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Democracy as a Tool of Interaction between State and the Public While Counteracting Epidemics: from Antiquity to the COVID-19 Coronavirus Pandemic[4]

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Abstract

The article examines theoretical and practical problems concerning the realisation of participatory democracy's potential for forming and implementing state policy on counteracting epidemics. The article is aimed at the study of participatory democracy as a tool of state's interaction with the public while counteracting epidemics throughout history, from antiquity to the COVID-19 coronavirus pandemic. Comparative, comparative legal, systemic-structural, dialectical, historical and other scientific methods have been employed to examine the issues discussed in the article. The application of the aforementioned methods is conducted on the interdisciplinary scientific basis.

Keywords: participatory democracy, state, public, epidemic, pandemic, coronavirus COVID-19.

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Demokracja jako narzędzie interakcji między państwem a obywatelami w trakcie przeciwdziałania epidemiom. Od starożytności aż do czasów pandemii koronawirusa COVID-19[5]

Streszczenie

Artykuł bada problemy teoretyczne i praktyczne dotyczące wykorzystania potencjału demokracji bezpośredniej do tworzenia i wdrażania państwowej polityki przeciwdziałania epidemiom. Artykuł nakierowany jest na przestudiowanie demokracji bezpośredniej jako narzędzia interakcji państwa z jego obywatelami podczas przeciwdziałania epidemiom na przestrzeni wieków, od starożytności aż do czasów pandemii koronawirusa COVID-19. W celu zbadania poruszanych kwestii zastosowano metodę porównawczą, porównawczo-prawną, systemowo-strukturalną, dialektyczną, historyczną oraz inne metody naukowe. Zastosowanie wyżej wymienionych metod naukowych opiera się na interdyscyplinarnej podstawie badawczej.

Słowa kluczowe: demokracja bezpośrednia, państwo, obywatele, epidemia, pandemia, koronawirus COVID-19.

[5] Badania wykorzystane w artykule nie zostały sfinansowane przez żadną instytucję.

Introduction

Today, it is difficult to imagine human life, the realisation of fundamental, especially intrinsic human rights and freedoms, the development of democracy and civil society outside the state. As M. Korkunov pointed out more than a century ago: 'We all live within the state; at every step, we feel its domination, use the services of its bodies. We are all familiar with the state, knowing it by its current activities, its institutions, its requirements'.[6] The city-states of ancient Greece were among the first to show the world promising new ideas and forms of government based on the ideas of democracy. On this subject, V. Latyshev argues that in Athens '*de facto*, supreme power was really in the hands of ordinary and poor citizens, who made up the majority.'[7] Aristotle's views and the practice of democratic governance in Athens in the 4th century BC, during the rule of Pericles, constituted the model for the development of democratic states in Europe and America (starting from the 17th–18th century), and since the 2nd half of the 20th century have also been adopted in other parts of the world.

However, it was only with the adoption of the first constitutions and constitutional acts in Europe and America in the 18th and 19th centuries that states gained legal identity, embodied first of all in the practices of constitutional state-building and the development of a constitutional state. Such a state is grounded in the values and principles of the rule of law, respect for human rights, democracy, power sharing, a system of checks and balances between the branches of government, parliamentarism and the universal involvement of citizens in the process of governing. 'In a constitutional state, any full-fledged citizen takes part, through representatives, in creating the act of political will become known as the law,' as M. Kotlyarevskiy wrote at the beginning of the 20th century.[8]

In the 21st century, after the revival of liberalism, constitutional states remain multifunctional and implement more and more diverse functions in their activities.

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6 N.M. Korkunov, *Russkoye gosudarstvennoye pravo*, Vol. 1, *Vvedeniye i Obshchaya chast'*, Sankt-Peterburg 1914, p. 1.

7 V.V. Latyshev, *Ocherki Grecheskikh drevnostey*, p. 1, *Gosudarstvennyye i voyennyye drevnosti*, 2nd ed., Sankt-Peterburg 1888, p. 64.

8 S.A. Kotlyarevskiy, *Konstitutsionnoye gosudarstvo. Opyt politiko-morfologicheskogo obzora*, Sankt-Peterburg 1907, p. 9.

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It is obvious that functions of the state, embodying high-priority paths of development and activity of the state, determine the main directions and types (facets) of its activity, its interaction with citizens and civil society.

