

## REVIEW ARTICLE

## EPIDEMIOLOGIC ACTIVITIES IN THE MODERN CRIMEA: HUMANITARIAN CHALLENGES AND POSSIBLE SOLUTIONS

DOI: 10.36740/WLek202111214

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### ABSTRACT

**The aim** of this article is to determine the current organisational and normative policies in Crimea concerning epidemiology, in conditions of seven years of Russian effective control over the Peninsula and ongoing COVID-19 pandemic.

**Materials and methods:** The authors analysed the normative acts, budget and governing practice regarding to the current challenges for epidemiologic activities in Crimea, issued by international structures, by the Ukrainian bodies and Russian de-facto "authorities", comparing the ongoing situation to the international obligations of both conflicting states.

**Conclusions:** The research proves that a systematic medical crisis, caused by Russia's efforts aimed at establishment of its own control over Crimea, resulted in new challenges in COVID-19 pandemic conditions. It is further argued that the activities of the Anti-Plague Station located in Simferopol require attention and relevant international action.

States and international organisations with the relevant mandate must pay more attention to the epidemiologic issues in Crimean Peninsula, especially in the framework of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (1972) mechanisms.

A new international treaty for pandemic preparedness and response must reflect specific features of interstate conflict situations and illegal occupation of a foreign territory with effective control over its population.

**KEY WORDS:** Crimea, COVID-19 pandemic, Epidemiology, Ukrainian Anti-Plague Station

Wiad Lek. 2021;74(11 p.2):2940-2945

### INTRODUCTION

The attempted annexation of the Crimean peninsula by Russia in 2014 is well reflected in the international acts, such as UN General Assembly's resolutions 2014 68/262, 2016 71/205, 2017 72/190, 2018 73/263 2019 74/168, 2020 75/192, 2018 73/194, 2019 74/17, 2020 75/29, resolutions of the OSCE Parliamentary Assembly, of the Parliamentary Assembly of the Council of Europe 1988 (2014), 2028 (2015), 2067 (2015), 2112 (2016), 2132 (2016), 2145 (2017), 2198 (2018), 2231 (2018), etc., of the European Parliament's 2014/2841 (RSP), 2014/2965 (RSP), 2016/2556 (RSP), 2016/2692 (RSP), 2017/2596 (RSP), 2017/2869 (RSP), 2018/2754 (RSP), 2018/2870 (RSP), 2019/2734 (RSP), 2019/2202 (INI); those issues are subject to consideration in international courts, including the International Court of Justice (case 166) and the European Court of Human Rights (case 20958/14 and others) [1].

Those issues were reflected in scientific essays on international law and policy, human rights, and humanitarian aspects [2-4]. However, the points of the 'Crimean health care system' and of the enjoyment of the right to health by the residents of Crimea as well as the relevant social interest in public health were not well reflected in international acts and doctrinal research. One can outline certain analytics and plans, produced by the Ukrainian authorities in 2018 [5-6] and

on certain articles on relevant issues. In 2019 it was pointed out that the present attempts of Ukraine to provide the special mechanisms of medical aid for the residents of Crimea did not lead to a positive result. The authors proposed relevant international organizations to pay more attention to health care issues for the inhabitants of the peninsula and stressed that such circumstances should be monitored of the UN and OSCE missions and be covered by the International Committee of the Red Cross' mission in Kyiv, that Ukrainian health care reform must take into account the needs of Crimean residents, temporarily leaving the peninsula for medical aid [7]. But later, in 2020, the COVID-19 pandemic created new systematic challenges for the 'Crimean health care system', with the main role of the epidemiologic institutions and mechanisms that were located in the peninsula before 2014 when Ukraine lost control over them.

### THE AIM

The aim of our article is to analyze both the general situation with the COVID-19 pandemic in the peninsula and the functioning of the epidemiologic institutions and mechanisms, located in Crimea, with the key example of the Ukrainian Anti-Plague Station (UAPS), being under the full control of Russia in the COVID-19 pandemic conditions.

## MATERIALS AND METHODS

The authors researched the normative acts, reports, publications of the international structures, authorities of Ukraine and Russia, so-called Crimea's "administration". Special attention was paid to the published reports of the Russia-controlled epidemiologists, related to Crimea and to the data on the UAPS that is in the public access. Analysis of such data, relevant norms, and statistics was done by authors in full compliance with the ethic requirements of their current employment (Association of the Reintegration of Crimea). Furthermore, Dr. B. Babin used his own experience as the Permanent Representative of President of Ukraine in Crimea in 2017-2018, in full compliance with the requirements of Ukraine's public service ethic rules.

