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EPIDEMICS AS POLITICAL EMERGENCIES IN DEMOCRATIC CONTEXTS. LEGITIMACY AND POLITICAL RESPONSIBILITIES CONCERNING NPI IMPLEMENTATION

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ABSTRACT. This paper aims to discuss pandemics and epidemics as political emergencies and the political implications of non-pharmaceutical interventions (NPIs). It argues that a comprehensive justification for NPI implementation necessitates not only support from the scientific community, but also a deep understanding of their ethical sustainability and moral fairness. The successful implementation of NPIs is also underpinned by political legitimation and fair attribution of political responsibilities and accountability. The paper will explore how such legitimation is attainable during public health emergencies that involve temporary suspensions of standard rules and norms in liberal and democratic regimes. It argues that the legitimation of extraordinary health policies is rooted in the impartiality of the measures, non-discriminatory nature, the transparency of the emergency procedure that led to their implementation, and the close relationship between authorities and the citizens they serve.

KEYWORDS: emergency, epidemics, non-pharmaceutical intervention, legitimation, democracy.

EPIDEMIJOS KAIP NEPAPRASTOJI PADĖTIS DEMOKRATINIUOSE KONTEKSTUOSE. NEMEDIKAMENTINIŲ INTERVENCIJŲ ĮGYVENDINIMO TEISĖTUMAS IR POLITINĖ ATSAKOMYBĖ

SANTRAUKA. Straipsnyje pandemijos ir epidemijos svarstomos kaip politinė nepaprastoji padėtis bei nagrinėjami politiniai nemedikamentinių intervencijų (NMI) bruožai. Teigiama,

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kad plačiam NMI pateisinimui reikalinga ne tik mokslinės bendruomenės parama, bet ir gilus jų etinio tvarumo ir moralinio sąžiningumo supratimas. Sėkmingos NMI taip pat remiasi teisėtu ir teisingu politinės atsakomybės priskyrimu. Straipsnyje aiškinamasi, kaip pasiekti tokio įteisinimo visuomenės sveikatos nepaprastosios padėties metu, kai liberaliose ir demokratinėse santvarkose laikinai suspenduotos įprastos taisyklės ir normos. Straipsnyje argumentuojama, kad nepaprastųjų sveikatos politikos priemonių įteisinimas neatsiejamas nuo priemonių nešališkumo, jų nediskriminuojančio pobūdžio, nepaprastųjų veikimo būdų įgyvendinimo skaidrumo bei glaudaus santykio tarp esančiųjų valdžioje ir piliečių, kuriems ši valdžia tarnauja.

RAKTAŽODŽIAI: nepaprastoji padėtis, epidemija, nemedikamentinė intervencija, įteisinimas, demokratija.

Introduction

The paper discusses the issue of political legitimation of non-pharmaceutical interventions (NPIs) such as school closures, limiting public gatherings, restricting visitors to long-term care homes, closing all but essential businesses, restricting recreational amenities, and imposing mandatory quarantine orders against specific individuals. The paper will argue that such legitimation is attainable during public health emergencies that involve temporary suspensions of standard rules and norms in liberal and democratic regimes. It will be argued that the legitimation of extraordinary health policies during health emergencies relies on: (a) the impartiality of the measures, which are not supposed to produce unintended or intended advantages for a specific group or class of citizens, (b) the reflexivity of the emergency procedure that has led to their implementation, and (c) the political proximity and reciprocal trust between executive powers and citizens.

In this regard, the paper will highlight the political responsibilities related to the implementation and outcomes of public health policies that may entail abuse of sovereign, disciplinary, and biopolitical powers. It will argue that the political responsibilities concerning the eventual failure of NPIs cannot be attributed to citizens. They always involve an *ex-post*-evaluation of authorities and executive powers choices considering the three forms of legitimation mentioned above.

In the first section, the paper will briefly describe the implementation of NPIs during epidemics and pandemics as an instantiation of sovereign, disciplinary, and biopolitical power.

The second section will explain why scientific and moral justifications for NPI adoption are insufficient and why a political legitimation of this particular health policy is required.

The third section will discuss whether a state of political emergency in democratic societies is consistent with the existence of democratic institutions themselves. The paper will argue that political emergencies in a democratic context can be managed insofar as exceptional powers of public authorities remain bound to a set of formal and informal norms, principles, and procedures that limit any abuse or illegitimate usage of emergency powers.

In the fourth section, the paper will describe the forms that political legitimation of extraordinary health policies can assume during states of emergency that affect liberal-democratic societies. This section will highlight how NPI legitimation should focus on impartiality, reflexivity, and proximity. It will also clarify how these forms of legitimation are essentially related to authorities' and governments' political responsibilities regarding outcomes and negative externalities of NPI implementations.

I. Non-pharmaceutical Interventions as Sovereign, Disciplinary, and Biopolitical Powers

This section does not aim to reflect on Michel Foucault's genealogy of power and its relation to the years of the COVID-19 pandemic, but to use Foucauldian conceptual tools descriptively and analytically. In this regard, Foucault's ideas can help us categorize very different forms of policies and public health strategies in a synthetic yet informative way. These different forms of power may not have been necessarily employed by sovereign states simultaneously. Nevertheless, they all undoubtedly emerge in different phases of the pandemic.

What forms of power are at play during crises involving epidemic communicable diseases and threats to public health? At least three forms of political power, widely discussed by Michel Foucault, can be identified: the sovereign power, the disciplinary power, and the biopolitical power. The state can employ its sovereign power to extend its legislative and juridical prerogatives, exercising the monopoly of violence in an extrajudicial way. In other words, the state can prohibit, punish, and exclude citizens through legal and quasi-legal regulations. The historical origins of such a form of power are strongly tied to the emergence of a particular communicable disease, leprosy. The latter disease is historically related to the creation of infirmaries, which public authorities started to use not only to isolate the sick but also to confine the poor, vagabonds, outcasts, and the mad. As Foucault states, the use of sovereign power enables governors and rulers to separate the healthy from the unhealthy, excluding the latter from the everyday social life of the community, and to grant public officers discretion in their duties (Foucault

2006: 6–43). Foucault does not understand “sovereign power” (Foucault 2006) in the sense of sovereignty, as discussed by Carl Schmitt.¹ He uses the term to refer to the absolute power of 17th-century monarchs, particularly in France. Absolute monarchical power is not restricted by constitution or legislation – it is power over “life and death,” as the monarch is free to decide which of his subjects may live or die. In the case of the COVID-19 epidemic, sovereign power was employed by authorities to promote local solutions against Sars-Cov-2 (in particular, the use of local medicines and therapies instead of Western treatments) or to introduce “enforcement officers” with special powers.

