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EDITORIAL: RESPONSE TO THE COMPLEX CRISIS TRIGGERED BY COVID-19

Marjan MALEŠIČ, guest editor[1]

The COVID-19 virus has triggered a complex crisis. It has caused serious problems in various areas of society, whether it be health, the economy, welfare, culture, politics, education, social relations and other areas of human life. The crisis also crossed borders, revealing its transnational nature: it started in China in late 2019 and within a few months its consequences were felt in many areas around the world. The epidemic quickly became a pandemic, showing that people's high expectations for their health and safety could not be adequately met by political leaders and crisis management systems. In terms of people's health, the crisis will have unforeseeable later effects that will most likely last for decades. Further, the crisis has also linked its consequences to and exacerbated other salient problems in contemporary societies. It has exposed the inadequacies of healthcare systems and economic structures, the fragility of social relations and political decision-making and, finally, the inadequate preparedness of crisis management systems.

Previous analyses revealed that national and international crisis management systems were themselves in crisis and therefore largely unable to respond to a complex crisis. In many countries, the quality of the crisis management cycle, which includes crisis exploration, detection, preventive action, preparedness, response and recovery, was questionable. It seems the weaknesses of crisis management around the world were, mutatis mutandis, common and predictable. They range from insufficient information at the beginning of the crisis and information overload at its height, along with organizational deficiencies, administrative regression, lack of coordination, poor inter-agency cooperation, excessive improvisation through to leadership problems and psychological pathologies. Clearly, crisis management systems for dealing with crises like COVID-19 must be more innovative, balanced and resilient, and should form part of broader "contingency thinking" (see Rosenthal et al. 2001).

It is no surprise that scholars around the world immediately started to intensively study various aspects of the COVID-19 crisis. The data and information collected thus far in several fields of study (disciplines) are already voluminous, yet also unclear. Still, as far as the social sciences are concerned, a very general scoping study suggests what the main thematic issues of current research have been.

Some scholars have examined the role of science and education in the crisis. For example, Ferreira et al. (2020) viewed the pandemic as a complex phenomenon and, hence, as a point where natural and social realities are articulated. The space of discourse on the COVID-19 pandemic should be seen as the interaction of

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different discourses that combine and reinterpret modalities of certain realities and social phenomena. Connell (2020) emphasised the COVID-19 epidemic is a medical and social catastrophe, but one that sociology has had little influence in addressing. Conventional sociological theory and methodology seem unable to cope with this situation. Sociology, along with other social sciences, is threatened, yet it could contribute to responses that mobilise community resources to address the crisis and prepare for future ones. Foss (2020) asked what strategic management research can do to make sense of the COVID-19 disruption and the implications the disruption holds for the strategy field. He argues that behavioural strategy offers a psychologically based interpretive lens that provides insight into decision-making amid extreme conditions. However, the COVID-19 experience also highlights some weaknesses: the role of models versus judgement in strategic decision-making, the deeply social (political, institutional) nature of strategy formation, and the treatment of fundamental uncertainty. Beech and Anseel (2020) warned that higher education also faces an unprecedented crisis. Leaders need to focus on short-term survival but should not neglect long-term growth and development. The authors see the current crisis as an opportunity to rethink the role of higher education in society.

Many researchers have looked at national and cross-national responses to the COVID-19 crisis. Ruiu (2020) analysed the initial stages of management of the COVID-19 outbreak in Italy by examining a mix of political, academic, media and public responses. The lack of coordination between the political and scientific levels, and between institutional issuers of formal statements and the media, suggests the crisis was mismanaged in the early stages of the virus' outbreak. Mizrahi, Vigoda-Gadot and Cohen (2021) found the COVID-19 pandemic has spotlighted the importance of effective crisis management and its relationship with citizens' willingness to cooperate with the government during a crisis. Their findings show that citizens in Israel sought immediate results during a crisis in preparedness and readiness terms. Government responsiveness and transparency, as well as public participation in decision-making and trust in the government, are critical. ASPA (2020) presented the experience of South Korea, which had performed exceptionally well during the first pandemic wave. Its adaptive approaches and learning pathway, explored in the ASPA commentary, provide practical implications for managing possible further waves of COVID-19 and a future public health crisis. Ferlin, Malešič and Vuga Beršnak (2021) examined the degree of improvisation during the COVID-19 crisis response in Slovenia. Despite normative and to some extent operational crisis preparedness, analysis of the country's response to the COVID-19 epidemic shows improvisation in several key elements: Planning, decision-making, coordination and crisis communication. Kuhlmann, Bouckaert and Galli (2021) provided a conceptual framework for analysing the COVID-19 crisis response in the first half of 2020 from a cross-national comparative perspective. Their framework focuses on how the crisis was used as a 'window of opportunity' by different actors. Several similarities and differences were observed in crisis responses and patterns of opportunity management in various countries.

The issue of the international response to the crisis was also explored. Habersaat, Betsch and Butler (2020) believe that while most COVID-19 countermeasures prove effective they come at a high social and economic cost, and response strategies are adapted. They believe communities around the world should have a say, that they should be informed and involved, and participate in the transition phase to the 'new normal'. Goniewicz et al. (2020) described how the European Union has implemented numerous strategies to address the COVID-19 crisis. Member states have imposed measures like closing borders and significant restrictions on people's mobility to contain the virus' spread. The unprecedented

crisis coordination among the Member States has facilitated the procurement of medical equipment, personal protective means and other medical supplies. Substantial funding has also been allocated to research to find a vaccine and promote effective treatment therapies. Financial assistance has been provided to protect the wages of workers and businesses and to facilitate the return to a functioning economy. The authors believe the current crisis suggests the need to look at similar events in the future from a population-based management approach and to engage in critical thinking outside the box.

Countless other issues have been discussed in response to COVID-19. Here are just a few. Ang (2020) showed that the debate over whether autocracies or democracies are better at fighting epidemics is misguided. In China, President Xi Jinping's centralised leadership and administration have both succeeded and failed to address the COVID-19 crisis. While it was effective in containing infections within China after the virus had spread, it failed to contain the outbreak before it spread globally. The country has shown both strengths and fatal weaknesses in dealing with COVID-19. At the same time, centralised, personalised power has reinforced both the strengths and weaknesses of authoritarianism. Ansell, Soerensen and Torfing (2020) conducted analysis which suggested the turbulent problems caused by COVID-19 require robust governance solutions that are sufficiently adaptive, agile and pragmatic to sustain a particular goal/function in the face of constant disruption. Robust governance strategies for public administration and leadership are required to successfully manage such crises. Abdul-Azize and Gamil (2021) examined social protection programmes as a key tool for policymakers to address poverty and hunger and increase the resilience of both the poor and vulnerable groups to a shock like the COVID-19 pandemic. These programmes have been used to build community resilience. Abas et al. (2021) explored the role of social media during the crisis. Their study reveals how excessive social media use could increase global mental health risk in the COVID-19 event. The study's results suggest a likely link between social media use and the emotional trauma people have faced while responding to the crisis. Malešič (2021) addressed the paradoxes and associated behaviours caused by the COVID-19 virus and the response to it. The uncertainty, change and ambiguity have created several paradoxes. The virus could be successfully contained with intense international cooperation through global and regional institutions, yet these were already weakened before the crisis and during the crisis by the nationalist and populist politics in certain countries. The virus appears to have cut across various global inequalities, although its effects have been felt unevenly. The virus has increased inequality in the economy, between genders, and between generations. Supposed to be a safe haven, the home has become a place of domestic violence for (too) many people, including children. Ruiu, Ragnedda and Ruiu (2020) examined similarities and differences in coping with the COVID-19 crisis and climate change. They identified key lessons arising from this comparison: 1) warning the public of the risk (severity) and reassuring the public (which options exist for action); 2) the need for multi-level collaboration that integrates collective and individual action; 3) the ability to communicate coherent messages to the public; 4) managing the risk of politicisation and commodification of the issue; and 5) the ability to trigger individual responses by promoting self-efficacy.

This thematic issue of the Journal of Comparative Politics contains five articles that contribute to the above discussion. **Simona Kukovič** presents data on affected countries, infected people and number of deaths at the time of the analysis and reiterates the COVID-19 crisis is a global crisis. Most countries in the world introduced very stringent and unprecedented measures to limit the virus' further spread and reduce hospitalisations/deaths. The author analyses and

discusses the public health measures taken in Slovenia, its four neighbouring countries Italy, Hungary, Austria and Croatia, and in Sweden. She compares the virus' spread, and the results of the measures taken in the listed countries, chiefly focusing on public trust in political institutions. She uses publicly available data on the subject and tests the hypothesis "that high levels of public trust in decision-making institutions directly correlate with compliance with public health measures and restrictions taken by these institutions to limit the spread and consequences of the novel coronavirus".

Agnieszka Turska-Kawa, **Peter Csanyi** and **Rudolf Kuharčik** stress the COVID-19 pandemic has been a challenge for societies and governments around the world and, while it seemed that most countries and their citizens were responding similarly to the virus early in the pandemic, the situation in different countries began to vary in the months following. The authors compare the COVID-19 situation in Poland and Slovakia, which experienced one of the worst crises in their history 1 year after a pandemic was declared by the WHO. A fruitful government–citizens relationship lasted slightly longer in Slovakia than in Poland, but the situation had deteriorated significantly in both countries by the autumn of 2020. The authors' focus is to examine how the "rally-around-the-flag" effect and resulting natural potential for social mobilisation to fight the pandemic in Poland and Slovakia were squandered by irresponsible political decisions and the undermined trust of citizens in their governments' good intentions.

Anđela Đorđević and **Rok Zupančič** analyse the measures introduced by the governments of Serbia and Kosovo in northern Kosovo against COVID-19. Northern Kosovo is governed by a dual legal and administrative system led respectively by the Serbian government in Belgrade and the Kosovar authorities in Pristina. Drawing on "the theory of contested statehood", the authors argue "that the institutions of both sides, which have been vying for power in this region for years, have used almost all available means to demonstrate their respective 'statehood' (ability to exercise power), regardless of the consequences this has had for the locals".

Vladimir Prebilič considers the fight against COVID-19 in Slovenia on the local level. The state responded to the virus according to the national plan, albeit this was not the optimal basis for implementing tasks on the local level, especially during the first wave of the epidemic. Local communities responded to the crisis in different ways and used a lot of their own initiative due to the limited functioning of the protection and rescue system on the regional level. In the second wave, several weaknesses were addressed, and the response was thus better coordinated. The state–local community interaction and the progress in the response from the first to the second wave are the focus of the analysis.

Jelena Juvan conducts a cross-national analysis of use of the military as an additional force to combat the virus. Indeed, most countries have deployed their national armed forces to bring the crisis under control. However, the extent of deployment has varied and depended on the national legal framework governing the role of the armed forces in crisis management. The armed forces' role during this crisis has varied in terms of the type of forces deployed and nature of the tasks performed. What was the extent of use of the armed forces in responding to the COVID-19 pandemic in selected countries, whether the armed forces were useful in the medical crisis and what were the main shortcomings and advantages of this use were the main questions guiding author's analysis.

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HOW NOVEL CORONAVIRUS HAS SHAKEN PUBLIC TRUST IN DECISION-MAKING INSTITUTIONS: COMPARATIVE ANALYSIS OF SELECTED EUROPEAN UNION MEMBERS

Simona KUKOVIČ[1]

Since its first outbreak in December 2019, the novel coronavirus has spread rapidly around the world, affecting all countries and becoming a global crisis. As of August 2021, more than 220 million people have been infected and more than four million people have lost their lives to COVID-19 disease. Many countries around the globe have taken very strict and unprecedented measures to limit the further spread of the novel coronavirus and reduce the number of hospital cases and deaths. The aim of this paper is to analyse and discuss the public health measures in selected member states of the European Union related to the spread of novel coronavirus and the outcomes of these measures, focusing on public confidence in policy-making institutions. We use publicly available data on this topic and test the hypothesis that high levels of public trust in decision-making institutions are directly correlated with compliance with the public health measures and restrictions adopted by these institutions to limit the spread and consequences of the novel coronavirus.

Key words: trust; political institutions; public health policies; coronavirus; European Union.

1 INTRODUCTION[2]

The unstoppable and extremely rapid spread of the novel coronavirus in the first half of 2020 presented an unprecedented challenge to all governments of the world. Looking at the timeline of events from today's perspective, we see that the first case of infection with a new, unknown disease was reported by China to the World Health Organization on December 31, 2019. The World Health Organization designated SARS-CoV-2 as public health emergency of the international concern; on March 11, 2020, it declared a global pandemic. In the

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first three months of 2020 alone, the virus spread rapidly across the globe, causing severe illness among those infected and claiming the lives of hundreds of thousands. The social isolation instituted by the government's total lockdown measures served to contain the transmission and spread of the novel coronavirus but had a tremendous impact on individual and societal mental health, quality of life, as well as the economy, standard of living, and welfare.

Because the virus has spread so rapidly throughout the world, leaving deaths in its wake, having long-term consequences for people's mental and physical health, endangering lives, altering individuals' lifestyles, affecting basic activities such as education and health, limiting human rights and affecting interpersonal relationships, affecting the psychological state of individuals as well as society, it was necessary to act and respond quickly and simultaneously. COVID-19 pandemic represents a universal threat that crosses physical, temporal and social boundaries and requires a joint response by countries, international and non-governmental organizations. At the outset of the pandemic, countries shared information, learned from each other, and coordinated their responses (Mintrom and O'Connor 2020, 206; Goodman et al. 2020), but this synchronicity quickly proved extremely fragile; more so, countries quickly became competitors in procuring protective equipment. Malešič (2021, 67) therefore concludes that we have witnessed the nationalization of various policies and the erosion of international mechanisms and instruments to respond to the crisis, which has led to various paradoxes.

The European Union, for which the COVID-19 crisis is the third major crisis in the last decade, has also failed to provide a common, unified response. Brglez and others (2021, 82) claim that it took the European Union more than three years after the economic crisis to agree on a unified response to potential future economic crises, while common solutions to the migrant crisis are still not fully defined. The European Union also failed to strategically address the novel coronavirus crisis, instead focusing on day-to-day measures to contain the virus, thereby (once again) disappointing its citizens and member states who were left to fend for themselves. Thus, European Union member states adopted various strategies to limit and prevent the spread of the novel coronavirus, as well as measures to address the COVID-19 crisis. Individual countries have had varying degrees of success in dealing with this crisis. Some governments were able to strategize quite quickly, adopt public health measures to address the crisis, and successfully communicate the policy framework to the public. On the other hand, some heads of state quickly became targets of sceptics, conspiracy theorists, and their political opponents. Thus, in some countries, the COVID-19 health care crisis quickly became a political crisis, in which, on the one hand, the reckoning between the ruling party/coalition and the opposition intensified, which, on the other hand, increased distrust, doubt and disobedience among citizens.

In this paper, we use publicly available data to analyse the public health measures taken by different member states of the European Union to contain the spread of novel coronavirus and assess how these measures have affected the proportion of infected and ill people. The latter will be compared with the level of trust in the main political institutions of each country. The aim of this article is therefore to examine the relationship between the evolution of trust in the decision-making of political institutions and the outcomes of the COVID-19 pandemic in selected member states of the European Union. In doing so, we test the hypothesis that high levels of public trust in decision-making institutions are directly correlated with compliance with public health measures and restrictions adopted by these institutions to limit the spread of the novel coronavirus and the associated public health consequences.

We selected six European Union member states as units of study. We compared Slovenia with all four neighbouring countries (Italy, Hungary, Croatia, Austria) for several reasons, including a similar political system, a common political history and political culture, and geographical proximity to list just the few. We have also included Sweden in the comparison, as Sweden was one of the few European Union member states that took a different approach to dealing with the pandemic; approach that was based on recommendations rather than closures and restrictions (Kavaliunas et al. 2020, 599). Timeframe of the analysis are the first and second waves of the epidemic COVID-19 in the period from early spring 2020 to late spring 2021.

2 PANDEMIC GOVERNANCE AND TRUST IN KEY DECISION-MAKING POLITICAL INSTITUTIONS

In dealing with and managing crisis situations such as the novel coronavirus pandemic, a policy narrative framework is extremely important for at least two reasons. First, a clear policy framework reduces ambiguity and thus challenges policy implementation, but it cannot ensure effective implementation. The latter depends on structural issues or the capacity of the system. In other words, if certain resources are not allocated to the establishment of a public health response, the pandemic cannot be successfully addressed, no matter how good the policy narrative. Second, an effective framework for action increases the likelihood that citizens will correctly interpret and support the public policies and actions implemented. The latter is essential for policy implementation and compliance. At the operational level, it is important that leaders provide accurate, timely and credible information across the hierarchy of decision-making and crisis response, as well as to citizens and communities involved in crisis management in different settings (Boin and 't Hart 2010, 360). Based on the analysis of political leaders' responses, Mintrom and O'Connor (2020, 209) formulate the following four recommendations:[3] 1) convincing accounts of what is happening, why it is happening, and what can be done about it; 2) building a broad coalition of support for the policy actions to be taken and minimizing opportunities for conflict; 3) fostering trust and collaboration among key actors and groups whose actions are relevant to managing the crisis; and 4) empowering individuals and communities to make informed decisions about crisis management in their respective jurisdictions.

The lack of a clear framework for action leads to doubt and ambiguity in the messages that political leaders try to convey, leading to varying degrees of confusion among citizens. With a virus as contagious as the novel coronavirus, complacency and deviant behaviour by a small number of citizens leads to the rapid spread of the virus with disastrous and often fatal results.

Because of the high virulence of the novel coronavirus, it was necessary to take rapid action, which inevitably had a major impact on people's daily lives. Many political leaders issued emergency powers in their jurisdictions to enforce social distancing and lockdown measures, which was a serious violation of social norms. For this reason, it was necessary to create a clear political narrative simultaneously with the legalization of measures, which some political leaders

[3] It should be added, however, that new crisis situations will challenge other behavioral patterns of political leaders.

succeeded in doing much better than others.[4] Those politicians who failed to enforce an effective political narrative among the population quickly became targets of a blame game, which led to disregard for the measures taken to combat the novel coronavirus and a decline in citizens' support for and trust in policymakers. Indeed, Haček and Brezovšek (2014, 3) explain that the trust we have in the representatives of a particular institution generates trust in the institution as a whole. However, the consequences of mistrust in political institutions - especially in crisis management – can be fatal.

Gamson (1968, 42) argues that trust in political institutions is important because it serves as a creator of collective power, enabling government to make decisions and commit resources without resorting to coercion or seeking the explicit consent of citizens for every decision. When trust is high, governments can make new commitments based on that trust and, if successful, increase support even further. A virtuous spiral is created. On the other hand, if trust is low, governments cannot govern effectively, trust is further eroded, and a vicious cycle is created (Muller and Jukam 1977). Trust is particularly important for democratic governments because they cannot rely on coercion to the same extent as other regimes. Trust is therefore essential for representative relations (Bianco 1994). In modern democracies, where citizens exercise control over government through representative institutions, it is trust that gives representatives the latitude to set aside short-term concerns of the electorate while pursuing long-term national interests (Mishler and Rose 1997, 419). Trust is necessary for individuals to voluntarily participate in collective institutions, whether political or civic. However, trust is a double-edged sword. Democracy requires trust, but it also requires an active and vigilant citizenry (Haček 2019, 420) with a healthy scepticism of government and a willingness to suspend trust when necessary and assert control over government by replacing the current government.

We begin our discussion by examining the level of trust in (political) institutions in selected European Union member states. Three time periods have been included in the analysis, namely (a) the period before the novel coronavirus pandemic (autumn 2019), (b) the period of the novel coronavirus pandemic outbreak (summer 2020), and (c) the period of the second wave of the novel coronavirus pandemic (winter 2020/2021).

Based on the publicly available data presented in Table 1, two clusters of countries can be observed. The first cluster consists of countries whose populations have increased trust in all three major political institutions (namely government, parliament and political parties) at the national level from before the novel coronavirus pandemic to the last measurement during the second wave of the pandemic (Sweden) or whose percentage of trust has remained unchanged (Croatia and Italy). The second group includes countries with a downward trend in public confidence (Austria, Hungary and Slovenia), with Slovenia showing the largest decrease in public confidence.[5] It should be added that the increase or decrease in public trust is influenced by various factors, one of which is certainly the change of government that we have recently experienced in both Croatia and Slovenia.

[4] Differences are also pronounced among relatively wealthy countries that had well-functioning health systems prior to the COVID-19 pandemic (Mintrom and O'Connor 2020, 207).

[5] Trust in political parties fell by 7 per cent, in parliament by 11 per cent, and in government by 12 per cent.

TABLE 1: TRUST IN POLITICAL INSTITUTIONS (TEND TO TRUST; IN PER CENT)

	NATIONAL GOVERNMENT			NATIONAL PARLIAMENT			POLITICAL PARTIES			EUROPEAN COMMISSION		
	2019	2020	2020/21	2019	2020	2020/21	2019	2020	2020/21	2019	2020	2020/21
Austria	50	59	38	54	58	44	33	41	32	49	49	43
Croatia	15	24	22	16	21	22	12	14	12	50	51	48
Hungary	48	46	39	45	42	38	30	25	24	62	58	62
Italy	25	29	26	27	26	27	15	13	16	44	33	45
Slovenia	31	25	19	26	22	15	14	12	7	39	44	52
Sweden	56	62	62	66	72	69	30	43	39	63	64	60

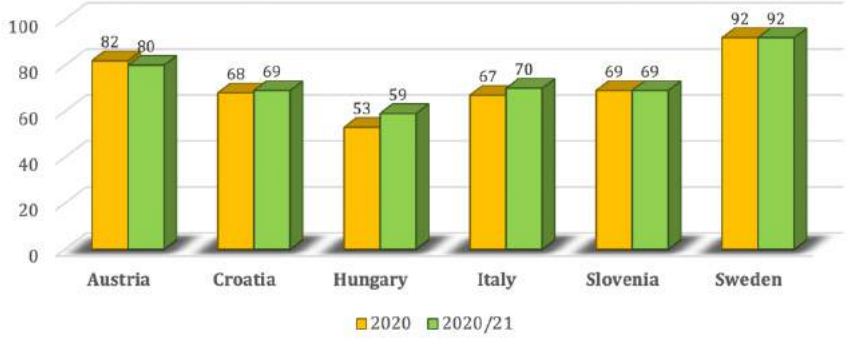
Sources: European Union (2019); European Union (2020); European Union (2021a).

On the other hand, in Slovenia, confidence in the European Commission has increased slightly, while in Austria, Croatia and Sweden we have seen a slight decline. After the first wave of the COVID-19 pandemic, Italians and Hungarians trusted the European Commission slightly less than before the COVID-19 crisis, but during the second wave, confidence returned to pre-pandemic level.

Furthermore, there is additional data available on the confidence of citizens of selected countries in the European Union. In response to the question "Thinking about the EU's response to the coronavirus pandemic, to what extent do you trust or not the EU to make the right decision in the future?" we see the highest percentage of trust among Hungarians (76 per cent in the 2020 summer survey and 77 per cent in the 2020/21 winter survey). Increased confidence in the European Union's decisions regarding the new coronavirus pandemic can also be seen in Italy (increase from 50 to 60 per cent) and Sweden (increase from 68 to 69 per cent). However, in the remaining three countries, we found a decrease in confidence in both measurements of public trust. Croatia, which has a quite high percentage of trust in European Union pandemic decisions, lost two percentage points (from 73 to 71 per cent); in Austria, the decline was four percentage points (from 50 to 46 per cent); Slovenia again saw the largest decline, by five percentage points (from 61 to 56 per cent).

In addition to public trust in key decision-making political institutions, we also examined public trust in health and medical personnel (see Figure 1) who were involved in both the design of pandemic response efforts and the management of victims infected with novel coronavirus during the pandemic. At first glance, health and medical personnel in all selected countries enjoyed a much higher level of trust compared to most of the key political institutions. However, we also note that trust decreased slightly only in Austria between the first and second waves of the novel coronavirus pandemic; in other countries, trust levels remained the same or even increased slightly. Among the selected European Union countries, trust in health and medical staff is lowest in Hungary, followed by Croatia, Slovenia and Italy; in Austria, and especially in Sweden, trust is actually very high.

FIGURE 1: TRUST IN HEALTH AND MEDICAL STAFF (TENT TO TRUST; IN PER CENT)



Sources: European Union (2020); European Union (2021a).

With the help of comparative analysis, we can establish the following facts. First, trust in the main political institutions is highest in Sweden, followed by Austria, Hungary, Italy and Croatia; the lowest trust in the main political institutions is perceived in Slovenia. Second, in both countries (Sweden and Austria) where trust in health and medical staff is highest, trust in key political institutions is also the highest. And third, in all six countries studied, a higher proportion of citizens have trust in medical personnel than in the main political institutions.

The following chapter highlights some of the public health policies adopted and implemented by the leaders of the European Union member states studied during the first and second waves of the novel coronavirus pandemic and discusses them in terms of outcomes reflected in the proportion of people infected and mortality rates.

3 PUBLIC HEALTH POLICIES AND THEIR OUTCOMES

During the first and second waves of novel coronavirus, European policymakers had to adopt various public health measures to contain the spread of the coronavirus. These measures ranged from public health policies (mandatory protective masks, mandatory social distancing, closure of non-essential businesses, restriction of public gatherings, closure of primary and secondary schools) to fewer general policies, such as orders to stay at home and lockdowns of all public life. Some policies were only in place for a limited period of time, such as orders to stay at home, while others, such as the requirement to wear masks indoors, were (and still are in some instances) in place for a longer period of time (see Table 3 for some examples).

TABLE 2: COMPARISON OF NOVEL CORONAVIRUS RELATED PUBLIC HEALTH POLICIES IN SELECTED EUROPEAN UNION MEMBER STATES

	NATIONAL STAY HOME ORDER	MANDATORY MASKS ALL SPACES	CLOSURES OF NON-ESSENTIAL SHOPS	LIMITATIONS/BAN ON PUBLIC GATHERINGS	CLOSURES OF PRIMARY/HIGH SCHOOLS
Austria	yes	yes	yes	yes/yes	yes/yes
Croatia	no	yes	partial	yes/no	yes/yes
Hungary	yes	yes	yes	yes/yes	yes/yes
Italy	yes	yes	yes	yes/yes	yes/yes
Slovenia	yes	yes	yes	yes/yes	yes/yes
Sweden	no	no	partial	yes/yes	no/yes

Source: European Centre for Disease Prevention and Control (2021).