One of the fundamental functions of the state is that of health care provision; in one form or another, it has been integral to most countries from antiquity to the present time. The content of this function of the state involves the formation and implementation of policies in the sphere of health care; the forms of its implementation today are constituted by: a) provision of medical assistance; b) provision of medical services; c) guaranteeing the existence of effective health insurance; d) ensuring sanitary and epidemiological safety, etc. Regarding the last function, the COVID-19 pandemic in 2019–2021 has revealed that states are not ready to implement it in close cooperation with the public. This points to the need for analysis and rethinking, as far as states' experience of acting in conjunction with the public in order to counter the spread of epidemics and pandemics throughout the civilizational history of humankind is concerned.

To overcome the spread of the coronavirus pandemic in 2020–2021, a large number of states have declared a state of emergency or emergency, which has significantly restricted human rights. As a rule, the right of people to freedom of movement, the right to peaceful assembly, the right to engage in labour and other entrepreneurial activities in public places, and the right to purchase goods and services in public places were restricted. The right to education and freedom of religion was partially restricted due to the inability of citizens to attend educational institutions and religious places *en masse*.

Table 1. List of countries in which a state of emergency or emergency situation has been imposed to combat the spread of coronavirus in 2020–2021

Type of regime	Countries
State of emergency	Armenia, Bulgaria, Bosnia and Herzegovina, Dominican Republic, China, Costa Rica, Czech Republic, Estonia, Jordan, Japan, Israel, Indonesia, Iceland, Italy, France, Germany (some lands), Ivory Coast, Kazakhstan, Latvia, Luxembourg, Hungary, Mexico (in some states), Moldova, Morocco, Namibia, the Netherlands (in some cities), New Zealand, North Korea, North Macedonia, Pakistan (in some provinces), Panama, Philippines, Portugal, Switzerland (in some cantons), Senegal, Serbia, Slovakia, Spain, Thailand, United Kingdom (in some cities), USA, Venezuela
Emergency situation	Argentina, Bolivia, Brazil, Chile, Colombia, Georgia, Kyrgyzstan, Lebanon, Liberia, Russia (in some regions), El Salvador and Ukraine

Source: Own work.

A large number of states have generally resorted to curfews as part of measures to combat the spread of coronavirus. For instance, curfews have been imposed in Algeria, Austria, Belgium, Chile, China (in some cities), Canada (Quebec), Colombia, Cyprus, Cuba, Georgia, Germany (Baden-Württemberg), the Dominican Republic, Egypt, Greece, France, Jordan, Honduras, Hungary, Indonesia, Iraq, Israel, Italy, Ivory Coast, Kuwait, Lebanon, Montenegro, Morocco, Netherlands, Nigeria, Northern Macedonia, Panama, Paraguay, Portugal, Peru, Romania, El Salvador, Saudi Arabia, South Africa, Slovakia, Slovenia, Thailand, Tunisia, Turkey and Venezuela.

The Aim

The article is aimed at the study of participatory democracy as a tool of state's interaction with the public while counteracting epidemics throughout history, from antiquity to the COVID-19 coronavirus pandemic.

Materials and Methods

Comparative, comparative legal, systemic-structural, dialectical, historical and other scientific methods have been employed to examine the issues discussed in the article. The application of the aforementioned methods is conducted on the interdisciplinary scientific basis.

Results

Epidemics (from the Greek επιδημία – 'widespread disease', 'plague'; from *ἐπι* – 'on', 'among' and *δῆμος* – 'people'; literally – 'one that is widespread')[9] have been known to humankind for a long time and to this day remain not only a medical but also a social problem. A constructive solution to this problem can be found only if efforts of state and civil society are combined. Pandemics (from the Greek *πανδημία* – 'all people', 'the whole population'),[10] which recognise no borders and pose a threat to most countries and regions of the world, are an even more dangerous test for humanity.

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9 M. Fasmer, *Etimologicheskiy slovar' russkogo yazyka*, Vol. 4 (*T–Yashchur*), transl. O.N. Trubachev, 3rd ed., Sankt-Peterburg 1996, p. 519.