Another common form of power during epidemics and pandemics is disciplinary power. According to Foucault, such power was widely employed during the plague (Foucault 1995: 205–209). Disciplinary power is related to the emergence of the modern disciplinary industrial society since the late 18th century. It includes the famous panopticon, referring to power exercised in closed institutions such as prisons, mental hospitals, and factories, where subjects’ bodies are under constant surveillance and correction and where they are disciplined to ultimately internalize specific behavioral patterns and practice self-discipline. In this case, executive power can correct and reshape the behavior of the citizens through widespread social police monitoring and the measures such as quarantine, facility closure, sanitary cordons, travel restrictions, mandatory tests, and masks. Through disciplinary power, citizens are not excluded from social life according to the dichotomy of healthy/unhealthy. They become the central core of public policies that constantly modify individual and collective behavior and social practices.

Finally, state power during the COVID-19 emergency took the shape of biopolitical power (Foucault 2007: 54–86). Biopolitical power partly coincides with disciplinary power, as it refers to the interest of modern governments in controlling the biological functions of populations such as health, heredity, reproduction, and sexuality. However, unlike disciplinary, biopower aims to positively influence the lives of people and citizens by, for example, optimizing medical services, promoting healthy behavior, and organizing public administration to enhance population’s safety and security. During the pandemic years, local governments exercised biopower through NPIs and surveillance policies to monitor the epidemiological diffusion of

¹ For advocates of decisionism like Schmitt (1976; 1985a; 1985b), concepts such as state neutrality, rule of law, or separation of powers weaken state power and are therefore of little relevance. The essence of sovereign power is not merely to identify urgencies but rather to define what constitutes an essential threat to the state and, thus, to determine when a state of exception arises. Schmitt argues that political sovereignty – whether it resides in the absolute monarch or the people as a whole – cannot ultimately be restricted by a constituted political order, as this would contradict the concept of sovereignty. The sovereign can suspend the constituted order at will, without needing rational or ethical justification for this suspension. As long as sovereign power exists, the state of exception always remains a possibility.

Sars-Cov-2 and its variants, which citizens rapidly adapted to. Mandatory tests in case of travel or symptoms appearance, the comprehensive employment of COVID certificates, and compulsory quarantine of travelers are clear examples of biopower. These measures targeted the population to optimize positive epidemiological outcomes for pandemic mitigation and monitoring of virus circulation.

At the same time, all these powers can be employed abusively. The extrajudicial use of sovereign power in implementing NPIs against COVID-19 became evident though the police's enforcement approach, characterized by overzealousness, humiliation of citizens, and arbitrary arrests.

Who are the political agents responsible for implementing and using these forms of power? What justification can be provided for these actions? The evaluation of these uses of power can be scientific, moral, and political. The next section will explain why scientific and moral justifications, while necessary and even desirable, are insufficient for defining the political responsibilities and legitimation required for implementing NPIs.

II. Science and Morality: Necessary Justifications, Lack of Political Responsibilities

From a scientific perspective, it is always necessary to remember one fact: science provides data. Politics and decision-makers set the objectives, which then determine what is considered right or wrong and which policies should be implemented. Therefore, political responsibility in epidemics and public health emergencies cannot be attributed to members of the scientific community. Such responsibility involves setting policy objectives and implementing remedial justice in accordance with the value of a democratic system that focuses on public health and individual well-being. Science can only evaluate political decisions in a state of emergency in terms of the social benefits and damages they cause. Therefore, science can only falsify a political option at most. In other words, science can suggest to politics what not to do, as solid scientific truth always justifies the right.² Even if a political act respects the will of the majority, it is not legitimate if it is falsified by science. However, science cannot dictate what politics should do. Science is unlikely to have the predictive tools necessary for understanding the future evolution and development of unforeseen or unexpected emergencies. In the case of the COVID-19 pandemic, the lack of robust scientific evidence concerning the nature and pathogenicity of the virus, as well as the effects and consequences of NPIs' implementation, significantly limited

² For further discussion on this topic, see Owen et. al. 2012; Vineis and Savarino 2021: 141.

science's ability to proactively suggest actions. However, science did have enough evidence to suggest potential negative externalities of prolonged NPIs, such as the negative impact of school closures on the education of the younger populations (Brummet 2014). In this regard, it is possible to assert that science is responsible for informing decision-makers about possible emerging scenarios and suggesting policies designed to mitigate the negative effects of a disaster. At most, science should suggest what not to do and challenge the legitimacy of policies that go against scientific evidence. In this respect, it seems, at the very least, inappropriate to view science as a new form of theological and religious power, as Giorgio Agamben did (Agamben 2020). Any improper use of science (and especially the term "science") during the most severe phases of the COVID-19 pandemic was a misuse for which the media, communication professionals, and politicians are responsible.

From a moral perspective, it is possible to consider Naomi Zack's framework as adequate for discussing the nature and distribution of moral responsibilities in disastrous events and exceptional circumstances (Zack 2009; 2021). According to Zack, the unpredictable nature of any disaster and its concrete details prevent the development of universal lists of dos and don'ts applicable to all disasters. More importantly, disasters such as hurricanes, earthquakes, floods, epidemics, and pandemics reveal an essential moral fact. Emergencies and disasters do not necessitate a unique moral paradigm that can perfectly fit the exceptional situation and state of exception. Zack seems to suggest that all the moral paradigms we need for identifying and defining the duties and rights of institutions and citizens in disaster situations, along with their moral responsibilities, are already embodied in our liberal and democratic institutions. In emergencies, where there is no time or space for prolonged deliberation, we clearly encounter the contradictory and often conflicting nature of the different moral systems we normally accept and use in everyday life.³

Such a moral pluralism concerning the principles of actions in different circumstances is testified by the essential and inherent contradictions within our public and political institutions. The Universal Declaration of Human Rights, for example, acknowledges the moral fairness and legitimacy of conflicting categories of rights. On the one hand, the chart recognizes the validity of liberty rights, that is, negative rights *not to be* subjected to an action of the state or other citizens.⁴ On

³ The conflicts between moral systems of consequentialism and deontology may result in incompatible general principles of action. While consequentialism appears practical, deontology aligns more closely with widely held moral views, such as the moral principle that we may not harm one another (Zack 2009: 125).