We can see in Table 2 that even among our relatively small sample of six European Union member states, there are large differences in various health policies, such as comprehensive nationally imposed house arrest orders, with some countries not imposing this restriction at all (Croatia, Sweden) and relying only on the recommendations, while others (Austria, Italy, Slovenia, Hungary) have enacted massive orders that span half of the calendar year and also include additional partially or regionally imposed home stay orders. Massive differences between European Union member states also exist in the closures of primary schools, which is a significant interference with fundamental human rights; we can observe that some countries refused to close primary schools even for a single day (Sweden), while others (Slovenia, Hungary) introduced massive closures extending well over half of the entire school year. The same applies to the ban on public gatherings, although Croatia, Sweden and Italy have adopted much milder public gathering bans compared to Slovenia, Austria and Hungary.

TABLE 3: COMPARISON OF TOTAL DURATION OF SELECTED NOVEL CORONAVIRUS RELATED PUBLIC HEALTH POLICIES IN SELECTED EUROPEAN UNION MEMBER STATES BETWEEN JANUARY 2020 AND END OF JUNE 2021 (IN DAYS)

	COMPREHENSIVE NATIONAL STAY HOME ORDER	CLOSURES OF PRIMARY SCHOOLS	BAN ON ALL MASS GATHERINGS
Austria	127 (+ 111 partial)	64 (+ 64 partial)	340
Croatia	/	56 (+ 38 partial)	70
Hungary	53 (+199 partial)	120 (+ 46 partial)	265
Italy	56 (+229 partial)	35 (+ 7 partial)	95
Slovenia	47 (+176 partial)	192 (+ 14 partial)	276
Sweden	/	/	94

Source: European Centre for Disease Prevention and Control (2021).

In later stages of novel coronavirus pandemic, European leaders also met regularly to share strategies and coordinate joint European Union efforts to contain the spread of the virus and support health systems. These focused on testing strategies and the use of rapid antigen tests, mutual recognition of tests, the introduction of vaccination, a common approach to travel restrictions and other public health measures, and the introduction of vaccination certificates (European Council 2021). Although European Union member states took similar approaches and implemented similar, albeit slightly different, public health measures to combat COVID-19 disease, the results of these measures appear to have little to do with the actual consequences of the disease (see Table 4). We have shown that Croatia and Sweden have implemented the least stringent measures to control COVID-19 in our group of six European Union member states, although both countries have neither the most confirmed COVID-19 cases nor the most confirmed COVID-19 deaths; Sweden is rather special case, as it has selected very specific strategy of dealing with the pandemic from the start. The largest proportion of confirmed COVID-19 cases relative to the total population is in Slovenia (12.2 per cent), which has implemented much more stringent and especially more permanent measures; the largest proportion of confirmed deaths relative to the total population is in Hungary, which has lost 0.31 per cent of its population to COVID-19 disease, more than twice as much as Sweden, which has, however, implemented extensive bans and closures to combat the coronavirus pandemic.

TABLE 4: COMPARISON OF COVID-19 DISEASE CONSEQUENCES IN SIX EUROPEAN UNION MEMBER STATES

	COVID-19 CONFIRMED CASES (until end of May 2021)	COVID-19 CONFIRMED CASES AS % OF TOTAL POPULATION (until end of May 2021)	COVID-19 RELATED DEATHS (until end of May 2021)	COVID-19 CONFIRMED DEATHS AS % OF TOTAL POPULATION (until end of May 2021)	LARGEST SHARE OF INFECTED POPULATION AS % OF TOTAL POPULATION	COVID-19 TESTS PER 1M POPULATION (until 20 August 2021)
Austria	644.815	*7,11*	10.603	*0,12*	0,85 (16 Nov 2020)	8.068.394
Croatia	356.181	*8,74*	8.026	*0,20*	0,62 (12 Dec 2020)	600.303
Hungary	652.433	*6,77*	29.733	*0,31*	2,83 (13 Apr 2021)	671.440
Italy	4.217.349	*6,99*	126.129	*0,21*	1,35 (22 Nov 2020)	1.347.754
Slovenia	253.722	*12,20*	4.375	*0,21*	1,17 (10 Jan 2021)	684.515
Sweden	1.072.959	*10,55*	14.520	*0,14*	1,85 (31 Dec 2020)	1.134.299

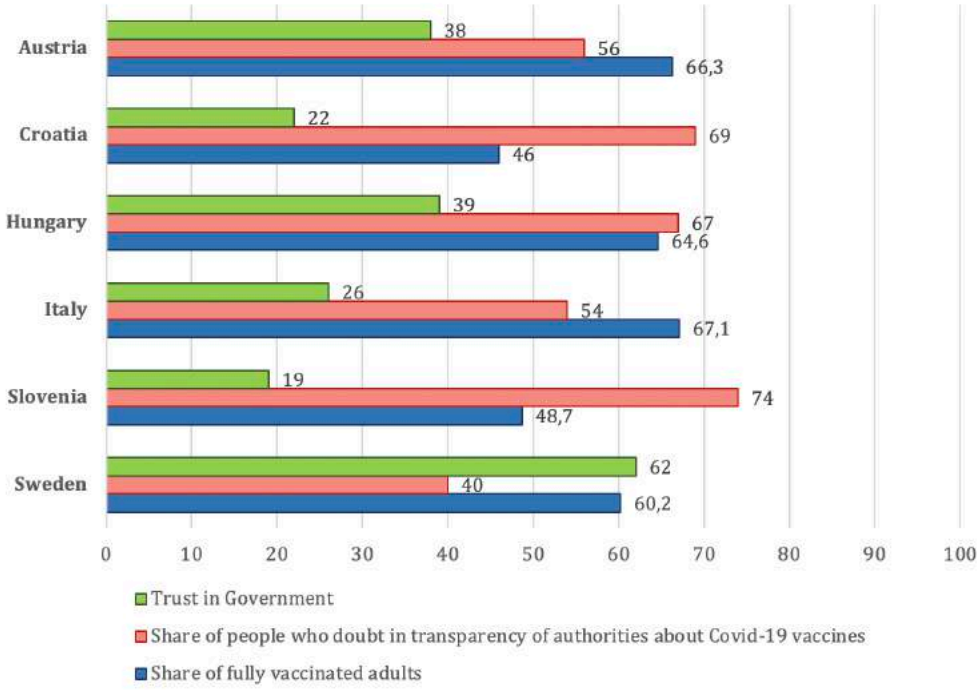
Source: Worldometer (2021).

We can also see that the COVID-19 disease was not equally intense in all countries at the same time, with peaks in different time periods and with much different

intensity. It is obvious that we cannot directly connect the implementation of novel coronavirus related public health measures to the disease outcomes in the different countries, as the reality is much more complex and depends on additional important variables, such as the overall quality and efficiency of the national health system, as well as the more quantitative variables like the number of COVID-19 tests performed in each European Union member state. Focusing only on the latter, we can clearly see (Table 4) that there are huge differences in testing in our small sample, from Austria, where the average citizen was tested a whopping eight times by 20 August 2021, to Croatia, with thirteen times fewer tests completed compared to Austria.

COVID-19 vaccination started in the European Union towards the end of December 2020, but member states are still affected by the pandemic, as new variants of the novel coronavirus have evolved, and vaccination is still not unilaterally accepted by everybody as the most effective way to control COVID-19 disease. Slovenia stands out negatively in this regard, as it has the largest proportion of anti-vaccinationists and sceptics who don't believe in the effectiveness of coronavirus vaccines of any country in the European Union. No other population in the European Union is as sceptical about vaccines as Slovenians (European Union 2021b).

FIGURE 2: SHARE OF TRUST IN GOVERNMENT, DOUBT IN TRANSPARENCY ABOUT COVID-19 VACCINES AND SHARE OF FULLY VACCINATED ADULTS IN SIX EUROPEAN UNION MEMBER STATES (IN PER CENT)



** Share of fully vaccinated adults against COVID-19 as of August 15, 2021.*
Sources: European Union (2021a); European Union (2021b); Statista (2021).

The data presented in Figure 2 suggest a correlation between trust in government and the proportion of sceptics regarding the transparency of those responsible for developing the COVID-19 vaccine. In both Slovenia and Croatia, trust in government is low and the proportion of population who doubt that those responsible are sufficiently transparent about the COVID-19 vaccine is high. Consequently, this is reflected in the proportion of fully vaccinated adult citizens, which is lowest in these two countries (46 per cent in Croatia and 49 per cent in Slovenia, as of August 15, 2021). At the other end of the scale is Sweden, where

trust in government is the highest of all countries analysed and the proportion of sceptics about the COVID-19 vaccine is the lowest.[6]

Interesting examples are Austria and Hungary, which have a relatively high proportion of doubters about the transparency of those responsible for the COVID-19 vaccine, but still have relatively good adult vaccination rates. The reason for this may be the high level of confidence in the safety of the vaccine in both countries, with 72 per cent of Hungarians and 70 per cent of Austrians agreeing with the statement "I believe that vaccines licenced in the European Union are safe" (European Union 2021b).

At this point, we would also like to highlight Italy, which was one of the first countries in Europe to face the COVID-19 crisis and one of the first to suffer the brutal consequences of a new coronavirus disease, after the partial collapse of the health system in spring 2020. We note that public trust in the Italian government is rather low, but we see that Italy still has a high proportion of vaccinated people. This may have been helped by the COVID-19 vaccination strategy, with which 58 per cent of Italians are satisfied after all (European Union 2021b); at the same time, 77 per cent of Italians believe that the safety of COVID-19 vaccines licenced in the European Union is not in question. Moreover, we found that Italians' confidence in the decisions of the European Commission and the European Union regarding the COVID-19 pandemic has increased.

4 CONCLUSION

The new coronavirus pandemic affects all the members of the European Union, because COVID-19 is a highly contagious disease, with new, even more contagious and deadly variants emerging every few months. Policy makers were faced with the difficult task of making decisions and taking measures to contain the unknown disease and convince citizens to consider these measures, as in many countries the health care system was in danger of collapse due to the large number of infected patients and the spread of the coronavirus among medical personnel. In countries where trust in political decision-making institutions is generally high, these measures have been received and accepted by citizens without much scepticism, while in countries where trust levels are lower, the same or very similar measures have increased doubts and distrust of political institutions, political parties and political leaders. For example, in Sweden, where trust in political institutions is very high, policy makers have adopted a relaxed approach based on expert recommendations, but as a result Sweden still did not record the highest number of infections or deaths in our small sample of countries. On the other hand, we can point to Slovenia, which has the lowest trust in political institutions of all six countries studied and whose policies on COVID-19 were much stricter and lasted longer, but still has the highest proportion of infected citizens relative to the total population. Of course, this raises the question of the egg and the hen, i.e., whether stringent and long-term policies have increased distrust in political institutions and whether distrust in political institutions and political leaders has challenged the policies that have been implemented.

European Union failed to take quick and effective decisions at the beginning of the new coronavirus pandemic, leaving member states in a state of uncertainty

[6] As many as 77 per cent of Swedes believe that COVID-19 vaccines approved in the EU are safe (European Union 2021b).

and self-initiative. After several months, European Union succeeded in developing a common approach to facilitate the deployment of protective and medical equipment, coordinate testing strategies and make COVID-19 vaccines available throughout Europe. We confirmed the inversely proportional correlation between trust in government and the proportion of scepticism regarding the development and the implementation of the COVID-19 vaccine.

Based on the (rather limited) analysis, we can conclude that the initial assumption about the relationship between the degree of trust in decision-making institutions and the public health measures and restrictions taken by these institutions to limit the spread and consequences of the novel coronavirus may prove to be justified. Nevertheless, we are fully aware that for a definitive confirmation, more comprehensive analyses should be carried out, which would include a complex picture of different social phenomena that have changed drastically with the emergence of COVID-19 disease and its consequences.

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KAKO JE NOVI KORONAVIRUS ZATRESEL ZAUPANJE JAVNOSTI V ODLOČEVALSKE INSTITUCIJE: PRIMERJALNA ANALIZA IZBRANIH ČLANIC EVROPSKE UNIJE

Od svojega prvega izbruha decembra 2019 se je novi koronavirus hitro razširil po svetu, prizadel vse države in postal globalna kriza. Do avgusta 2021 je bilo okuženih več kot 220 milijonov ljudi, več kot štirje milijoni ljudi so izgubili življenje. Številne države po vsem svetu so sprejele zelo stroge ukrepe, da bi omejile nadaljnje širjenje novega koronavirusa ter zmanjšale število bolnišničnih primerov in smrti. Namen tega prispevka je analizirati in obravnavati javnozdravstvene ukrepe v izbranih državah članicah Evropske unije, povezanih z omejevanjem in preprečevanjem širjenja novega koronavirusa, ter rezultate teh ukrepov. Pri tem uporabljamo javno dostopne podatke in preverjamo hipotezo, da je visoka stopnja zaupanja javnosti v institucije odločanja neposredno povezana z upoštevanjem in spoštovanjem javnozdravstvenih ukrepov in omejitev, ki so jih te institucije sprejele za omejevanje širjenja in posledic novega koronavirusa.

Ključne besede: zaupanje; politične institucije; politike javnega zdravstva; koronavirus; Evropska unija.

FROM THE "RALLY 'ROUND THE FLAG" EFFECT TO A SOCIAL CRISIS OF CONFIDENCE. POLAND AND SLOVAKIA IN THE FIRST YEAR OF THE COVID-19 PANDEMIC

Agnieszka TURSKA-KAWA, Peter CSANYI and Rudolf KUCHARČÍK[1]

The pandemic COVID-19 became a challenge for both societies and governments. While most countries and citizens reacted similarly to the unknown strength of the virus at the start of the pandemic, the situation in each country began to vary more and more each month. Poland and Slovakia are interesting cases in this context. One year after the WHO declared a pandemic, these countries are experiencing one of the worst crises in history. In Poland, despite the initial social mobilisation, after a very short time, many government decisions ceased to be perceived as protecting citizens. In the first period of the pandemic, the Slovak government coped with the situation much better, which changed significantly in the autumn of 2020. The article aims to analyse how an active "rally 'round the flag" effect and the resulting natural potential for social mobilisation to fight the pandemic were wasted in Poland and Slovakia due to irresponsible political decisions undermining the citizens 'trust in the governments' good intentions.

Key words: pandemic restrictions; the "rally 'round the flag"; civic society; political behaviours.

1 INTRODUCTION

On January 30 2020, the World Health Organization (WHO) declared COVID-19 to be a "public health emergency of international concern" (Li et al. 2020). The pandemic became a challenge for both societies and governments. The unknown

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mechanisms of the virus, as well as consecutive reports about the situation getting out of control in many countries, made governments respond by imposing numerous restrictions on their citizens in the public space. They were supposed to contain the spread of the virus and indirectly to provide a sense of security and to restore the prospects of returning to the much-anticipated normality. Their effectiveness required, to a large extent, coherence and determination on the part of all citizens. Consistent behaviour, based among other things on the belief in the rationality of the decisions made by the government, was one of the key factors in the fight against the pandemic. Citizens should believe that what the government does makes sense (Malešič 2021). Gaining public trust through responsible decisions was important from the point of view of implementing rapid and profound changes (Coromina and Kustec 2020; Vera-Valdés 2021). In addition, engaging in justified social behaviours requires knowledge and is difficult when often conflicting or incomplete information keeps flowing in from different sources (Siegrist and Zingg 2014). Trust is one of the ways of reducing the complexity of unclear situations (Luhmann 1989) and, consequently, facilitating its understanding.

While in the early days of the pandemic, most countries and citizens reacted similarly when confronted with the unknown strength of the virus, the situation in individual countries started to differ increasingly with each passing month. Poland and Slovakia are interesting cases in this context. One year after the WHO declared the pandemic, these countries are experiencing one of their worst crises ever. In Poland, despite the initial social mobilisation, after a very short time, many of the decisions made by the government ceased to be perceived as ones providing protection for the citizens, but rather generated a few discussions about their political context, namely using them to gain certain political resources or support of interest groups. In the first period of the pandemic, the Slovak government coped with the situation much better, which changed significantly in the autumn of 2020. At that time, subsequent government decisions destroyed the potential, which had been maintained for a long time. We put forward the proposition that one of the key factors contributing to the collapse of the social and political situation after a year of fighting against the pandemic was the breaking of trust in the actions of governments by politicians themselves. Central decisions were supposed to give citizens a sense of security, which, from the point of view of the diagnoses showing the deteriorating psychological, social and economic condition of societies (Augustyniak et al. 2020; 'Kondycja Psychiczna Polaków' 2020), has certainly failed. The governments of Poland and Slovakia have faced a huge wave of criticism over their actions aimed at stopping the spread of the virus. The legitimacy of their decisions was publicly challenged, and the public opinion was that they were chaotic and ill-considered. In March 2021, the OECD published the results of a survey on citizens' trust in governments. Poland ranked 21st (out of 24) among the surveyed European Union countries, scoring 27.3 per cent, which represents a decrease by half vs the 2019 result. Slovakia accompanies Poland at the bottom of the ranking list, coming 19th with a score of 30.7 per cent, which still represents a slight increase compared to the previous survey ('General Government - Trust in Government - OECD Data' 2021). The reflection presented here shows how an active "rally 'round the flag" effect, along with the resulting natural potential for social mobilisation to fight the pandemic, was wasted in Poland and Slovakia due to irresponsible political decisions undermining the citizens' trust in the governments' good intentions.

2 THE "RALLY 'ROUND THE FLAG" EFFECT. POTENTIAL FOR SOCIAL MOBILISATION EARLY ON IN THE PANDEMIC

In a pandemic situation, where direct contact between people is limited to the necessary minimum, and several restrictions have to be respected for the common good, governments faced the extremely difficult task of maintaining civic cohesion as restrictions were being introduced limiting civic freedoms and liberties. The arrival of the SARS-CoV-2 virus in Europe and its rapid spread generated consistent reactions on the part of citizens in most countries, horrified by the lack of answers to many fundamental questions concerning the pandemic. The initial potential which the governments should have tapped was valuable and conducive to the introduction of even the toughest restrictions for citizens (Kukovič 2021). This is due to the "rally 'round the flag" effect. It appears in situations of profound crisis, shaking the citizens' sense of security on many levels, generated, for example, by terrorist attacks or natural disasters.[2] As a result, support for the government temporarily increases (Mueller 1970), which stems from three main sources: *communicative*, *institutional* and *psychological*. The first source is related to the focus on the government's action taken to counteract the crisis, dominating the political discourse in the media. They highlight in a natural manner the politicians' intentions to protect and restore the social order that has been lost (Baker and Oneal 2001). The second source involves the reduction of the potential for criticism of the government's actions by the opposition through the need to cooperate with the government to counter the crisis. Consequently, the level of polarisation, measured by the dispute between the government and the opposition, decreases. This makes it possible to form a united front in the fight, regardless of the party labels. This may lead to a situation in which voters who used to be opposed or neutral begin to support the government (Baum 2002). The third source is anxiety, related to the sense of security being suddenly shaken and to the difficulty in finding clear answers to fundamental existential questions, concerning above all the prospects for the coming days, weeks and months. Anxiety can also increase support for the government's difficult policy, restricting civil liberties (Huddy, Feldman and Weber 2007).

The "rally 'round the flag" effect makes citizens start to believe to a greater extent than before that the government takes actions in their interest, supporting and trusting them. This is a potential that, accompanied by appropriately moderated directions in the fight against the difficult situation, makes it possible to overcome it with significantly higher social support than in stable periods. The role of trust in the moderation of attitudes towards the restrictions proved important in many studies carried out during the H1N1 influenza pandemic. Trust was a key driver of compliance with the recommendations concerning the pandemic in Italy (Prati, Pietrantoni and Zani 2011) and in the UK (Rubin et al. 2009). Research results showed that individuals presenting a higher level of trust towards the Ministry of Health were more likely to adopt the recommended behaviours than others. Trust in the government also correlated positively with the willingness to get vaccinated in a study on the H1N1 pandemic in the Netherlands (van der Weerd et al. 2011). Similarly, trust in the US government correlated positively with the readiness of the US public opinion to get vaccinated during the H1N1 pandemic in 2009 (Quinn et al. 2009).

[2] See Prebilič and Kukovič (2021).

In Poland and Slovakia, the "rally 'round the flag" effect was clearly visible in public opinion polls. In Poland, in March, right at the start of the pandemic, a one-month improvement in ratings of the government's actions and of the political situation in Poland was recorded ('Nastroje Społeczne w Pierwszej Połowie Marca' 2020). In the monthly ranking of trust in politicians for March, the Minister of Health, Łukasz Szumowski, came in third, 46 per cent with a record increase in trust by as many as 27 percentage points, just behind President Andrzej Duda with 62 per cent (with an increase by 2 pp versus the result recorded in February) and Prime Minister Mateusz Morawiecki (59 per cent with an increase by 4 pp). ('Marcowy Ranking Zaufania Do Polityków' 2020). In Slovakia, the situation was quite similar, and the citizens' trust in their politicians were obvious. In the monthly ranking of trust in politicians for March, the "faces" of the fight against the virus, Peter Pellegrini with 74.2 per cent (then-PM) and Igor Matovič with 63.5 per cent (opposition leader and PM-elect), were ranked in the top three, just behind President Zuzana Čaputová with 78.2 per cent ('Dôveryhodnosť politických lídrov' 2020). In the case of both (all three) Prime Ministers, the numbers were better than before.

3 PHASE ONE OF THE FIGHT AGAINST OF VIRUS – SPRING 2020

The first period of the pandemic shows two completely different relations between the ruler and citizens in Poland and Slovakia. Both countries started fighting the pandemic with a similar social potential - citizens who were ready to follow the most difficult restrictions to return to a stable situation in the country as soon as possible. The potential of trust generated by the crisis made it possible to believe that restrictions are necessary and that the readiness to comply with them obliges everyone regardless of their position in the country. In Poland, however, civic readiness was quickly destroyed by the decisions of the rulers. In the first period of the pandemic, Slovakia became an example of cooperation and responsibility of the authorities and citizens in fighting the crisis.

In Poland, the first patient infected with the new type of coronavirus was diagnosed on March 4, 2020. On March 13, 2020, shortly after the first death was reported as a consequence of a COVID-19 infection, the Polish government recognised the SARS-CoV-2 epidemic as a serious threat to the citizens and declared a state of epidemic emergency (Journal of Laws Dz.U. of 2019, items 1239 and 1495). This situation made it possible to impose the first restrictions, by which the government began the process of curbing the spread of the coronavirus. Among other things, border control was reintroduced; a 14-day quarantine was imposed on people returning to Poland; some of the shops in shopping centres were closed; the activity of restaurants, pubs and bars was significantly restricted; school and university students started distance learning. The first restrictions were introduced following the example of other European countries faced with a hitherto unknown threat, but they did not improve the situation.

Initially, citizens mobilised to fight the pandemic. As they watched the tragic situation in China and in Italy unfold, people were united by fear faced with the difficult situation, regardless of their political views. However, already in the first few weeks, the government's decisions caused ruptures in the civic community. The foundation of trust in the key ministry, the Ministry of Health, was severely undermined, among other things, by the so-called face mask and ventilator scandals. The first case involved the purchase, for over PLN 5 million, by the

Ministry of Health, of worthless face masks which did not meet the Polish standards. The goods were sold by a ski instructor, a friend of the family of Łukasz Szumowski, Minister of Health. The other incident concerned the signing, by the Ministry of Health, of a contract with E&K for the supply of 1,241 ventilators. The respective company, owned by an arms dealer according to the media, did not perform the contract in its entirety, delivering 200 ventilators without a warranty. Court proceedings were then initiated to secure assets and for payment, but the case was much amplified in the media, mainly due to the contractor's past.

The authority of the public media also suffered in the early days of the pandemic. Faced with distance learning, the Polish state television TVP and the Ministry of National Education offered the "School with TVP" project on March 30. This involved classes whose content was supposed to follow the core school curriculum, broadcast on free-to-air, universally available channels. The quality of the distance education provided on television was criticised by professionals and parents and by the students. Almost every lesson was criticised, parodied and ridiculed not only for the boring scripts but above all for the numerous factual errors in the material. The criticism was further fuelled by the government's decision, made a few weeks earlier, to allocate PLN 2 billion to public media favourably inclined towards the government.

The general public was becoming increasingly afflicted by the restrictions with every passing week. At the same time, the media widely commented on situations showing that the government in Poland was bound by completely different laws than the citizens. Examples worth indicating include the 10th anniversary of the Smolensk crash, when Jarosław Kaczyński, chairman of the Law and Justice party (PiS), and a group of the party's politicians went to visit the victims' memorial, not wearing masks and without social distancing. Not only this event met with criticism, other was manifested in the musical and public success of Kazik Staszewski's song "Twój ból jest lepszy niż mój" ["Your pain is better than mine"]. The lyrics criticise the politician for visiting a cemetery closed due to the pandemic, at a time when other people were not allowed to visit the graves of their loved ones. On May 15, the song topped the Polish Radio Three music chart, but the result was subsequently annulled by the radio's management (Oworuszko 2020). Also, in May, Prime Minister Mateusz Morawiecki's Chancellery published a series of photos showing the prime minister sitting at a table with colleagues and restaurant owners without face masks. In Poland, stringent restrictions applied at that time in restaurants.

Despite the restrictions introduced, the attempts to stop the virus from spreading in Poland failed. The number of infections continued to rise. However, it became increasingly difficult to maintain civic cohesion: many people lost their jobs, the economy was hit hard, and there was growing disgust with the government's actions. Despite the difficult pandemic situation, the government announced that it was loosening the restrictions from April 20 due to the worsening economic situation in Poland. Subsequent stages of unfreezing the economy and of loosening restrictions imposed on various areas of public life were also announced, scheduled for 4 and 18 May. The decision – totally unjustified from the point of view of protecting the public of the virus – could be considered dictated by the deteriorating ratings of the government, but it also prepared the ground for the presidential election, the first round of which was originally scheduled for May 10, 2020, before the pandemic.