10 S.M. Morozov, L.M. Shkaraputa (eds.), *Slovnik ínshomovnikh slív*, Kiĭv 2000, p. 680.

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We can reasonably assume that humankind suffered from epidemics of infectious diseases as early as the time of Sumerian, Akkadian, Babylonian, Assyrian civilisations, as well as ancient Israel, Egypt, Phoenicia, India, China, Crete, etc. In most of the abovementioned states of the Ancient East, such issues as ensuring the availability of purified drinking water, setting up public baths, maintaining cemeteries in proper state, providing medical care in case of infectious diseases and enforcing quarantine during epidemics were seen as essential matters that have to be dealt with at the state and community levels.

There are mentions of typhus and plague epidemics in ancient Egypt between 1358 and 1333 BC, at the time of the Exodus of the Jewish people. The occurrence of such events can be inferred from the descriptions of the origin and character of certain 'plagues of Egypt' in the Old Testament. The third of these was the punishment by lice, acting as carriers of infectious diseases: *lice in man, and in beast*; the sixth punishment was referred to as '[there] shall be a boil breaking forth with blains upon man, and upon beast, throughout all the land of Egypt' (Exodus 8:17, 9:9). We can presume that the Bible describes epidemics of typhus, bubonic plague, leprosy, anthrax, or other epidemics of infectious diseases.

The Bible, like other religious books, contains countless references to various epidemics. 'Plague', 'fever', 'pestilence' are mentioned there as punishment for sins or as portents of significant and apocalyptic events. Thus, the Old Testament informs readers that 'those that died in the plague were twenty and four thousand' (Numbers 25:9); this transpired because Israelites participated in the worship of Midianite idols. In addition, the curses laid upon those who disobey God, according to the Bible, include the following: 'The Lord shall smite thee with a consumption, and with a fever, and with an inflammation, and with an extreme burning, and with the sword, and with blasting, and with mildew; and they shall pursue thee until thou perish' (Deuteronomy 28:22).[11]

The Gospel of Matthew also contains references to epidemics as a prophecy, an element of punishment for following pseudo-prophets: 'For many shall come in my name, saying, I am Christ; and shall deceive many. And ye shall hear of wars and rumours of wars: see that ye be not troubled: for all these things must come to pass, but the end is not yet. For nation shall rise against nation, and kingdom against kingdom: and there shall be famines, and pestilences, and earthquakes, in divers places' (Matthew 24:5–7).[12] Today, Matthew's prophecies are still interpreted by some religious leaders and communities as harbingers of future epidemics and pandemics.

11 Bible Gateway, *King James Bible*, www.biblegateway.com (access: 2.01.2021).

12 Ibidem.

S. Bauer also points to epidemics as one of the determining factors behind the collapse of the empire created by Alexander the Great and as a possible cause of the legendary commander's death. After victorious expansion into India, Alexander the Great's army suffered from hunger, thirst and disease. Upon its return home, the army which originally comprised 120,000 infantry and 15,000 cavalry numbered no more than 30,000 soldiers. Later, in order to forget the ordeal of the Indian campaign, Alexander the Great returned to Babylon, where he died in 323 at the age of 33. According to Plutarch, the death resulted from fever.[13] It could have been caused by malaria ('Roman fever'), typhus, or another infectious disease.

The Justinianic Plague (542–700 AD) was the first and most famous verifiable case of pandemic in human history. Evolving as a series of non-stop epidemics that lasted more than a century and a half, it encompassed virtually all the states of that time (Constantinople, Italy, Gaul, Liguria, Rome, etc.). Commenting on its origins, S. Bauer wrote that the epidemic was started by a ship from the Nile moored in the Golden Horn Bay; the ship triggered the transfer of an unprecedented epidemic of bubonic plague to Constantinople and its suburbs. Emperor Justinian himself contracted the disease, but recovered. According to Procopius, because of this pandemic 'the whole human race came near to being annihilated.'[14]

The long-term civilizational affliction known as the Justinianic Plague helped to cement the practice of the state and the public combining efforts in the fight against the spread of pandemics. The introduction of appropriate and systemic sanitary and epidemiological measures by states and local communities required them to mobilise significant human, economic, organisational, managerial, informational and other resources. Therefore, early signs of participatory democracy can already be seen during the first epidemics faced by humanity.

