Force (RBDF) encouraged its members to get vaccinated with the available Astra-Zeneca vaccine as part of their personal responsibility and overall force protection as frontline workers. However, vaccination among the armed forces remained a voluntary decision left up to each individual.\textsuperscript{41} This appears to be the standing policy. The Commander and other high level national security officials received their first vaccines publicly to set an example.

Vaccine hesitancy has continued to be an issue in The Bahamas as in other parts of the Caribbean with only 40 percent of the general population being fully vaccinated by mid-February 2022.\textsuperscript{42} As of August 2021, the RBDF leadership was still in the process of using social media posts on the institutional Facebook page to organize vaccination campaigns and to encourage its personnel to get vaccinated as Pfizer vaccines also became available in greater numbers.\textsuperscript{43}

**Barbados**

As of February 2022, approximately 65 percent of the citizens of Barbados were categorized as fully vaccinated representing one of the highest rates in the English-speaking Caribbean where vaccination hesitancy and disinformation have been widespread.\textsuperscript{44} Empirical studies of Barbados suggest that individuals in government service and the tourism sector experience significant stress and anxiety about being compelled to vaccinate.\textsuperscript{45}

Similar to the case of The Bahamas, vaccine uptake appears to be voluntary among the Barbados Defence Force personnel. Also similar to the case of the Bahamas, Barbados officials use the institutional Facebook page to encourage vaccination of the force with an emphasis on jab safety. Of particular note is that the two main spokespersons representing the BDF in this effort were the force physician and the highest-ranking non-commissioned officer.

**Belize**

Belize is an interesting case as one of the few countries that is both part of Central America and the Anglo-Caribbean. As of 1 August 2021, no one is allowed to enter a Belize Defence Force (BDF) installation without either having been vaccinated or being able to demonstrate a negative COVID-19 test.\textsuperscript{46} This policy was adopted by the BDF in accordance with the *Belize Public Health (Prevention of the Spread of Infectious Disease) (COVID-19) Regulations 2021*.\textsuperscript{47}

The original BDF policy considered anyone who refused to be vaccinated, except those with

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\textsuperscript{41} Eyewitness News, ‘Commodore King urges RBDF officers to “make the right decision” and get vaccinated as rollout continues.’ *Eyewitness News*, 23 March 2021. Available at: https://ewnews.com/commodore-king-urges-rbdf-officers-to-make-the-right-decision-and-get-vaccinated-as-rollout-continues


\textsuperscript{43} See posts on the Royal Bahamas Defence Force Facebook page at: https://www.facebook.com/RBDFMIL/photos/vaccination-site-available-for-defence-force-personnel defence-headquarters-27-au/4241559372546590/

\textsuperscript{44} Kobie Broomes, ‘Barbados logs 272 new COVID cases,’ Barbados Today, 17 February 2022. Available at: https://barbadostoday.bb/2022/02/17/barbados-logs-272-new-covid-19-cases/


\textsuperscript{46} E-mail communication with Captain Marvin Garcia, Belize Defence Force, 23 September 2021.

medical or religious exemptions, as disobeying written orders and subject to the related consequences. In such a situation, individuals in violation of the policy could be considered in violation of Section 39 of the Defence Act (Disobedience of a Lawful Command).48 Previous media reporting suggested some controversy over the issue of compulsory vaccination of BDF personnel.49

Guyana
In July 2021, the Chief of Defence Staff of the Guyana Defence Force issued an order requiring the vaccination of all GDF personnel against COVID-19.50 However, officers and non-commissioned officers unable or unwilling to be vaccinated were given the alternative option of taking a polymerase chain reaction (PCR) test every two weeks paid for out of pocket. By September 2021, 90 percent of the Guyana Defence Force and 75 percent of the police reported to have received at least one dose of vaccine.51

Jamaica
In May 2021, the Jamaica Defence Force issued a memorandum indicating that vaccination was encouraged but voluntary for its members.52 At this time, approximately 92 percent of JDF personnel had received at least one dose of vaccine. Unless exempted on medical or religious grounds, the Chief of Defence Staff stated there would be administrative, but not disciplinary consequences, to refusing vaccination including the loss of promotional and training opportunities.53 Under prevailing interpretations of national jurisprudence, vaccines can only be required of children entering schools and not the general population. An initial statement that JDF members who refused to be vaccinated would have to waive liability from the institution in case of infection and related costs was eventually rescinded.54