After the outbreak of the coronavirus pandemic, PiS sought to push through its plan for an entirely postal vote. This raised many concerns, including in relation to the risk for postal carriers and to the difficulty of voting while complying with the sanitary regime. Despite the protests of many milieus, on April 16, Mateusz Morawiecki ordered the Polish Post and the Polish Security Printing Works (PWPW) to prepare the postal voting. On May 7, the National Electoral Commission announced that the vote planned to take place three days later could not be held. Ultimately, the 2020 presidential election was held on June 28 (first round) and on July 12 (second round), using a mixed mode in which people could vote by post. In July 2020, the Polish Sejm enacted rules under which entities implementing the Prime Minister's order related to postal voting in connection with counteracting COVID-19 could apply to the head of the National Electoral Office for one-off compensation to cover the costs incurred. According to the Office's decision, the Polish Post received PLN 53,205,344, while the Polish Security Printing Works was granted PLN 3,245,061. In September, the Provincial Administrative Court in Warsaw ruled that Mateusz Morawiecki's decision obligating the Polish Post to prepare the postal voting in May had been invalid and in gross violation of the law. The Prime Minister lodged a cassation appeal against the judgment with the Supreme Administrative Court, and the resolutions to transfer the funds were passed in December.

In Slovakia, in response to the deadly coronavirus, which has spread to several countries, Slovakia adopted several preventive measures. At the end of January, the first steps of the then-Prime Minister Peter Pellegrini were to be prepared for the potential outbreak and to control airports, border crossings, and hospitals. One month later, a crisis staff was established at the Health Ministry, and an information campaign was launched on how to behave and protect oneself from coronavirus. The coronavirus made an official appearance in Slovakia during the first week of March (by this time, Slovakia was an island of no infection). The panic that most sensible observers feared much more than the actual virus had, of course, broken out even before that, as news about the rising numbers of patients was coming in from surrounding countries. On March 9, five cases had officially been confirmed in the country ('Number of new coronavirus (COVID-19) cases confirmed in Slovakia' 2020), but the situation in Slovakia remained stable. Despite the relatively stable situation, a state of emergency was announced, and the outgoing government took several preventive measures.

The main concerns voiced in connection with a possible wider outbreak of the infection in Slovakia included the ill-preparedness of the country's health care system, the apparent incapability of the authorities to communicate with each other and with its citizens, and the exchange of governments that was expected to take place within a few weeks. Due to the spreading of coronavirus in the country, the former government announced additional measures. All small retail shops and service providers were closed apart from grocery shops, pharmacies, newsagents, petrol stations, veterinary ambulances, and shops selling animal food. The government announced a national emergency for health care. Under this regime, some professions, including health care workers, fell under state orders. This way, the state was able to move health care staff and material between hospitals.

Besides, all health care providers had to stop providing planned surgeries that were not linked to life- or health-threatening cases. The Foreign Ministry was assigned to organise the repatriation of Slovak citizens who were located outside the country. All those who returned within the repatriation efforts of the

government were required to remain in quarantine facilities provided by the government (‘Governmental measures’ 2020).

After the parliamentary elections at the end of February 2020, the President appointed the new cabinet of Igor Matovič on March 21. Igor Matovič and his cabinet of ministers took over from Peter Pellegrini amid the biggest public health crisis in Slovakia, caused by the virus and partially by the previous governments of Smer-SD due to the country's health care system. President Zuzana Čaputová called on the government and the whole country to act as a coherent and compassionate community. She was a real connection between the government and the citizens. The newly-appointed Prime Minister, Igor Matovič, noted that Slovakia had had many problems, mainly the lack of trust in the state, but the historically biggest challenge was the pandemic. The government had a remedy for the coronavirus. It was the solidarity, responsibility, and determination of the people who care about Slovakia (Henčeková and Drugda 2020). The newly appointed crisis staff and Igor Matovič's cabinet came up with a set of measures to add to the already existing ones that had been valid in Slovakia since March 16. From the generally applied measures, probably, the most important one was to wear a protective face mask, which was obligatory outside in the streets.

Slovakia did well in the first period of the pandemic. The country's adopted measures align by and large with those adopted by many EU countries and gained the support of the Slovak population. Over 60 per cent of Slovaks, furthermore, expressed trust in the information communicated by both the outgoing and new prime ministers, thereby putting a counterweight to any populist tendencies in the region (Kudzko 2020). According to available data, we may state that Slovakia was among the most successful countries in Europe in preventing the COVID-19 spread in spring 2020. When the risks became evident, the Slovak government delivered swift and strict responses that had started in Slovakia even before the first case was detected in the country. In early March, schools and universities were closed on a voluntary basis, without a central order. Several other critical measures were implemented very fast, such as restriction of visits in hospitals, social care establishments and prisons, prohibiting any mass activities, closing borders, closing schools, closing shops and services (with exceptions), a special regime in hospitals, limiting non-emergency treatments, compulsory wearing of protective face masks in all public spaces, limiting any kind of mobility, etc. As indicated, the speed and scale of measures were supported by the fact that Slovak citizens have behaved very responsibly! The slogan "Stay at Home" was promoted and accepted; face masks used regularly. The Slovak COVID-19 pandemic results during spring 2020 were almost perfect from the epidemiologic point of view (Nemec and Spacek 2020). However, not everything was perfect in Slovakia - media and experts criticised the government over fragmented, often confused, and inconsistent communication and the lack of a systematic approach to the COVID-19 response.

One of the important factors that supported Slovakia's initial success in fighting the pandemic in spring 2020 was the fact that the government was publicly informing citizens about the pandemic and all its aspects. Besides, probably the most important factor was that Prime Minister Igor Matovič and all other government officials used protective masks when staying in public spaces. However, the Prime Minister caused some troubles and brought a kind of citizens' frustration thanks to his very often appearance in the media. The information was frequently chaotic and did not propose using penalty code

sanctions to punish non-compliance. The lack of active cooperation with NGOs, civil society, and self-governments in explaining measures, uniting society, and encouraging compliance with the requirements brought more negative aspects and reluctance to the Slovak society (Chubarova at al. 2020). Also, the government passed a law on a short-tracked procedure to allow state authorities to use localisation data from mobile phone operators. This step of the government brought more displeasure to the citizens. Despite all these facts, the citizens followed the rules, followed the restrictions and trusted the government's capability to handle the virus.

4 PHASE TWO OF THE FIGHT AGAINST THE VIRUS – SUMMER 2020

June brought relaxation both in Poland and Slovakia. The decisive decline in people infected with the virus loosened the restrictions and encouraged citizens to take summer rest. However, the announcement of the victory turned out to be premature. The situation worsened with each passing week of vacation.

In early June, Prime Minister Mateusz Morawiecki summed up the fight against the coronavirus epidemic, judging it as far more effective in Poland compared to other countries. Finally, in June, the social situation was considered to have normalised sufficiently to lift the obligation to cover one's nose and mouth in open spaces, air traffic was restored, and hotels and other hospitality establishments reopened. The organisation of small childcare groups at nurseries and kindergartens was permitted. The situation allowed some people to go on holiday. It also encouraged voters to take part in the presidential elections: "We should not be afraid; I am saying this to senior citizens in particular. Let us all go and vote. It is important to be able to continue along this fair line of development" (*Rzeczpospolita* 2020). The victory narrative that was introduced was reflected in public opinion polls, showing an increase in positive ratings of the political and economic situation in the country since June ('Nastroje Społeczne w Drugiej Połowie Sierpnia' 2020). However, stability did not last long in Poland. Already in August, due to the deteriorating situation, it was announced that some of the restrictions would return in individual counties, with the largest number of infections. The Ministry's idea was to divide dynamically the counties into zones: red (highest risk), yellow (emergency), and green (safe), and to deliberately target the new restrictions at the areas at risk. Although public sentiment calmed down faced with the deteriorating epidemiological situation, the medical community intensified the alarm. Accusations launched against the government were related, among other things, to the failure to consult decisions with the Supreme Medical Chamber, as well as to the small number of tests performed, to the law on medical rescue services, and to the restriction of the group of physicians authorised to refer patients for tests. Because of the difficult situation, on August 17, Janusz Cieszyński, Deputy Minister of Health, resigned, followed by Minister of Health Łukasz Szumowski, who resigned on the following day.

In Slovakia, in early June, the restrictions were lifted as well as travelling into and out of the country, which resumed during the tourist season. The state of emergency ended on June 14, and the schools were reopened for the last month of the school year. Everything looked better, but in July, the seven-day average was again in double digits. The numbers continued to rise to three-digit numbers at the end of August - e.g., 114 cases on August 28 ('Number of new coronavirus (COVID-19) cases confirmed in Slovakia' 2020) and the epidemiological

authorities in Slovakia called for tighter restrictions. Family celebrations and weddings were among the riskiest events, and therefore the Slovak citizens were warned by the Health Department to organise any similar events. Here comes the first big failure of PM Igor Matovič. After the confusing communication and chaotic information, the new level of the government's ignorance was the PM's attendance at the wedding of the chairman of the OĽaNO[3] group, Michal Šipoš. One hundred fifty guests were at the celebration, including Finance Minister Eduard Heger, the Head of the Government Office Július Jakab, Gábor Grendel, Deputy Chairman of the National Council of OĽaNO, and almost none of them had a mask (Gehrerová 2020). It was the beginning of the citizens' rising dissatisfaction with the new Prime Minister.

The Slovak Pandemic Commission recommended introducing a so-called "COVID Automat" Traffic Light System in Slovakia to divide the counties into three zones: red (highest risk), yellow (emergency), and green (safe) and to deliberately target the new restrictions at the areas at risk. This system was changed several times and was finally extended by four more zones (colours) by the Ministry of Health in February 2021.

5 PHASE THREE OF THE FIGHT AGAINST THE VIRUS – AUTUMN 2020

Autumn turned out to be extremely difficult for both countries on many levels. Countries' social and economic situation did not look good - national economies were falling into disrepair, citizens were already tired and impatient with the restrictions, and - apart from being afraid of getting sick - increasingly afraid of losing their livelihood. Moreover, the growing number of cases and deaths took away the prospect of a return to a stable situation. In this deteriorating condition of citizens and societies, support from the rulers based on reliable information and consistent actions aimed at dealing with the virus was essential. Meanwhile, both in Poland and Slovakia, finding a coherent strategy and responsible actions was difficult. Moreover, the crisis in Poland was used to introduce a controversial act regulating the abortion law.

In early October, the number of infected people in Poland exceeded 100,000, and the increase was becoming more and more dynamic. Consequently, on October 8, Prime Minister Mateusz Morawiecki declared the whole of Poland a yellow zone, with red zones in the most severely affected areas. The worsened situation led the government to impose new, more stringent restrictions in its announcements dated 16, 23, October 30 and November 9.

Despite the deteriorating pandemic situation, the government decided to redirect its activity into another area and amend the abortion law. On October 22, the Constitutional Tribunal ruled that the provision permitting termination of pregnancy if prenatal tests or other medical circumstances pointed to a high likelihood of severe and irreversible foetal impairment or an incurable life-threatening disease of the foetus was contrary to the Polish Constitution ('Planowanie rodziny…' 2020). These circumstances were considered insufficient for the permissibility of abortion. This decision triggered mass-scale anti-government social protests that took place in several hundred Polish cities. The matter was widely reported on in foreign media. According to Amnesty International, Human Rights Watch and the Center for Reproductive Rights, the

[3] Former Prime minister Igor Matovič is the leader of this political movement.

Constitutional Tribunal's decision on abortion constitutes a violation of human rights. The Helsinki Foundation for Human Rights, in its statement of position of October 22 2020, said that "the so-called judgment of the Constitutional Court constitutes an unprecedented attack on women's rights, family rights and individual freedom from inhuman and degrading treatment" (Helsińska Fundacja Praw Człowieka 2020). Despite the huge social mobilisation, which constituted an increasingly large threat to the health and lives of citizens given the intensifying pandemic, PiS did not retract its decisions.

Late October saw a total of 300,000 SARS-CoV-2 infections. The government announced its decision to close cemeteries on All Saints' Day. Due to the Catholic identity of the majority of the population, this is an important celebration for most Poles. The decision was communicated to the public at the last moment, affecting flower growers and vendors. It intensified social frustrations. Flowers and candles were placed outside Law and Justice Offices across Poland. Many citizens expressed their solidarity with the vendors against the government.

In October and November, the ratings of Poland's situation dropped by half compared to March ('Nastroje Społeczne w Listopadzie' 2020), and ratings of Mateusz Morawiecki's government also went down by 20 pp ('Stosunek Do Rządu w Listopadzie' 2020).

On October 29, Prime Minister Morawiecki officially opened a temporary hospital at the National Stadium in Warsaw. It was announced that it would support other hospitals in their difficult situation. The target was to place 1,200 hospital beds there, along with new, expensive life-saving equipment. Meanwhile, the hospital became a symbol of national success propaganda. It turned out that patients whose lives were not threatened were sent to that hospital. Physicians who had volunteered to work there granted interviews, talking about the above-average accommodation provided and about the large amount of free time in which they had hoped to be saving patients' lives instead.

The critical negative specifics of Slovakia are connected with the "Second wave" of COVID-19 spread from summer 2020. Despite the experience with effectively managing the "First wave", the government argued by the end of September that everything had been under control and the newly growing number of COVID-19 cases (from mid-July) was fully manageable. Before early autumn 2020, Slovakia functioned in relaxed regimes, introduced in early summer, when COVID-19 almost disappeared. Only when the numbers of infected achieved record numbers, the Prime Minister publicly announced the return to strict anti-pandemic measures, but in a different way. He made the accusation that people's limited discipline was the core source of problems. Due to the restrictive measures started too late and people were not ready to comply, the "Second wave" was not under control, and the numbers of infected and deaths were several times higher compared to spring (Nemec at al. 2020). In Slovakia, the number of newly infected in late October per day was higher compared to the total numbers for the "First wave", and it was only the beginning. This negative change could be the fact that political support for harsh measures or even lockdown was much weaker in autumn 2020 compared to spring 2020. Another critical element should be the administrative capacity. In spring 2020, the country mobilised its administrative capacities to the "over-maximum" level. Slovakia, which has occasionally been evaluated as one of the least good administrative performers in the European Union (Palaric et al. 2017), managed tasks connected with the pandemic spread in spring really well. However,

already in spring, the country's capacity to deal with economic and social consequences turned out to be very limited. Slovak socio-economic reactions seem to be very limited, especially from the point of the total sum and correct allocation of resources pumped into the national economy.

The Slovak government defined countering disinformation and hybrid threats as one of its main goals for the next four years. In its manifesto, the government named the fight against disinformation as a priority in foreign politics, defence, education and the media. However, since the beginning of the pandemic, the destructive power of disinformation manifested itself clearly for the first time. While during the "First wave" of the pandemic, Slovakia saw itself as a "winner" of the crisis, largely thanks to the responsible behaviour of the general public, strict early measures and obligatory masks, autumn 2020 brought a much stronger "Second wave" than the country feared. The huge disinformation campaign was reflected in the bad results because the number of cases, as well as the number of deaths, had been increased significantly. People in Slovakia were unsure what information about coronavirus they could trust. Support for government-mandated restrictive measures had decreased considerably as well as their trust in government leaders. The major manifestation of the frustration and anger caused by misinformation about COVID-19 and against the government's restrictions were witnessed few times in autumn when hundreds of people joined unannounced and illegal protests in Bratislava (German Sirotnikova 2020). There were two large protests against the government and its restrictions in Bratislava (but several more in the whole country). It was a reaction to the fact that the Slovak government declared a state of emergency (later it was extended several times) on October 1 due to a rise in COVID-19 cases and later introduced new restrictions, including a ban on church services and other mass events, as well as the closure of gyms, pools, and other fitness centres, and schools switched again to online learning.

With increasing numbers of cases and casualties in October, the government decided to take the next step, and Slovakia became the first country to attempt COVID-19 testing on a national scale (Markowitz 2020). The decision of the Slovak Government to test all its adult population for SARS-CoV-2 infection sparked controversy in the country. The country made international headlines as, over the last weekend of October 2020, Slovak authorities tested almost all the country's adult population for coronavirus. A total of 3.6 million people - out of an estimated 4 million target population - were tested that weekend with a countrywide positivity rate of 1.06 per cent. Testing was repeated the following weekend in selected areas where the rate had been above 0.7 per cent. The government turned to the plan as a way of trying to halt what it said at the time was an alarming acceleration in the virus spread, with an economically costly strict three-week lockdown as the only alternative. However, infectious disease experts in Slovakia urged the government to abandon plans to repeat nationwide testing of millions of people for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) amid warnings it would be a waste of resources and doubts over its effectiveness (Holt 2021). Despite of this, PM Igor Matovič announced in mid-November that further nationwide testing would be carried out over the first three weekends of December. The experts, including few scientific experts of the government's own pandemic advisory commission, kept arguing that while the nationwide testing had been a success, further rounds would exhaust the already stretched capacity of medical workers.

In fact, COVID-19 infections fell in Slovakia after the rollout of rapid population-wide testing, but experts were not sure how much of the drop was a result of testing, as other restrictions were introduced at the same time (Pavelka 2020). The truth is that the better numbers were only temporary, and the numbers increased again very soon.

6 PHASE FOUR OF THE FIGHT AGAINST THE VIRUS – WINTER 2020

The situation in winter was a consequence of the autumn events. Regardless of the socio-political situation, November was the most dramatic month in the post-war history of Poland. Over 64,000 people died - about twice as much as the average in previous years. Despite this, Prime Minister Morawiecki, on November 30, announced on Facebook: "Data does not lie. We are winning against the epidemic!". The victory, however, was showed neither statistics nor public moods. November brought an alarming situation to Slovakia too. The seven-day average of confirmed COVID-19 deaths exceeded 20, and the numbers kept increasing ('Daily new confirmed COVID-19 cases' 2020). In contrast to the Polish PM Morawiecki's "positive attitude", the Slovak PM Matovič and his government were aware of the worsening situation in the country.

In December in Poland, as Christmas was approaching, the government decided to open shopping centres, allowed to operate under a strict sanitary regime, and permit shops to open on three Sundays to counteract the excessive concentration of people in shopping facilities.

Due to the expected large circulation of people and family gatherings potentially contributing to coronavirus spread, the Polish government decided to impose a so-called national quarantine, supposed to be in effect from December 28 until January 17. During this time, it was announced that shopping centres and hotels would be closed, the latter also for business travellers. A total ban on movement was also announced, supposed to apply from 7 p.m. on New Year's Eve, December 31 2020, to 6 a.m. on New Year's Day, January 1 2021**.** Exceptions were made for those going out for business reasons and in emergency situations. While this idea was discussed in the public space and most definitely expected by at least some citizens, the government reinforced it by postponing the winter holidays for schools and suspending the operation of ski lifts. The annual winter holidays in Poland last two weeks and start on three different dates for various regions, so as not to prevent an excess accumulation of children in the resorts. It was announced that the holidays would start for all provinces of Poland at the same time, on January 4, lasting until January 17, with no travel due to the restrictions in place. This caused frustration not only among children and young people but above all among the owners of ski lifts, accommodation facilities and restaurants in tourist areas, as well as organisers of all sorts of camps, for whom this period is a key and often the only, source of earnings during the year.

In 2021, Poles entered full of frustration but also hopes related to a vaccine against the virus. The vaccination process started on December 27, 2020. However, the statements of the President of the Republic of Poland, Andrzej Duda, did not clearly encourage such precautions and were subject to wide criticism. Just before Christmas, in an interview with the Catholic newspaper "Gość Niedzielny", the President said: "Because I had COVID-19, I developed immunity, I also have antibodies, I donated plasma, so if I get vaccinated, it is the last thing. Vaccination should not be compulsory (...) "(Łoziński, 2020). In another

interview, he shared his reflection that" he does not like it when someone uses a needle "in the area of his" arms, forearms or any other part of the body "(Bereza 2020).

The beginning of 2021 is also the growing frustration of Poles - primarily entrepreneurs - against the restrictions. Some restaurants and clubs opened, and they were quickly visited by the police and the health department. After the "guerrilla", some guesthouses and private quarters were also opening.

The severe restrictions seemed to have worked. Given the decline in infections, the restrictions were loosened in February 2021. In February, however, the government decides to ease off a bit more boldly. From February 12, they can operate - although in the sanitary regime and with customer limits - incl. hotels, cinemas, theatres, swimming pools, slopes. That same weekend, the internet was filled with photos of crowded Krupówki, the main promenade in Zakopane, where people gathered to sing and dance.

In Slovakia, responding to the worsening development of the coronavirus pandemic and the increasing number of hospitalised patients suffering from COVID-19, the central crisis staff agreed on several lockdown measures in December (closing outdoor terraces, toughening up conditions in hotels and ski centres, and restricting the operation of shops). Despite of the lockdown, the number of new cases reached its historical maximum on New Year's Eve – 6315 new cases ('Number of new coronavirus (COVID-19) cases confirmed in Slovakia' 2020) and the number of daily deaths on January 4 – 204 deaths (‘Daily new confirmed COVID-19 cases’ 2021).

The government's record was largely disappointing at the end of December and the beginning of January. Slovakia was experiencing one of the worst health emergencies in Europe, largely due to the Matovič government's chaotic management. The country topped the list of European virus deaths per million inhabitants and patients hospitalised with COVID-19 in a 14-day period. In terms of infection rates, Slovakia ranked third in Europe, according to official EU statistics (‘COVID-19 situation update for the EU/EEA’ 2021). The Slovak society became confused by the changing restrictions and even more frustrated than before. Health officials complained of poor cooperation with authorities and pointed out that sometimes no systematic infection data was even available. It also seemed that compliance with general restrictions or quarantine measures for infected persons was hardly monitored (Verseck 2021).

The infections in Slovakia had begun to spiral again to the point where it became the nation with the most COVID-19 deaths by the size of the population in the world at more than 111 deaths per million people (‘Daily new confirmed COVID-19 cases’ 2021). The reaction of the Slovak government was to introduce Slovakia’s COVID Automat Traffic Light plan, scheduled to come into effect on 8 February 2021, nationwide. It is a system of automatically implemented disease control measures at both the national and regional levels. The system observes several real-time indicators of how well the spread of the virus is being contained and how stressed the national healthcare delivery system is and assigns one of seven colour-coded phases. Each colour-coded phase has a corresponding set of restrictions on daily activities, including mask requirements, mass gathering caps, and shop closures. The Ministry of Health makes phase determinations, both nationally and regionally, approximately every week.

7 PHASE FIVE OF THE FIGHT AGAINST THE VIRUS – SPRING 2021

The record daily new cases and deaths culminated in both countries differ in spring. While in Slovakia, the negative numbers peaked in mid-March and then started to decrease (with a two-week exception in April), Poland reached its negative COVID deaths record in mid-April ('Daily new confirmed COVID-19 cases' 2021). It seems that the "getting back to normal" process will take a longer time than the citizens and governments of both countries expected.

The winter easing of restrictions ended quite quickly in Poland. Further restrictions were tightened in specific provinces of Poland. However, the high daily increase in the number of COVID-19 infections led rather quickly to a decision to impose nationwide restrictions. Consequently, from March 20, hotels were closed, distance learning was reintroduced for years one to three of primary school, the operation of shopping centres was restricted to shops selling essential goods, and the activities of cultural institutions and sports facilities were suspended. On March 25, beauty and hairdressers' salons, kindergartens and nurseries were closed (care was provided only to children of parents working in the medical profession and in law enforcement services when on duty), so were large-format DIY stores, and stricter limits were set regarding the number of persons allowed at the same time in retail outlets that remained open and in places of religious worship.

In the second half of April, the stage of easing the restrictions was started, but initially, decisions were made concerning voivodships based on the situation in their area. Socially challenging to accept was the decision to open hotels and other accommodation only from May 8, i.e. after the so-called Long May weekend, during which many Poles organise a short break away from home. As a result of the decline in infections and deaths, all students returned to school in May. While maintaining the appropriate rules of the sanitary regime, the gastronomic, sports and cultural sectors were opened.

Spring in Slovakia brought a new affair of PM Igor Matovič. The Prime Minister purchased an unauthorised vaccine - Sputnik V, which caused a huge coalition crisis and meant the end of his prime ministerial position after just a year in post. Finally, Igor Matovič formally resigned from his post to resolve the country's political crisis, and the country's former Deputy PM and Minister of Finance, Eduard Heger, was tasked with forming a new government to avoid an early election. After his chaotic first year, the former Prime Minister's nomination to lead the powerful department in charge of the public finances raised many eyebrows, but his partners said it was necessary if the coalition deal on the new cabinet were not to collapse. It was a political nomination and part of the political reality. In fact, the Slovak government was the first European government to collapse due to a decision regarding the COVID-19 pandemic.

Slovakia started opening up after the winter lockdown on April 19. Non-essential shops and some schools reopened, along with swimming pools, museums, galleries, libraries, zoos and botanical gardens. More restrictions were lifted a week later. At the same time, people were allowed to travel between districts again, while new rules concerning travel across borders and wearing masks in public came into force as well. Still, some rules remain valid, such as the stricter curfew in place after 9:00 pm, the ban on travelling abroad for a holiday, and the requirement to show a negative test result in certain cases. Rules for curfew

changed from May 3, meaning that in some districts with the better situation, people might visit each other during the day, which had not been allowed previously.

8 DISCUSSION AND CONCLUSIONS

The situation in which almost all societies found themselves in the first months of 2020 was challenging - new, unpredictable, requiring quick decisions on the part of the government and social cohesion in implementing the introduced restrictions. In situations of a deep crisis, generating an imbalance in the sense of security on many levels, the rally 'round the flag' effect appears in a naturally playful manner, which in essence gives more decision-making consent to the rulers. The article aimed to analyse Poland and Slovakia's actions, which led to the squandering of the active rally 'round the flag' effect. This effect brought a natural potential for social mobilisation to fight the pandemic, which could be used to improve the situation. This improvement resulted primarily from the following consistent decisions of governments, concerning which the society express higher levels of trust, and from the belief that the decisions made are to serve the common good. The case of Poland and Slovakia is slightly different. In Poland, the first government decisions in March 2020 started the systematic weakening of the rally 'round the flag' effect. On the other hand, the effect in Slovakia in the initial period was exploited, and it largely avoided the “First wave” of the pandemic. In autumn, however, Slovakia lost its social potential, which led to a crisis between the rulers and citizens and a political crisis, which resulted in the reconstruction of the government.

