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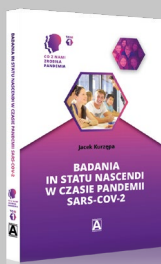
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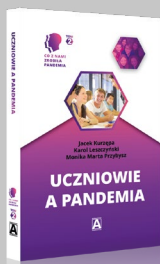
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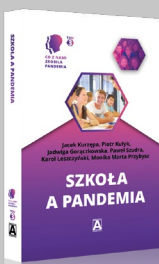
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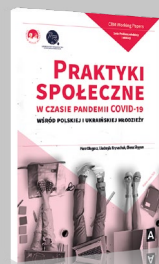
Jacek Kurzępa  
Badania  
*in statu nascendi*  
w czasie pandemii  
SARS-Cov-2



Jacek Kurzępa,  
Karol Leszczyński,  
Monika Marta Przybysz  
Uczniowie a pandemia



Jacek Kurzępa, Piotr Kułyk,  
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Szkoła a pandemia



Piotr Długosz, Liudmyła  
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Praktyki społeczne  
w czasie pandemii  
covid-19 wśród polskiej  
i ukraińskiej młodzieży

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# HEALTH SECURITY – POLICY – COMMUNICATION



# HEALTH SECURITY – POLICY – COMMUNICATION

Edited by

Justyna Kięczkowska

Liliana Węgrzyn-Odzioba

Aneta Wójciszyn-Wasil

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ul. H. Modrzejewskiej 13, 20-810 Lublin

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# CONTENTS

Introduction . . . . .	7
<i>Tomasz Bichta</i>	
Health safety in Sub-Saharan Africa in the face of the COVID-19 pandemic . . . . .	11
<i>Liliia Hrytsai</i>	
The global impact of Coronavirus (COVID-19) outbreak on the Environmental Sustainability . . . . .	33
<i>Justyna Kięczkowska, Liliana Węgrzyn-Odzioba</i>	
The response of the Visegrad Group countries to the Sars-CoV-2 outbreak: the institutional dimension . . . . .	51
<i>Kinga Smoleń</i>	
The impact of the COVID-19 pandemic in Syria . . . . .	77
<i>Joanna Sosnowska</i>	
Pandemic image of a world threatened by a virus in a film message . . . . .	111
<i>Aneta Wójciszyn-Wasil</i>	
Work of a paramedic during the pandemic COVID-19 in Polish Radio reports . . . . .	129





# INTRODUCTION

Health security is one of the most important issues in public discourse. These issues appear in various areas within individuals, societies, states and institutions in the national and international dimension. Lublin academic community took the initiative to initiate a discussion between representatives of different scientific disciplines, i.e. political sciences; international relations; law; sciences (including IT science); security sciences, social communication and media, medical and natural sciences, who focus their research on various elements constituting this issue. Therefore, the Department of International Security of the Institute of Political Science and Administration of Maria Curie-Skłodowska University (UMCS), the Department of International Relations of the Institute of Political Science and Administration of Maria Curie-Skłodowska University (UMCS), the Department of Visual Communication and New Media of the Institute of Journalism and Management of the Catholic University of Lublin (KUL), the 16th Commission on Political Science and International Relations of the Branch of the Polish Academy of Sciences in Lublin and the International Research Foundation met again to cooperate in order to organize the 2nd All-Polish Scientific Conference Health Security – Politics, Medicine, Communication. As a cyclical event, the 2nd National Scientific Conference “Health Security – Policy, Medicine, Communication” is a platform for exchange of information and experience related to challenges for health security in Poland, Europe and the world, providing the integration of practitioners and specialists in politics, medicine and communication. The purpose of the Second Conference was a broad discussion on current events related to the SARS-CoV-2 pandemic and its impact on the health security of the country and, above all, the

citizens themselves. The organizers proposed discussion in the following thematic areas:

- Actions of states and international organizations in the face of the SARS-CoV-2 pandemic
- Medicine during the SARS-CoV-2 pandemic
- Communication and media during the SARS-CoV-2 pandemic.

The selection of the thematic scope resulted from the identification of the key role of state and international entities in the fight against the COVID-19 pandemic, changes in the area of functioning health care systems that directly affected the level of health services in the state, and the role of communication and media during the pandemic, which proved to be a real force used to build new mechanisms of behavior and relations in the society in the face of the pandemic. The conference featured three panels that addressed the following research questions and issues in turn:

I – Panel on political and legal solutions during the pandemic;  
II – Panel on challenges and problems of modern medicine facing the pandemic;  
III – Panel on the role of media and communication during the pandemic;

The conference is a continuation of the initiative taken by Lublin universities in 2018 aimed at showing interdisciplinary research and approaches to one of the most important issues of the modern world, which is health security in both national and international dimensions. In its new iteration, the conference focused on three areas, such as politics, medicine and communication, which are crucial for health security. The cooperation, in the organization of this scientific event, between the universities of Maria Curie-Skłodowska University (UMCS), the Catholic University of Lublin (KUL), and the Foundation for International Studies, representing various fields and research tools, made it possible to show integrated and multidimensional actions for ensuring health security. It was also an example of a new mechanism of action for universities in Lublin to cooperate with other entities in order to exchange experience and information.

Conference II Health Security – Policy, Medicine, Communication is an innovative initiative, which provides a space for discussion of increasing importance for the academic community

and the entities responsible for the national security system of countries. The post-conference publication, which presents the results of the research and the observations of the speakers, will also contribute to the dissemination of this form of scientific cooperation as well as research conclusions.

The article by Kinga Smoleń “The impact of the COVID-19 pandemic in Syria” focuses on the extremely difficult topic of the overlapping humanitarian catastrophe associated with the conflict and international sanctions on a completely unprepared society and state structures to cope with the catastrophic pandemic situation. The author concludes that further destabilization increases both migration from Syria, economic decline, but also terrorist threats and without international support the country will not cope with the existing problems.

Tomasz Bichta in his article “Health safety in Sub-Saharan Africa in the face of the COVID-19 pandemic” analyzes the causes and consequences of the pandemic in dysfunctional states. He emphasizes the generally low level of medical services and, above all, difficult access to the medical market for the majority of the region’s population. He also discusses the need to strengthen international cooperation and support countries in crisis in order to prevent humanitarian disasters.

The article “The global impact of Coronavirus (Covid-19) outbreak on the Environmental Sustainability” by Liliia Hrytsai refers to the current topic of self-sustainable development in the context of pandemics. The author notes that in addition to the undoubtedly multidimensional negative effects of the pandemic, positive effects can also be observed in the context of sustainable development in the form of noise reduction or air and water pollution caused by reduced activity of societies, halting of traffic and international exchange.

Justyna Kieżkowska and Liliana Węgrzyn-Odzioba are the authors of the article “The response of the Visegrad Group countries to the SARS-CoV-2 outbreak: the institutional dimension”. The aim of their work is to highlight the reactions of state institutions to the situation, both in the context of actions taken to fight the pandemic and the political changes, including changes in the system, carried out in this challenging situation. The main subjects of the analysis were the central offices: presidents, prime

ministers, governments with particular emphasis on ministries of health and parliaments and their reactions to the pandemic, paying attention to the restrictiveness of the undertaken solutions.

An important dimension of contemporary health security is social communication, and especially – media messages. This was clearly demonstrated by the COVID-19 pandemic, during which the media became the main source of information, space for discussion, and the tool to shape the public opinion. In the context of health security, it is crucial to know the media mechanisms of content generation and audience engagement. Therefore, the content of this volume is complemented by two articles on visual and audio media.

Joanna Sosnowska describes the schemes of pandemic image of the world used by the authors of films and TV series. Referring to the genre conventions, she analyses the film image of the threat of pandemic, fear of the unknown, struggle for family safety or attempts to find effective medical solutions. Pandemic cinema – as the cited studies suggest – reflects social fears of biotechnological progress in the age of globalization and consumerism and becomes a voice in the discussion on the sociology of behavior in the situation of a common health threat.

In turn, Aneta Wójciszyn-Wasil reconstructs the media coverage of paramedics recorded in Polish radio reports from the period of the SARS-Cov-2 pandemic. This group of health care workers is the first to come into direct contact with patients and is responsible for human life. The analyzed document shows the specificity of the work of paramedics during the pandemic, including problems with providing adequate protective measures or work overload. The author also points out the social reactions faced by paramedics, who experience both social support and discrimination, aggression or ostracism. The formula of the radio documentary, allowing the audience to give voice to the protagonists and get to know their point of view, emotions and experiences, which allows the listeners to revise their previous beliefs. The universality and attractiveness of media messages is an important factor in influencing public awareness, decisions and behavior.

This volume, in the opinion of the editors, is an invitation to further multifaceted discussion on the issue of health security and promotion of the idea of interdisciplinary cooperation in this area.

**Tomasz Bichta, Ph.D.**

Department of Political Systems and Human Rights  
Institute of Political Sciences and Administration  
Maria Curie-Skłodowska University  
mail: tomasz.bichta@mail.umcs.pl  
ORCID: 0000-0001-6441-7196

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# HEALTH SAFETY IN SUB-SAHARAN AFRICA IN THE FACE OF THE COVID-19 PANDEMIC

**Abstract:** The African continent, particularly the countries in the Sub-Saharan region, are viewed by the inhabitants of other parts of the world as the poorest and least developed with numerous problems. Health security is practically non-existent there and the scale of other problems only exacerbates this deficiency. One might have thought that in the time of the COVID-19 pandemic, Sub-Saharan Africa would be the most affected. However, it turns out that it is just the opposite. Media reports indicate low numbers affected by the virus. This article is an attempt to answer the question of whether it is really the case that some of the poorest countries in the world, often in the state of permanent crisis, are able to cope well with the epidemic. The author also describes the dysfunctionality of African states and tries to find solutions to prevent further decay of state structures.

**Keywords:** Sub-Saharan Africa, health security, humanitarian aid, COVID-19, dysfunctional states.

## INTRODUCTION

At the threshold of the 21st century, a new concept – health security, appeared in the world. In May 2001, the concept was included in the report of the World Health Organization entitled *Global Health Security: Epidemic Alert and Response* (Report

WHO, n.d.). The warnings that appeared in the report concerned the phenomena related to globalization, which may be perceived as a threat to global health security. Currently, human health security is one of the most current topics in public discourse, and is still increasing in importance. Confirmation of its considerable significance can be provided, above all, by the fact that the main guarantor of the development of the world, continent, country, region or, ultimately, a single individual, is human health. It is the duty of every state, as a member of the international community, to ensure effective protection of people, especially their existential rights, including the right to health. In the physical, mental, social and spiritual dimensions, health is the foundation of the possibility of realizing other values through individual and social means.

Providing security, although it is one of the most fundamental human needs, in today's dynamic world, is not the easiest thing to do. It is now a multi-dimensional concept that must be considered in conjunction with many aspects of both the modern world and security itself. To guarantee security is the priority for states today, because living in fear does not actually bring anything positive and can have many negative consequences. Both individuals and the state can be impacted negatively in such a situation. The difficulty of satisfying the need for security, in turn, lies precisely in its multidimensionality. Security nowadays cannot be perceived as only border protection (although this issue should be considered very seriously nowadays) or, for example, ensuring social security. The current understanding of security is extremely multi-layered and is dealing with new threats in a situation that is constantly evolving. The COVID-19 pandemic proves how difficult it is to be prepared to deal with unforeseen phenomena. The global nature of this threat and its dramatic consequences are particularly overwhelming. It would seem that, given the scale of the pandemic, the poorest countries should be particularly affected, and the least prepared to protect against it. However, it turns out that this is not the case at all. The reports from the most neglected areas of the world are not as dramatic as, for example, those from the highly developed and stable European countries. Are we dealing with some incredible paradox, or are such reports merely falsifying reality?

## HEALTH SECURITY IN THE COUNTRIES OF SUB-SAHARAN AFRICA

The African continent has long been seen through the prism of the problems that afflict it. Extreme poverty, hunger, epidemics, poor health services, refugee problems, civil wars, overcrowded cities, short life expectancy and a lack of awareness of these phenomena are just some of the problems the inhabitants of the African continent face. The image of the Black Continent has been perpetuated for a long time outside the borders of Africa itself, and this is due both to the real state of affairs and to a particular kind of propaganda that we have been dealing with for many years in Europe and America. However, the problems in question are problems that most African countries have been unable to deal with since their inception. This is a very complex situation which cannot be reduced solely to poverty or lack of awareness. First of all, it should be noted that the above-mentioned problems are not the only ones in African countries. In fact, with a few exceptions, such as Botswana<sup>1</sup>, Sub-Saharan Africa is one big problem at every level of state functioning. What are the causes of this? This is a long-standing topic, but several of the causes should be mentioned, which, in my opinion, also have a particular impact on the state of the current health care system in individual countries.

- Firstly, we should look back to the period of colonialism and consider two aspects: all the harm that colonialism and its final stage inflicted on Africa, for example, the thoughtless drawing of the borders of individual states, and also the fact that the colonialists did not leave models of a functioning health service, or the basics of organising a state in general to their formerly subordinate territories.

In many cases, the structures developed by colonial states survived to some extent, but due to the lack of knowledge and

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<sup>1</sup> Botswana is one of the few countries in Sub-Saharan Africa where the introduction of democratic principles of the functioning of the state has had a positive effect and this situation continues in a way that is practically undisturbed to this day. See further: Bichta, 2012; Acemoglu *et al.*, 2021.

skills of the African population to use this small heritage, they ceased to fulfill their role<sup>2</sup>.

- Secondly, the lack of a proper system of government led to the establishment of statehood based on tribal ties. Ethnicity was what survived in Africa despite the assaults on it by colonial states. Thus, it became a natural system of organisation after independence. The political groups that arose in the wake of the protests against the colonialists were entirely tribal in nature. Ancestral ties obliged them to support their fellow tribesmen in their bid for office and, once in office, they too had a decisive influence on the filling of less important posts.
- Thirdly, tribal ties did not lead to anything positive that could be at least associated with democracy in the broadest sense; on the contrary, they contributed to the construction of patterns of power with at least an authoritarian dimension, which were quickly identified with the dysfunctionality of the state. This tendency persisted in most areas of life. The healthcare system was one of them. As M. Stańczyk-Minkiewicz (2017, p. 479–497) writes – weakness of state administration, corruption, nepotism, poverty, illiteracy, unemployment, etc., so characteristic of “dysfunctional – vulnerable” states, are the main causes of “health security” problems, and Sub-Saharan Africa has the highest number of dysfunctional states in the world. Mateusz Paplicki, on the other hand, said that health security is the result of the proper operation of government and local government administration bodies and its subordinate services in the field of life and health protection, moreover, health security is a process of continuous efforts of the state and the individual to satisfy their health needs (Paplicki, n.d.).
- Furthermore, Africa still lacks basic medical infrastructure, and hospitals which, with some exceptions, resemble hospital museums due to their age.
- There is also a shortage of doctors. Those who can study, for example, in Europe, usually decide to stay there; and those who stay in Africa have few educational prospects,

<sup>2</sup> More on the legacy of colonialism: Kłosowicz, 2017, p. 124–160.



because the standard of education is poor as a result of the wider problems.

- The average life expectancy in Sub-Saharan African countries is 50 to 60 years. However, there are tribes where this average is around 30 years.
- Finally, democratisation, and consequently the construction of modern state structures in Sub-Saharan African countries, is currently taking place at different paces, and we are still dealing with situations where certain world powers offer enormous amounts of aid without a requirement for democratisation. This results in the corrupt use of aid money and is an impediment to the development of health security in the broad sense.

The health security of citizens depends both on the full availability and efficient functioning of medical services – especially on the existence of efficient public health services. In a situation where in most African countries there is a lack of the above services, it should be considered that there is no guarantee that the security needs, including in the health dimension, will be met.

## DYSFUNCTION OF AFRICAN COUNTRIES AS THE MAIN CAUSE OF THE LOW LEVEL OF SECURITY

The concept of security basically refers to the effectiveness of the actions of informal and formal institutions (including states and their administrations, enterprises and civil society organizations) which should deliver it. To a large extent, citizens' sense of health security is determined by the availability of medical services, but it is not a sufficient factor to genuinely ensure this security – many actions of the state are still needed, the aims of which are to create conditions for ensuring health for all citizens. This is achieved by creating organizational and legal conditions for an efficiently functioning health service. Thus, it is the state, its condition and the way it functions that are integral to enabling effective health security action. The weakness of states, whether institutional or otherwise, will in turn cause problems in this respect. According to M. Stańczyk-Minkiewicz (2014, p. 215–385) the level of security in Sub-Saharan African

countries is influenced by political, economic, social, cultural, demographic and environmental factors.

The political transformation in African countries is still an ongoing process and, to tell the truth, achieving sustainable democratic standards is very difficult. Only a few countries are considered to be incomplete democracies<sup>3</sup>. Whereas in the others, the mode of governance tends to be authoritarian. Sub-Saharan Africa is also the region where military interference in politics has taken place most frequently in the world. A pathology of power is evident at all levels of governance and political elites are often above the law. The main characteristic of this region of the world is that the same elites remain in power for a relatively long time, which is often the result of a lack of fixed terms of office. Even if free elections are held, they deal with at most the composition of parliament and very often they are openly rigged. Most often, election lists are drawn up in agreement with the incumbent ruler, who indicates preferred and trusted candidates. The ruler is irrevocable and holds office for life. The political situation in this part of the world can, in short, be described as unstable. However, not in the European sense, where political instability means a problem with forming a parliamentary majority. Instability in this case even means the existence of armed guerrilla or terrorist groups that often aspire to seize power.

Healthcare structures are few and they are usually in the center, away from peripheral areas that are the poorest and most in need of help. Humanitarian aid falls into the wrong hands and becomes the subject of trade. Such cases are frequent and widespread. Unless the state structures function properly based on democracy, not only in the political dimension, Africa will have to deal with many abuses. It should be stated that the internal situation in African countries also influences the political determinants. Many of them are riven by civil wars or struggle with the aforementioned problem of domestic terrorism (Stańczyk-Minkiewicz, 2017, p. 51–53). In addition, there are

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<sup>3</sup> RPA, Namibia, Lesoto, Ghana, Senegal, Tunezja i Botswana according to Democracy Index these are incomplete democracies. No African country is considered a full democracy. See: Democracy Index 2016, n.d..

economic problems: extreme poverty, hunger, lack of resources to feed and support the family, access to education, health care, property rights to land providing food and work, earning opportunities (see further: Gulbicka, 2013, p. 38–39). The consequence of the disastrous hygienic conditions is a high percentage of deaths and a susceptibility to the spreading epidemics. Diseases almost non-existent and forgotten in other parts of the world are still spreading in Africa. In addition, most countries struggle with the illiteracy of citizens, and lack of opportunities for education, development or employment. Huge disparities in the quality of life of small elites and the rest of citizens, ethnic disputes or the problem of refugees (Płusa, n.d.) only exacerbate the situation and often lead to internal conflicts. What is more, Africa's harsh climate is also not a positive element in the problems mentioned.

The situation described above is dramatic and will change for the better very slowly. International organisations or world powers, which focus solely on Africa as the political and economic centre of the world, do not help. Their usually unconditional assistance to individual countries is linked solely to their need for raw materials in their own economy. The huge financial resources transferred in exchange for the right to exploit the raw materials often end up in the hands of narrow political elites, strengthening the status quo of African politics. The development of infrastructure, which is slowly progressing, keeps on coming up against huge financial disproportions and with the problems described earlier.

A relatively new element of domestic politics in many African countries are mass protest movements, the intensification of which grew after 2011 and the so-called Arab Spring. Some protests have already taken place against increases in food prices (Niger, Chad and Guinea). South Africa, Botswana and Zimbabwe have experienced numerous strikes by public sector workers over inadequate wages. There are also protests by students (South Africa – against raising university fees), celebrities and musicians (Congo, Gabon, Burkina Faso, Togo – against the same elites staying in power for too long), and there have also been protests by ordinary people against electricity shortages (Senegal) that turned into demonstrations against lifting the

two-term presidential limit. Perhaps such grassroots movements will somewhat accelerate change in Sub-Saharan African countries, resulting in improved quality of life and security in the region.

## HUMANITARIAN AID FOR AFRICAN COUNTRIES

“Never before have there been so many institutions providing aid. A caravan of humanitarian organisations, with pop stars, actors, politicians and journalists, glides across the planet, moving from crisis area to crisis area, from overcrowded refugee camps, along food distribution points in famine-stricken areas, to bombed-out villages and orphanages for war orphans” (Polan, 2011, p. 304).

The ironic wording of the above quotation indicates that aid itself has become one of the problems of modern countries, not only in Africa, and due to the malfunctioning of state institutions, the lack of structures and appropriate mechanisms, the aid usually ends up in the wrong hands. The aid activities are in no way co-ordinated as a whole. What is more, they are often ill-considered and even useless. Time and again, we have seen spectacular media actions that seemed to have a clear, unambiguously positive message. Whether it was music stars coming together for charity, large fund-raisers for specific causes or humanitarian organisations developing their own programmes to help African countries, it was unfortunately very often without any knowledge of the realities on the ground. Alongside local beliefs and customs, and also as a result of corruption, these were not relevant to Africa’s needs. It is enough to mention the worldwide campaign Live Aid, USA for Africa, the programmes to build deep water wells in Sub-Saharan countries or the fact that convoys of medical aid ended up in the hands of the local warlords who, after commandeering them, sold the medicines to the needy. It’s not, of course, the full picture of the aid for Africa and it is true that many aid efforts were thorough but only dealt with the problem in a superficial way as part of the overall programme. The lack of institutions and adequately funded efforts results in the fact that people still die unnecessarily in Africa.

We usually associate humanitarian aid with something simple, which involves, for example, giving money to a cause. We rarely think about what happens to our money afterwards. Unfortunately the reality is shocking. Large aid organisations are expensive to run because of their extensive administration and the costs of providing aid to those in need, i.e. operating costs. On more than one occasion, properly collected aid has failed to reach its intended recipients due to a lack of people willing to deliver it. Humanitarian organisations use part of the funds they collect for their own operations and needs. This in turn raises controversy among donors who see unnecessary abuse everywhere.

It seems that the ultimate goal of humanitarian aid should be development, or at least creating such conditions for those in need to develop independently. For this to happen, cooperation is needed not only between humanitarian organisations but also, and perhaps above all, between them and the relevant state government agencies responsible for guaranteeing each individual's right to development. It is the human being that should be the subject of aid. There is little awareness of this kind in contemporary Africa. With the multitude of problems affecting the continent, this kind of analysis is merely theoretical and not practical.

How can we help Africa? Certainly, aid activities should be of a different nature than before. They can't be just firefighting and one-off actions aimed at dealing with a specific case or counteracting specific problems. Aid efforts should be comprehensive and work progressively on all neglected areas in Africa. In addition to comprehensiveness, the co-ordination of activities appears to be a particularly desirable action in order to ensure that they are structured and properly targetted. Ideas of this type of action have already been emerging around the world. The approach of many organizations is, that the efforts taken now should foresee and deal with the problems that may arise in future in Africa. "Africa in 2100 will be overpopulated and dramatically poor. In regions affected by climate change, wars over agricultural land and access to water will result in further waves of refugees. Hundreds of millions of young people will not be able to find employment, and they will seek opportuni-

ties hoping to improve their lives by migrating to giant cities such as Lagos, Khartoum or Nairobi, or further towards Europe or the Middle East. However, their low level of education will make it extremely difficult for them to find employment in highly developed economies outside their continent” (Wilk, 2018, p. 4–7; see also: World Population Prospects..., n.d.). In view of the dramatic forecasts of the future situation expressed in the above quotation, some countries or international bodies are developing comprehensive measures to prevent the effects that would soon affect Africa. It is understandable because the future of this continent should be viewed in relation to the fate of other continents, including Europe (Wilk, 2018, p. 4; Ellis, 2007, p. 151–164). In 2017, the German Ministry of Economic Cooperation and Development prepared a document entitled “Africa and Europe – A New Partnership for Development, Peace and a Better Future: Cornerstones of a Marshall Plan for Africa” (A Marshall Plan with Africa, n.d.). This modern Marshall Plan for Africa is to be based on three main pillars:

1. Economic activity, trade and employment
2. Peace, security and stability
3. Democracy, rule of law and human rights.

In addition, several additional areas of action have been considered:

- a) food and agriculture,
- b) protection of natural resources,
- c) energy, infrastructure and
- d) health, education and social protection.