It should be noted that after the fall of the civilisation of antiquity, Muslim caliphates, whose existence was predicated on Islam, showed significant success in the field of health care development. Thus, in 707, the Umayyad Caliph Al-Walid opened the first hospital in the Muslim world, and in 754, the first pharmacy started operating in Baghdad.[15] The Qur'an is famous for containing requirements concerning Muslims' methodical adherence to personal hygiene rules, which contributed to the shaping of sanitary and epidemiological culture of the people.

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13 S.U. Bauer, *Istoriya Drevnego mira: ot istokov tsivilizatsii do padeniya Rima*, transl. V. Goncharova, Moskva 2014, p. 988, pp. 725–727.

14 Idem, *Istoriya Srednevekovogo mira: ot Konstantina do pervykh Krestovykh pokhodov*, transl. V. Goncharova, Moskva 2015, pp. 270–271.

15 K.A. Pashkov, *Sredniye veka. Meditsina v Khalifatakh, Zakavkaz'ye, Azii i Zapadnoy Yevrope*, http://www.historymed.ru/education/lec_7_20190301.pdf (access: 2.01.2021).

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During the early Middle Ages, traditional systems of health care and illness treatment in China and India also demonstrated prominent advances in the spheres of public health and fight against epidemics. In these states, population density as well as difficult climatic conditions in some regions prompted the widespread introduction of sanitary and hygienic measures. In addition, such measures were promoted by religious writings – for instance, by *Ayurveda* ('Science of Life') in India. Some researchers believe that Eastern medicine's greatest achievement was the invention of a vaccine (from the Latin *vaccina* – 'from cows, pertaining to cows', from *vacca* – 'cow') against smallpox around 1000.[16] However, the science-based and effective smallpox vaccine was introduced in European medicine only at the start of the 18th century – by Edward Jenner.

In the Middle Ages, humankind faced the problem of counteracting epidemics and pandemics, generally called *loimos* – 'pestilence' – in Roman tradition, once again. The fight against them necessitated the establishment of adequate management mechanisms by the church and the state, with the support of the public. For instance, the first alms-houses in Western Europe were founded by monasteries; the trend started immediately after the emergence of hospitals in Muslim caliphates. The alms--houses became the basis for public hospitals in Europe.[17]

Also of note is the role played in the organisation of public health care and in the fight against epidemics by military and monastic religious orders, which have served as the prototypes of modern-day civil society associations. First of all, these were the Order of Saint Lazarus, the Knights Hospitaller and some other orders.

At the beginning of its activities, between the end of the 9th century and the middle of the 12th century, the Order of Knights of the Hospital of Saint John of Jerusalem (established in 1099), before its final transformation into a military-monastic organisation, cared for a 2,000-bed hospital in Jerusalem, near the Church of St. John the Baptist. This hospital treated people suffering from plague, leprosy and other epidemic diseases. Among the hospital's patients were pilgrims, soldiers and local people, and its doctors relied on the achievements of both Arab and European medicine.[18] The Hospitallers and other military-monastic orders were, in fact, special entities (some of them, like the Order of Malta, later acquired international legal personality) which counteracted the spread of epidemics and provided medical

16 D.J. Macgowan, *Report on the Health of Wenchow for the Half-year Ended 31 March*, "Imperial Maritime Customs Medical Reports: China" 1984, 27, pp. 9–18.

17 B.D. Petrova (ed.), *Istoriya meditsiny. Materialy k kursu istorii meditsiny*, Vol. 1, Moskva 1954, p. 91.

18 T.A. Fedorenko, *Henezys mekhanizmu uchasti hromads'kosti v formuvanni ta realizatsiyi derzhavnoyi polityky z okhorony zdorov"ya iz naydavnishykh chasiv – do Konstytutsiyi Pylypa Orlyka 1710 roku*, "Yekspert: Paradigmi Yuridichnikh Nauk í Derzhavnogo Upravlínnya" 2019, 4, p. 111.

care on a voluntary and religious basis, using the donations from the church, monarchs of the time, pilgrims, etc.