This article is based on the plans and reports, prepared by the Mission of the President of Ukraine in Crimea, and the analytics published by our Association in 2020-2021 and presented to the international bodies, including Association's submissions, available on the UN website [1, 5-6, 8-10]. As it was pointed out before, the scientific publications, devoted to the situation in Crimea, do not reflect the issues of epidemiology, medical law, relevant human right on health, and states' obligations, especially regarding the COVID-19 pandemic situation. Therefore, most attention will be paid to the current data, presented by the governing structures and Crimea's "authorities", and other relevant normative sources.

## REVIEW AND DISCUSSION

According to the statistical data, distributed by Crimean "authorities" in August 2021, the COVID-19 mortality rate in Crimea remains high and the total death toll caused by COVID-19 in 2020-2021 exceeded 1000 in Sevastopol and 2000 in the rest of Crimea (that is 0,1% of all peninsula population). The reasons for this situation can be traced back to 2014 when Russia started a "medical reform" in Crimea and implemented its "own insurance medicine model". In 2020, this resulted in the absence of an adequate quantity of medical personnel in Crimean hospitals, that minimized the possibility of effective medical aid to the residents of Crimea, violated their right to health and right to life, guaranteed by the multilateral human rights treaties. At the same time, Russia as the occupying power has an obligation under Geneva Convention IV to ensure adequate medical aid to the population of Crimea, which is violated by its ineffective medical policies [8].

So, exactly the "medical reform" started in Crimea by the Russian "authorities", with forcibly implemented the insurance medicine since 2014, made a strong negative impact on the level of protection the rights to health in the region. Thousands of persons, who refused or could not get "Russia's citizenship" in Crimea after its attempted annexation has lost the possibility to get adequate aid even in vital issues, including pregnancy. Almost all the state hospitals in Crimea, occupied by Russian "authorities" in 2014, are now in unsatisfactory sanitary, technical, and organizational conditions [1].

As experts point, since 2014 Russia bans the usage of medical drugs certified by the Ukrainian authorities,

including antibiotic and antivirus medicals produced in European countries, and allowed for usage in the mainland of Ukraine by its government. Instead, Russia provided Crimean medical institutions and pharmacies with own-produced drugs, often of extremely low quality. Furthermore, Russian "authorities" ban citizens from carrying high-quality medical drugs from Ukraine's mainland, which is punishable as "smuggling", including confiscation of drugs. Such actions violate the right to health and right to life guaranteed by multilateral human rights treaties, as well as the requirements of the Geneva Convention IV to preserve legislation and public order on the occupied territory, including medical and pharmacy certification procedures [8].

Public health in Crimea was compromised by the Russian military, economic and demographic policies resulting in a water crisis in the region. It was pointed out by some experts that the only way to prevent violations and restore the delivery of fresh water and sanitation is the pressure of the international organizations, including the UN organs, aimed at putting an end to the Russian policy of resettlement and militarization of Crime [9]. Furthermore, experts stated that the current situation in the peninsula makes impossible the effective realization of the right to health for Crimean residents, including the right to make free and responsible decisions and choices, free of violent coercion and discrimination. The minimum adequate volume of health facilities, goods, services, and information, which would ensure all people full enjoyment of the right to health, is absent in present-day Crimea, the territory of lawlessness and arbitrariness [1].

Recent publications stress that Russia's "authorities" did not take steps to address vulnerabilities that the COVID-19 has created for the population and its groups in Crimea. They failed to develop effective social protection in Crimea, resilience to prevent future possible public health crises, and they did not take effective measures and steps to strengthen access to water, sanitation, and hygiene as part of strengthening the public health policy in Crimea [10]. Furthermore, in 2020, Russia banned all WHO-recognized anti-COVID vaccines in Crimea, except those "vaccines" which are produced in Russia without internationally recognized certification procedure (like the "Sputnik" "vaccine"). To make things worse, the vaccination of Crimeans by the Russian non-certified "vaccines" is de-facto obligatory for citizens and such policies bear features of a medical experiment over the population of the occupied territory (due to the fact of the non-certification of those "vaccines" by the WHO). That is another impermissible violation of the Geneva Convention IV. This also violates the rights of Crimeans to health, to life, and to privacy, as well as a prohibition of degrading treatment and forcible medical experiments, guaranteed by the multilateral human rights treaties [8].

