

## COVID-19 PANDEMIC: SOME MEDICAL-SOCIOLOGICAL, SOCIAL-EPIDEMIOLOGICAL AND POLITICAL-EPIDEMIOLOGICAL ASPECTS

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### **Abstract**

The COVID-19 pandemic is an extremely provocative and challenging topic for a wide range of multidisciplinary research. Including research in the fields of medical sociology, social epidemiology and political epidemiology. Areas that in our Republic are rather neglected. In any case, unjustified. This statement certainly applies and to medical sociology, as a separate sociology in relation to general sociology. The COVID-19 pandemic on a global scale has aroused very strong interest in its study from the scientific position of medical sociology, most often in community, i. e. as a truly multidisciplinary approach, and with some close special sociology, but also in multidisciplinary community with other scientific fields. Including epidemiology, i. e. social epidemiology and political epidemiology. In our country, a very small number of sociologists, through their research interest and engagement, are direct and specialize (and) in different types of research in the field of medical sociology. Medical sociology as a special sociology is also called as sociology of medicine, sociology of health and diseases... In this text, as a combined approach from the sides of medical sociology, social epidemiology and political epidemiology, several selected aspects of the COVID-19 pandemic will be research-analytically “illuminated”. Among other things, the aspects of the definition of health and disease, as basic notions in the field of medical sociology, then, the aspects of the treatment of public health, infectious diseases and the medical fields that deal with them, means the areas of preventive and preclinical medicine in terms of clinical medicine, the phenomenon of risk balancing and some others.

**Keywords:** COVID-19 Pandemic; Medical Sociology, Social Epidemiology, Political Epidemiology; Health and Disease; Public Health Systems; Risks Balancing

### **1. Introduction**

The COVID-19 pandemic is particularly interesting and challenging for research (and) by the social sciences because it, as a pandemic caused by the (upper) respiratory virus, SARS-CoV-2, destroys the totally of social relations. The action of the “steel” strong epidemiological and medical-sociological fact is inevitable:

when it comes to this kind of pandemic, pandemic caused by a respiratory virus, then overcoming such a pandemic is possible only through termination or at least through severe restriction of the interpersonal relations. And those interpersonal relationships, in their complexity, are actually social relationships. The man can exist and develop and upgrade his well-being only through the establishing of regulated, sustainable and consolidated relations with all other people with whom he come in contact in any way and for any needs and purposes. Only such a way of life, ie the social way of life, life in a social community is a civilized way of life. Only the social way of life is the basis and framework of human development, prosperity and well-being. And not only as material development, prosperity and well-being, but also as intellectual and spiritual development, prosperity and well-being. A pandemic caused by a respiratory virus directly affects such a way of life, destroying exactly that way of life and the development, prosperity and well-being of the man. It destroys the social way of life as a civilized way of life. The civilized way of life requires a direct interpersonal relationship, which cannot be completely changed by any other forms, digital forms, to a non-personal way of life. This destruction of the civilized way of life in this particular case of the pandemic was further escalated and intensified because it was caused by a new type of coronavirus, the zoonotic virus that spilled over into the human body, finding a new, secondary, humane reservoir for its reproduction. At the same time, all this has happened and is still happening in conditions when, fortunately, basically safe and effective specific vaccines against the virus were found very quickly, but also as an aggravating circumstance, in conditions when, quite clearly and normally when it comes to a new virus, there is no specific antiviral drug for this virus.<sup>1</sup>

## **2. General definition of the term disease**

At this point one must start from the thematic context of this text. Namely from the existence of a pandemic of a disease that is a contagious disease, caused by a virus which is a respiratory virus and which as such a virus is transmitted through interpersonal contacts. Here, too, by looking strictly sociological/medical-sociological, one can enter into danger and divide the diseases into diseases that are individual and diseases that are not individual. And, at the same time, to make a medically-sociologically, basically wrong division diseases that are not individual diseases-infectious diseases as such diseases, as opposed to other diseases, i. e. non-infectious diseases as disease that would be individual diseases. Accordingly, the individual diseases so defined should be treated as diseases that do not endanger public health, and that the patient with such an individual disease, that is not contagious, he, the patient, through his daily, social life, can behave literally as he wishes, even if he refusing to be treated. And that the society, i. e. the state bodies and institutions in

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<sup>1</sup> The text was written in the last decade of April 2021.

charge of public health protection must not have any competencies regarding the sick people with the disease that are not contagious.