As for Eastern Europe and Slavic tribes living on its territory since the 8th century, little is known about local solutions in terms of implementing hygiene requirements and countering epidemics, which are mentioned in chronicles as the 'black disease'. Thus, S. Plokhy in his work *The Gates of Europe* (2015) cites the testimony of a Kyiv chronicler who voices his observations from the perspective of Saint Andrew, who brought Christianity to Kyiv and described the practice of visiting bathhouses popular among the Slavs.[19]

During the time when the Principality of Kyiv (Rus) existed, which 'united rule by the prince and prince's *druzhina* with the rule of the people characteristic of prehistoric times,'[20] epidemics have repeatedly threatened both the existence of this state and that of other principalities. Thus, in Annex No. III ('Information on Population') to Yurii Gagemeyster's work *Investigations on the Finances of Ancient Russia* it is stated that in 1092, '7,000 died from pestilence' in Kyiv, and around 1423, '80,000 died from black death in 6 months' in Novgorod.[21] Thanks to chronicles, advice on combating the 'black disease' (plague) has survived to this day; recommendations include burning things owned by people who died from plague; organising quarantine posts; introducing quarantine in epidemic-affected areas, etc.[22] Without a doubt, during that time counteracting epidemics involved a combination of efforts and resources expended by both princes and their military *druzhinas*, on the one hand, and communities and 'people of the church', on the other hand.

In medieval Europe, epidemics of plague, leprosy, malaria, and other epidemic affected cities diseases in the first place: thus, epidemics killed between a half and 9/10 of townspeople. Starting from the 14th century, this encouraged monarchs and governments of 'free cities' (which received Magdeburg rights, from the 13th century onwards) to search for effective mechanisms of combating epidemics. In Genoa, for instance, local authorities established the posts of port supervisors, 'guardians of health', to prevent epidemics from spreading to the city from ships. Other European cities also adopted 'regulations' which introduced sanitary and epidemiological measures.[23] 40-day quarantines were instituted in ports, infirmaries for infectious patients sprang up, city' doctors carried out anti-epidemic

19 S. Plokhy, *Brama Yevropy*, transl. R. Klochka, Kharkív 2016, pp. 48–49.

20 S. Dnístryans'kiy, *Zahal'na nauka prava i polityky*, Vol. 1, L'vív 2019, p. 428.

21 Yu.A. Gagemeyster, *Rozyskaniya o finansakh drevney Rossii*, Sankt-Peterburg 1833, annex III.

22 B.D. Petrova (ed.), op. cit., pp. 104–106.

23 K.A. Pashkov, op. cit.

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measures.[24] At the time, the use of the tools of participatory democracy was a prerequisite in the fight against epidemics.

The expansion of international trade and numerous wars in the 19th century, and later the First World War and a number of revolutions, contributed to the spread, both in European and other countries, of ancient and new epidemics and pandemics – smallpox, plague, cholera, typhus, tuberculosis, Spanish flu ('influenza'), etc. In her work *Pandemic*, S. Shah writes: 'In the nineteenth century, cholera struck the most modern, prosperous cities in the world, killing rich and poor alike, from Paris and London to New York City and New Orleans. In 1836, it felled King Charles X in Italy; in 1849, President James Polk in New Orleans; in 1893, the composer Pyotr Iyich Tchaikovsky in St. Petersburg. Over the course of the nineteenth century, cholera sickened hundreds of millions, killing more than half of its victims. It was one of the fastest-moving, most feared pathogens in the world.'[25]

After Louis Pasteur discovered microorganisms and their role as the cause of epidemics, announcing his findings in the famous report presented on 30 April 1878 at the Academy of Sciences in Paris, the 'bacteriological era' in medicine commenced. The following year, an institute for the study of Louis Pasteur's methods was opened in Paris; it still functions today. So far, 10 Nobel laureates have emerged from this institution.[26] Subsequently, the inventions of the Pasteur Institute helped to combat the epidemics of diphtheria, tetanus, tuberculosis, influenza, yellow fever and plague. Thorough educational publications in the field of bacteriology and infectious diseases started appearing.[27] At the same time, during the period when the participatory democracy was evolving, the greatest force that could either promote or stop vaccination altogether lay with the public opinion concerning the need for vaccination to combat epidemics and pandemics.