The JDF has also worked with one of the country’s largest private security companies to make progress in vaccinating its 6,000 employees.55 Jamaica, in particular among countries of the Western Hemisphere, has experienced high levels of vaccine hesitancy that has included frontline and essential workers in the health, defense and security sectors.56

50 Denis Chabrol, ‘Chief of Staff, President defend compulsory vaccination of soldiers,’ Demerara Waves, 22 July 2021. Available at: https://demerarawaves.com/2021/07/22/chief-of-staff-president-defend-compulsory-vaccination-of-soldiers/
54 The Gleaner, ‘JDF makes about-turn on vaccination indemnity,’ The Gleaner, 15 March 2021. Available at: about-turn-vaccination-indemnity
55 Loop News, ‘Guardsman partner with JDF to vaccinate security officers,’ Jamaica Loop News, 14 October 2021. Available at: https://jamaica.loopnews.com/content/guardsman-partners-jdf-vaccinate-security-officers
St. Kitts and Nevis
On 22 February 2021, the Government of St. Kitts and Nevis livestreamed the initial rollout of CO-VID-19 vaccines where military leadership and members of both the Defence Force and Coast Guard received their initial jabs.\(^{57}\) However, by November 2021, the Prime Minister was still making public please to members of the military to get vaccinated suggesting that no compulsory mandate was in place.\(^{58}\)

Suriname
As a participant in the COVAX global vaccine distribution facility, the Government of Suriname placed the military, police and penitentiary officers at Priority Level 3 of Phase 1 among nine levels and three phases in its *National COVID-19 Deployment and Vaccination Plan.*\(^{59}\) No other public information is available as to the vaccination requirements and policies for military personnel.

Trinidad and Tobago
In January 2022, the Prime Minister of Trinidad and Tobago made a public statement suggesting that government officials who had not initiated vaccination by 17 January 2022 would be placed on furlough without pay, but not dismissed.\(^{60}\) At that point in time, only 30 percent of the Trinidad and Tobago De-

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\(^{57}\) See the 22 February 2021 entry on the St. Kitts and Nevis Defence Force Facebook page - https://www.facebook.com/SKNDefenceForce


\(^{60}\) Paula Lindo, ‘Deadline looms for public-sector vaccination,’ *Newsday,* 16 January 2022. Available at: https://newsday.co.tt/2022/01/16/deadline-looms-for-public-sector-vaccination/
fence Force reported to have been vaccinated. In February 2022, the TTDF began running videos of personnel receiving vaccines on social media to encourage uptake among its members and demonstrate the safety of the jab.\textsuperscript{61} Earlier in 2021, the establishment of a vaccine requirement among the military was seen as problematic due to the lack of widespread vaccine procurement by the government at that stage.\textsuperscript{62}

Regional Security System
The Regional Security System (RSS) is an international framework for the defense and security of the Eastern Caribbean uniting Barbados, Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines. It plays a particularly important role in providing mutual humanitarian assistance and disaster relief during the annual hurricane season and for that reason is included in this discussion of vaccination of the armed forces.

However, in this context the eruption of the La Soufriére Hurricane in St. Vincent and the Grenadines in the middle of the pandemic and at the beginning of the vaccine rollout period provides a test case for public health mitigation measures by RSS forces providing humanitarian assistance.\textsuperscript{63} It should also be noted that prior to vaccine rollout, several RSS participants (Antigua and Barbuda, Barbados, Dominica, and St Vincent and the Grenadines) were already implementing a travel bubble that exempted citizens of these countries from pre-vaccine PCR testing and quarantine requirements.\textsuperscript{64}

As part of the RSS response to the volcano strict preventive and protective public health measures were put into place to prevent any potential transmission, including the accompaniment of medics from the Barbados Defence Force. The RSS forces deployed to St. Vincent and the Grenadines included personnel that had received two full doses of vaccine, one initial dose, and some forces with no vaccination status whatsoever.\textsuperscript{65} Of additional note was the fact that some forces were given their first or second dose of vaccine during their deployment in theater. Importantly, during the deployment\textsuperscript{66} no RSS military personnel tested positive for COVID-19.

