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OCCASIONAL
PAPER

JUNE 2017

115

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and Deterrence-Stability
in South Asia**

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Surgical Strikes and Deterrence-Stability in South Asia¹

ABSTRACT

Indian announcement of having conducted surgical strikes across the de-facto border with Pakistan in Jammu and Kashmir has major implications for deterrence-stability in South Asia. New Delhi has sought to devise a military strategy to respond to Pakistan's sub-conventional war that does not lead to escalation of conflict to nuclear levels and collapse of nuclear deterrence. This paper analyses India's surgical strikes of September 2016, their nature and the objectives with which they were conducted. Given that they meet most of India's objectives and that their controlled nature renders possibilities of conflict escalation negligible, this paper concludes that surgical strikes strengthen deterrence-stability in South Asia and that they could become New Delhi's modus operandi in responding to Pakistan's sub-conventional war.

INTRODUCTION

In the early hours of September 28, 2016, the Indian Army conducted a series of stealth attacks on terror launch-pads across the Line of Control (LoC) in Pakistan occupied Kashmir (PoK), according to the announcement made by the Indian Army's Director General of Military

Operations (DGMO).² These strikes by India came as a response to the attack on the Indian Army headquarters in Uri on September 18, 2016 by terrorists that led to the death of 19 soldiers.³

Why are these surgical strikes by India important? For the last two decades, India has struggled in devising a military response to Pakistan for the latter's alleged sub-conventional war against the former. Responding with a conventional military attack has been the preferred choice for planners in New Delhi, owing to a history of India's successes at conventional military conflicts against Pakistan; India also perceives itself predominant in terms of conventional military strength. But since overt nuclearisation in 1998, India has felt deterred to not cross Pakistan's nuclear redlines, putting strong restraints on New Delhi's ability to respond to Pakistan militarily. Factors like deft US diplomacy and India's own political culture and ideology, among others, have also contributed to that restraint. Nonetheless, New Delhi's quest to explore space for conventional war below Pakistan's nuclear threshold—captured in the Indian Army's reference to devising the Cold Start doctrine of waging low-scale and swift conventional attack in as early as 2004—suggests that Pakistan did succeed in deterring possible Indian full-scale conventional attack.⁴ To further limit India's military options, Pakistan reduced its nuclear threshold by introducing tactical nuclear weapons, indicating its intent to use these low-yield, short-range nuclear weapons in the event that India considers conducting a low-scale conventional attack.

Having deterred India from responding militarily to its sub-conventional war, Pakistan has been able to effectively create space to continue its proxy war, support militancy in Kashmir and thus repeatedly prod India. This status-quo, as a result of nuclear deterrence existing in South Asia, has been argued to be highly unstable by many international observers and experts. Concerns have been raised on the possibility of a collapse of nuclear deterrence in South Asia if Pakistan continues its policy of making India “bleed through a thousand cuts”—as that will at one point lead New Delhi to take decisive military action against Rawalpindi. With nuclear thresholds as low – use of tactical nuclear weapons by Pakistan

against a low-scale conventional attack and massive nuclear retaliation by India against any level of nuclear first use – fears have been flagged that any decisive military action by New Delhi could swiftly lead to the use of nuclear weapons, including an all-out nuclear war.

It is here that an analysis of surgical strikes as possible Indian modus operandi of responding to Pakistan's sub-conventional war becomes important. What are these strikes and how were they conducted? What were the objectives with which India conducted these strikes and were they met? How do they affect the status-quo under the existing deterrence-stability in South Asia? On the other hand, how do these strikes affect deterrence-stability? Does it directly challenge Pakistan's commitment to first use of nuclear weapons under full spectrum deterrence policy? Are there possibilities of conflict escalating post-surgical strikes to conventional and nuclear levels? These are some of the questions addressed in the paper.