The diseases that are not contagious can in no way be reduced to individual and personal diseases, because they are essentially broader social diseases, diseases of certain segments of the overall social structures, in the first instance, but certainly also diseases of the whole structure of social statics and dynamics, as a second and final instance. A conclusion that stems from the very fact that man, including, very clearly, naturally and normally, and the sick man, is a social being. So, strictly and thoroughly sociologically viewed and understood, man lives in a social community, lives in some social groups, so he lives in a constant and daily extremely complex social relationship with a large number of individuals, also and they inevitable social beings (Сасајковски/Sasajkovski, 2020). Man's disease inevitably leads to some kind of disruption of the normal and usual functioning of the established types of social relations and social groups in which he is involved and to which relations and groups that sick man belongs (Timmermans, 2008). Such is the theoretical conceptual approach, quite obviously functionalist, of the "father" of medical sociology Talcott Parsons, through the tenth chapter of his major sociological work "The Social System" (Parsons, 1951). This definition of disease is placed on the biopsychosocial concept of disease as overcoming and as an alternative to the narrow, biomedical concept of disease definition (Сасајковски/Sasajkovski, 2020).

### **3. The infectious diseases and the public health systems**

The COVID-19 pandemic, in fact COVID-19 disease, caused by the (upper) respiratory coronavirus SARS-KOV-2, has occurred in specific, generally unfavorable conditions from the point of view of the attitude towards infectious diseases within, conditionally speaking, rich western societies. And in that context, certainly in conditions when such an attitude towards communicable diseases inevitably had to be reflected and was realistically reflected in an appropriate attitude towards the national systems of public health protection. The infectious diseases, in this sense, had the treatment of diseases that are generally eradicated diseases in those developed, rich countries and societies. That is, these diseases had the treatment of an incidental type of disease in that developed, rich western world. As diseases with a low incidence (number of newly infected or newly sick people, usually in relation to one million population in a certain period of time) and low prevalence (total number of new sick people from a certain disease regardless of when the disease appeared in a population at a given point in time relation of the whole population) in the total complex of diseases. Continuing and in strict accordance with this view, infectious diseases were seen as diseases of underdeveloped, poor, eastern/non-western countries and societies (Сасајковски/Sasajkovski, 2020). Within Western countries and societies, infectious diseases were seen, accepted and recognized as a reality only in terms

of those infectious diseases that have the character of endemic diseases. Endemic diseases primarily as diseases of a seasonal nature. Not as diseases at the national epidemic level or as a global pandemic. Like, for example, the various types of seasonal influenza, which can indeed develop more severe clinical pictures and lethal outcomes, but in a very small percentage of the total number of patients, and diseases for which effective vaccines have been available for a relatively long time and for which there are specific drugs (Dingwall, 2012).

Inevitably, in strict accordance with this treatment of infectious diseases, the treatment of medical fields, branches, specialties ... which take care of the protection and treatment of the population from these diseases was conceived and realistically set. It primarily refers to the underestimating treatment of the epidemiology and infectology, as well as the microbiology, along with the virology. More specifically, this underestimating treatment was based on the rationalization, the ideologisation of the view that in rich, western countries and societies, real infectious diseases, at least the most deadly ones, do not have a significant incidence for decades. And if so, then there is quite no need for larger, more serious and diverse health care investments in medical specialties dealing with infectious diseases. Even in the field of medicine as a public activity by medics themselves, medical specializations dealing with infectious diseases and doctors who specialize and work in these medical specializations was treated as doctors, professionals, researchers, professors who should have inferior treatment and status in relation to doctors, professionals, researchers, professors who have specialized and practiced some other medical specializations. A statement that, on the other hand, should imply superior treatment of certain clinical specializations, such as cardiology, cardiac surgery, neurosurgery, oncology... In such, quite briefly elaborated, circumstances of treatment of the medical specializations, both preventive and clinical, specializations related to the treatment of the infectious diseases appeared the pandemic COVID-19 (Hindhede, 2018).