The German proposal has attracted a lot of interest from European countries, but so far they are not declaring their participation in such activities. It should be noted, however, that in the context of helping African countries, initiatives of this kind are undoubtedly a step in the right direction. Tackling problems as large as those in Sub-Saharan Africa requires concerted and far-reaching action that must be taken early enough to try to prevent the dramatic effects of overpopulation, poverty and climate change on the continent. In addition, in order to better understand the political, social and economic processes taking place in African countries, the European Union and its Member States should significantly increase funding for the activities of

embassies or programmes run by non-governmental organisations and expert institutions, including think tanks. It is high time to look at the problems of modern states in a global way, which seems to be the most effective way to prevent their largely common effects. These issues are to be taken into account in the new strategy of cooperation between the European Union and African countries. The European Parliament's Think Tank report of 11 February 2021 – A new EU-Africa Strategy – A partnership for sustainable and inclusive development (Raport Think Tanku..., n.d.) – announces that the European Commission and the High Representative of the Union for Foreign Affairs and Security Policy will develop a comprehensive Africa strategy to strengthen economic relations, create jobs on both continents and deepen partnerships. On March 9, 2020, the Commission and the High Representative issued a joint communiqué to the European Parliament and the Council of the European Union entitled "Towards a comprehensive cooperation strategy with Africa". This document is based on key international, African and EU documents and policies that take into account the interests of both entities, including UN Sustainable Development Goals<sup>4</sup>, Agenda 2063 (Agenda 2063..., n.d.), global UE strategy, European Consensus on Development<sup>5</sup> and the joint Africa-UE strategy from 2007 (Przybylska-Maszner, n.d.). It proposes five thematic areas: a partnership for green transformation and energy access, a partnership for digital transformation, a partnership for sustainable growth and jobs, promoting investment through innovative financing and enhancing opportunities for knowledge and skills, protecting and improving social rights, and eliminating child labour. Other issues include the Partnership for Peace, and the Partnership on Migration and Mobility. Closer cooperation in key areas e.g. security, agriculture and health, has been issued in order to foresee and deal with the future health crises. The paper states that future relations with

<sup>4</sup> See: Polish web platform of United Nations Organization presenting sustainable development goals, <https://www.un.org.pl> (22-02-2021).

<sup>5</sup> See: The website of European Parliament presenting European Consensus on Development, <https://www.europarl.europa.eu/legislative-train/theme-europe-as-a-stronger-global-actor/file-new-european-consensus-on-development> (22-02-2021).

African countries should move away from the donor-recipient dynamic and provide African countries with the means to achieve sustainable development, including through fair and ethical trade. According to the report, the partnership should give priority to human rights, including health and reproductive rights. The report identifies the need to adapt the partnership to the effects of the coronavirus pandemic, which could worsen inequality, poverty and food insecurity in Africa. A similar approach was shared by the European Parliament's Committee on Development, which supported the idea of a comprehensive strategy for cooperation with Africa, provided that the strategy included a specified plan, an analysis of possible negative and positive results and effective tools for monitoring and coordinating the aid.

As written by Lee Feinstein (2007, p. 112), it is high time that the authorities of the most important international organizations began to build a bridge over the gap between declarations and actions taken in the context of Africa. It is also necessary to take responsibility for the fate of this continent in order to avoid dramatic situations and their impact on the rest of the world in the long run, despite the undoubted difficulties.

## COVID-19 OUTBREAK IN SUB-SAHARAN AFRICAN COUNTRIES

The COVID-19 epidemic has dominated the life and functioning of almost the entire world for the last several months. The situation on the African continent aroused great interest among observers of the pandemic. So far, this continent has been associated with numerous epidemics and health problems, and in the case of the current pandemic, the situation seems to be slightly different. Moreover, the fact that many African countries have close economic ties with China and other Asian countries has almost condemned them in the eyes of the public to a disgraceful defeat in the fight against the pandemic. It was to be expected that the SARS-CoV-2 coronavirus would be a huge problem for Africa. Since the outbreak, the media have bombarded us with information claiming that Africa was hardly affected by the virus after all. Is it really so? It seems that this



issue cannot be simply settled, there are too many unknowns, and a lot of so-called fake news.

On the one hand, there are indeed some arguments in favour of the virus being less present in African countries. These are the following:

- If, as experts report, there is any relationship between the age of infected people and their susceptibility to the virus, it must be admitted that African societies are younger and therefore more resistant to disease.
- Most African countries very quickly introduced restrictions due to the emergence of the virus. Some of them, such as Lesotho, reacted before the first cases of the disease appeared there.
- High awareness of citizens, reaching 80 per cent, regarding compliance with the introduced restrictions<sup>6</sup>.
- Despite its disastrous healthcare infrastructure, Africa was more prepared for the pandemic than any other continent. The proof of this is the rapid response that has been mentioned, but above all it is the experience acquired by the services of African countries in combating epidemics that have repeatedly appeared in various parts of the continent.
- Another point can be treated more like wishful thinking rather than scientifically proven fact, as it concerns the dependence of virus development on higher temperatures. We remember such announcements before last summer, and we already knew that there was hardly any connection. If there was, then of course there would be reasons for looking for a safer zone in Africa than others. It should be noted, however, that the correlation between the spread of the virus and the temperature and humidity of the air has been studied by scientists and shows some dependencies<sup>7</sup>.

<sup>6</sup> See the table: Adherence to COVID-19 measures in: Coronavirus in Africa..., 2020.

<sup>7</sup> Scientists from the University of Maryland in the US, led by Mohammad Sajadi, discovered these dependencies after researching 50 countries around the world. The virus spread faster at lower temperatures and lower air humidity. See: Coronavirus in Africa...,2020; Why Africa's..., 2020.

On the other hand, we have one irrefutable argument that places COVID-19 in an admittedly somewhat mysterious sphere of operation, but one that is unrelated to the supposed successes of African countries in combating the pandemic. This epidemic is just the same as other health problems in the past, and will not be fixed because of a lack of systemic, technical, financial, etc. solutions. Of course, there is also no reliable information on this subject. It is not known exactly how many tests are bought, how many are carried out and with what result. It is well known that the elite in each country take care of themselves in this respect, and it is well known that the rest of the population simply cannot afford it. When we add to this the so-called co-morbidities, of which there are certainly many among the inhabitants of African countries, it further muddies the pandemic picture. That is why it can be stated that estimates blur with reality. And the vast majority of the poor population of Africa, who have been struggling with many deadly diseases for years, is far from contagious psychosis like Covid.

The problem, then, is that statistics on the course of the epidemic in African countries are incomplete. It is not known to what extent the outbreak has affected individual countries, how many people have actually died from the infection or what the statistics are per 100,000 inhabitants. There are very few tests for COVID-19 in developing countries, and no deaths are reported by authorities. In Africa, 3,111,360 cases of SARS-CoV-2 coronavirus infection and 114,585 deaths due to COVID-19 have been reported so far<sup>8</sup>. Considering the health security situation on the continent, this data has been greatly underestimated. With this lack of information, however, it seems worth keeping an eye on Africa. Africa is the continent that has the most experience of the past when it comes to fighting the Ebola epidemic or the famine. It is possible that some solutions adopted in African countries may be helpful in other parts of the world (What can we learn..., n.d.).

However, in African countries, as in the rest of the world, the effects of the pandemic are already visible. A significant slow-

<sup>8</sup> Data on 09-04-2021, <https://reliefweb.int/topics/covid-19-sub-saharan-africa> (09-04-2021).

down in the economy can be particularly painful and long-lasting. A global collapse in the market for goods and services, trade barriers or even the closing of borders to tourist traffic will have very serious consequences for the economies of individual countries. COVID-19 has furthermore highlighted several social problems. Due to interruptions in education, around one million female students in Sub-Saharan African countries will not return to school. Previously, arranged marriages or assaults on girls which resulted in pregnancies made their return to school impossible. This and the school closures caused by the pandemic will undoubtedly widen the already very obvious gap in inequality between children from rich and poor families. Comorbidities, lack of vaccines and fundamental problems in most countries complete the picture of disaster (Schwikowski, 2021).

## FAKE NEWS VS REALITY

It should be noted that the COVID-19 epidemic has led to internal friction in African countries. Fake news, gossip and disinformation have been spread since the outbreak of the epidemic and are becoming more widely believed, very often in unexpected groups. This has grown to such an extent that it has already acquired its own name – infodemic around COVID-19 (pandemic disinformation). What causes its acceptance is illiteracy among the inhabitants of Sub-Saharan Africa. Many of them only get information through pictures from the pages of the popular newspapers or, more interestingly, from murals that are mass-produced in cities<sup>9</sup> (Kenya..., n.d.; Senegal's Graffiti Artists..., n.d.). The very process is not entirely new either on the African continent or relating to epidemic. In 2018, for example, fake news about the fight against the Ebola epidemic circulated in the Democratic Republic of Congo. The country's politicians even claimed that Ebola was produced to “wipe out part of the population” (Pandemiczna dezinformacja..., 2020).

<sup>9</sup> Also: United Nations website, FROM THE FIELD: Painting the post-pandemic world in Senegal, <https://news.un.org/en/story/2020/06/1066802> (08-04-2021).

Some of the most interesting current examples of pandemic disinformation include:

- In South Sudan and Nigeria, the wearing of ‘virus elimination cards’ – pin-on labels containing disinfectants that supposedly ‘catch’ viruses, including COVID-19, from the air – is widespread. And although it sounds absurd, the matter is serious because such cards were worn during official meetings by leading South Sudanese politicians – Defense Minister Angelina Teny or Vice President Riek Machar – photographed with the card on May 15, 2020, during a meeting with the US ambassador. Scientists agree that such cards are not only ineffective at fighting COVID-19, but also potentially dangerous to respiratory health because of the chemical compounds they contain.
- In South Africa, a political party has asked President Cyril Ramaphosa to tackle false conspiracy theories, including the rather complicated one that the president is plotting with Bill Gates to introduce a SARS-CoV-2 vaccine pilot program in Africa.
- In Kenya, Nairobi Governor Mike Sonko included bottles of cognac in food parcels for the poor. In doing so, he cited false research, purportedly from the World Health Organisation, that alcohol would protect against COVID-19.
- In Tanzania, it was maintained for a long time that COVID-19 cases were at an unchanged level. This was surprising because at the same time Tanzania’s neighbour, the much smaller Kenya, reported a very large increase in coronavirus infections. It was found that Tanzania stopped sending COVID-19 data to the World Health Organization. Moreover, the local president John Magufuli announced that the country would be coronavirus-free, which was confirmed by the country’s prime minister. The campaign was so well prepared that fake articles appeared in the Tanzanian media highlighting the World Bank’s alleged praise for Tanzania’s response to the pandemic.

Individual countries in Sub-Saharan Africa are trying to fight disinformation. Nigeria has a restrictive law in place since November 2019 that bans the use of social media to spread false or malicious information. Other governments in Africa are

also introducing countermeasures. Kenyans, for example, face two years in prison and a fine of 50,000 shillings for spreading false information. In South Africa, the media reported on the arrests of residents spreading fake news that the virus had been deliberately spread by foreigners. However, the fight against disinformation is based on unequal rules. For it is difficult to stop the dizzying flow of information that either explains the whole situation or finds the cure for all evil (COVID-19 in Africa..., n.d.).

## SUMMARY

Analysing the whole series of problems on the continent, it is, unfortunately, much easier to enumerate the negatives concerning the inefficiency of state systems in the aspect of ensuring health security than to look for the positives and manifestations of the realisation of this security. It is not difficult to see that the problem is multifaceted and that the causes of this state of affairs can be found in virtually all spheres of the (non) functioning of African states. The main problem is the need to change the way Africa is perceived, starting from the leaders of states and the ruling elites who are currently focused on their own particular interests, by citizens who exist on the basis of the current state, with no desire to do anything for the general good, and ending with the subjects of the international scene who equate today's Africa with the continent of the possibility of quick profit with a disproportionately small "own contribution". Only this kind of transformation in thinking can, in the long term, result in a gradual increase in the quality of life of the continent's population, thereby improving it in terms of human health security.

In a global context, Sub-Saharan Africa remains the place with the worst access to health care and the shortest life expectancy (about 56 years). At the same time, the situation there is steadily improving, although, as the African Development Bank warns, the health sector in the region is extremely dependent on foreign donors. In the case of the announcement of hunger in South Sudan by the United Nations and the international

response to the Ebola epidemic in West Africa, it should be remembered that international aid came too late, did not reach the most needy and was poorly coordinated, and local communities did not have confidence in the authorities, which was a particular difficulty in the fight against Ebola (the inability to identify the so-called patient zero and the network of contacts established by him since the infection). It is worth recalling at this point, however, that in Uganda outbreaks of this disease are also discovered every 2–3 years and the Ugandan administration is coping relatively well with limiting their negative effects. This brings us back to the issue of the stability and effectiveness of institutions on the African continent. Reports from Africa should therefore be set against the steadily improving statistics on the health of Africans. Despite this still dark picture of health security, the HIV / AIDS epidemic has not only been stopped, but there has been a significant decline in the number of infections across the African continent. Since the 1990s, there has also been a significant reduction in maternal mortality (by around 40%), infant mortality and mortality in children under five. Since the 1990s, perinatal mortality has also been significantly reduced (by around 40%), infant mortality and mortality in children under five years of age.

Is Africa the weakest link in the global fight against the SARS-CoV-2 coronavirus? In terms of medical infrastructure and resources, it is. However, the experience gained with the Ebola haemorrhagic fever epidemics of 2014 and 2018–2020 is undeniable asset that is being used today by, for example, DR Congo, Nigeria, Sierra Leone, Liberia and Guinea. These countries used social distancing, taught changes in daily habits and improved procedures to identify the contacts of the infected. Nigerian and Congolese Ebola scientists are leading the effort against coronavirus in their countries today. As it turns out, these countries were better prepared for epidemiological threats than even the financially stable world powers. However, the capabilities of Africans should not be overestimated. There are still many issues that must be improved to meet the need for health security among citizens. However, it must be remembered that the scale of the current pandemic is difficult to estimate due to a lack of data. It seems that the effects, and not only

the direct ones, will show how much the African continent has been affected by the coronavirus.

The current crisis shows how the development of medical care and health insurance systems remains an urgent challenge in Africa. It is important that national leaders learn from the current pandemic and the ongoing crisis and start improving the health system on this continent. In most African countries, it is inefficient and people do not have access to even basic medical treatment. It is still a huge challenge to conduct an effective vaccination campaign on this continent, while the poorest are deprived of vaccines. However, the many reasons for this will not disappear by themselves. Comprehensive action is therefore needed, not only to help individual African countries, but also to eliminate threats that could endanger the whole world.

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Liliia Hrytsai MA

Department of International Security  
Institute of Political Sciences and Administration  
Maria Curie-Skłodowska University  
mail: lillahrytsai@gmail.com  
ORCID: 0000-0002-3768-451X

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# THE GLOBAL IMPACT OF CORONAVIRUS (COVID-19) OUTBREAK ON THE ENVIRONMENTAL SUSTAINABILITY

**Abstract:** The Coronavirus (COVID-19) pandemic causes an enormous impact on the all three dimensions of sustainable development. Unlike the range of entirely negative effects for social and economic sustainability, the COVID-19 impact on the environmental sustainability has two sides. The main goal of this article is to evaluate the negative and positive effects of the COVID-19 outbreak on the environmental sustainability in the world. This study i.a. concentrates on the increase of healthcare and food waste as a negative effect, and the reduction of air, noise and water pollution as a positive impact of COVID-19.

**Keywords:** COVID-19, pandemic, sustainable development, environmental sustainability.

## INTRODUCTION

The first case of the Coronavirus (COVID-19) disease was noted at the end of December 2019 in the Chinese city of Wuhan, mainly at the Huanan seafood market. When the spread of dangerous virus had gotten out of control, the World Health Organization (WHO) on the 13 March 2020 declared

it as a global public health emergency (Cheval *et al.*, 2020, p. 1). The transmission of COVID-19 disease occurs mainly through human-to-human via direct interaction or droplets produced during talking, coughing and sneezing. The symptoms of Coronavirus include the following: fever, cough, sore throat, breathing difficulty, chills, fatigue, vomiting, diarrhea and nausea. In some cases, COVID-19 can lead to the respiratory failure, cardiac injury, acute respiratory distress syndrome and even death. Older people with other medical conditions have the highest risk of mortality (Hui *et al.*, 2020, p. 264–266). As of the 14 May 2021, the COVID-19 disease has spread among 216 states globally, with the death of 3.34 million people and 161 million confirmed cases (Bloomberg, 2021). As means of protection, national authorities and experts suggest to stay home, wear face masks and hand gloves, keep social distance, use antiseptic, and wash hands with soap. To prevent the further spread of COVID-19, the vast majority of state governments imposed the restrictions on international movement, social interactions, economic activity and so on. As of the 7 April 2020, around 3 billion people in the world have faced the lockdown restrictions in their countries (Somani *et al.*, 2020, p. 3–4).

The Coronavirus pandemic caused a huge impact on the sustainable development at the local, national and international scale. In terms of social and economic aspects, we can observe enormous economic losses, millions of deaths, unemployment, insufficiency of public health system, poverty and so on. The main goal of this study is to demonstrate another side of the COVID-19 outbreak in terms of its positive and negative impact on the environmental sustainability. The notion of environmental sustainability came from the idea of sustainable development, which is based on the *triple bottom line* concept aiming to establish a balance between social, environmental and economic dimensions without prioritizing any of them. In 1987, the UN's World Commission on Environment and Development defined sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (United Nations, 1987, p. 41). As a part of the sus-

tainable development concept, the environmental sustainability aims to improve the quality of human life without damaging the earth's supporting ecosystems. Environmental sustainability embraces various issues that directly or indirectly effect the natural environment i.e., air, water and soil quality, resource management, waste management, biodiversity and so on (Evans, 2020).

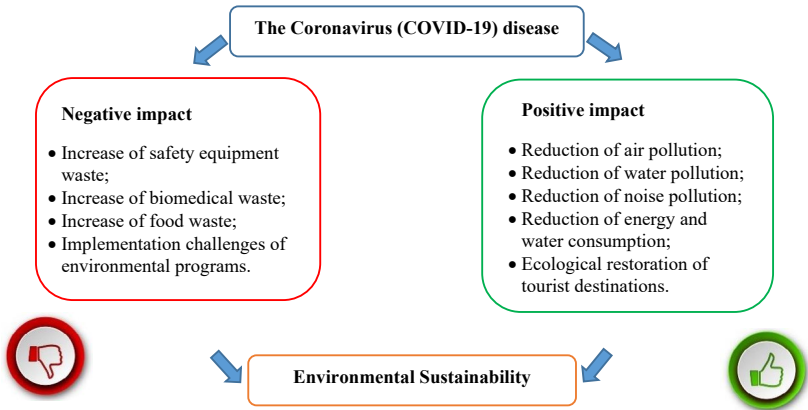
The main aim of this research is to investigate the impact of COVID-19 disease on the environmental sustainability in the world. To explore this issue, the author defines two research questions (RQs) for this paper, mainly:

**RQ1:** What kind of negative impact does the COVID-19 pandemic impose for the environmental sustainability in the world?

**RQ2:** What kind of positive impact does the COVID-19 pandemic impose for the environmental sustainability in the world?

Consequently, the current research is divided as followed: (1) Introduction; (2) Negative impact of the COVID-19 outbreak on the environmental sustainability; (3) Positive impact of the COVID-19 outbreak on the environmental sustainability; (4) Conclusion. The introductory part presents the key information regarding the Coronavirus pandemic in the world, as well as investigates the idea of sustainable development and its environmental dimension. The second part demonstrates the negative effects of COVID-19 for the environmental sustainability, mainly the increase of safety equipment waste; the increase of biomedical waste; the increase of food waste; and the challenges related to the implementation of environmental programs. In its turn, the third section encompasses the positive effects listed as followed: the reduction of air pollution; the reduction of noise pollution; the reduction of water pollution; the reduction of energy and water consumption; and the ecological restoration of tourist destinations. Illustration 1 presents the schematic explanation of the current study.

Illustration 1: Structure of the scientific article



Source: Author's own elaboration.

Methodology of this paper is based on the desk review of relevant research materials i.e., expert reports, official websites, scientific elaborations conducted by international and national authorities, governmental and non-governmental organizations, and reputable scholars. The author applies the qualitative and quantitative research methods to analyze 45 relevant research elaborations. The comparative research analysis supports the author's efforts targeted on the identification and comparison of the past, present and projected impact of the COVID-19 pandemic on the environmental sustainability in the world. Scientific literature for this paper was collected through the databases of Tailor and Francis, Science Direct, Springer, Research Gate and Google Scholar.

## NEGATIVE IMPACT OF THE COVID-19 PANDEMIC ON THE ENVIRONMENTAL SUSTAINABILITY

Aside from the global socio-economic disruption and millions of deaths, the Coronavirus pandemic caused and continues to cause a number of negative effects on the environmental sustainability in the world. This section provides facts and figures regarding the negative consequences of COVID-19 on the environmental sustainability. The author indicates four negative effects listed

as follows: increase of safety equipment waste; increase of bio-medical waste; increase of food waste; and challenges related to the implementation of environmental programs.

## INCREASE OF SAFETY EQUIPMENT WASTE

To protect people from the COVID-19 disease, state governments strongly recommend to wear face mask and hand gloves. Since the biggest part of safety equipment is disposable, it caused a huge amount of healthcare waste. The Coronavirus outbreak have led to the unprecedented number of the Personal Protective Equipment (PPE) production and consumption. For instance, since February 2020, China have been producing 14.8 million of medical masks per day that exceeds the regular amount of masks production in several times (OECD, 2020, p. 6).

Due to lack of knowledge (and probably desire), many citizens throw used face masks and hand gloves in parks, on streets and in other public spaces. The dumping of infectious waste can lead to the clogging of water ways and pollution of soil. Face masks and in other plastic equipment are sources of potentially dangerous microplastic fibers that threaten to environmental sustainability. A vast majority of medical face shields and masks, protective suits, gloves and other medical equipment are made from Tyvek and Polypropylene that persist for a long time. Moreover, during the decompositions, these fibers release toxic elements, which are harmful for both natural environment and human well-being. To prevent the risk of disease transmission to the waste management workers, both the proper waste segregation and the disposal of hazardous medical waste are actively promoted by the responsible authorities (Singh *et al.*, 2020, p. 3).

## INCREASE OF BIOMEDICAL WASTE GENERATION

After the beginning of pandemic, the medical waste production has increased globally, which created a big threat to the environmental sustainability. A lot of infectious biomedical waste is produced in hospitals from the treatment of big number of

patients, sample collection, diagnosis and disinfection purposes. For instance, in the period of COVID-19 pandemic, the city of Wuhan (China) produces more than 240 m tons of medical wastes per day, which exceeds the normal amount by around 190 m tones. In the city of Ahmedabad (India), the number of medical waste has increased from 550–600 kg per day up to 1000 kg per day in the first phase of the lockdown. In its turn, the city of Dhaka (Bangladesh) produces about 206 m tones of medical waste per day since the beginning of COVID-19 outbreak (Zambrano-Monserrate *et al.*, 2020, p. 6).

The local waste management companies have faced major challenges regarding the proper management of such a rapidly increased amount of hazardous waste. According to the latest data, the SARS-CoV-2 virus can exist around 3 days on plastics and stainless steel, and one day on cardboard. It suggests that the potentially infected waste requires a proper management to prevent the further spread of the dangerous virus. Moreover, the proper waste management is necessary for the waste produced in the hospitals i.e., needles, masks, syringes, bandages, gloves, used tissues, discarded medicines and so on. Such kind of waste need to be disposed of carefully to eliminate the potential risks of further infection and environmental degradation (Rume, Didar-Ul Islam, 2020, p. 7).

## INCREASE OF FOOD WASTE

The COVID-19 outbreak caused the emerging issue of food waste. For instance, in the period of lockdown, the amount of bio-waste produced in the United Kingdom increased by 33%. Such consumption pattern might arise from the potential insecurity of food supply, and people's desire to overcome this insecurity by making huge stocks of food. Furthermore, to protect themselves from the Coronavirus disease, people began to use disposable packing more often, especially in grocery stores, which leads to water and soil pollution from plastic. In its turn, the increased use of online shopping significantly contributed to the food waste and ecological footprint due to the frequent use of transportation for long distances (Saadar *et al.*, 2020, p. 3).



On the other hand, many researchers argue that COVID-19 reduced the amount of food waste, which in fact support the environmental dimension of sustainable development. Dr. Ewelina Marek-Andrzejewska from the University of Life Sciences in Poznań claims that less food was wasted during the lockdown in Poland, than before it had started. Dr. Marek-Andrzejewska conducted a relevant research, in which around 39% of respondents states that they wasted less food in the period of COVID-19 lockdown. The survey showed that during the period of COVID-19, food was dumped less frequently due to the oversized meal portions, improper food storage, expiry date or because the product did not taste good. Only 10% of purchased food products was thrown away. Respondents particularly indicated lesser waste of vegetables, fruits and dairy products. Dr. Marek-Andrzejewska stresses that the pandemic radically changed food waste management in Poland by developing new positive habits related to consuming, storing and saving of food leftovers. Also, it is worth mentioning that the same trends took place in Tunisia, China and Qatar (Zdziebłowski, 2020).