The current research proves that Russia violated the right to freedom of movement by systematic blockade of all three administrative boarding line's (ABL) checkpoints used to enter and exit Ukraine's mainland due to "COVID-related quarantine measures". All Russian policies and measures

“to minimize health risks associated with the COVID-19” by blocking the visits of Crimean residents to Ukraine’s mainland and of internally displaced persons (IDPs) and other Ukrainians to Crimea are not effective even potentially since in 2020–2021 Russia’s “authorities” organized mass visits of Russian tourists to Crimea (more than one million in summer-2020), the resettlement of own residents to Crimea (more than sixty thousands of Russians have been resettled to Sevastopol alone in 2020), and by massive military training (more than twenty thousand Russian soldiers were re-dislocated from Russia to Crimea only during 6 months of 2021) [8].

Experts believe that measures of Russia’s “authorities” in Crimea aimed at the limitation of crossing the ABL, were disproportional and bluntly violated human rights and fundamental freedoms of the citizens of Ukraine [11]. They are not effective and may be qualified as part of Russia’s social “iron curtain” and militarization policy in the peninsula. While limiting the crossing of the ABL, Russia’s “authorities” in Crimea, closely related to criminal groups in the area of human trafficking, take part in or cover the transfer to Crimea of working migrants from Russia, first of all in area of the illegal housing construction [12]. These processes are lawless even under the Russian legislation illegally implemented in Crimea, so there are no “regularization programs” or “long-term solutions” in the peninsula for conditions of the COVID-19 pandemic [8].

The Russian “anti-COVID” policy in Crimea violates the right to sustainable development, guaranteed by the above-pointed multilateral treaties. Russia’s “authorities” did not adopt the “COVID-19 socio-economic response and recovery plan” and do not use the human rights-based approach in pandemic-related issues, they do not use the human rights and gender-sensitive indicators in this area, ignore the relevant interests of the indigenous peoples [13]. The only way to effectively influence Russia in those issues is the UN and other international structures’ decisions and judgments of the international courts. Russia’s “authorities” do not protect the human rights of the population of Crimea, including IDPs, in the COVID-19 context. Such “powers” violate their right to health, housing, education, information, social protection, basic services, safe and dignified return, and sustainable reintegration [8].

On the other hand, Ukraine had strong epidemiologic potential in Crimea before 2014, including the major specialized national centre – Ukrainian Anti-Plague Station (UAPS). So, analysis of the current situation may help us to reflect the practical level of counteraction to the epidemics by the Russian “authorities” in Crimea. The Crimean Peninsula is the place of spread and even the origin of such commonly dangerous diseases as cholera, plague, and Crimean–Congo hemorrhagic fever, some rickettsioses, etc. [14].

Thus, it predetermined the location of the UAPS, as a specific state institution of the Ministry of Health of Ukraine, in Crimea, exactly at 42 Promyslova Street in Simferopol. It should be noted that this institution was established in Soviet times and that USSR ratified the Convention on the

Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction in 1975. This universal legal act obligates all participating states not to develop, produce, stockpile, or otherwise acquire or obtain microbial or other biological agents or toxins of types and in quantities that have no justification for prophylactic, protective, or other peaceful purposes; not to develop, produce, stockpile, or otherwise acquire or obtain weapons, equipment, or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict; to destroy, or to divert to peaceful purposes all agents, toxins, weapons, equipment, and means of delivery; not to transfer to any recipient, and not in any way to assist, encourage, or induce to manufacture or otherwise acquire any of the agents, toxins, weapons, equipment, or means of delivery; to take necessary measures to prohibit the above within their own territories [15].