Another development worth noting is the fact that Professor L. Stein of the University of Vienna defined such categories as 'sanitary system', 'sanitary police', 'epidemiological police' and others. Sanitary system, according to L. Stein, is a set of legal definitions and administrative measures aimed at maintaining public health. As for sanitary police, L. Stein designated it as a 'set of measures and institutions that protect public health from the dangers which cannot be prevented by an individual on their own.' As part of the sanitary police, L. Stein singled out the police

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24 B.D. Petrova (ed.), op. cit., p. 106.

25 S. Shah, *Pandemic: Tracking Contagions, From Cholera to Ebola and Beyond*, New York 2016, pp. 4–5.

26 B.D. Petrova (ed.), op. cit., p. 227.

27 V. Kolle, G. Getch, *Eksperemental'naya bakteriologiya i infektsionnyye bolezni, obrashcheniyem osobogo vnimaniya na ucheniye ob immunitete. Rukovodstvo dlya vrach. i stud.*, N.G. Freyberg (ed.). Vol. 1, 2nd ed., Sankt-Peterburg 1912, p. 456.

tackling epidemics; the researcher believed that it had been known since ancient times, when infectious diseases began to spread from the East to Europe. Its role is to provide a system 'of local prohibitions on movement that operates according to its own rules which apply to maritime communication (with the East), [and] is called *a system of quarantines*.'[28] L. Stein calls *vaccination* the second element of the 'epidemic police', citing positive examples of encouraging vaccination against smallpox, cholera and other epidemiological diseases in Germany and France, and defines *the state's concern for public health* as the third element of this force's functions.

Since the second half of the 19th century, the mechanisms and actors involved in preventing the spread of epidemics and pandemics in the world have differed by country. For instance, in the Russian Empire, the Ministry of Internal Affairs was responsible for ensuring hygiene and sanitary inspections, counteracting epidemics and epizootics, observing the rules concerning the burial of the dead, etc. At the local level of governance, provincial medical departments were established; they included such independent institutions as the Medical Board, the Provincial Committee for Public Health and the Provincial Committee for the Control of Smallpox.[29]

The system of sanitary management formed in the Russian Empire extended to Ukraine, Poland, Finland and other countries and had a dual character. It was implemented both by the Ministry of Internal Affairs, represented by a special police force, and by administrative authorities and local government which ensured its operation with the help of local funds. In particular, a village headman, as foreseen by the legislation of the Russian Empire, was obliged to provide counteraction to epidemics and epizootics.[30]

Scientific advances in microbiology and medicine, development of public health facilities, widespread involvement of local communities (communes) in the fight against epidemics contributed to their curbing by the eve of the First World War. N. Ferguson posits that at the time, 'typhoid and cholera had effectively been eliminated in Europe as a result of improvements in public health and sanitation, while diphtheria and tetanus were controlled by vaccine.'[31] However, the First World War, unleashed in Europe in 1914, gave a start to a real 'parade' of epidemics and pandemics. Thus, at the time about 30 million people became ill with typhus; 10%

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28 L.cShteyn, *Ucheniye ob upravlenii i pravo upravleniya s sravneniyem literatury i zakonodatel'stva Frantsii, Anglii i Germanii*, transl. and ed. I.Ye. Andriyevsky, S.-Peterburg 1874, p. 99].

29 I.K. Vayno (ed.), *Sbornik zakonov, pravil, nastavleniy i rasporyazheniy pravitel'stva dlya vrachey, farmatsevtov, veterinarov i prochikh meditsinskikh chinov v 3-kh chastyakh*, Kiyev 1871, p. 583

30 Ibidem, pp. 267–268.

31 N. Ferguson, *Civilization: The West and the Rest*, Penguin 2011, p. 432, p. 147.

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of their number died from the disease. The smallpox pandemic continued to rage, with doctors managing to restrain it only in 1927.

At the end of the First World War, in 1918, there was an epidemic of influenza termed 'Spanish flu' (about 39% of the Spanish population became ill; because of Spain's neutrality in the war, the information was not concealed). This epidemic, which was essentially a pandemic, affected about 30% of the world population and killed between 50 and 100 million people, mostly between the ages of 20 and 40. Moreover, the defeat of Germans troops on the Marne River in July–August 1918 was also linked to the Spanish flu epidemic. This disease is also believed to have led to death of the famous German thinker M. Weber.[32] A vaccine against this type of flu has never been invented.