Central America and the Dominican Republic
Costa Rica
Costa Rica abolished its military forces following a civil war in the 1940s, but the Public Force or police does fulfill national security, border control, and paramilitary roles in time of emergency and national mobilization. The country is also internationally recognized for its strong public health system despite being a developing country.

\textsuperscript{61} See the Trinidad and Tobago Defence Force Facebook page entry for 1 February 2022 - https://www.facebook.com/ttdefenceforce
\textsuperscript{62} E-mail communication with Commander Daryl Dindial, Chief Personnel Officer, Trinidad and Tobago Defence Force, 17 September 2021.
\textsuperscript{65} E-mail communication with Jeffrey Forde, Director of Operations and Plans, Regional Security System, 21 September 2021.
\textsuperscript{66} Ibid.
As of 20 October 2021, vaccination against COVID-19 was established as obligatory for all Costa Rican government officials including the Public Force with either the Pfizer or the AstraZeneca vaccines. Upon establishment of this vaccinate mandate, fully vaccinated was considered two doses of vaccine and did not require a third booster shot. All government personnel are required to carry their vaccine attestation card on their person and there are unspecified disciplinary actions against those who do not provide evidence of vaccination.

Dominican Republic
In late 2021, the Government of the Dominican Republic was one of the first in the Western Hemisphere to approve a fourth dose of vaccine (a second booster) for which immunocompromised persons and frontline workers were eligible, including the military and police. However, since the rollout of vaccines in the country, the military has not imposed any specific vaccine requirement and rather relied on a combination of the moral compass of its members and the discipline within the chain of command in order to achieve relatively widespread vaccination.

The Dominican defense ministry launched a widespread effort to vaccinate the armed forces in March 2021 habilitating 53 vaccination centers for member of the military and other security agencies across the country. By 1 September 2021, more than 150,000 shots of vaccine had been administered to members of the armed forces and police in the country.

El Salvador
During the initial rollout of vaccines in El Salvador, there was political and media criticism of the government for prioritizing the vaccination of soldiers and police as frontline workers ahead of some medical personnel. Approximately half of the Armed Forces of El Salvador had received at least one dose of vaccine by the end of March 2021. The country’s minister of defense received his first dose of vaccine in public and made a public statement to encourage uptake of vaccines by the armed forces and the general public.

Guatemala
In July 2021, plans for vaccinating members of the Guatemalan military with the Sputnik vaccine pro-
duced in Russia were announced as part of the Ministry of Health’s national vaccination plan.74

**Honduras**

As of September 2021, 90 percent of the Honduran military was reported to have received a first dose of a two-dose vaccination regimen.75 Because of the limited supply of vaccines and the relatively low-risk age of most soldiers, the military was not one of the initial groups targeted for vaccination.


75 E-mail communication with Heidi Portillo, former Under Secretary of State for National Defense, Government of Honduras, 5 September 2021.

76 Redacción, ‘Vice Ministra de Salud asegura proceso de vacunación contra la COVID-19 se realizará sin privilegios por cargo,’ Ministry of the Presidency, Government of Panama, 7 December 2020. Available at: https://www.presidencia.gob.pa/Noticias/Viceministra-de-Salud-asegura-que-proceso-de-vacunacion-contra-la-Covid-19-se-realizara-sin-privilegios-por-cargo-

**Photo title:** Representatives from U.S. Southern Command donate personal protective equipment (PPE) to Honduran government officials as part of its bilateral efforts through Joint Task Force Bravo.