As ARC’s experts determined, the level of execution of this act by the USSR before 1991, including the activities of the abovementioned station in Simferopol, is the subject of strong political and legal discussion [16]. However, in any event, independent Ukraine declared the usage of the anti-plague stations, including the UAPS, directly and exclusively for their intended purpose, to counter possible outbreaks of extremely dangerous natural not artificial infections. The transparency of such activities and their adequate funding was provided through the Science and Technology Center of Ukraine, (STCU) established under the Agreement between Ukraine, Canada, USA, and Sweden of October 25, 1993, and under its 1997 Protocol [17]. As part of the STCU’s work in 2011, the European Union allocated four million euros to Ukraine under contracts 9800 – 9804 “Biosafety and Biosecurity Improvement at the Ukrainian Anti-Plague Station (UAPS) in Simferopol” to improve biosafety, establish a new laboratory, and purchase equipment for the UAPS. The next STCU’s audit of these funds was conducted by the Riga office of the international audit corporation KPMG just before the attempted annexation of Crimea, and it confirmed that the funds were spent on appropriate tasks [18]. At that time Ukraine’s activities at the Simferopol-located UAPS was distorted by Russian propaganda before 2014, which began to spread fake information about the alleged “American biolaboratory in Simferopol” in the “once active anti-plague station” where “viruses from all over Europe are allegedly transported”, and that this dangerous object is allegedly located in the “center of the city” [16].

ARC’s experts point that when Crimea was occupied by Russia, relevant propaganda on UAPS’s allegedly “illegal activities” stopped. The official head of the UAPS, prof. Oleksander Khaitovich was suspended by the Russian invaders from his chair but he still resides in the peninsula and he was appointed as the head of the so-called “Crimean Regional Branch of the All-Russian Scientific and Practical Society of Microbiologists and Parasitologists”. Russian “administration” not only tolerated his professorship in the Russian-controlled “Medical Academy named in honor S.I.

Georgievsky” but also “awarded” prof. Oleksander Khaitovich in 2016 for “training of qualified medical personnel and specialists, many years of conscientious work” by the “medal of the Republic of Crimea” “For Valiant Works” [16].

And later, ARC’s experts say, the UAPS itself was illegally “liquidated” by the Russian “administration” under the “Prescript of the Council of Ministers of September 29, 2014, № 998-p” [19] and the so-called “Federal State Unitary Health Institution” “Anti-Plague Station of the Republic of Crimea” was declared on its basis, and Dr. Sergei Tikhonov from Volgograd Anti-Plague Institute was appointed as the “director” of this “station” [20]. There are many scientific publications of Dr. Tikhonov available in the open sources, and it is worth adding that his father, prof. Nikolay Tikhonov headed researches in the Soviet times the Volgograd institute “Microb”, involved in the USSR’s military bacteriologic for a certain period [16]. After 2014 there are some publications of the new staff of the “Anti-Plague Station of the Republic of Crimea”, including forks of Dr. Iryna Kovalenko, Dr. Nadiya Pidchenko, Dr. Oleksandra Sytnikova, Dr. Olga Poluektova, Dr. Lilia Zinich, and others, related to the issues of the epidemiological situation in natural focal infectious diseases in Crimea and in the South of Russia. The website of the “Anti-Plague Station of the Republic of Crimea”, which operated till 2020, is currently “temporarily suspended” and previously it posted news about the involvement of “stations’” specialists in the fight against COVID-19 [16].

Ukraine reacted to this situation in the framework of its obligations under the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 1972. At the Eighth Review Conference on this Convention in November 2016 in Geneva, the Ministry of Foreign Affairs of Ukraine emphasized the significant deterioration of Ukraine’s biosecurity and biosafety system due to the aggression of Russia and subversive activities of Russia-backed illegal armed groups, which, in particular, led to the loss of control over the UAPS, and Crimean Republican Diagnostic Laboratory also. In this connection, the Convention, 1972 member states were appealed by Ukrainian diplomats to elaborate a relevant mechanism of proper reaction to these challenges in the sphere of biosafety and biosecurity both in Ukraine and other regions in the world [21].

Recent research undertaken by our Association proved that Russia’s “administration” in Crimea began to invest a powerful resource in the infrastructural development “Anti-Plague Station of the Republic of Crimea” from 2015, as it is evidenced by information about “public procurements” of this “anti-plague station”, which we analyzed very carefully. First of all, we selected the costs that relate to the supply of special machinery, reagents, and equipment for this institution’s work. In 2018, we calculated such direct costs for the “development” of the institution by a total of 9,258.2 thousand rubles, in 2019 – by 13,735 thousand rubles, in 2020 – by 36,139 thousand rubles, and for the

first half of 2021, the “station” has already spent 19 706.4 thousand rubles for these needs. It is hard to explain this increase in costs directly by the outbreak of COVID-19, as the major increase in purchases, done by the “station” is observed in 2019 before the incident in Wuhan, China. And even more, the special purchases of the “station”, that are directly related exactly to the COVID-19 issues, contain the small part of all “station’s” Russian federal funding, exactly the 120 thousand rubles allocated in December 2019 for reagents for polymerase chain reactions and 240 thousand rubles in 2020 for reagents for the detection of COVID-19 (in common 0.33% of the total annual special expenses). And more, as Association established, such purchases were supplied by specific Russia-controlled companies, including some without information about them in the Russian public registers [16].