⁴ Article 19, for instance, establishes that freedom of speech and opinion is inviolable, while Article 17 says private property is a sacred right.

the other hand, it also recognizes the pivotal social role of welfare rights as a system of rights subject to state action.⁵

The Declaration of Human Rights thus illustrates how existing democratic and liberal institutions embody a plurality of moral sources and normative guides for practical action, often in conflict with each other. In the face of this issue, the solution proposed by Zack is not developing a moral viewpoint stronger than the ethical paradigms that are typically acceptable in non-emergency situations. In fact, creating a moral code for emergencies that differs entirely from the moral paradigms we rely on in everyday life seems unlikely. Disasters can harm human dignity in ways that are not covered by existing legal response policies. In doing so, they might over-exceed the disaster ethics designed to address exceptional emergencies. Finally, we must consider that disasters tend to have a more severe and profound impact on disadvantaged social groups. The biases perpetuating social injustices during normal times do not change easily and may be reflected in disaster preparation and responses based on an exceptional moral code for disaster. In light of these considerations, according to Zack, a possible answer is the opportunity to evaluate case-by-case, employing paradigms that fill in gaps left by consequentialism and deontology. Virtue ethics, for instance, offers a viable moral perspective that addresses moral questions left unanswered by consequentialism and deontology. The recognition paradigm can be employed to clarify intersubjective and collective responsibilities related to NPI implementation in health emergency situations (Piroddi 2022).

A moral code for disaster ethics can outline some rather general dos and don'ts that always have to face the unique and peculiar character of each disaster, which always requires an *ad hoc* response. Governments have a moral obligation to both plan for and respond to disasters. In doing so, they must improve life for those governed in normal times and assist individuals during disasters until their services are disrupted:

The moral system applied to disaster planning and response ought not to violate broad consensual intuitions about what human beings are permitted to do to one another in normal times. Moral decisions for probable or instant disasters require broad public discussion. Practices that are not egalitarian due to limited resources must be fair. The best principle of disaster planning is Fairly Save All Who Can Be Saved with the Best Preparation (Zack 2009: 126).

⁵ For instance, article 25.1 states that everyone has the right to a standard of living adequate for health and well-being, including food, clothing, housing, medical care, necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other situations beyond one's control.

This general perspective on disaster ethics outlines the moral criteria that should govern the implementation of the three forms of power that governments and states can use during health emergencies. Sovereign power, disciplinary power, and biopower should be employed to save all who can be reasonably saved, while balancing between prudence and proportionality (Flood et al. 2020), respecting human dignity, and considering the specific needs of citizens with different socio-economic profiles.

However, this is a moral answer that pertains to justice. The question concerning the political responsibility behind implementing NPIs is a matter of legitimation. While moral justice involves issues such as fairness in redistribution and equality of opportunities and treatment, political legitimation concerns the analysis of procedures and mechanisms that ensure the lawful exercise of political power. In the following section, I will try to specify what forms of political legitimation and responsibility are involved in epidemic disasters and health emergencies.

III. Political Legitimacy Are States of Emergency and Democratic Societies Compatible?

According to Pierre Rosanvallon, throughout history, democratic legitimacy has rested on two main pillars: universal suffrage and public administration (Rosanvallon 2008). The first element has traditionally been considered a source of legitimacy as a product of the general will that is supposed to lead the actions of every democratic government. Public administration was supposed to embody the structures that would guarantee the continuity of the realization of the general interest and the common good of a democratic society. For Rosanvallon, such forms of democratic legitimation have become weaker and weaker over the years due to significant changes in the composition and form of democratic societies. First, the idea of legitimacy based on the general will produced by universal suffrage has been eroded by the growing complexity of societies where “societies increasingly understand themselves from the point of view of the minority” (Rosanvallon 2008: 4).

Second, the electorate today tends to vote to confirm or disqualify an executive based on its ability to realize electoral promises, sometimes playing to the lowest common denominator of its voters. On the contrary,

During the “classical” age of the representative system, elections offered an indisputable mandate granting free reign to those who governed. Disciplined organizations, clearly defined programs, and strong partisanship generated a predictable universe that inscribed future political decisions in a well-organized electoral process. This is no longer the case (Rosanvallon 2009: 21).

Third, the idea that a public administrative apparatus can always function properly and contribute to the realization of the common good and general interest of the public is less appealing today. The contemporary world has become so complex that it is unlikely that bureaucratic systems can easily contribute to solving problems such as climate change, transnational migration, and the emergence of pandemic diseases simply by their neutral procedures. The technocratic cast of public administration found itself incapable of governing reality and realizing the collective good in an increasingly unpredictable world, full of sophisticated technologies and multifaceted problems, inhabited by diverse and inhomogeneous groups with a myriad of conflicting interests.

Rosanvallon notes that the decline of traditional forms of legitimacy goes hand in hand with the emergence of new mechanisms of political legitimation based on a different way of realizing ideas of generality, universality, and the common good embodied in public administration and universal suffrage. These new forms of democratic legitimation are impartiality, reflexivity, and proximity.

Impartiality is a form of negative generality that imposes on democratic institutions the duty to realize policies that do not advantage or privilege particular groups or individuals. Such a form of legitimation is realized through surveillance and regulation organisms that oversee an elected power's activities. Reflexivity realizes generality by multiplying the expressions of sovereignty and acknowledging that the will of an electoral majority can produce detrimental political outcomes for minorities and, sometimes, for the collective good and general interest of a democratic society. For instance, constitutional courts that check the constitutionality of laws and policies approved by a political majority fulfill such a form of legitimation.

Finally, the proximity consists of a state of realized generality through the descent of those who exercise political and executive power in the multicolored and multifaceted dimension of contemporary societies' different needs, interests, and claims. Proximity means recognizing the specificity of all social singularities and paying attention to the particularities that inhabit society. In this respect, for Rosanvallon, proximity is realized when the political representatives of the citizens show empathy for their specific needs and claims and are available for open confrontation, listening, and acceptance of criticism from a bottom-up direction (Rosanvallon 2008: 203).

The point that is useful to highlight is that, in situations of emergency, when political decisions and actions cannot involve standard parliamentary procedures and robust public debate, grounding emergency policies in impartiality, reflexivity, and especially proximity might be pivotal for their legitimation. The political legitimacy of emergency measures enacted by the leadership of a country can

subsist (be they imposed through coercion or merely suggested) until, on the one hand, such exceptional policies benefit from legitimacy in terms of impartiality, reflexivity, and proximity and, on the other hand, citizens have the psychological and material strength, as well as the civic will, to enact them.