Extremely consistent and consequent with this attitude towards infectious diseases and medical specializations that are specific to these diseases, the attitude towards them within the state systems, bodies and institutions for protection of public health was formed and developed. And in every respect-personnel, financial, technical-technological ..., in accordance with the treatment of the infectious diseases as diseases that in those societies and countries are not really diseases with high incidence and prevalence. In this sense, it is a fact that the former socialist states of the former SFRY, Eastern and Central Europe, basically still preserved the resources, capacities and functionality of the systems, bodies and institutions that care for the preservation and promotion of the public health, including in terms of the infectious diseases (Murray, 2004).

Only as a conclusion, without the possibility for a wider elaboration of this place, it should be noted that this epidemic has shown the necessity in such circumstances of serious threat to public health to have a legal, constitutional-legal possibility in

relation to the overall state system of public protection health, including all individual medical and healthcare operators, regardless of their ownership character and status, so that state interventionism can intervene, temporarily take over the management of the whole of that system of public health. Regardless of the ownership character and status of the individual operators, which means taking over the overall management, including the financial, personnel and any other management, it also means with the operators that have private, i. e. shareholder ownership character and status (Сасажковски/Sasajkovski, 2020).

#### **4. Vaccines, public interest, corporate interest**

We must start from one essential circumstance, at the same time a very strong determinant: nations in particular and the world in general have faced epidemics at the national level and a pandemic at the planetary level caused by a new corona virus. Coronaviruses, originally zoonoses, were first detected as human viruses in the 1960s. These are highly adaptable viruses, viruses that mutate rapidly. In 2003, the SARS (Severe Acute Respiratory Syndrome) coronavirus, which caused a death rate of nearly 12%, virtually destroyed itself, among other things, due to its mortality rate, remaining mainly in Southeast Asia. The same thing happened in 2013 with the coronavirus MERS (Middle East Respiratory Syndrome), which first appeared as a human virus in the territory of Saudi Arabia and whose mortality rate was as high as 30%. And precisely because of that very high mortality rate, he destroyed himself, that is, he destroyed his human reservoir, as his own reserve reservoir. In order to survive for a long time, the corona virus should have a low mortality rate, ie it should cause mild forms of the disease, mild forms of clinical pictures. One such coronavirus is SARS-KOV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), which causes a mortality rate of less than three percent of the total number of confirmed positive cases<sup>2</sup>, thus retaining and conserving its spare, human reservoir of reproduction, survival, and adaptation through mutations in parts of its genome for a long time (Hu, 2020).

So, in these circumstances, the world faced a pandemic caused by a (upper) respiratory virus that is quite viral and that spreads through close interpersonal contacts, characteristics that, in turn, are the essence, basis and meaning of modern society, the modern point of historical -civilizational and cultural-civilizational progressive growth and development. This pandemic struck the global community at a time when it had neither a vaccine specific for this new coronavirus nor a specific cure for the disease it causes - COVID-19 (Coronavirus Disease–COVID-19). And from this moment begin all the problems and controversies that have confronted

