THE IMPACT OF ARMED CONFLICTS ON THE SPREAD OF INFECTIOUS DISEASES

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Infectious diseases and armed conflicts represent two separate global security threats that endanger entire world population. The problem is that they are most often observed and analysed completely separately, without determining their interconnectedness and the way in which one threat influences the other. Hence, the subject of this paper is the analysis of their correlation, particularly one aspect of that relation that being the determination of the way in which armed conflicts influence the spread of infectious diseases. The paper is based on the assumption that the influence of armed conflicts on the spread of infectious diseases has decreased over the time. The question is whether armed conflicts used to be or still are the main catalyst for the spread of infectious diseases. Examination of literature yielded a conclusion that over the time, concurrently with ever greater interdependence of different parts of the world, the influence of armed conflicts on the spread of infectious diseases decreased. Unlike previous periods, when armed conflicts used to be major catalysts for the spread of these diseases, in 21st century, their influence has not disappeared, but it has been marginalised to a great degree. Thus the gradual process of globalisation has contributed to ever more frequent and intensive movement of people worldwide, which is favourable for fast and easy spreading of infectious diseases, drastically reducing the influence of armed conflicts on their spreading.

Key words: *Infectious diseases, armed conflicts, the Hittite plague, the Athenian plague, the Antonine plague, the Justinianic plague, Spanish flu, Ebola, COVID-19*

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Introduction

The modern world is faced with numerous global security threats whose analysis is most often reduced to the consideration of their characteristics and ways in which they can endanger the world population. The analysis of correlations between two or more global security threats, and determining the ways in which one threat can influence the other, and vice versa, rarely are the subject of analysis. To precisely monitor the relation between the two global security threats and determine whether larger changes have occurred in their relation, it is necessary to observe them over a longer period. Accordingly, contemporary global security threats, i.e. those that have been endangering the world population for several decades now (such as terrorism, proliferation of weapons of mass destruction, trade in narcotics, arms and people and other) are not the most suitable for such type of analysis. That is why it has to be oriented to the relation between the two traditional global security threats that have a rich history and whose connectedness has been present for centuries. Armed conflicts and infectious diseases are global security threats which, observed separately, have a long history, but their connectedness was noticed even in ancient past.

The connection between infectious diseases and armed conflicts can be observed through the analysis of the way in which one threat influences the other. The first variant would imply observing infectious diseases as independent variables and their influence on armed conflicts, which in this case is a dependent variable. More concretely, the analysis subject would be if and in what way infectious diseases influence the development and outcome of armed conflicts. The second variant would be reversed, armed conflicts would be the independent variable where their influence on infectious diseases would be under scrutiny, where infectious diseases would be dependent variable. More precisely, armed conflicts would be the centre of the analysis either as catalyst for the spread of infectious diseases or as a factor that contributes to the growth of mortality rate from a certain infectious disease. Having in mind that an undeniable characteristic of armed conflicts is the creation of negative living conditions, which in the period of occurrence of infectious diseases reflects on mortality rate, in this paper the analysis is directed towards armed conflicts as catalysts for the spread of infectious diseases. Given that the gradual process of globalisation, by connecting different parts of the world and daily movement of a large number of people between them, has created circumstances favourable for the spread of infectious disease, a question emerges: Have the newly emerged circumstances marginalised the influence of armed conflicts on the spread of infectious diseases?

Occurrence of armed conflicts, infectious diseases and their interfusion through the history of conjunction

As previously mentioned, armed conflicts and infectious diseases, as two separate threats, have a long history. Thus, the history of armed conflicts goes back to ancient past as early as 1469 BC. The first armed conflict about which any kind of a written

report was preserved was the Battle of Megiddo, between Egyptians, led by Pharaoh Thutmose III and a Syrian confederation led by the ruler of Kadesh (Faulkner, 1942: 2). On the other hand, infectious diseases as well were identified in ancient past so that even the reports from the period of Classical Greece and Egypt recorded epidemics of smallpox, tuberculosis, leprosy, diphtheria and meningococcal infection (Watts, quoted according to Nelson & Williams, 2014: 1). The first officially recorded infectious disease has been in Egypt, since there are data according to which even Egyptian Pharaoh Ramses V died of smallpox in 1157 BC (Ruffer & Ferguson, quoted according to Nelson & Williams, 2014: 1).