## CHALLENGES RELATED TO THE IMPLEMENTATION OF ENVIRONMENTAL PROGRAMS

The COVID-19 outbreak imposed a negative impact on the adoption and implementation of the international environmental and sustainability programs. Nowadays, the majority of international resources are targeted towards the fight against Coronavirus, thus the climate change, sustainability and environmental issues have temporarily left the top place on the global agenda. A number of state governments ceased the implementation of ambitious environmental goals (e.g. development of renewable energy, reduction of GHG emission, improvement of waste management, etc.) in favor of the mitigation of the COVID-19 disease effects i.e., vaccine research, purchase of medical equipment, financial support for businesses and those who lost their jobs and so on. Due to the lockdown, many businesses have experienced a temporary shutdown, which brought terrible consequences for economies, but significantly contributed to

the reduction of CO<sub>2</sub> emissions. Nevertheless, history showed that after the financial crisis of 2007-2008, the level of CO<sub>2</sub> emission in 2010 was restored with a notable surplus (Cheval *et al.*, 2020, pp. 5–7).

Due to COVID-19, the implementation of European Green Deal (the EU document promoting the climate neutral Europe till 2050) can face numerous challenges. Many European states are forced to postpone their environmental and sustainability initiatives in favor of the recovery of national economies. Furthermore, there is a high probability that due to the Coronavirus pandemic, countries will not be able to implement the nationally agreed contributions for the 2015 Paris Agreement. In case when states are unable reduce the CO<sub>2</sub> emissions, it would cost the whole world about 149.8-792 trillion dollars up to the year 2100 (Wei *et al.*, 2020, p. 6). Plans regarding the emission reduction goals under the Paris Agreement probably will experience continuous adjustments under the new economic circumstances. Since the long-term costs of emission reduction may increase, it is hard to assume that in the nearest future the climate change issues and environmental sustainability could become priorities for the international society. The UN Sustainable Development Goals (SDGs) also have faced a number of COVID-19 challenges, which hindered their further implementation, and put to question the ability to keep the already achieved results. Nevertheless, SDGs might be the key to the world's rebuild from the COVID pandemic. On the official webpage, the UN states that “the [sustainable development] goals provide a critical framework for COVID-19 recovery” (United Nations, 2020).

## POSITIVE IMPACT OF THE COVID-19 PANDEMIC ON THE ENVIRONMENTAL SUSTAINABILITY

Undoubtedly, the COVID-19 outbreak is a global tragedy, which continues to take the lives and health of millions of people. Nevertheless, it is fair to mention that the worldwide pandemic has also brought a range of positive changes in the area of environmental sustainability. The further section provides the proof of positive impact of COVID-19 on the global sustainability in

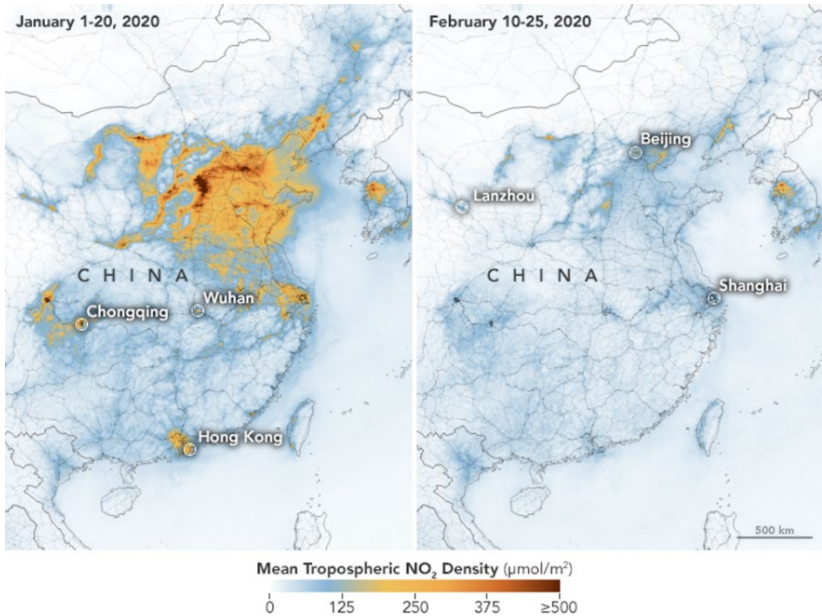
the area of natural environment. The assumed positive effects are divided into the five following categories: the reduction of air pollution; the reduction of noise pollution; the reduction of water pollution; the reduction of energy and water consumption; and the ecological restoration of tourist destinations.

## REDUCTION OF AIR POLLUTION

Businesses and transport services had temporarily stopped, which caused a solid decline in GHG emissions. In New York City, the level of air pollution decreased by about 50% in comparison with the same time a year ago. The shutdown of heavy industries caused around 50% reductions of CO<sub>2</sub> and N<sub>2</sub>O in China (Camargo-Caicedo *et al.*, 2021, p. 5–7). It is worth to mention that NO<sub>2</sub> emissions constitute one of the most important measures of global economic activities, which determine the level of reductions due to the COVID-19 pandemic in many states i.e., U.S., Canada, China, Brazil, India, Italy, etc. The NO<sub>2</sub> emissions are caused from the fossil fuel emissions, where more than three quarters comes from the motor vehicle exhaust. NO<sub>2</sub> in interaction with O<sub>2</sub> and H<sub>2</sub>O leads to acid rain, which in its turn, provokes a range of respiratory diseases threatening human health and well-being (Biswal *et al.*, 2020, p. 2).

The European Environmental Agency (EEA) reports that the COVID-19 lockdown caused the NO<sub>2</sub> emissions decline by 30-60% in the majority of European cities, i.e., Paris, Milan, Barcelona and Madrid (European Environmental Agency (EEA), 2020). In the United States, the levels of NO<sub>2</sub> emissions were reduced by 25.5% during the COVID-19 pandemic. The decline in NO<sub>2</sub> emissions by 80% also was reported in Ontario (Canada) (Berman, Edisu, 2020, p. 7–8). In Sao Paulo (Brazil), the level NO<sub>2</sub> emissions declined by 54.3%. In Delhi (India), the level of NO<sub>2</sub> declined by around 70%. The level of most dangerous form of air pollution – aerosol particulates PM<sub>10</sub> and PM<sub>2.5</sub> – decreased during the national lockdown in India by 50% and 46%, respectively (Monks, 2020). Illustration 2 presents the two maps of China's air pollution before and after the Coronavirus lockdown.

Illustration 2: Comparative maps of the levels of NO<sub>2</sub> pollution in China before and after the lockdown



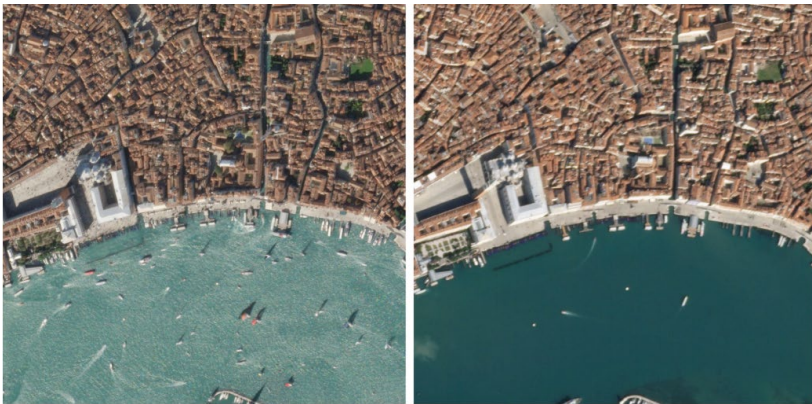
Source: Monks, 2020.

To reduce the spread of COVID-19, many state governments had imposed movement restrictions, which hit hard the international airline companies and people willing to travel. For instance, China banned around 70% of domestic flights and about 50-90% capacity of outbound flights, which resulted in reduction national CO<sub>2</sub> emissions by 17%. Compared to the same time a year ago, global air travel declined by 96%, which significantly contributed to the reduction of carbon footprint (Zogopoulos, 2020). In its turn, the International Energy Agency (IEA) reported that global oil demand decreased by 435,000 barrels in the first three months of 2020 (International Energy Agency (IEA), 2020). Furthermore, in India, the coal consumption declined by 26% and in China by 36%. According to the British website Carbon Brief, the pandemic reduced the overall 1,600 m tons of CO<sub>2</sub>, which is above 4% more than the global total in 2019 (Rume, Didar-Ul Islam, 2020, p. 3).

## REDUCTION OF WATER POLLUTION

Water pollution takes place in developing states, where domestic and industrial wastes are dumped in to rivers. During the period of COVID-19, majority of industrial pollution declined or fully stopped, which had a positive effect on water quality. For instance, the rivers Ganga and Yamuna achieved a significant level of purity due to the lack of industrial contamination during the lockdown in India. 27 of the 36 real-time monitoring stations of the river Ganga showed that the water met the requirable measures. The reduction of water pollution in the cities of Haridwar and Rishikesh in India was attributed to the rapid decrease of the visitors' number, as well as 500% decrease of the industrial and sewage effluents. All water parameters even met the standard of national drinking water, which only requires disinfection, instead of the conventional treatment. Moreover, due to the imposed restrictions on public gatherings, the number of visitors engaging in water activities notably declined in most of places (Rume, Didar-Ul Islam, 2020, p. 4).

Illustration 3: Comparative maps of the water pollution in the Venice Canals in October 2020 and March 2020



Source: Eliot, 2020.

Illustration 3 demonstrates two maps of the Venice Canals (Italy) in October of 2019 (left) and the nearly empty waterways

in March 2020 (right). Due to the Coronavirus lockdown, the usually crowded canals in Venice became empty, so the water turned clear and many aquatic species appeared (Jacobo, 2020). The improvement of water quality also took place in beaches of Thailand, Maldives, Indonesia, Bangladesh and Malaysia. Moreover, the amount of food waste declined in Tunisia, which significantly decreased the level of water and soil pollution (Jribi *et al.*, 2020, p. 5–7). The amount of industrial water consumption also declined, especially in the textile sector. A huge number of solid trashes generated from construction and manufacturing process also decreased. Furthermore, the reduction of export-import business contributed to the substantial decline of the merchant ship movement, which in turn, supported the decrease of marine pollution (Rume, Didar-Ul Islam, 2020, p. 5).

## REDUCTION OF NOISE POLLUTION

Noise pollution is defined as the high levels of sound caused by different human activities, such as vehicles, machines, construction work and so on. Noise pollution may lead to the negative effects for human beings and other living creatures. Generally, the high level of noise has a negative impact on hypertension, physiological health, cardiovascular disorders and sleep deprivation. It is reported that in connection with noise pollution about 360 million people globally are prone to hearing loss. WHO claims that in Europe alone over 100 million people are exposed to high noise levels. Moreover, anthropogenic noise pollution impacts wildlife through the disruption in predator and prey detection and avoidance (European Environmental Agency..., 2020b).

The lockdown measures imposed a number of limitations on social life and economic activities, which undoubtedly contributed to the reduction of noise pollution, especially in big and usually crowded cities. For instance, during the COVID-19 period, the level of noise in Delhi (India) decreased by 40–50%. In its turn, the noise of Govindpuri metro station (Delhi) declined from 100 dB to 50–60 dB (Somani *et al.*, 2020, p. 8). Due

to movement restrictions, the number of vehicles and flights drastically decreased in the world, which also contributed to the reduction of noise pollution. For example, in Germany, car traffic was reduced by 50%, passenger air travel declined by more than 90%, and travelling by rail dropped by 25%. Many researchers believe that the reduction of noise pollution substantially contributes to the environmental dimension of sustainable development (Henriques, 2020).

## DECREASE OF ENERGY AND WATER CONSUMPTION

Due to the COVID-19 restrictions, many workers switched to home working instead of office work. Experts believe that people who work at home consume much less energy due to the fact that household appliances are frequently more energy-efficient than at offices. During the first months of COVID-19 lockdown, shopping centers, universities, schools, kindergartens and other institutions were also closed. The Polish energy networks reported a decline of electricity consumption in Poland by 12% during the period of lockdown. On the other hand, Jacqueline Klopp, researcher from the Columbia University, argues that during the COVID-19 outbreak, households consumed way more energy due to more frequent use of kitchen appliances, such as TV, consoles and so on. Moreover, the number of people shopping online increased drastically that led to a significant increase in energy consumption, which can seriously disrupt the environmental sustainability in the world (Kochman, 2020).

Furthermore, one of the principal ways to prevent the spread of COVID-19 is frequent and thorough handwashing with soap and water. Despite the increased hygiene standards, the level of water consumption did not change during the lockdown. On the contrary, water supply companies have noted a reduced demand for water in recent months. Such phenomenon might be related to the fact that many production plants consuming significant amounts of this valuable resource temporarily had stopped their work (Napierała, 2020).

## ECOLOGICAL RESTORATION OF TOURIST DESTINATIONS

In the last few decades, due to the technological advancements and transport networks, the tourism industry experienced remarkable growth, which substantially contributed to the global GDP. Besides its benefits for the socio-economic sustainability, the tourist business causes its negative impact on the environmental sustainability in the form of 8% contribution on the global GHG emissions (Lenzen *et al.*, 2018, p. 523–525). Places of natural beauty (e.g., national parks, deserts, beaches, forests, islands and mountains) have always been attracting visitors from around the globe that, in turn, causes a negative impact on the environment through the tourists' activity and CO<sub>2</sub> emitted from their transport. Hotels, restaurants and other tourist facilities also notably contribute to the overall CO<sub>2</sub> emissions; for instance, in Spain, 2-star hotels produce the largest amount of CO<sub>2</sub> (Puig *et al.*, 2017, p. 244–246).

Due to the COVID-19 pandemic, the number of tourists reduced all around the world. For instance, Phuket (Thailand), the most popular tourist destination in the country, had been hosting an average 5,452 visitors per day before the COVID-19 outbreak, and after the imposed lockdown this number almost came down to zero. Likewise, the government prohibited public gatherings and tourist visits at the Cox's Bazar sea beach (Bangladesh), and as a result, the sea water, which usually remains turbid, became clear. The sea creatures, such as dolphins, returned to the coast of Bay of Bengal (Bangladesh) and in the Venice Canals (Italy) (Rume, Didar-Ul Islam, 2020, p. 6). Due to COVID-19, nature had time to regenerate itself from human activity as well as restore the environmental sustainability.

## CONCLUSIONS

The main goal of this research is the evaluation of the negative and positive effects of COVID-19 on the environmental aspect of sustainable development. The research shows that the environmental sustainability faced a range of challenges and positive changes due to the pandemic outbreak. The nega-



tive impact of COVID-19 on the environmental sustainability includes the following: the increase of safety equipment waste; the increase of biomedical waste; the increase of food waste; and the challenges related to the implementation of environmental programs. The significant increase of healthcare waste is related to the fact that the fight against COVID-19 requires a lot of medical supplies. The increased number of food waste is connected to the economic lockdown and the uncertainty regarding the security of food supply, however some researchers argue that the pandemic taught us how to waste less food. The challenges of environmental programs on the international level are caused by the necessity to focus on the COVID-19 issues and economic recovery.

As the author mentioned before, the COVID-19 brings many negative effects in each of sustainable development dimensions, however, in case of the environmental aspect, COVID-19 also provides a range of positive phenomena. This research highlights five most prominent cases that are listed as followed: the reduction of air pollution; the reduction of noise pollution; the reduction of water pollution; the reduction of energy and water consumption; and the ecological restoration of tourist destinations. Among positive results, the study underlines a significant improvement of air, noise and water quality. Since the COVID-19 restrictions have substantially decreased the movement of people, transportation, economic operation and so on, it helped to lower pollution levels that are normally caused by human activity. The reduction of energy and water consumption are also the effect of temporal disruption of business activity, while the ecological restoration of tourist destinations occurred due to numerous travel restrictions imposed by almost every country in the world.

Summarizing, the COVID-19 outbreak had an unprecedented impact on each aspect of human life, economic activity and natural environment. The study demonstrates the positive and negative effects of the COVID-19 disease on the environmental sustainability, however we need to remember that the full evaluation of its impacts requires more time. Since even the short-term outcomes of COVID-19 on the environmental sustainability are still ambiguous, there is no reason to claim that the long-term environmental impact of COVID-19 will prevail

its negative consequences. Furthermore, we cannot be certain about the date when the pandemic will end, thus both negative and positive influence of the COVID-19 on the environmental sustainability can change dynamically.

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### Justyna Kięczkowska, Ph.D.

Department of International Security  
Institute of Political Sciences and Administration  
Maria Curie-Skłodowska University  
mail: justyna.kieczkowska@mail.umcs.pl  
ORCID: 0000-0002-9395-2363

### Liliana Węgrzyn-Odzioba, Ph.D.

Department of International Relations  
Institute of Political Sciences and Administration  
Maria Curie-Skłodowska University  
mail: liliana.wegrzyn-odzioba@mail.umcs.pl  
ORCID: 0000-0002-3897-8843

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# THE RESPONSE OF THE VISEGRAD GROUP COUNTRIES TO THE SARS-COV-2 OUTBREAK: THE INSTITUTIONAL DIMENSION

**Abstract:** The article attempts to analyze the situation in 3 countries of the Visegrad Group-Slovakia, the Czech Republic and Hungary over a year from the appearance of the first cases of COVID-19 until the end of April 2021. The purpose of the study is to indicate the reactions of state institutions to the situation. The actions taken by state governments to combat the pandemic were examined, as well as political changes, including political system changes, taken, as it were, in the challenge of the situation. The dynamics of these reactions and actions taken were very extreme hence the attempt is a prelude to a broader study and monitoring of the situation in the region. The main subjects of the analysis were mainly central offices: presidents, prime ministers, and governments with a special focus on ministries of health and parliaments.

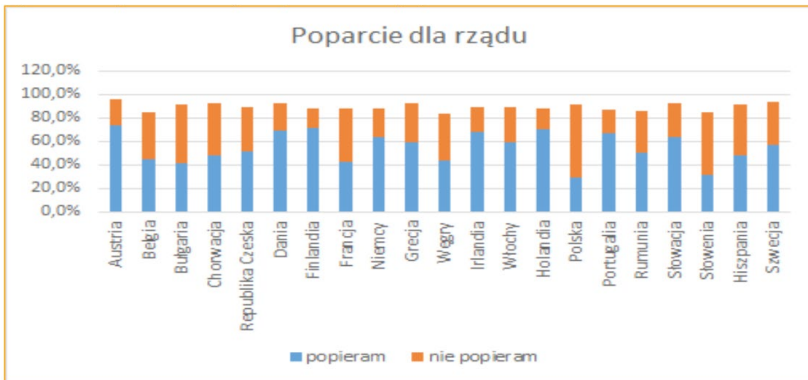
**Keywords:** Visegrad Group, COVID-19, pandemic, policy

## INTRODUCTION

At the end of 2019, the whole world held its breath and entered the New Year in disbelief, muttering the words: epidemic, pandemic, endangerment. It was at the end of this year that the SARS-CoV-2 coronavirus causing the disease known as COVID-19 was first diagnosed in the Chinese city of Wuhan, Hubei Province. In January 2020, the World Health Organisation (WHO) declared a public health crisis. It also named the pathogen SARS-CoV-2 and the disease it causes COVID-19. In January, the first cases in Europe were reported. In the Visegrad countries, the first cases of the virus were diagnosed in March 2020, successively in Poland, the Czech Republic, Slovakia and Hungary. A year has passed since then. The situation in the V4 countries has not only been brought under control, but has become increasingly difficult. The German daily *Die Welt* described the dramatic situation in our region: “Experts at the World Health Organization (WHO) are extremely concerned. They point out that the numbers of cases, hospitalisations and deaths in Central Europe are among the highest in the world. The east of the EU, the so-called Visegrad countries of Poland, the Czech Republic, Slovakia and Hungary, is reaching its limits. Many hospitals are completely full, with an increasing number of particularly severe cases of COVID-19 being reported, including young people. And now here in the EU as many people die from this disease as in the east of the Community.” wrote Philipp Fritz in his article (Widzyk, 2021). He also gave the reasons for this situation, emphasizing that although in the V4 countries vaccination campaigns are carried out at a faster pace than in Germany, the mortality rate is extremely high. Referring further to the Czech parasitologist and evolutionary biologist Jaroslav Flegr, he pointed to politicians and governments as whose are responsible for the current situation. Among the reasons, Fritz mentioned a lack of trust in government decisions on the part of the public, who is tired of constant change and the ongoing introduction and cancellation of restrictions (Charts 1, 2 and 3), as well as the chaos and lack of control over the situation, and, the inadequate number of tests to detect the virus. Another problem, according to him, are the underfunded health services

in all countries of the region and the shortage of medical staff. Fritz, referring to Eurostat data, pointed out that in Poland there are 238 doctors per 100,000 inhabitants (Germany has 431 doctors per 100,000 inhabitants), which is the lowest rate in the EU (Widzyk, 2021).

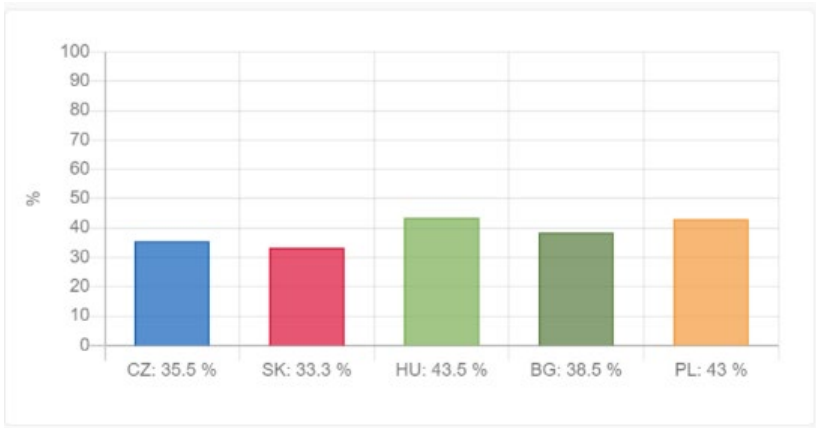
Figure 1: Support for governments at the start of a pandemic in EU countries(23.04-01.05.2020)



Source: Research for the European Parliament. [https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public\\_opinion\\_in\\_the\\_eu\\_in\\_time\\_of\\_coronavirus\\_crisis/excel-data/covid-19-online-survey\\_excel.zip](https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public_opinion_in_the_eu_in_time_of_coronavirus_crisis/excel-data/covid-19-online-survey_excel.zip).

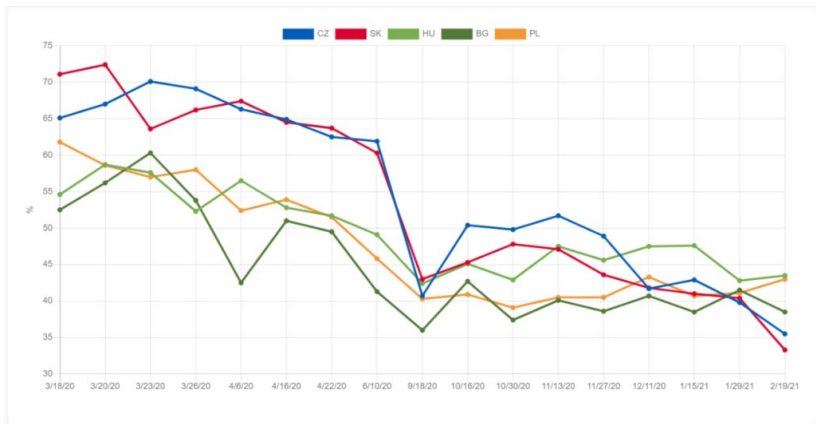
Chart 2 shows that one year later the governments of the Visegrad countries did not manage to rebuild confidence and values were still below 50%.

Figure 2: Support for government during the pandemic – Czech Republic, Slovakia, Poland, Hungary, Bulgaria (February 2021)



Source: Public opinion monitoring at the glance, 2021, February.

Chart 3: Decline in confidence



Source: Public opinion monitoring at the glance, 2021, February.

