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Article:	The impact of peacekeeping mission on physical and mental health among Pakistani troops deployed in Democratic Republic of Congo during the COVID 19 Pandemic.
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Abstract

This study has been conducted to examine the impact of deployment in mission area on physical, mental and social health of peacekeepers. This was a cross sectional analytical study from Jan 2020 to Jan 2021. The Data was collected from three phases of time span; Initial deployment, mid deployment and Post deployment. The health record of the troops had stated that despite of taking anti-malarial prophylaxis 16% troops got malaria positive, while 55% of troops suffered **allergic rhinitis**. The Psychological score was calculated by DASS-21. A negligible number of cases have been found in psychological distress: 1.3% have been found in mild stress. 1.8% in mild depression and 0.5% in anxiety. The military steadfastness of peacekeepers was predicted with military hardiness scale and was analyzed with Pearson correlation by SPSS 22. It has been revealed that during this COVID 19 pandemic, the likelihood of increasing deployment length raised, that may have detrimental health effects on troops. But the troops with better military robustness have enhanced psychological health. Military toughness and resilience, good social support and pre deployment preparedness, play a significant role in maintaining good psychological health.

1. INTRODUCTION

United Nations (UN) peacekeeping missions can differ considerably in intricacy, stresses and potential threats. Aim of United Nation Organization Stabilization Mission in Democratic Republic Congo (MONUSCO), is to protect civilian population from armed groups' activities. Forbes et al. concluded that peacekeepers had significantly higher risk of psychological disorder

after facing potential traumatic events while aiding the civilians under very hostile conditions of atrocities (Forbes et al., 2016). Since long peacekeeping mission in Democratic Republic of Congo has promoted peace and security and resolution of conflict, but in era of COVID 19 it has become more challenging. Peace keeping mission have to implement a more adaptive tactic beyond protection of vulnerable communities by initiating COVID 19 mitigation measures (Makosso, 2020). Military personnel deployed may meet numerous stressful environment and possibly disturbing happenings, because they have to work within defined rules of engagement (Forbes et al., 2016). The peacekeeping mission of Democratic Republic of the Congo (DRC), are enthused to support the development of independent, rule-of-law based governance. Concerns about the hazards of increasing spread of COVID 19 respiratory disease posed by peacekeepers are extensive. (Dorussen, 2020). To this point, Covid-19 pandemic response did not change hearts of peacekeeping mission. The UN peacekeeping mission in Haiti had become entirely opposed because the locals believed that peacekeepers were accountable for cholera outbreak in which 800,000 Haitians infected and about 9000 died (Dorussen, 2020). The Haiti cholera epidemic has revealed that these risks may be actual, and reasonably led to objections that sometimes revolved fierce leading to hostility against peacekeepers without any clear evidence (Dorussen, 2020). Knowing that Covid-19 may obstruct UN peacekeeping, prompt response of peacekeepers by working day and night to the COVID crisis validates that peacekeepers can make a big difference, in handling the immediate outcome of a crisis. This study was designed to observe the physical and psychological health profile of troops deployed in UN Mission for 12 months during era of COVID 19 Pandemic. Moreover the peacekeeping mission have to adopt a chain of mitigation measures to maintain the wellbeing and healthiness of all UN personnel's while preserving the solidity of operations.

1.1 Objective of the Study: To examine the challenges faced by peacekeepers in the era of COVID 19 pandemic and its impact on physical, social and mental wellbeing of the troops.

1.2 Purpose of the Study

Troops in peacekeeping operations have to face physical, social and psychological challenges which got aggravated during uncertainty of COVID 19. The opportunity of the study was to identify stressors met overtime by troops and their effect on physical, social, mental health and moderation measures to overcome it.

2. MATERIALS AND METHODS:

2.1 Study design

This was a cross sectional analytical study held in MONUSCO Pakistan Contingent, from Jan 2020 to Jan 2021 for 12 months.

