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Epidemics and Pandemics: What Lessons from History?

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ABSTRACT

Epidemics and Pandemics: What Lessons from History?

While history, of course, is not cyclical, there are surprising similarities in the way societies affected by Covid-19 react to stress. These behavioural processes, which span the centuries, are a common feature of Humanity. For although the history and development of societies are different, the fundamental human reactions often seem to be very similar. This is one of the lines of research of social and cultural anthropology, which tends to reveal, despite human diversity, a "universal humanism" (Lévi-Strauss, 2011).

KEYWORDS

Covid-19,
History Of Epidemics,
Pandemics,
Rumors,
Conspiracy Theories

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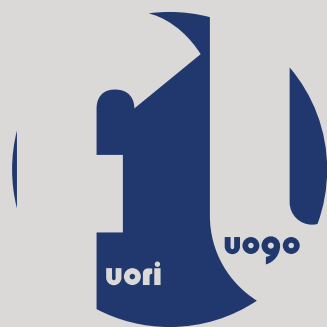
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Epidemics and Pandemics: What Lessons from History?¹

Philippe Clairay²

While history, of course, is not cyclical, there are surprising similarities in the way societies affected by Covid-19 react to stress. These behavioural processes, which span the centuries, are a common feature of Humanity. For although the history and development of societies are different, the fundamental human reactions often seem to be very similar. This is one of the lines of research of social and cultural anthropology, which tends to reveal, despite human diversity, a “universal humanism” (Lévi-Strauss, 2011).

1. Epidemics and pandemics in human history

«Greenish, waxy lips, leaden eyelids, jerky and short breath, embarrassed by the ganglia, packed into the bottom of his bunk as if he wanted to close it on himself or as if something from the depths of the earth was calling him without respite, the caretaker suffocated under an invisible weight. The woman cried.

- Is there no more hope, Doctor?

- He is dead, Rieux said» (Camus, 1947, p.27).

Intrinsically linked to human existence, viruses have accompanied and marked the different stages of the development of civilization. Today, confronted with a new “enemy”, to use the language of war, our societies seemed once again dumbfounded by this challenge before they reacted. This seems to have always been the case.

It is fascinating to note that over the ages the reactions to an epidemic seem to remain broadly the same. Each time, society must adapt so as not to disappear. The Great Plague that ravaged Europe between 1347 and 1353, the plague of Marseille in 1720, the Spanish flu epidemic of 1918 and finally the little-known Hong Kong flu episode of 1968, and of course the current Covid-19 pandemic have in common that they disrupt the societies they affected, but in different ways, sometimes slightly, other times brutally. Of course, it is not the point to compare epidemics with each other. But in view of what our world is going through, confronted with Covid-19, and the reactions of our societies to this virus, and when we observe them both locally and globally, it seems that, from the point of view of the society confronted with the epidemic, a universal chain of reactions seems to be taking shape.

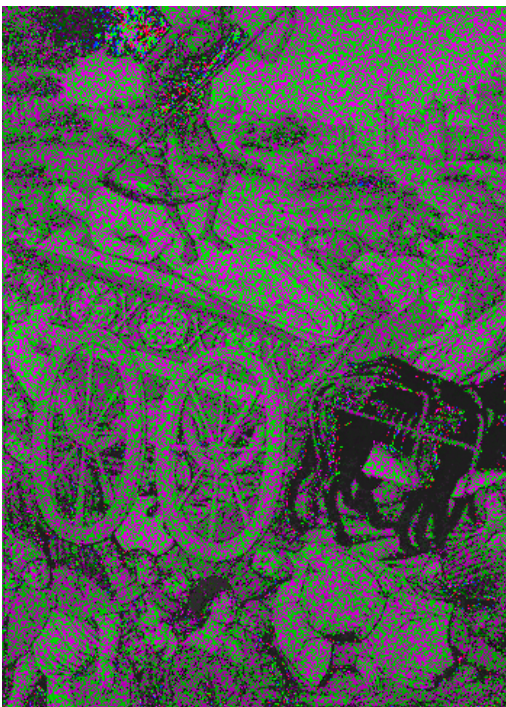


Fig.1. «Triomphe de la Mort» (1503), Rouen, Illumination of a work by Petrarch (1503), les maîtres des triomphes, Librairie Royale de Blois, Louis XII collection.

When Christopher Columbus set foot on 12 October 1492 on a land he believed to be the Indies, he introduced, and all the colonists who followed him, a set of germs, bacteria, and viruses unknown to the indigenous populations (Pinkjón-Brown, 2006). The results of this viral and bacterial shock were extremely severe in the sixteenth century, with the decimation of a large part of the native peoples, in proportions that are estimated today at 50 to 60% of the original population for Central America (Moulin, 1991). This simple historical fact seems to have been forgotten for a long time...