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<sup>2</sup> Data from the John Hopkins University Coronavirus Resource Center, as of April 21, 2021: the global number of confirmed cases is 144,771,350 and the global death toll is 3,072,614, <https://coronavirus.jhu.edu/map.html>

global society with the problem of vaccine nationalism, or, perhaps more precisely-vaccine sovereignty. But also with the problem of corporate predation, completely in line with the nature of modern capitalism, as the ruling economic, socio-economic and overall social system. A system that theoretically, conceptually and ideologically seeks, and finds, its survival and its social justification in the continuous increase of the rate of return on capital. And the whole organization, institutionalization and functioning of the system is directly and immediately subordinated to the achievement of that goal, a goal that essentially represents the sense of the existence of that system. Systemic rule, systemic regularity and systemic paradigm that is fully accepted and consistently applied by pharmaceutical corporatism. And in this sense, in reality, all calls for solidarity, humanism and empathy remain without real effect, even in such conditions of a pandemic. The nature of modern capitalism, as a capitalism of a permanent increase in the rate of return on capital, as well as a capitalism of marked inequality in the distribution of national wealth, has proved to be highly resistant to any humanistic sentimentalism (Hafner, 2020).

And not only the global pharmaceutical corporate complex, but also the countries and their political, political-party structures, from the very beginning of the pandemic when it came to supplying epidemiological and infectious medical material, as well as later when vaccine were innovated and produced, in conditions with a very serious shortage of vaccines available, those countries faced the inevitability of acting literally predatory in order to meet their national needs. Of course, the main motive was brutally political, ie daily political: to avoid a serious decline in political and electoral ratings if they do not meet national needs, at least at a minimum required national level. The irrationality of such an attitude lies in the very obvious, even flagrant truth that there is no strictly national protection against the virus. For such protection to exist, the nation/state needs to be completely isolated from nations/states that without vaccines and without medical supplies, including antiviral drugs, will become hotbeds of infectivity. It is the social point, it is the social moment that realistically and essentially represents the end and defeat of the ideology of globalization, the end and defeat of (neo)liberal globalization, the end and defeat of multilateralism on a global level, and, on the other hand, the victory of the ideology of sovereignty, victory of unilateralism, victory of isolationism. Defeat and victory provided that the notion of victory and the notion of defeat are placed and interpreted strictly within the liberal-democratic and the (neo)liberal ideological and politically induced social context (Shrestha, 2020).

Very interesting and extremely indicative is the fully confirmed fact that the contracts that were or still are concluded for the supply of vaccines between countries and corporations/companies are concluded without intermediaries (without an intermediary company), but exclusively as business contracts. As contracts that are characteristic of business contracts in the corporate community. These contracts are by definition secret contracts. It is quite clear that pharmaceutical corporations

have imposed this type of contracts, as direct contracts between them and the states. Hence the unequivocal conclusion that in this mutual relationship between states and corporations, corporations were the strongest side, the side that dictated the terms and contents of the contracts. Also, in this context, it can be concluded with high probability of accuracy that those contracts are largely asymmetrically binding contracts in favor of the corporate party. It can be consistently concluded that the states were not able to invoke the strength and competencies of their function as a regulator. If not some other social area or activity, then at least the area and activity of health care is an area and activity which by definition is an area and activity in which the regulation of state interventionism can be extended. At least as interventionism in some special conditions of endangering general security, such as this epidemic and pandemic case. In this sense, there have been isolated cases of state interventionism, for example in the United States and the European Union, but it has been placed almost exclusively in the context of “vaccine nationalism and sovereignty”: a ban on the export of vaccines produced in the United States and the European Union. Whereas, of course, that the corporate interest was not negatively affected.

It is also very interesting the example and the phenomenon of the success of Israel, as a country in which there is no producer of vaccines, to provide an incomparably (largest) number of vaccines in relation to the total population. Israel has reached an contract with the large, global pharmaceutical company Pfizer, a vaccine designed, innovated in the relatively small molecular biology and immunology firm BionTech, that contains several very important provisions, provisions that have been confirmed to be true by both parties. The contract essentially follows the line of providing a sufficient quantity of vaccines, at relatively average prices, for the Israeli health authorities to carry out proportionately rapid and mass vaccination of the population. It is one of the two key components of a contract. The second key aspect of the contract is the obligation of the Israeli state authorities, probably with the presence or participation of Pfizer experts, to systematically and studiously monitor and study the effects of the vaccination. Of course, these effects primarily relate to two essential characteristics that any vaccine must meet and prove, even in the stages of its clinical trial. So before the competent national regulator to give permission for mass use of the vaccine. These are the characteristic and the condition for safety, the characteristic and condition that must be met and proven in the first phase of the clinical trial of the vaccine, and the characteristic and the condition of efficacy of the vaccine, the characteristic and the condition that must be met and proven in the third phase of the clinical trial of the vaccine. The widespread use of vaccines represents in reality and in essence some conditionally speaking fourth stage of the life of the vaccine. Israel, therefore, has agreed to monitor systematically and studiously the results and effects of the mass use of the vaccine and to give the results and knowledge exclusively, primarily to the company that created and the company that produces the vaccine. There is no need to go into any conspiracy theories at this point, in the sense that one