In Poland, from the very beginning of the pandemic, it is difficult to talk about any strategy for the government to take action to counter the virus. In addition to general restrictions introduced by most governments worldwide, most decisions made by the Polish government can generally be reduced to three categories. The first was absurd decisions, which showed the citizens that the authorities had more rights than the citizens. It was the leading politicians who could pay tribute to the monument to the Smolensk victims or organise meetings in restaurants without observing the basic rules of the sanitary regime. The second was terrible decisions that had good intentions, but the effect was quite the opposite due to the careless implementation or inclusion of particular interests. This group includes the mask and respirator scandal or the project "School with TVP". The third group consists of reactive decisions aimed at saving the declining image of the government, such as the project of a national hospital or the opening of shopping malls every Sunday in December 2020.

Moreover, many decisions were made at the last minute, and individual social groups severely felt the consequences of which. Among them, it is worth highlighting the closing of cemeteries just before the All-Saints’ Day or the rescheduling of school holidays to the period of national quarantine. In addition, the government used the time of the pandemic to implement controversial laws, including changes in the abortion law. All this, month by month, disrupted the natural mobilisation potential created on the brink of a pandemic.

In June 2020, Slovakia was a public health success story. The restrictions and rules were clear, and the citizens' willingness to cooperate with the government and to fight the virus together was obvious. The new Prime Minister promised to handle the situation and to support the citizens and businesses suffering during

the pandemic. Citizens felt informed by the government about the current pandemic situation, decisions made by the rulers were consistent, and politics gave citizens no reason to undermine trust.

However, it turned out that managing a pandemic is a marathon, not a sprint. Approaching the pandemic as a marathon certainly does not preclude drastic measures to flatten the curve, but the time bought with those measures must be used to put long-lasting policy tools in place - particularly an effective regime of testing, tracing, and isolating new cases. Unfortunately, Slovakia largely missed that opportunity in the past few months.

It would be too daring to name the former PM Igor Matovič and his government as the reason for all Slovakia's COVID-19 troubles, but they all together played an (probably the most) important role in this case. The government half-heartedly tightened restrictions, closed restaurants, reintroduced mask mandates, and closed schools for students above the fifth grade. Desperate to avoid harsher measures, Igor Matovič became obsessed with the idea of nationwide mass testing as a solution. The appeal was obvious: Instead of shutting down economic and social life again, try to identify and isolate all positive cases. In fact, the situation temporarily improved, but the mass testing obsession backfired when it came to isolation. Although trips beyond the home and other activities required proof of a negative test, enforcement was poor in practice. The border regime remained loose, allowing new cases to slip in undetected. Most importantly, negative test results provided a false sense of security, resulting in more indoor socialisation and higher mobility within Slovakia.

It is important to mention that the absence of political leadership, besides the wrong decisions of the Prime Minister, is part of this problem. It was an expectation before parliamentary elections in February 2020 that Igor Matovič would end up leading an emerging centre-right coalition. However, it is also important to say that he built his political career around anti-corruption activism directed at the ruling Smer-SD party. Organised primarily around Matovič's mercurial personality, his own party never developed a coherent platform. Its appeal limited to disillusioned voters across the political spectrum. Igor Matovič has relied on frequent displays of bombastic, impromptu protests and publicity stunts to dominate the news cycle. This form of half-politics, half-entertainment worked greatly as a campaign strategy. However, not a mode of governing during a crisis. Matovič has urged to remain the centre of attention while refusing to take ownership of any difficult policy choice does not exactly inspire the public trust needed to navigate the pandemic. In a coalition of four political parties, the former Prime Minister invariably blamed Slovakia’s failure to defeat the coronavirus on others. Unpopular lockdown decisions were outsourced to ad hoc committees of experts, shielding him from political responsibility. Now, it is the new PM Eduard Heger’s task to handle the fight against the virus.

The pandemic was a huge crisis that at the same time exposed the weaknesses of governments and governance. The situation directly shook the citizens' sense of security both in the economic and social dimension (loss or the prospect of losing a job, salary reduction, lack of support from family and friends) and psychological (internal imbalance, the need to isolate oneself, overload with social roles). In such a strained condition of citizens, the role of the rulers became even more important. Only with the support of often difficult to accept central decisions, often restricting citizens' freedoms, could the fight against the pandemic be successful. In the initial period of the pandemic, the rulers were given a powerful

tool, namely the rally 'round the flag' effect. Regardless of previous experiences, natural civic mobilisation and readiness to suffer sacrifice appeared. However, the condition for this was a joint fight. In the first months of the pandemic, Slovakia was an example of the perfect use of this effect. However, in autumn, the country entered the path of Poland. Each subsequent decision showed more and more that it was not a joint struggle and that with each successive month, the rupture between the ruling and the citizens were turning into an abyss.

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OD UČINKA "ZBIRANJA OKROG ZASTAVE" DO DRUŽBENE KRIZE ZAUPANJA. POLJSKA IN SLOVAŠKA V PRVEM LETU PANDEMIJE COVID-19

Pandemija COVID-19 je postala izziv tako za družbe kot tudi za vlade. Medtem ko se je večina držav in državljanov na začetku pandemije odzvala na neznano moč virusa precej podobno, so se razmere v vsaki državi kasneje začele vedno bolj spreminjati. Poljska in Slovaška sta v tem kontekstu zanimiva primera. Leto zatem, ko je WHO razglasila pandemijo, države doživljajo eno najhujših kriz v zgodovini. Na Poljskem so kljub začetni družbeni mobilizaciji po zelo kratkem času številne vladne odločitve prenehale dojemati kot namenjene zaščiti državljanov. Slovaška vlada se je v prvem obdobju pandemije precej bolje spopadla s situacijo, kar pa se je jeseni 2020 bistveno spremenilo. Namen članka je analizirati, kako deluje aktivno »zbiranje okrog zastave«; avtorja ugotavljata, da je bil naravni potencial družbene mobilizacije za boj proti pandemiji tako na Poljskem kot tudi na Slovaškem zapravljen zaradi neodgovornih političnih odločitev, ki spodkopavajo zaupanje državljanov v dobre namene vlade.

Ključne besede: omejitve povezane s pandemijo; zbiranje okrog zastave; civilna družba; politična ravnanja.

EVERYDAY ANXIETIES IN A DIVIDED SOCIETY AT THE TIME OF COVID-19: CONSEQUENCES OF THE DUAL LEGAL AND ADMINISTRATIVE SYSTEM IN THE NORTH OF KOSOVO

Anđela ĐORĐEVIĆ and Rok ZUPANČIČ[1]

This paper analyses the measures introduced by the governments of Serbia and Kosovo in the north of Kosovo aimed at suppressing the spread of COVID-19. Northern Kosovo is an interesting case due to the existence of dual legal and administrative system – one run by the Serbian government in Belgrade, and the second one run by the Kosovo authorities in Pristina. Drawing from the theory of contested statehood, the authors argue that the institutions of both sides, who have been vying for power in this region for years, used almost all available means to demonstrate their respective „statehoods" (ability to execute power) regardless of consequences this has had for the locals. The analysis has shown, first, that in such a conundrum, the majority of people attempted to adhere to the measures of both systems in order to avoid both formal (legal) and informal (social) sanctions; second, that the authorities do not shy away from fighting for supremacy even in the cases, where the cooperation of all stakeholders would be sine qua non for reducing the impact of pandemics.

Key words: Northern Kosovo; COVID-19; contested statehood; dual legal and administrative system.

1 INTRODUCTION[2]

Due to armed conflicts and unresolved political issues stemming from them, a few territories around the world are nowadays considered "contested". As such

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can be labelled the areas, over which two or more political authorities (governments) claim the jurisdiction. In contested territories, fighting the pandemics, such as the one caused by COVID-19, is even more difficult, because people often receive contradicting instructions from each of the competing authorities. This leaves many people puzzled or even anxious, because they are not certain which measures they are supposed to respect.

Northern Kosovo is an example of a territory over which both the Government of Serbia and the Government of Kosovo claim to have jurisdiction. In order for the situation to be even more complex, it is in this part of Europe where global geopolitical struggles between the strongest geopolitical actors are being fought (Anđelić 2020). Using the case study of Northern Kosovo, in this article we examine how the two political authorities fight for supremacy over the territory (and the people living there) even in the cases where the cooperation of all stakeholders would be inevitable for the success in limiting the detrimental impact of pandemics. Nevertheless, it should be noted that the difficulties in combating pandemics stemming from geopolitical struggles are not limited to contested territories; they appear in politically less challenging environments, as well (Udovič 2020).

The paper analyses the key governmental decisions adopted in Serbia and Kosovo in order to prevent the spread of COVID-19 infection from March 11, 2020 to April 15, 2020. Drawing from the theory of contested statehood, we are answering two research questions. First, how do the governments of Serbia and Kosovo try to demonstrate their exclusive statehood over the north of Kosovo and the people living there even in the field of combating COVID-19? Second, how is daily life of people affected by such attempts of both governments and what are social and legal implications of vying for supremacy between the two authorities? The research was conducted by analysing primary and secondary sources, and by the method of observation in the north of Kosovo.

2 SPECIFICS OF THE LEGAL AND ADMINISTRATIVE SYSTEM IN NORTHERN KOSOVO

During and after the NATO attack on the Federal Republic of Yugoslavia (FRY) in 1999, many ethnic Serbs, for security reasons, left their homes in the central and southern part of Kosovo and sought protection in central Serbia. In addition, ethnic Serbs also settled in large numbers north of the Ibar River, in the four northernmost municipalities in Kosovo (Kosovska Mitrovica, Zvečan, Zubin Potok and Leposavić). "With the help of the natural border – the Ibar River –, they relied on Serbia and the French KFOR forces and so managed to save themselves and their homes." (Marković Savić 2018, 3). After 1999, Kosovo was unofficially divided into a part inhabited mainly by people of Serbian ethnicity (north of the Ibar River) and a part inhabited mainly by people of Albanian ethnicity (south of the Ibar River). As a result, the terms "northern part of Kosovo" and "southern part of Kosovo" were formed, which are in everyday use today, not only among people, but also among journalists, political officials, and scholars (Mutluer and Tsarouhas 2018; Zupančič 2019; Kočan 2019).

When armed conflict between NATO and uprising Kosovo Albanians on the one side, and the FRY troops on the other side was coming to an end, the United Nations Security Council adopted the Resolution 1244 (June 1999). According to it, FRY military and police forces were forced to withdraw from Kosovo, while the

provision of security was vested on multinational forces, NATO troops in particular. With the formal confirmation of the sovereignty and territorial integrity of the FRY, the Security Council established a United Nations Interim Administration Mission in Kosovo (UNMIK), tasked with forming a multi-ethnic and multi-confessional democratic society (Slović 2009). Kosovo unilaterally declared independence in 2008,[3] which, contrary to the previous self-proclaimed independence by Kosovo Albanians in 1991, managed to attract recognition from some countries.[4] UNMIK is still present in Kosovo – and so are several other international organisations (Beha and Hajrullahu 2020) –, while the representatives of Government of Kosovo are trying to establish absolute authority over the entire territory of Kosovo. However, the Government of Kosovo exercises absolute power only in the central and southern part of Kosovo, while this is not the case in the northern part, where its authority has been constantly challenged by the government of Serbia and the majoritarian Serbian population (Mahr 2018).

In 2021, residents of Northern Kosovo still use personal documents (identity card, passport, driver's license) issued by the institutions of the Republic of Serbia. Personal documents are in the Balkans, however, are not a question related to legal issues only, but to identity questions (Zupančič et al. 2021). On the other hand, many Serbs living in the central and southern part of Kosovo (mostly enclaves, such as Gračanica or Štrpce) also have personal documents issued by the institutions of the Republic of Serbia, but are not able to use them to the extent that people living in northern Kosovo do, precisely because the Government of Kosovo exercises absolute control over that part of the territory. A certain number of people living in Northern Kosovo also use personal documents issued by institutions of Kosovo; most often Kosovar documents are a precondition for employment opportunities and other benefits (e.g. right to social assistance). This is possible because the representatives of the Government of Kosovo are trying to establish absolute power in Northern Kosovo, and to position themselves firmly in that part of the territory, forming institutions in which people will find employment. By doing so, people's daily lives are increasingly connected to the work of institutions funded by the Government of Kosovo (Vulović 2020; Zupančič 2019).

Although the Republic of Serbia does not have *de facto* power in Kosovo, it is "present" in Kosovo through the existence of health and education institutions, as well as Provisional Municipal Bodies[5] that exist in all municipalities in Kosovo where ethnic Serbs are the majority. The above-mentioned Provisional authorities adopt decisions that are in line with the decisions adopted by the Republic of Serbia.[6] This authority is particularly important in Northern Kosovo, first, because of the Serbs' majority in all four northern Kosovo municipalities. Secondly, Kosovo does not exercise complete control over this part of territory which "allows" the Republic of Serbia more room to exert influence. Finally, the

[3] More information available at: https://www.slobodnaevropa.org/a/992097.html.

[4] See the list of countries currently recognizing Kosovo as an independent state and those that have withdrawn recognition: https://worldpopulationreview.com/country-rankings/countries-that-recognize-kosovo?fbclid=IwAR0FBZ_qsQpPHSp-HGW6l6vebdUJypyzNo3qvCnrX0Udq5C4sLIQko--FIo.

[5] As an example, see the website of the Provisional authority of the Municipality of Kosovska Mitrovica at http://kosmitrovica.rs/.

[6] It can be observed that the existence of the mentioned temporary bodies is increasingly proving to be a mere formality. In previous years, especially immediately after the end of the armed conflict in 1999, this was not the case, as was particularly evident in Northern Kosovo. However, in the circumstances resulting from the COVID-19 pandemic, the situation on the ground has shown that the Provisional authorities in Northern Kosovo have had some impact on people.

reliance on Serbia and the daily contacts (business and private) that Serbs of Northern Kosovo have with people living in central Serbia certainly affect the maintenance of a "pro-Serbian climate". Certainly, it should not be forgotten that members of the Ministry of Internal Affairs of the Republic of Serbia were present in Northern Kosovo until 2013, when they were, according to the Brussels Agreement,[7] integrated into the Kosovo Police Service.[8] Therefore, although the Republic of Serbia does not exercise power in Kosovo in the institutional sense, however, the above-mentioned factors enable it to exert a certain influence on the people in Northern Kosovo.

3 KOSOVO THROUGH THE LENS OF CONTESTED STATEHOOD THEORY: THEORETICAL FRAMEWORK

Although there is no single definition of what contested statehood is, many scholars have tried to explain this phenomenon. Kolsto emphasizes that "these political entities are referred to by various names: 'de facto states', 'unrecognized states', 'para-states', 'pseudo-states', and 'quasi-states" (2006, 723). Accordingly, Kolossov and O'Loughlin (1999, 152) explain that "pseudo-states have achieved varying but low levels of recognition by the international community, are highly involved in local wars whilst their unsettled political status makes further conflict possible". Also, they add that "another set of 'quasi-states' with fungible territorial control is predicted on criminal or quasi-criminal organizations, frequently specializing in the production and sale of drugs, as well as the illegal traffic of weapons and in the laundering of 'dirty money". Considering this, Kosovo has been identified as a contested territory, where organized transnational crime network with – like in many other countries in the region, see Prelec (2020) – severely influences everyday life.[9] Mandić (2021, 54) even claims that Kosovo became "the world's first Mafia state", which is a singular phenomenon in post-1945 European history, because "separatist drug smugglers came to account for 70 percent of the total drug imports into Europe from the east". When it comes to quasi-states, Bouris and Papadimitriou (2020, 280–281) explain that this term "has mainly been used to describe states that have received international recognition, but have subsequently lost their ability to function effectively", while, on the other side, "the term 'unrecognized states' focuses predominantly on the issue of international recognition, overlooking the fact state contestation may persevere even in the face of widespread international recognition (i.e. Kosovo)". The authors argue that, for these reasons, they opt for the use of the broader (and less loaded) term "contested states", as initially coined by Geldenhuys (2009).

Geldenhuys (ibid.) notes that the defining feature of contested states is the internationally disputed nature of their purported statehood, manifested in their lack of *de jure* recognition. The author explains that, although serious, the deficit in recognition is not the same for all contested states.[10] But whatever differences

[7] Brussels Agreement, item no. 7. Available at https://www.srbija.gov.rs/cinjenice/en/120394.

[8] More on the integration at https://www.rts.rs/page/stories/sr/story/9/politika/1470483/integracija-bivsih-srpskih-policajca-u-kps.html.

[9] To further examine about this theme, we recommend the Italian documentary movie "La Guerra infinita" (The infinity war) by Riccardo Iacona (Produced by: RAI TV ITALIA). A part of the movie is available at https://www.youtube.com/watch?v=W_a34hAeipU.

[10] Accordingly, Bouris and Kyris (2017) suggest that there is high external sovereignty where there is recognition by more than two-thirds of United Nations (UN) member states, low external

among them, all contested states „experience collective non-recognition in the sense of being deliberately excluded from UN membership“ (Geldenhuys 2009, 7). Heller and Sofaer (2001, 27) recognize “eligibility to become a member of and fully participate in the United Nations and other international bodies, to seek loans and other financial assistance from international institutions, such as the International Monetary Fund and World Bank, and to join in litigation in the International Court of Justice (ICJ) as a party” as one of several main principles of statehood. While Kosovo is a member of the International Monetary Fund, World Bank, and other international organizations, such as FIFA, UEFA, and CEFTA, UN membership did not happen. In addition, Kosovo’s application for membership in Interpol in 2018 was rejected (Cvetković and Teodorović 2018).

If we consider that contemporary nation-states enjoy double sovereignty: internally, *vis-à-vis* their citizens, and externally, *vis-à-vis other* states, contested states do not fit this basic description of the nation-state in today’s world. Kolsto (2006) explains that “some would-be states lack internal sovereignty: in these cases, the state authorities, while internationally recognized as the sole representative of the state, nevertheless fail to fulfil the basic tasks required of them with regard to the provision of services to and protection of their citizens. In other cases, the state as such is not accepted by the international community as legitimate” (2006, 724). “For supporters of the declaratory theory of recognition, the key component of statehood is a government capable of maintaining control over its population and territory” (Geldenhuys 2009, 12), so, accordingly to this, Bouris and Kyris (2017) emphasize that territorial disputes and/or secession efforts come with lack of control of the contested state government over its self-proclaimed territories because the parent or reference state might be able to exercise control over those areas. Although Visoka claims that “Kosovo has demonstratively fulfilled the core criteria for modern statehood /…/ an effective government with effective authority throughout the territory” (2018, 4), we will show in the next chapter that Kosovo, though it has institutions of repressive state apparatus in the whole territory, actually does not have a complete authority in Northern Kosovo, and does not manifest a “full power” because of several reasons. In this sense, Vulović emphasizes that Serbia has sovereignty over Northern Kosovo “because Serbia’s sovereignty is not only performed through institutional presence and practice, but also symbolically constructed in everyday practices” (2020, 12). She singles out Serbian state flags displayed in Northern Mitrovica (which are also displayed throughout the whole territory of Northern Kosovo), the statue of Prince Lazar in the center of northern Mitrovica, and the street names that are written in the Serbian Cyrillic Alphabet as examples of the symbolic institutions of the Serbian state in the North (ibid.). Due to this, we can claim that Kosovo, like other contested states, has a lack of control over one part of the territory the Kosovo government proclaimed as “state territory”.[11]

Finally, Coppieters (2018, 349) emphasizes that “non-recognition policies aimed at withholding the legal status of statehood do not necessarily mean that a non-recognized entity is treated as a legal nullity /…/ there are a number of terms – such as ‘*de facto* authorities’ or ‘*a de facto* administration’ – that acknowledge that the institutions are actually in control of breakaway territories”. In this sense, representatives of the authorities in Serbia negotiate about the Kosovo’s issue

sovereignty where less than one-third of UN members recognize, and the rest of contested states enjoying medium external sovereignty.

[11] More about the relationship between sovereignty, authority and contested states in Krasner (2001), Boli (2001), Bouris and Papadimitriou (2020) and Börzel and Risse (2010).

directly with the representatives of the authorities in Kosovo (through mediation of EU's representatives or representatives of the USA), what confirms that Kosovo, though non-recognized entity (excluded from UN membership), is not treated as a legal nullity.[12] Krasner also claims that "lack of recognition has not prevented states from engaging in negotiating and contracting" (2001, 10). Coppieters (2018, 350) adds that "de facto status does not imply any form of state recognition. The term simply indicates an acceptance, for practical purposes, of the authorities in control of a territory and, primary, the need for some minimum interaction, and for negotiation". Thus, Ker Lindsay (2015) notes that number of countries that did not recognize Kosovo as an independent state maintained a formal diplomatic presence in Pristina. He cites an example of Russia's liaison office, and a liaison officer in Pristina (as one of examples), which "merely serves as a mechanism for observing the situation on the ground", and "serves as an embassy in all but name" (2015, 13). Another example of this kind is the Liaison Office of Greece in Pristina.[13]

4 DUAL LEGAL AND ADMINISTRATIVE SYSTEM: DOUBLE MEASURES, CONFUSION, ANXIETY

Due to the spread of pandemic, a state of emergency was declared in Serbia on March 15, 2020, followed by several other measures (Official Gazette of the Republic of Serbia 2020).[14] The decision by the Serbian government is that all of these measures are valid on the entire territory of the republic, which includes (according to the Constitution of the Republic of Serbia[15]) the territory of Kosovo. At the same time, the Government of Kosovo has also taken certain measures to prevent the uncontrolled spread of the COVID-19 infection.[16] Given that Serbia *de facto* has no effective power in Kosovo, a dilemma arises as to how the people in the north of Kosovo – predominantly Serbs – would be forced to adhere to these decisions. And further, whose and which measures are to be respected?

The problem with implementing these preventive measures for people living in Northern Kosovo is that the education system of the Republic of Serbia still exists and functions in the territory of Kosovo, in areas where people of Serbian ethnicity represent the majority of the population. Therefore, it is concluded that the above-mentioned decision of the representatives of the Government of Kosovo does not apply to kindergartens, preschools, schools, and universities located in Kosovo, which operate within the system of the Republic of Serbia. However, the representatives of the Government of Kosovo pointed out that their decision applies to all people in the entire territory of Kosovo (Zejneli Loxha 2020). Serbian authorities and experts were stating that it was too early to implement such a rigorous measure (but that it would be considered if need be).

[12] After the signing of the so-called Washington Agreement, the journalist asked a special U.S. envoy to Kosovo Richard Grenell whether Serbia and Kosovo had signed an agreement between themselves, or with the USA? Grenell answered: "They signed the agreement to work together, they did not sign it with the USA". See https://rs.n1info.com/vesti/a636565-grenel-kosovo-i-srbija-nisu-nista-potpisali-sa-sad.

[13] Greece, along with four other EU members (Spain, Cyprus, Slovakia and Romania), does not recognize the statehood of Kosovo.

[14] OGRS (2020b; 2020c; 2020d; 2020e; 2020f).

[15] Constitution of the Republic of Serbia, Article 182. Available at https://www.paragraf.rs/propisi/ustav_republike_srbije.html.

[16] First, on 11 March 2020, the representatives of the Kosovo government decided to suspend classes in kindergartens, pre-schools, primary schools, secondary schools, and universities until 27 March 2020 (Kosovo Online 2020).

People in Northern Kosovo were at first confused and frightened, as they did not know whether their children would be able to go to school and whether they, as their parents, would therefore bear responsibility and suffer certain sanctions, because the representatives of the Government of Kosovo announced the closure of schools and the punishment of those who would not respect the adopted measures. The situation was resolved by the representatives of the authorities of the Republic of Serbia making the decision to suspend teaching from March 16, 2020 on in the institutions of the educational system on the territory of Kosovo, which operates in the framework of "the Serbian system" (KoSSev 2020a).

In addition, on March 13, 2020, Kosovo's authorities decided to close border crossings to all people entering Kosovo, except for people who have Kosovo citizenship and who were arriving from abroad (KoSSev 2020b). Such a decision was a problem for those people living in Northern Kosovo who only have personal documents issued by the institutions of the Republic of Serbia, and who were outside Kosovo immediately before the decision was made. These people were afraid if they would be able to cross to Jarinje or Brnjak (only two crossings linking Kosovo with central Serbia) with an ID card issued by the institutions of the Republic of Serbia, as they usually do. However, despite the decision of the representatives of the Government of Kosovo, people who wanted to return to their homes in Northern Kosovo crossed the Jarinje crossing without any problems with an ID card issued by the institutions of the Republic of Serbia, with mandatory self-isolation for 14 days. Even more dramatically, the representatives of the Government of Kosovo announced a decision to take all persons, including those living in Northern Kosovo who entered the territory of Kosovo at one of the six crossings, after medical examination to a quarantine center selected by the representatives of the Government of Kosovo. In practice it meant they would be taken to the student center in Pristina – a city many Serbs prefer to avoid –, where at that time was the only preventive quarantine centre (KoSSev 2020c).[17] However, after a few days, the mentioned decision was put out of effect, and the previous decision was reinstated (namely, that people entering the territory of Kosovo are obliged to be in self-isolation for 14 days). People welcomed the change of decision with a relief, considering that, for security reasons, self-isolation is a much more acceptable option for them than a quarantine in Pristina for 15 days.[18]

The measure, which was introduced by the representatives of the Government of Kosovo, and which refers to the obligation that everyone who enters the territory of Kosovo must be in self-isolation for 14 days, especially disturbed those who travel daily from Northern Kosovo to central Serbia, in particular to Raška or Novi Pazar[19] for work (as well as those traveling in opposite direction). The mentioned measure meant that if a person, who leaves the territory of Kosovo for work and then re-enters the territory of Kosovo, would have to spend 14 days in self-isolation upon their return, which is why they would not be able to go to work for the next 14 days. For people living in Northern Kosovo, who are employed in the Serbian health institutions in Raška or Novi Pazar, this problem was solved by the authorities of the Republic of Serbia with the decision that these workers would go to the nearest health institution in Northern Kosovo to do their job instead of commuting to Raška or Novi Pazar.[20] However, that does

[17] Read more about it at the following link https://kossev.info/putnicima-na-jarinju-receno-da-ce-morati-u-karantin-u-pristinu/.
[18] These facts are based on author's own observation in the north of Kosovo.
[19] Raška and Novi Pazar are the cities in Serbia that are closest to the north of Kosovo.
[20] Author's own observations, based on conversations with people in the north of Kosovo.

not change the fact that people spent a few days in doubt and anxiety, and also feared losing their job.