A century and a half before, from the port of Caffa on the Black Sea and throughout Europe, a terrifying epidemic spread: the Great Plague, also known as the Black Death. The epidemic killed almost half of the European population in five years: about 25 million people (Fig. 1.).

The fragile political balance of the medieval monarchies was totally upset. The crisis resulting from this demographic deficit had consequences for a century and a half, deeply changing power relations between peasantry and the great feudal lords: serfdom is thus gradually disappeared

(Barry and Gualde, 2006). The moral and psychological impact of this unprecedented health crisis was considerable. Existential anguish gripped the European population, and the invisible forces were called upon... the art of the time was imbued with the idea of apocalypse (Fabre, 1998). After the Great Plague that ravaged Europe, the various forms of Art flourished. The epidemic was represented and its memory was thus transmitted through the centuries. This is the cathartic function of aesthetic representation. If our societies, after great tragedies such as the First World War, have experienced an explosion of artistic creativity, this has not been the case for new epidemics, whose memory has thus

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been eroded because they also occurred in a way that was probably more usual and better accepted. Yet this Covid-19 pandemic is shocking by its rapid spread and by its violence (real or supposed) in terms of mortality. The memory of disasters is very fragile, as this crisis reminds us. And today, our societies no longer seem to find outlets for their fears.

Fear, suspicion, distrust seem to be the key words at the beginning of the epidemics. Indeed, it seems that during every sanitary crisis, especially when it reaches a pandemic level, a part of the inexplicable that sends us back to our uncertainties and fragilities, both societal and personal. Thus, from a certain point of view, these so frightening epidemics raise the question of the probable and the proven, the scientific and the phantasmagorical. This can lead to violent acts, whether real or symbolic. Above all, this sanitary crisis place Man before death. But nowadays, our societies are distrustful from the reassuring answers provided by religious convictions and collective cults that framed and guided daily and spiritual life in the past.

2. Scapegoats and false prophets

Jewish people were particularly stigmatized all over Europe because they were held responsible for the Great Plague of 1347-1353, as were all sorcerers, witches and, in general, all the marginalized members of society, who were even accused of spreading the disease (Bercé, 1998). This led to mass killings. On 14 February 1349, in Strasbourg (France), during the Black Death epidemic, the Valentine's Day Massacre took place. It is estimated that 2000 Jews were burned alive, accused of poisoning wells and thus spreading the plague. And many others were burned at the stake, victims of these same unfounded accusations. Out of necessity, the human mind seems to need to designate a culprit, a scapegoat, and at the same time to develop credible conspiracy theories. It is the infernal cycle of panic rumors that leads to a collective psychosis and makes us confuse the probable with the proven. In the early days of the HIV/AIDS epidemic, homosexuals were singled out, virtually banished from society (Paicheler, Quemin, 1994), before the epidemic affected the whole population indiscriminately.

Animals are also scapegoats! Rats and fleas propagate the Plague. The H1N1 influenza A virus is a mutation of the swine flu virus in humans. HIV/AIDS originates from the consumption of monkey meat (bush meat), and Covid-19 would have been first transmitted by eating a pangolin! Bats, rats, monkeys or pigs, as proven by scientific studies, are savage or domestic reservoirs for viruses of all kind, that can easily be transmitted to human. In short, a whole bestiary at the service, rightly or wrongly, of viral propagation. Humanity, by its development, acquires too great a proximity to the wild animal world. The human demographic pressure leads it to encroach on the rare still virgin spaces of our planet, with all the risks that this can engender from a virologic point of view.

In addition to short-term health and political issues, it is clear that environmental challenges, such as the fight against global warming in particular, need to be addressed quickly, as many experts note that these epidemics may find a catalyst for their development in these climatic disturbances, and in the way of life of our societies (transport, urban life, etc.).

This kind of pandemic also results in the appearance of false prophets. Indeed, by their very nature, populations subjected to the stress of the epidemic will prefer to listen to reassuring and positive words rather than those of the authorities, who are either silent or totally vague, which aggravates concerns. Thus on 29 October 1985, in France, three renowned professors working in Paris hospitals (Prof. Even, Prof. Venet and Prof. Andrieu) called a press conference to announce a cure for the AIDS epidemic, which was wreaking havoc at the time, and which could not be cured. Cyclosporin, a miracle molecule, is said to have cured the sick. A week later, we learn that the therapeutic trial was botched and that its conclusions are not serious. Two patients treated with this drug died within a week of the announcement.