The first section examines arguments on the existence of deterrence-stability in South Asia, if at all it does. It establishes India's response(s) to Pakistan's sub-conventional war as the factor that would determine the future of deterrence-stability in South Asia. The second section makes an assessment of the nature of surgical strikes and the objectives with which India conducted them. This assessment is important and the paper subsequently uses it to gauge the possibility of not only the escalation of conflict but of a breakdown of nuclear deterrence. Identifying India's objectives in conducting these strikes, meanwhile, allows for an evaluation of whether or not they help New Delhi rebalance the status-quo, which for now permits Pakistan to wage sub-conventional war without fear of an Indian reprisal. The final section analyses the implications of surgical strikes on the status-quo between India and Pakistan, based on whether or not India's objectives in conducting these strikes were met, and that on deterrence-stability in South Asia, based on the assessment of whether similar surgical strikes in the future could escalate conflict to conventional and nuclear levels. The paper closes with the conclusion that the surgical strikes meet most of India's objectives in responding to Pakistan's use of

terrorists as proxies and its controlled nature leaves negligible scope for conflict escalation and breakdown of deterrence-stability. Considering the same, surgical strikes could emerge as the military response that India has sought to forge to respond to Pakistan's sub-conventional war and that strengthens deterrence-stability in South Asia.

DETERRENCE-STABILITY IN SOUTH ASIA

Since India and Pakistan crossed the nuclear rubicon in 1998, proliferation pessimists have identified various reasons to argue that deterrence-stability is weak in South Asia and that the region is prone to full-scale war with dangers of conflict escalation to a nuclear level. Organisational theorists like Scott Sagan argue that most professional militaries tend to demonstrate behaviours that are conducive to a collapse of nuclear deterrence and cite the case of Pakistan, where the Army retains complete control over its nuclear weapons, to stress that the propensity to failure of nuclear deterrence is high in South Asia.⁵ Empirical analysts like Timothy Hyot, meanwhile, argue that it is in fact the "strategic myopia" of military establishment and leaders in South Asia which leads them to make strategically unsound judgements and that could cause a collapse of nuclear deterrence.⁶ Michael Krepon, for his part, argues that deterrence-stability in South Asia is weak because of the stability-instability paradox and the lack of efficient escalation control mechanisms. In the absence of awareness of each other's intentions, Krepon contends, India and Pakistan could seriously misjudge each other and possibly stumble into a full-scale war involving the use of nuclear weapons.⁷ Paul Kapur argues that nuclear weapons have allowed Pakistan – a revisionist power – a compelling incentive to provoke India – a status-quo power – with the former secure in the knowledge that the latter will not retaliate owing to the presence of nuclear weapons.⁸

On the other hand, Sumit Ganguly, in his assessment of nuclear stability in South Asia, contends that deterrence-stability is indeed in place, though the resultant status-quo arguably falls in favour of Pakistan

as it gets to continue using terrorists as state proxies to wage sub-conventional war against India, while the latter continues to grapple with the challenge of devising an effective military response to Pakistan's sub-conventional war.⁹ At this juncture, Kapur and Ganguly appear to disagree as Kapur finds this very status-quo highly unstable and argues that further needling by Pakistan could indeed result in a military retaliation by India with dangers of use of nuclear weapons by Pakistan, or even an all-out nuclear war.¹⁰

Going beyond all the above assessments based simply on the proliferation of nuclear weapons in South Asia, Vipin Narang introduces the relevance of nuclear postures in effecting differing deterrence among regional nuclear powers and argues that rather than mere acquisition of nuclear weapons, they are nuclear postures of India and Pakistan that go on to establish deterrence-stability or otherwise in South Asia.¹¹ He asserts that Pakistan's shift from the posture of catalytic to asymmetric escalation has rendered India's assured retaliation posture redundant as India has failed to stop Pakistan's policy of using terrorists as state-proxies that meets the latter's revisionist agenda.¹² Agreeing with Kapur, Narang concludes that the India-Pakistan dyad is deeply unstable, as the current dynamics "allow Pakistan to more aggressively pursue revisionist aims against India with little fear of retaliation, more frequently triggering precisely the crisis scenarios that magnify the risks of intentional or inadvertent use of nuclear weapons."¹³

Arguments made by proliferation pessimists, optimists, and other observers on deterrence-stability in South Asia underline the criticality of an estimation of India's patience and prediction of what India's response will be to Pakistan's sub-conventional war when that patience runs out. Could that response escalate to a full-scale war, resulting in a nuclear exchange and thus failure of nuclear deterrence?