2.2 Data Collection

Data was collected at three stages: initial deployment, mid deployment and post deployment. The sample was calculated from target population that is 85 military troops including 3 females by stratified random sampling. Data was collected by interview, self-administered questionnaire and hospital daily sick reports and admission records in mainly 6 categories: demographic profile, Sick report record, perceived physical health and psychological health and defensive factors. The questionnaire and interviews were voluntary and kept confidential.

Psychological status was evaluated by using depression Anxiety and Stress Scale (DASS-21)(Henry & Crawford, 2005). Responses was measured on a scale from 0 to 3 with the category 0 (*never*); 1 (*sometimes*); 2 (*often*) and 3 (*usually*). A higher score indicated seriousness of psychological health which was evaluated with cut off point for mild (0-6), moderate c (7-10) and serious (>11). The perceived physical health was assessed by using physical health assessment scale from 0 to 10. Military hardiness score was calculated by using 18 points military hardiness scale.

2.3 Data Analysis

Descriptive statistics were used to report democratic characteristics and physical health parameter (mean, standard deviation and percentages). Pearson correlational was performed to explore defensive factors associated with physical and psychological health. All analyses were performed using IBM SPSS Statistics version 22.0.

1. RESULTS AND DISCUSSION

Table 1

Demographic profile of the participants

Category	Frequencies (n)	Percentage %
Age		
20-30yrs	10	11.2
30-40yrs	69	81.2
40-50yrs	6	7.1
Gender		
Male	83	97
Female	2	3
Education		
Masters	6	7.1
Bachelors	6	7.1
Intermediate	3	3.5
Matric	70	82.4
Rank		

Officers	9	10.6
JCO	9	10.6
Soldiers	67	78.8
BMI		
23	77	90.6
24	2	2.4
25	1	1.2
26	3	3.5
27	2	2.4