Analysis of these phenomena are most often done separately, as well as the examination of their historical development, aimed at determining if a change has occurred in some of their primary characteristics. Thus, majority of authors dealing with the study of armed conflicts underline that their nature has changed drastically throughout the history, which is why they represent a dynamic phenomenon that permanently changes its primary characteristics (first of all actors, means, methods and techniques, as well as goals). Hence, armed conflicts can be described as the "true chameleon" that constantly adapts itself to external socio-political circumstances in which they are led (Clausewitz, 1976: 89). Even when in certain historical moments, such as the end of the Cold War, it seemed that armed conflicts were no longer a realistic option for the achievement of foreign political or other goals, and that the history of wars came to its end, it turned out that the war as such was alive and exciting and that it was entering its new epoch" (van Kreveld, 2010: 14). Likewise, great changes have also been observed during the long history of infectious diseases. If we were to highlight the two most important changes related to infectious diseases, we would notice that one of them possesses positive and the other negative characteristics. The positive trend in the long history of infectious diseases would be reflected in the strengthening of capacities for their treatment and suppression, chiefly owing to the evolutionary development in medicine, the enhancement of health care and improvement of sanitary conditions, while, on the other hand, the negative trend would be reflected in demographic and technological changes that have contributed to an increased global connectedness, which facilitates and accelerates the spreading of infectious diseases (Baker et al., 2022: 193).

It is evident that both armed conflicts and infectious diseases, as two separate threats, have experienced a unique transformation over their long history. However, there is a question of how their relation looked like, emphasising one aspect of that relation - the influence of armed conflicts on the spread of infectious diseases. To analyse that influence over the history, it is necessary to go back to the very beginning of the connection between armed conflicts and infectious diseases in the distant past. Although at the time of death of Ramses V an infectious disease was recorded for the first time, it is believed that the first case of smallpox had been recorded even before his death, in 1350 BC, during the war between Egyptians and Hittites (Watts, quoted according to Nelson & Williams, 2014: 1). Given that many authors, including Connolly and Heymann refer to armed conflicts and infectious diseases as "Deadly comrades" (Connoly & Heymann, 2002: 23), the said period marks the beginning of their "comradery" or connectedness. And though throughout the long history both armed conflicts and infectious diseases, as two separate phenomena, experienced

one-of-a-kind transformation, it is yet to be determined if the same could be said about their relation, more precisely, about the influence of armed conflicts on the spread of infectious diseases.

The“priority” of armed conflicts for the spread of infectious diseases

As previously mentioned, the connection between armed conflicts and infectious diseases was observed even more than three millennia ago. The conflict that took place at that time is known as Egyptian-Hittite War, and the infectious disease that broke out was the Hittite plague. It is believed that it emerged in Egypt, and the said war exerted the greatest influence on its spreading. A large number of Egyptian prisoners was infected with the Hittite plague, and with the return of the Hittites and Egyptian prisoners to their capital Hattuşa, the disease spread quickly over the Hittite Empire (Yildirim, цитирано према Çoban, 2019). The primary motive for the departure of the Hittites outside their territory was the conquest of new territories and resources. Accordingly, the armed conflict was the main reason why the Hittites and Egyptians came into a direct contact, and “connected” these two areas thus contributing to the spreading of the plague among them. A characteristic of those times was that both armed conflicts and infectious disease, and their conjunction, were not of global character, meaning that their consequences were territorially limited. Thus, the Hittite plague struck the largest portion of the Middle East (Trevisanato, 2007: 1371). Hence, the infectious diseases in that period had the character of epidemics, whose main distinction was territorial limitation (Biočanin, n.d.: 1). With gradual development of human civilisation, first by discovering new, distant areas and through the interaction with the people who lived in different territories, conditions were created for the consequences of infectious diseases to go beyond certain territorially limited area. In that period, armed conflicts were the main reason why the people living in distant areas came into contact. In that way the transmissibility of infectious diseases dominantly occurred between two groups engaging in an armed conflict, i.e. conquerors and the conquered. Hence, armed conflicts played the major part in infectious diseases gaining the character of pandemics, i.e. to spread over “the population of a wider area; for example, a continent or entire world” (Biočanin, n.d.: 1).