Based on empirical assessment of crises between India and Pakistan since 1998, it is argued that nuclear deterrence has not failed as yet, even as its robustness remains questioned and no matter how precarious the

resultant status-quo be. Pakistan has indeed succeeded in deterring a conventional military attack by India and Ganguly substantiates this argument well with an assessment of the crises of 1999 and 2001-02.¹⁴ Capturing the controlled nature of India's operations during the two crises in comparison to the much expansive military conflicts between India and Pakistan prior to 1998, Ganguly concludes that nuclear deterrence did contribute to averting a full-scale conventional war and nuclear exchange. Although calling the resultant status-quo "highly unstable", Narang too admits that since 1998, Pakistan has succeeded in deterring a conventional attack by India, though he credits this to Pakistan's shift to asymmetric escalation posture and not simply to overt nuclearisation.¹⁵

Narang further adds that the challenge to stability in South Asia will "only be intensified if India – to readdress its current perceived paralysis against persistent Pakistani provocations – progresses toward a Cold Start conventional posture, which might then push the Pakistani Army toward a ready deterrent on effectively hair-trigger alert. Such a combination could spawn intolerable risks of accidental or unauthorized nuclear use."¹⁶ Indeed, in 2013, Pakistan announced a transition to full-spectrum deterrence policy and has since claimed to have introduced battlefield or tactical nuclear weapons to deter possible Indian low-scale conventional aggression.¹⁷ While details of Pakistan's tactical nuclear weapons and their deployment remains unavailable publicly, it has heightened concerns of their theft and of their accidental or unauthorised use.

It is too early to conclude whether Pakistan has succeeded in deterring India from implementing the Cold Start doctrine through its tactical nuclear weapons and full-spectrum deterrence policy, especially as questions remain on whether India has the requisites for implementing the doctrine in focus, to begin with.¹⁸ While one retired senior Indian Army official claimed in an interview with this author that the Indian Army is preparing to launch a low-scale conventional strike swiftly, he refused to associate that preparedness with the Cold Start. Even the recently appointed Chief of Indian Army, Bipin Rawat, while creating international

furor by announcing the existence of the Cold Start doctrine, later explained that since “future wars will be short and intense,” requiring the army to “move fast”, his public acknowledgement of the Cold Start was “a signal to the army to be prepared for that *eventuality*.”¹⁹

It, however, brings again to fore the question on what India’s response would be to Pakistan’s sub-conventional war and whether that would lead to a collapse of nuclear deterrence in South Asia. The Cold Start could possibly be an option available to New Delhi in the future, but that could directly challenge Pakistan’s commitment to use tactical nuclear weapons first under its policy of full-spectrum deterrence, thereby threatening deterrence-stability. Surgical strikes that the Indian Army claimed to have conducted in September 2016 captures another military retaliatory option for New Delhi. The following sections examine the nature of these strikes and the objectives with which they were conducted in order to assess if these strikes could offer India the military response it has been seeking and analyse how they would affect deterrence-stability in South Asia.

INDIAN SURGICAL STRIKES: WHAT AND WHY

Nature of Strikes

As per the submission of the then Indian Army’s DGMO, Lt. Gen. Ranbir Singh, and the detailed media reports that followed, the surgical strikes were conducted in the early morning of September 28, 2016.²⁰ Operations began around 12:30 am as commandos were air-dropped at the LoC – the de facto border between India and Pakistan in Kashmir. The commandos crossed the LoC and entered from 500 meters to upto two kilometers into the PoK to conduct strikes in the sectors of Bhimber, Hotspring, Kel, and Lipa. Operations ended approximately by 4:30 am, following which commandos reached the Indian side of the LoC where they would be picked up in helicopters.

Details of operations suggest that these surgical strikes were well below the levels of even a low-scale conventional attack.²¹ The strikes were

essentially stealth operations executed overnight by specially trained commandos of the Indian Army and they did not involve any movement of infantry or armoured divisions of the conventional armed forces. Simultaneously, given the Indian government's open acknowledgement of having sanctioned the strikes and that Indian Army personnel were involved in conducting the strikes, these surgical strikes are attributable and thus cannot also be labelled as a "sub-conventional attack" – the latter primarily relies on militancy, insurgency, proxy war and terrorism as means of inflicting damage. It is therefore argued that these surgical strikes capture a new space of conflict between India and Pakistan, which could perhaps be labelled as asymmetric conventional conflict.

It must be highlighted here that the Indian Army has reportedly conducted similar strikes in the past.²² However, what makes the surgical strikes of September 2016 unique is the Indian government's acknowledgement of having sanctioned those strikes. Attribution adds political value to those surgical strikes, without which they remain mere military operations of limited potency. In assessing the implications of Indian surgical strikes of September 2016 in the subsequent sections, this paper makes reference to both military and political values of the strikes.