This article will attempt to analyse the situation in the 3 Visegrad countries – Slovakia, the Czech Republic and Hungary over the course of a year from the emergence of the first COVID-19 cases until the end of April 2021. The aim of the study is to indicate the reactions of state institutions to the



situation, both in the context of action taken to combat the pandemic and of political and systemic changes undertaken in the challenge of the situation. The dynamics of these reactions and the actions taken are significant, hence this attempt is a prelude to the broader research and monitoring of the situation in the region. The main subjects of the analysis were the central offices of the president, prime ministers, government offices, with the particular reference to ministries of health and parliaments. The article is based on the internet sources, including official websites of V4 countries' institutions as well as statistical data and reports, both domestic and international, and press materials. It was somewhat intentional to omit a detailed analysis of the pandemic situation in Poland and only use the references to the key decisions for comparative purposes. The situation in Poland and the effects of the actions taken by the authorities will be verified and discussed in the context of the activities of the V4 Group after the end of the pandemic in the next article prepared by the authors.

## MAIN ISSUES

There is no doubt that not only the Visegrad countries, but also the European Union reacted late to the epidemic situation, and what is more, when faced with the dramatic situation in Italy, it did not show solidarity by suspending the supply of medicines and equipment. The attempts to break out of European solidarity are now also evident, with Denmark as well as Austria, the Czech Republic, Hungary and Slovakia deciding to source their vaccines outside the EU. Hungary purchased Sinopharm's vaccine at the end of March 2021 (Kucharczyk, 2021). Slovakia after the purchase of the vaccine "Sputnik" not only faced a political crisis but also doubts about the quality of the vaccine itself (EMA zahájilak..., 2021) and in the Czech Republic, the lack of any kind of information campaign on the corona virus led to a proliferation of conspiracy theories and the research indicated that 10 percent of the public was convinced that the real purpose of vaccination is to inject

microchips and control the population (National Pandemic Alarm..., n.d.)<sup>1</sup>.

Surveys from January 2021 indicated that there was growing support for vaccination in Poland and Slovakia (61% and 51% respectively say they are willing to vaccinate), while Hungarians and Czechs are sceptical (34% and 39%) (Public opinion monitoring at the glance, 2021, January).

The issue of coronavirus testing undertaken in all countries is also highly debatable. Unfortunately, the Visegrad countries do not compare well with other European Union countries, and the consequences can be seen in the morbidity and death statistics. What is more, the increasingly frequent false certificates of examination (now also of vaccination) have consequences as well (for example Austria, Norway and Slovakia refused to accept such certificates from Polish citizens).

Table 1. Ranking of the Visegrad Group countries against the European Union countries from highest to lowest number of tests per million inhabitants as of 22 February 2021.

Position in the ranking	Country	Number of tests per 1 million people	Total number of tests performed
11	Czech Republic	697 283	3 377 990
22	Hungary	364 927	3 519 536
23	Slovakia	364 440	1 973 949
26	Poland	251 931	9 527 985

Source: Lurka, 2021.

The authors of the report *Lockdown democracy in times of pandemic COVID-19*, Katarzyna Walecka and Kinga Wojtas found that in more than 100 countries around the world new laws have been passed or states of emergency declared. The procedures that have been introduced should guarantee a balance between the protection of public health and the freedom of an individual. According to them, governments in response to this challenge had to take into account at least three sets

<sup>1</sup> In contrast, in a study commissioned by the European Parliament in February 2021, 45% of Czechs described the pandemic as a media invention (Public opinion monitoring at the glance, 2021, February).

of factors: 1) security and health of citizens, 2) civil liberties, which are the foundation of a democratic state under the rule of law, and 3) economic parameters necessary for the survival of the state as a socio-economic entity (Walecka, Wojtas, n.d.). Three countries in the region resorted to states of emergency; only Poland, despite numerous voices suggesting such a solution, did not introduce any state of emergency, although a state of natural disaster is envisaged in pandemic situations<sup>2</sup>.

The political and legal solutions introduced at the level of the V4 countries provided a basis for undertaking an analysis evaluating their effectiveness during the pandemic. The review of solutions carried out was assessed from the perspective of their effectiveness in eliminating the impact of the pandemic in many dimensions and preventing its further spread. The authors consider the presented text as a prelude to a detailed analysis and verification of the applied solutions, which will be developed when the pandemic ends.

## THE CZECH REPUBLIC

The first case of COVID-19 was diagnosed on 2 March 2020. Before that, on 3 February, the government of the Czech Republic decided to provide support of CZK 10 million to China to fight the COVID-19 outbreak. In mid-February, 4.5 tonnes of protective equipment, including filter masks, protective clothing and disinfectants, worth a total of CZK 3.3 million, were handed over to China. The collected protective measures were transported to Vienna, from where they were sent together with materials from Austria, Hungary and Slovakia. Another transport with protective equipment was organised on 1 March 2020 (Czarnecki, 2020). On 25 March 2020, the Czech Republic provided Slovenia with personal protective equipment – 500 000 masks, 25000 N95 masks and 5000 protective overalls. On 2 April, the Czech Republic authorities provided Slovenia with an

<sup>2</sup> Nevertheless, according to the Ombudsman, Adam Bodnar, a hybrid, not formalny declared state of emergency was operating in Poland (Walecka, Wojtas, 2020).

additional 1 million surgical masks and 200 000 specialised breathing masks of FFP2 type. Breathing masks manufactured at Prague Technical University (ČVUT) using 3D printing were also sent to Italy, while 90 breathing masks from the Czech company Nanologix were sent to Spain. On 10 April, Czech authorities also made a donation of 1 million protective masks to north Macedonia.

The developing pandemic in the Czech Republic made it necessary to take firm action, and to introduce the state of emergency under Article 2 of the Constitutional Act<sup>3</sup> for the security of the Czech Republic, the state of emergency. In the Czech Republic, the state of danger is the most important means of responding to a crisis situation, followed by a state of emergency<sup>4</sup>. The higher importance are state of threat and martial law. The state of emergency allows for various restrictions on citizens' rights, including property rights. Until March 2020, a state of emergency had never been imposed throughout the state, and only locally had been in force four times – in 2006, 2007 and 2013 – in case of floods, and in 2007 during Cyril hurricane.

A state of emergency imposed by the government must be notified to the Chamber of Deputies (and may be revoked by it immediately), it may be imposed for 30 days, and its extension must receive the approval of that Chamber. In the current pandemic situation, a state of emergency has been imposed in the Czech Republic from 13 March 2020 (On 18 March 2020, the wearing of masks covering the nose and mouth was introduced. The Czech Republic was one of the European pioneers at this point, after lifting of restrictions in May 2020, the attempt to return to wearing of masks suggested from the end of August by epidemiologists was postponed several times and finally introduced too late). From 7 April, restrictions were eased grad-

<sup>3</sup> A constitutional law is a legal act with greater legal force than a law, which contains provisions of constitutional law.

<sup>4</sup> The state was proclaimed by the 1997 constitution; before that, there were no such regulations in the constitution of the Czech Republic and it was only the experience of the 1997 floods that led to their introduction into the current legal order.

ually (despite the fact that the peak incidences were expected through April and May).

Such decisions were undermined by the doubts of the vice-minister of health, Roman Prymula, an epidemiologist by profession (until the end of March 2020, he was also the head of the Crisis Committee, a position succeeded by the deputy prime minister and minister of the interior, Jan Hamáček (head of the coalition Czech Social Democratic Party, ČSSD), who questioned the data from China. The state of emergency was reintroduced on 5 October, extended several times (in February 2021 despite opposition from parliament) and finally lifted on 12 April 2021 (Measures adopted by the Czech Government against the coronavirus, 2022). At the same time, the curfew was introduced and lifted, relaxed and tightened several times (on 28 October 2020, the curfew was lifted from 9 p.m. to 5 a.m., on 23 November from 11 p.m. to 4.59 a.m. the following day, on 3 December the curfew was lifted only to reintroduce it on 18 December from 11 p.m. and from 27 December from 9 p.m., and on 1 March 2021 a ban was introduced on moving outside the residential district and outside Praga without a justified reason).

On several occasions, the Prime Minister attempted to moderate the general bad press surrounding the pandemic in public discourse. He also apologised several times for the various changes, restrictions or omissions that had been made, and has changed the post of Minister of Health four times so far. The emerging public protests over the restrictions, symbolised by the masks, are interpreted as opposition to government policy in general. The prime minister and his government receive less and less support (about 30% of the government, the ANO party 24.5%), although in the fragmented Czech parliament (which comprises representatives of nine political parties) it will be extremely difficult to form any strong coalition to defeat the ruling party at this year's parliamentary elections scheduled for early October.

As part of the measures taken, a draft law was put in place on the powers of the Czech police and municipal police to punish violations of crisis measures in April 2020. Police officers were able to punish on the spot any violators of crisis measures,

even in cases that would normally be referred to administrative proceedings. It is worth mentioning that the Czech police and services were not very restrictive towards citizens and, on the other hand, the Czech media repeatedly pointed out that Czechs did not follow restrictions. After the first wave, the government announced that the Czech Republic was prepared for a possible next wave and this largely caused a revolt in society starting with a dinner for 2,000 people at the beginning of the summer on the Charles Bridge in Prague.

In May 2020, a draft law was approved setting out the Ministry of Health's powers to take operational action to prevent the further spread of COVID-19. It was intended that this law would only be in force until the end of 2020 and would give the Ministry the ability to limit certain actions. In June 2020, as part of the so-called Smart Quarantine 2.0 Project, a new Emergency Operations Department was established at the Ministry of Health. The Department is responsible, among others, for analysing threats affecting public health, proposing solutions and developing and managing the Smart Quarantine 2.0 project (Czech Ministry of Health, 2020). A Health Risks Council was also established with Prime Minister Andrej Babis as chairman. The Council was subordinated to the Integrated Central Management Team, which is the operational executive body. In support of the fight against the pandemic, decision was made in July 2020 to deploy members of the Czech armed forces to rescue operations to protect the population and prevent the spread of the coronavirus. A work order was also introduced for the students of the final years of medical studies.

With municipal and by-elections for the Senate of the Czech Republic scheduled for autumn 2020, special voting methods were approved for regional and senatorial elections, allowing people in quarantine to vote. In August, the parliamentary groups unanimously rejected the idea of introducing a vote by representatives. There was also no agreement on postal voting, but the possibility of voting without leaving the car was introduced, which led to the creation of special electoral commissions. Elections were held on 2 and 3 October 2020 (first round) and 9 and 10 October 2020 (second round), in accordance with President Miloš Zeman's order of 9 April 2020. Voter

turnout was, respectively, 1st round – 36.74% and 2nd round – 16.74%. Elections to the Chamber of Deputies of the Parliament were planned for 2021 and the prepared solutions may also be applicable here. Despite the low support expressed in polls for Babisz's government, his party received 22% support and for the first time ever the party of a sitting prime minister won in regional elections.

Chart 4: Number of people with confirmed COVID-19

### Zmiana w ciągu doby

Źródło: JHU CSSE COVID-19 Data · Ostatnia aktualizacja: 1 dzień temu



Source: JHU CRC, Czechia, n.d.

Since March 1st of 2021 about 1.63 million COVID-19 cases have been confirmed in the Czech Republic, 29,316 people have died (JHU CRC, Czechia, n.d.). The data from 6 April 2021 shows that the Czech Republic ranked first in the world for COVID-19 deaths per 1 million population, with an average of 2,537.03 deaths per 1 million population (Majewska, 2020). This rise in the Czech Republic must be attributed primarily to social indiscipline and very poor acceptance of orders or advice necessary during the pandemic. Restrictive solutions in the Czech case were therefore counterproductive and met with social resistance.

## VACCINATION IN THE CZECH REPUBLIC

The Prime Ministers of the Czech Republic and Hungary met with the Israeli authorities on 11 March 2021 (a week earlier a similar visit was made by the Prime Minister of Denmark, Mette Frederiksen, and the Austrian Chancellor, Sebastian Kurz). As a consequence of this visit, the Czech Republic received 5000 doses of Moderna vaccines from Israel (Krzysztozek, Kucharczyk, 2021), which added to the number of vaccines received under the European quotas. By 1 May 2021, the full dose of vaccination had been given to 2,176,676 people or 20.4% of the population. Vaccination takes place according to established priority groups. Health care workers, social workers, critical infrastructure workers, integrated emergency system, energy workers, education workers, seniors 70–79, seniors 80+ and chronically ill people were vaccinated first. The remaining approx. 6.4% of middle-aged and very young people are mainly doctors, students or volunteers working at sampling points and others working in health care in the care of patients with COVID-19 or in social services (W Czechach..., 2021). The vaccination schedule was thus similar to that in other V4 countries. The development of the vaccination programme also aimed at achieving population immunity and a return to normal functioning in all areas of social life.

## HUNGARY

The first two cases were reported in Hungary on 4 March 2020. As the virus was initially found in foreigners, the focus was on that. Thus, at the beginning of the pandemic, a discussion on the migration crisis began. The Hungarian government indicated during the ongoing COVID-19 pandemic in Europe that they would not agree to changes in EU migration policy. One of the first decisions related to the coronavirus was to block the submission of asylum applications by refugees who were waiting at assembly points along the Hungarian-Serbian border. Viktor Orbán claimed that there is a close correlation between the number of COVID-19 cases and the number of refugees currently trying to enter Europe (Héjj, 2020c).



Turning to the analysis of the political-legal arrangements in Hungary, one must start with the provisions of the basic law. The Hungarian constitution identifies five special states (state of national emergency, state of threat, state of defensive mobilisation, unexpected attack, state of emergency). In March 2020, the state of emergency provided for “in the event of a natural disaster threatening human life and property (...)” was introduced in Hungary. During a state of emergency, the government may issue a regulation by which it suspends the application of certain normative acts, derogates from the application of selected legal provisions, as well as introduces other extraordinary measures. Such a regulation shall be valid for fifteen days. It may be extended by parliament, but always for a limited period. However, the solution adopted by the Hungarian Parliament during COVID-19 to extend the state of emergency indefinitely is an example of a breach of the state of emergency construct. Thus, the opposition was deprived of control over the government, moreover, the role of the parliament was reduced to a minimum and, in fact, its meetings were not held throughout the spring and summer of 2020<sup>5</sup>. The COVID-19 Protection Act (XII/2020), which was passed on 30 March, also stipulated that elections could not be called until the end of the state of emergency and that elections scheduled earlier must be cancelled (all elections scheduled during the state of emergency must be called within 15 days after the end of the state of emergency). The law gave the Hungarian government unlimited power to rule by decree, thereby strengthening the executive at the expense of the legislative. At the same time, the Minister of Innovation and Technology was given access to all data held by state and municipal authorities, private entities, both companies and individuals, in order to manage them (Walecka, Wojtas, 2020, p. 1). Amendments have also been made to the Penal Code. According to them, a person who, under the threat of “makes public false information or misrepresented facts that may reduce or prevent the effectiveness of epidemic control activities”.

<sup>5</sup> During the first wave of the pandemic, parliament denounced the Istanbul Convention on preventing and combating violence against women and domestic violence, and banned sex reassignment of birth (Coronavirus..., 2020).

On 4 November 2020, a state of emergency related to the aggravation of the pandemic situation was reintroduced by decree of Prime Minister Viktor Orbán. On 10 November, the National Assembly voted to extend the state of emergency by 90 days. The vote this time was the result of a consensus among the various political groupings and was widely approved. At the same time, a decision was taken in autumn 2021 to amend the constitution. Two main themes were introduced, the first one related to the restoration of the traditional family model and the consequent introduction into the Constitution of the specification that marriage is a union between a man and a woman (Walker, 2020; Dunai, Komuves, 2020). The second area of constitutional change concerned issues relating to states of emergency. In the place of the six previously existing ones, three were introduced: a state of war, a state of emergency and a state of threat, while within these special legal regimes special powers were granted to the Prime Minister, further strengthening his powers (Héjj, 2020a). Among the amendments under way are those that allow prison sentences for homeless people and restrict freedom of speech<sup>6</sup>. At the same time, an amendment to the electoral law was brought before parliament. The amendment to the law introduced restrictions on the nomination of candidates by electoral committees, which will consequently affect the next elections (Héjj, 2020d).

Facing the first phase of the coronavirus pandemic from 4 March, i.e. from the occurrence of the first diagnosed cases of COVID-19 in the country until 17 June 2020, on which date Viktor Orbán revoked the state of emergency introduced on 11 March by Decree No 282/2020. Very quickly, on 13 March, the decision was made to close schools and switch to online teaching (Czeglédi, 2020). The first state of emergency was revoked on 17 June, Ordinance 283/2020 was introduced and a new legal form was proposed in place of the constitutional “state of emergency”, which can be described as “state of epidemic preparedness”. It was in force until 18 December 2020 and was introduced on

<sup>6</sup> On 9 March 2021, mass protests were organised under the slogan Constitution is not a game, also pointing out that previous attempts to introduce restrictions on freedom of speech had been criticised by the Hungarian Constitutional Court.

the basis of the amended Health Service Act<sup>7</sup>. The second wave started from 1 September, the third in February 2021. Since mid-November, Hungary had a curfew, hotels, museums, swimming pools and restaurants were closed, remote learning was available in all secondary schools and universities, and weekly tests were introduced in kindergartens and primary schools. From 7 April 2021, the restrictions began to be lifted despite high levels of illness and death.

Chart No. 6: Number of people from Covid-19 Hungary

#### Zmiana w ciągu doby

Źródło: JHU CSSE COVID-19 Data · Ostatnia aktualizacja: 1 dzień temu



Source: JHU CRC, Hungary, n.d.

In total, according to data as of 26 April 2021, 770,000 people fell ill in Hungary, 26,625 people died. According to Our World in Data as of 6 April 2021, Hungary was the third country in the world with the highest number of COVID-19 deaths per 1 million population with a rate of 2,287.49 (Majewska, 2020).

From mid-June to the end of August 2020, the so-called “national consultations” took place. These concerned, among other things, the measures that the government had imple-

<sup>7</sup> Chapter XIV of the Health Services Act allows for two possible states: “state of public health emergency” (egészségügyivesélyhelyzet) and a “public health emergency” (egészségügyiválsághelyzet).

mented in connection with the fight against the pandemic, as well as the support system for the economy, 1.8 million citizens completed the survey. The questions were related to polling the approval of possible restrictions if the government had to introduce them in the event of a pandemic recurrence. Under the ‘national consultation’, the government received almost 99% support to act during the second wave of the pandemic mainly because supporters of the government spoke out (Héjj, 2020b).

## VACCINATIONS

Government plans called for 40% of the population to be vaccinated by the end of April. In the last days of February, Hungary became the first European Union country to start vaccinating using vaccines available on the EU market with the Chinese vaccine Sinopharm, and before that, the Russian vaccine Sputnik V (Wolska *et al.*, 2021). At the same time, the original plan to vaccinate specific groups and age groups was abandoned and, despite the chaos, vaccination in Hungary had been carried out at the fastest rate in the European Union<sup>8</sup>. By May 1, 2021, 5.97 million doses were administered, with 1.95 million vaccinated with the full dose, representing 19.9% of the population (JHU CRC, Hungary, n.d.). Viktor Orban used Hungary’s good position on vaccination plans to criticise the European Union and its mechanisms for purchasing and supplying vaccines to member states.

## SLOVAKIA

The first case was reported on 6 March 2020. It is interesting to note that in Slovakia, a Security Council (Prime Minister and the key ministers) had already met on 27 February 2020,

<sup>8</sup> Initially, there was a lot of resistance to vaccines from China, but now, because the ‘EU’ vaccines are arriving late, while there is access to Chinese and Russian vaccines which arrive regularly, many people are choosing to take one of them.

where decisions were taken to introduce preventive measures including the establishment of a permanent crisis staff at the Ministry of Health. Among the measures taken were random border controls (later extended to all border crossers, and a ban on the entry of foreigners was introduced, albeit with exceptions, e.g. for cross-border workers). There was a ban on public assemblies from 10 March and a 'state of emergency' from 12 March. The following days introduced the suspension of international bus, rail and air transport, the closure of shops (except for groceries), restaurants, as well as kindergartens and schools, and the imposition of a 'state of emergency' in health services (facilitating, among other things, the movement of staff and equipment between facilities and limiting some workers' rights) (Dębiec, 2020). A support package for companies was proposed very quickly, as early as 16 March. It is also worth noting that the pandemic started in Slovakia in a very specific political situation, just after the parliamentary elections with the need to form a new government, which was sworn in on 21 March 2020<sup>9</sup>. The Slovak authorities introduced heavy fines for non-compliance with quarantine regulations. Similar high penalties were introduced for vaccinating people outside the established order. Since the beginning of the pandemic, potential problems such as the general underinvestment in health care, lack of medical staff and the average age of doctors (56 years) have appeared in Slovakia (Verseck, 2021). That is why, on several occasions, the Slovak Government asked for help from the European Union and neighbouring countries and, as a result, doctors were sent from both Austria and Poland, and patients from Slovakia were also admitted abroad.

The first wave of the pandemic ended in the summer. From September 2020, the number of cases began to rise rapidly, starting the second wave. On 17 October, the Slovak authorities announced that they were preparing to be ready to test all

<sup>9</sup> It is precisely the pandemic situation which, in the opinion of commentators, was the reason for the rapid formation of the ruling coalition; after a year of government coalition, not only has the pandemic not been dealt with, but also the government crisis related to the importation of the Russian vaccine by the Prime Minister in secret from the coalition partners and the discussion about its effectiveness may result in new parliamentary elections being called.

residents of the country except for children under 10 years of age for coronavirus as part of the government's 'Social Responsibility' programme. Pilot testing took place from 23-25 October in districts particularly affected by the infection, located in the northern part of Slovakia (Tvrdošín, Dolný Kubín, Námestovo and Bardejov). 91% of the inhabitants of these districts were tested (140,945 people out of about 155,000) and 5594 infected persons were detected. The ratio of positive tests persons to the total number of persons tested was 3.977% (Lewkowicz, 2020). The main tests for residents across Slovakia took place in two rounds: from 30 October to 1 November and from 6 to 8 November 2020. Slovakia was the first country to decide to test all its citizens for coronavirus. Unfortunately, even such steps taken after initial success and reduction of infections<sup>10</sup> did not bring the expected results and Slovakia rapidly descended into chaos at the beginning of 2021, with the death rate ranking Slovakia first in the world in February 2021 (JHU CRC, Slovakia, n.d.).

Figure 7: Deaths due to COVID-19 in Slovakia since the beginning of the pandemic

### Zmiana w ciągu doby

Źródło: [JHU CSSE COVID-19 Data](#) · Ostatnia aktualizacja: 1 dzień temu



Source: JHU CRC, Slovakia, n.d.

<sup>10</sup> At the end of November, the number of new infections averaged about 1 600 cases a day (at its worst, Slovakia had about 2 500). The decisions of the Slovak government at that time were put forward as a model for other countries.

The second state of emergency in Slovakia was in force since 1 October 2020. Thanks to these laws, state services could buy essential materials without tenders and use work orders in health care. The decision to extend the state of emergency was approved by Parliament. Throughout October, progressively more restrictions were introduced. After a mass testing campaign in November, they began to loosen restrictions, which eventually contributed to an increase in illnesses, and despite calls for an earlier lockdown, it was only decided on 1 January 2021. In late December 2020, the constitution was amended to allow the government to extend the state of emergency by 40 days. Despite the control of the epidemiological situation in spring 2021, the Slovak government decided to extend the state of emergency until 28 May. It is worth noting that in April the Slovak authorities decided to open parts of the economy (including hotels and shops under a sanitary regime). A curfew was still in force. The state of emergency also meant travel restrictions. It was also decided to cancel school-leaving final exams for the 20/21 school year.