Thus, in 430 BC, during the Peloponnese War, the first case of a pandemic was recorded. The Athenian plage was the adopted name for this pandemic which broke out in Athens while it was held under siege by the Spartans. In this particular case, the infectious disease was no longer limited to a certain area, but it assumed the character of a pandemic, owing to the armed conflict between Sparta and Athens. Hence the plague broke out in Ethiopia where from, through Egypt and Libia, spread to Persia. Then it engulfed Athens, immediately after the Peloponnesians, led by Lacedaemonian king Archidamus, attacked Attica. Apart from that, this war contributed to the spreading of the plague in a way that it caused a great movement of the population, i.e. the displacement of villagers to Athena itself. This created conditions for the spread of this infectious disease, which resulted in the plague spreading fast in very

Athens bringing death to one quarter of inhabitants of that town (Tukidid, 2010, pp. 108-110). Taking into consideration the military inferiority on land in comparison to the Spartans, Athens was well fortified town, which increased its defensive capacities, but also the "capacities" for the spread of the plague. The town itself was "fortified and connected by long parallel walls to its fortified harbour Piraeus making a uniform fortress with circumference of about 26 kilometres, which was unsurmountable obstacle for Greek siege technique. The Peloponnese War "produced" the pandemic character of this infectious disease, and the conditions in Athens itself enabled its rapid spreading in the very town.

Five centuries later, the Roman Empire found itself in a similar situation. Ever since the first century BC, the Roman and Parthian empires had one incompatible interest - the domination over the Middle East. After the gradual expansion of the Roman Empire in the Middle East and because of its pretensions to further expand the Empire to the east, towards the area of Mesopotamia, and later India, an open armed conflict occurred between the Roman and Parthian empires (Kryśkiewicz, 2017: 63). Although these conflicts lasted until 3rd century AD, with shorter or longer interruptions, year 166 was the turning point when it comes to the spread of the infectious disease. At that time Lucius Ver, as a victor, returned with his army from the territory of today's Iran and Syria, but the Roman Empire paid a steep price for that victory. It is believed that a great number of soldiers contracted the disease in this military conquest, and with their return, that infectious disease, later named the Antonine plague, came to Rome as well. In this case too, the departure of Romans for such remote areas was motivated by war conquests. However, the greatest influence on the spread of the plague all over the Roman Empire was exercised by trade, which contributed to ever greater development, but it increased the interdependence between towns and provinces. Since the Empire functioned as a network of connected towns and provinces, it was easier for the disease to spread (Hanna, 2015: 1). For the first time it turned out that the trade influenced the spreading of an infectious disease, but in this case, it was of local character since it referred to the territory of the Roman Empire. Armed conflicts continued to have "priority" in connecting remote areas, and consequently, in the spread of infectious diseases between them.

Ephemerality of dominant impact of armed conflicts on the spread of infectious diseases

Proportionally to the development of human society, trade and migrations became more and more intensive having ever greater impact on the spread of infectious diseases. The first testament to that was the pandemic of the bubonic plague from 6th century AD that was named the Justinianic plague after then ruler, the Byzantine emperor Justinian. The plague arrived in the Roman Empire both by "the way" of war and peace. Firstly, a specific strain "Yersinia Pestis", which caused the plague, originated from the east, from mountainous regions of western China (Stange, 2021, pp. 69-70). Thus, the DNA of this strain was founded in one Hun from the Tien Shan mountains, which proves that the illness spread quickly among the Huns. It is precisely the Huns

that started their movement to the west in the third and second century, and in the fourth century they arrived at the very borders of the Roman Empire. Then they established their short-lived domination in Europe, through the displacement of existing tribal groups, and from 5th century, by attacking the very Roman Empire (Rincon, 2018). That invasion of Huns brought about the Migration Period. Then German peoples settled the Western Roman Empire, the Western Goths settled in Spain, the Vandals settled in Africa, Frankians and Burgundians settled in Gallia, while Anglo-Saxons went to Britain (Büntgen et al., quoted according to Glad, 2021: 4). It is important to note that, apart from the Hun military conquests, and Justinian's war campaigns (Iberian and Gothic campaign) greatly influenced the spread of this infectious disease (Little, quoted according to Glad, 2021: 3).