In France, a controversy arose over the treatment of Professor Didier Raoult, leading infectious diseases expert from Marseille. The latter claims to have treated and cured Covid-19 patients with a cocktail of hydroxychloroquine (quinine-based treatment) and antibiotics. A very lively polemic then arose, opposing this provincial researcher to the "Parisian intelligentsia" of scientists in the field. After dozens of interviews with Professor Raoult, each followed by denials from the French authorities, the French High Council of Public Health recommended on Tuesday, May 26, 2020: «to stop prescribing hydroxychloroquine to Covid-19 patients, even in the most serious cases» (Renault, 2020, p 34).

3. Rumors and conspiracy theories

During the serious epidemic outbreak of Spanish flu in 1918-1919 (Darmon, 2003), the wildest rumors were circulating among the public: the disease had been caused by canned food from Spain into which German agents had introduced pathogenic bacilli (Lahaie, 2011).

Worse still, the French actress Isabelle Adjani was said to be HIV-positive and even dead in January 1987... while she was still alive! Even today, the actress is still marked by this irrational rumor. There have been huge and highly improbable rumors about HIV/AIDS, including a particularly usual conspiracy theory: that of the creation of the virus for genocidal purposes. Closer to home, during the influenza A (H1N1) epidemic that hit Europe in 2009, it was the vaccine itself that was blamed, accused of being more dangerous than the virus itself, assertions that are often made about the various vaccinations. The health authorities were then particularly attacked, and in France we remember the very violent charges, often full of sexism, against the former French Minister of Health, Mrs Roselyne Bachelot. Rumor had it that there was a conspiracy between World Health Organization experts and pharmaceutical companies (Pinard, 2009).

It is interesting to note that an identical rumor is emerging today about Covid-19. Worse still, the idea that this new virus was deliberately created in a Chinese laboratory as a bacteriological weapon has been spread by conspirators and has travelled around the world ... The pathogen would have been manufactured in the P-4 laboratory in Wuhan ... This famous high-security laboratory does exist, it was opened in 2015 and it allows scientists to handle pathogens classified 4 and the most dangerous microorganisms such as the Ebola virus. However, the Covid-19 belongs to group 3 and therefore, in theory, has nothing to do in this type of laboratory which also exists in France. But the rumor is tenacious. All the more so since the CEO of INSERM (French National Institute of Health and Medical Research), Yves Lévy, who is none other than the husband of former French Health Minister Agnès Buzyn, visited the premises in 2017 with Bernard Cazeneuve, French Prime Minister at the time (La Dépêche, 2020).

All kind of survivalists or collapsologists have created numerous explanations for the origin of the virus, and it is therefore staggering to find, from one epidemic to another, the same culprits: governments compromised with the big pharmaceutical groups, foreigners or social groups that are suspect by nature (Chinese, blacks, homosexuals etc...), and of course, all kinds of crazy origins! Rumor is a way of distorting the mirror in which we look at ourselves, so that we don't recognize ourselves in it.

Today, in the context of the Covid-19 pandemic in India, the Muslim minority is publicly accused by the Minister of Health of spreading the coronavirus, which leads to an increase in violence and brutality (Gettleman et al., 2020). In France, a wave of racism against people of Asian origin is emerging and, in addition to verbal insults, shop windows are being tagged. Similarly, nurses are being attacked by means of posters or letters in their apartment buildings to get them to leave their homes (L'Obs, 2020). Their own neighbors are afraid that they will bring the virus back into the residence and threaten them with the words: «Get out, we're going to die because of you!» (Ouest France, 2020).