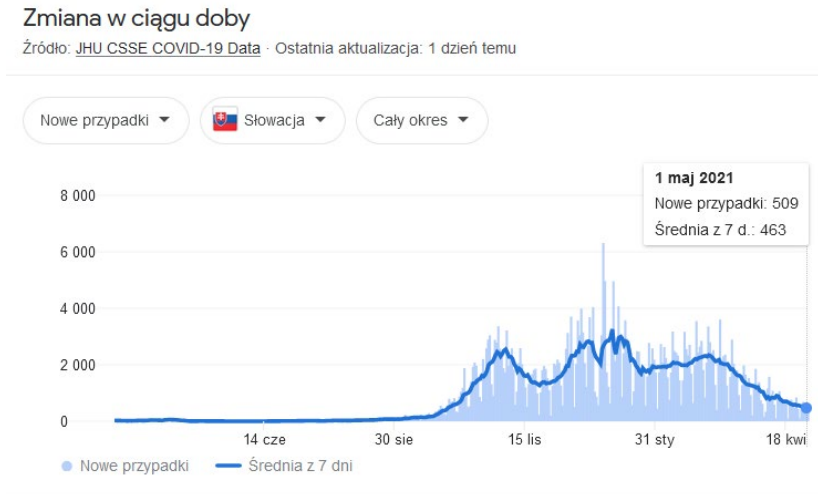
The vaccination in Slovakia started on 26 December 2020. By the end of April, 9.1% of the population in Slovakia had received a full-dose vaccination, 498,000 people had received a single dose and 1.57 million doses had been administered (JHU CRC, Slovakia, n.d.). Vaccination was to accelerate due to the importation of vaccines from Russia. The first batch of 200 000 doses of the Sputnik V vaccine arrived in Slovakia on 1 March. According to the agreement signed with Moscow, Slovaks are to receive another 400 000 doses of the Russian preparation by the end of March, and by June they should have two million (Wolska *et al.*, 2021). In the meantime, the product is not being administered, this controversy caused a government crisis, including a change in the position of prime minister (the former finance minister Eduard-Heger became prime minister) and an international crisis because the Slovakian side questioned the composition of the vaccine and Russia demanded its return<sup>11</sup>

An opinion poll conducted by the Slovak Academy of Sciences, MNFORCE and Seesame at the end of March 2021 seems to

<sup>11</sup> In Hungary, the decision was made to vaccinate with this vaccine.

be significant as it showed that about 42% of people planned to be vaccinated against coronavirus. This was the best result since April 2020, when polling began on the issue (Lewkowicz, 2021). To a large extent, such an outcome was connected with the media campaign on the Russian vaccine Sputnik.

Chart No. 8: Number of people with COVID-19 in Slovakia



Source: JHU CRC, Slovakia, n.d.

## SUMMARY

The V4 countries – the Czech Republic, Hungary and Slovakia – have fought and are fighting the pandemic using a mechanism that involves imposing restrictions on the functioning of society and the economy. They also implement legal solutions that safeguard the effective implementation of anti-pandemic measures as well as the continuity of authorities. When comparing the solutions introduced in the three aforementioned countries with the actions of the government in Poland, their restrictiveness comes to the fore. Analysing the example of Poland and comparing its solutions with the restrictions introduced in the other three countries, it should be emphasised that the Polish authorities have not gone as far as amending the provisions



of the constitution, nor have they decided to introduce drastic solutions such as a state of emergency or a curfew, despite the possibility of doing so. The common point in assessing the actions of individual countries is certainly the chaos and the rapid, often thoughtless introduction of new solutions to limit the pandemic and eliminate its negative effects. Such behaviour is the result of a lack of preparation and an effective, ready-made plan of action by states in the event of an epidemic threat. The pandemic highlighted to the V4 countries the need to implement cooperation in the health security dimension with particular emphasis on combating biological threats. In the European Union, discussions on reforms have also begun, and in November 2020 European Commission unveiled plans related to the health service. Stella Kyriakides, Commissioner for Health, said that the European Union should be able to declare health emergencies on its own. A new health emergency agency should be set up and prepare a plan for future crises and collect data from Member States. In Slovakia, the proposal to establish a Health Union has not been widely discussed so far. However, Slovakia's health minister told EURACTIV.sk that the government "supports the foundation of the European Health Union" to "strengthen the EU's resilience in case of international crises". It has been noted that "the experience of this pandemic shows that joining forces helps to overcome the weaknesses of individual Member States" (Wolska *et al.*, 2021). The European Union has set up a EUR 750 billion aid programme, the EU Recovery Fund (NextGeneration EU). Its aim is to combat the crisis and restore economic stability to the countries of the Union. Its main part is the Recovery and Resilience Facility (RRF) worth €672.5 billion, divided between grants (€312.5 billion) and loans (€360 billion). For the Visegrad countries, grants are foreseen for the period 2021–2023: about €6.7 billion in the Czech Republic, €6.3 billion in Hungary, €23 billion in Poland and €5.8 billion in Slovakia. In terms of GDP, Slovakia will gain the most, receiving about 6.2 percent relative to the 2019 GDP level, Poland and Hungary about 4.3 percent, and the Czech Republic about 3 percent. States have until 30 April 2021, with the possibility of a small extension, to draw up National Reconstruction Plans (NRPs) (Hanzl-Weiss,

2021). The money is to be allocated to six pillars, with at least 37 per cent of the funds to be spent on climate transformation, at least 20 per cent on digital transformation and the rest on the remaining four pillars (inclusive and sustainable growth; social and territorial cohesion; health policy; investment in the next generation) (Hanzl-Weiss, 2021). There is no doubt that both the European Union and the V4 countries should concentrate their efforts on drawing up a strategy containing specific guidelines for combating biological threats. Creating an effective response mechanism at the level of the V4 and the European Union would be a real safeguard against the possibility of other pandemics occurring on our continent. This would also ensure that the institutions responsible for eradicating biological risks do not operate in disarray. Having a coherent plan would also make it possible to eliminate ill-considered legal solutions both at national level and in the European Union as a whole. That is why, the V4 countries should focus on the dialogue and cooperation based on the detailed research and the experience of specialist institutions responsible for the health security of countries.

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**Kinga Smoleń, Ph.D.**

Department of International Relations  
Institute of Political Sciences and Administration  
Maria Curie-Skłodowska University  
mail: kinga.smolen@poczta.umcs.lublin.pl  
ORCID: 0000-0003-2564-5190

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# THE IMPACT OF THE COVID-19 PANDEMIC IN SYRIA

**Abstract:** The outbreak of the COVID-19 pandemic has forced a change in the functioning of individuals, states and the international community as a whole. The pandemic poses a serious challenge, especially in dysfunctional states. It exacerbates their ineptitude and instability and creates significant negative consequences of a social, economic and security nature. An example of such a state is Syria, where there has been a civil war for more than a decade. As a result of the permanent crisis, the inability of the Syrian authorities to act effectively and the consolidation of authoritarian rule, a humanitarian crisis is growing in Syria and the phenomenon of migration remains a problem, and the economy is further regressing. The purpose of this article is to politically analyze the consequences of the COVID-19 pandemic in Syria, with particular emphasis on their culture and specificity and structure, as well as the response to them at the level of the state and the international system

**Keywords:** Syria, pandemic, COVID-19, impact, humanitarian crisis, economic crisis, instability, dysfunctional state

## INTRODUCTION

The outbreak of the COVID-19 pandemic forced a change in the functioning of individuals, states and the international community as a whole. The pandemic poses a major challenge especially to dysfunctional states. It exacerbates their inefficiency and instability and has significant negative social, economic

and security consequences. An example of such a state is Syria, where a civil war has been going on for ten years. As a result of the permanent crisis, the inability of the Syrian authorities to act effectively and to strengthen authoritarian rule, the humanitarian crisis is growing and, the phenomenon of migration is intensifying, and the economy is undergoing further regression.

The aim of this article is political science analysis of the effects of the COVID-19 pandemic in Syria. The research hypotheses will be verified in the publication. Firstly, as a result of the long civil war and the fight against Islamic terrorists, the dysfunctionality of Syria's state structure and the scale of its destruction means that it lacks a well-developed medical infrastructure and an adequate number of doctors to guarantee proper care for the sick. The above conditions also make it impossible for a dysfunctional regime to develop a strategy for managing a multi-faceted crisis. Secondly, in the time of the pandemic and the social and economic problems, the number of terrorist attacks in Syria, carried out by the so-called Islamic State, is increasing. Thus, it can be concluded that the internal chaos and the weakness of state structures increase the risk of Islamic terrorist groups becoming active again on Syrian territory. What is more, the inability of the Syrian authorities to deal with the humanitarian crisis, as well as the regime's illegal profits from international humanitarian aid, determine that both the crisis itself and international aid require external scrutiny and the involvement of the international community. Then, the sanctions imposed by the international community did not weaken the regime in Syria, but paradoxically, along with the pandemic, they limit international humanitarian aid.

The following research methods and techniques will be used in the publication. The analysis of statistical data will be used to show the scale of the pandemic and the humanitarian and economic crisis in Syria, as well as the amount of international humanitarian aid. The adopted solution will make it possible to determine the degree of dysfunctionality of the state under study, as well as the impact that COVID-19 has had on its functioning. The factor analysis will be applied in the context of considering the determinants of hybrid war in Syria, as well



as its dysfunctionality. The content analysis of the documents will instead prove helpful when discussing the Montevideo Convention on the Rights and Duties of States.

In order to verify the research hypotheses adopted, firstly, the nature and specificity of the effects of the COVID-19 pandemic in Syria will be identified. Secondly, the structure of these effects will be shown. Thirdly, the response to them will be analyzed at the state and international system level.

## 1. THE NATURE AND SPECIFICITY OF THE IMPACT OF THE COVID-19 PANDEMIC IN SYRIA

The analysis of the nature and specificity of the effects of the COVID-19 pandemic in Syria requires consideration of the conditions in which they occur. The key, and probably the most important condition, is the dysfunctionality of the state, which determines the kind of unique character of these effects.

### 1.1. Syria dysfunction

In the literature and international discourse, state dysfunctionality is referred to by various terms, including 'failed state'; 'failing state'; 'decaying state'; 'weak state', or 'vulnerable state'. The above terms indicate a different degree of statehood degradation. The dysfunctionality of the state – as Robert Kłosowicz and Joanna Mormul rightly point out – is well described by two complementary definitions: these are Marin Ottaway's and Stephen Ellis' definitions. Ottaway distinguishes two types of state dysfunctionality: positive and negative. In the case of positive dysfunctionality, the state is supposed to lack sufficient administrative capacity to implement the decisions taken by the centre of power. On the other hand, negative dysfunction occurs when the state is unable to prevent other state entities from taking control of its territory. According to Ottaway, in order not to be considered dysfunctional, the state should also legally obtain national income, which will enable it to finance the army, administration, health care, etc. (Ottaway, 2001,

p. 189–190, quoted after: Kłosowicz, Mormul, 2013, p. 20). Ottaway's definition ignores population issues and should therefore be supplemented by Ellis' considerations. He points out that dysfunctional states, firstly, fail to ensure law and order within their territory. Secondly, they fail to meet their international obligations. Thus, Ellis presents a broader approach, in which references can be found to the constitutive elements of the state, such as territory, population, power and the ability to maintain relations with other states (Ellis, 2005, p. 135–148, quoted after: Kłosowicz, Mormul, 2013, p. 20–21).

Three of the above four elements are included in the classic structural – element definition of the German jurist Georg Jellinek. Jellinek, as a representative of legal positivism, considered the following attributes of the state to be particularly important: territory, supreme authority and population (Szmulik, Żmigrodzki, 2002, p. 15). From the perspective of international law, the fundamental condition for the creation and existence of a state is the possession of its own territory, i.e. land and spatial area over which state sovereignty extends. Within the state territory, the authority: “practises its own prerogatives collectively and fully in relation to persons, things and events”. In the context of population, the decisive criterion for belonging to a state, for being a citizen, is not national and tribal ties, but rather residence in the state for a sufficiently long period of time and recognition of the public authority which has control over the territory (Szmulik, Żmigrodzki, 2002, p. 20). The fourth element of statehood mentioned by Ellis, the ability to establish and then maintain relations with other states, was added in the 1933 Montevideo Convention on the Rights and Duties of States (art. 1) (Montevideo Convention..., n.d.).

Taking into account the above-mentioned definitions of Ellis and Ottaway's definition relating to international law, it should be emphasized that the dysfunction of a state is not determined by the fact that it does not meet the physical criteria of statehood, but the lack of positive connections between them, which concern, inter alia, social cohesion, territorial jurisdiction, responsibility and legitimacy of power (Gil, 2018, p. 270). In the political context, dysfunctional governance – not having

an effective government – is most relevant<sup>1</sup>. Thus, in relation to the political sphere, state dysfunctionality is closely connected with the unsuitability of the state to perform certain functions or to its malfunctioning (Gil, 2018, p. 273). The dysfunctionality of the state subject may be the result of the institutionalization of socially destructive practices, or the deinstitutionalization of practices considered beneficial and appropriate (*ibidem*).

It should be noted that the phenomenon of state dysfunctionality is a complex process. Therefore, it should not be reduced solely to delegitimation of power, defragmentation and macroeconomic crisis. The dysfunctional state is functionally and institutionally disturbed, which manifests itself in many pathological phenomena: firstly, the aforementioned delegitimation of power, then, the atomisation of society, clientelism and a one-party system, also, the demonopolization of administrative and military power and finally losing control of part or all of the territory (see more: Thomson, 2011, p. 109–129, quoted after: Kłosiwicz, Mormul, 2013, p. 19).

The type of pathological phenomena occurring in the state, as well as the scale of their intensification, determine the degree of degradation of state structures and thus show the essence and specificity of the problems that arise in such a state. On this basis, it becomes possible to define the kind of boundaries of the state's dysfunction and to classify it (see more: Bieleń, 2009, p. 55; Ferreira, 2008, p. 432; Kłosiwicz, Mania, 2012). This publication adopts the following classification: highly dysfunctional states (referred to as failed and on the verge of collapse/failing states) and highly dysfunctional states (referred to as fragile/fragile states).

Syria is considered in the literature as a failed state. In the Fragile States Index<sup>2</sup> in 2020, Syria ranked fourth among the most dysfunctional countries in the world (out of 178 surveyed) (Fragile States Index, n.d.). By comparison, ten years ago, at the

<sup>1</sup> Max Webber claimed that effective state power is manifested by having a permanent administration, army, financial and tax system. This is because they guarantee the functioning of coercive measures and ensure that the state has a monopoly on their use (Gil, 2011, p. 131; Kłosiwicz, Mormul, 2013, p. 15; see more: Weber, 2009).

<sup>2</sup> Until 2014, the ranking operated under the name Failed States Index.

beginning of the events of the so-called Arab Spring<sup>3</sup> it ranked 48th (Fragile States Index, n.d.). According to analysts, a constant trend has been the progressive dysfunctionality of Syria since 2011. Which is confirmed by successive Fragile States Index rankings.

Table 1: Syria's Fragile States Index ranking from: 2011-2020.

	Rank	Total	C1	C2	C3	E1	E2	E3	P1	P2	P3	S1	S2	X1
2020	4	110,7	9,9	9,9	10,0	8,7	7,2	8,4	10,0	9,1	10,0	7,6	10,0	10,0
2019	4	111,5	9,8	9,9	10,0	8,8	7,5	8,4	9,9	9,4	10,0	7,9	10,0	10,0
2018	4	111,4	9,9	9,9	9,9	8,5	7,8	8,1	9,9	9,3	9,9	8,2	10,0	10,0
2017	5	110,6	9,8	9,9	9,8	8,1	7,7	8,4	9,9	9,2	9,8	8,2	9,8	10,0
2016	6	110,8	10,0	9,9	10,0	7,8	7,4	8,6	10,0	8,9	9,8	8,4	10,0	10,0
2015	9	107,8	10,0	9,9	10,0	7,5	7,0	7,4	9,9	8,2	10,0	8,1	10,0	9,9
2014	15	101,6	10,0	9,6	10,0	6,7	6,9	6,9	9,8	7,2	9,9	6,0	10,0	8,6
2013	21	97,4	9,8	9,2	9,3	6,4	7,2	6,2	9,6	7,0	9,5	5,6	9,5	8,1
2012	23	94,5	8,5	8,7	9,2	6,3	7,5	6,0	9,5	7,0	9,4	5,5	9,0	7,9
2011	48	85,9	7,5	7,9	8,7	5,8	7,4	6,3	8,3	5,8	8,6	5,6	8,5	5,5

Source: Own study based on *Fragile States Index*, <https://fragilestatesindex.org/country-data/>, 19.04.2021.

C1 – Security Apparatus

C2 – Factionalized Elites

C3 – Group Grievance

P1 – State Legitimacy

P2 – Public Services

P3 – Human Rights

E1 – Economy

E2 – Economic Inequality

E3 – Human Flight and Brain Drain

S1 – Demographic Pressures

S2 – Refugees and IDPs

X1 – External Intervention

Prepared annually by US think tank The Fund for Peace and Foreign Affairs magazine, the Fragile States Index assesses 178 countries in terms of their stability and overall viability. The main focus is on the state's vulnerability to political

<sup>3</sup> The term 'Arab Spring' is not entirely accurate, as the mass protests did not only spread to the Arab world, reaching Iran, among others. However, it reflects the historical nature of these events. In the whole region there were social protests, often of a revolutionary nature. These have serious consequences not only for the Middle East, but also for other regions. quoted: Ilkowsky, 2011, p. 31. For the purposes of this publication, the events of the so-called Arab Spring will be analysed below in terms of their impact on Syria's dysfunctionality.

destabilisation and violence. For this purpose, twelve main vulnerability indicators and more than 100 sub-indicators are analysed (Mormul, 2013, p. 95). The first group of indicators of fragility consists of four social indicators: demographic pressure, refugees and internally displaced persons, group feelings of injustice, outflow of people and the so-called brain drain. Economic indicators include: uneven economic development and poverty and economic recession. The group of political and military indicators includes: legitimacy of the state, public services, human rights and rule of law, security apparatus, divided elites, and external interventions (*ibidem*, p. 96). Each indicator is scored on a scale from 1 to 10, where the lowest score (0) indicates the greatest stability of the state taking into account the given indicator, while the highest score (10) indicates that the state is at high risk of collapse or escalation of violence in the given area. It should be noted that the most significant trends in the analysis are the overall trends in the assessment of the state indicator in the consecutive rankings. This is because they reflect possible changes occurring in the surveyed country (*ibidem*, p. 95).

Relating the twelve indicators of instability indicated above to Syria, it should be emphasized that most of them are conditioned by a long-term civil war in which, over time, state and non-state external entities also became involved. This conflict is the result of the development of popular protests in Syria as part of the events of the so-called Arab Spring. The demonstrators did not relent even after the president appointed a new government and announced economic and political changes. In early 2012, anti-government demonstrations took the form of armed resistance. The government forces, began to use increasingly brutal methods to fight the opposition, which eventually led to the social protests turning into a violent civil war. In August 2013, chemical weapons were used for the first time in the civil war. Several hundred people lost their lives. The government and opposition began to blame each other for the tragedy (Smoleń, 2020a, p. 52). Very quickly, the territory of Syria became the area for various types of radical Islamic groups (see more: Smoleń, 2020b, p. 84–111). Despite initiatives taken by the international community more than a decade since the

Syrian conflict began, it still remains formally unresolved. Its complexity is determined by two main factors. Firstly, the ethno-religious divisions within Syria that prevent the formation of a joint coalition. Secondly, the involvement of many – including external entities that pursue their interests and strive to maintain geopolitical influence in the Middle East region and post-war Syria<sup>4</sup>.

As a result of the military operations in Syria, the brutality of government forces and terrorists, as well as the violation of human rights by all sides of the war, only until 2016, 11.3 million Syrians left their place of residence. Considering that just before the outbreak of the civil war, the population of Syria was 21.9 million, as much as 51 percent of its inhabitants became refugees (Wilk, 2016, p. 17). In 2021, Syria was ranked first among countries with the highest migration rate in the world (34.34 migrants per 1,000 inhabitants) (CIA, n.d.). According to international humanitarian organisations, there are two types of refugees in Syria: refugees (so-called statutory refugees), i.e. people who crossed the Syrian border and found refuge in the territory of another state. The second group are the so-called internal refugees, these are people who are in a refugee situation, which means that they left their place of residence but have not crossed the Syrian border (*ibidem*).

The timeframe of the so-called first wave of migration is: 2011–2014. By mid-2014, more than 2.8 million people had fled the armed conflict in Syria (Syrian Refugees..., n.d.). Refugees mainly came to neighbouring countries: Turkey, Lebanon, Jordan, Iraq and nearby Egypt. During this time, more than 760,000 refugees in the Republic of Turkey, nearly 600 000 in Jordan, over 226 000 in Iraq and over 137 000 in Egypt. The largest number, almost 1.1 million refugees, was received by Lebanon (*ibidem*). Of the above countries, the most serious costs, mainly economic, social and political determined by the admission of immigrants were borne by Lebanon.

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<sup>4</sup> For the purposes of this publication, the ethnic, religious and political divisions in Syria, as well as the involvement of external actors in the civil war, will be analyzed below (Smoleń, 2020a, p. 53–54).

In the second half of 2014, Syrians were already leaving Syrian territory in large numbers, not only for fear of hostilities, but above all for fear of persecution or death by members of the so-called Islamic State. In early October 2014, the number of Syrian refugees who had migrated to neighbouring countries was over 3.1 million. Nearly a third of them – more than 1 million – found their way to the Republic of Turkey; 1.1 million to Lebanon; more than 600,000 to Jordan; more than 200,000 to Iraq; and nearly 140,000 to Egypt (see more: Smoleń, 2018, p. 121–141). As a result of the so-called second wave of migration that began early in 2015, according to September 2015 data, 1.905 million Syrian refugees were registered in Turkey, about 1.72 million in Lebanon, about 620,000 in Jordan, nearly 250,000 in Iraq, and about 130,000 in Egypt (Potyrała, 2015, p. 1). By the end of 2016 in the Republic of Turkey, this number had risen, up to 2.7 million. About 30,000 refugees arrived in Lebanon, and 20,000 in Jordan (Wilk, 2016, p. 21). It is estimated that each of the above countries may additionally host up to half a million unregistered refugees mainly from Syria.

The internal migration phenomenon in Syria at that time amounted to 6.3 million inhabitants. Internal refugees took refuge mainly in cities and regions far from the front line. In the government-controlled area, the largest concentrations of refugees were in Damascus and on the Mediterranean coast. Syrian Civilians fleeing government forces settled in the Idlib province in northern Syria (*ibidem*, p. 17).

The migration phenomenon analysed above, on the one hand, and the death toll from ongoing hostilities, on the other, have caused the Syrian population to drop from 21.9 million in 2010 to over 19.9 million in 2021 (POPULATIONOF.NET, b.d.). According to experts' estimates, if the fighting in Syria continues at the current level, or if it ends in 2030, the population of this country will be over 26.6 million, while in 2040 over 30 million (*ibidem*). At the same time, the population density will increase to 185.3 people per square meter (*ibidem*). Thus, Syria will experience a fairly dynamic population growth. Its authorities will face the challenge of creating jobs in the conditions of rebuilding the country after the destruction of the war.

A few years before the events of the so-called Arab Spring in 2007, the birth rate in Syria was 4.2 percent (Bank Światowy, n.d.). The majority of the population at the time was made up of young people under the age of 25. The relatively high birth rate accompanied by difficulties in finding work among young urban residents determined the so-called demographic pressure. It has escalated further as a result of the drought disaster and the migration of the rural population to large urban centres in search of a sustainable livelihood. According to the Syrian authorities, the four-year drought has affected 1.3 million people in the eastern areas of the country. According to the Syrian Ministry of Agriculture, a minimum of 65,000 families (400,000 people) moved from the east to the cities in 2009 alone. The United Nations estimates that between: 2006-2010 migration to cities such as Dera, Homs, Hama, or suburbs of Damascus could have included up to one million farmers and shepherds (about 5 percent of the Syrian population at that time) (Wilk, 2016, p. 10). In the suburbs of Damascus and other similar large urban centres, poverty districts began to emerge, inhabited by a low-skilled population.

The phenomenon of a relatively high birth rate, which persists beyond the period of escalating armed conflict, when the authorities fail to deal with social and economic problems or deliberately fail to take action to solve them, is a characteristic trend for so-called dysfunctional states. In the case of Syria, the government's belated response to these negative developments has exacerbated discontent among both migrants and residents of the poorest urban neighbourhoods, creating the ground for larger social protests (*ibidem*, p. 11). The destruction of the makeshift homes of rural migrants by the authorities has caused them what is known as a group sense of injustice. It should be stressed that this is not an isolated case. The policy of excluding selected groups is characteristic of the government of President Bashar al-Assad. This context, the attitude of the authorities towards Kurds should be mentioned. This minority was stripped of Syrian citizenship in the 1960s, rendering them stateless and marginalized in society (see more: Smoleń, 2020, p. 219–238). Al-Assad re-granted them citizenship – without officially recognizing them as a minority – only in 2011 in the first stage of



social protests, counting on their support. In opposition to the regime are the Sunnis, who have been marginalised for years and are in the majority. They took to the streets demanding not only decent living conditions, but also as part of their opposition to the long-standing favouritism of the ruling Baath Party and the President towards Alawites.