However, apart from the mentioned war, the spreading of the Justinian plague was significantly influenced by migrations and trade (Eisenberg & Mordechai, 2020: 1651). Thus, the migration was not caused only by the Hun invasion, but it was also influenced by Late Antique Little Ice Age that occurred between 536 and 660. This occurrence led to drastic temperature changes, and accordingly to changes in vegetation, striking agriculture the most which was a dominant branch of economy at that time. That largely caused hunger, the emergence of different diseases, economic problems and prompted the migrations of the population from central Asia towards Europe (Büntgen et al., quoted according to Glad, 2021: 4). Apart from migrations, trade played considerable role in the spread of the Justinian plague. Thus, the Justinian plague occurred in 541 in the Mediterranean port Pelisium, which, along Alexandria, was the main Egyptian port of that town, and later it appeared in Alexandria itself. From Pelisium, it quickly spread along the Mediterranean, and eastern (through Palestine and Levant) and western (along North African coast) trade routes. Hence, apart from armed conflicts, migrations and trade played equally significant part in the spread of this infectious disease, i.e. its transfer from central Asia to eastern Asia and Europe. Therefore, it is clear why the Justinian plague is considered as one of the first negative consequences of the early phase of "globalisation" (Roković, 2020: 68).

Non-military processes also had impact on the spread of infectious diseases. One of those was the "Black Death" from 14th century. Although researchers agree that it appeared in 1346 on Asian soil, one group believes that it emerged in eastern Chinese towns, while for the other, its source was the central Asia (Marschhauser, 2018: 11). Regardless of the fact that precise territorial origin of "the Black Death" was not identified, it is absolutely certain that Kaffa in Crimea played a key role in its spreading from Asian to European soil. There are also two dominant positions about the manner in which this disease spread from Kaffa to European continent. The first position underlines the importance of an armed conflict, i.e. the Mongols' siege of Kaffa in 1346. Taking into consideration that the "Black Death" emerged in Asia engulfing a larger portion of that continent, a vast number of the Mongols got infected with this disease during the siege of Kaffa. Since the siege did not go as planned, the Mongols, before withdrawing, catapulted plague-infested bodies into the town. In that way, the disease spread within very Kaffa. That event represents the first example of the use of a biological weapon in war. When in October 1347, a great number of the Genoese departed for the port of Messina in Sicily, the "Black Death" reached western Europe as well. Thus, infested Genoese brought the plague into their homes that spread quickly

and as early as the end of one decade, the plague engulfed all European towns (Seth Carus, 2017, pp. 5-6).

However, the second viewpoint emphasises the influence of trade in the spreading of the "Black Death" stressing that it cannot be claimed with certainty that the Mongols intended to spread the disease, or that they knew/believed that the bodies of the dead can transmit it. Since Kaffa was an important port, especially for Genovese ships, there is no doubt that trade influenced the spread of this disease in Europe. Having in mind that it occurred on the shores of the Black Sea, the traders had to pass through Constantinople on their way to Europe. It is believed that it was precisely them who transmitted the "Black Death" from central Asia to Europe in the autumn of 1347. When the traders from Kaffa arrived in their native towns, chiefly Genoa and Venice, the disease was further spread through trading routes from those cities to other parts of the country and then, beyond. Thus, Marceille, which at the time functioned as a great trading centre, due to the arrival of Italian traders, also became the centre for the spreading of the plage in France and Spain. This disease was spread from other large trading towns as well, so they were, figuratively speaking, considered as bridges that helped the disease to cross from one part of the world to the other (Benedictow, 2005: 3).