India's Objectives

India arguably conducted these surgical strikes with three objectives: eliminate future terrorist infiltration bids from the Pakistani side of the LoC; punish Pakistan for its sub-conventional war; and deter Pakistan's sub-conventional war.

According to the media briefing given by the DGMO, the primary objective for the surgical strikes was to eliminate an increase in infiltration bids from Pakistan's side of the LoC. Intelligence reports suggested that terrorists had begun gathering in large numbers along the LoC with the objective of crossing the border and targeting locations in Jammu and Kashmir, as well as other metropolitan cities across India.²³ New Delhi had thus ordered pre-emptive attacks in the form of these surgical strikes to

eliminate these terrorist camps and bases. While this was the officially stated objective of the surgical strikes, political claims made over the success of surgical strikes add two more dimensions to India's objective – to punish Pakistan for its sub-conventional war and to deter this sub-conventional war.

Indian news reports suggest that it was Indian Prime Minister Narendra Modi who, a day after terrorists affiliated with the Pakistan-based Jaish-e-Mohammed attacked the Indian Army brigade headquarters in Uri, decided to abandon the posture of strategic restraint. The PM authorised then Indian Army Chief, DS Suhag and the National Security Adviser, Ajit Doval, to “examine all feasible military options that could deliver an ‘effective response’.”²⁴ This means that the surgical strikes were as much a response to the Uri terror attack as they were a standalone pre-emptive attack to eliminate future infiltration bids of terrorists based in Pakistan and other territories occupied by it.

That PM Modi had publicly announced after the Uri terror attack that terrorists would not go unpunished further substantiates the argument.²⁵ Following the surgical strikes, during campaign for assembly elections in multiple Indian states, the Bharatiya Janata Party (BJP), ruling at the centre, issued posters claiming that the surgical strikes had successfully avenged the casualties of the Uri terror attack.²⁶ These political claims suggest that the surgical strikes were also projected as attacks to punish Pakistan for its sub-conventional war against India. The punishment was intended to not only afflict direct damage on Pakistan, but also assuage Indian public anger, which had put tremendous pressure on the Indian government to retaliate against Pakistan and hurt Pakistan's international reputation.

Derived from the second objective of punishing Pakistan is the third objective of deterring Pakistan's sub-conventional war. That India seeks to deter Pakistan's sub-conventional war through conventional means of punishment is not a new argument. Post-1998, when Pakistan too became a de facto nuclear weapons state, military and strategic planners in New Delhi

got on to the task of finding space to launch conventional attack of a scale that would not cross Pakistan's nuclear redlines at that time. Substantiating this argument are discussions on the introduction of the Cold Start doctrine by the Indian Army in 2004, as mentioned earlier, followed by a series of military exercises conducted including Divya Astra (Divine Weapon) 2004, Vajra Shakti (Thunder Power) 2005, Sang-i-Shakti (Joint Power) 2006, and Ashwamedh (Valour and Intellectual Illumination) 2007.²⁷

Allegedly to counter India's Cold Start doctrine of conducting low-scale conventional attacks, Pakistan lowered its nuclear redlines by introducing tactical nuclear weapons and by claiming to have implemented the policy of full-spectrum deterrence. Lt. Gen. Khalid Kidwai, who was the head of Pakistan's Strategic Plans Division responsible for the country's nuclear weapons and policy, has been quoted as having remarked, tongue-in-cheek, that the intent of Pakistan tactical nuclear weapons is to "pour cold water on Cold Start."²⁸ Surgical Strikes, from this perspective, could arguably be India's attempt of finding space below Pakistan's lowered nuclear redlines to launch an attack as a tool of sub-conventional deterrence. The following section will assess if the surgical strikes met India's objectives and what implications these strikes have for deterrence-stability in South Asia.

IMPLICATIONS OF SURGICAL STRIKES

On Status-Quo between India and Pakistan

Based on the claims made by the Indian Army's DGMO, India succeeded in meeting the first and primary objective of eliminating the identified terrorist cells and bases in PoK near the LoC. Members of the Indian media, apparently briefed by the Indian Prime Minister's Office, reported the destruction of seven terror launch-pads, killing 38 terrorists and their handlers and two Pakistani soldiers. The Indian government, however, did not officially disclose any of these figures.²⁹ Details of gallantry awards given to Indian Army personnel in January 2017 confirmed details of

operations, including accounts of “destruction of terrorists, massive casualties to terrorists and enemy regulars [Pakistani army troops] supporting them.”³⁰ Thus, the surgical strikes had no doubt served the primary objective of eliminating terrorist cells and bases and, consequently, avoiding near-future terrorist infiltration bids and terror attacks in Jammu and Kashmir and the rest of India, capturing the limited military utility of surgical strikes.

