by author consensus based on relevance to the objectives. Key papers were also hand searched for additional unidentified references.
Results: Data collection and analysis planned for completion by January 2023.
Conclusion: The COVID-19 pandemic created a huge need for manpower which was backfilled by militaries around the world. This literature search demonstrates how military resources were able to contribute to the pandemic response, including successes and opportunities for future improvement.
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Quantitative Analysis of United States National Guard COVID-19 Disaster Relief Activities April-June 2020

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Introduction: The COVID-19 pandemic provided a unique opportunity for the United States National Guard (NG) to assist in an infectious disease disaster. This study aims to interpret data from NG situation reports (SITREPS) given to the National Guard Bureau (NGB) by each state national guard headquarters regarding their relief efforts from April to June 2020. This is the first published study about NG disaster relief utilizing quantitative data provided by the US military.
Method: The SITREPS of all 50 states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands are available for the dates of April 10, May 6, May 16, and June 3, 2020 through a NG website that requires government level access. These were examined to evaluate and analyze the activities directed by each state NG headquarters as part of COVID-19 response efforts. No other dates were available for analysis.
Results: During the COVID-19 pandemic, the NG primarily provided security, tested for COVID-19, ran COVID-19 shelters, assisted foodbanks, delivered meals, provided transportation services, aided mortuaries, supported protective equipment warehouses, and deployed medical personnel to cover hospital shortages. They provided services to children, homeless persons, residents of skilled nursing facilities, and Native Americans living on tribal lands. Service members (SM) sewed masks, provided translation services, and cooked in prison kitchens. All state NGs participated in COVID-19 relief to varying degrees. Numerical data about the services provided such as quantity was rare but is included as available.
Conclusion: The United States National Guard provided a wide variety of services through activation of its service men and women that impacted COVID-19 response throughout all states and territories. This elucidation of the uses of the National Guard should be considered during future governmental disaster preparedness planning efforts, and can be extrapolated to international military disaster relief.
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CBRN Disaster Hospital Response and Preparedness. An Italian Civilian Military Cooperation Teaching Model

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Introduction: Chemical, Biological, Radiological, and Nuclear (CBRN) emergencies need specific hospital preparedness and resource availability.

Preparing to evaluate and manage victims from CBRN exposure events in one aspect of hospital preparedness, is often underestimated. Specific skills and capabilities are required to manage these events. Emergency department (ED) and hospital staff need adequate training to provide safe and effective care.
Method: The Hospital Complex of Valtellina and Alto Lario (with three hospitals), in consideration of the geographic location amid mountains, far from urban hospital centers, decided to develop an intensive training program for the hospital emergency staff. Firstly, it was based on an eight-hour initial training program, using a combined civilian military approach that included hazard recognition, substance identification, site safety, response roles, PPE use, and decontamination procedures. The CBRN Operational Unit (for prevention of chemical-biological-radiological-nuclear risks) of the 1st Territorial Unit of the Auxiliary Military Corps of the Order of Malta Italy led such training session showing that a military approach to CBRN threats can be used with civilian and military competencies and tools in managing specific hazardous events hospital first responders may face.
Results: A drill exercise was performed on a radiological fall-out incident to test the hospital's emergency response staff preparedness. Hospital management and decontamination procedures were analyzed to treat victims as well as first responders and to train hospital staff with few resources available.
Conclusion: Hospitals need a specific level of preparedness to enable an effective response to CBRN emergencies. Skills and competencies of military personnel can be a resource in these kinds of events to train civilian personnel who are not normally acquainted to or confident to manage this kind of CBRN events, and can represent a new model and challenge of interagency cooperation in the disaster management of complex emergencies involving hazardous materials.
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