When analysing Syria as a so-called dysfunctional state, attention should be drawn to the progressive outflow of people under conditions of civil war and the so-called brain drain. Not only the rural population and the urban poor have left the country, but also the highly qualified part of the society: engineers, scientists, teachers, IT specialists, doctors, etc. They left to survive, but also to gain opportunities for further professional development. In this context, the increasingly distant problem of rebuilding social and state structures is important. In the present conditions, it will be very complex or even impossible. Ten years after the start of military operations in Syria, experts talk about the so-called lost generation of Syrians. They point to the 7.5 million children who are growing up in the reality of war and have no memory of peacetime. Of these, only just over two million attend school. A certain percentage of children is forced to work or serve in various types of armed groups (Wilk, 2016, p. 19). Without education, they will not be able to participate in the long-term reconstruction of the state. They will also become susceptible to all sorts of radical slogans and ideologies. They will have difficulties functioning in the so-called normal, non-militarized society.

When analysing the group of economic factors, it should be stressed that the outbreak of the revolution and its subsequent transformation into a long-term armed conflict caused an economic collapse in Syria. It is estimated that the closure of trade routes and most industrial plants has resulted in a decline in Syria's economic potential of between 15% and 45% (*ibidem*, p. 18). Syrian currency's exchange rate against the dollar fell from 45 Syrian pounds in March 2011 to 216 Syrian pounds per dollar in 2016. Also in 2016, unemployment in Syria exceeded 50 percent, while poverty levels reached over 75 percent of the population (*ibidem*). The purchase of medicines and food was also a problem in the country, as inflation and the depre-

ciation of the currency determined a huge increase in their prices. According to United Nations estimates, as many as 8.7 million Syrians were in need of constant food supplies at that time. 5.3 million Syrians had no roof over their heads. 1.7 million of the population lived in camps and temporary barracks. Due to the destruction of basic infrastructure, 70 per cent of the population had no access to water (*ibidem*, p. 18–19). The state of the Syrian economy did not improve in the following years.

The dysfunctionality of Syria is also confirmed by factors in the political and military group. As regards the legitimacy of the state, it should be stressed that the rule of President Bashar al-Assad is contested by the majority of society. With the escalation of social protests and their transformation into armed conflict, two important centres of political opposition have formed in Syria. The first, in exile, was the Syrian National Council and then the National Coalition for the Syrian Revolutionary and Opposition Forces. The second, national centre centred around the National Coordination Committee, the General Commission of the Syrian Revolution, the Supreme Council of the Syrian Revolution and the Local Coordination Committee<sup>5</sup>. The opposition has been dominated by Sunnis, who make up the majority of the population (over 70 per cent). The Ba'ath Party, the army, Christians and Druze, as well as Alawites, were in favour of President Al-Assad's continued rule. The Kurds only became involved when a joint coalition was formed against the so-called Islamic State. Before that, they took a neutral stance. Regardless of their differences, the opposition in Syria was united by the common goal of establishing a Sunni majority government and toppling the al-Assad regime. Instead, the Kurds demanded autonomy or independence for the territories they inhabit, relative religious equality and equality for women.

Due to the geopolitical context and the efforts of some countries in the region and external powers to influence Syrian

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<sup>5</sup> Apart from programmatic differences, the opposition in Syria was divided over its attitude to external military intervention (Piskorski, 2014, p. 185–197).

politics and events, the civil war inside Syria became internationalised over time (Sawiński, 2014, p. 155–175; Vignal, 2017, p. 809–827). This resulted in the formation of two coalitions. On the side of the Syrian President were: Iran, Russia, Lebanon and China. The opposition was supported by Turkey, Saudi Arabia, Qatar, the United States and the European Union. Military, financial and logistical support was provided to the centre of power by Russia, Iran, Hezbollah, volunteers from Yemen and Shiite militias from Iraq. The opposition was assisted by the following: Turkey, Saudi Arabia, Qatar, Jordan. This was mainly financial and logistical assistance (Wilk, 2016, p. 14). With the growing activity of the so-called Islamic State, there was the formation of a joint anti-terrorist coalition and fighting against the jihadists on Syrian territory.

For years, President Bashar al-Assad has been accused by the opposition of violating the rule of law and turning Syria into an authoritarian state. These accusations are confirmed, among other things, by the extensive security apparatus. In addition to this army, the president uses four types of security forces to consolidate his rule and fight the opposition: The Baath Party militias (Popular Army); the National Defence Forces formed by militias defending Christian and Alawite villages and neighbourhoods; and an organised crime group called Shabbiha (*ibidem*). These services are known for their cruelty and widespread terror. They have repeatedly committed human rights violations. According to the Human Rights Watch report, the secret police use the following methods on detainees: beating with pipes, flogging, electrocution, crushing bones and burning with acid (Woźniak-Bobińska, n.d.; see more: Weiss, Hassan, 2015). It should be stressed that the escalation of violence by the regime is being experienced not only by the political opposition, but also by the civilian population. Men aged between 20 and 40 are most often tortured. However, there are also cases of the massacre of ten-year-old children. Chemical weapons are used. In August 2013, the authorities carried out the first spectacular rocket attack using this type of weapon. It took place in Ghouta province east of Damascus. The area attacked is inhabited by a predominantly Sunni farming population. According to the opposition estimates, between 355 and 1,821 people were

killed in the gas attack at the time. Similar tragic incidents have occurred several more times. Among others, in March 2017, three attacks were carried out against the population in Ltamenah (chlorine and sarin were used) (Raubo, 2020), while in February 2018 the village of Sarakib was attacked.

The civil war, which has lasted more than a decade, has severely limited the ability of the Syrian authorities to provide public services. As evidenced by the increase in COVID-19 cases, the quality of health services, the very difficult living conditions of the population, and the growing social and economic problems.

## 1.2. The scale of the COVID-19 pandemic phenomenon in Syria

In March 2020, the first case of COVID-19 in Syria was reported. The number of infections in large urban centres began to increase particularly rapidly. In the first week of August 2020, the authorities confirmed 999 cases of infection and 48 deaths in controlled areas (Epidemic in Syria, 2020). In late August, COVID-19 emerged in refugee camps in northeastern Syria. According to John Hopkins University, by October 2020, the number of patients with the coronavirus reached five thousand (The pandemic..., 2020). On 31 March 2021, the number of infected since the start of the pandemic was more than 18,900 in Syria (level of illness in government-controlled areas). The number of deaths 1,265. On 30 May 2021, the total number of cases rose to 24,440, while the number of dead rose to 1,763 (Syria. Statystyki, n.d.).

This is not reliable information, as Syria lacks effective diagnostic procedures and tools. Last year, voluntary testing for the virus could only be conducted in a few centres. They catered only to people travelling abroad. The cost of the examination was over 126,000 SYP (Syrian pounds). Which was twice the average monthly salary. A year later, the number of testing places was still insufficient. Mark Lowcock, UN Deputy Secretary-General, who heads the UN Office for the Coordination of Humanitarian Affairs alerts: "We know that (...) almost 90 per cent of new infections are untraceable" (AP, 2020).

## 2. STRUCTURE OF THE EFFECTS OF THE COVID-19 PANDEMIC IN SYRIA

Compared to the countries with tens of thousands of daily infections, the scale of the Covid-19 pandemic in Syria is not large. However, it must be stressed that it is taking place in a dysfunctional state. Moreover, official information on infections is not reliable. Therefore, the pandemic is a factor that determines a number of new negative phenomena and exacerbates already existing problems in the country. The fact is that the authorities are unable to resolve them on their own. The impact of the COVID-19 pandemic in Syria should be divided into three types: social, economic and political.

### 2.1. The social impact of the COVID-19 pandemic in Syria

Hundreds of hospitals in Syria were destroyed during more than a decade of war. According to Doctors for Human Rights, there were 566 attacks on 348 medical facilities between March 2011 and May 2019. Nearly 900 health workers were killed in the process (Fijałkowska, n.d.). According to the information from the World Health Organisation, Syria has lost around 70 per cent of its medical personnel as a result of years of military action (*ibidem*). Some health workers left, others died. Medical facilities currently operating hardly meet sanitary conditions and provide limited services. It is estimated that 95% of Syrians do not have access to proper medical care. Medical facilities currently operating hardly meet sanitary conditions and provide limited services. It is estimated that 95% of Syrians do not have access to proper medical care (*ibidem*). This results in the shortage of qualified assistance in pandemic conditions. Existing hospitals lack medicines, oxygen and life-saving equipment and personal protective equipment. There is no room to create so-called isolation zones. Doctors risk their lives by working 18 hours a day. Due to the inefficiency of the state health service, a so-called underground medical network is being established in Syria (Polish Medical Mission..., 2020). However, as the doctors emphasise, it is not able to replace a fully functioning hospital.

Poverty is another major social problem. Lack of regular meals and consequent chronic malnutrition devastates the population. 70% of the population has no access to clean water (Fijałkowska, n.d.) and the use of a shared toilet. The aid workers and the doctors draw attention to the often overlooked phenomenon of psychosomatic illnesses caused by the years of trauma and depression. It must be said that the above conditions increase the likelihood of the population becoming infected and the severity of the disease. In case the infection has already spread, Syrians living with their families in makeshift tents and barracks are not able to keep a proper distance and have no place to isolate themselves. They have no access to protective masks or gloves. Many of them, especially those struggling with long-term depression, do not take up the fight against the disease because they hope for a light death caused by COVID-19 (*ibidem*). Due to the very difficult living conditions, inadequate access to medical aid and medicines, drugs have become one of the cheaper painkillers available to civilians. According to local sources, one Captagon tablet<sup>6</sup>, a commonly used drug in Syria, costs between half and one dollar (Andruszko, 2021).

The situation is even more serious in the out-of-control Syrian province of Idlib. Until 6 March 2020, the province was regularly bombarded by forces supporting the regime of Bashar al-Assad. A temporary ceasefire has been declared because of a coronavirus pandemic. The people living in the area are in dire conditions. According to United Nations reports, just before the outbreak of the pandemic, more than 200 000 people were found camping out in the open in temperatures below zero degrees Celsius (Fijałkowska, n.d.). The remaining refugees, mainly from Damascus; Eastern Ghouta; Homs and the areas bordering Aleppo, have been living for months in makeshift, overcrowded transit camps. There are no sanitary facilities, no drinking water, no electricity.

In the province of Idlib, where there are currently more than three million people, only 39 hospitals continua operat-

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<sup>6</sup> For the purposes of this article, the problem of the development of drug trafficking in Syria will be analysed below under the sub-heading 2.2. Skutki ekonomiczne pandemii COVID-19 w Syrii.

ing . According to the authorities, there are 535 doctors and 1 085 nurses working in them. There are around 100 intensive care beds, 90 ventilators for adults and 20 for children. Many facilities are constantly unavailable. In the city of Idlib alone, with the population of 200 000, only six hospitals function normally (*ibidem*). Most centres are equipped to provide only basic medical care and to receive patients with war injuries. There is only one laboratory which provides tests to confirm the coronavirus infection. It is able to serve 200 people per day. There is no adequate medical infrastructure across the province that is prepared to deal with pandemic.

When analysing the social impact of the COVID-19 pandemic in Syria, it should be noted that it exacerbated the collapse of a health service that had been destroyed by years of warfare. Due to the unpreparedness of the authorities to fight the coronavirus, resulting from dysfunctional state structures, lack of staff and infrastructure and financial resources, mass infections and deaths are likely to occur in Syria.

They are not identified and included in official statistics due to very low testing rates. In the long term, the health of Syrians living in humanitarian disaster conditions is expected to deteriorate significantly and further deaths are expected.

## 2.2. Economic impact of the COVID-19 pandemic in Syria

COVID-19 pandemic, which has been ongoing for several months, is having a negative impact on the Syrian economy. At present, one of the main problems which President Bashar al-Assad is facing is to curb high inflation rate. In recent months, the price of basic food products has risen by as much as 230% (Wolska, 2021b). It should be noted that the increase in prices is not accompanied by an increase in salaries. The average monthly salary in Syria is around 90,000 thousand Syrian pounds. This is equivalent to USD 22.5 (Mazurek, 2021). According to Mark Lowcock, UN Under-Secretary-General, quoted above, who heads the UN Office for the Coordination of Humanitarian Affairs, the average household expenditure exceeds its income by about 20 per cent (*ibidem*). To be able to buy food, more

than 70 per cent of Syrians have taken on debt over the past year. Many of them have sold their goods and animals. Instead of going to school some children are forced to work (*ibidem*). Under such conditions, malnutrition among the youngest has become widespread.

As far as the employment is concerned, it is difficult to establish a reliable level of unemployment. According to official data, it amounts to 8.3 per cent (Wolska, 2021b). In reality, unemployment is several times higher, as most Syrians operate in the so-called grey economy. Apart from the high unemployment rate, another issue for the authorities to be considered, is the shortage of fuel and food. Syria is forced to import over half of the grain needed to bake bread (COVID-19 cofnął postępy..., 2021). Due to the shortage of many products, the government began to ration its resources (cyk/akl, 2021). On the other hand, for rations of bread subsidised by the state, one has to spend time for hours in queues of several kilometres long. The situation is similar with regard to fuel and gas, which are needed to heat homes.

It should be considered that, since the outbreak of the coronavirus pandemic, Syria's currency has lost more than  $\frac{3}{4}$  of its value. The quotation of the Syrian pound against the US dollar has fallen to its lowest level ever. The official exchange rate, set by Syria's central bank since 2020, is 1256 Syrian pounds for one US dollar. However, this has no real reference, as under the prevailing black market exchange, one dollar is worth more than 4,000 Syrian pounds (Mazurek, 2021). Due to the restrictions introduced as a part of the fight against COVID-19, trade volumes have also decreased. Syria's budget for 2021 is theoretically larger than last year. It has reached 8,500 billion Syrian pounds. However, the fall in the value of the currency means that, in dollar terms and adjusted for inflation, it is more than a quarter smaller than last year's. The Atlantic Council estimates that this year's Syrian budget is the smallest since popular protests broke out in 2011 (*ibidem*).

Under conditions of dominance of transactions on the so-called black market and serious economic difficulties, drug trafficking has become one of the important sources of financing for the regime of Bashar al-Assad. According to information



from the Center for Operational Analysis and Research, narco-business began to grow rapidly from 2018, when much of Syria's territory came back under the control of the central power centre. On the one hand, the export of stimulants increased and drug trafficking reached an industrial scale (Andruszko, 2021). Syria is the leading producer of Captagon<sup>7</sup>. In 2020, Captagon exports from Syria reached a market value of at least \$3.46 billion. However, it is estimated that the amount is actually much higher (*ibidem*). Just in 2020 alone, foreign law enforcement agencies intercepted four shipments of Captagon from Syria, each with a probable value of over \$300 million (*ibidem*). The scale of drug exports, as well as the reduction in legitimate commercial activity, means that drugs have now become the most important source of foreign currency in Syria.

The economic problems identified above, are conditioned by many factors. These include the fact that oil- and wheat-rich areas in the north-east of Syria remain under Kurdish control; sanctions imposed by the United States on Syria and its ally Iran; and the financial crisis in Lebanon, which has provided economic support to internationally isolated Syria (cyk/akl, 2021); the destruction of the state by years of military action.

In this context, analysts also draw attention to the role of the COVID-19 pandemic. In their view, the economic impact of the pandemic, the restrictions associated with the fight against the virus and the related, inter alia, impediments to international trade have set back the progress made in combating global poverty by 5–10 years. Thus, it can be concluded that humanitarian aid under the conditions of the COVID-19 pandemic was severely reduced.

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<sup>7</sup> Captagon is the trade name for a drug that was developed in the 1960s. It has been used as a treatment for ADHD, narcolepsy and depression as it increases awareness and gives energy. It also positively affects the ability to focus, reduces anxiety, adds strength and combats fatigue. The drug, which is a mixture of caffeine, amphetamine and theophylline, is currently produced in Syria under the name Captagon (*ibidem*).

### 2.3. Political impact of the COVID-19 pandemic in Syria

The most significant political – and also security-related – effect of the COVID-19 pandemic in Syria is the renewed activity of radical groups on its territory. Fundamentalist terrorist organisations, mainly the so-called Islamic State, are carrying out attacks on civilians. At the same time, there is an escalation of power between the Republic of Turkey and the Kurds. Sporadic attacks on the government are organised by rebels.

On 6 March 2020, Turkey and Russia, which supports Bashar al-Assad's regime, announced a ceasefire in Idlib province (sp, 2020). However, the United Nations is warning that the so-called Islamic State and other radical groups in Syria are using the coronavirus pandemic to step up attacks on civilians. According to the office of Michelle Bochelet, UN High Commissioner for Human Rights, there have been 33 bomb attacks in Syria between the beginning of March and the beginning of May 2020. No entity has claimed responsibility for carrying them out. Most of the attacks were organised in northern and eastern Syria. These areas are under control of the Republic of Turkey and its affiliated armed groups or the Kurdish-led Syrian Democratic Forces (SDF). It cannot be ruled out that terrorists are taking advantage of the conflict between Turks and Kurds and are secretly rebuilding their structures in the areas of fighting. Syrians are also being killed in the government-controlled province of Daraa in southwestern Syria. Attacks, carried out there, are targeted mainly against functionaries of the ruling regime (Ataki na cywilów w Syrii..., 2020). Referring to the fighting between the Kurds and Turkey, it should be mentioned that in March 2021 the authorities of the Republic of Turkey carried out a series of airstrikes against the People's Self-Defence Units (YPG) and the Women's Defence Units (YPJ) on the outskirts of the city of Ajn Isa in the Ar-Rakka muhafaza. This was the first such attack in 17 months (Lotnictwo tureckie..., 2021).

The United Nations demand ceasefire across the whole of Syria, as well as the lifting of sanctions imposed on it.

### 3. RESPONSE TO THE EFFECTS OF THE COVID-19 PANDEMIC IN SYRIA

The response to the effects of the coronavirus pandemic in Syria will be analysed at two levels: the state and the international system. The adoption of the above solution will, firstly, allow for an assessment of the effectiveness of measures taken. Secondly, it will show the ineffectiveness and dysfunctional character of Syrian state structures.

#### 3.1. State-level response to the impact of the COVID-19 pandemic in Syria

With the emergence of the first case of COVID-19 infection in Syria, the country authorities began to introduce restrictions in March 2020. These included: the closure of all border crossings (air, land and sea) to passenger traffic; the introduction of a curfew; a ban on movement between towns and cities; the suspension of urban and intercity transport; the closure of most offices and institutions, schools and universities, hotels and tourist resorts; hotels and educational buildings were under control of the Ministry of Health (Ograniczenia..., 2020). All sporting and cultural events were cancelled. The Syrian Civil Defence (the so-called White Helmets), in order to stop the spread of the virus, started disinfecting streets, mosques and public buildings. It also went to the rebel-held province of Idlib (DPA, AP, AFP/jak, 2020) .

When analyzing the above-mentioned reaction to the first cases of COVID-19 infection in Syria, their temporary nature should be emphasized. Due to the enormous scale of the country's destruction, as well as the serious economic and humanitarian crisis, the Syrian authorities were unable to take effective measures that could reduce the number of coronavirus cases. Several months after the outbreak of the pandemic, the number of laboratories carrying out tests for the virus is still low. Neither is the number of hospitals able to offer expert care to infected people in life-threatening conditions increasing. Not only are medical facilities in short supply but also there is still a shortage

of oxygen, life-saving equipment and even personal protective equipment. The doctors who emigrated with the escalation of hostilities are not returning to the ruined country.

On 28 February 2021, vaccination of health workers against the COVID-19 virus began in Syria. According to unofficial information, the purchase of hundreds of thousands of doses of the Sputnik V vaccine was financed by Israel. It was to be a kind of ransom for the release by the Syrian authorities of an Israeli woman who had illegally crossed the border on the Golan Heights (Wolska, 2021a). A few months earlier, in October 2020, President Al-Assad announced the purchase of Sputnik V from the Russian Federation. However, the transaction was not finalised. Vaccination of Syrians not working in the health sector is organised by external organisations. One of these is the World Health Organization's partner Syrian Immunisation Group (*Kto zaszczepi Syryjczyków?...*, 2021). Regarding the measures taken by the Syrian Government, it must be said that it organises chaotic, uncoordinated campaigns. There is no national vaccination programme in the country. According to Our World in Data, at the beginning of June 2021, the number of vaccinated Syrians was 71,519 thousand (Our World in Data, n.d.). There is no information available to clarify whether the above figure refers to one or two doses of the vaccine.

The regime, whose high-ranking officials control the most lucrative sectors of the economy and get rich from criminal activities, is very slow in rebuilding the country's infrastructure. Therefore, the vast majority of the population continues to live in overcrowded and partly ruined buildings or makeshift tents, which makes isolation and quarantine impossible under these conditions. The authorities concentrate on providing energy and drinking water for several hours a day. The state also provides basic municipal services.

The problem of the shortage of grain for breadmaking remains unresolved. More than half of the grain is still exported. Syria is unable to produce even half of its pre-crisis grain production (Zagner, 2021). The majority of the population is starving and vulnerable to disease due to exhaustion. According to the World Food Programme, almost 60 per cent of Syrians do not have enough food and 1.3 million suffer from chronic malnutrition

(*ibidem*). Despite calls from economists, economic reforms are not being carried out. Referring to the economic crisis, President Bashar al-Assad argues that Western countries, which have imposed sanctions on Syria, are responsible for it.

The Syrian authorities are also failing to deal with terrorist activity on the territory of the country. Since the beginning of the pandemic, the number of bombings carried out by fundamentalists has been increasing. These are mainly organised by members of the former structures of the so-called Islamic State by means of “sleeper cells”. They also use networks of affiliated groups (Woźniak, 2021). Despite the official defeat of the organisation, according to United Nations estimates there were around 10,000 thousand ISIS fighters in Syria and Iraq in 2020 (Zagner, 2021).

The problems signalled above, as well as the lack of an effective response to them on the part of the authorities, are characteristic for dysfunctional states. Their governments do not have the appropriate means and instruments to solve social and economic problems. They are also unable to ensure the security for their citizens. On the other hand, they may deliberately not take certain actions, because maintaining the status quo serves their interests, which is mainly to make illegal profits and to strengthen authoritarian rule.

In the case of Syria, it can be said that there are two indicated processes. The state structures are too weak and impoverished to improve the quality of life of Syrians, fight poverty and the pandemic. However, the protracted chaos is paradoxically beneficial to the Al-Assad regime. First, he and his supporters control the economy and get rich by being engaged in criminal activities, including drug trafficking. Secondly, the chaos justifies the need for the continued functioning of the regime which, according to the narrative of its constituent politicians, is the only one capable of providing Syrians with relative stability and security. This trend is confirmed by the presidential elections held in May 2021 under the conditions of a pandemic and restrictions. The incumbent President, Bashar Al-Assad, won them once again. The politician won over 95 percent of all votes cast (PAP, 2021). According to the opposition, the candidates were fictitiously staged by the regime.

### 3.2. Response to the effects of the COVID-19 pandemic in Syria at the level of the international system

The international community has been involved in providing assistance to civilians in Syria since the beginning of the armed conflict in that country. The provision of support was determined by the intensification of violence against Syrians by the regime, its allies and terrorists, as well as the dynamically increasing scale of the humanitarian crisis. In the conditions of the COVID-19 pandemic, international institutions and non-governmental organisations took measures to intensify humanitarian assistance, as well as to attract more aid funding.

Analysing the commitment of the United Nations in assisting Syrians, it should be noted that Russia and China, which have their own interests in Syria and the region, have made several attempts to politicise the support offered by the organisation. After the expiry of the 2014 United Nations resolution, which allowed humanitarian aid to be delivered through four border crossings also to areas of Syria not under the regime's control, the Russian and Chinese authorities opposed the continuation of the above solution. As a result, the number of crossings had already been reduced from four to two by early 2020. Since then, supplies to some regions of Syria have been reduced (Pomoc ONZ dla Syrii..., 2020). After lengthy negotiations in July 2020, the powers agreed to operate a single crossing point for a year through which food, medicine and other essential supplies will be delivered. As the situation worsens following the outbreak of the pandemic, the lives of around 2.8 million people in north-west Syria depend on cross-border aid, according to the United Nations (Pomoc transgraniczna dla Syrii..., 2020). Meanwhile, the goal of the Russian Federation is to gradually reduce humanitarian aid offered to Syria by external entities. In this way, it aims to strengthen the internal position of President Al-Assad (Pomoc ONZ dla Syrii..., 2020).

The 2020 agreement does not resolve the critical situation in Syria. One year after the outbreak of the COVID-19 pandemic, the number of people in need of basic assistance has risen to 24 million in the country. This compares with four million fewer a year ago (wr, 2021). Ten billion dollars in humanitarian aid is

needed, according to senior United Nations officials (*ibidem*). In response to the growing needs and the humanitarian catastrophe in Syria, in March 2021, the United Nations together with the European Union organised a donor videoconference entitled: "Supporting the Future of Syria and the Region". It was attended by more than 80 countries and international organisations. The meeting managed to raise €5.3 billion in grants and an additional €5.9 billion in low-interest loans (Wolska, 2021b). The funds obtained will go to aid institutions and organisations operating in Syria, as well as neighbouring countries where refugees from Syria are located. It should be emphasised that this is not the first initiative of this kind. The conference related to raising funds for Syria is organised for the fifth time. The year before it raised around seven billion euros (IAR, 2021). 9 billion for 2020 and the remaining two billion for 2021 and beyond (Wspieranie przyszłości Syrii, n.d.).