At the same time the epidemic situation regarding other diseases, except COVID-19 and including the natural focal ones, is stable in Crimea in the last decade. We researched the Analytical Review published in 2019 by Russia’s Stavropol Anti-Plague Institute that gives information on the current situation and risks in the peninsula, including Crimean-Congo fever, West Nile fever, infection encephalitis, Marseille fever, and borreliosis, etc. So there were no objective preconditions for increasing the potential and capacities of the “Anti-Plague Station of the Republic of Crimea” in 2019-2021 [14; 16]. So the above-pointed situation with UAPS needs to be in the focus of attention of scientists, Ukrainian and other governments, and of the relevant international institutions.

The Convention, 1972 gives the right to the member states to lodge a special complaint with the UN Security Council against Russia’s actions and to demand the relevant investigation, organized by the UN bodies [22]. ARC’s experts pointed that Ukrainian and other European academicians, NGOs, research institutions, and competent authorities had to provide the current data on UAPS to the UN, Council of Europe’s and OSCE monitoring missions in Ukraine. Also, they may propose to the International Committee of the Red Cross to provide their own servants to minimize the possibility for possible violations of international humanitarian law and Convention, 1972, in Crimea. Those issues might be discussed at the Ninth Review Conference on the Convention 1972, also as at the Meeting of States Parties of this Convention, and at the ongoing Experts’ Consultations [16]. Ukraine may also discuss the UAPS problem with the STCU Agreement participants, including Canada, the United States, and the European Union, also as on the “Crimean Platform” summits. Some national investigations may be done also under Articles 321-2, 325, and 326 of the Criminal Code of Ukraine, that establish the responsibility for violating the procedure for pre-clinical studies, clinical trials, and state registration of medicines; for violation of sanitary rules and regulations and for violation of the rules of handling microbiological or other biological agents or toxins [16; 23].



## CONCLUSIONS

International acts adopted since 2014 regarding Crimea, including sanction issues, contain some requirements for Russia but not on the issues of the infectious diseases and epidemiology on the peninsula. Such problems may be discussed on the international multilateral level, including the “Crimean Platform” – a recent initiative proposed by some UN states, so in the current international conventional and administrative mechanisms. Modern challenges in Crimea prove that a potential new international treaty for pandemic preparedness and response must reflect specific features of interstate conflict situations. Academicians, research institutions, European states, and international organizations with the relevant mandate must pay more attention to the epidemiologic issues in the Crimean Peninsula, especially in the framework of the COVID-19 pandemic and the demands of the Convention, 1972. Special complex researched on such issues in situations of armed conflicts and related “grey zones” like the modern Crimean Peninsula may be a starting point for improvement of the situation.

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*This article was done in the framework of the Scientific Research Theme "Scientific Legal Providing the Legislative Activities" state number 0104U006963 of the Legislation Institute of the Verkhovna Rada of Ukraine.*

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**Conflict of interest:**

*The Authors declare no conflict of interest.*

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**Received:** 18.08.2021

**Accepted:** 15.10.2021

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A – Work concept and design, B – Data collection and analysis, C – Responsibility for statistical analysis, D – Writing the article, E – Critical review, F – Final approval of the article

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**Distribution and Subscriptions:**

Bartosz Guterman prenumerata@wydawnictwo-aluna.pl

**Graphic design / production:**

Grzegorz Sztank

www.red-studio.eu

**Publisher:**

ALUNA Publishing House

ul. Przesmyckiego 29,

05-510 Konstancin – Jeziorna

www.wydawnictwo-aluna.pl

www.wiadomoscilekarskie.pl

www.wiadlek.pl



Wiadomości Lekarskie is abstracted and indexed in: PUBMED/MEDLINE, SCOPUS, EMBASE, INDEX COPERNICUS, POLISH MINISTRY OF EDUCATION AND SCIENCE, POLISH MEDICAL BIBLIOGRAPHY

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Official journal of the Polish Medical Association



Memory of  
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VOLUME LXXIV, ISSUE 11 PART 2, NOVEMBER 2021

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