In addition, the Spanish flu should also be mentioned, and the role that the First World War played in its spreading. Despite different opinions about the origin of the Spanish flu, it has been determined that its initial hotspot was Haskell County, Kansas in the United States of America (Krivošejev, 2020: 49). The most significant events in the First World War, from the aspect of the spreading of the Spanish flu, took place in early 1917. After Germany had initiated an unlimited submarine war on 1st February 1917, the USA response arrived no later than 3rd February in the form of the interruption of diplomatic relations with Germany. The next step towards the engagement of the USA in the war came after Zimmermann Telegram, or Germain dispatch that the British had intercepted and deciphered. The dispatch addressed to Mexico contained a proposal that, when the war between Germany and USA became inevitable, Mexico should take part in the war against the USA with guaranteed territorial promises. And, finally, German assaults on American ships with human losses resulted in US Congress declaring the war on Germany on 6th April 1917 (Tomac, 1973, pp. 449-450). Upon the declaration of war, young men from various parts of the USA were sent to recruitment camps. In that manner, before the epidemic, the conscripts from Spanish flu "hotspots", that was unknown at that time, were sent to the recruitment camp Funston near Fort Riley. There, on 4th March, the beginning of mass disease was recorded, and the very disease quickly spread on other camps too, and with sending of US soldiers to European soil, the epidemic grew into pandemic (Krivošejev, 2020, pp. 50-52).

Though the Spanish flu primarily spread in the countries that participated in the war, it reached other countries as well. Hence, because of more intensive migratory movements and trade, the Spanish flu moved from the theatre of war to other parts of the world, to Norway to the north, China to the east, New Zeeland to the south-east, and to the south the Caribbean, Puerto Rico and Mexico (Fujimura, 2003: 29). Hence, the greatest spreading of the Spanish flu occurred during the First World War, which, due to its specificity in the form of its global character, made different peoples to come into direct contact. On the other hand, for those states that did not participate

in this war, the role of catalyst for the spread of this infectious disease was primarily played by trade and migratory movement of the population. However, the specificity of states that participated in the war was the extremely high morbidity and mortality rate. Hence, in the territory of Serbia, between 2.5% and 3.5% of the population lost their lives, meaning that in Serbia before Kumanovo Agreement that was some 87,000 people, and in Serbia after Kumanovo Agreement, with the territory of Macedonia and Vojvodina, but not entire territory of today's Serbia that number was 130,000 people. It is supposed that the Spanish flu killed over 100,000 people in the territory of today's Serbia, which represents one fifth of the killed in the First World War (Krivošejev, 2020, pp. 233-242).

The marginalisation of the impact of armed conflicts on the spread of infectious diseases

Starting from 20th century, social development has been marked by ideas on the free flow of people, capital and goods all over the world. In addition, the development of means of transport, communication and production power has led to a huge interdependency of the world (Petković, Vukotić & Čabilovski, 2017: 359). All that has contributed to global interdependence, and quicker and easier movement of people from one part of the world to another, but quicker and easier transmission of infectious diseases as well. That was visible as early as in the case of HIV/Aids, that had appeared back in 1930, and grew more common in the middle of '70s. The disease appeared in the city of Kinshasa, when European colonies on African soil imported huge quantities of firearms. It was no other than one African arms dealer that was infected with HIV when he went to Kinshasa to conduct arms trade. Hence the trade, in this case of firearms, was one of the main reasons why this infectious disease spread (Rupp et al., 2019, pp. 661-662). Besides trade that "initiated" the primary spreading of HIV, ever more often migration of the population further influenced its spreading. Thus, the real "explosion" of HIV occurred in the sixties after the Democratic Republic of Congo gained independence and became very attractive to the unemployed. Hence, Kinshasa, as an urban centre, attracted the attention of young and ambitious inhabitants of this part of Africa. Given the fact that this city was well-connected to other neighbouring countries, HIV quickly spread beyond Kongo. Because of a great number of workers from Haiti in Kinshasa, in 1964 HIV spread to the other side of the Atlantic Ocean, and then from Haiti to the USA (Faria et al., 2014: 60). Although trade and migrations contributed to the greatest extent to the spreading of HIV, that does not mean that armed conflicts lost their catalyst "status" for their spread. Armed conflicts created circumstances that influenced the spreading of this infectious disease such as: A great number of refugees and/or internally displace persons; disintegration of traditional values and norms related to sexual behaviour, collapse of healthcare systems; poverty and instability which influenced increase in prostitution; as well as rape as "a means of waging the war" (UNHCR, 2004). It should be noted that army members have a higher risk to contract sexually transmissible disease, including HIV. Thus, at the time of peace, the rates of infections with sexually transmissible diseases