The consequences of such situation were dramatic in particular for all people who are ill and who consume medicines every day, because the Government of Kosovo decided not to allow the import of medicines produced in central Serbia, which are not registered in the Kosovar system (KoSSev 2015; Radio KIM 2015). As a result, people living in Northern Kosovo were forced to buy medicines in the nearest town in central Serbia (most often in the closest town of Raška, which means travelling through the crossing point between Kosovo and Serbia – an issue particularly difficult, when borders are busy). However, due to the adopted measures that required self-isolation for 14 days after returning to Kosovo, people could not be supplied with medicines without hindrance. Therefore, for all people in need of medicines (especially for people over 65), and who could not buy them themselves, medicines were bought and delivered to their homes by volunteers of various crisis headquarters that were formed within all four municipalities in Northern Kosovo.[21]

While the Republic of Serbia adopted a ban on movement for all persons between 5 PM and 5 AM the next day, the Government of Kosovo initially adopted a ban on movement for all persons in two intervals, between 10 AM and 4 PM and from 8 PM until 6 AM the next day (KoSSev 2020d). Given that the representatives of the authorities of the Republic of Serbia called on the people living in Kosovo to respect the decisions and measures to combat the spread of the COVID-19 infection adopted by them (Office for Kosovo and Metohija 2020), people in Northern Kosovo could in practice move only from 6 AM to 10 AM and from 4 PM (when the part of the curfew introduced by the Kosovo's authorities ends) to 5 PM (when the curfew introduced by the authorities of the Republic of Serbia begins). In essence people would have only five hours a day for unrestricted movement if they wanted to adhere to the measures adopted by both Serbian and Kosovar governments – which they had to adhere to because otherwise sanctions would have followed. A proof that legal sanctions have indeed affected people in Northern Kosovo is shown by the case of apprehension of a person of Serbian ethnicity in northern Kosovo (in Lešak) by the Kosovo Police Service (KPS), because he was away from home during the curfew imposed by the Kosovo's authorities (KoSSev 2020e).

After a few days, the Government of Kosovo changed their decision and instead of a double curfew, "only" one curfew, lasting from 5 PM to 6 AM the next day, was introduced. This made it easier for people living in Northern Kosovo to carry out daily activities, given that the duration of the curfew adopted by the Government of Serbia and the curfew adopted by the Government of Kosovo coincided. However, that does not change the fact that the people were confused and it was not clear to them what measures they must adhere to in order to avoid sanctions.

There are two administrative institutions in Northern Kosovo, namely: municipalities that exist within the system of Kosovo's institutions [22] and Provisional authorities formed within all four municipalities in Northern Kosovo, which exist within the institutions of the Republic of Serbia.[23] This means that all

[21] More on the activities of the volunteers of the crisis headquarters in Leposavić at https://www.leposavic.net/volonteri-opstinskog-staba-stizu-do-svake-kuce/.
[22] As an example, see Municipality of North Mitrovica at http://www.esevernamitrovica.com/.
[23] As an example, see Municipality of Kosovska Mitrovica at https://kosmitrovica.rs/.

four municipalities in Northern Kosovo have a dual (parallel) administration. Crisis staffs have been formed within the municipalities that exist as part of the system of Kosovo's institutions and within the aforementioned Serbian provisional authorities. Representatives of municipalities that exist as part of the Kosovo's institutions make decisions in accordance with the decisions adopted by the representatives of the Government of Kosovo, while representatives of the Provisional authorities, who receive instructions from Belgrade, adopt decisions that are in line with the decisions of the government of Serbia.

All stores in Northern Kosovo were initially open until 3 PM on weekdays and until 1 PM on weekends, which is in line with the measure adopted by the government of Serbia (and also adopted for Northern Kosovo by representatives of the Serbian provisional authorities).[24] On the other hand, based on the decision of the Crisis staff consisting of representatives of municipalities that exist within the system of Kosovo's institutions, the municipalities of North Mitrovica[25] and Zvečan were quarantined on April 3, 2020 due to increased number of patients (KoSSev 2020f). This decision was made without an initial official statement by the representatives of the Government of Kosovo.[26] In addition, the curfew introduced by the Kosovo's authorities in the municipalities of North Mitrovica and Zvečan lasted from noon to 6 AM the following day, as opposed to the remaining two municipalities in Northern Kosovo, in which curfews introduced by the Government of Kosovo lasted from 5 PM to 6 AM the following day (KoSSev 2020g). Thus, it is clear from the above that in Northern Kosovo decisions of both authorities of the Republic of Serbia and Kosovo were enacted and applied in practice.

The degree of confusion and disorganization regarding the adoption of measures is also indicated by the fact that information adopted by the Government of the Republic of Serbia was published on the official website of the municipality of North Mitrovica (the municipality that exists and operates within Kosovo's institutions). For example, on the website of the municipality of North Mitrovica, the news was published that on April 10, 2020, at noon the curfew will come into force, which will last until 6 AM on April 13, 2020, which was the measure adopted by Serbia. The same publication cites the statement of the President of the Provisional authority of the Municipality of Kosovska Mitrovica (a Serbian institution) on the current situation regarding the COVID-19 virus pandemic in municipalities in Northern Kosovo (E-North Mitrovica 2020a). In addition, on the website of the municipality of Leposavić, which exists as a part of Kosovo's institutions, it was announced that the municipality had adopted measures "in accordance with the measures and actions of the Government of the Republic of Serbia to prevent the spread and control of COVID-19 (corona) virus ..." (E-portal Municipality of Leposavić 2020). The conclusion is that this creates additional

[24] For more information on the measures adopted by the municipal emergency headquarters of the Municipality of Kosovska Mitrovica, which were adopted in accordance with the measures of the Serbian government, see https://kossev.info/po-nove-mere-za-kosovsku-mitrovicu-novo-radno-vreme-za-prodavnice-zatvaraju-se-saloni-kladionice/.

[25] For the institutions of the Republic of Serbia, Kosovska Mitrovica has existed since 1999 as a single city, but divided by the Ibar river into two parts: the northern part, in which the majority population is Serb ethnicity, and the southern part, where the majority population is of Albanian ethnicity. On the other hand, for Kosovo's institutions, instead of one, two "Mitrovicas" exist (and two municipalities at the same time): North Mitrovica and South Mitrovica. The same division is applied by international organizations in their reports. See OSCE (2018).

[26] The representatives of the Kosovo's authorities did not comment on this decision until after criticism from the opposition. Available at https://www.radiokontaktplus.org/vesti/sveclja-i-krueziu-severna-mitrovica-i-zvecan-stavljeni-u-karantin-uz-punu-koordinaciju-sa-vladom/25153.

doubts and confusion among people, who simply do not understand which measures are currently in force and which measures must be adhered to, especially because these decisions often change.

The Serbian government decided to ban public gatherings, which has caused a ban on gatherings of believers in religious buildings. Also, the ban on gathering in public places was adopted by the representatives of the Government of Kosovo. However, in Northern Kosovo, believers gathered unhindered in religious buildings, while there was no reaction from the Provisional authority, which exists as part of the institutions of the Republic of Serbia, or by the Kosovo's authorities. That is, until the moment of writing this paper, none of the representatives of the mentioned two institutions reacted because of that. The question here is: what is the cause of the lack of reaction? First, Kosovo is a post-conflict territory where the "wounds of war" are still fresh, which is why little is needed to spark tensions. Therefore, directly prohibiting an ethnic group from exercising the right to religion, no matter how serious the justification for such an act, could lead to unwanted and unnecessary tensions and possible conflicts. This would further disrupt already bad interethnic relations, and thus greatly prevent an attempt to reach a certain political solution for this territory. Secondly, in Northern Kosovo, where most of the population is of Serbian ethnicity, the Kosovo government does not exercise absolute power, while the Republic of Serbia, through certain institutions is still "present" there to a certain extent. Therefore, the representatives of the Kosovo Government somewhat avoid making radical moves in Northern Kosovo, fearing the reaction of the people and possible conflicts.

On the other hand, the representatives of "Serbian" provisional authorities also avoided commenting on this complex situation. This comes as a no surprise, as there is no institution of the Republic of Serbia that can legally sanction the behaviour of people not being compliant with the decisions of the Serbian government. In addition, people could have been banned from gatherings in religious buildings. Currently, the topic of finding a long-term solution for Kosovo is more present than ever, and the representatives of the current government of the Republic of Serbia, unlike their predecessors, are showing readiness to take steps that are disapproved by a number of people in Serbia (Today 2019). Besides, 73.3 per cent of Serbs living in Kosovo do not support the idea of demarcation of Kosovo, a plan originally proposed as a possible solution by the President of the Republic of Serbia.[27] Also, the research shows that people of Serbian ethnicity that live in Kosovo continue to show dissatisfaction with the performance of the Government of the Republic of Serbia on the issue of Kosovo (Jović et al. 2016; Jović et al. 2017; Jović et al. 2018; Marinković et al. 2019). A survey conducted in 2019 showed that 88.7 per cent of the total number of surveyed people of Serbian ethnicity living in Kosovo point out that there is no political representative of the Serbian ethnic group in Kosovo that they trust (Marinković et al. 2019, 23). This data is certainly not warmly received by the authorities of the Republic of Serbia. However, they try to show their commitment to "the Kosovo cause" through several other acts, many of which are not welcome by Serbs of Kosovo.

The latest in a series of decisions adopted by representatives of the Government

[27] To be more specific, 80 per cent of surveyed people of Serbian ethnicity living in Southern Kosovo rejected the idea, whereas in the north of Kosovo 66.8 were not in favour of the idea of demarcation. 540 surveyed by random sample – 270 Serbs in north, and 270 Serbs in south of Kosovo - participated in the survey (NGO Aktiv 2019).

of Kosovo concerns the decision adopted on April 13, 2020, which allowed all citizens over the age of 16 to move freely for a maximum of 90 minutes during the day, starting at 7 AM until 10 PM. Persons under 16 were also allowed to leave the house for 90 minutes, but in the presence of a close family member. It was decided that the time when people leave their homes will be determined on the basis of the penultimate digit of the unique personal identification number of people on their ID cards. In addition, the statement states that for foreign nationals, the movement will be determined based on the last digit in the number of passports (E-North Mitrovica 2020b). Although the representatives of the institutions of Serbia previously called on the people living in Kosovo to respect the decisions adopted by them, after the adoption of this measure the representatives of the institutions of the Republic of Serbia called on the people to adhere to the banning measures adopted by the representatives of the Government of Kosovo (KoSSev 2020h); this way, Belgrade indirectly recognized the validity of the decision adopted by the Kosovo government, which shows that "the reach of Pristina" is gradually increasing in Northern Kosovo, as well.

Since the mentioned measure was adopted by the Government of Kosovo, people living in Northern Kosovo are forced to abide by it, because the Kosovo's authorities are able to legally sanction the behaviour of people also in this part of Kosovo. As previously stated in the paper, all stores and pharmacies in Northern Kosovo adhere to the working hours adopted by the Provisional authority, which exists as an institution of the Republic of Serbia, and which are adopted in accordance with the decisions of the Serbian government (from 7 AM to 3 PM). Therefore, what particularly confused the people living in Northern Kosovo after the publication of this news was the question how will people, in accordance with the previously described decision of the Government of Kosovo, be allowed to move after 3 PM in order to buy food and drugs? The answer arrived next day, on April 14, 2020, when it was announced that the working hours of the stores would be extended until 11 PM (E-North Mitrovica 2020c). This example shows that in Northern Kosovo there was no clear plan on the basis of which preventive measures would be adopted. Quite to the contrary, the measures were adopted practically "overnight", adapting to the current political atmosphere.

Bearing in mind that the previously mentioned decree on the freedom of movement affected people who have an ID card issued by relevant Kosovo's institutions, some people living in Northern Kosovo had a new set of problems. The point is that a certain (truth be told, not a large) number of people do not have an ID card issued by relevant Kosovo' institutions, but only an ID card issued by the institutions of the Republic of Serbia. In addition, the passport held by the citizens of the Republic of Serbia residing in Kosovo, issued by the Coordination administration[28] is not recognized by the representatives of the Government of Kosovo, because the representatives of the Kosovo's authorities characterized it as illegal and invalid. In accordance with the above, the question arose: in what way will people holding a Serbian ID card and a passport issued by the Coordination administration be able to move? The mentioned problem was solved by deciding, as stated on the website of the municipality of North Mitrovica, that the period of movement of people who have only an ID card issued by the institutions of the Republic of Serbia is determined based on the last digit of the registration number in the ID card (namely nine-digit number located on the front of the ID card) (E-North Mitrovica 2020c). The whole situation was further complicated by the news that the Kosovo police in the North did not

[28] For more about the Coordination Administration see http://ngoaktiv.org/uploads/files/Kosovo%20Zona%20posebnih%20pasosa.pdf.

receive any official confirmation on the implementation of the adopted measure. If we take into account that this news was transmitted by the most read internet portal in the north of the province (KoSSev 2020i) people were more confused and scared about the whole situation. Also, within the same news, information was transmitted that the people who do not comply with this measure will be sanctioned (with a hefty fine), while on the other hand, the spokesman of the Kosovo police for the North region stated that the police of this region did not receive official confirmation for the implementation of this decision.

An additional problem was the fact that the measures adopted by the government of Kosovo were not translated into Serbian. Therefore, Serbs of northern Kosovo do not understand Albanian well (or do not understand it at all) were not informed in a timely and reliable manner about the adopted decisions. This put them in a possibility to violate the measures, what could lead to punishment for breaching the law (NGO Aktiv 2020).[29]

Although the problems highlighted have been gradually solved, it is important to point out that the existing dual legal and administrative system is very confusing for people and leads to everyday anxieties. This is not limited to contested territories exclusively; as noted by several authors (see, for example, Malešič 2021), the pandemics – in addition to public health challenges – also generates negative political and economic effects influencing the psychological condition of individuals and social groups in even more stable societies. However, the situation is further aggravated in politically unpredictable environments – and the EU neighbourhood is "a good example" of unpredictability in various regards (Cupać 2020; Kapitonenko 2016) – where relevant answers to the pertinent questions cannot be obtained by credible sources everyone could rely on. Thus, people in such societies are often forced to rely on gossip and practical experiences or do their errands when they know that a certain person is at work, so that they can solve their imminent problem easier (at the border crossing, for example).

5 CONCLUSION

This study was led by two questions. First, how do the governments of Serbia and Kosovo try to demonstrate their exclusive statehood over the north of Kosovo in the fight against pandemics? Second, how are people's daily life affected by this and what are social and legal implications of vying for supremacy between the two authorities?

Regarding the first research question, we learned that both Serbia and Kosovo try to impose their influence in the north of Kosovo using all available means (different state institutions, media, national feelings, etc.) because both sides see the north of Kosovo as the main determinant of their statehood. Based on this example, we see that both Serbia and Kosovo fight for own political interest even when it is to the detriment of the citizens.

As for the second research question, we can say that locals are by far the greatest victims of this "fight". On the one side, they naturally want to show loyalty to Serbia by adhering to Serbian measures, but also are afraid of possible

[29] For additional information about the "COVID-19 situation" in both Serbia and Kosovo (and other countries in Western Balkan) see Tzifakis (2020).

condemnation of the society (intra-ethnic pressure), which quickly labels such people as "traitors" if they do contrary.[30] On the other side, they are forced to adhere the Kosovo's measures, because otherwise they will be punished for non-compliance with the measures. Because of this, insecurity and anxiety are the daily routines of the locals, as they try to align their daily activities with the unresolved legal and administrative system.

This research contributes to the contested statehood theory by showing how "fighting" for supremacy over specific territory is a protracted process. This means, even in the case when one political actor (Serbia in this case) lost its *de facto* authority over a part of the territory in an institutional sense, there is a space for control and influence through various "unofficial" ways. On the other side, when there is the case that other political actor (Kosovo, in this case) expands its authority over (to date) uncontrolled territory by attempting to establishing an institutional order, it does not necessarily mean that this political actor has a real and complete authority on that part of the territory.

This research shows that locals are very important element in the process of "statehood-performance". Both, Serbia and Kosovo aim to win locals' hearts and minds in order to control them. Although people in Northern Kosovo are naturally more in favour of Serbia due to their ethnic origin, in this example we see that also Kosovo institutions are also trying to get them on "their side", which they are doing successfully to some extent. One of important reasons for their success in this regard happened in 2013, when the Kosovo Police Service in Northern Kosovo, also staffed with Serbs, was formed. This way, the Kosovo government established the institution of a repressive state apparatus even in Northern Kosovo, which now allows Kosovo to control people to some extent and to exert power also in other social spheres of daily lives.

Based on this example, it appears that the struggle for locals' "hearts and minds" and their loyalty seems like the most important struggle in the statehood-making process; at the end, it is them who will decide whose sovereignty will be respected (and whose challenged by open or subtle contestation). Given the fact that the number of contested territories has risen in the last few years (the Crimea; the Ukrainian regions of Donetsk and Kharkov; vast territories in Syria etc.), we believe that this phenomenon could receive further attention of scholars in the future.

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[30] This finding is also in line with findings of Vulović (2020) and Zupančič (2019). In addition, read about the „loyal Serbs (podobnim Srbima)" in RTS (2019).

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VSAKODNEVNA TESNOBA V RAZKLANI DRUŽBI V ČASU COVID-19: POSLEDICE DUALNEGA PRAVNEGA IN UPRAVNEGA SISTEMA NA SEVERU KOSOVA

V prispevku so analizirani ukrepi, ki sta jih na severu Kosova uvedli vladi Srbije in Kosova za zatiranje širjenja COVID-19. Severno Kosovo je zanimiv primer zaradi obstoja dualnega pravnega in upravnega sistema – enega vodi srbska vlada v Beogradu, drugega pa kosovske oblasti v Prištini. Avtorja izhajata iz teorije oporekane državnosti in trdita, da so institucije obeh strani, ki se že leta borita za oblast na tem območju, uporabile skoraj vsa razpoložljiva sredstva, da bi uveljavile svojo »državnost« (sposobnost izvajanja oblasti) ne glede na posledice za prebivalstvo. Analiza je pokazala, prvič, da se je v takšni zagati večina ljudi skušala držati ukrepov obeh sistemov, da bi se izognili tako formalnim (pravnim) kot neformalnim (družbenim) sankcijam; drugič, da se oblasti ne izogibajo boju za prevlado tudi v primerih, ko bi bilo sodelovanje vseh deležnikov sine qua non za zmanjšanje vpliva pandemije.

Ključne besede: Severno Kosovo; COVID-19; oporekana državnost; dualni pravni in upravni sistem.

CRISIS MANAGEMENT IN MUNICIPALITY: THE ROLE OF CIVIL PROTECTION DURING COVID-19 CRISIS

Vladimir PREBILIČ[1]

The state responded to the non-military form of endangering people's lives in accordance with the National Plan for Protection and Rescue in the Event of an Outbreak of an Infectious Disease or Human Pandemic. However, especially in the first wave, many shortcomings of such a plan became apparent in the implementation of tasks at the level of local communities. They reacted differently to the threat and relied on a high degree of self-initiative, due to the limited functioning of the Protection and Rescue System at the regional level. Weaknesses were analysed and then largely remedied at the start of the second wave, so the response was more coordinated and more effective. The article sheds more light on the upgrade in operation between the first and second waves of the COVID-19 epidemic in Slovenia through the prism of local self-government.

Key words: crisis management; Civil Protection; Slovenia; local self-government; COVID-19.

1 INTRODUCTION

Facing a pandemic has posed a new challenge to national security systems (Malešič 2021, 67). Even though the arrival of the epidemic in the Republic of Slovenia (RS) could have been foreseen, as the disease was spreading rapidly in its neighbourhood, it was relatively unprepared to face such a crisis. Material shortages, lack of protective equipment (masks, disinfectants, protective caps as well as breathing fans) were due to poor preparation of plans and unclear definition of tasks among the subjects involved in the management of the epidemic. In these circumstances, the level of local self-government was left to its own organization in the implementation of measures to contain the epidemic. The municipality of Kočevje was among the most successful in this respect, as the rate of infection transmission was minimal, and at the same time it managed to

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provide the functioning of all municipal social subsystems that ensure the normal stay of people in the local community. In the second phase, with the help of a uniquely regulated vaccination system, it set new norms in the field of efficiency in this field in the Republic of Slovenia. Respecting all current protocols in the field of vaccination, most people (over 60 per cent) were vaccinated in the shortest possible time in this local community. The reasons for such efficiency, the manner of planning the operation of the civil protection system and the implementation of its tasks is the subject of this article. The case study sheds light on and offers several solutions that should be implemented in other local communities in the Republic of Slovenia as well as in other countries with similar legislation at the level of local self-government. Using the method of his own participation, the author offers a detailed insight into crisis management in the mentioned local community and addresses several challenges that, despite the persistence of the epidemic, remain the subject of successful crisis management planning at the local government level.

2 NORMATIVE REGULATIONS OF PROTECTION AGAINST NATURAL AND OTHER DISASTERS IN THE RS

Protection against natural and other disasters in Slovenia is implemented in the form of a unified and comprehensive system organised by the state and self-governing local communities. It is a subsystem of national security of the state, which ensures the protection of people, animals, property, cultural heritage and the environment. The legislator independently regulated the field of protection against natural and other disasters in the RS for the first time in 1994, when the National Assembly adopted the Protection against Natural and Other Disasters Act (1994). Proceeding from the provisions of the law, protection against natural and other disasters is a right and duty provided within the competence of the state, local community, citizens and other inhabitants of RS, public rescue services; companies, institutes, and organisations, as well as by volunteers organised into associations, professional associations and non-governmental organisations that perform activities important for protection against natural and other disasters. The basic principles of the system are aimed at providing preventive protection measures and at providing mutual and international assistance and accountability. According to the method of integration into the protection and rescue system, the forces are divided into professional ones, such as fire brigades and emergency medical services, voluntary ones such as the Red Cross, Caritas and voluntary fire brigades, and duties, which include Civil Protection units and first aid units. In the case of natural and other disasters, the forces are first activated at the local level, then by neighbouring municipalities and finally by the state, all depending on the size and type of disaster.

Unified principles and positions of the protection and rescue system are also determined by the Doctrine of Protection, Rescue and Relief, adopted by the Government of the RS in May 2002. According to the doctrine, for the needs of efficient management, planning and implementation of the basic tasks of the system, the state is divided into regions within which professional services, management, rescue and assistance bodies, units, services and Civil Protection bodies, logistics centres and other operational structures are organised (Doctrine of Protection, Rescue and Relief 2002).

In addition to the legislation, the basis for the development of the protection and rescue system is also determined by the Resolution on the National Program for

Protection against Natural and Other Disasters, based on the Resolution on the National Security Strategy of the RS (2019). The Resolution of the National Program for Protection against Natural and Other Disasters represents a strategic program aimed primarily at prevention as a more effective and in the long run cheaper form of protection against natural and other disasters. The Resolution encourages systemic improvements such as upgrading infrastructure systems, especially information and communication and improving the conditions for the operation of services, units and other formations organised by associations and other non-governmental organisations for protection, rescue, and assistance. The state strives to ensure that the development of the protection and rescue system in the future is aimed at better and greater organisation of the Civil Protection Services. Inclusion in these groups would be regulated by contracts for members of all major units and civil protection services under state jurisdiction, thus ensuring a greater degree of compulsory inclusion in the system.[2]

The State Plan for Protection and Rescue in the event of an epidemic or pandemic of a contagious disease in humans[3] was adopted in Slovenia for the first time by a decision of the Government of the RS in February 2016. The Infectious Diseases Act, according to which 64 different types of infectious diseases are currently recorded in Slovenia, due to which general and special measures are implemented. According to the above-mentioned law, protection against infectious diseases and nosocomial infections is the right of every inhabitant of the RS, as well as the duty to protect their health and the health of others. The system of protection against infectious diseases in Slovenia includes social, group and individual activities and measures that enable the prevention, control, treatment and elimination of the consequences of infectious diseases. The key role in the system is played by the ministry responsible for health, the Institute of Public Health of the RS and regional health care institutes. In the case of natural and other disasters, the Act also defines the army and bodies and units for protection, rescue, and assistance as the bearer of tasks (Infectious Diseases Act 2006). According to the Infectious Diseases Act, the preparation and coordination of the plan is the exclusive competence of the state or the Ministry of Health.

The protection and rescue plan in the event of an epidemic or pandemic of an infectious disease is activated at the proposal of the Minister responsible for health, when in addition to services in the health sector it is necessary to activate other forces and means for protection and rescue. The execution of once

[2] With the Resolution written for the period from 2016 to 2022, the state also promotes the material supply of public services in the protection and rescue system. Thus, in the context of the implementation of emergency medical care, it provides for the provision of purchases of medical equipment at the pre-hospital level, in particular equipment such as defibrillators and respirators. In addition to the planned activities, the state also defines the financial part in the Resolution, which is of key importance in ensuring an effective system of protection, rescue, and assistance. Based on the Resolution, in 2016, EUR 48 million was allocated for the operation of the protection and rescue system at the local level, and these funds are expected to gradually increase in the future. By increasing funding, the state wants to enable local communities to effectively implement the protection and rescue system (Resolution on the National Program for Protection against Natural and Other Disasters 2016).

[3] The national plan represents a basic plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease and is prepared for cases of declaring an epidemic or pandemic of an individual infectious disease in humans. In accordance with the provisions of the law managing infectious diseases, an epidemic in the RS is declared by the Minister responsible for health or the Government of the Republic of Slovenia when it is an infected or endangered area at the level of the entire RS (Infectious Diseases Act 2006).

activated plan lays in the hands of the Commander of the Civil Protection of the Republic of Slovenia, who activates regional and partial municipal plans in the event of an epidemic at the level of the entire country.