However, how can a set of liberal and democratic institutions, based on the ideas of the rule of law, decentralized power, checks and balances, survive without centralizing power and limiting individual and civil rights? According to Nomi Claire Lazar, a theoretical clarification of such an issue is possible if we accept the idea that “order is not a special concern in times of emergency; it functions as a value beyond these exceptional circumstances” (Lazar 2009: 81). Order is, in fact, one of the many values that regulate liberal-democratic institutions. Still, it deserves special attention as its implementation allows the realization and maintenance of civil, social, and political rights. Security, collective rights of Indigenous people, affirmative rights (public health, education, welfare, etc.), and cultural pluralism are not liberal rights, strictly speaking. Analogously, order is not a liberal right either. It is a political-ethical value that aims to guarantee the existence of political systems. A rights system based on both negative and affirmative rights would cease to exist if the state and population were constantly threatened. For Lazar, we should accept as a matter of fact that liberal and democratic institutions are ruled by a diversity of values, which can also enter into conflict with each other. If so, we should also accept that political actions based on the idea of guaranteeing order do not require a conceptual dichotomy between normality and exception to be understood and legitimized. What is necessary to understand, for Lazar is that order and rights are not mutually exclusive but essentially imbricated:

Without rights, liberal democratic order would be contentless, and without order to describe rules and their enforcement, rights would be potential only. Even the capacity to exercise rights grows out of membership in a community (Lazar 2009: 98).

Roberto Esposito made very similar points, explaining very precisely the distinction between state of emergency and state of exception (Esposito 2022). The state of emergency aspires to reestablish and reconstitute normality interrupted by a state of necessity. The state of exception aims to destroy and infringe upon the accepted political order and establish a new one. In addition, states of exception are generated by an act of will and a voluntary decision. In light of this distinction, according to Esposito’s perspective, policy choices focused on protecting the population and public health should not be seen as illegitimate acts of willpower. They are legitimate political decisions aimed at minimizing existential risks for citizens, threatened by an external biological entity that also imperils the

stability of the political order. Briefly, states of emergency tend to protect, while states of exception imply aggression and destruction of established order. In this regard, Esposito highlights how the main danger related to implementing states of emergency is not an authoritarian or totalitarian degeneration of democratic institutions. The real political risk is the emergence of technocratic powers and the reduction of the space of politics.

Also, Lazar acknowledges that there are circumstances where exceptional political powers can be exercised at the expense of the normal political life of a community (Lazar 2009). Nevertheless, exceptional powers are not limitless; legal boundaries and measures that disincentive the abuse of extraordinary powers are required in democratic and liberal institutions. The maintenance of the state in a functional form (i.e., respecting the divisions of powers) or the focus on the public reputation and liability of those who exercise emergency powers are examples of constraints over political figures that are called to command during emergencies. In addition, constraints to emergency powers take not only the shape of formal laws and principles; they also rely on non-institutionalized but legitimate political acts, behavior, and customs that constitute the topography of a specific political community. Informal political agencies, like political opposition claims and bottom-up criticisms by citizens, can limit exceptional emergency powers and impose some accountability on those who exercise them. Lazar also identifies a set of normative and procedural principles that we should consider. The first one is the necessity principle, which forces governments and decision-makers to explain convincingly why citizens should accept the operationalization of emergency powers. The second one is the urgency-and-scale principle, which should push political actors to evaluate the scale of the threats against the order and the degree of urgency related to the threats against the state's existence. Third, a mechanism of after-the-fact accountability needs to be implemented, considering the broad restrictions to the public debate that can be enacted during emergencies. In this respect, if emergency circumstances impose on ruling institutions and political actors the need to act extra-legally, going beyond the rule of law, the bearers of exceptional powers must be held accountable after the emergency is resolved. In light of these considerations, Lazar concludes that

states of emergency are clearly not states of exception in practice. A wide range of normative constraints can be brought into play in crisis conditions and hence any 'moment of exception' is a normative choice, not an existential fact (Lazar 2009: 154).

The criteria enlisted by Lazar are fundamental for providing a political normative framework that limits and controls the misuse of extraordinary

political powers in circumstances of emergency (Lazar 2009). Nevertheless, the particular nature of the NPI enacted by national states during the COVID-19 pandemic requires further specification of the principles identified by Lazar. NPI implementation requires political considerations concerning the effects of sanitary measures, standard and equal in theory, on societies characterized by meaningful socio-economic asymmetries. It requires reflecting *ex post* on the political reasons that have compelled the executive powers and political representatives to define a disaster as a political emergency. It requires considering the capacity of those in governance to perceive and take into account the feelings and needs of citizens who are compelled to adopt physical and social distancing practices, which significantly impact everyday interpersonal and social relations.

The next section will describe the forms that the political legitimation of NPI can take and will attempt to explain the specific nature of the political responsibilities related to NPI implementation.

IV. Political Legitimation of NPI: Impartiality, Reflexivity, Proximity

In the following pages, I will argue that during a public health disaster that triggers a situation of political emergency, the political legitimacy of NPIs can be grounded in the principle of the impartiality of the public health measures, the reflexive balance between the precautionary principle and the proportionality principle in their implementation, and the proximity between executive powers and citizens subjected to the measures. In this regard, if non-pharmacological interventions are unsuccessful, the responsibility for the failure cannot be determined solely according to causal or moral criteria.⁶ Political accountability is pivotal in emergencies triggered by disasters, even if discussed *ex post* (see Mac Donnell 2020: 147–157). It is crucial because the enactment of extraordinary policy to preserve the state's existence always implies a potential weakening of liberal values, civil and social rights, and the democratic life of the society. In the case of NPI implementation, political responsibility is related to the government's capacity to do all possible things to guarantee the population's safety and realize the public interest and common good. The moral responsibility that citizens share as individuals is to do their best to protect their peers. They cannot be blamed for their causal role in spreading the infection (Matose & Lanphier 2020: 169–172). If non-pharmaceutical measures fail their purpose, the political responsibilities behind the negative outcomes of

⁶ For the distinction between causal and moral responsibilities, and the distinction between backward-looking and forward-looking responsibilities, see Miller 2001.

their implementation need to be investigated in terms of impartiality, reflexivity, and proximity.