among members of armed forces are generally two to five times higher than in civilian population, while at the time of armed conflicts the rates can be fifty or more times higher (UNAIDS, 1998).

Another infectious disease that led to a large number of victims was Ebola, which had been discovered in 1976 in the territories of today's states of the South Sudan and DR Congo. One of the most lethal waves of Ebola hit west Africa, more precisely the southern part of Guinea in 2013. Because of trade and migrations among neighbouring countries, this disease swiftly spread to Liberia and Sierra Leone, and in July 2014 it arrived to Nigeria by a commercial aeroplane (Rewar & Mirdha, 2014: 444). However, here as well the influence of armed conflicts on the spread of this infectious disease was not lacking. Thus the conflict in the provinces North Kivu and Ituri in the DR Congo exacerbated the epidemiological situation with Ebola, preventing oversight, monitoring of contacts and vaccination. Furthermore, the destruction of critical infrastructure and healthcare system during the armed conflict precluded the suppression of Ebola spreading. Namely, healthcare institutions did not have adequate conditions, primarily in terms of ventilation, sanitary systems, isolation wards and safe water supply (WHO, 2015). Therefore, at the local level, the spread of Ebola was largely caused by armed conflicts. However, proportionally to the increase in geographical distance from the place of Ebola outbreak, the influence of armed conflicts on its spreading grew lower. Thus, the greatest influence on the spread of Ebola in areas that were more than 1,000 kilometres away from the place of its outbreak (from South Guinea to Nigeria) was exerted by trade and migratory movement.

The last pandemic, COVID-19 was recorded on 31st December 2019 in Chinese town Wuhan. After several months of monitoring the spread of COVID-19 virus, it was noticed that the richest, greatest and busiest cities of the world had the tendency to influence the spreading of this infectious disease the most. Centrality and degree of urbanisation make a city more vulnerable than the other thus becoming a "catalyst" for the spread of this infectious disease. Likewise, those countries that contributed the most to the spread of this virus were those that had the most flights, meaning the most densely populated and the most developed countries. Greater number of passengers meant a greater number of infected in one country, so one of the simplest explanations for the vulnerability of a country to COVID-19 was based on its connectedness with other countries in early phases of the pandemic (Ribeiro et al., 2020, pp. 3-5). On the other hand, when it comes to the influence of armed conflicts on the spread of COVID-19 virus, at the moment of the outbreak of this infectious disease Libya, Syria and Yemen participated in the most intensive armed conflict. It led to the devastation of healthcare systems, a great number of internally displaced persons, which contributed to the spread of the disease in those and other states. A characteristic of states in a conflict is that the growth in the intensity of armed conflicts is accompanied by the increase in the intensity of an infectious disease. Here as well it can be observed that daily and large-scale international trade and migratory movement had the greatest influence on the spread of COVID-19 virus from the initial hotspot (Wuhan in China) to other parts of the world, while the influence of armed conflict on the spread of this disease was predominantly of local character.