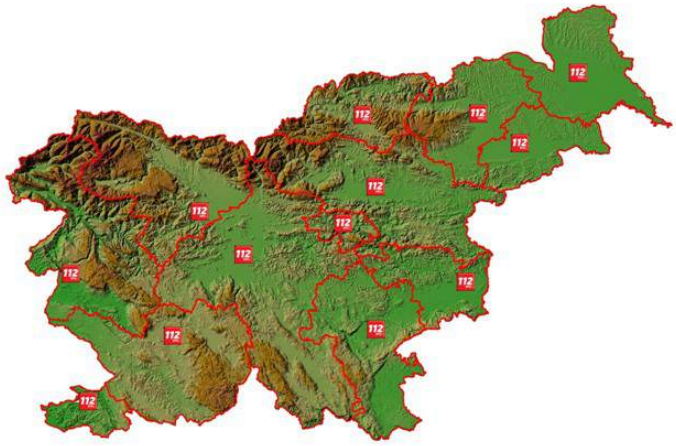
The National Plan sets out protocols of actions for the prevention and control of infectious diseases, the system of organising, activating, managing, and leading forces for protection, rescue and assistance, the method of monitoring, informing, alerting and, finally, implementing protection measures and protection, rescue, and assistance tasks 2016 (National plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease in humans 2020). The National Plan for Protection and Rescue in the Event of an Infectious Disease Epidemic or Pandemic, version 1.0, was created based on the National Risk Assessment of Infectious Diseases in the Republic of Slovenia, prepared for cases of outbreaks or epidemics of human diseases state borders (Ministry of Defense, Administration of the Republic of Slovenia for protection and rescue 2016).

The amendment to the national plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease in humans was adopted in 2020 in response to the experience in dealing with the epidemic of coronavirus disease in humans in the first wave. Version 2.0 defines that an epidemic is not only a significant public health problem but also a wider societal problem, as its scale threatens human health and life. From the national plan it can be understood that the ministry responsible for health in 2020 prepared a Plan for health preparedness for epidemic/pandemic infectious disease, which describes the phases or scenarios of the epidemic, key stakeholders, and their role in controlling the epidemic and epidemic management system (National plan protection and rescue in the event of an epidemic or pandemic of a contagious disease in humans v2.01 2020). According to the plan, despite the epidemic, primary health care is provided at the local level, where in the event of a temporary interruption of activities, common points are organised for basic health care activities (dentistry, gynaecology, paediatrics). Additionally, the measures will also be extended to health care in public social welfare institutions and educational institutions, where the establishment of grey zones is determined, and the duty to prepare crisis plans for the establishment of red zones, planning stocks of protective equipment and monitoring the health of employees. As public social care institutions and educational institutions represent one of the major meeting places for people in one location, the plan also sets out certain social measures, such as restrictions on visits and socialising, maintaining adequate distance and educating employees about illness and measures and raising awareness of caregivers and relatives. The plan foresees the main task of pharmacy institutes to monitor and ensure stocks of critical medicines and agents (gloves, disinfectants, masks) released from state commodity reserves in case of shortage (Ministry of Health 2020). Version 2.0 of the National Plan for Protection and Rescue in the Outbreak of an Infectious Disease or Pandemic in Humans differs in several parts from the originally valid version. Among other things, Version 2.0 sets out the individual stages of the epidemic and the activities and the concept of response that depends on the infectious agent, the conditions for its occurrence and spread, the number of cases and risk assessments and the capacity available to implement certain measures to curb the spread of virus. According to version 2.0, the competencies and tasks of the state or the Government of the Republic of Slovenia and ministries are expanded (Government of the Republic of Slovenia v2.01 2020).

3 THE ORGANISATION AND FUNCTIONING OF THE PROTECTION, RESCUE AND ASSISTANCE SYSTEM

When we talk about the state competence to regulate the system of protection, rescue, and assistance, it derives from the competence of the Government of the Republic of Slovenia or the competent Ministry of Defence, within which administrative and professional tasks are performed by the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). The ACPDR acts as a body within the Ministry of Defence and performs administrative and professional tasks of protection, rescue, and assistance. On the regional level the execution of tasks around civil protection and disaster relief are entrusted to 13 regional Notification Centres within which 13 branches operate. The regional information centres operate as part of a 24-hour on-call service, thus providing an efficient service for assistance, rescue, and protection in the event of natural or other disasters.

FIGURE 1: REGIONAL INFORMATION CENTRES IN SLOVENIA



Source: Regional information centres, available at http://www.sos112.si/slo/page.php?src=ks12.htm.

3.1 Civil Protection and Civil Protection Staffs

According to the Protection Against Natural and Other Disaster Act, the Civil Protection is a purposefully organised part of the system of protection against natural and other disasters, which includes management bodies, units and services and facilities for protection, rescue, and assistance (Protection against Natural and Other Disasters Act, 1994). The Doctrine of Protection, Rescue and Assistance stipulates that civil protection is organised as a complementary force of the protection, rescue and assistance system at the level of the state, local community and companies, institutes and organisations in accordance with threat assessments and uniform rules of organisation, equipment and training (Doctrine of Protection, Rescue and Assistance 2002).

The civil protection management body is the commander, who is appointed by a decision of the Government of the Republic of Slovenia at the state and regional level, and the mayor of the municipality at the level of local self-government. The first and key task of the commander is the appointment of the Civil Protection Staff, which acts as a professional service to the commander in managing and performing operational and professional tasks of protection and rescue (Jeraj 2018, 250).

3.2 Civil protection in the municipality of Kočevje

The forces for protection, rescue, and assistance in the Municipality of Kočevje are organised to provide help and relief when needed based on local protection and rescue plan. On that ground they provide an effective system of protection against natural and other disasters. The mayor of the municipality is responsible for the organisation of the system at the local level. He is responsible for the implementation of preparations for protection against natural and other disasters, adopting protection and rescue plans, elimination of the consequences of natural and other disasters and for informing the population about the dangers, the state of protection and the protection measures taken. The mayor of the municipality is the body of local self-government whose competence is, among other things, the appointment of the commander of the Municipal Civil Protection (CP) Staff (Statute of the Municipality of Kočevje 2015).

Based on the organisational scheme of the force for protection, rescue, and assistance in the Municipality of Kočevje, we divide it into three main groups. One of the most important is certainly the public emergency medical service (EMS), which is provided by the Kočevje Health Centre (HC). It is a public institution that has been operating in its current form of organisation since 1991. HC Kočevje provides a network of public health services in the municipalities of Kočevje, Kostel and Osilnica, which means that geographically the public institution covers an area of 674 km2 and provides health services to more than 16,700 inhabitants. In 2020 or during the first wave of coronavirus epidemic, HC employed 102 people and 14 contractors, and the network of the public health service was supplemented by 9 concessionaires with a concession from the Municipality of Kočevje and 2 concessionaires with a concession from the Ministry of Health.

In the event of natural and other disasters in the local community, the Municipal CP Staff and other supplementary forces appointed by the Commander of CP Staff and operating within the protection, rescue and assistance system are activated based on protection and rescue plans.

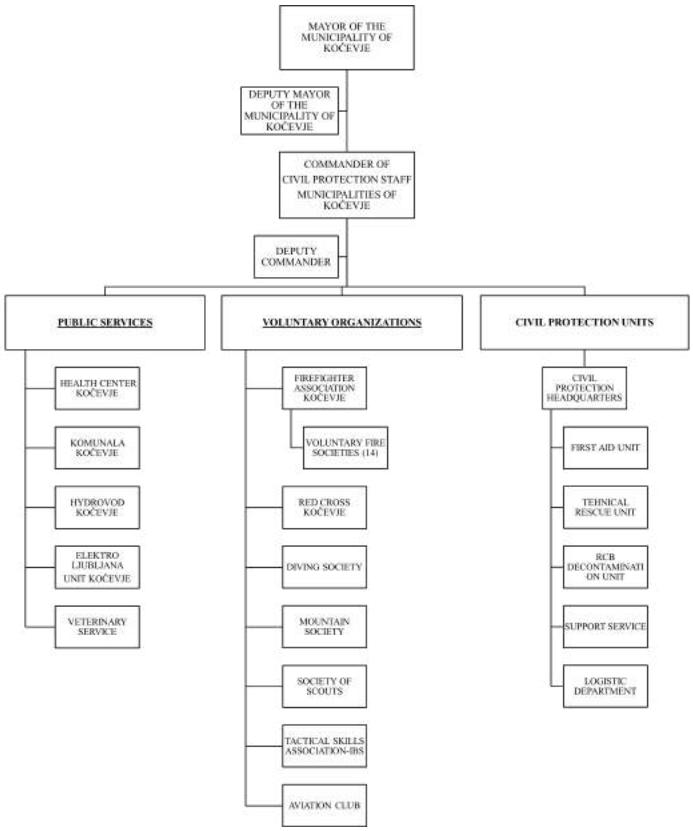
There are several professional organisations within the framework of organisation in municipality whose founder and owner is local community. Namely: Potable water supply in the municipality is provided by the company Hydrovod,[4] the activity of waste collection, transport and treatment and care for arranging and maintaining public areas and municipal public roads is the responsibility of Komunala Kočevje,[5] and electricity supply is provided by the state company Elektro Ljubljana.[6]

[4] Hydrovod d.o.o. is a public company that has been operating in its current organisational form since 2000. The main activity of the company is the distribution, purification and collection of water in the five founding municipalities. Today, the company operates twenty-four water supply systems, which determines the sparse settlement and the size of the area it covers. For more information see https://www.hydrovod.si/.

[5] Komunala Kočevje is a public company founded in 1951. The main activity of the company is municipal waste management, wastewater, public areas, heat supply, funeral and cemetery activities and advertising. For more information see http://www.komunala-kocevje.si/.

[6] Elektro Ljubljana provides the business establishment of Kočevje with a network of activities and market services related to the electricity infrastructure of the south-eastern region of Slovenia. For more information see https://www.elektro-ljubljana.si/.

FIGURE 2: ORGANISATION CHART OF THE CIVIL PROTECTION STAFF OF THE MUNICIPALITY OF KOČEVJE



Source: Own.

Among the most important capacities within the protection and rescue system in the municipality are voluntary fire brigades, divers, cavers, scouts, mountaineers, and the Kočevje Regional Red Cross Association. At the level of the local community, 14 voluntary fire brigades are organised, in which 322 operational volunteer firefighters operate and for which professional technical support is provided by the Kočevje Fire Brigade. The Kočevje Regional Red Cross Association (KRRCA) operates in the municipality as a non-governmental voluntary, independent, humanitarian organisation whose tasks are aimed at preventing and alleviating human suffering, protecting people's lives and health, and ensuring respect for human rights during emergencies (Slovenian Red Cross Act 1993). Within its competences, KRRCA has organised its own team of paramedics, who work as first aid teams at the state as well as at the local level.[7] In 2020, KRRCA recorded 40 registered volunteers who performed a variety of tasks, such as the distribution of humanitarian aid, assistance to vulnerable groups and support to the health system. The Red Cross also has a team of paramedics at the local level, as stipulated in the Regulation on the Organisation, Equipment and Training of Protection, Rescue and Assistance Forces (2007). The Civil Protection Unit also consists of other formations such as the Technical Rescue Unit, the RCB Decontamination Unit and the Support Service. Other associations in the municipality of Kočevje, based on cooperation agreements,

[7] Pursuant to the Decree on the organization, equipment and training of protection, rescue, and assistance forces, which stipulates that municipalities with up to 20,000 inhabitants have two first aid units, an additional First Aid Unit is organised in the municipality, which has six members and operates within competencies at the local level (Regulation on the organisation, equipment and training of protection, rescue, and assistance forces 2007).

are included in the protection and rescue system are divers, mountaineers, scouts, the tactical skills association, and the aviation club.

Duty organisations or the so-called supplementary units are organised at the local level in the form of the CP Staff of the Municipality of Kočevje, which consists of 9 members. The CP staff is commanded by the commander or, in his absence, his deputy, and both are responsible for their work to the mayor of the Municipality of Kočevje or directly to the commander of the Civil Protection Staff of the RS. Within the Staff, there are also individual units that are included in the system of protection, rescue, and assistance according to the type and size of natural or other disasters. These units are the First Aid Unit, the Technical Rescue Unit, the RCB (Radiological, Chemical and Biological) Decontamination Department, the Support Service and the Logistics Department. According to the adopted partial plans, the commander of CP Staff activates public services and voluntary organisations with the approval of the mayor of the Municipality of Kočevje.

4 CONFRONTING COVID-19

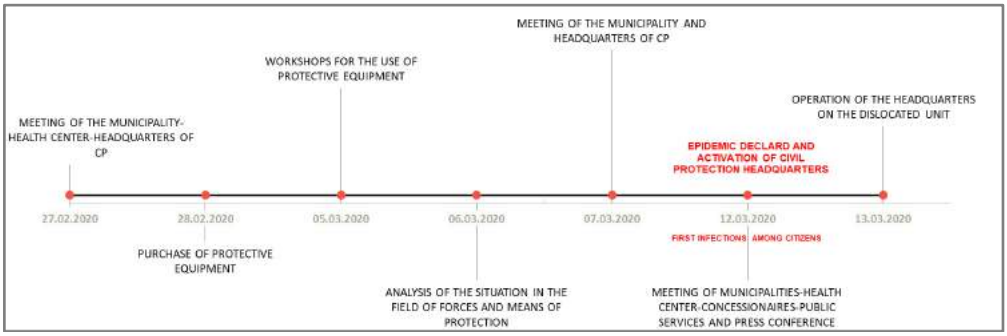
The first case of the coronavirus disease SARS-CoV-2 was detected in Slovenia on 4 March 2020, when a person positive for coronavirus came to Slovenia from Morocco via Italy. The first measures of the state were aimed at finding contacts and informing the public about the occurrence of the disease, which is part of the protocol of the National Plan for Protection and Rescue in the Event of an Infectious Disease or Pandemic (Government of the Republic of Slovenia 2020). However, as the virus spread rapidly among inhabitants despite the implementation of the protocols, the Minister of Health declared an epidemic of SARS-CoV-2 (COVID-19) on 12 March 2020 (Order declaring an epidemic of SARS-CoV-2 (COVID-19) in the territory of the Republic of Slovenia 2020). Because of the declared epidemic, the Commander of the CP RS Headquarters further activated the National Plan for Protection and Rescue in the Event of an Infectious Disease or Pandemic in Humans (Government of the Republic of Slovenia 2020), which also activated regional and partial municipal protection and rescue plans.

4.1 The first wave of the COVID-19 epidemic

The first case of coronavirus disease was detected in the municipality of Kočevje on 12 March 2020, and the virus was successfully contained due to its rapid response. The first activities to prevent the spread of the virus in the local environment were carried out before the official declaration of the epidemic. Thus, the first major purchase of protective equipment was made in February 2020 well before the state. Meetings of the municipal leadership were also held with representatives of the HC and the CP Staff of the Municipality of Kočevje (CP Staff), where measures were taken, aimed primarily at educating employees in critical infrastructures and raising public awareness. In addition to preparing an analysis of the situation with the outbreak of coronavirus in the municipality and an analysis of the state of forces and resources, a workshop on the proper use of protective equipment was conducted for health care workers and firefighters by military representatives. For the first time, the CP Staff also met, which determined the organisational structure of the Staff or individual units and prepared clear guidelines for the work of public institutions in the event of a disease in the local environment. On the day the epidemic was declared, a press

conference was held by the management of the municipality, HC, and the CP Staff, as well as a meeting with directors of public services, principals of kindergartens and schools, HC and health care concessionaires. The quick response of the leaders made it possible for the entire structure and organisation of work in the local community to be established and activated on the day the epidemic was declared.

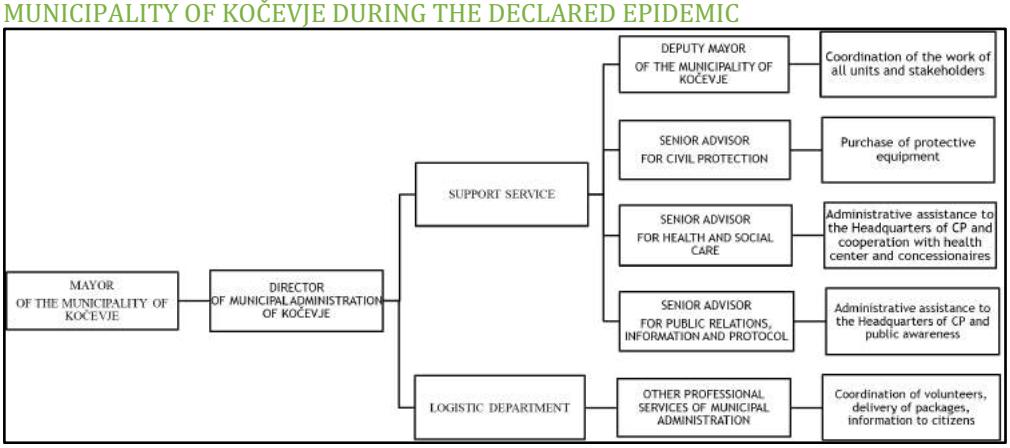
FIGURE 3:ACTIVITIES OF THE MUNICIPALITY OF KOČEVJE BEFORE THE DECLARATION OF THE COVID-19 EPIDEMIC



Source: Own.

After the official declaration of the epidemic and the activation of state and partial municipal protection and rescue plans, the municipal CP Staff, which operated on a dislocated unit, was also activated, exchanging in two teams. The Commander of the CP Staff activated the support and logistics services within the individual units of the Staff, which were organisationally composed of employees in the Municipal Administration. Employees with specific knowledge in the field of management and operation of the protection and rescue system, health and social care, and public relations and information worked in the support service, whose main task was administrative assistance to the Commander of the CP Staff. The support service prepared announcements for the public and companies, took care of regular awareness of the local population about the measures of the Government and the local community, and took care of the procurement and distribution of protective equipment.

FIGURE 4: WORK ORGANISATION OF THE MUNICIPAL ADMINISTRATION OF THE MUNICIPALITY OF KOČEVJE DURING THE DECLARED EPIDEMIC



Source: own.

The logistics service was activated for the needs of supplying the local population with food and medicine. The e-mail address of the CP Staff, as well as the telephone number for assistance to citizens and the number for emergency care were activated. Due to measures banning the purchase of food during certain

hours, contactless and free delivery of paid packages of food and prescription medicines was enabled for senior citizens. The Logistics Service also took care of the implementation of measures in the field among the citizens, and the City Police joined the system as needed and to monitor compliance with government and local measures.

For the needs of performing public tasks, even in the period after the declared epidemic, the supply of protective equipment by the CP Staff was made possible for all. Stocks of protective equipment were distributed to contractors in the field of social and health care, public services such as Komunala and Hydrovod, and voluntary fire brigades. Already in February 2020, the first purchase of large quantities of protective equipment (protective gloves, masks, goggles, coveralls) began, and in April, the local company enabled the purchase of washable masks for citizens. Even before the instructions of the competent services, the CP Staff established regular and daily communication with public institutions and services in the form of reporting on the situation and needs in the field. Video meetings of the management of the CP Staff, the municipality and Kočevje HC were introduced, which took place in the evening and the purpose of which was to review the daily situation and determine the plan of activities for the future.

Kočevje HC, which played an important role in the epidemic, also carried out a special organisation of work in cooperation with the municipality and the CP Staff. The first crisis plans were prepared before the declaration of the epidemic, when Kočevje HC was designated as the entry point COVID-19 for the area of Kočevje HC and Ribnica HC. Even before the instructions of the state, the public institution stopped preventive activities and introduced mandatory triage points for employees and patients. A separate COVID clinic and drive-in swab collection system has been set up. According to the crisis plan, the work in the institution was organised according to so-called Russian schedule,[8] which allowed permanent teams to work on individual sites and employees not to interfere with each other. In case of illness, the entire team was removed from the system and replaced. Telephone numbers for coronavirus information and psychological support in distress have also been established. No one was excluded from the system of operation, and the concessionaires also showed their team affiliation with their involvement in the system and work. For the needs of organising the work of Kočevje HC, the CP Staff provided all professional and logistical support to the health centre. Thus, two containers were obtained from the competent ministries for the implementation of triage points, a safety fence was leased for the construction of clean / dirty routes at the entrance to the COVID clinic, mobile toilets were rented, and two pavilions were purchased. Important work was also performed at the expense of regular, daily informing the public about the situation in the municipality and the tests performed and confirmed cases at COVID-19, which was carried out by the Kočevje HC management via social networks and local media.

A new organisation of work followed in other institutions as well, especially in the field of social protection, which are carried out in the municipality by privately owned or state-owned institutions. The Kočevje Home for the Elderly (HfE), which provides institutional care in the municipality, did not record any infections among users in the first wave, which is most likely due to the close

[8] Organization of work in the scope of 12 hours of uninterrupted work on the first and to the same extent on the second day, followed by a day off work. This way of working allows for less turnover of employees in the workplace and allows easier control in limiting a potential outbreak of infection.

cooperation of the home's management with local community representatives and the CP Staff. The intensity of the conversations and the constant care for the users of the home enabled the HfE, in close cooperation with Kočevje HC, to prepare a crisis plan and organise work in the event of infection with COVID-19. Special attention was also paid to other activities carried out on the premises of the HfE. Thus, the hairdressing salon suspended the provision of the service, and the home doctor provided medical care for citizens on premises outside the home. With the mentioned concept and the general closure of the home, users were isolated from external visitors and the risk of introducing the virus into the home was reduced.

Home help in the municipality is provided by a privately owned institution, which, due to the lack of instructions from the competent ministries, found itself in a difficult situation in the organisation of work. The Municipality of Kočevje, in cooperation with the Kočevje HC and the CP Staff, has prepared detailed instructions on the new method of providing the service, which was based on ensuring safety for all users. None of the users were left without help with care, and users continued to receive hot meals but without direct contact with the delivery worker. Restrictions on the provision of the service mainly related to the performance of household chores, the maintenance of social contacts and the manner of including new users in the system itself. As the practice of the Russian schedule in the Kočevje HC proved to be effective, the HfE also organised the work in a similar way, and at the same time daily triage was organised for the employees in the HfE.

The smooth functioning of the health and social care system was crucial for the time of the epidemic. But even employees within different systems faced absenteeism for a variety of reasons. An important role in these currents was played by associations and non-governmental organisations, whose volunteers were involved in the system of protection, rescue, and assistance. KRRCA volunteers performed the tasks of distributing humanitarian aid and participated in the delivery of food packages, and on March 16, 2020, the Red Cross Paramedics Team was activated, which helped in the implementation of triage in the HC. Members of voluntary fire brigades disinfected the premises of institutions, headquarters, schools, and other public areas, assisted in setting up tents for the needs of uninterrupted medical care, issued protective equipment and means ordered by the CP Staff commander and transported swabs for the needs of Kočevje HC competent services. Due to the growing need for disinfection of premises, facilities and things, the CP Staff bought a generator or dry fogger, which enabled faster and easier disinfection. At the initiative of the CP Staff, individuals also joined the protection, rescue, and assistance system - volunteers who are not members of associations and non-governmental organisations but offered their help in delivering essential necessities to the elderly and caring for preschool and school children.

During the first wave of the epidemic, local businessmen and musicians also took part in campaigns to curb the spread of the virus, proving that despite the ban on personal contact, caring for fellow human beings remained a priority for all citizens. Companies donated tablets to the home for the elderly to make video calls possible with relatives, donated food packages or vouchers, washable masks, vests for volunteers, computers for primary school children for home schooling, disinfectants and information posters. Kočevje musicians performed short concerts for the residents of the HfE, and local media and shopping centres

participated in the promotion of the campaign to contain the virus in the local environment.

The first wave of the epidemic lasted a total of 80 days, and only 4 infections were recorded in the municipality of 16.000 people. It turned out that the structure and organisation of the work of all stakeholders was well set up as well as implemented. However, for the time of the declared epidemic, some stricter measures were also taken by the municipal leadership or the commander of the CP Staff, which contributed to a good epidemiological picture at the end of the first corona wave. A few days after the epidemic was declared, the mayor of the Municipality of Kočevje called on the restaurants to close, which made it impossible to gather and keep people in one place. The government's ban on gathering people also required a ban on the use of public playgrounds and greater control over compliance with measures taken at the local community level. Special protocols were also adopted for the performance of the funeral ceremony, which was carried out only in the immediate family circle. Due to the temporary closure of many economic activities, the municipality of Kočevje prepared the first aid packages for businessmen in March. Among other things, instructions were prepared on the recognition of reduced volume accounting in municipal waste management, the Municipal Council adopted Rules on the allocation of funds from municipal budget to mitigate the effects of the epidemic and provided free advertising in the local newspaper. The municipal Relief package that covered the fix costs of local businesses was worth 50.000 € and was available to all who filed in the request supported by arguments.

Despite good preparations for the arrival of the disease and the successful containment of the virus, some shortcomings were present at the national level. Among other things, the current national plan for protection and rescue in the event of an epidemic or pandemic of a contagious disease in humans proved to be deficient but was consequently supplemented in August 2020. The instructions of the state were sparse, vague and too late, which forced the local community to carry out actions and measures on its own initiative. The most important shortcoming of the first wave was the supply of protective equipment for institutions and organisations. The unclear scheme of allocating protective equipment, especially for social welfare institutions, caused disagreements and dissatisfaction between the heads of institutions and organisations and the CP Staff. At this point, the CP Staff and the municipality played an important role with the timely purchase and supply of protective equipment, which, with very rational use, was sufficient for the needs of all. The rational division and each inventory of protective equipment in the CP warehouse provided a clear insight into the state of stocks. The so-called COVID-19 exposure reward scheme[9] was also identified as a major shortcoming. It is a non-transparent and methodologically completely unprocessed scheme that shifted responsibility to the local community and resulted in disproportionate rewards and disputes.

[9] For epidemiological reasons, the state introduced wage supplements in pursuit of rewarding those most exposed to the epidemic (Act on Intervention Measures to Contain the COVID-19 Epidemic and Mitigate Its Consequences for Citizens and the Economy, 2020). However, the level of allowances was not measurable by the level of threat or work performed, but by the individual's starting salary. It is a system that did not reward individuals for their work and contribution to society, but a system that caused additional differences among employees. Additional surprise was the decision of the state to reward volunteers with a form of financial compensation, because it caused a certain unrest, called into question the mission of volunteering and caused inequality and consequent dissatisfaction among them due to incomplete criteria. Municipalities were subsequently included in the system of supervision and implementation of tasks when this was no longer possible. This kind of behavior was ill-considered and in no way added value to crisis management.