**Photo credit:** U.S. Army

**Panama**

Similar to the case of Costa Rica, Panama does not have military forces per se. Rather, the National Border Service and the National Air/Naval Service are intermediate security forces that complement the work of the police force. During the planning stages for vaccine rollout, the Ministry of Health in Panama included all members of the security forces as priority frontline workers eligible for vaccination in the first phase together with individuals with chronic diseases and health vulnerabilities.76
South America

Argentina

Early on in the process of vaccine rollout, the Argentine ministers of defense and health agreed to a plan to vaccinate members of the armed forces with emphasis on military medical workers.\(^{77}\) By September 2021, approximately 96 percent of the military had received either one or two doses of vaccine. According to the national vaccination plan, member of the armed forces not implementing medical tasks, together with police and prison guards, were placed in the fourth of seven priority slots for vaccination.\(^{78}\)

Bolivia

In August 2021, the Bolivian Ministry of Defense signed an agreement with the Chinese government for an initial lot of 100,000 vaccines specifically for military personnel.\(^{79}\) It is unclear at present whether or not the vaccine is obligatory or voluntary for military personnel nor what percentage of the armed forces are vaccinated. However, one member of the armed forces was under investigation for having allegedly skipped ahead of the line to receive a vaccine when only frontline medical workers were being prioritized.\(^{80}\)

Brazil

Brazilian federal and state authorities have succeeded in fully vaccinating 72 percent of the population and partially vaccinating 80 percent by February 2022, despite President Bolsonaro’s laissez faire position on promoting vaccination uptake.\(^{81}\) In the absence of a national mandate for vaccination, in early 2022 Brazilian media released excerpts from an Army command document on guidelines to combat COVID-19 that mentions, inter alia, return to regular face-to-face engagements fifteen days after vaccination and that cases of non-compliance should be reported to the military personnel department for corresponding action without mention what specific actions may be taken.\(^{82}\) If these media reports are accurate, this represents a command-level vaccination mandate of sorts without the backing of a ministerial or federal government law or decree.

Chile

In broad terms, vaccination is voluntary for the members of the Chilean armed forces. However, vaccination against COVID-19 is obligatory for military personnel pursuing a secondary specialization as


\(^{79}\) Ministry of Defense, ‘Firma de convenio entre China y Bolivia por la entrega y recepción de 100.000 vacunas para las Fuerzas Armadas,’ Plurinational State of Bolivia, 14 September 2021.

\(^{80}\) EFE News, ‘Ministerio de Defensa investiga caso de militar que recibió vacuna,’ SwissInfo, 3 March 2021. Available at: https://www.swissinfo.ch/spa/coronavirus-bolivia_ministerio-de-defensa-de-bolivia-investiga-caso-de-militar-que-recibi%C3%B3-vacuna/46418852

\(^{81}\) Lucas Berti, ‘Brazil kicks off rollout of domestically-produced AstraZeneca vaccines,’ Brazilian Report, 22 February 2022. Available at: https://brazilian.report/liveblog/2022/02/22/domestic-astrazeneca-vaccines/

well as those entering the national war college or polytechnical military academy.\textsuperscript{83} As of 31 August 2021, approximately 93 percent of the Chilean armed forces had received one or two doses of vaccine while 7 percent remain unvaccinated.\textsuperscript{84}

\textbf{Colombia}

The General Command of the Military Forces in Colombia put together one of the more detailed publicly available plans for vaccination of the force including prioritization, planning, logistics, contingencies, and information management.\textsuperscript{85} This plan also contemplates the vaccination of the police force which also falls under the jurisdiction of the Ministry of Defense. Unless otherwise noted, the information in this sub-section is pulled from this plan. There is no mention in the plan as to whether vaccination is obligatory or voluntary for member of the armed forces, rather it is focused on the planning and logistics of getting personnel vaccinated.

Phases 1 and 2 of the vaccination plan were targeted at particularly vulnerable and exposed populations, including veterans receiving military pensions and military medical personnel. Phase 3 includes basically the entirety of the military and police services while Phase 4 applies to the prison population. According to the plan, vaccination sites have the obligation to provide the individual details of vaccination to the military health system for record-keeping purposes. Additionally, the plan includes guidance to implementers on how to counter vaccine hesitancy and disinformation.

\textbf{Ecuador}

In April 2021, the Ecuadorean defense ministry announced plans to vaccinate 50,000 police officers and 45,000 members of the military with a combination of Pfizer and Sinofarm vaccines.\textsuperscript{86} In December 2021, due to the onset of the Omicron variant, the Ministry of Health announced that vaccination was obligatory for all citizens of Ecuador except those with medical exemptions.\textsuperscript{87} This mandate, which in principle also applies to the military, is one of the most comprehensive in the Western Hemisphere and mirrors those of European countries like Austria, Germany, and Greece. The Government of Ecuador has stated that it has enough vaccines available in order to fulfill the national mandate.