On the second Indian objective of punishing Pakistan for its sub-conventional war, three factors require a more nuanced assessment – inflicting real damage on Pakistan, assuaging domestic public anger, and hurting Pakistan’s international reputation. The controlled nature and low scale of operations suggest negligible material losses to Pakistan, especially in consideration of claims by Indian intelligence sources that an investment of about INR 100 crore (US\$ 15 million) was made by Pakistan in fuelling militancy and unrest in the Kashmir Valley in just 2015-16.³¹

The surgical strikes, however, did succeed in assuaging domestic public anger in India due to their political value.³² In the aftermath of the Uri terror attack, in which militants killed 19 soldiers of the Indian Army, there was tremendous pressure on the Modi government to militarily respond to Pakistan and eliminate terrorist training camps in PoK.³³ The pressure was particularly stronger because PM Modi himself is known to have criticised the previous Congress-led government for being “weak” on Pakistan and terrorism. Surgical strikes allowed the incumbent government to demonstrate its conviction of being less restrained in responding militarily to Pakistan’s sub-conventional war. While the previous government may also have conducted similar surgical strikes, as being claimed by the Congress party,³⁴ the decision to go public about the September 2016 operations came at a political cost and the Modi government exhibited the will to bear that cost—it sent a message not only to Pakistan but also to the international community that it will retaliate and not be restrained as its predecessor had been. Although the surgical strikes of September 2016 were not a potent military tool, they certainly

proved to be a potent political tool for the Indian government. Government's claim of having successfully avenged the Uri terror attack was sold, and was bought convincingly by the Indian media and the public. As mentioned earlier, the BJP would then use this claimed achievement in its campaign for elections in the state assemblies, especially in the most-populous state of Uttar Pradesh (UP). While there were other factors at play in the UP elections that are beyond the scope of this paper, BJP's dramatic victory (312 of 403 seats won) captures the continuing, if not rising, popularity of Modi and his government in New Delhi. Among the achievements of Modi which were credited for this dramatic victory in UP, one of the top was the successful surgical strikes to punish Pakistan.³⁵

India also succeeded in hurting Pakistan's international reputation. Despite Pakistan calling the surgical strikes an "illusion" and a "fabrication of truth," responses from the international community suggest that India did succeed in selling its narrative.³⁶ Some of these responses were concerns expressed over the possibility of tensions rising between India and Pakistan post-surgical strikes. For instance, the Chinese foreign ministry spokesperson, Geng Shuang, was quoted saying that "as shared neighbour and friend to both India and Pakistan, we are concerned about continuous confrontation and tensions between India and Pakistan."³⁷ A spokesperson for the British Foreign Office was also quoted in news reports as saying that "we are monitoring the situation closely following reports of strikes carried out by the Indian Army over the LoC in Kashmir. We call on both sides to exercise restraint and to open dialogue."³⁸

Responses from other governments, meanwhile, not only acknowledged the surgical strikes but extended support to India for taking action against terrorism emanating from Pakistan. The US government, for instance, while stressing the need for de-escalation of hostilities between India and Pakistan, reiterated its support for India's fight in combating terrorism.³⁹ The Russian government too expressed its support to India, stating that it stood for "decisive struggle against terrorism in all its manifestations," and though given prior to Indian surgical strikes, the

statement noted Russian government's "continued support for the Indian government's counter-terrorism efforts."⁴⁰ Following the surgical strikes, the Russian government reiterated its support for India's counter-terrorism efforts, this time through its ambassador to India. In an interview given to an Indian news network, the Russian Ambassador to India, Alexander Kadakin, said that "the greatest human rights violations take place when terrorists attack military installations and attack peaceful civilians in India. We welcome the surgical strike. Every country has right to defend itself."⁴¹ Neighbouring governments in South Asia also backed India. The Bangladesh Prime Minister's adviser, Iqbal Chowdhury, for one, stated that "India has got all legal, internationally accepted right to make a response to any attack on her sovereignty and her soil."⁴² For his part, the Ambassador of Afghanistan to India, Shaida Mohammed Abdali, expressed support for the strikes, stressing that "it is time to take bold action."⁴³