4.2 Second wave of the COVID-19 epidemic

The second wave of the epidemic was declared by the Government of the Republic of Slovenia on 19 October 2020. The national protection and rescue plan was activated, and on this basis regional and partial municipal plans. In the meantime, the Municipality of Kočevje has been active in the field of protection and rescue and already in October adopted the first Municipal Partial Plan for Protection and Rescue in the Outbreak of Human Infectious Diseases (2020), which is harmonized with the amendment to the National Protection and Rescue Plan in the event of an epidemic or pandemic of an infectious disease in humans (2020).

The main activities carried out by the municipality in the first wave were maintained in the second wave, and some innovations were introduced. The CP Staff operated in the same composition, no longer dislocated but in the premises of the Municipality of Kočevje. Daily reports of institutions and organisations were introduced, as well as daily video conferences of the CP Staff, the municipal leadership, and the Kočevje HC. Within the units of the CP Staff, the Support Service was activated as professional assistance to the Commander of the CP Staff, which helped in regular public awareness, daily reporting to the authorities and the purchase and distribution of protective equipment. The good practice of delivering medicines for the elderly has been preserved, which was now carried out by the Sopotniki Association[10] as part of its voluntary activities. Telephone numbers were again activated to help citizens with current measures related to the declared epidemic, which was carried out by employees of the Municipal Administration. In the second wave, volunteers again played an important role, especially volunteer firefighters, who continued with the disinfection of public premises, buildings, and public areas, distributed protective equipment from CP warehouses on the instructions of the CP Staff Commander, transported swabs for analysis to Ljubljana, took over and distributed rapid tests and provided logistical assistance in carrying out mass screening and vaccination. Pursuant to the Order on the Activation of Volunteers to Assist in the Implementation of Tasks and Measures Related to the COVID-19 Infectious Disease Epidemic (2020), KRRCA volunteers were also included in the volunteering system. With the mentioned order, the Red Cross First Aid Unit was activated in the local community, which helped at the state level as well as for the needs of Kočevje HC. The tasks performed by the volunteers were mainly assistance in the implementation of triage and logistical support of the Kočevje HC in the implementation of mass screening testing and vaccination. According to the Order, volunteers were also included in the volunteering system, offering their help to the HfE, which found itself in a rather difficult situation during the second wave of the epidemic.

The lack of clear instructions from the relevant ministries, staff shortages, poor organisation and underestimation of the disease have caused the virus to spread in all departments in the HfE. The cooperation of the management of the home with the CP Staff and the municipality and HE was initially limited, but due to persistent communication it was strengthened, which enabled the

[10] The Sopotniki organization is based on the activation of volunteers who provide free transport for those over 65 in the municipality of Kočevje. Funds (cars and material costs) for the operation and employment of the dispatcher are provided in the budget of the municipality of Kočevje. Their services are used by over 300 users, and over 600 transports are performed annually, which represents 40,000 km of completed routes (Official Report of Kočevje Municipality).

implementation of some important actions. The CP Staff provided all professional and logistical support to the management of the home, and in this connection the entire infrastructure for decontamination of employees was set up outside the home, weekly decontamination of departments by volunteer firefighters was carried out, a system of clean and unclean paths was established. The rapid spread of the virus in the home also caused disputes and pressures over competencies, which diminished only after the involvement of state representatives and the HfE coordinator at the Ministry of Health. When a HfE doctor was infected, Kočevje HC provided all professional assistance to the Home in connection with the provision of health services, and daily reporting to the CP Staff on the condition and infections in the home became a daily practice.

Due to the occurrence of infections in the HfE, including among employees in the kitchen, the supply of hot meals for external users was cancelled as part of the implementation of the HfE help service. The institution that provides social welfare services still offered hot meals to users, but by another provider. As the first cases of infections appeared among employees and HfE users, the organisation of work was reintroduced according to the "Russian schedule" system. The service was limited in scope as in the first wave, and care was also provided among infected users. For this purpose, according to the instructions of the CP Staff and in cooperation with the municipality, a so-called decontamination point was established at the dislocated unit of Camp Jezero, where regular decontamination of employees was carried out. The decontamination point was also intended for Kočevje HC employees who provide patronage services in the field – home visits.

The structure and organisation of Kočevje HC's work followed the plans of the first wave, which proved to be an example of good practice. The "Russian schedule" was maintained, preventive activities were stopped, mandatory triage was performed for employees and patients, and telephone numbers for help with mental distress and information about the coronavirus were reopened. However, as the virus spread among the citizens in the second wave of the epidemic, the Kočevje HC, in cooperation with the CP Staff and the municipality, introduced some new measures. An important acquisition was the premises for the treatment of COVID patients in old garages for emergency vehicles, which were arranged for the needs of COVID examinations of patients, PCR, and self-paid testing. Mass screening of the population was carried out by the local community on premises outside the health centre. A single point was established partly in the premises of the Sports Hall and partly in the open part next to the hall by setting up an additional container and making temporary vestibules. This prevented the population from gathering at one point, while at the same time separating the patients from the rest of the population. The testing system followed the good practice of the first wave and was based on a drive-in system, which proved to be successful and was well received by the citizens. Due to the above, Kočevje HC, even before the instructions of the competent services (the State), and on its own initiative, developed a vaccination strategy, which was supported by a modern information system and drive-in concept. The computer platform was open to doctors employed in the Kočevje HC as well as all concessionaires, which allowed the system to come to life and that vaccination lists were prepared before the official confirmation of the start of vaccination at the state level. Vaccination was carried out in accordance with the adopted national strategy at the location of the Sports Hall, and the advantage provided by the municipality with the lists raised several questions about the correctness of the procedures. Due to the above, the health inspectors related to the

implementation of the vaccination strategy were sent to Kočevje by the Government on eleven times to check for possible irregularities, but they were not found.

During the second wave of the epidemic, local community restrictions were set bans on the use of sports grounds, which posed the greatest risk of transmitting infections. The measures of the municipality or the CP Staff were initially aimed primarily at preventive activities and raising public awareness of the danger of the virus, and later at raising awareness about vaccines and the importance of vaccination. Thus, in cooperation with concessionaire doctors and Kočevje HC employees, an extensive campaign was carried out, with which the local community encouraged citizens to get vaccinated. The most important goal was building trust among population as there were much misinformation on the vaccine side effects. If the vaccination lists were initially created due to a good computer platform, these were, in the second phase, certainly supplemented due to a successfully conducted campaign.

During the second wave of the epidemic, the CP Staff, and the municipality, with the help of the Kočevje HC, carried out many actions that were self-initiative in nature and the result of several daily sessions. Perceived shortcomings were again focused on the state level and its action. Delays in responsibilities, unclear instructions and poor communication by the state have led to the HfE, which otherwise operates as a public institution set up by the state, being hit by a wave of infections that has also resulted in fatalities.[11] It turned out that the CP Staff was powerless until the state coordinators and officials from the Ministry of Health joined the system of action. The closure of educational institutions did not go smoothly either, as decision-making power was initially in the hands of mayors and later in the hands of the state. Thus, the first soft decisions of the mayor were well received, and the later stricter decisions of the state provoked many dissatisfactions as they were considered as not proportional. People became dissatisfied and vulnerable, as employers demanded their presence at work, and absence from work was not possible due to the loose closure of activities or sectors. As in the first wave of the epidemic, the second wave also proved that the reward system was not transparent, it was even controversial.

5 CONCLUSIONS

The COVID-19 epidemic's impact in Slovenia reveals several crisis management shortcomings. Apart from the lack of safeguards that all European countries faced, two aspects stand out among others: the first is that crisis management can only be successful where there a high level of trust between decision-makers and the population, while the second is that behind any successful crisis management lies a well-prepared crisis management plan, prepared well ahead of the crisis. Still, the success of the crisis management in the studied case depends strongly on close cooperation between the state and local levels. The implementation of

[11] According to the official records of the Institute of National Health (INH), 1,788 people were infected in the municipality of Kočevje during the second wave of the COVID-19 epidemic, which represents 11.43 per cent of the population (Daily monitoring of infections, 2021). The number of hospitalized and dead people due to COVID-19 cannot be defined with certainty because there is no official data. However, based on data from the public utility company Komunala, which conducts the funerals in the municipality, it is established that 40 more people died in Kočevje during the second wave of the epidemic than in the same period of previous year (Report of the Commander of CP Staff Kočevje 2021).

many measures accomplishes their effect on this basis. For this to occur, it is necessary to define clear channels of information sharing and communication, make rapid decisions and transmit them to relevant players, while above all coordinated action on the local level is key. The presented case study defines two phases in management of the crisis: the epidemic's first wave saw a focus on preventing infections and hence the virus' spread and the second wave where the main effort sought to organise mass testing as well as the vaccination process. Analysis shows the following: (1) despite certain material deficiencies, the steps taken to manage the first wave of the epidemic were successful. This was due to the considerable proactivity of local communities while implementing the restrictions imposed on the functioning of civil society and civil society's relatively strong willingness to comply with the instructions. Vulnerable members of society, whose susceptibility was still for stress a particular issue during the crisis, were not overlooked as they were supported by a network of volunteers, while establishing and adhering to the social distancing policy. (2) The response to the epidemic's second wave in the Kočevje municipality was less successful in terms of controlling infections and limiting pressure on the health system, an outcome due to the late response or adoption of restrictive measures on the state level, and the population's quarantine fatigue, which meant they did not follow the restrictive measures. Together, this led to the public trusting the decision-makers less. (3) With the implementation of mass-testing capacities and then the organising of vaccinations, the organisational capacity of local communities and their protection and rescue system came into the spotlight. The differences among local communities were enormous and revealed the complete operational incompetence of local communities in their operations as concerns both access to the mass testing and the vaccinations in practice. In this segment, it is essential to systematically upgrade the operations of the protection and rescue system on the local level as that would improve the way such crisis challenges are managed.

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KRIZNI MENEDŽMENT V OBČINI: VLOGA CIVILNE ZAŠČITE MED COVID-19 KRIZO

Soočanje s pandemijo je pred nacionalno varnostne sisteme postavilo nov izziv. Na nevojaško obliko ogrožanja življenj ljudi, se država odzvala skladno z Državnim načrtom zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh. A zlasti v prvem valu so se izkazale številne pomanjkljivosti tovrstnega načrta ob izvajanju nalog na ravni lokalnih skupnosti. Te so se na nevarnost odzivale različno ter se zanašale na veliko mero samoiniciativnosti zlasti zaradi omejenega delovanja Sistema zaščite in reševanja na regionalni ravni. Pomanjkljivosti so bile analizirane in nato v dobršni meri odpravljene ob začetku drugega vala, zato je bila odzivnost bolj usklajena in uspešnejša. Prispevek podrobneje osvetljuje nadgradnjo v delovanju med prvim in drugim valom epidemije COVID-19 v Slovenije skozi prizmo lokalne samouprave v Republiki Sloveniji.

Ključne besede: krizno upravljanje; zaščita in reševanje; lokalna samouprava; COVID-19.

THE ROLE OF ARMED FORCES IN THE COVID-19 PANDEMIC

Jelena JUVAN[1]

Although the COVID-19 pandemic is not a crisis which demands that military forces are used as a main way of countering this threat, most countries have in fact deployed their national armed forces. The extent of such use varies and depends on the national legal framework determining the role of armed forces in crisis management. In certain countries, only regular forces were deployed while in others reserve forces were also activated. The role of armed forces has varied not simply regarding the type of force, but also the type of tasks. The COVID-19 crisis is not the first health crisis for which armed forces have been used. The Ebola crisis in 2014–2015 offers several important lessons for both armed forces and decision-makers. This paper is based on analysis of the extent of armed forces use in the COVID-19 pandemic in seven countries during the pandemic's first wave in the northern hemisphere in the first half of 2020, problematising the issue of using armed forces in a medical crisis, while identifying challenges and benefits of such use.

Key words: pandemic; COVID-19; armed forces; health crisis.

1 INTRODUCTION

Starting in early 2020, the COVID-19 pandemic has put the world's healthcare systems, governments and societies under enormous pressure. The pandemic crisis caught many countries unprepared, highlighting several issues in their existing emergency response systems. During the pandemic's first wave, upon which this article focuses, countries hit by the emergency had to react to different critical points and issues, such as a lack of healthcare personnel, intensive care equipment, and other emergency supplies. States used all their resources in order to rectify the deficiencies of their healthcare systems, including military resources. Combatting the epidemic has required governments to respond in unprecedented way in terms of both scale and complexity. "One of the most common measures countries have employed to deal with the disproportionate scale of the health crisis caused by COVID-19 has been the deployment of armed

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forces" (Hidalgo 2021, 3). Besides being deployed at home, armed forces have been sent abroad to help other countries manage the health crisis as well. China sent military medics and supplies to various countries. Russian military doctors, machines and personal protective equipment were deployed to Italy (Kalkman 2020).

COVID-19 confronts us with a crisis that is taking lives and jeopardising public health in the long run. "It also is generating negative political and economic effects, influencing the psychological condition of individuals, groups and society while also changing the social discourse, limiting human rights, impacting our art, culture, education and sport, and having a great bearing on human relationships" (Malešič 2021, 67). It is clear that the COVID-19 pandemic is "a public health crisis" (Glušac et al. 2021, 2). This makes the involvement of armed forces in a public health crisis seem inappropriate and unnecessary. However, as this article shows, assisting civilian authorities in managing the crisis has been the role of many armed forces around the world. While armed forces' efforts in dealing with events like earthquakes, floods and other crises have been significant and are not novel, they are nothing compared to the deployment needed in a worldwide pandemic. To face the emergency and compensate for the shortages of personnel, logistics and equipment, armed forces have often been called into action. As Glušac et al. (2021, 2) notes, this is not the first time the world has experienced this type of emergency in the last 25 years, namely, when armed forces supported civilian efforts to fight a health crisis, "…/from the deployment of Brazil's military to help contain the spread of Zika in 2016, to the international military response to the West African Ebola outbreak in 2014, to the role of Pakistan's military in the Global Polio Eradication Initiative, to the use of 'tailgate medicine' by coalition forces in Afghanistan and Iraq". Glušac et al. (ibid.) state that, despite armed forces being deployed in some countries/regions to address previous health crises, the COVID-19 pandemic has seen the unparalleled participation of armed forces in these efforts across the world.

A particularly interesting 'use' of armed forces in the COVID-19 pandemic can also be identified, albeit it is not the object of this analysis yet still worthy of further research attention. "COVID-19 has also been linked rhetorically to armed forces through the widespread use of military metaphors by government officials since the outbreak of the virus, employed to motivate acceptance and compliance with legislative measures and to mobilize populations that might otherwise be unwieldy and slow to respond to the crisis" (ibid). Several examples of such rhetorical expressions can be found: former US President Donald Trump referred to COVID-19 as "our big war… a medical war" (Bennett et al. 2020), while UK Prime Minister Boris Johnson stated, "We must act like any wartime government" (BBC 2020). General Secretary of the United Nations Antonio Guterres (Al Jazeera 2021) also called the struggle against COVID-19 a war, "Let's be clear, we are at war with the virus. And if you are at war with the virus, we need to deal with our weapons with rules of a war economy, and we are not yet there" (UN News 2021). A BBC article summarised this nicely, stating: "Healthcare workers are on the frontlines, scientists are the new generals, economists draw up battle plans, and politicians call for mobilisation" (Bernhard in Kalkman 2020). Thus, if we are labelling the COVID-19 crisis a war, the use of armed forces to combat such a threat seems self-explanatory. Or to cite Kalkman (2020, 2): "And if there is an 'enemy' to be 'fought' in 'battle' or 'war', which organization would be better suited to take the lead than the military?".

2 METHODOLOGY AND SAMPLE

The analysis is guided by two main assumptions: First, the international status of a country (EU, NATO, neutral) was not decisive in activating the armed forces in the COVID-19 pandemic, with all states having faced the same issues while dealing with this crisis. Second, armed forces were used to supplement the shortages in healthcare systems, performing roles not considered to be traditional military roles.

The selection of countries for the analysis sought to the reflect different international status of EU countries. The selection was also influenced by the amount of data and publicly available sources. Countries included in the sample are Slovakia, Czech Republic, France, Slovenia, Sweden, Finland and the United Kingdom. A preliminary analysis was conducted in May 2020 when sources on the use of armed forces during the COVID-19 pandemic were poor and limited to the most outstanding cases. Later, as the crisis continued and escalated several analyses on the role of armed forces became available and were used for the purposes of this article. The article analyses the roles and tasks performed by armed forces during the first pandemic wave in the northern hemisphere in the first half of 2020 yet does not focus on the selected countries' particular crisis management systems nor on any plans to activate the armed forces for crisis management. The article also does not assess whether armed forces were used consistent with the national legislation and activation plans. In the first part, the article presents research concerning the role of armed forces in a health crisis. The second part of the article brings a cross-country analysis of the role and tasks of armed forces in the selected countries. The article is based on a literature analysis, a scoping study, analysis of primary sources and comparative analysis.

3 THE TRADITIONAL ROLE OF ARMED FORCES

Armed forces, particularly in the West, have traditionally been seen as institutions restricted to territorial defence of the state against external military threats. "The mass armed forces' mission was to prepare and to conduct total wars for their respective nation-states" (Manigart 2006, 329). With the end of the Cold War and collapse of former communist states (Soviet Union, Yugoslavia) which led to several small-scale armed conflicts, many armed forces[2] have increasingly assumed the additional international role of participating in different types of peace operations. "Since the end of the Cold War the military organizations of Western Europe have been engaged more often than ever before in Military Operations other Than War" (Haltiner 2006, 364). This was also noted by Manigart (2006, 323), who noted that, with the collapse of communist regimes in Eastern Europe and of the Soviet Union itself, Western armies' missions have also changed, "They are no longer to deter a known adversary, but to intervene, with other actors, in the new kinds of conflicts, i.e., maintaining or enforcing peace in regions where our interests are in jeopardy, fighting international terrorism and other threats, and/or carrying out humanitarian missions" (ibid.).

[2] The changes and restructuring most of the armed forces of Western countries underwent after the end of the Cold War is a very complex topic and has been subjected to several analyses (Haltiner 1998 and 2006; Manigart 2006). Performing additional roles and tasks is only one dimension of the changes armed forces have experienced since the end of the Cold War.

Finabel (2021) states, "the lessons learned from decades of experiences in humanitarian missions overseas, peacekeeping operations and expeditions have been extremely precious for safeguarding the entire civilian population". For some countries, Slovenia for example, deployment to peace operations around the world at one stage became the main role and task of national armed forces. Apart from the roles of external defence and peace operations abroad, a third traditional role of armed forces entails assisting civilian authorities in responding to natural, manmade or hybrid disasters, also known as crisis/disaster management tasks. "While the external roles of armed forces are relatively straightforward, there is considerable ambiguity around this internal role, especially regarding why and when support should be provided by armed forces to civilian authorities, and what kind of support these forces may offer" (Glušac et al. 2021, 4). As external military threats to national territories have subsided in most Western countries, the role of armed forces in crisis management has become more important.

In recent years, humanitarian needs have grown steadily, with greater resources being needed to meet the needs of people directly affected by a disaster. Earthquakes like those in Haiti (2010) and Nepal (2015) or massive super typhoons like Haiyan which hit the Philippines in 2013 underscore the dangers of failing to prepare. While the first responders to any disaster are always the local communities most affected, these communities are often overwhelmed by large disasters and require the support of neighbouring communities domestically, and often of a mix of local and international humanitarian organisations. Militaries (domestic or other countries') have a pivotal role to play in the early days of providing relief from major disasters that exceed the capacity of the affected state.

Glušac et al. (2021) describe three main factors driving the ever more prominent crisis/disaster management role for armed forces.[3] The first is a demand for assistance in delivering services normally provided by civilian public services and government agencies, when they are temporarily unable to do so effectively or adequately due to an exceptional or emergency situation. The second factor is the comparative advantage of armed forces in that they possess relevant equipment, skills, experience and manpower, as well as unhindered access to all parts of a country. Finally, the third factor is the ability of armed forces to serve as a national unifying mechanism that reaches across all communities and classes of society, and all regions of a country. The use of armed forces in the COVID-19 pandemic is aptly described by Glušac et al. (2021, 4): "Armed forces can also provide capacity when civilian authorities are overwhelmed".

4 REVIEW OF RECENT RESEARCH ON THE ROLE OF ARMED FORCES IN A HEALTH CRISIS

Although at first glance armed forces and their use in a health crisis seems contradictory and inappropriate, in fact armed forces are particularly suitable for

[3] As Malešič (2015) discovered, some authors who identify several potential pitfalls of military humanitarian assistance and disaster relief need to be considered. Laksmana (Malešič 2015, 984) warns that military resources are only suitable for high-intensity, short-term missions, not for long-term engagements of several weeks or months. Further, humanitarian assistance and disaster relief require different training and equipment than traditional military tasks. In terms of their organisational culture and ethos, humanitarian assistance and disaster relief missions are required to respect humanitarian principles; they also call for patience, restraint and flexibility.

confronting health emergencies. Most modern armed forces have special capabilities and characteristics that are essential if one is to work (and survive) in a health emergency. Armed forces units are trained to command and control people in chaotic situations and environments. They typically have military medical systems integrated with trained personnel and equipped units, as well as the logistics resources and competencies needed in emergencies. Further, on the most basic level, the military possesses a national command network and constitutes a pool of disciplined manpower, including reserves, which can be deployed at relatively short notice to supplement civilian frontline services during national emergencies.

Some important conclusions can be drawn from certain previous involvement of armed forces in tackling a health crisis, especially the Ebola pandemic in 2014–2105 in Western Africa (Sandy et al. 2017). Health sectors in the most affected African countries (Guinea, Liberia and Sierra Leone) were seriously overwhelmed and unable to perform their main tasks. "Medical centres and military hospitals had limited resources for both Ebola and primary healthcare support" (Sandy et al. 2017, 6). Not only the armed forces but whole security sectors were involved: national armed forces; intelligence services; police/gendarmerie services; border guards and border management; local security actors, including militias; international security arrangements; national governments; civil society actors (media, think-tanks etc.); regional and international governmental organisations, including the United Nations; and legal and parliamentary bodies (ibid.). The roles of the armed forces across the region were generally quite similar, yet with some distinct differences. In most cases, the armed forces were involved in preventive activities: they were deployed to quarantine communities, to prevent individuals from leaving or entering infected communities, and to restrict movement across the borders of countries in the region. For example, in Liberia, the Armed Forces of Liberia had to be deployed to meet basic security needs and provide security protection. "They were responsible for the enforcement of quarantine and curfew and manning of several checkpoints to slow down and stop the free movement of people in an attempt to halt the spread of the disease" (ibid., 10). The situation was similar in Guinea where checkpoints to monitor body temperature and perform medical checks were installed at the border. The armed forces were tasked with offering protection to the population and health workers alike, providing logistical assistance, and transporting materials and medical supplies. Moreover, the armed forces protected the health workers sent by regional organisations.

Several benefits of armed forces use in this health crisis can be identified (Sandy et al. 2017; Glušac et al. 2021). First, the Ebola crisis demanded quick responses and considerable discipline in their implementation. Stronger discipline is institutionalised in armed forces than in civilian actors and the population at large. Second, military medical doctors were well trained, disciplined, and able to cope with the crisis. Their training also meant they were already familiar with the protocols that had to be considered and enforced. Third, military doctors displayed greater discipline than many civilian health workers in civilian hospitals. Fourth, collaboration between civil and military actors could be established; for instance, in Guinea, civilian and military coordination centres collaborated closely and exchanged information in daily joint briefings. Fifth, military officers provided logistical support and security advice to deployed representatives of the West African Health Organisation.

"The missions assigned to armed forces in the context of the COVID-19 pandemic have only slightly differed from one country to another and have all centred on reinforcing health systems" (Glušac et al. 2021, 10). A very interesting survey[4] on the role of armed forces in the COVID-19 pandemic was conducted by the Geneva Centre for Security Sector Governance (DCAF) (Glušac et al. 2021). The Centre's final conclusions on the role of armed forces in the COVID-19 pandemic may be summed up in the following sentence, "… the tasks performed by armed forces during the COVID-19 pandemic may be divided into three main categories: logistical, medical and law-and-order".

The first main function of armed forces in fighting COVID-19 is logistical support. Among respondents who explicitly reported on the internal role of the armed forces during this pandemic, the vast majority indicated that their armed forces had been tasked with providing logistical support to civilian authorities. In most cases, this included providing military transport capabilities for civilian use, and supplying medical equipment and personal protective equipment. One-third of respondents reported that armed forces had distributed food aid, and one-quarter that military factories had been used to produce medical supplies. In a smaller number of countries, armed forces had also been tasked with disinfecting public spaces, while in some countries armed forces had helped create mobile testing stations or supported local authorities in contact-tracing efforts.

The second most frequent function is medical support, that is, providing assistance to health systems that are close to saturation. According to the DCAF survey, 60 percent of respondents who had explicitly reported the internal role of armed forces during the pandemic indicated that the armed forces of their respective countries had been called upon to provide medical assistance. In every country where the armed forces were given such a task, their main activities involved setting up field hospitals and mobilising military medical personnel to support civilian infrastructures/services. Establishing field hospitals in support of existing hospitals has been the strategy in Spain and the United Kingdom, also in regions isolated from national health systems (such as the island of Saaremaa in Estonia). Most survey participants responded that the armed forces had provided voluntary blood donations. In some countries, they had also conducted health checks along the national borders.