In the period between the First and the Second World War, major world countries (the USA, the USSR, Germany, etc.) began to develop biological weapons capable of provoking epidemics of plague, smallpox, anthrax, tularaemia, and about thirty other epidemic infectious diseases. However, as early as 1925, under the pressure of public opinion, the Geneva Protocol banning the war use of asphyxiating, poisonous or other similar gases and bacteriological agents was adopted; as of today, it has been signed by most countries of the world.[33] However, this has not stopped different countries from developing such weapons.

Later, in 1972, the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction was adopted, entering into force in 1975.[34] The provisions of this Convention have contributed to the de-escalation of the situation regarding the development, manufacture and potential use of biological weapons and the artificial spread of epidemics that threaten humanity. Nevertheless, the question concerning the possibility of the existence of such weapons in Iran, Libya, North Korea, Syria, Taiwan, etc. remains open today.

During World War II, epidemics continued to be a daunting enemy threatening armies, prisoners of war and civilians of all warring states. In particular, typhus brought about the deaths of millions of people in Nazi concentration camps. Out-

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32 O. Shama, *Strashneye voyny. Kak epidemiya ispanskogo grippa v nachale XX veka zatmila pervuyu mirovuyu voynu*, "Novoye Vremya" 2014, 22, https://nv.ua/world/countries/epidemiya-ispanskogo-grippa-posledstviya-pandemii-ispanki-1918–1919-gg-40003081.html (access: 2.01.2021).

33 Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare. UNODA, http://disarmament.un.org/treaties/t/1925 (access: 2.01.2021).

34 United Nations, Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction (1972).

breaks of leptospirosis were also recorded during the war.[35] Nonetheless, during this period humanity managed to avoid pandemics such as the Spanish flu due to the progress of medicine, systematic government policy on preventing epidemics and public involvement in sanitary and epidemiological measures.

The second half the 20th century is marked by the process of decolonization of Asia and Africa; generally, it had a positive effect on the governments' ability to respond to infectious disease epidemics. On the other hand, permanent civil wars and revolutions, insolvency of governments and impoverishment of populations in Latin America, Asia, and Africa often nullified international organisations' and nation states' efforts to overcome epidemics. These regions of the world became the birthplace of new pandemics. In particular, these are HIV, which leads to AIDS (it was first described in the 1980s and now afflicts about 0.6% of the world population), the Ebola virus epidemic, etc.

Today, humanity is suffering from an unprecedented pandemic of the coronavirus COVID-19 (from the English *coronavirus disease 2019*), which is a type of flu. This disease has been known to humankind for a long time. Its descriptions date back to antiquity: thus, Hippocrates spoke about cases of the so-called 'cough of Perinthus', whose symptoms are similar to the flu. However, the disease gained the name 'flu' (from the French *grippe* and German *grippen* – 'seize') only in the 19th century, during the first pandemic caused by the H3N2 virus. Later, the Spanish flu epidemic of 1918–1920 proved to be more devastating than the First World War. However, it was not until 1931 that the influenza virus was discovered by Robert Shope. In the second half of the 20th century, the pandemics of 'Asian flu' (1957–1958), 'Hong Kong flu' (1968), 'Russian flu' (1977–1978), 'bird flu' (1997, 2003), 'swine flu' (2009) swept across the world.[36] Like the Spanish flu, these flu pandemics developed rapidly and then declined. By the time vaccines were invented, epidemics had as a rule died down; to this day, they have not recurred. Just as a millennium ago, the most effective means of stopping them consists in the introduction of quarantine, treatment of critically ill patients, strengthening of sanitary-epidemiological and hygienic measures, and so on.

At the end of 2019 and at the beginning of 2020, the COVID-19 coronavirus pandemic, which began from Wuhan (China), spread throughout the world, first reaching the neighbouring countries in the East (Iran) and Europe (Italy, Spain, Germany, France, Russia, etc.) as well as the USA, and then arriving in Latin America

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35 N.K. Tokarevich, N.A. Stoyanova, *Rabota otdela parazitarnykh infektsiy v gody Velikoy otechestvennoy voyny*, "Infektsiya i Immunitet" 2015, 5(2), pp. 175–181.

36 *Istoriya grippa: ot vremen Gippokrata – do sovremennosti*, https://flavovir.com.ua/ru/stati/grip-ru/istoriya-grippa-ot-vremen-gippokrata-do-sovremennosti/ (access: 2.01.2021).