As India announced having conducted the surgical strikes, the Pakistani establishment's immediate response was that of denial. The Pakistani Army accused India of fabricating truth. What Rawalpindi's press wing was willing to admit was that two Pakistani soldiers were killed; it said though that the deaths happened due to unprovoked cross-border firing, and not surgical strikes. The statement said: "This quest by Indian establishment to create media hype by rebranding cross-border fire as surgical strike is fabrication of truth."⁴⁴ But international responses to the incident captures how Pakistan failed in selling its own narrative on the events of September 28, 2016. Thus, despite insignificant material damage inflicted on Pakistan through the surgical strikes, New Delhi managed to hurt Pakistan internationally, while simultaneously pacifying Indian public anger.

Questions remain, however, on whether or not these surgical strikes served the third objective—that of deterring Pakistan's sub-conventional war. That Pakistan could deny their occurrence is a case in point. This denial could allow India to launch similar pre-emptive attacks against Pakistan in the future without appropriating any retaliation from the

latter. The denial, however, will also not affect any popular support for use of terrorists as state-proxies within the Pakistani establishment. For instance, the founder of Lashkar-e-Taiba and the chief of Jammāt-ud-Dawah, Hafiz Saeed, accused by India of having planned the Mumbai terror attacks of 2008, publicly announced a month after the Indian surgical strikes that the Mujahideen will carry out a surgical strike in Jammu and Kashmir and that such a strike “will be long remembered.”⁴⁵ This, along with negligible material losses to Pakistan, suggests that surgical strikes by India would not significantly disturb the continuation of Pakistan’s policy of making India bleed through a thousand cuts.

This brings to fore the limited military value of surgical strikes against Pakistan. As has been mentioned previously, the Indian Army has conducted similar strikes in the past as well. While those strikes did not have the same political value associated with them, the nature of military operations was similar. None of those strikes conducted by the Indian Army appeared to have had any effect on Pakistan which could suggest their utility as tools of sub-conventional deterrence.

That being noted, there is also a lack of credible evidence to suggest that an Indian low-scale and swift conventional offensive, similar to ones conceived under the proposed Cold Start doctrine, would achieve the desired objective of deterring Pakistan’s sub-conventional war. At this juncture, Ganguly argues that “it is difficult to establish a firm casual connection between the growth of Pakistani boldness [in waging sub-convention war] and its gradual acquisition of a full-fledged nuclear weapons capability,” especially since late 1980s to 1990s, owing to two important and coinciding developments in this period – the end of the Cold War with the Soviet Union which “freed up military resources for use in a new jihad in Kashmir”, and the “emergence of an indigenous uprising within the state as a result of Indian political malfeasance.”⁴⁶ Even though arguably there is no firm correlation between the emergence of Pakistan’s policy of waging sub-conventional war against India and its gradual acquisition of nuclear weapons capability, the two phenomenon

nonetheless occurred together. In the same period, India also did not undertake any conventional attack in response to Pakistan's sub-conventional war. Whether it is the knowledge of Pakistan's nuclear weapons capability since the late 1980s or instances of veiled nuclear threat by Pakistan, as claimed by scholars and analysts post-Brasstacks crisis of 1987,⁴⁷ which explains the lack of conventional military response by India remains subject to debate. However, with lack of any instances to illustrate the efficacy of conventional attacks by India in deterring Pakistan's sub-conventional war even prior to overt nuclearisation in 1998, it cannot be conclusively argued that an Indian low-scale conventional attack designed under the Cold Start doctrine would succeed in deterring Pakistan's sub-conventional war. With consideration of high costs and risks associated with such a conventional offensive, collapse of nuclear deterrence being one, the leadership in New Delhi could not possibly assess such a conventional attack a credible sub-conventional deterrent and thus decide to employ it. It is not evident that surgical strikes are then particularly disadvantageous in comparison to a low-scale and swift conventional attack by India as far as the objective of sub-conventional deterrence is concerned.