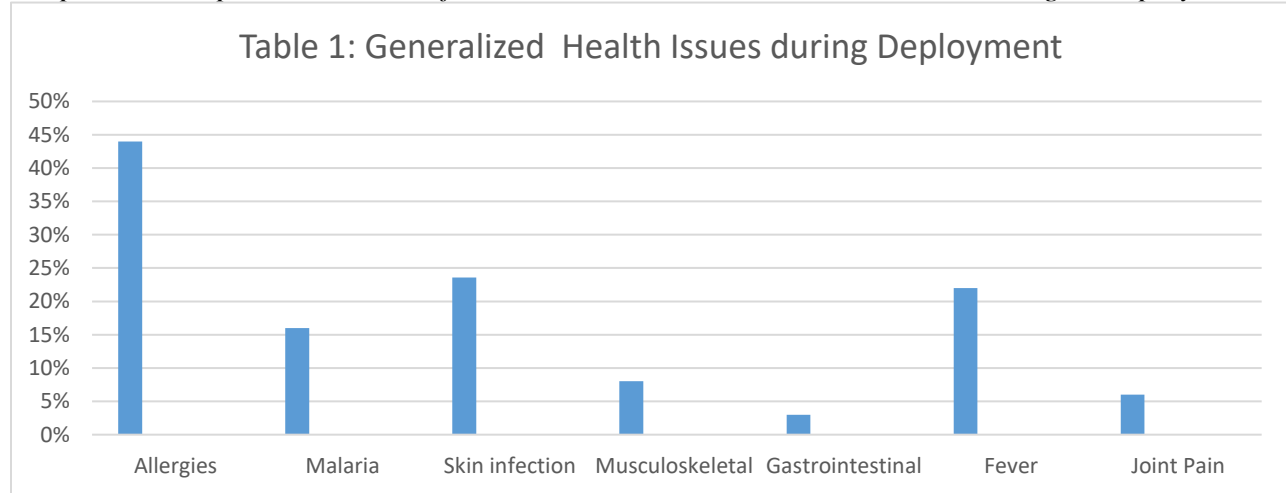
1.1.1 Physical Health and wellbeing

55% of selected troops had been reported to level 1 Hospital with **allergic rhinitis** and upper respiratory tract infections including symptoms like runny and itchy nose, watery eyes, sneezing, shortness of breath, headache, wheezing, and nasal congestion about 22% has been treated with corticosteroids and rest of them become asymptomatic with oral antihistamine within two days. The causative agent might be inhaling of grass particles and pollen allergens. Nyembue TD et al. in 12-month cross-sectional study in DRC revealed that prevalence of rhinitis, rhino conjunctivitis, wheeze, and skin itch-rash was 30.8%, 24.4%, 15.4%, and 6.2%,(Nyembue, Jorissen, Hellings, Muyunga, & Kayembe, 2012). 99% of the troops responded that to survive in this endemic area besides taking melfloquine prophylaxis, wore long sleeves, used insecticidal lotions and nets, sprayed with permethrin on daily basis. It has been exhibited that during whole year 16% among total troops have been diagnosed with **malaria** despite of taking prophylactic mefloquine and they have been treated with *artemether/lumefantrine in dose of 80/480mg for 3 days*. As there is a tendency of resistance to mefloquine derivatives, unit adopted more external precautionary measures taken to combat malaria including long sleeves, net beds and regular sprays with permethrin. Er-Rami M et al. stated that in DRC the problem of malaria was more prevalent than the whole world, in 2016 approximately 17 million cases had been confirmed. In Ituri district about 36% of total hospitalizations were merely caused by malaria. The illicit specie in 98% of positive cases was Plasmodium falciparum (Er-Rami, Lemkhennete, Mosnier, & Abouzahir, 2011). Amin MN et al. revealed that in Bunia DRC, among MONUC Moroccan troops 42.8% of admitted cases were malaria positive while 93% infested with Plasmodium falciparum. The molecular mutation 'pfcrt (K76T) and pfmdr1 (N86Y) in Plasmodium species depicting resistance to chloroquine, lumifantrine and mefloquine, were identified in 20% of cases (Amin, 2020). Mefloquine was considered as prophylactic agent for malaria chloroquine resistant area. In 40% of patients it has produced adverse side effects like fatigue, dizziness, insomnia, anorexia and headache(Oueriagli, Touhami, Laffinti, & Abilkacem, 2011). All participants responded that they drink only chlorinated water, to prevent from water borne diseases e.g. schistosomiasis. The troops reported that they have been vaccinated for yellow fever, cholera, polio, measles, typhoid and hepatitis B. 23.6% reported **skin infection** due to insect bite including mites, wasps and cockroach. 8% of the

participants reported about the **musculoskeletal problems**, mainly due to inappropriate posture. Only 3% have been reported with vomiting, diarrhea and gastrointestinal symptoms.