wants to hide some negative results and knowledge about the action of the vaccine in the phase of its mass application. Rather, the intention seems to be, based on the results obtained and knowledge from the mass application of the vaccine, to ascertain the strengths and weaknesses of the vaccine, to re-valorize them in relation to the results and knowledge obtained in the pre-clinical and clinical examination of the vaccine, with the main intention and purpose, if there is a real need for it, to intervene in the creation and/or production technology of the vaccine in order to improve its quality. And by doing so to gain a competitive advantage over other vaccines. This monitoring of the results and effects of the mass use of vaccines, as well as of any drug that has received permission from the national regulators for its mass use, is a regular work and duty of those national regulators.<sup>3</sup> So, this monitoring of the results and effects of the mass application of the BionTech and Pfizer vaccine is not a precedent. But an essential obligation from the so-called fourth phase of testing and monitoring of medications (Rosen, 2021).

In terms of vaccines, the greatest interest of manufacturers is to create and produce truly quality vaccines, which through their mass application will be confirmed as such, the pandemic/epidemic to be effectively reduced to an endemic whereby the current corona virus will be transformed into a seasonal virus, and vaccines against it to be used as vaccines against viruses that seasonally cause viral influenza. The pharmaceutical industry does not really benefit much from vaccines, primarily because they are quite cheap drugs. The real interest of pharmaceutical corporations is to have as many chronic diseases as possible; to produce realistically effective and quality drugs against those diseases; so that the life of the patients with those chronic diseases should be extended as long as possible, which means that the patients should use and spend medicine for a longer period of time; medicines to be included in the basic health care package of the national health insurance funds (in those countries where such funds exist, the United States is a special and different case); which means that health insurance funds pay for medicines, with little or no co-payment of the sick; which, in turn, means that in that way the drugs will be able to be consumed by a larger number of patients regardless of their socio-economic status...

## 5. Politics and epidemiology

In fact, we are talking about political epidemiology here, as it is usually defined. We are talking about the influence of the political structures, with their appropriate political power and the decisions they make in accordance with their formal legal/constitutional-legal competencies, on the epidemiological circumstances in the

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<sup>3</sup> In the EU, the role of regulator is usually EMA (European Medicines Agency), which is quite compromised during this pandemic, primarily because it has succumbed to ideological and (geo) political pressures.



country. Epidemiological circumstances both as a current situation, relatively stable and consolidated, and as possible politically-programmatically desired and projected directions of the development of the epidemiological situation. Epidemiological condition, or epidemiological circumstances, means not only the condition with infectious diseases and their incidence, but also the condition in general, the general condition with the structure and incidence of diseases in the country, in society. It is about the political impact on the health situation in the country. It is about the consequences, positive and/or negative of the work or non-work of the political institutions on the epidemiological, i. e. the overall health condition in the country, in the society. In fact, the health, i. e. epidemiological policies contained in the programs of the political parties inevitably have an important place. Inevitably they also have a strong influence on the determination of the electorate. Of course, this statement primarily refers to countries and societies that in the distant past have, most often consensually resolved those public problems and dilemmas that have a specific supra-political and supra-party profile. Such as, for example, the problems and dilemmas regarding the type of state constitution, the national identity, the strategic determinations, internal and international determinations of the state... Problems and dilemmas for which political and party struggles were once fought in the past and which are not discussed at all in the present, at least it is not discussed at the level of the political and party establishment, at the level of the political and party mainstream. On the contrary, in countries and societies that at the political and political-party level have not yet resolved these essential state and social problems and dilemmas, such as the state with the formal constitutional name the Republic of North Macedonia and Macedonian society, it is a fact that the field of health care, the field of epidemiological condition, the field of health does not possess the power of a strong determinant in relation to the political and political-party determinations of the electorate. Despite the primary importance of the health of every person, regardless of all his individual partial affiliations and identities, national, religious, sex and gender, political and party, socio-economic, cultural-sociological ...(Bambra, 2011).