The European Union, as co-organiser of the annual conferences, is a regular donor. This year, it has offered the most – EUR 3.7 billion. Of this sum, EUR 1.1 billion was given by the European Commission, and the remaining EUR 2.6 billion was pledged by the Member States. The previous year, two-thirds of the total amount raised came from the European Union institutions and the Member States (IAR, 2021). In this context, it should be mentioned that the European Union has been the largest foreign donor to victims in Syria for years. Since 2011, i.e. since the beginning of the conflict, it has mobilised close to EUR 25 billion in humanitarian and stabilisation assistance (Wolska, 2021b). The European Union also reacted very quickly to the global appeal launched by the United Nations last year in connection with the outbreak of the COVID-19 pandemic. In February 2020, the European Commission donated EUR 30 million to the World Health Organisation. It also planned, subject to the agreement of the European Union's budgetary authority, to allocate some EUR 76 million to programmes linked to the implementation of the global humanitarian aid plan launched by the UN (Więcej na pomoc humanitarną, 2020).

In May 2020, the European Commission set aside an additional €50 million. In addition to Syria, funds went to Yemen,

Palestine, Venezuela, the Sahel region and Lake Chad, and the Central African Republic, among others.

The support offered by the European Union goes to international organisations and NGOs, including United Nations agencies, the Red Cross and the Red Crescent. These entities use the funds raised to fight the coronavirus to offer health care, set up quarantine facilities, purchase protective equipment, provide the population with water, and build sanitation infrastructure (*ibidem*). Their important role is also to make the local community aware of the existence of coronavirus, its effects, and the principles of social distance and hygiene. The organisation of vaccination is coordinated in Syria by the Syrian Immunization Group. Established in 2016, the group works with the World Health Organisation. In May 2021, the organisation provided 240,000 vaccines to 120,000 Syrians. The transport came from Turkey. Vaccination included the elderly, the chronically ill, as well as medical personnel (Kto zaszczepi Syryjczyków?, 2021). Polish humanitarian organisations are also involved in helping Syrians. The Polish Medical Mission is raising funds and providing necessary safety equipment: medical coveralls, masks and protective gloves (*ibidem*). Polish Centre for International Aid has sent 52 modular homes to northern Syria (IAR, 2020). In the context of the action taken by the World Health Organisation, it is worth mentioning that it supplied Syria with the first coronavirus tests and organised collection points (AFP, 2020). UNICEF has also responded to the COVID-19 pandemic. In an appeal published every year: "Humanitarian Action for Children", the organisation asked the international community to increase humanitarian spending to \$6.4 billion in 2021. This is 35 per cent more than in the previous year. According to UNICEF estimates, one billion dollars of this amount should be allocated to help refugees from Syria, while 330.8 million dollars should go to Syrians living in their own country (UNICEF..., 2020). In 2020, as part of the fight against the pandemic, UNICEF reached three million people worldwide with information on COVID-19 prevention, provided personal protective equipment to 1.8 million medical workers, arranged for 2.5 million COVID-19 tests to be shipped to 56 countries (*ibidem*). Currently, the organisation



is involved in, among others, the provision of drinking water and the procurement and distribution of vaccines. To this end, UNICEF is coordinating the transport of vaccines with major airlines and carriers. They are to be distributed to more than 92 countries (*ibidem*).

In attempting to assess the effectiveness of the humanitarian response implemented by the international community, it is important to highlight a number of significant problems. Epidemic restrictions introduced in Syria in connection with the COVID-19 pandemic severely limit the possibility to provide humanitarian assistance in the country (Zajączkowska, 2020). Aid organisations stress that further difficulties in this regard are caused by the international sanctions imposed on Syria. The argument, they claim, is that under conditions of a coronavirus pandemic, at least a temporary suspension of the embargo on all medical products and financial transactions is necessary. Only then will Syria be able to procure and import essential medicines and medical products and have unlimited access to international financial assistance (Syria: zatrzymajmy sankcje gospodarcze, 2020). Paradoxically, international humanitarian aid also encourages the repressive policies of the regime of Bashar al-Assad. The Human Rights Watch report shows that the Syrian authorities use humanitarian support in such a way as to reward supporters and punish opponents. They limit the access of international organisations and institutions to those in need and selectively approve development and aid projects (Syria i Liberia, n.d.). Humanitarian activities are under constant intelligence surveillance. Furthermore, the government is illegally blocking the return of displaced persons from areas that did not support it during the escalation of hostilities. Notwithstanding the above, it should be noted that more than 13 million Syrians depend on international humanitarian aid for their survival and further development (Bielecki, 2021).

## SUMMARY

In conclusion, the analysis confirms that dysfunctional Syria, devastated by years of civil war and the fight against the so-called

Islamic State, lacks a well-developed medical infrastructure and an adequate number of doctors, and is therefore unable to guarantee proper care to COVID-19 patients. The above conditions also mean that the dysfunctional regime is unable to develop a strategy for managing a multi-faceted crisis. The hypothesis according to which, in the conditions of the pandemic and the social and economic problems aggravated by it, there are increasingly frequent terrorist attacks in Syria, probably carried out by the so-called Islamic State, was positively verified. Thus, it can be concluded that internal chaos and the weakness of state structures increase the risk of the reactivation of Islamist terrorist groups in the territory of Syria. It has been confirmed that the objective inability of the Syrian authorities to end the humanitarian crisis in the country, its scale, and the regime's drawing of economic and political profits from international humanitarian aid require international involvement. The sanctions imposed by the international community do not weaken President Bashar al-Assad, but paradoxically, together with the COVID-19 pandemic, they limit international humanitarian aid. Moreover, the chaos justifies the need for the regime to continue to function, which, according to the narrative of the politicians who created it, is the only one able to provide relative stability and security for the Syrian people.

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Joanna Sosnowska, Ph.D.

Department of Visual Communication and New Media  
Institute of Journalism and Management  
The John Paul II Catholic University of Lublin  
mail: joanna.sosnowska1@kul.pl  
ORCID: 0000-0001-8057-8571

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# PANDEMIC IMAGE OF A WORLD THREATENED BY A VIRUS IN A FILM MESSAGE

**Abstract:** The SARS-CoV-2 pandemic dominated humanity in 2020. In the face of the threat, it turned out that films about the danger caused by the virus became extremely popular, as the annihilation of humanity is a well-known cinematic motif which deals with the fate of the world and man. Based on the literary tradition, cinema has also developed its own imagery of a worldwide pandemic. On one hand this article presents the genre forms of films and series about the epidemic, and on the other, a vision of the world and people in the midst of a catastrophic viral pandemic.

**Keywords:** pandemic, film, cinema, series, epidemic

## INTRODUCTION

The coronavirus outbreak has brought the theme of health security in a pandemic to the forefront of media communication. The issue of the current virus epidemic quickly attracted the attention of documentary filmmakers who tried to understand this threatening phenomenon and bring their view to a wider viewership. Feature cinema, due to its limitations, has not yet dealt with the subject of the SARS-CoV-2 pandemic, but the issue of the epidemic and the related threats has been present in the cinema for a long time. Pandemic cinema reveals fears of

the present and, very often, an unpredictable future. The subject of the epidemic, which is a vision of the catastrophic extermination of humanity, becomes not only a fictional creation, but a reality that surprises even science-fiction films. “Throughout human history, many diseases have appeared and disappeared, many of them were eliminated by the sanitary revolution of the nineteenth century, but many still remain a dreadful threat to the individual. (...) as modern societies we struggle with many societal epidemics, such as obesity, diabetes and cancer. Global hunger and human malnutrition are also a major problem. Despite our best efforts, even in the 21st century we are not able to fully control these threats. The enormity of the social transformations wrought by the explosion of these biologically active ‘bombs’ is deeply and continuously inscribed in our post-modern experience. There is no doubt that infectious diseases are a global challenge for the modern world” (Stochmal, Maciejewski, 2020).

This article aims to introduce the representation of a pandemic in film by pointing out the conventions of cinema storytelling in this respect and to present the importance of fictional cinema. The content analysis will cover feature films as well as series productions, the narrative of which is based on the theme of a viral pandemic or epidemic. The genre traits of pandemic cinema, which can be seen in horror cinema, disaster films or broadly defined science-fiction, will also be presented.

## THE GENRE FORM OF PANDEMIC CINEMA

Cinema dealing with epidemics most often falls into the genre of science-fiction, disaster or horror films. The imposed genre convention allows creators and audiences to communicate within a specific framework and set the boundaries of the fictional story. Genre cinema oscillates between two poles: the pole of convention and the pole of invention. “The former gathers repetitive, traditional, familiar and stereotypical elements (genre clichés), the latter – innovative and different” (Dobrowolski, 2002). Each of the elements balanced by the creators is a guarantee of the production of a cinema that will attract viewers in front of

the screen, acting as a magnet (comp. Ćwikiel, 1991, p. 102). Genre-wise, SF (science-fiction) films are the subject of much analysis, often with contradictory, ambiguous interpretations of their dualistic nature. “Most misunderstandings arose especially around the terms: science fiction and fantasy” (Będkowski, 1994, p. 15–25). The scientific aspect of the stories of both the literary prototypes and the film narratives was strongly emphasised. Science fiction works should be based on logical deduction related to current scientific knowledge or confirmed in the world of the author’s scientific rights (comp. Parrinder, 1989, p. 355). The element of rationality of the events depicted, exceeding the probability of other film genres, and even their authenticity, is emphasised. SF films are a kind of example fictionalized science. The evolution of the genre, in literature but especially in its cinematic aspect has tipped the balance from the science element to fiction. Unlimited technological possibilities and computer graphics have strengthened the imagination of creators who want their stories to cross the limits of human imagination. The classic approach to this genre avoids the contradiction between what is fantastic (imagined) and what is scientific (real, authentic) (comp. Okólska, 1989, p. 8). Science fiction tends to tame the extraordinary, shows curiosity to know, understand reality, and often touches on alienation. SF films problematise unusual, abnormal moments in human history and evolution, investigate the causes of these events and pose universal questions (Suvin, 2018; Suvin, 2016). Science fiction is distinguished from related fictional genres such as myth, fairy tale and fantasy, but also from realistic historical or moral forms. An important aspect is the author’s cognitive abilities and their ability to reconcile scientific (empirical, expert) facts with the world of imagination. One of the strongly emphasized features of the species is the final affirmation of hope, looking for a positive vision of the future, human victory over a catastrophic fate (Będkowski, 1994, p. 15–25). It is not related to creating a superhero character or avoiding drama on the screen. On the contrary, the difficulties encountered and moral decisions are crucial to the plot. “Science fiction thus uses the advantages of a creative approach that escapes the cognitive constraints imposed by a consuming anxiety about mundane empiricism

and social relations. From a historical perspective, science fiction has moved away from the pre-science or protoscience strategies present in exposing satire or naive social criticism and has moved closer to the increasingly nuanced natural sciences and humanities" (Suvin, 2018). Science fiction therefore often combines an educational, cognitive function with entertainment. "Science fiction, unlike futurology, does not so much forecast as give concrete solutions, unverifiable of course by empirical methods (...) and pure fantasy substituting the impossible for the probable. Only the line between scientific speculation and unfettered imagination seems uncertain" (Dobrowolski, 2002, p. 45). P. Dobrowolski (*ibidem*) put together a typology of issues taken up by SF cinema, including:

- human cognitive capacity and technical development,
- visions for Earth as Paradise (predictions for the future),
- belief in the existence of extraterrestrial civilisations,
- the existence of monsters or destructive organisms from outer space,
- the threat to the world as a total destruction,
- major crises (e.g. environmental, demographic),
- alternative universes,
- robot revolts,
- mad scientists,
- the fear of the individual of being massified, of losing the boundaries of personality and individuality,
- scientific and medical experiments,
- belief in the presence of a foreign civilization on Earth.

Genre cinema uses storytelling through costume. In spite of the many imaginative possibilities, the creators of SF, disaster and horror cinema generally reach for familiar motifs and patterns, which are known by the audience. "This happened with all varieties of vampires and half-humans-half-animals, where molecular biology has raised questions about new frontiers of humanity and genetic drift" (*ibidem*, p. 32). In addition, many iconographic stereotypes can be found, including: costumes, futuristic cities, weapons of mass destruction, monsters from outer space. In science fiction nowadays, genre boundaries are blurred and plots, themes and poetics are mixed. As a matter

of fact, you can already fit everything into the science fiction bracket. The names of sub-genres, currents, cycles are used to maintain the semblance of order. In science fiction there is room for everything: fairy tale, adventure, sensation, utopia, philosophy, horror or mythology. In many films, the futuristic costume is only a pretext for a free, unrestrained imagination (comp. Ćwikiel, 1991, p. 102). SF is nowadays considered hybrid, incoherent, with a confused chronological order. Time manipulation causes the past to intermingle with the past and the present, to time travel.

Disaster cinema, which often deals with pandemics, is a genre of film that describes authentic events or projects a vision of catastrophic accidents. Most often these are natural disasters, weather phenomena or transport disasters. Disaster films very often create an unrealistic image of reality by exaggerating the phenomenon described, dramatically intensifying its effect (e.g. a hurricane, flood or earthquake). Disaster themes are already evident in the titles of the films, including "The Quake", "The Towering Inferno", "Locusts", "Volcano" and "Hard Rain". Disaster cinema is also considered a sub-genre of SF film or its combination with elements of fiction. Films belonging to this genre are more and more often distinguished by their spectacle, the use of special effects or computer animation. On the other hand, disaster cinema is also about paradocumentary reconstructions of events with very precise factuality. This gives such films the feel of historical cinema or even fictionalised documentaries. However, they have more freedom to create stories based on fiction. The plausibility of events is subordinated to the emotionality of the filmed story, the construction of characters and interesting plot twists. Disaster films offer the opportunity to experience great emotions while following the protagonists' struggle with various obstacles. It is not always the finale of these struggles that is most important, it is often the way in which the tragedy is dealt with that is important to the filmmakers. The subjectification of the disaster through the individual story of the protagonist, the identification with the fears of the protagonist, his family or friends causes an emotional reception of the presented content. A sub-genre of disaster cinema is the apocalyptic film, which refers to very diverse but

constantly recurring visions of the end of the world (Górczyńska, 2013). Post-apocalyptic fantasy cinema (post-apocalypse, post-apo), which focuses on events after the final cataclysm, is also increasingly popular (Gąska, 2016). The world created in them allows the viewer to “experience them from the safety of their own armchair”. This is not equivalent to actually experiencing a disaster, however it is enough to diminish the anxiety associated with the threat (*ibidem*, p. 14). As P. Gąska notes, post-apocalyptic cinema shows a frequent dissonance; on the one hand, it spins an optimistic scientific narrative, “presenting technological development as a gain for humanity, and on the other, historical knowledge about the destruction to which this development has (so far) led” (*ibidem*, p. 15). According to D. Kutyla, due to the way the “post-apocalyptic world is shown, we can divide these visions into: technocratic, pandemic, anarchistic, post-apocalyptic cinema of wandering, post-apocalyptic cinema of asylum” (Kutyla, 2019, p. 167–180). Disasters are a pretext for looking at humanity, both in the face of danger and in moments of important ethical decisions. Novels about the end of the world are also stories about the condition or end of humanity (comp. Berger, 1999; Lewandowski, 2017).

Pandemic cinema uses the convention of horror cinema, both in the way of dramatic narrative, constructing the character’s typology, building a conflict and a sense of fear, as well as making the story told unreal. Horror cinema draws on literary traditions and grows, like the above genres, “in the paradigm of social discourse as the result of common – and hidden – fears and anxieties associated with a given era” (Olkusz, 2016; see also: Hogle, 2002). Pandemic cinema avoids typical references to horror and fictional characters (including vampires), but at the same time creates its own characters based on known patterns. The horror film aims to put the viewer in a state of terror, strong tension and a feeling of constant suspense. It uses elements of dramatic surprise (suspense) or the convention of contrast. In the classical approach, in addition to an atmosphere of fear, horror cinema strove for a cathartic effect (Horror, n.d.). “Contemporary horror fiction in most cultures uses a wide range of media, conventions and influences, being in a sense a combination of what is considered frightening in a given culture, the

culture's successive literary and cinematic styles, new creative ideas, and foreign influences – and all these components must be in balance" (Marak, 2016).

## PANDEMIC WORLD VIEW IN FILM AND FICTION SERIES

Fictional stories about pandemics combine genre conventions while strongly accentuating the element of cinematic spectacle. Feature cinema is just getting ready to tell about the current SARS-CoV-2 pandemic. One of the first films is a work by Iranian director Mostafa Keshvair entitled "Corona". The film not only tells the story of the COVID-19 virus, but is an analysis of society at a time of danger. The director of the film is known "for tackling the issues of racism and discrimination, and these are the issues that will be covered in the film. The film is set in a lift where a group of people of different social positions, races and religions are trapped" (Szczurek, 2020).

Despite the diversity of storylines, pandemic cinema takes up similar plots and narrative patterns and the vision of the world is subordinated to the desire to prove the power of man over the epidemic. Several key areas of pandemic cinema can therefore be characterised:

- loneliness in the face of fighting an epidemic ("I Am Legend" 2007, dir. F. Lawrence),
- the motif of turning people into bloodthirsty beasts ("I Am Legend" 2007, dir. F. Lawrence, "Towards the Lake" 2019, dir. P. Kostomarov, "The Rain", dir. K. Kaintz, N. Arthy, "World War Z" 2013, dir. M. Foster, "The Corridor" 2019, dir. L. Helldens, "The Strain" 2014–2017, dir. G. del Toro, Ch. Hogan),
- virus causing madness (taking one's own life) theme ("The Happening" 2008, dir. M. Night Shyamalan),
- the fight for family safety ("Towards the Lake" 2019, dir. P. Kostomarov, "Contagion" 2011, dir. S. Soderbergh, "Bird Box" 2018, dir. S. Bier, "World War Z" 2013, dir. M. Foster),
- the search for a vaccine, a cure for a disease caused by the virus ("I Am Legend" 2007, dir. F. Lawrence, "Contagion" 2011, dir. S. Soderbergh, "Helix" 2014–2015, dir. C. Porsandeh),

- indefinite or near future; this makes the vision of a pandemic more likely; the action takes place in times close to the viewer (“I Am Legend” 2007, dir. F. Lawrence, “12 Monkeys” 1995, dir. T. Gilliam, “Children of Men” 2006, dir. A. Cuarón),
- the rapidity of the spread of the virus; amplification of the pandemic by the rate of disease, introducing fear of the ultimate annihilation of mankind (“12 Monkeys” 1995, dir. T. Gilliam, “Contagion” 2011, dir. S. Soderbergh, “28 Weeks Later” 2002, dir. D. Boyle),
- the motif of a shelter society; hiding from the effects of a pandemic or sick people (“12 Monkeys” 1995, dir. T. Gilliam, “I Am Legend” 2007, dir. F. Lawrence, “Towards the Lake” 2019, dir. P. Kostomarov, “The Rain”, dir. K. Kaintz, N. Arthy, “Bird Box” 2018, dir. Susan Bier, “The Colony” 2013, dir. J. Renfroe). On the one hand, high-tech hiding places are emerging (“The Rain”, dir. K. Kaintz, N. Arthy), on the other hand, the houses are deserted after the pandemic (“I Am Legend” 2007, dir. F. Lawrence, “Towards the Lake” 2019, dir. P. Kostomarov),
- the series introduces multi-threading and multi-characterisation of the story of the pandemic, which is often not developed in films; there is a cross-section of psychologically portrayed characters in the face of the threat (“Towards the Lake” 2019, dir. P. Kostomarov, “The Rain”, dir. K. Kaintz, N. Arthy, “Helix” 2014–2015, dir. C. Porsandeh, “The Strain” 2014–2017, dir. G. del Toro, Ch. Hogan),
- important questions are raised about the essence of humanity and the socio-technological development of humanity (“12 Monkeys” 1995, dir. T. Gilliam, “28 Weeks Later” 2002, dir. D. Boyle, “Helix” 2014–2015, dir. C. Porsandeh, “The Corridor” 2019, dir. L. Heldens),
- on the one hand, people are helpless in the face of the virus, they lack the knowledge and ability to fight the epidemic; on the other hand, the scientist, doctor, epidemiologist become important characters in the film (“I Am Legend” 2007, dir. F. Lawrence, “Contagion” 2011, dir. S. Soderbergh, 2008, dir. M. Night Shyamalan, “Helix” 2014–2015, dir. C. Porsandeh, “The Corridor” 2019, dir. L. Heldens, “The Strain” 2014–2017, dir. G. del Toro, Ch. Hogan),



- apocalyptic vision of the earth: an empty big city or town, full of corpses, madmen fighting each other, people being set on fire; an apocalyptic vision of the world close to the clichés of war documentaries (“I Am Legend” 2007, dir. F. Lawrence, “28 Weeks Later” 2002, dir. D. Boyle),
- chaos adding to instability due to lack of government, police, army (“28 Weeks Later” 2002, dir. D. Boyle),
- motif of divine punishment for sins, questions about God (“I Am Legend” 2007, dir. F. Lawrence, “28 Weeks Later” 2002, dir. D. Boyle),
- the hero often has to kill in order to survive and fight the epidemic (“I Am Legend” 2007, dir. F. Lawrence, “28 Weeks Later” 2002, dir. D. Boyle, “Towards the Lake” 2019, dir. P. Kostomarov, “The Rain”, dir. K. Kaintz, N. Arthy, “World War Z” 2013, dir. M. Foster);
- feeling of constant danger, lack of trust towards others (“I Am Legend” 2007, dir. F. Lawrence, “28 Weeks Later” 2002, dir. D. Boyle, “Towards the Lake” 2019, dir. P. Kostomarov, “The Rain”, dir. K. Kaintz, N. Arthy, “World War Z” 2013, dir. M. Foster),
- a world gripped by an epidemic of infertility; the slow disappearance of humanity as a species (“Children of Men” 2006, dir. A. Cuarón),
- experimentation with viruses; the desire to exploit the potential of the virus (“The Corridor” 2019, dir. L.Heldens),
- the desire to return to the old order or to build a new world after a pandemic (“Passengers” 2008–2010, dir. J. Payne, D.Evans, A. Gunn),
- the convention of escape, which becomes synonymous with life (“I Am Legend” 2007, dir. F. Lawrence, “28 Weeks Later” 2002, dir. D. Boyle, “Towards the Lake” 2019, dir. P. Kostomarov),
- panic, widespread chaos (“World War Z” 2013, dir. M. Foster),
- monochromatic colouring or colours used, often grey, shades of dark green, brown (a world without light, joy, colours) (“Towards the Lake” 2019, dir. P. Kostomarov),
- the motif of intolerance in the form of scapegoating and persecution of women as witches, (“The Seventh Seal” 1957, dir. I. Bergman, “Epidemic” 1987, dir. Lars von Trier, “The

- Plague" 1992, dir. L. Puenzo, "The Sick House" 2010, dir. Ch. Smith),
- the breakdown of social norms ("Flu" 2013, dir. K. Sung-su, "Contagion" 2011, dir. S. Soderbergh),
  - primitivisation of human behaviour ("Contagion" 2011, dir. S. Soderbergh, "Towards the Lake " 2019, dir. P. Kostomarov),
  - the human capacity for prejudice, indifference, selfishness and easy recourse to aggression and violence ("Blindness" 2008, dir. F. Meirelles);
  - a world without health care, without access to medicines, without security ("Children of Men" 2006, dir. A. Cuarón, "Jeremiah" 2002–2004, dir. J. M. Straczynski).