Figure 1

Graphical representation of Generalized Health Issues during deployment

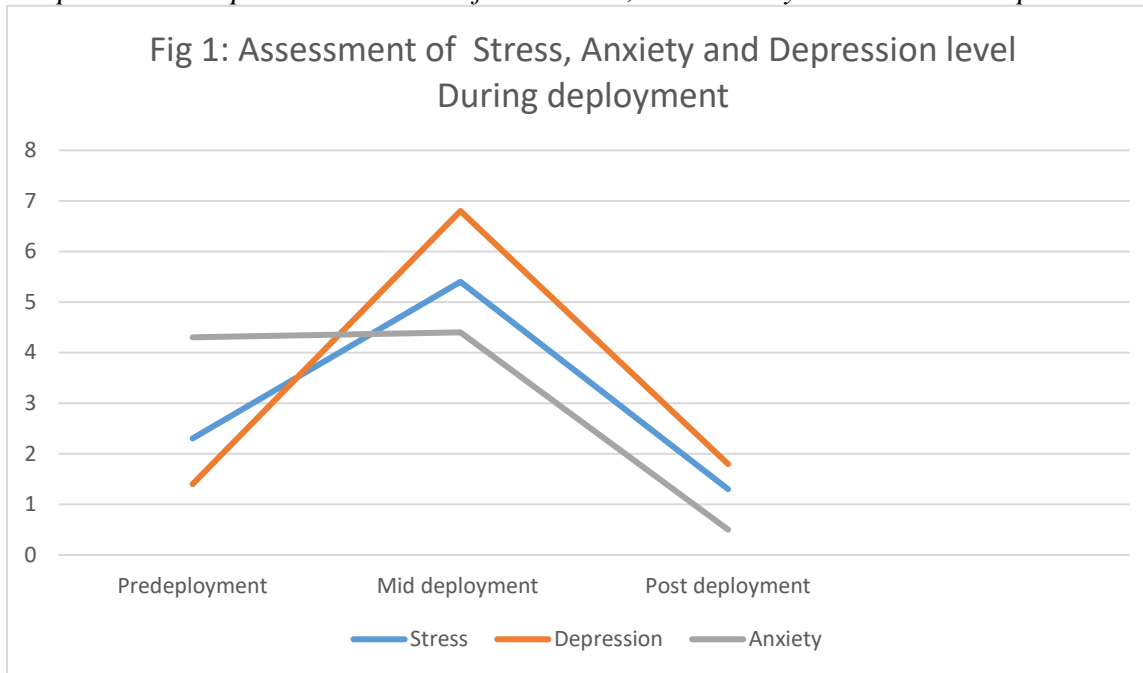


Note. Percentages of Health issues reported by troops during 2020

3.2 Mental Health and wellbeing

On Post deployment evaluation of **stress, anxiety and depression** revealed that 1.3% have been found in mild stress. 1.8% in mild depression and 0.5% in anxiety. The Psychological assessment at the time of suspended flights worsen results because of uncertainty about the leave flights, 5.4% had been found stressed, 6.8% in mild depression and 4.4% in anxiety. 17% of the troops responded that exposure to stressful and traumatic events could be a source of negative outcomes. 79% replied that during those days military hardiness gave them strength and resilience. Similar findings have been revealed by Thomassen ÅG et al. that cohesion and hardiness in peacekeepers lead to better stress resiliency and lesser psychological issues (Thomassen et al., 2015). 54% reported that they found deployment stressors initially like role ambiguity, strange and novel environment and language barrier etc. Similar findings have been reported by Adler AB et al. that combinations of battle-zone-related stressors, peacekeeper role related strain, poor living condition, safety threat, uncertain circumstances, language barriers, deployed environment may become troublesome for peacekeepers (Adler, Litz, & Bartone, 2003).

Fig 2

Graphical representation of Stress, Anxiety and Depression level

Note. Graphical representation of Stress, Anxiety and Depression level measured by DASS-21(Henry & Crawford, 2005)

43% of the troops responded contrary effects of long deployment on **psychological distress** and social wellbeing. Among New Zealand troops the wellbeing score at pre deployment was moderately high, at mid deployment it tend to decrease and at post deployment it again tend to increase (MacDonald, Chamberlain, Long, Pereira-Laird, & Mirfin, 1998). The preemptive measures during COVID 19 include movement constraints, transitory cessation of international border eventually led to deferment of flights posed an additional psychological distress to mental health of peacekeepers (Makosso, 2020). Parting from family is the common stress that may be aggravated by poor communication and ambiguity about return dates. Klaassens et al reported that as deployment length rises, the probability of detrimental health effects also rises. Because longer deployments might increase the probability that military personnel deployed in conflict related zones will undergo numerous psychological health issues. (Buckman et al., 2011). Originally the mission had been delayed for about 3 months to maintain the operational strength and perform their mandated tasks during COVID 19 crisis, As the length of deployment raised, it produced serious detrimental psychological effects on wellbeing of troops.