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(Brazil, Ecuador, etc.). In response to the pandemic, World Health Organization and national governments resorted to unprecedented quarantine measures, including the abolition of air travel as well as regular regional and intercity travel; suspension or severe restriction on the operation of enterprises, organisations and institutions of all forms of ownership; introducing regimes of self-isolation and observation. Such harsh quarantine measures have hit the world economy and national economies hard. Today, the losses of the world economy are estimated at trillions of dollars. The damage to humanity in terms of the number of casualties remains incalculable.

Since the beginning of the COVID-19 pandemic, humanity has underestimated factors that are crucial for overcoming the pandemic: the role of the public in the proper dissemination of information about the dangers of this disease and the great importance of adhering to self-isolation. As a result, all sorts of fake stories about the coronavirus COVID-19 began to spread in the media and on social networks; they range from refusals to recognise this disease as real to intimidating people with apocalyptic forecasts and selling non-existent vaccines and drugs against COVID-19. The lack of active public involvement in the development of action programs aimed at countering the pandemic by governments has led to the adoption of a number of ill-considered, overly harsh and untimely steps. This, in its turn, has made public distrustful of the government's implementation of already unpopular restrictive measures intended to combat COVID-19.

Starting in April 2020, despite the outbreak of the COVID-19 pandemic being in full swing, numerous public protests erupted in a number of European states and in the USA. Protesters have been calling for the abolition of quarantine and return to normal life. On the one hand, citizens – especially in post-Soviet states (Ukraine, Russia, etc.) – lost their livelihoods and received no real material support from national governments; on the other hand – this is particularly true for EU member states, the United States, etc. – citizens were concerned about the indefinite restriction of their constitutional rights and freedoms. In both cases, though, we see a disregard for the potential of participatory democracy and a lack of multilateral communication between citizens, civil society, businesses, political parties and movements and states.

Conclusions

Quarantine measures introduced by states around the world to combat the spread of the COVID-19 coronavirus pandemic involve restrictions on a number of fundamental human rights and freedoms. The human and civil rights in question include

personal (freedom of movement and free choice of residence, etc.), political (prohibition on peaceful events, postponement of elections and referendums, etc.), socio-economic (the right to dispose of one's property, the right to entrepreneurial activity, the right to work, the right to proper standard of living, the right to social protection, etc.), cultural (the right to education, the right to receive medical services, etc.). Therefore, some politicians and public figures in many countries of the world are publicly warning society about the threat of usurpation of power, excessive restriction of human rights and freedoms and the introduction of total control over citizens.

There can be no doubt that expanding the methods and forms of participatory democracy is a logical step to take during quarantine; first of all, this presupposes using the potential of the global Internet network as well as a line of software products aimed at supporting social networks and mass communicators. This will allow:

a) citizens to maintain their active social position and communication and to participate directly in the formation and implementation of state policy in various spheres of life, primarily, as regards measures of state sanitary and epidemiological policy in counteracting the spread of the COVID-19 coronavirus pandemic;
b) civil society and its institutions and movements to remain a parity partner of the state in addressing pressing issues of societal life and life of the state, as well as to prevent any manifestations of usurpation of power and unjustified restriction of constitutional human rights and freedoms in counteracting the COVID-19 coronavirus pandemic;
c) political parties to ensure the implementation of their key functions: to form and disseminate their political programs in society, to carry out party building and preparation for future elections, to recruit new party members, to exercise control over state authorities, including monitoring the effectiveness of measures used by parliament, the head of state and the government in tackling the COVID-19 coronavirus epidemic;
d) businesses to coordinate activities with the state in terms of economic entities obtaining real support, benefits and preferences (in particular, the purchase of products, especially from national producers, by large retail chains) during quarantine, as well as to prevent unjustified restrictions imposed by the state on the entrepreneurial activity and discrimination of small and medium business in favour of large financial and industrial groups by the state;
e) the state and public authorities to provide a system of mutual communication (with citizens, civil society institutions and social networks, as well as with civil society in general) on the necessary and acceptable methods and

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forms of counteracting the COVID-19 coronavirus epidemic, which will help legitimise and promote them.

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