On Deterrence-Stability in South Asia

Based on the assessment of the Indian surgical strikes conducted on September 28, 2016, this paper argues that they do not directly challenge Pakistan's commitment to first use of nuclear weapons under the full-spectrum deterrence policy. In interviews conducted by this author with recently retired senior Indian Army officials who refused to be identified, a claim emerged that surgical strikes reflect that space exists for India to launch a conventional attack against Pakistan and that the latter's threat of using tactical nuclear weapons first is nothing but an attempt to "bluff".⁴⁸

This claim, however, appears to be misplaced considering that Pakistan has developed and, arguably, deployed its tactical nuclear weapons to

specifically deter contingencies where India conducts a low-scale conventional attack, as described under the Cold Start doctrine. Indian surgical strikes, on the other hand, differ strongly from the conventional attack proposed under the Cold Start doctrine. As examined in the earlier section, the scale of surgical strikes conducted in September 2016 are well below that of a conventional military attack and their nature differ strongly. The highly controlled nature of operations was further stressed by the then DGMO of the Indian Army, Lt. Gen. Ranbir Singh. Singh had noted during the press briefing that “the operations aimed at neutralizing terrorists have since ceased. We do not have plans for further continuation. I have been in touch with Pakistan Army DGMO and have informed him of our actions. It is India’s intention to maintain peace and tranquillity in the region.”⁴⁹ Media reports, claimed to be based on a briefing given by the Indian Prime Minister’s Office, also stressed that the “surgical strikes does not mean war.”⁵⁰ Although the following month of October 2016 witnessed heavy cross-border firing at the LoC, with 99 reported instances of ceasefire violations by Pakistan, this has been a phenomenon that occurs periodically for various reasons, including allegedly as a cover to attempts of border infiltration by terrorists.⁵¹

That being said, it must be stressed that while Indian surgical strikes did not directly challenge the credibility of Pakistan’s full-spectrum deterrence policy, they definitely question the scope of Pakistan’s revised nuclear weapons policy. Pakistan cannot claim to have deterred all modes of attacks by India via its policy of first use of nuclear weapons. Rawalpindi therefore will have the task of devising a response or deterrent to Indian surgical strikes as its tactical nuclear weapons will not have any relevance in so far as these strikes are concerned.

Surgical strikes conducted by the Indian Army in September 2016 perhaps did not inflict significant real damage on Pakistan, given the low scale and controlled nature of operations. They proved, however, to be an efficient tool in assuaging Indian public sentiments that is generally known to put tremendous pressure on the incumbent government in New

Delhi to respond to Pakistan's use of terrorists as proxies. These strikes also gave a credible message to the world, inadvertently hurting Pakistan's international reputation and prestige. Even on the front of inflicting real damage on Pakistan, New Delhi, in the future, could sanction strikes of similar nature but of larger scale and of greater depths into the Pakistani territories, de facto and de jure. That of course will be subject to availability of intelligence on terrorist bases and training camps across the LoC and the international border with Pakistan.

India has thus been able to devise a response that meets most, if not all, of its objectives in militarily responding to Pakistan, while avoiding any escalation of conflict which could lead to the collapse of nuclear deterrence in South Asia. Indian surgical strikes thus effectively address the concern raised by Kapur – further prodding by Pakistan could result in a military retaliation by India with dangers of use of nuclear weapons by Pakistan and even an all-out nuclear war in the subcontinent.

Narang's concern on theft and unauthorised use of nuclear weapons by non-state actors, however, remain, especially in consideration of Pakistan's deployment of tactical nuclear weapons. As Narang and Ladwig argue, statements such as that issued by the Chief of Indian Army Staff, Bipin Rawat on the existence of the Cold Start doctrine are unnecessary as they instigate Pakistan to deploy tactical nuclear weapons in ready-state with devolution of launch authorities. This only worsens the fear of their theft by non-state actors and that of nuclear terrorism.⁵² India's surgical strikes, on the other hand, render Pakistan's tactical nuclear weapons irrelevant.