Conclusion

Presenting a brief overview of the connection between two global security threats, with the emphasis on the influence of armed conflicts on the spread of infectious diseases, it is possible to observe a certain regularity. It is reflected in the fact that proportionally to time and gradual social development, armed conflicts have lost the status of "bridges" that connect remote areas, and consequently the status of catalysts for the spread of infectious diseases among them. Thus, the earliest mass movements of people were motivated exclusively, and later, dominantly motivated by war conquests. Proportionally to social development, the world has become more connected, and its parts became ever more dependent on each other. Over time, migrations and trade have become dominant factors in connecting remote areas, thus taking over the "priority" in the spread of infectious diseases. Hence, as regards the influence of today's and potentially future armed conflicts on the spread of infectious disease, it should be noted that their influence has drastically reduced in comparison to earlier times. Today, and probably in the foreseeable future, that influence will predominantly be of local character, being linked to the area on which the conflict takes place, creating circumstances within that area that are favourable to the spread of infectious diseases. Mass movement of population towards remote areas are no longer, at least not dominantly, motivated by armed conflicts. Having all the said in mind, it is clear that the only exception are global armed conflicts, which make many different peoples to come into direct contact, and which are not territorially limited. Those conflicts create circumstances favourable for the spread of infectious diseases. Hence, apart from global armed conflicts, today and in near future, the influence of armed conflicts on the spread of infectious diseases will be overshadowed by trade and migrations, which will not necessarily mean that this influence does not exist, especially in areas where the conflicts take place.

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S u m m a r y

Armed conflicts and infectious diseases, as two separate global security threats, have undergone a one-of-a-kind transformation throughout a long history, and in time, they gained different characteristics. The same can be said about their synergy, or the influence of armed conflicts on the spread of infectious diseases. In the earliest periods of social development, war campaigns were the main motive for venturing to remote areas. Thus, armed conflicts were the chief reason why two different groups of people came into direct contact, creating conditions for the spread of infectious diseases from one area to another. Hence, as early as 1350 BC, connection between armed conflicts and infectious diseases was observed, i.e. the influence that armed conflicts had on

the spread of infectious diseases. Thus, the Hittite-Egyptian War drastically worsened the living conditions in Egypt which created ideal conditions for the spread of the Hittite plague. Also, this war brought the Egyptians and Hittites into direct contact so with the return of the Hittites, the plague spread beyond Egypt, across the Hittite Empire. The specificity of this infectious disease was that it was territorially limited to a smaller area unlike the Athenian plague. Though in centuries to come, armed conflicts maintained their "priority" in the spread of infectious diseases, during the Antonine plague, the influence of trade was also identified. Thus, the Antonine plague reached the Roman Empire following military conquests led by Lucius Ver, i.e. After Roman-Parthian Wars that ended in 166. However, owing to trade that was largely developed in the Roman Empire, the Antonine plague quickly spread along trading routes within the Empire. Then, at the time of the Justinian plague, in 6th century, apart from armed conflicts (Justinian campaign and Hun war conquests) a great influence on its spreading was effected by migrations (caused by Hun assaults and Late Antique Little Ice Age) and trade (particularly intensive between Alexandria and Constantinople). In 14th century as well, the spreading of the "Black Death" from the central Asia to the port of Kaffa on Crimea, was aided by Mongolian war campaign. Its further spreading towards Europe was influenced by the armed conflict, according to one point of view, while according to the other, trade played the greatest. The spreading of the Spanish flu was predominantly influenced by then global conflict - the First World War, due to which the disease spread from the USA to Europe, to states that participated in the conflict, and then, through trading routes, towards those that were not in the war. Gradual social development has created circumstances that enable ever faster and easier movement of people towards distant areas. First of all, the development of means of transport has enabled daily global flow of people, goods and capital. Thus, the spreading of HIV/AIDS, apart from armed conflicts, was mostly enabled by more common and greater trade and migratory movement. Also, as regards Ebola, the situation was almost identical. The influence of armed conflicts on the spread of this infectious disease as predominantly of local character, creating favourable conditions for its development only in the territory where the conflict took place. The latest infectious disease COVID-19 mostly spread because of daily intercontinental flow of a huge number of people, goods and capital, which means that a decreasing trend has been observed regarding the impact of armed conflicts on the spread of infectious diseases. Hence, armed conflicts used to be a "bridge" that connected remote parts of the world thus enabling the spreading of infectious diseases, but due to globalisation and development of means of transport, a new "bridge" emerged that is built out of trade and migrations.

Key words: *Infectious diseases, armed conflicts, the Hittite plague, the Athenian plague, the Antonine plague, the Justinianic plague, Spanish flu, Ebola, COVID-19*