These very superficially stated notes on the relationship between politics and epidemiology, ie political epidemiology, can be quite plastically concretized through several characteristic examples of the relationship between politics and epidemiology in the specific conditions of the COVID-19 pandemic. These are essentially examples through which it is extremely obvious that not only the influence of politics on epidemiology is expressed. Rather, it expresses the attitude of politics towards pandemic epidemiology conceived and realized on the basis of placing and emphasizing political, daily-political, political-party and political-personal interest as a decisive determinant of political rationalization, action and decision-making.

In this sense, we have already mentioned the phenomenon of calculated risk, i. e. the phenomenon of balancing with risks-socio-economic and epidemiological/pandemic-epidemiological risk, with clear political, political-party intention and

goal to preserve the political, political-party rating through maximum possible enabling the operation of economic operators in pandemic conditions. Although, the epidemiological/pandemic-epidemiological doctrine was in the position for the necessary reduction of the economic activity which is labor-intensive and which cannot be digitally substituted at a much higher level than what was at the moment politically, politically-party rationally, pragmatically and acceptable (Hassan, 2020, Сасајковски/Sasajkovski, 2020).

The case of Trump’s presidency in pandemic conditions and the consequences of that presidency on the result of the November 2020 presidential election are very illustrative and instructive. Namely, the pandemic, i. e. the epidemic at the national American level hit him, in fact “torpedoed” Trump’s presidency in conditions when the American economy was in an extremely good condition. With stable and sustainable growth, with high confidence of investors and markets, with very optimistic expectations of the same investors and markets, and, most importantly, with practically full employment. Unemployment was slightly below 4%, which is the level of technical unemployment, i. e. the level of full employment. In such socio-economic circumstances that were favorable for securing Trump’s second presidential term, the COVID-19 epidemic occurred in the United States. Trump has faced the virtually impossible choice: to give priority to the epidemiological doctrine and seriously reduce it, to close the economy that is labor-intensive and inherently implies close contacts of employees, or to give priority to the maximum possible openness, i. e. the activity of that economy, Trump, of course, according to his political, daily political nerve and instinct, decided to calculate, to balance between the two risks. The risk of a decline in economic activity and an increase in the number of unemployed and the risk of an increase in the number of sick, seriously sick and dead. The daily political commitment was for that balance to be obviously asymmetric. Which means, however, to give priority to the preservation of economic activity, with the calculation that in that case there will be less harmful political consequences than the increase in the number of sick and dead. But in those circumstances, the American opposition also calculated, most clearly expressed through the commitment of the governors of the states that were from the Democratic Party to strictly reduce, limit and close economic activities, with the obvious calculation that in this way, especially through rising unemployment, will disable Trump’s second term. Trump’s calculation, his balancing with the risks, proved to be unsuccessful. On the one hand, the economy was falling, and on the other hand, the number of sick and dead was growing enormously for such a socio-economically rich country. And, the dilemma remains what would be the result of the election if Trump did not calculate and balance, but to fully decide on one of the two possible options. For example, if he had originally applied the so-called Swedish concept of responding to an epidemic (Rutledge, 2020).