Legitimation by impartiality. This form of legitimation is achieved when policymakers and governments recognize that measures like social distancing, school closure, and remote work affect people with different social statuses and economic conditions in very different ways (Venkatapuram 2020: 280–286). Migrant workers in multigenerational households and overpopulated neighborhoods do not have the same material opportunities to implement efficient social distancing as affluent families living in spacious villas near the countryside. In the case of radical school closure, distance learning is affordable for teenagers living in optimal conditions, but it can cause significant learning loss in kids under K-12 (Larsen 2020). Universal and homogeneous non-pharmaceutical interventions are often not tailored to the specific needs of multifaceted societies, which are characterized by various injustices and inequalities. This is why they might end up reinforcing social marginalization, conditions of extreme poverty, and domestic violence against children and women (Li et al. 2023). Without precise implementation that considers the particular composition and nature of society, NPIs will likely lose the character of impartiality they have on paper. Thus, to guarantee legitimation based on impartiality, executives and decision-makers need to counterbalance the negative externalities produced by non-pharmaceutical interventions with retributive policies. The latter should aim to repair the psychological, social, and economic harms produced by interventions that are effective in curbing the spread of infections and reducing the stress of public health systems. Political responsibility partly entails the ruling class' incapacity to assess the NPIs' socio-economic sustainability and their impact on differentiated and unequal societies.

In addition, it is crucial for policymakers to impartially explain to citizens why a disaster like a pandemic necessitates the invocation of emergency powers and circumstances. Whether a pandemic is categorized as a disaster is not only a political question; it is also a question of prevailing epidemiological, economic, and other expert discourses that politicians must employ to substantiate their claims that the situation has the character of a disaster.

In contrast, whether or not such a disaster is regarded as an emergency is, above all, a political issue. Generally, it could be argued that, in a democratic context, establishing whether a disaster can be considered an emergency—and when emergencies start or end—is the outcome of a process of discussion, bargaining, and mediation between different agents in the political and public spheres: scientists, politicians, attorneys, decision-makers, media. First, the same data can

be interpreted differently, leading to disagreements about the best way to evaluate a pandemic's impact. Is mortality excess a good indicator? Or should we focus more on hospitals' capacity to sustain an infection wave with a critical number of patients in need of medical care? Second, these questions cannot have a scientific answer. For instance, how does a health emergency end? Is there a way to establish an exact moment regarding this? The conclusion that a health emergency is over appears to be an administrative-political issue as well. When data concerning infections, excess deaths, and hospitalizations become stable, they may suggest that the epidemiological emergency is gradually normalizing. Ultimately, the final decision to declare that the health emergency is over is political in any case.⁷

It is reasonable to assert that disasters related to epidemic diseases, for instance, might be regarded as necessary conditions for implementing extraordinary public health policies like NPIs. To some extent, as Oberman (2022) points out, it is undeniable that, in some cases, viruses can limit citizens' negative freedom (simplifying: the absence of external constraints). A severe flu, for instance, can force us to stay in bed against our will instead of going to the gym. Epidemics of communicable diseases can also compel the most vulnerable citizens, i.e., those belonging to at-risk groups, to limit or reduce drastically their participation in social activities that are typically accessible to them.

Sometimes, the scale, social impact, and pervasiveness of such phenomena impede the state and public authorities from protecting the safety and security of their citizens through normal means. In theory, it seems possible but mostly unlikely that an epidemic disease could lead to a total collapse of state and society. This could occur in cases of limited economic resources that negatively affect the recovery rate related to the disease (Gadzha et al. 2021).⁸ In some other cases, historical evidence suggests that communicable diseases can produce adverse outcomes in activities involving the monopoly of violence, like warfare, indirectly threatening the existence of states and nations.⁹

⁷ The political nature and value-laden definition of epidemics and pandemics as political emergencies is also reflected in the scientific and political debate concerning the epidemic or endemic nature of COVID-19 nearly four years after its appearance. Even the term "endemic" is a scientifically contested concept, often imbued with social and political representations and values. For more on this topic, see Steere-Williams 2022; Nerlich & Jaspal 2023.

⁸ From an empirical and historical point of view, it is acknowledged that epidemics and pandemics can cause significant leveling effects on income and wealth distribution due to their impact on population and demographic fallout (Scheidel 2017: 291–342). There is also sufficient evidence suggesting that epidemics are strongly correlated with phenomena such as violent (plague, cholera, Ebola) or mild (syphilis, Spanish flu, HIV) social turmoil and scapegoating against minorities and vulnerable social groups. These phenomena can generate disorders that destabilize the state and societies affected by epidemic diseases (Jedwab et al. 2021)

⁹ For instance, Napoleon's 1812 campaign, which "demonstrates the capacity of warfare to unleash epidemic diseases by creating precisely the sanitary and dietary circumstances in which they flourish.

In the case of the COVID-19 pandemic, the reasons that prompted many democracies to enact strict and quick NPIs were primarily twofold: the high average age of the population (in the EU, the median age is 44.4) and the incapacity of healthcare systems to bear the impact of an infectious disease that can be rather dangerous for elderly individuals. The combination of these two factors, along with the eventual collapse of the public health system in the absence of therapies, vaccines, and sound knowledge of the pathogenic nature of CoV-Sars-2, could have triggered a deep systemic crisis in our societies. Such conditions and risks, which were decisive in Europe for the implementation of exceptional health policies, would not have been as relevant in other countries, for instance, such as those with a different demographic structure, like countries where the average age of the population is lower than that of Europe.

Legitimation by reflexivity. The main problem in this regard is that deliberative democratic institutions do not function properly during fast-moving disasters. Under normal circumstances, governments have the time to gather social science evidence before enacting and enforcing laws, allowing for the reconciliation of any conflict between civil liberties, democratic deliberation, and public health. As we saw in the initial phases of the COVID-19 pandemic, exceptional circumstances force governments to make urgent policy maneuvers that impact civil liberties amidst a vortex of uncertainty: no prolonged deliberation and no legislative debate; actions are taken on the basis of executive orders pursuant to emergency legislation (Colleen et al. 2020).

Thus, the implementation of NPIs requires a reflexive institutional effort. Constitutional courts play an essential role during emergencies, as they can correct excesses, biases, and shortcomings of decisions made under pressure by the executive. Against the immediate choices of the majority supporting the government, constitutional courts can push those holding extraordinary powers to rethink their decisions in light of the previously expressed general will embodied in the constitution. In other words, they can urge the executive power and decision-makers to find a better balance between proportionality and prudence, between negative freedom of individuals and the right of the state to promote the community's collective interests, and between adequacy and fairness.