\textbf{Paraguay}

In July 2021, a specific vaccination drive for member of Paraguay’s armed forces was organized in two separate sites.\textsuperscript{88} According to the Ministry of Health’s national vaccination plan, the armed forces were

\textsuperscript{83} Army Health Directorate, \textit{Informe sobre la Autoridad Sanitaria del Ejército}, Santiago, Army of the Republic of Chile, 31 August 2021.

\textsuperscript{84} Ibid.


\textsuperscript{88} Ministry of Information and Communications Technologies, ‘Jornada de vacunación a militares se realiza en Comandado de Ingeniería y en el CIMEE,’ \textit{Government of Paraguay}, 12 July 2021. Available at: https://www.ip.gov.py/ip/jornada-de-vacunacion-a-militares-se-realiza-en-comando-de-ingenieria-y-en-el-cimee/
placed in the third level of priority for vaccination together with airport and border personnel, police officers, and the incarcerated.\textsuperscript{89} There is no public information available as to whether the vaccine is obligatory or voluntary for military personnel, but the late procurement of vaccines by the Paraguayan government would impede the establishment of such a mandate during the initial stages of the vaccine rollout.

Peru
The Republic of Peru has been one of the countries of the world most affected by COVID-19 when measured in terms of mortality and morbidity. In October 2021, more than 9,000 members of the military and police received a booster shot against COVID-19 after being fully vaccinated with a full course of inoculation earlier in the year.\textsuperscript{90} During the initial vaccine rollout, military personnel were prioritized in Phase 1 of the national plan, including veterans on military pensions and officers serving overseas on military commissions.\textsuperscript{91}

\textbf{Photo title:} Peruvian soldiers wearing protective masks to avoid the COVID virus on patrol in Lima, Peru in 2020.  
\textbf{Photo credit:} Dialogo Magazine, U.S. Southern Command

\textsuperscript{91} Joint Command of the Armed Forces, \textit{Vacunación al Personal de las Fuerzas Armadas}, 2 March 2021.
The vaccination of military personnel is undertaken on a voluntary basis by each individual member of the armed forces. A robust date on vaccine mandates in Peru was initiated in the national media following the decision by Ecuador to establish a national vaccine mandate. However, no steps have been taken in that direction beyond the requirement to present proof of vaccination for air travel and a few other specific situations.

Uruguay
By early March 2021, 65 percent of Uruguay’s military personnel had received their first dose of the Sinovac vaccine. In Uruguay, vaccination is completely voluntary. While vaccination is also voluntary for military personnel, the Ministry of Defense has made robust efforts to persuade armed forces personnel to get vaccinated.

Analysis
Table 3 below lists the range of norms for military vaccination in the left-hand column and the corresponding alternatives and/or consequences of refusal to vaccinate in the right hand. Of the countries of the Western Hemisphere, only Ecuador has a universal vaccine mandate while only Canada, Costa Rica, and the United States require vaccination of military personnel as part of the federal workforce (police in the case of Costa Rica).

For most countries of Latin America and the Caribbean, vaccination is an issue ranging from completely voluntary to the spoken orders of the commander (be that a unit commander or a more senior military leader) with a variety of public and internal information campaigns to encourage vaccination. There is debate about the enforceability of verbal orders in this domain and this extends to the question of whether or not social media posts by the military chain of command constitute military orders. To the date of this publication, there is not any research available that compares vaccination rates among members of the military where mandates are in place versus where vaccination is voluntary.