CONCLUSION

In effect, deterrence-stability continues to hold at nuclear and conventional levels of conflict between India and Pakistan. While Pakistan may continue to use terrorists as state-proxies, India has now tested the option of conducting surgical strikes as a military and political response

that would not be detrimental to the aforementioned and existing deterrence-stability in South Asia. Sumit Ganguly, while arguing that deterrence-stability holds in the region, notes that India “has been grappling with an effort to forge a new military doctrine and strategy to enable it to respond to Pakistani needling while containing the possibilities of conflict escalation, especially to the nuclear level.”⁵³

Are surgical strikes the response India has been seeking? The Indian government has for the first time publicly acknowledged having sanctioned and conducted surgical strikes to destroy terror launch-pads in Pakistani (occupied) territories. It is too early to conclude whether New Delhi would establish surgical strikes as *modus operandi* to respond to Pakistan’s sub-conventional war. It remains to be seen whether India would (claim to) conduct surgical strikes after every instance of a major attack by terrorists based in Pakistan or these strikes would be conducted periodically when pressure on New Delhi to respond once again mounts. But given that these strikes meet most of India’s objectives, such as eliminating future terrorist infiltration bids, punishing Pakistan, assuaging domestic public anger, and hurting Pakistan’s international reputation—surgical strikes could possibly be the military response that New Delhi has been looking to forge over the years. While surgical strikes may not prove to be a credible tool of sub-conventional deterrence, it cannot simultaneously be concluded that a low-scale and swift conventional attack, as proposed under the Cold Start doctrine, would have that desirable effect. With negligible risks of conflict escalation to conventional and nuclear levels, surgical strikes will strengthen the existing deterrence-stability, by re-balancing the status-quo, which was previously tilted in Pakistan’s favour. 

ENDNOTES

1. Initial assessment of the implications of Indian surgical strikes on deterrence-stability with Pakistan was presented by the author at a closed-door discussion organised by the RAND Corporation and Institute for Defence Studies and Analyses. Author is grateful to the organisers of the discussion and participants for their valued feedback.
2. For text of Indian Army's press statement on surgical strikes, see "Surgical strikes: Full text of Indian Army DGMO Lt Gen Ranbir Singh's press conference," *The Indian Express*, September 29, 2016, <http://indianexpress.com/article/india/india-news-india/pakistan-infiltration-attempts-indian-army-surgical-strikes-line-of-control-jammu-and-kashmir-uri-poonch-pok-3055874/>.
3. "Uri terror attack: 17 soldiers killed, 19 injured in strike on Army camp," *The Times of India*, September 20, 2016, <http://timesofindia.indiatimes.com/india/Uri-terror-attack-Indian-Army-camp-attacked-in-Jammu-and-Kashmir-17-killed-19-injured/articleshow/54389451.cms>.
4. For more on the Cold Start doctrine, see Walter C. Ladwig III, "The Indian Army's New Limited War Doctrine," *International Security*, Vol. 32, No. 3, Winter 2007/2008, pp. 158–190.
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12. Narang explains catalytic posture as one where the regional nuclear power with ambiguous nuclear capability attempts to catalyse involvement of a third-party, usually a nuclear superpower, for military or diplomatic assistance to defend itself. Asymmetric escalation posture on the other hand is about “rapid (and asymmetric) first use of nuclear weapons against conventional attacks to deter their outbreak, operationalizing nuclear weapons as usable warfighting instruments.” For more see, Narang, “Posturing for Peace?”
 13. Narang, “Posturing for Peace?,” p. 77.
 14. For Ganguly's assessment of the crises of 1999 and 2001-02, see Ganguly, “Nuclear Stability.”
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 17. Full spectrum deterrence was officially registered in a 2013 ISPR press release following an NCA meeting. In that press release, Pakistan maintained that its full spectrum deterrence continues to be a part of its policy of credible minimum deterrence. While credible minimum deterrence remains an ambiguous phrase, thus allowing states to pursue modifications within this policy, there are some basic tenets of credible minimum deterrence that appear to be missing in the case of Pakistan's full spectrum deterrence. This is why the term 'transition' is used herewith. See “Inter Services Public Relations Press Release No. PR-133/2013-ISPR,” September 05, 2013, accessed April 01, 2017, https://www.ispr.gov.pk/front/t-press_release.asp?id=2361&print=1. The relevance of tactical nuclear weapons and the policy of full spectrum deterrence for Pakistan was reiterated by Khalid Kidwai at the 2015 Carnegie International Nuclear Policy Conference in Washington DC on March 23, 2015. Kidwai, who has been the head of Pakistani army's Strategic Plans Division from 2000 to 2013, made this announcement while serving as an advisor to Pakistan's National Command Authority. For Khalid Kidwai's speech, see “A Conversation with Gen. Khalid Kidwai,” March 23, 2015, accessed April 01, 2017, <http://carnegieendowment.org/files/03-230315carnegieKIDWAI.pdf>.
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