It also illustrates that the causal chain could operate in the opposite direction – in other words, that disease can determine the course of war. In Russia, dysentery and typhus combined to annihilate the largest military force ever created and to award victory to Tsar Alexander. Just as yellow fever in Saint-Domingue stopped the westward expansion of Napoleon's empire, so dysentery and typhus halted its advance to the east. Indeed, the two diseases played a major part in causing regime change in France. After the Russian fiasco, Napoleon was permanently weakened and never able again to construct an army of comparable power” (Snowden 2020: 166).

In emergency circumstances, executive powers and decision-makers must weigh the balance between the precautionary and proportionality principles. According to the precautionary principle, measures that preserve the safety and security of the population should be implemented to protect against risk, even if there is uncertainty regarding the benefit of the measures or the level of risk. If such actions are subject to criticism, the burden of proof regarding their harmfulness rests on those who argue against the measures. Conversely, the proportionality principle dictates that restrictions on freedom of assembly, mobility, and religion to ensure order, safety, and security should always be minimally intrusive and proportionate. According to the proportionality principle, executive power is responsible for demonstrating how “pressing and substantial” a threat must be to justify interference with protected rights and freedoms. In a health emergency situation, “as the scientific uncertainty reduces and we have a better understanding of the nature, severity, and extent of the threat, there may be opportunities to strike a better balance between public health measures and rights and freedoms” (Colleen et al. 2020: 262).

In this respect, political accountability concerns the absence of legitimation as reflexivity. Executive powers and authorities can be held responsible for not adequately assessing the balance between the proportionality and the precautionary principle, between the need for order and the necessity to preserve liberty and the rule of law.¹⁰

Legitimation by proximity. The reciprocal trust between citizens and their representatives in parliament and the government is essential for the normal functioning of democratic life. During a disaster or an emergency, the relationship of political recognition based on reciprocal trust and respect among these subjects becomes even more critical.

In fact, democratic will-formation is the only sociopolitical sphere where a collective self-reflective process constitutes the main core activity. In the democratic sphere of will-formation, cooperation consists of a dialogue between rational agents and a reciprocal exchange of arguments that aims to find common ground

¹⁰ For instance, a study by Clodfelter et al. (2022) found that From March 1 through August 31, 2020, courts played a role in reviewing COVID-19 mitigation measures to determine compliance with national and international legal standards. The judicial opinions collected and coded in this study provide global examples of the legal challenges that arose when using existing laws to address COVID-19, a novel outbreak. These challenges included issues such as the lack of authority to issue mitigation measures, conflicts between mitigation measures and other national and international laws, and difficulties in the implementation or enforcement of mitigation measures. The judicial opinions underscore the need for increased public health law capacity to ensure that mitigation measures can be drafted, implemented, and enforced in accordance with national and international legal requirements.

for resolving the challenges and problems of a specific political community. Nevertheless, on the one hand, the participation of all interested agents in the process of will-formation depends on the amount and quality of the freedom and emancipation they enjoy in the spheres of family and the labor market. On the other hand, democratic will-formation implies an individual availability to take part in the discussions concerning the possible solutions to the sociopolitical problems of a given political community. Citizens participate in democratic discussions because of a sense of belonging, often still related to a national community.

In health emergencies where rigid NPIs are applied, governments and executive powers must show heightened perceptiveness towards citizens. During crises generated by disruptive events like fast-moving epidemics and pandemics, governments are forced to make urgent policy maneuvers that do not allow for prolonged deliberation or legislative debate. In such situations, bottom-up political participation of citizens around political choices concerning extraordinary public health policies is almost impossible. Meanwhile, NPIs resemble instances of sovereign (i.e., closing border), disciplinary (i.e., masks mandates and quarantine), and biopolitical power (i.e., at-home COVID tests) that, in principle, would require relatively solid political legitimation to be applied within a context of liberal and democratic institutions, and even stronger social solidarity to be realized successfully.

Considering that, in these circumstances, legitimation through voting and general will-formation is difficult, if not impossible, it is essential for those holding executive powers to seek legitimation through proximity. In this respect, the wide circulation of clear information concerning the limits, rationale, and justification of the policies is crucial for reinforcing the reciprocal trust between citizens, authorities, and executives. Introducing mechanisms and procedures that allow citizens to produce feedback on the costs and compliance of public health policies is important as well. Such bottom-up tools would provide valuable indications concerning the effectiveness of NPIs and help create a channel for giving citizens a voice in conditions where standard democratic procedures and practices are temporarily suspended. Moreover, implementing such measures would constitute a concrete gesture of respect toward citizens who expect to be trusted and empowered by their leaders and representatives, especially in times of peril and uncertainty.

This latter aspect deserves further elaboration. Axel Honneth's ideas are relevant here, as they emphasize the expressivist feature of interpersonal and social recognition dynamics (Honneth 2007: 328–336). Properly recognizing someone means tangibly expressing love, esteem, or respect for others. These forms of recognition remain incomplete if they are not expressed through individual actions and collective practices that confirm to recognition recipients that they are worthy

of care, appreciation, and respect. Similarly, movements and gestures can also be considered practical means for expressing anger, resentment, and disappointment in cases of misrecognition or poor recognition. Analogously, in emergencies, non-compliance with NPIs might possess an expressivist meaning. Collective non-compliance is often related to public fatigue when implementing NPIs, which cannot be sustained indefinitely. Fatigue can emerge as NPIs make important social relations impracticable and are perceived, in some contexts, as imposed behaviors that violate our personal freedom if extended for too long. Non-compliance could also indicate that citizens feel authorities are not sufficiently responsive to their needs, do not trust them, or that there is a general decline in trust in government and public management.

In the absence of time and space for adhering to ordinary democratic procedure, the ruling class and government have a political duty to evaluate all the factors and signals that foreshadow meaningful surges in non-compliance among citizens, explain the situation in terms of uncertainty, and take care of communication, which is directly linked to the level of public trust. Distrust determines a lack of compliance, undermining the ability to implement NPIs effectively.

Political responsibilities related to NPI failure could therefore be tied to a lack of legitimation through proximity. This failure might result from the ruling class' incapacity to assess citizens' level of trust, psychological resilience, and the political inability to maintain and nourish trust relationships. For example, a controversial event like the *Partygate* scandal involving former UK Prime Minister Boris Johnson can irreversibly damage the reciprocal trust between political representatives and citizens. Another lack of proximity can result from the substantive and procedural instruments authorities choose to employ in implementing policies (Howlett & Giest 2013: 22–23). A government might attempt to educate and train the citizens or resort to misleading information and propaganda. It can use its authority to sign agreements and treaties that support policies or to ban groups and associations that could oppose them. It may choose to be transparent about policy implementation or opt for information suppression. The extensive use or abuse of negative substantive and procedural instruments can result in a lack of legitimation and eroded trust.