6% of troops reported frustration, **Powerlessness** and guilt while aiding communities in intense violence and atrocities. 89% reported that coping skills like positive thinking, engagement in physical activity and spirituality helped them to survive in odds. Parallel outcomes have been reported by Adler AB et al. that long time away from home comfort zone, difficulties in communications, tough field situations, lack of privacy, unpredictable combination of tiresomeness, ambiguity, and risk of danger leading to powerlessness (Adler, Huffman, Bliese, & Castro, 2005). Powerlessness may arise when troops have to follow the mission rules of engagement despite of managing the situation in their traditional way of reacting to incitement and danger. The longer the length of the stay the greater the likelihood that individual become

physically and mentally fatigued, as disposition length is the predictor of mental wellbeing(Adler et al., 2005). Stress immunization training including stress coping skills is related with a decline in anxiety and an improvement in in-service performance(Adler et al., 2005). Mitchell et,al reported that mainly peacekeepers concluded their experience have expanded their viewpoint and they feel rewarded and **sense of purpose** by serving the humanity under blue helmets in a well-organized military structure(Mitchell, 2009).

78% of the troops believed that UN mission deployment has a positive impact on their **career progression** and added distinctive experience. Related findings have been proposed by Wilén N et al. that among the troops the monetary remuneration was the vital encouragement to deploy and was considered as a means to improve their quality of life, community status and livings(Wilén & Heinecken, 2017). As an infantarian they sense themselves more valuable because of external experience by keeping their unit flag high. Novice experience of seeing different people culture, languages, values, traditions and way of living gave them amplified pleasure and fulfillment (Wilén & Heinecken, 2017). 87% reported that that have *Role ambiguity* and uncertainty during initial deployment which have been overcome by the **military hardiness**, frequent face to face meetings and question answer sessions with leaders and supervisors that ultimately clarify the chain of command. It was measured on 18 point military hardiness scale reflecting its three component: Job commitment, Job control and challenge(Dolan & Adler, 2006). As depicted in table 3 the troops with higher score in military hardiness have a better psychological and physical health score. Alike to the verdicts of Dolan CA et al. that the deployed environment for the troops is a duty place with occupational stressors, like isolation, uncertainty, hopelessness, boredom and threat which can be overcome by job commitment, job engagement , awareness of job control, and work cohesion and social support (Dolan & Adler, 2006). Psychological hardiness played a role in buffering the occupational stressors. It is a personality trait comprising of job commitment, self-control and accepting change as an exciting challenge which ultimately develop psychological resilience(Dolan & Adler, 2006). 8% reported that they faced workload and scare time for rest and recreation in initial deployment period. But afterwards they become able to manage workload with significant rest and recuperation. Analogous findings by a researcher that higher workload was related with more mental distress, while adequate chances of rest and restoration were linked with better psychological health (Gjerstad et al., 2020).

Table 3:
Correlational analysis of military hardiness with psychological and Physical Health sco

	“mean ± SD”	Pearson Correlation	
		Physical Health Score	Psychological Score
Military Hardiness (MH)	16.22 ±1.179	-.586**	-.518**
Physical health score (PHS)	2.31 ±1.581		.579**
Psychological score (PS)	4.61 ±3.109		

** . Correlation is significant at the 0.01 level (2-tailed). *Mean, standard deviation and correlation between the hardiness, Psychological and Physical Health score*

3.3 Social Health and Wellbeing

98% of the peacekeepers recognize the **work place social support** of colleagues and subordinates. Social support was measured as perceived support from associates and supervisors during deployment (Gjerstad et al., 2020). Social support in the aftermath of COVID 19 pandemic is negatively associated with mental distress because of its moderating and buffering effect (Gjerstad et al., 2020). 12% reported **family disturbance** and difficulty in assuring the family safety by facing obstacle in communication with home especially those have been deployed in distant zones. 2% of family members of deployed troops had been affected with COVID 19 which had a severe anxiety and pressure even among others. Mansfield et al described parallel findings that spending time far from home comfort even more than 6 months can have hostile effects on health of deployed personnel himself as well as on wellbeing of their families (Buckman et al., 2011). In US army women whose spouses were deployed for >11 months have found depressive disorder, sleep disorders, anxiety and acute stress reaction and adjustment disorders (Buckman et al., 2011). Soldiers deployed for >12 months are prone of severe aggression towards their spouses. Besides this, long deployments can exacerbate hostile personal affairs, which may lead to an greater possibility of disloyalty, parting, split-up marriage sort of domestic issues (Buckman et al., 2011). 33% of troops reported the **children behavioral issues** during deployment. Child psychological and behavioral health issues raised during parental deployments to conflict related war zone area (Hisle-Gorman et al., 2015). Increase in duration of parent deployment have an major impact on children behavioral and emotional problems (White, de Burgh, Fear, & Iversen, 2011). Military spouses proved to be resilient but their children with lengthy deployment were reported with increased behavioral and emotional difficulties (McGuire et al., 2016). **Family Recognition** in the form of positive repatriation responses and appreciative statement from friends and family have been associated with better psychological health in peacekeepers (Dorussen, 2020; Gjerstad et al., 2020)