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93 Redacción Gestion, ‘Por ahora no se está planteando declarar la vacunación como obligatoria,’ Gestión, 24 December 2021.
94 ‘Plan de Vacunación: se agendó el 53 percent del personal educativo, 65 percent de militares, y 47 percent de policías y militares,’ Subrayado, 14 September 2021. Available at: https://www.subrayado.com.uy/plan-vacunacion-se-agendo-el-53-del-personal-educativo-65-militares-y-47-policias-y-bomberos-n725378
96 Lyle Denniston, ‘Constitution Check: Could the military disobey orders issued by President Trump?’ National Constitution Center, 1 March 2016. Available at: https://constitutioncenter.org/blog/constitution-check-could-the-military-disobey-orders-issued-by-a-president-
Table 3: Range of vaccine policy approaches for the armed forces

<table>
<thead>
<tr>
<th>Norms for armed forces vaccination</th>
<th>Alternatives to and consequences of non-vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National government mandate for all citizens</td>
<td>• Religious, medical or administrative exemptions</td>
</tr>
<tr>
<td>• National government mandate for all government employees</td>
<td>• Regular/periodic testing (self-funded)</td>
</tr>
<tr>
<td>• Ministry of Defense/Armed Forces mandates for all personnel</td>
<td>• Education/Advocacy/Counseling</td>
</tr>
<tr>
<td>• Commander’s orders</td>
<td>• Telework, remote and/or isolated work</td>
</tr>
<tr>
<td>• Encouragement (communications campaigns)</td>
<td>• Limitations on training and promotion opportunities</td>
</tr>
<tr>
<td>• Completely voluntary</td>
<td>• Pay withholding</td>
</tr>
<tr>
<td></td>
<td>• Administrative disciplinary measures</td>
</tr>
<tr>
<td></td>
<td>• Dismissal/court martial</td>
</tr>
</tbody>
</table>

Exemptions to vaccination for religious or medical reasons appear to be considered on a case-by-case basis in the countries where mandates exist while administrative exemptions appear to be in place mostly for people retiring and/or leaving service. However, even where religious and medical exemptions are granted, as is the case in the United States, they appear to be the overwhelming exception to the rule.

Testing regimes as an alternative to vaccination have been utilized in some places, mostly on a self-funded basis by individual members of the military, but such policies do not seem to be sustainable for a number of reasons, including long-term access to reliable tests and the need for superiors to constantly monitor test results.97 Military institutions have relied heavily on education, advocacy and counseling to persuade hesitant and resistant members to get vaccinated, but again the effectiveness of these programs has not been studied in any detail to date.

In Chile and Jamaica, and several other countries, limitations have been placed temporarily on certain training, advancement, and promotion opportunities for those who choose not to vaccinate. In Trinidad and Tobago, government workers who refused to get vaccinated were told that they would be

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placed on furlough without pay, though it is not clear that this was carried out in practice. Some military and defense sector employers did make accommodations for tele, remote, and isolated work for the unvaccinated, including those with medical issues that might impede getting the jab.

Finally, as has been the case in Canada and the United States, a number of service members have been fired or dismissed due to vaccine refusal though in some cases remedies are currently being sought through the judicial system. This is a major issue given the challenge that some military services, and specializations within, have in recruiting and retention.

Future implications and additional research
The first question that needs to be asked of any military vaccination policy is does it work? Does military vaccination contribute to force protection by reducing infection, illness, hospitalization, spread, and in turn does it strengthen readiness? And secondly, do vaccine mandates achieve greater levels of vaccination and force protection than do voluntary regimes? This is something that needs to be researched in more detail.

Third, do vaccination resistance and refusal undermine military discipline and in turn undercut readiness? By definition, joining the military implies placing one’s body at the service of the country and accepting the lawful authority of commanders. Prior to the current pandemic, individuals by and large acceded to mandatory vaccination against polio and a wide range of diseases without much controversy. Do mandatory vaccination policies against the current pandemic unnecessarily generate distrust against authority to a degree above and beyond the marginal increase in vaccination rates?

Fourth and finally, would the discussion about vaccination of the armed forces be any different if a virus were even more contagious and/or significantly more lethal for young, healthy individuals? To date, the direct impact of COVID-19 on the members of the armed forces of the Western Hemisphere has resulted in low levels of illness, hospitalization, and death because the military population is relatively young and healthy. If another airborne virus were to cause levels of mortality similar to that of the Ebola virus, the nature of these policy discussions would likely be very different.

While the Western Hemisphere has been hit particularly hard by the pandemic, the members of our armed forces have not in terms of direct death and morbidity, and this reality has allowed them to be major force multipliers in the collective response. We might not be so lucky next time.