The third main function of armed forces during the COVID-19 pandemic is providing support in maintaining public law and order. Still, it should be emphasised that this function was rarely reported by respondents compared to medical and logistical support. In fact, among respondents who explicitly reported the internal role of the armed forces, only one in five indicated that the armed forces had been assigned this function in their country. Where support for this law-and-order function was provided by the armed forces, this most entailed the patrol of borders, assistance to police to ensure compliance with lockdown

[4] Besides their own analysis of the available sources, data for the DCAF survey were also obtained by an online survey distributed to ombuds institutions for the armed forces that regularly participate in the International Conference of Ombuds Institutions for the Armed Forces (ICOAF). The survey was sent to 140 ombuds institutions and other organisations (coming from 87 countries) that have participated in ICOAFs. Responses were received from 46 institutions (including 41 ombuds institutions) of 37 countries around the world. The survey was based on responses received from the following countries: Albania, Armenia, Australia, Austria, Belgium, Benin, Bosnia and Herzegovina, Burkina Faso, Canada, Costa Rica, Croatia, Czechia, Estonia, Finland, Georgia, Germany, Greece, Hungary, Ivory Coast, Kenya, Latvia, Mali, Malta, Madagascar, Montenegro, Netherlands, Niger, Norway, Poland, Kosovo, Senegal, Slovenia, South Africa, Tajikistan, Ukraine, and the USA (Glušac et al. 2020). The overall analysis and survey include more countries than only those that responded to the DCAF online survey.

or curfew regulations and preventing individuals from leaving or entering infected communities. This last function of controlling the population's movements (compliance with confinement measures) had been undertaken by the armed forces in Spain, Italy, Slovakia, Bulgaria and Lithuania, where these forces have generally been entrusted with police functions.

Most states, irrespective of being EU or NATO[5] members, have included and activated their own armed forces in the COVID-19 measures, yet it is important to note that the armed forces of individual countries have been activated to varying degrees. In some countries, only members of the regular forces had participated (such as in Slovenia), while for example in Austria members of the reserve force were also called up to carry out border controls (RTVSLO.si 2020).

An interesting research study[6] on the topic under study (Savage 2020) shows that armed forces in this crisis have mainly been used to support health workers, for logistical support, to provide transport, to provide health services and in some places also carry out border controls. More controversially, however, troops have also been deployed to enforce mandatary lockdowns by patrolling the streets, constructing roadblocks and curbing movement. These measures, aimed at stemming the coronavirus' spread, have been adopted around the world (Kalkman 2020). In certain countries like Italy or Serbia, armed forces were used to monitor compliance with quarantine or to exercise control over compliance with a curfew, while in some countries (i.e., Italy) members of the armed forces also guarded entrances to hospitals and other medical institutions. Finally, troops have been deployed to reduce the negative fallout of the lockdowns and the extreme economic impact by planning deliveries of meals to vulnerable people and supporting food banks (Savage et al. 2020).

An important and interesting perspective on the use of armed forces in the COVID-19 crisis is raised by Lambert et al. (2020), who focused on the compliance of this type of armed forces' use with the OSCE Code of Conduct. Their analysis encompasses European OSCE participating states. Lambert et al. (2020) found that following the start of the coronavirus crisis, more than one-third of OSCE participating states had officially declared a state of public emergency as envisaged by international law, while others had introduced other emergency regimes of different intensity or had adopted restrictive measures through legislation and policy. While the main purpose of Lambert et al.'s (2020) analysis

[5] Although NATO's response in the COVID-19 crisis is not the subject of this analysis, we cannot ignore its role. NATO, as expected, was not a first responder in this crisis. In the first 6 months of the crisis, NATO was mainly concerned with three sets of issues: "to maintain its readiness and the credibility of its defence posture; to prevent any development that would transform the health crisis into a security crisis; and to demonstrate its presence and relevance by supporting civilian efforts" (Tardy 2020, 34). As the COVID-19 crisis was evolving, with national health systems being put under extreme conditions and demanding national armed forces assistance, NATO's response also evolved. NATO has facilitated different interventions aimed at tackling the pandemic, including the construction of more than 100 field hospitals, the addition of about 25,000 treatment beds, the deployment of about 5,000 military medical professionals in support of the civilian population. In addition, the NATO airlift fleet was pivotal in numerous aero-medical evacuations with intensive care teams, several missions (about 350) to support and transport medical personnel, treatment capabilities and supplies, and in the repatriation of more than 3,500 allied citizens globally. It is estimated that by November 2020 NATO had transported more than 1,000 tonnes of emergency-related equipment (NATO 2020).

[6] A study was done by Resdal – Latin American Security and Defence Network that includes the following countries: Argentina, Bolivia, Brazil, Burkina Faso, Chad, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, France, Guatemala, Honduras, Mali, Mexico, Niger, Nigeria, Panama, Paraguay, Peru, Portugal, Spain, the United Kingdom, Uruguay and Venezuela (Estre 2020, 2).

was compliance with the politically binding OSCE rules, the authors also detected several tasks being performed by armed forces in the OSCE countries. These tasks can be divided into five main categories: Logistics and transportation; Medical support; Research and Development; Governance support and Internal Security (Lambert et al. 2020, 76).

5 COUNTRY ANALYSIS

This chapter includes a country-by-country analysis of the role and tasks performed by national armed forces in a chosen country. The analysis is based on data collected through formal, governmental sources and does not assess whether the use of the armed forces was appropriate and consistent with national legal frameworks.

In Slovakia, the military has been actively involved in tackling the COVID-19 crisis from the outset. In the initial phase, military units worked together in mixed patrols with the police in conducting enhanced border controls. Members of the military have also participated in the governmental campaigns aimed at convincing citizens to respect and abide by the measures imposed. They were also involved in the transport and distribution of protective equipment, medical devices, food and water supplies, and aided medical staff (EUROMIL 2020b). At the beginning of the epidemic in March 2020, 340 members were immediately activated, while the entire armed forces were put on standby. According to the Chief of Defence (Ministry of Defence of the Slovak Republic, 2020), on top of delivering support to the Slovak police and setting up an isolated facility at the Lešť Training Centre, additional tasks for tackling the COVID-19 crisis could be undertaken by an extra 2,800 soldiers. At the same time, the armed forces remained committed to ensuring that all their duties arising from legislation, such as protecting the airspace, continued to be performed and were not endangered. Soldiers also guarded the Slovak National Institute of Infectious Diseases and one of the main hospitals (Ministry of Defence of the Slovak Republic, 2020). Slovak soldiers also assisted in conducting tests on COVID-19 among the Roma population. To ensure security in the Roma communities, which were quarantined upon the outbreak of the virus, a civil/military mission called Operation Umbrella 1 was also set up. Around 1,500 members of the Slovak armed forces were involved in Operation Umbrella 1, the first civil/military operation in Slovak history (EUROMIL 2020b).

In the Czech Republic, members of the armed forces played a similar role as in Slovakia, assisting with logistical support, transporting medical supplies, and setting up field hospitals. The Czech Minister of Defence stated: "Helping Czech health professionals and citizens comes first for us. We want to use the contracted hours within the alliance program of strategic transport SALIS to transport material from China" (Ministry of Defence of Czech Republic 2020a). The Czech forces also helped enforce the 'smart quarantine' policy, a policy adopted by the Czech government to curb the spread of the COVID-19 virus. Army medical personnel were used at border controls to perform COVID-19 testing. Soldiers conducted combined patrols with police officers at 29 border crossings and border sections. The police were strengthened by a total of 941 professional soldiers with 86 items of equipment, mainly personal off-road vehicles (EUROMIL 2020c). The main goal of these inspections was to randomly examine Czech Republic citizens, but especially foreigners, to prevent the disease's spread, which included measuring a person's temperature and investigating their

anamnesis. According to statistics from the Czech police, on average ever day 30,000 vehicles were inspected and the temperature of more than 15,000 people was measured (Ministry of Defence of Czech Republic 2020b).

France already at the start [7] of the pandemic launched a special military operation [8] called *Operation Resilience* to respond to the COVID-19 pandemic. *Operation Resilience* included 15,000 troops fully dedicated to supporting the population and public services in the fight against the pandemic (EUROMIL 2020a). All three branches of the French armed forces were engaged in all sectors for the purpose of "providing support to civil authorities, by adapting their action to local situations and within the framework of an ongoing dialogue with the latter" (Minister des Armees 2020, 3). Operation Resilience was "an unprecedented military operation aimed at supporting public services and the French people in the fields of health, logistics and protection, in France and overseas/…/ on the national territory, in the air, on the seas, in the cyber space, as well as in overseas missions" (ibid.). Engagement of the French military through Operation Resilience refers to three main domains: healthcare, logistics and protection. As part of this operation, the army defined and implemented a specific concept to respond to the coronavirus crisis: health support units. These units are detachments and act as reinforcements for civilian hospital structures. They carry out immediate proximity actions in support of the general functioning of those hospitals. Mainly used in the fields of transport, handling and organisation, they can also help protect the hospital site (Minister des Armees 2020). The number of soldiers participating in this operation was not fixed, although Minister des Armees (2020) mentioned 40,000 soldiers being deployed each day. It is important to add that not all three branches of the French armed forces were intended to participate directly in enforcing the lockdown measures. The Ministry for the Armed Forces also helped in the fight against the pandemic by way of research and development efforts, while in March 2020 made an urgent call for innovative projects to help in the struggle against the coronavirus. Priority areas included individual and collective protection, mass testing, and decontamination, diagnosis, digital continuity, or management of the psychological impact of the pandemic (Pannier 2021).

Another country analysed for this article is the United Kingdom. As Braw (2020, 53) notes: "When the pandemic hit the UK, the armed forces found themselves in a paradoxical situation: though the coronavirus crisis was obviously a public health emergency, not a kinetic attack, the armed forces immediately found themselves in demand". British military personnel from the British Army, Royal Air Force and Royal Navy have been a key part of the UK's COVID-19 response both at home and overseas. At the beginning of 2021, the UK's Ministry of Defence confirmed the UK's Armed Forces' response to COVID-19 had become "the biggest ever homeland military operation in peacetime, with more than 5,000 personnel involved" (Forces.net 2020a). A special COVID Support Force was formed to respond to requests for assistance from public services and civilian authorities and 20,000 military personnel were put on readiness at the commencement of the pandemic (Forces.net 2020b; also see Braw 2020). The soldiers immediately went into action, playing a key role in construction of the Nightingale Hospital in London. They also helped build hospitals in Birmingham

[7] On 25 March 2020.

[8] Besides France, also Spain and Italy, as the countries most affected by the COVID-19 crisis during the pandemic's first wave in the spring of 2020 have also relied on special military operations. In Italy, it was the *Operazione Strade Sicure*, which involved 7,000 troops and in Spain it was *Operation Balmis* which involved 57,000 troops (EUROMIL 2020a).

and Manchester, three other hospitals and additional recovery facilities for COVID-19 patients discharged from hospital (Braw 2020, 53).

Members of the armed forces were deployed to assist community testing and in some regions of the UK to carry out asymptomatic testing of specific populations. "The UK's Armed Forces have also supported NHS and have helped to set up hospitals around the country, which have provided additional care capacity for coronavirus patients" (Forces.net 2020a). Hundreds of army medics were deployed to UK hospitals, taking on patient-facing roles, while general duties personnel performed non-clinical roles to help healthcare professionals prioritise work on the COVID frontline. Regular and reservist personnel from all three services of the UK's armed forces helped distribute and deliver personal protective equipment to frontline NHS staff, including items like masks, safety glasses, gloves, aprons, and protective suits. It is very interesting to note that the British Army teamed up with eBay to help healthcare workers find and order free personal protective equipment (ibid.). The UK's armed forces not only performed logistical and transport tasks, but also used their knowledge and expertise to produce personal protective equipment when, early in the pandemic, a global shortage appeared. "The military has been 3D printing PPE components. Engineers from the Royal Navy, Royal Air Force, and the Army began producing the components following an appeal from 3DCrowd UK, a volunteer organisation crowdsourcing 3D printer owners to help produce protective equipment" (Forces.net 2020a). The UK's armed forces were also strongly involved in evacuation, transportation and repatriation tasks. The Aviation Task Force provided a dedicated helicopter capability (operating 24 hours a day) to support the UK's response to COVID-19. The Joint Helicopter Command, an aircraft force comprising all three services, was put on standby to be used to reach "isolated communities that may not be able to obtain urgent medical care" (Forces.net 2020a). The military also conducted repatriation flights, including bringing British holidaymakers back who had been stranded on a cruise ship in Cuba (ibid.). Reflecting the fact that Britain has a considerable number of Overseas Territories around the world, the UK Armed Forces also deployed personnel to those territories. UK service members were deployed to Gibraltar, while using a military aircraft other service personnel transported Falklands children attending boarding school in the UK back home (Braw 2020, 54). The UK's armed forces were also given the task of battling fake news and misinformation. "The Ministry of Defence sent a team to support the Cabinet Office in tackling online misinformation – part of the COVID Support Force effort to bolster the UK's coronavirus defences. In addition, two experts from the British Army joined a NATO team set up to combat disinformation" (Forces.net 2020c).

Finland is, compared to the other analysed countries, a very specific case, due to Finland's comprehensive security approach (Vanhanen 2020, 144). "In practice, this is a whole-of-government approach to security, in which tasks and responsibilities are divided between different authorities; the tasks and allocation of responsibilities for preparedness in society are based on legislation" (ibid.). Since Finnish armed forces are a conscription armed service, a major concern regarding the COVID-19 pandemic within the armed forces themselves has been the safety of conscripts (The Finnish Defence Forces). "As Finland annually trains about 20,000 conscripts, there was a need to consider, how the COVID-19 pandemic would affect the training process" (ibid.) When we analyse the role and tasks of the Finnish armed forces in the COVID-19 pandemic, the health of conscripts and all the measures taken to ensure that, must be considered. Hence, it is not only about the tasks performed to assist the national

medical system, like in most of the other countries.[9] "An instruction and guidelines were issued, that if a member of the Defence Forces, a conscript, a woman performing voluntary military service or a reservist instructed for refresher training has returned, or will return, from epidemic areas determined by the National Institute of Health and Welfare, he or she must stay away from service or work for 14 days" (Vanhanen 2020, 152). Conscripts on duty were also trained to identify symptoms and seek treatment if necessary. One legal task of the Finnish armed forces is to assist other government officials and institutions. "As such, the Finnish Defence Forces announced on March 17 that they would support police-led duties with about 40 soldiers and 750 conscripts" (ibid.). Conscripts were also used, among other things, to regulate traffic and isolate areas. In addition to assist the police, the armed forces have also supported other authorities. For example, the Border Guard was provided with transport assistance for operational needs and the Centre for Military Medicine has provided support to the National Institute for Health and Welfare by allocating human and equipment resources (respirators) for its use (ibid.). As most COVID-19 cases in Finland had been registered in the Uusimaa region in Southern Finland, the Finnish government decided in late March 2020 to isolate the region from the rest of the country for 3 weeks. Defence Minister Antti Kaikkonen stated that conscripts and Defence Force personnel could be rapidly deployed to help enforce movement restrictions in and out of the Uusimaa region in southern Finland (Uutiset 2020). This was done to prevent the pandemic from spreading, as Finland's capital and largest city, Helsinki, along with the surrounding Greater Helsinki area, are both located in Uusimaa, Finland's most populous region. The armed forces assisted the police in the process by monitoring movement within Uusimaa's borders.

Sweden is an especially interesting case to analyse due to its "total defence concept". Still, the analysis shows the Swedish armed forces have not played a crucial role in tackling the COVID-19 crisis. This can also be explained by the government's specific approach to the pandemic, which differed strongly from most countries. "Contradicting the swiftly forming international consensus, Sweden developed its own, notably toned-down coronavirus strategy, with dire results" (Jonsson 2020, 160). With most of the measures being based on trusting the Swedish citizens, there was no need to use the armed forces to control compliance with the lockdown or curfew regulations like in some other countries, or to guard the isolated areas as for example the armed forces did in Finland. The Swedish armed forces quickly placed its resources at the disposal of civilian authorities. They established two military hospitals – one in Stockholm and the other in Gothenburg – with a total of 50 intensive care beds, and 90 additional hospital beds. They also supplied 154 ventilators, 50,000 protective masks and 40,000 items of personal protective gear, distributed to other government authorities (EUROMIL 2020c). The Swedish armed forces also supported other authorities with helicopter transport, ambulances, and with the construction of healthcare facilities (ibid.). The armed forces contributed ambulance units and personnel for the Norrbotten Region, Skåne, Stockholm and the Västra Götaland region, among others. Some national agencies (i.e., Swedish Agency for Economic and Regional Growth) received support from the military in the form of staff. Based on the available sources, we may conclude that the Swedish armed forces have mostly participated with equipment, whereas the number of military personnel involved is only small (Försvarsmakten 2020). "Overall, whilst the

[9] This does not imply that in the armed forces of the other countries included in the analysis the health of their own members was not important. Yet, Finland is a country with a conscript army and thus this aspect of the armed forces had to be mentioned.

pandemic revealed worrying gaps in Sweden's civil defence, little of this criticism has been directed at the armed forces themselves" (Jonsson 2020, 168).

In Slovenia, approximately 50 members of the national armed forces per day, totalling around 900 during the first pandemic wave, were involved in various tasks to support the Civil Protection and other structures during the epidemic (Slovenska vojska 2020). In cooperation with the Civil Protection, the Slovenian armed forces established an isolation and capacity area at the Role 2 LM Hospital in the Edvard Peperko Barracks in the capital city of Ljubljana. They also provided transport by trucks and buses, and delivered hot meals to selected civilian institutions and the Ministry of Foreign Affairs on a daily basis. The Slovenian armed forces established military mobile medical groups to support the activities of the consular service of the Ministry of Foreign Affairs with the task of checking the health status of individuals and groups brought to Slovenia by the Ministry of Foreign Affairs in an organised manner. Further, military aircraft to repatriate Slovenian citizens and evacuate infected and risky members of the SAF were used. As part of the assistance within the NATO alliance, a team of medical workers was sent to Eufor and to the NATO headquarters in Sarajevo (Gov.si 2020). Members of the armed forces were not used to monitor compliance with the quarantine or exercise control over the observance of curfew. Slovenian soldiers also did not guard the entrances to hospitals and other medical institutions, like in some of the other countries (Cigler 2020).

6 DISCUSSION: COMPARATIVE ANALYSIS

During this pandemic, the deployment of national armed forces has been widespread in different ways and on different levels. The analysis shows a very wide span of tasks performed by the armed forces. While army medical staff performing medical tasks or transporting medical equipment with strategic air lift capabilities seems understandable, the use of members of the armed forces to combat fake news and misinformation (like in the UK) or to deliver meals to families in need is more surprising. The analysis focuses on the pandemic's first wave when all countries found themselves unprepared to tackle a health crisis of this size. Use of armed forces for the purpose of 'fighting the virus' appeared in some of the countries to be very logical, since the armed forces form part of the states' crisis management systems. While in other countries, use of the armed forces was strongly opposed at the beginning but later, as the crisis worsened and health systems collapsed, armed forces were deployed.

The role of armed forces in the first wave of the COVID-19 pandemic may be summarised in five main areas: Logistics: tasks of transportation and logistics; Medical tasks/assistance to health systems; Police tasks: enforcing restrictions and border controls; Guarding tasks: guarding medical facilities and critical-structure institutions; and Research: using military capabilities to develop and produce own protection gear. This was also confirmed by several surveys mentioned in the article. The collapse of the health systems in most of the countries during the pandemic's first wave means that the use of the armed forces was an appropriate solution for the reasons presented in this article.

Table 1 displays a comparative view of the tasks and roles of the countries selected for the analysis. Countries in which special military operations for the purpose of the COVID-19 crisis were established are also marked in Table 1.

TABLE 1: COMPARATIVE VIEW OF TASKS PERFORMED BY ARMED FORCES IN THE ANALYSED COUNTRIES

Country	No. of troops deployed*	Special Mil Op	Logistics	Medical	Police tasks	Guarding tasks	R&D
Slovakia	1,940	YES**	YES	YES	YES	YES	NO
Czech Republic	941	NO	YES	YES	YES	YES	NO
UK	5,000	YES	YES	YES	YES	NO	YES
Finland	790	NO	YES	YES	YES	YES	NO
France	15,000	YES	YES	YES	YES	YES	YES
Sweden	Only a few	NO	NO	YES	NO	NO	NO
Slovenia	900	NO	YES	YES	NO	NO	NO

* Number of troops refers to the number of military personnel deployed during the first wave of the pandemic.
** The Slovakian special operation was a civil/military operation.
Source: Own analysis.

The most widespread use of armed forces was in logistics and transportation. Armed forces used their logistics and transportation capabilities for equipment, personnel, civilians, infected people, and to evacuate diplomatic staff. The second group of tasks performed by the armed forces are medical tasks. When the states' health systems buckled under the pressure, army medics stepped in. The armed forces mostly provided logistical assistance: in the first period of the emergency, the transportation of basic personal protective equipment such as facemasks was carried out by or under the armed forces' supervision through land, sea and air, ensuring the quickest and safest results. Countries in possession of strategic air lift capabilities relied on them to transport protective equipment directly from China, meaning they were not left dependent on commercial transport providers. Probably, the most unique task performed by the UK's armed forces in the COVID-19 crisis, compared to all the other countries analysed in this article, was the task of battling fake news and misinformation. No other armed forces were assigned the task of battling fake news or misinformation or were included in the civilian authorities for this purpose. A numerical comparative analysis offers interesting results that reveal how differently countries decided to burden their armed forces.

Armed forces were also widely used in other countries not included in our analysis. Large numbers of troops were engaged directly and not through special military operations, like in Spain, France and Italy. In Germany 32,000, Romania 14,000, Poland 9,000, Austria 3,000 and in Croatia 500 armed forces' personnel were deployed in the pandemic's first wave (EUROMIL 2020a). Denmark, Norway, Sweden, Finland and Iceland organised joint dedicated forces (Reuters 2020). Moreover, all three major powers – Russia, China and the USA – made extensive use of their national armed forces.

An additional task performed by armed forces and not directly connected with the COVID-19 health crisis, but which was a consequence of the declaration of states of emergencies in some of the countries, was guarding asylum centres and asylum seekers. In Serbia, for example, military police were mobilised to guard the asylum centres in which refugees were detained throughout the state of emergency. In Ireland and the Netherlands, it was also reported that asylum seekers were detained on military premises. The military was also deployed to protect the borders of several other countries: Greece, Croatia, Poland, the Czech Republic, Latvia, Lithuania, the Netherlands, North Macedonia, Austria, Portugal, Serbia, Slovakia and Slovenia. This also led to the involvement of the armed forces in migrant pushbacks and human rights violations, which raises several important issues for further research. With the widespread use and massive vaccination of the whole population, armed forces were also performing tasks in

support of the vaccine rollout, vaccine transportation and vaccine delivery. However, since our article is concentrated on the first pandemic wave in the spring of 2020 when COVID-19 vaccines were still not available, vaccine-related tasks were not included in the analysis.

7 CONCLUSIONS

The analysis reveals that the first assumption is wrong. Based on previous research and the data analysed, we note that it was not the international status of a country which influenced the scope of its deployment of the armed forces in this crisis. Table 1 shows no clear difference between NATO and non-NATO (neutral) countries. France, a NATO member, deployed its armed forces to perform tasks in all five categories, while Slovenia, also a NATO member country, used its armed forces 'only' for medical and logistic tasks. All the other surveys presented in the article also reached the same conclusion: a country's international status has not influenced the roles and tasks performed by the armed forces during the first wave of this health crisis. What distinguishes NATO countries from other countries, for example, is the common NATO action, which developed later as the COVID-19 pandemic continued, and not specific tasks.

The second assumption is confirmed, namely, it is very clear that armed forces were used to supplement the shortages in the healthcare systems. Armed forces were primarily deployed to provide medical, logistical and police-order functions in support of civilian authorities. Having proven powerful agents for pandemic preparedness and response, armed forces were capable of augmenting civilian efforts, contributing efficiently to the national pandemic response, and reducing the virus' negative impacts. Still, several challenges and drawbacks of the armed forces' involvement in tackling health crises must be considered. For example, the discipline of the armed forces can also lead to inflexible responses, particularly since fighting a health crisis is not their everyday task. Strict mandates and operating procedures can complicate their involvement. Using armed forces for this type of crisis can raise the risks of eroding preparedness for the core functions of national defence and war-fighting abilities. Yet, what is probably most important, deploying armed forces is a short-term solution. It should not substitute the building of civilian capacities to respond to large-scale health crises.

The COVID-19 crisis has served as a reminder for armed forces across the globe of the importance of building internal capacity to combat health crises, prompted in part by echoes of the influenza pandemic of 1918 that depleted military readiness by incapacitating soldiers, overwhelming medical facilities, and disrupting military operations and logistics. Although the data on infection rates and casualties among armed forces due to COVID-19 are incomplete, they indicate a need to ensure that armed forces personnel's valuable contribution to suppressing COVID-19 does not lead to any infringement of their rights or a worsening of the conditions in which they serve. Armed forces personnel must be properly equipped, not just to reduce their own risk of infection but to prevent them from becoming vectors of the virus (also see Glušac et al. 2021).

As the pandemic has progressed and numbers of infected and dead have escalated, three very important aspects of the armed forces in this pandemic have surfaced: First, the health and security of armed forces' members themselves; second, the impact of the COVID-19 pandemic on the performance of the armed

forces and third, (mis)use of armed forces under the 'umbrella' of declared states of emergencies for other purposes. These aspects were not the subject of our analysis and thus not included in the article. However, especially the second and third aspects will gain in importance once the pandemic is over, opening several future research possibilities.

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VLOGA OBOROŽENIH SIL V PANDEMIJI COVID-19

Čeprav pandemija COVID-19 ni kriza, ki zahteva uporabo vojaških sil kot glavnega sredstva za boj proti tej grožnji, je večina držav dejansko uporabila svoje nacionalne oborožene sile. Obseg uporabe se razlikuje in je odvisen od nacionalnega pravnega okvira, ki določa vlogo oboroženih sil pri kriznem upravljanju. V nekaterih državah so bile razporejene le redne sile, v drugih pa so bile aktivirane tudi rezervne sile. Vloga oboroženih sil se ni razlikovala le glede na vrsto oboroženih sil, ampak tudi glede na vrsto nalog. Kriza COVID-19 ni prva zdravstvena kriza, za katero so bile uporabljene oborožene sile. Izbruh ebole v letih 2014–2015 ponuja več pomembnih lekcij tako za oborožene sile kot za odločevalce. Članek temelji na analizi obsega uporabe oboroženih sil v pandemiji COVID-19 v sedmih državah med prvim valom pandemije na severni polobli v prvi polovici leta 2020 in problematizira vprašanje uporabe oboroženih sil v zdravstveni krizi, medtem ko avtorica identificira tudi izzive in koristi tovrstne uporabe oboroženih sil.

Ključne besede: pandemija; COVID-19; oborožene sile; zdravstvena kriza.

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