In addition to the many separate dimensions of this relationship between politics and epidemiology, there is one dimension that refers to the personnel policy of the state/government in relation to the highest management functions in health care institutions, as well as, by definition, the professional bodies responsible for overcoming epidemics at the national level. It is also a dimension that is to a good extent characteristic (and) of the country with a formal constitutional name The Republic of North Macedonia. The problem is the abandonment of the principle of meritocracy in the appointment of the management structures of the health institutions, including the university clinics, in favor of the appointment of those functions on the basis of political, political-party affiliation. Formal or informal, whether there is a formal party card or not, it ultimately does not matter. The fact is that with each change of the executive power, practically the entire management composition of the health care institutions changes. Literally not taking into account whether the directors of health facilities may have worked quite successfully in terms of success or failure of the work of their predecessors. And not taking into account whether there is a professional potential in their own party ranks that will be a worthy replacement for the manager who will be changed. Even those individuals who break the rule, and who were not really party members and who worked independently of the party, are usually labeled party members and party “soldiers”. They remain stigmatized as members of a particular political party only because they accepted a director position at a time when that particular political party was in power. And regardless of their professional and scientific competence, they are, as a rule and by definition, excluded from any managerial staff combinations, even in such particularly sensitive epidemiological situations as the current situation with the COVID-19 epidemic/pandemic. There are exceptions, but these are exceptions that do not really negate the rule. And these are exceptions that are taken when the negative situation in the institution is maximally severe. For example, at the University Clinic for Children’s Diseases, when the director from the previous government was recently appointed director. And who, indisputably, was, or perhaps still is, a formal member of the opposition political party. The abandonment of the principle of meritocracy is so strong that, for example, assistants are appointed as directors of University Clinics, despite the fact that those clinics have professors with enviable experience and proven work results. But, ironically, they are members of an opposition political party, or, more often than not, they are not members of political parties and are in no way party-dependent individuals. Or, ironically, their circumvention when appointed director of the clinic will be said to have no managerial skills. And that it is the assistant who has such abilities. In principle, the example is very similar with the composition of the Commission for Protection against Infectious Diseases, as an advisory body to the Minister of Health, which should inherently be the key and leading expert body in such conditions of epidemic, i. e. pandemic, and resistant to any political, daily political influences and calculations (Сасажковски/Sasajkovski, 2020). There is a

possibility, which is not the only reasonable solution, especially in the appointment of directors of University Clinics, medical colleges by secret ballot to propose one or more candidates for director, and the Minister to be obliged to move within that proposal, or those suggestions.

## **6. Conclusion**

In conclusion of this text, through several points, we will emphasize again some key aspects of its topic:

The COVID-19 pandemic is caused by the respiratory virus SARS-COV-2 which is transmitted through interpersonal relationships. The fact that COVID-19 disease is a contagious disease completely excludes the possibility of entering into theoretical and conceptual discussions for the definition of the term disease. In terms of whether it is an individual or not an individual disease. Infectious diseases are a typical type of disease that can not and must not be treated as individual diseases. Although, according to the functionalist theoretical and conceptual approach, there are no diseases that are strictly individual diseases. That is, diseases for which the society and the state should not show interest and impose on the individuals, ie the citizens an appropriate attitude towards their disease.

The COVID-19 pandemic, which has been treated as a pandemic primarily because it has spread virtually all over the planet, but which is also a pandemic characterized by significantly lower mortality compared to pandemics/epidemics caused by its predecessors SARS and MERS , found health systems and health authorities in so-called rich, western societies and countries largely unprepared for their treatment of infectious diseases as diseases eradicated in those rich societies and countries.

The lack of a specific vaccine, to a lesser extent the lack of specific antiviral drugs, has severely undermined and compromised the global, (neo)liberal system of multilateralism at the expense of sovereignty and unilateralism in providing the required national vaccine quantities.

The political interest and the political needs of the daily conjuncture burdened the overcoming of the pandemic, ie the epidemic at the national level by imposing appropriate (daily) political approaches in the efforts to overcome the pandemic. The pandemic showed the complete harmfulness of the conduct of personnel policies in the health systems, based on the political-party affiliation.

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