Pandemic cinema often echoes with cruelty, creating an image of a macabre, dirty, destroyed and even disgusting world. The characters fight against a biological threat, a deadly virus, against the infected, but also among themselves and with each other. They face moral dilemmas, which are sometimes stereotypical patterns of behaviour, but sometimes they are tragic situations with no way out. The screenplays for films and series about pandemics have recurring elements, plot patterns in terms of plot development as well as character development. The strong asset of contemporary cinema and series is often the high quality of the production with excellent characterisation and special effects to enhance the dramatic vision of an apocalyptic world. Pandemic cinema looks into a world shrouded in mystery, often unethical research in secret laboratories. As a result, we get an epic mythological battle between good and evil and universal moral dilemmas. Not only are the heroes tested for survival, but also for humanity. It often turns out that the dream is not a new world, but a return to an old, proven order that gives you a sense of security, like returning to your family home. At the same time, a pandemic can be a way of returning society to normal, damaged by immorality and technology. In the narrative, the difficulties pile up and intensify, causing dramatic twists and turns and a lack of hope for a positive ending, but the final victory of even a single (solitary) protagonist heralds the victory of the people over the epidemic. Anxiety is triggered by social injustice, inability to cope with difficult conditions, exploitation of position (most violent confrontations result from

warfare between quarantined individuals and those managing closed environments). Dehumanisation of the world caused by the influence of technological development, industrialisation, automation, commercialisation, regression of humanity, highly developed civilisation on the one hand is a synonym of evil on the other a guarantee of victory over the virus.

## THE IMPORTANCE OF PANDEMIC CINEMA AND ITS POPULARITY

As P. Gąska (2016, p. 33) writes: “Time will tell in which direction the post-apo convention will develop. (...) this development will be influenced by the state of our nature, the geopolitical situation on the international scene and scientific knowledge about the threats facing humanity. As it happened at the birth and at every stage of the development of this convention”. A similar thesis can be made in relation to the broadly defined pandemic cinema. Visions of a pandemic end of the world can be perceived in various ways. This may reflect a fear of “biotechnological progress, often controlled by corporations and beyond the influence of states. On the other hand, it is also a metaphor for the decline of humanity, very telling in an age of globalisation, consumerism and the regression of spirituality and morality” (Kutyła, 2019). Pandemic horror cinema allows for an intensification of the on-screen experience. “With the help of the horror genre, the pandemic is accelerated and intensified, making its destructive possibilities clearly visible” (Höglund, 2017). The acceleration of pandemic violence offers the possibility of interpreting epidemic content in terms of political and social references. As researchers note, pandemic films emphasize the concept of class in a transnational society. Epidemics do not recognise gender, racial, ethnic or class boundaries, but class boundaries tend to have a strong influence on the impact of pandemics. “Pandemic horror cinema strongly suggests that what really scares the global middle-class audiences for whom these films are produced is ultimately the prospect that they may be stripped of their privileges and forced to join, as if afflicted with a chronic and terribly devastating disease, the ranks of

the world's poor. Consequently, they will be forced to wander for the rest of their miserable lives without shelter in search of the sustenance of their own class" (*ibidem*). The 20th century is saturated with post-apocalyptic cinema, which directs attention to reflections on social and political order.

Pandemic zombie films are cited by scholars as illustrating sociological dynamics related to identity, collective behaviour, disease, contagion and privilege due to social inequality (Wonser, Boyns, 2016). They express cultural concerns about their own personality, loss of autonomy and the threat of de-individualization. They are a sociological illustration of the dynamics of health inequalities in the real world. The sociology of infectious diseases is used to determine our level of knowledge about infectious diseases and the sociology of pandemic behaviour (*ibidem*). Researchers in pandemic visions of the division of the world into categories (people, monsters, zombies, superhumans, sick, healthy) see the reflection of crises related to refugees. They see a demonized refugee as a modern-day zombie monster, as well as the rebirth of a (other) monster through the fears of refugees and asylum seekers (Croft, Vlogi, 2019). The films show that epidemics can push societies in two directions: fear leading to the collapse of community, but also fear stimulating the adherence to strictly maintained social norms (Han, Curtis, 2020). While, on the one hand, fear and panic may be linked to a perceived breakdown in social morality, on the other hand, destructive reactions may also work for social cohesion to protect freedoms, privileges and threatened customs. Pandemic visions of the world in films are also linked to deteriorating social morality. A widespread epidemic is the punishment for immorality, wrongdoing, and sin. The films prominently show biopower through the handling of infectious diseases, the process of managing population mortality, the search for a vaccine (or cure). Epidemics – faced with a shortage of medicines, modern diagnostic equipment and doctors – become a deadly threat, as in the Middle Ages; they set back society, civilisation (Nijakowski, 2017). The biopolitics evident in pandemic cinema, shows mainly concepts of mass regulation, authoritarian mechanisms. The universalism of human rights is disappearing, and in its place is a biological pragmatism in which it is okay to kill

the weak, to conduct experiments for the good of humanity. There is also a frequent capitalisation of natural resources. The genres of pandemic cinema are becoming interested in advances in medical science, especially biomedicine (Nijakowski, 2017; Clarke *et al.*, 2003).

Researchers have found that fans of apocalyptic movies cope better with pandemics. Watching this type of film is consistently interesting for viewers. Despite the changing trends in theatres, catastrophe and science fiction films have a large audience. The 2011 thriller 'Contagion', which depicts the spread of a deadly virus from China, has become one of the most popular films on iTunes, Amazon Prime Video and in the Warner Bros library in 2020. The 1995 hit "Outbreak" about a deadly virus in the U.S., kept staying on Netflix's list of top 10 most-watched movies in March (Siliezar, 2020). According to the researchers, cinema "guarantees the viewer, first of all, a sense of absolute security, while at the same time participating in truly dangerous and forbidden events, generally condemned and therefore attractive precisely because they are devoid of the consequences of the law system" (Dobrowolski, 2002, p. 45). Research indicates that watching disaster and pandemic films are a kind of preparation for real life scenarios of tragic events. Researchers have found that viewers of horror films, thrillers or horror films have higher levels of coping skills when threatened. Such "films allow viewers to practice coping skills, which they apparently use when there is a real need" (Kowalczyk, 2020). Psychologists point out that, on the one hand, the popularity of pandemic cinema confirms that films "help to tame fear, to look at feared situations from a safe distance. They also give some sense of control" (Krawczyński, 2020). On the other hand, the mechanism of taming fear may be illusory and the message of the films may only intensify fears and be inadequate to the real threat (*ibidem*). The pandemic films also show the invisible enemy we so badly need to direct our collective anger at (King, 2020).

Regardless of the motivation for viewing, pandemic films are extremely popular, especially the non-obvious versions. The genre intertextuality of films about epidemics, the mixing of elements of horror, fantasy, melodrama and realistic cinema make the films interesting in form. At the same time, the viewer is

attracted to the universalism of the content, often even its schematic nature. Through epidemic films, in the face of the modern COVID-19 pandemic, it is apparent how fragile and unstable our lives can be, and how many areas of daily functioning can disappear. At the same time, it is a constant reminder of how important our safety is, especially in the area of health (Siliezar, 2020). Experts note that despite the fictionality of films and TV series about the epidemic, many elements could be some sort of warning for real-life behaviour, such as securing the number of medical masks. Viewers even unconsciously assimilate behaviour patterns from film messages (Kürten, 2020; Newiak, 2020).

From the researchers' perspective, the COVID-19 pandemic will create a distance from the desire to see epidemic films in the future, especially those based on the SARS-CoV-2 virus we know in real life. Facts do not resemble film visions and we will increasingly feel their fictional component. Perhaps we will need unreal entertainment full of special effects more than authentic visions of an epidemic known with harsh reality (Heritage, 2021). At the same time, films about the epidemic can influence the media to perpetuate misconceptions and misinformation about how viruses work, how to behave during pandemic (Han, Curtis, 2020).

## SUMMARY

Pandemic cinema, fitting into the genre of SF, disaster and often horror cinema, escapes clear-cut judgements. The message they convey allows, on the one hand, to build a picture of the world beyond human imagination and, on the other, to show a realistic reflection of the scientific state of knowledge. Science fiction is also often an inspiration for inventors and scientists (VR i AR..., n.d.). Science fiction often combines an educational, cognitive function with its entertainment dimension. It is therefore worth treating the described visions of pandemics as a desire to convey a certain area of knowledge, but still as a fictional one that is based on the drama of the film story. Watching pandemic cinema also requires viewing competence, knowledge of the rules of genre convention, general and often

even specialised knowledge, critical thinking, separating reality (also scientific) from film fiction. In the modern world it also seems that the demands are on the side of the authors of disaster cinema, science fiction. Reality more and more often shows how the world can be dangerous for a man and in how many areas a man can lose this fight. However, the servant function of this film convention cannot be an imposed dominant of its existence. Pandemic cinema is also a kind of film convention that is subject to certain narrative and visual rules. Through this it becomes a form of entertainment, just like other film genres. A pandemic world cannot be equated with a realistic description of reality. Fiction cinema refers to elements of “pseudoscience”, i.e. scientifically unproven issues, but invented by the author. This coincides with the tendencies of fake science evident in the genre, of creating a scientific world for the sake of the plot (narrative) of the work (Będkowski, 1994).

On the one hand, pandemic cinema creates reality on the screen, on the other, it is a frequent reflection of social unrest or societal fears. The reception and interpretation of the vision of the world and the man contained in it depends on the current social situation and the development of the civilisation. (e.g. progress in medicine, development of technology). Escaping scientific statements, films about epidemics become more stories – parables about human nature, about the consequences of our decisions about the coexistence of man with nature, about the power of the human mind. Pandemic cinema is a kind of polemic against realism. It allows, under the guise of a fiction, the showing of important problems for humanity, the clash between good and evil.

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Aneta Wójciszyn-Wasil, Ph.D.

Department of Visual Communication and New Media  
Institute of Journalism and Management  
The John Paul II Catholic University of Lublin  
Mail: aneta.wojciszyn-wasil@kul.pl  
ORCID: 0000-0003-2848-3051

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# WORK OF A PARAMEDIC DURING THE PANDEMIC COVID-19 IN POLISH RADIO REPORTS

**Abstract:** The article presents the work of paramedics during the COVID-19 pandemic in Poland documented in Polish Radio reports. The recorded accounts of rescuers show the working conditions in a situation of personal threat to health and life, and at the same time a non-standard challenge for the health care system. The reports also contain numerous comments on the public perception of the paramedic's work during the pandemic. The protagonists refer to manifestations of aggression and lack of support which they experience in their environment. The broadcasts constitute one of the important aspects of the media discourse on the pandemic and the functioning of health services in Poland.

**Keywords:** paramedic, COVID-19, Polish Radio, radio reports, media discourse

## INTRODUCTION

Paramedics are a group of health professionals who are the first to come into direct contact with patients in life and health-threatening situations. The psychological burden of knowing that you are constantly responsible for human life (Rasmus *et al.*, 2020; comp. Kulczycka *et al.*, 2014), the traumatic experience of suffering and death (Merklinger-Soma *et al.*, 2011), and the need for constant commitment make it one of the most stress-

ful medical professions (Binczycka-Anholcer, Lepiesza, 2011; Ogłodek, 2011). During the COVID-19 pandemic, this work required even greater sacrifices as a “front line” activity. At the same time, paramedics have encountered extreme public reactions – from admiration worthy of “heroes” to expressions of aggression and ostracism caused by fear of possible coronavirus infection.

On the legal side, the responsibilities of paramedics are defined by the Act of 8 September 2006 and the Regulation of the Minister of Health of 20 April 2016. In addition, during the pandemic period, new regulations came into force expanding the powers of this group. The first, dated 27 November 2020 enabling the collection of material for examination and antigenic testing for SARS-CoV-2 and dated 9 April 2021 giving paramedics the right to qualify for vaccination against COVID-19.

The daily work of paramedics is important in the society and it provides interesting material for the media during the pandemic. The analysis will use the work of paramedics based on the factual radio coverage. It is worth noting that due to the epidemiological threat, the making of radio recordings was hampered by the fact that it was impossible for the reporter to meet directly with the subjects of the material, to enter a Hospital Emergency Ward or an ambulance<sup>1</sup>. However, thanks to the use of non-standard solutions, the determination of journalists and the cooperation of the health service, it was possible to prepare audio reports, which today have the status of a documentary record of the work of paramedics during the pandemic. The recordings will be presented in the context of a profiographic analysis aiming at an in-depth description of the specifics of the paramedic profession in the era of the spread of the SARS-CoV-2 virus.

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<sup>1</sup> In a study commissioned by the Polish Press Agency and the Institute for Information Society Development, “journalists for whom the main medium of work is radio (average 3.67 compared to 3.03 among people working mainly in the internet portal) significantly more often admitted that they felt severely limited in direct forms of contact with interlocutors” (Tworzydło *et al.*, 2020, p. 11–12).

## WORKING CONDITIONS AS REPORTED BY PARAMEDICS

The formula of radio reportage makes it possible to record and present the experiences of individual paramedics who represent the work of paramedics in general. The strength of their narrative is the personal perspective which enhances authenticity and credibility. As far as the construction of the recording is concerned, what draws attention is the presence of monologues and reportage scenes, which allow to build a perceptual impression of simultaneity and to eliminate the distance (Wójciszyn-Wasil, 2018; Białek, 2019). In this context, the reportage serves as a record of facts with a strong affective characterization, and the record of the statements of participants and witnesses allows the listener to form his own opinion on the reported events.

During the COVID-19 pandemic, radio reporters felt that the situation was so out of the ordinary that as many aspects of it as possible should be recorded: "We talked about the fact that our duty as documentalists is to work on a record of what is happening at the moment so that someone in the future could reach for it, so that a trace of it would remain" (Mickiewicz-Adamowicz, 2020). Among the recordings made there are also attempts to reach paramedics, whose reports show the functioning of the health service and patients, make the sense of danger real, help to confront common opinions undermining the existence of the SARS-CoV-2 virus, downplaying the risk of falling ill<sup>2</sup>. The voice of the paramedics thus becomes both the point of view of the expert medic and the most committed participant in the fight against the pandemic. From the point of view of the concept of media material, the recording with a paramedic allows you to have a grater insight in the reality of HED – inaccessible, and thus arousing the curiosity of numerous audiences.

The use of strict safety procedures by paramedics has become a necessity in the face of the threat of coronavirus. One of the most present images in media was the use of special bio-protection overalls. The subject of Jakub Tarka's report emphasizes:

<sup>2</sup> "For example, about the functioning of the Facebook group called 'COVID-19 – a false pandemic'" write: M. Du Vall, M. Majorek (2020, p. 182).

“I remember the times while getting in an ambulance you started each shift with checking the equipment, its quantity and condition – you always opened that cabinet and looked at those overalls, and then there was the question: When will I have to wear them? What are they for? In what circumstances will I have to wear them? How catastrophic the situation should be to use them? Well, it turned out that this is everyday reality” (Tarka, 2020c).

Working in this kind of PPE – as the recorded lifeguards indicate – is not comfortable: it prevents free movement, eating or drinking water, and they have to wear it for several hours everyday. In Jakub Tarka’s report, we can hear directly: “For us, staying in this suit is a huge effort: hot, stuffy and wet” (*ibidem*). Putting on protective clothing is also time-consuming and it delays the delivery of treatment to the patient. However, this necessity is obvious to paramedics: “to be as safe as possible, because it is not known what we will have to deal with” (Kwiatkowska, 2020).

A major problem during the first wave of the pandemic, in the spring of 2020 in Poland, was the inadequate supply of appropriate protective equipment, such as FFP3 masks. Health-care workers used their own money to buy the equipment they needed: “we spent a lot of money on masks, on filters” (Tarka, 2020c). They were also looking for ideas for creating alternative personal protection, e.g. with the use of 3D printers (Kwiatkowska, 2020).

Later on, the greatest challenge was the decreasing efficiency of the health care system. It meant, for example, the long waiting time for an ambulance to take a patient to the Hospital Emergency Department. Some paramedics say: “We had to spend 4–5 hours with some patients in the Emergency Room, waiting for the treatment (...) The record holder spent 20 hours in an ambulance” (Tarka, 2020a). There were also not enough ambulances and emergency teams. The protagonist of the reportage *The Day of a Paramedic* tells the story of dramatic situations when a dispatcher in a large city desperately searches for rescuers who could answer the call. It is cruel but true that there are situations when “the dispatcher is begging” for a free team to report, as there is nobody to help a child (*ibidem*). The health

system is critically assessed not only as a result of the widespread threat of COVID-19, but more importantly of years of neglect – “the pandemic has only exacerbated this” (Tarka, 2020a).

Lifeguards do not hide the long working time (“I came back from work after 36-hour shift” [Kwiatkowska, 2020]) and mental strain (“this is frustration” [Tarka, 2020a]). The months-long, daily struggle for human life in harsh conditions means diminishing physical strength: “People are tired, medical staff are tired. I see it in my work colleagues. I feel it in myself” (Kwiatkowska, 2020). The paramedics also do not perceive their salaries as adequate to the amount of work performed. “It is not a matter of our greed,” declares the protagonist of Jakub Tarka’s recording, “it is a matter of the fact that by earning more per hour we will have the opportunity to work less. We will actually be able to buy our own time, sleep, every minute spent with family, with wife or going for a walk with friends. These are the kinds of things you start to appreciate” (Tarka, 2020c).

## PUBLIC APPROACH TO THE WORK OF PARAMEDICS

The issue of public approach of the paramedic profession during the pandemic has become another important issue of the media discourse on pandemics. On the one hand, the dedication and responsibility of the medical staff was appreciated, but on the other, the fear of the possibility of SARS-CoV-2 infection resulted in aggressive behaviour<sup>3</sup>. Radio reporters managed to record the observations and feelings of paramedics regarding the wave of hate against the health service. These comments provide an important counterpoint to the public discussion of the pandemic.

First of all, the protagonists of the reports indicate that they are treated with reserve. In dealing with others, they notice anxiety and lack of kindness: “People treat me with distance, they know that I am a paramedic, that I work in an ambulance... so you can feel this emotion when you talk to someone” (Kwiat-

<sup>3</sup> Examples of media publications on manifestations of negative behaviour towards health services: Majnusz, 2020; Markłowska-Tomar, 2020; Szmaj, Bartosik, 2020; MJ, 2020; Prus, 2020.

kowska, 2020). They are very often referred to as “the ones spreading the plague” (Tarka, 2020c), or even “murderers” (Tarka, 2020b). It happens that they are not allowed to enter a shop, or are even barked at with a dog (Bogdanowicz, 2021). In the time of lockdown, when most workers in other industries were operating remotely, there was a growing sense of being separated from the rest of the society among paramedics: “We were the only ones fighting this virus – every single person connected in some way to the health care system” (Tarka, 2020c).

In the programme “Życie na sygnale” (Life at the Signal), Jakub Tarka confronts his protagonist with an excerpt from a paradocumentary series containing a scene in which some paramedics, who arrive to help, are attacked and beaten. The journalist asks directly if such situations are facts or fiction. The response is as follows: “In social media internal groups, there are often pictures like this where rescuers show how severely they were beaten. And these are people who sometimes look as if they have been battered. I know some medical workers who were threatened by a family member [of the patient – out of AWW] with a knife in his hand behind his back and saying that if they did not save mum, dad, grandma or grandpa he would kill them” (*ibidem*).

During the pandemic, the frequency of aggressive behaviour towards medical workers increases: tyres punctured in the cars, notes left behind the window saying they are a source of infection. One of the paramedics reports: “While in a queue at a market, someone must have recognised me because I heard him talking loudly: “What is he doing here, let him (vulgarism) to the hospital, there is his place and not spreading the plague” (*ibidem*). Such situations are interpreted as a manifestation of the social frustration caused by the pandemic. The rescuers, to some extent, seem to understand the whole situation, they themselves take care of their families, they rent separate flats, they contact their loved ones online (comp. Kwiatkowska, 2020, Tarka, 2020c)<sup>4</sup>. However, this type of behavior deprives them of

<sup>4</sup> Rescuers who live with their families during a pandemic implement their own protection procedures for fear of infecting their loved ones: “That fear was, that fear is still there. A little different, because we are



the value of their work and dedication, contributes to professional burnout, which, even before the pandemic, was high in this group of professions (comp.: Szaton, Harazin, 2013, p. 28–32; Żurowska-Wolak *et al.*, 2015; p. 43–50; Leszczyński *et al.*, 2019, p. 114–119; Crowe *et al.*, 2020, p. 6–16). The protagonists of the reports admit that, despite their young age, they have already had episodes of resigning from the post. It is significant, however that Marzena Moniuszko – the paramedic from Anna Bogdanowicz's programme – returned to work in the emergency service with the outbreak of the pandemic. Despite doubts about the risk of infection, she has come to the conclusion that this profession is her life's calling (Bogdanowicz, 2021).

Rescuers are aware of the importance of their work and its specificity. They appreciate the displays of kindness and support: the personal protective equipment donated, especially in the first wave of the pandemic: masks, disinfectant fluids or even drawings from children. They see the positive aspects of their involvement: "It is very positive work. We have a chance to make a dead man alive. It is something great. The beautiful thing is that an elderly person can sometimes, with tears in her eyes, thank us, say that we were the first people who approached her normally for six months or a year, who simply took an interest in her and cared for her. This is probably what compensates us a little bit for the stress and unpleasant emotions associated with work" (Tarka, 2020a). However, they stress that, what they see, there is a great need for systemic changes in health care, especially in the area of emergency services. "The whole situation is saved by enthusiasts" – they conclude (Tarka, 2020c)<sup>5</sup>. They also refer to comments questioning the existence of coronavirus and the associated health and life risks: "If anyone doesn't believe

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getting used to it. I am very afraid for my wife. When I come back from duty, the first thing I do is wash up. I bag the clothes that I keep at the emergency station, hide them in such a way as to minimise the risk of transmission" (Tarka, 2020c).

<sup>5</sup> Workload, dissatisfaction with wages and the provision of the Act of 28th May 2021 on amending the law on the manner of determining the lowest basic remuneration of certain employees employed in medical entities and certain other laws resulted in protests of this professional group at the end of June 2021. Comp. TOK FM/PAP, 2021; Raducha, 2021.

in COVID, welcome to the ambulance, welcome to the covid ward” (Tarka, 2020a). The accounts of rescuers, therefore, give credibility to the media message about the pandemic, give it an emotional value, and illustrate with specific examples a medical expert narrative.

The increase in social value and knowledge of the conditions under which emergency departments operate on a daily basis also becomes a motivation to talk to the media. The paramedics not only tell journalists about their experiences, but also record themselves in places where the reporter – for sanitary reasons – does not have access: in the ambulance, in the ED, and even during a visit to the patient’s home. In this way they become not only heroes but also co-authors of the programme. Thanks to their involvement, it is possible to document the activities of the emergency services during a pandemic in multiple ways.

## SUMMARY

Media, including the group of radio reporters, got interested in the work of paramedics has increased during the pandemic<sup>6</sup>. The resulting recordings show how the health care system in Poland functions in the reality of the epidemiological emergency cases. The paramedics speak out about the difficulties in accessing personal protective equipment, long queues to admit patients to hospital, long hours on duty, extreme tiredness resulting from working long hours and inadequate pay for working in high-risk conditions. An important thread of the media discourse in this area is the public perception of the work of paramedics highlighting examples of distancing neighbours and acquaintances and displays of aggression. It should be added that the rescuers do note the expressions of support and solidarity that allow them to maintain the passion and commitment necessary in this profession.

<sup>6</sup> Examples of realisations of this theme in other media: Onet.pl, 2020; Wrona, 2021; Żądło, 2021; TVN, n.d.; Kapusta, 2020; Szytler-Turovsky, 2020.

As far as the construction of radio material is concerned, it is worth appreciating the tendency, unprecedented in reporter's practice, for the hero of the programme to enter the role of co-author of the narration. Due to this solution, what the listener receives is a personal, strongly affecting narrative. The advantage of radio reportage is the credibility it builds by presenting the stories of individual characters and their experiences, as well as the direct recording of events: in this case from an ambulance or hospital. This makes it possible to build a message that lends credibility to commentary and expert opinion.

The collected media materials show the work of paramedics in a wide spectrum. They also prove the significant role of the media and the reportage formula in shaping a multifaceted message about the pandemic and the functioning of the health system in Poland.

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### Legal acts:

Regulation of the Minister of Health of 20 April 2016 on emergency medical actions and health services other than emergency medical actions that may be provided by a paramedic, *Journal of Laws*. 2016 item 587.

Ordinance of the Minister of Health of 9 April 2021 on the qualification of persons carrying out qualification tests and protective vaccination against COVID-19, *OJ*. 2021 item 668.

The Act of 8 September 2006 on State Medical Rescue Service, *Journal of Laws* 2006 no. 191 item 1410. 2006 No 191 item 1410.

Act of 28 May 2021 amending the Act on the manner of determining the lowest basic remuneration of certain employees employed in medical entities and certain other acts, *Dz.U.* 2021 item 1104.

The research area of the publication seems to be extremely significant in the view of dynamic changes in the international security environment, in the context of the pandemic Covid-19. It makes an important contribution to the research on health security and indicates interdisciplinarity of the analyzed phenomenon. It is worth noting that the study is an original treatment of the research problem, which, so far, is still rarely present in Polish scientific literature.

*Dr hab. Justyna Misiągiewicz*