Pandemic fatigue can sensibly undermine public trust in executive power and decision-makers, weakening compliance with non-pharmaceutical measures and undermining the political legitimacy of emergency measures (Jørgensen et al. 2022). Nevertheless, flaws in creating political legitimation through proximity can exacerbate fatigue and make it irreversible, undermining the collective coordination needed to make NPIs efficient. That is why one of the most important political responsibilities of those in power is to consider signals and feedback from public

opinion while NPIs are in force. Signs of collective intolerance, psychological suffering, and resentment should not be stigmatized hastily. On the contrary, they impose on authorities the political duty of showing openness and responsiveness, critically addressing the level of impartiality of their policies' effects in highly unequal societies, and reflexively considering opportunities to strike a better balance between prudence and proportionality.

Conclusions

The preceding pages have attempted to explain why, in circumstances of crisis and the potential collapse of state and society due to epidemic disasters, non-pharmaceutical interventions that seem inconsistent with democratic and liberal values and norms can still be legitimate. The paper has also explored what this legitimation of public health policies entails. In this regard, it has emphasized how emergency health measures must always be tailored to the specific emergency context in which they are applied, showing characteristics of impartiality (they should not favor any particular social groups), reflexivity (NPI implementation should always balance the precautionary principle with the proportionality principle), and proximity (their execution should be grounded in reciprocal trust and open communication between public authorities and citizens).

Considering the democratic framework in which they are intended to be enacted, these forms of legitimation appear to be the minimum conditions that extraordinary measures like NPIs must fulfill to minimize and mitigate situations of domination and oppression. Legitimation based on reflexivity, impartiality, and proximity guarantees the minimization of arbitrariness in the use of extraordinary powers related to NPI implementation. It also reduces injustices towards vulnerable groups that might be unintentionally harmed by such policies and diminishes the top-down dependency between executive powers, authorities, and citizens. The latter must always be capable of expressing their discontent, fatigue, and suffering. This is especially important in situations of emergencies, where collective coordination and solidarity are essential to successfully implementing policies based on voluntary cooperation (Piroddi 2022).

In this regard, the paper assumes a position that is less pessimistic and radical than those of Giorgio Agamben (2020) or Bernard Stiegler (2021). It is hard to see how a democratic polity could do without some provisions for a state of exception in the case of national emergencies, even though this balance will always remain delicate. Agamben argues that states of exception in democratic contexts create a "vacuum space of law", "a zone of anomie in which all legal determinations are

deactivating” (Agamben 2005). These pages have sought to explain how robust democratic institutions and societies have the proper political antibodies to prevent the degeneration of democratic life into forms of totalitarian power.

In light of these considerations, this paper could be seen as partially in line with the idea proposed by Jürgen Habermas in a widely discussed article published in Germany in 2021. In his piece, published in the journal *Blätter*, Habermas argued that in times of crisis – such as those generated by COVID-19 – there can be tension between citizens’ duty to act collectively and the system of civil rights protected by many constitutions (Habermas 2021). According to Habermas, in states of exception, the duty to preserve the collective health of the population overrides the constitutional obligation to respect individual civil rights. For Habermas, public health is a material and necessary precondition not only for the proper functioning of democratic systems but also for individuals’ capacity to benefit from their civil rights. During emergencies, it is necessary to achieve collective goals with exceptional political measures, which requires prioritizing these goals over the legal system that guarantees our subjective freedoms.

This paper acknowledges the argumentative force of Habermas’ position. Nevertheless, it argues that the legitimate use of special political means to achieve collective goals in emergencies is not a blank cheque in a democratic context and, unlike Habermas’ article, seeks to nuance this aspect.

Finally, the paper emphasizes the importance of political accountability for decision-makers and executive authorities when discussing responsibilities concerning potential failures and adverse outcomes of NPI aimed at mitigating epidemic diseases. The responsibility for a potential mass-scale failure of such measures cannot be attributed to citizens, who are morally responsible only for doing their best to protect their fellow citizens (Piroddi 2022). Instead, *ex post facto* evaluation should target governments and public authorities, who possess the legal, institutional, and political tools to exercise power in ways that could harm or undermine the rule of law and the normal democratic process. Prioritizing the evaluation of the political responsibilities of executive powers and decision-makers over those of ordinary citizens is also a form of collective protection in a democratic context. In fact, it may serve as a deterrent against potential abuses of civil, social, and political rights that could occur during the implementation of emergency policies.