Figure 3

Peacekeeper Determinants of Health status



3.4 Preparedness and Response during COVID 19

30% of the troops reported that they had been delivered sufficient trainings and lectures on COVID 19 precautionary measures by health care providers.

Similar findings have been reported by Gjersted that rigorous trainings and preparedness probably reduced perceived stress levels among peacekeepers and protected them from feeling overwhelmed (Gjerstad et al., 2020). Participants responded that besides of threats, they organized recurrent awareness campaigns on preventive measures of COVID 19, distributed brochures and pamphlets and instigated hygiene and sanitation regimes to inculcate them the adequate measures of wellbeing gave them sense of fulfillment and satisfaction. To protect the troops, unit adopted strict precautionary measures like spraying of strong disinfectant including quaternary ammonium on entrance of camp and to avoid coming closer than 2 meters to civilians during patrolling to forbid the spread of virus. 80% of troops responded that being frontline soldier, in COVID 19 pandemic aiding the host government, following preventive measures during community engagement like social distancing and teleworking and videoconferencing building confidence in communities gave them internal gratification. Initially peacekeepers had to face the shortage of PPE and the troubles in its resupply which ultimately had forced a huge strain on the them (Zhang, Xiang, & Alejok, 2020). Yayboke E et al described that peacekeepers displayed extreme resilience and determination in combating COVID by providing the community psychosocial support and lifesaving service in fragile situations (Yayboke & Abdullah, 2020). The global crisis has become more challenging by rumors and fears of locals that peacekeepers with wearing masks might be culprit of spreading infectious disease. This type of mistrust may lead to hostility against peacekeepers. In these circumstances building trust and cooperation with locals seemed to be more bewildering and may cause distress among troops. Troops described that they addressed the rumors by ensuring various communication channels e.g radio and social media and direct communication

in their local language “SWAHILI” made a bond by increasing the spread of accurate information and countering misinformation which gave us a sense of achievement.

2. CONCLUSION

As there is a tendency of resistance to mefloquine derivatives, more precautionary measures needs to be taken to combat malaria. As the deployment length rises, the probability of detrimental health effects also rises. While military hardiness and resilience, good social support and pre deployment well preparedness, play a significant role in maintaining good psychological health.