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References

- Agamben, G. 2005. *Profanazioni*. Roma: Nottetempo.
- Agamben, G. 2020. "The invention of an epidemic", *The European Journal of Psychoanalysis*. <https://www.journal-psychoanalysis.eu/coronavirus-and-philosophers/>.
- Bostrom, N. 2013. "Existential Risk Prevention as Global Priority", *Global Policy*, 4: 15–31. <https://doi-org.libproxy.tuni.fi/10.1111/1758-5899.12002>
- Brummett, Q. 2014. "The effect of school closings on student achievement", *Journal of Public Economics*, 119: 108–124. <https://doi.org/10.1016/j.jpubeco.2014.06.010>.
- Clodfelter, C.G., Caron, S., Rosenfeld, E.L., Menon, A.N., Sasser, A., Mercier, E.K., & Brush, C.A. 2022. "Global Judicial Opinions Regarding Government-Issued COVID-19 Mitigation Measures", *Health Secur.*, 20 (2): 97–108. doi: 10.1089/hs.2021.0123. Epub 2022 Feb 3. PMID: 35119299; PMCID: PMC9038679.
- Esposito, R. 2022. *Immunità comune. Biopolitica all'epoca della pandemia*. Torino: Einaudi.
- Foucault, M. 1995. *Discipline and Punish*. Translated by A. Sheridan. New York: Vintage Books.
- Foucault, M. 2006. *History of Madness*. Translated by J. Murphy and J. Khalfa. New York: Routledge.
- Foucault, M. 2007. *Security, Territory, Population: Lectures at the College de France, 1977–1978*, edited by A. I. Davidson, UK: Palgrave Macmillan.
- Flood C.M., MacDonnell V., Thomas B., & Wilson K. 2020. "Reconciling civil liberties and public health in the response to COVID-19", *FACET* 5: 887–898. doi:10.1139/facets-2020-0070.
- Gandzha, I.S., Kliushnichenko, O.V. & Lukyanets, S.P. 2021. "A toy model for the epidemic-driven collapse in a system with limited economic resources", *Eur. Phys. J. B* 94, 90. <https://doi.org/10.1140/epjb/s10051-021-00099-7>
- Habermas, J. 2021. "Corona und der Schutz des Lebens", *Blätter*, 9: 65–78. <https://www.blaetter.de/ausgabe/2021/september/corona-und-der-schutz-des-lebens>
- Honneth, A. 2007. "Recognition as Ideology", in van de Brink, B. & Owen, D. (eds.), *Recognition and Power: Axel Honneth and the Tradition of Critical Social Theory*, Cambridge: Cambridge University Press: 323–347.
- Honneth, A. 2014. *Freedom's Right*. English translation by J. Ganahl. Cambridge: Polity Press.
- Howlett, M. & Giest, S. 2013. "The policy making process", in Araral E. Jr., Fritzen S., Howlett M., Ramesh M. Wu X. (eds.) *Routledge Handbook of Public Policy*. New York: Routledge.
- Jedwab, R., Khan, A. M., Russ, J., & Zaveri, E. D. 2021. "Epidemics, pandemics, and social conflict: Lessons from the past and possible scenarios for COVID-19", *World development*, 147, 105629. <https://doi.org/10.1016/j.worlddev.2021.105629>
- Jørgensen, F., Bor, A., Rasmussen, M. S., Lindholt, M. F., & Petersen, M. B. 2022. "Pandemic fatigue fueled political discontent during the COVID-19 pandemic", *Proceedings of the National Academy of Sciences of the United States of America*, 119(48), e2201266119. <https://doi.org/10.1073/pnas.2201266119>
- Larsen, M. F. 2020. "Does closing schools close doors? The effect of high school closings on achievement and attainment", *Economics of Education Review*, 76, <https://doi.org/10.1016/j.econedurev.2020.101980>.
- Lazar, N. 2009. *States of Emergency in Liberal Democracies*. Cambridge University Press.
- Li, L., Tæiegh, A. & Tan, S.Y. 2023. "A scoping review of the impacts of COVID-19 physical distancing measures on vulnerable population groups", *Nat Commun* 14, 599. <https://doi.org/10.1038/s41467-023-36267-9>
- Lovett, F. 2010. *A General Theory of Domination*. Oxford: Oxford University Press.
- Machiavelli, N. 1950. *The Prince and Discourses*. Translated by L. Ricci and E. R. P. Vincent. New York: Random House.
- Mac Donnell, V. 2020. "Ensuring Executive and Legislative Accountability in a Pandemic", in Flood, C. M., MacDonnell, V., Philpott, J., Thériault, S., and Venkatapuram, S. (eds.), *Vulnerable. The Law, Policy and Ethics of COVID-19*, Ottawa: University of Ottawa Press.

- Matose T. & Lanphier E. 2020. "Rights Don't Stand Alone: Responsibility for Rights in a Pandemic", *The American Journal of Bioethics*, 20 (7): 169–172, DOI: 10.1080/15265161.2020.1779405
- Mhazo, A. T., & Maponga, C. C. 2022. "Governing a pandemic: biopower and the COVID-19 response in Zimbabwe", *BMJ Global Health*, 7 (12), e009667. <https://doi.org/10.1136/bmjgh-2022-009667>
- Miller, D. 2001. "Distributing Responsibilities", *Journal of Political Philosophy* 9: 453–471. <https://doi.org/10.1111/1467-9760.00136>.
- Nerlich, B. & Jaspal, R. 2023. "From danger to destination: changes in the language of endemic disease during the COVID-19 pandemic", *Medical Humanities Published*. doi: 10.1136/medhum-2022-012433.
- Oberman, K. 2022. "Freedom and viruses", *Ethics*, 132 (4): 817–850, <https://doi.org/10.1086/719516>
- Owen, R., Macnaghten, P., and Stilgoe, J. 2012. "Responsible research and innovation: From science in society to science for society, with society, *Science and Public Policy*, 39 (6): 751–760, <https://doi-org.libproxy.tuni.fi/10.1093/scipol/scs093>
- Piroddi, C. 2022. "Non-pharmaceutical Interventions and Social Distancing as Intersubjective Care and Collective Protection", *Asian Bioethics Review* 14: 379–395. <https://doi.org/10.1007/s41649-022-00212-7>.
- Quarantelli, E. L. 1998. "Epilogue: Where we have been and where we might go", in *What is a disaster: Perspectives on the questions*. London: Routledge.
- Rosanvallon, P. 2008. *Democratic Legitimacy: Impartiality, Reflexivity, Proximity*. Translated by A. Goldhammer. Princeton University Press.
- Rosanvallon, P. 2009. "Decentering Democracies", *Redescriptions: Political Thought, Conceptual History and Feminist Theory*, 13 (1): 17–33.
- Rousseau, J.-J. 1992. *Du contrat social*. Paris: Flammarion.
- Scheidel, W. 2017. *The Great Leveler. Violence and the History of Inequality from the Stone Age to the Twenty-First Century*. Oxford: Princeton University Press.
- Schmitt, C. 1976. *The Concept of the Political*. Translated by G. Schwab. New Brunswick, NJ: Rutgers University Press.
- Schmitt, C. 1985a. *The Crisis of Parliamentary Democracy*. Translated by E. Kennedy. Cambridge, MA: MIT Press.
- Schmitt, C. 1985b. *Political Theology*. Translated by G. Schwab. Cambridge, MA: MIT Press.
- Snowden, F. M. 2020. *Epidemics and Society: From the Black Death to the Present*, New Haven: Yale University Press.
- Steere-Williams, J. 2022. "Endemic Fatalism and Why It Will Not Resolve COVID-19", *Public Health*, 206: 29–30. doi:10.1016/j.puhe.2022.02.011.
- Stiegler, B. (2021) *De la démocratie en pandémie: santé, recherche, éducation*, Paris : Gallimard.
- Venkatapuram, S. 2020. "Human Capabilities and Pandemics", *Journal of Human Development and Capabilities*, 21 (3): 280–286. DOI: 10.1080/19452829.2020.1786028
- Vineis, P., & Savarino, P. 2021. *La salute del mondo. Ambiente, società, pandemia*. Milano: Feltrinelli.
- Zack, N. 2009. *Ethics for Disasters*, Rowan & Littlefield.
- Zack, N. 2021. *The American Tragedy of COVID-19. Social and Political Crises of 2020*. Rowan & Littlefield.