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Contributions

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3. REFERENCES

- Adler, A. B., Huffman, A. H., Bliese, P. D., & Castro, C. A. (2005). The impact of deployment length and experience on the well-being of male and female soldiers. *Journal of occupational health psychology, 10*(2), 121.
- Adler, A. B., Litz, B. T., & Bartone, P. T. (2003). The nature of peacekeeping stressors.
- Amin, M. N. (2020). *Anti-malarial drug resistance and associated genetic polymorphism of Plasmodium falciparum in members of Armed Forces of Bangladesh working in endemic areas at home and abroad*. University of Dhaka,
- Buckman, J. E., Sundin, J., Greene, T., Fear, N. T., Dandeker, C., Greenberg, N., & Wessely, S. (2011). The impact of deployment length on the health and well-being of military personnel: a systematic review of the literature. *Occupational and environmental medicine, 68*(1), 69-76.
- Dolan, C. A., & Adler, A. B. (2006). Military hardiness as a buffer of psychological health on return from deployment. *Military Medicine, 171*(2), 93-98.
- Dorussen, H. (2020). Peacekeeping after Covid-19. *Peace Economics, Peace Science and Public Policy, 1*(ahead-of-print).
- Er-Rami, M., Lemkhennete, Z., Mosnier, E., & Abouzahir, A. (2011). Incidence of malaria among United Nations troops deployed in the Ituri district of Democratic Republic of Congo (ex-Zaire) during a 12-month period spanning 2005 and 2006. *Medecine tropicale: revue du Corps de sante colonial, 71*(1), 37-40.
- Forbes, D., O'Donnell, M., Brand, R. M., Korn, S., Creamer, M., McFarlane, A. C., . . . Hawthorne, G. (2016). The long-term mental health impact of peacekeeping: prevalence and predictors of psychiatric disorder. *BJPsych open, 2*(1), 32-37.
- Gjerstad, C. L., Bøe, H. J., Falkum, E., Nordstrand, A. E., Tønnesen, A., Reichelt, J. G., & Lystad, J. U. (2020). Caring for Coronavirus Healthcare Workers: Lessons Learned From Long-Term Monitoring of Military Peacekeepers. *Frontiers in psychology, 11*.
- Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British journal of clinical psychology, 44*(2), 227-239.
- Hisle-Gorman, E., Harrington, D., Nylund, C. M., Tercyak, K. P., Anthony, B. J., & Gorman, G. H. (2015). Impact of parents' wartime military deployment and injury on young children's safety and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*(4), 294-301.
- MacDonald, C., Chamberlain, K., Long, N., Pereira-Laird, J., & Mirfin, K. (1998). Mental health, physical health, and stressors reported by New Zealand Defence Force peacekeepers: a longitudinal study. *Military medicine, 163*(7), 477-481.
- Makosso, A. M. (2020). United Nations Peacekeeping Operations in the era of COVID-19. *The Journal of Intelligence, Conflict, and Warfare, 3*(2), 17-17.
- McGuire, A. C., Kanesarajah, J., Runge, C. E., Ireland, R., Waller, M., & Dobson, A. J. (2016). Effect of multiple deployments on military families: A cross-sectional study of health and well-being of partners and children. *Military Medicine, 181*(4), 319-327.
- Mitchell, J. (2009). Mental health stresses and services for military peacekeepers. *New Voices In Public Policy, 4*(1).
- Nyembue, T. D., Jorissen, M., Hellings, P. W., Muyunga, C., & Kayembe, J. M. (2012). *Prevalence and determinants of allergic diseases in a Congolese population*. Paper presented at the International forum of allergy & rhinology.
- Oueriagli, N. F., Touhami, M., Laffinti, A., & Abilkacem, L. (2011). Mood disorder after malaria prophylaxis with mefloquine (two case reports). *L'Encephale, 37*(5), 393.
- Thomassen, Å. G., Hystad, S. W., Johnsen, B. H., Johnsen, G. E., Laberg, J. C., & Eid, J. (2015). The combined influence of hardiness and cohesion on mental health in a military peacekeeping mission: A prospective study. *Scandinavian journal of psychology, 56*(5), 560-566.

- White, C. J., de Burgh, H. T., Fear, N. T., & Iversen, A. C. (2011). The impact of deployment to Iraq or Afghanistan on military children: A review of the literature. *International Review of Psychiatry*, 23(2), 210-217.
- Wilén, N., & Heinecken, L. (2017). Peacekeeping deployment abroad and the self-perceptions of the effect on career advancement, status and reintegration. *International Peacekeeping*, 24(2), 236-253.
- Yayboke, E., & Abdullah, H. F. (2020). Elevating Women Peacebuilders amidst Covid-19. *Center for Strategic and International Studies*.
- Zhang, Y., Xiang, D., & Alejok, N. (2020). Coping with COVID-19 in United Nations peacekeeping field hospitals: increased workload and mental stress for military healthcare providers. *BMJ Mil Health*.