4. Run for your life!

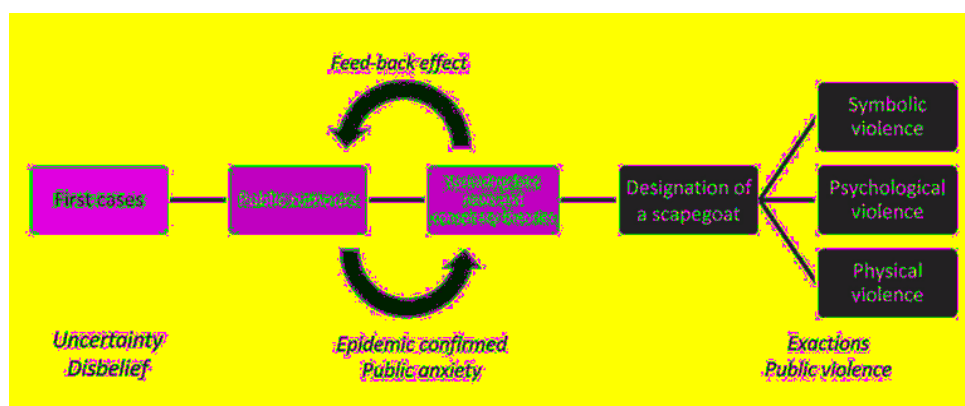
Similarly, a few hours after the announcement, on the evening of March 16, 2020, of the general confinement in France by the President of the Republic Emmanuel Macron, many (the richest) have left their main residence in the city to go to their family holiday resorts. This was the case in all the French seaside tourist areas: the coasts. In the west, no less than 2000 people, mostly from Paris, arrived on the island of Belle-Île-en-Mer (Krief, 2020), a large island off the coast of the department of Morbihan, which is usually much quieter in this season. This led to fears of serious supply problems, coupled with an obvious health problem: the fear that in their luggage, these families might bring the virus back to a region, Brittany, which had been spared until then. And the reactions of the islanders (*Le Télégramme*, 2020) were not long in coming: a fear invaded the local population and anti-Parisian behaviors were revealed...

In the usually very quiet La Manche department, the same phenomenon occurred this time with graffiti on the street furniture of a small seaside town in Agon-Coutainville: «Parisians! Get away!» (*Ouest-France*, 2020) which are sadly reminiscent of the xenophobic and racist inscriptions of another time.

The same violence is also expressed in the south of France, in the Gulf of Saint-Tropez, on a road leading to Ramatuelle, where a graffiti on the roadway reads «Parisians, will you count the dead within 15 days?» (*Var-Matin*, 2020). This message is just one example that can unfortunately be multiplied. Reactions to epidemics or pandemics therefore seem to be invariable (Fig.2.).

Fig. 2. Society's response to the epidemic: schematic steps

After, as we have seen, this first reaction of disbelief, a collective anguish will produce rather stereotyped responses from society: a withdrawal and a strong tendency to stockpile in order to isolate oneself for some, and for those who can flee, often the richest, the abandonment of one's usual place of residence for other regions, or for a family second home. This was the case in the Middle Ages, in the face of the Great Plague, when the richest were either able to isolate themselves properly or to flee (Audouin-Rouzeau, 2003), and it is still the case at the beginning of the twenty-first century. At this stage, rumors and false information are spreading uncontrollably, to the point of rendering the authorities' discourse inaudible. This mistrust can be explained by the exceptional regime which then opens during Covid-19, the confinement of the population becomes the norm, something unthinkable shortly before. The risk from the point of view of the population is that of a Chinese-style "logocracy", where public political discourse almost never covers reality. In terms of mistrust, one can also think of the figure of the conspiracy blogger embodied by Jude Law in the Steven Soderberg 2011 film *Contagion*, on a crusade against the WHO accused of lies... Other fears are emerging at the same time: those of the failure of governments, globally all blamed and described as incompetent. During the Great Plague a certain fragility of the French royal institution lends itself to numerous criticisms by its near absence. It was not until the seventeenth



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century that States intervened directly in the management of plague episodes, when they were suitably administered to do so. In France, amid the Covid-19 crisis, an affair concerning masks that were neither stocked nor ordered had great repercussions. As during historical epidemics: the population feels betrayed, left to its fate, in short, abandoned. So much so that resourcefulness has prevailed, with, in France, the home creation of one's own masks using fabrics, while waiting for the long-awaited delivery of the promised masks.

In times of crisis, false information can lead to a vicious circle that makes society lose its values. And then false ideas and misconceptions can lead to violence, whether it is real, psychological, or symbolic.

Confinement, compulsory confinement, which is nowadays of great interest in the fight against the Covid-19 pandemic, is not, far from it, a new measure. Home confinement is merely an adaptation of the quarantine system, well known since Antiquity. In the same way, the removal of infectious persons in the Middle Ages lazarettos finds an equivalent in the 19th and 20th centuries sanatoriums. It proceeds from the same idea: confining as seriously as possible. Every break in this hermetic closure of the society or social group concerned compromises the effectiveness of the measure. Thus in 1720, Marseilles experienced an extremely severe plague epidemic due to quarantine failure, for commercial reasons, a ship whose cargo of precious fabrics contained the pathogenic agents, fleas, which, despite strict measures, rapidly spread the epidemic throughout the city. The death toll in Marseille and its region is very heavy, with between 100,000 and 120,000 victims out of an estimated population of 400,000. The injunctions to confine oneself, repeated and hammered, still seem to be bearing fruit today. 300 years after Marseilles, wouldn't we finally be at the same point? The same measures produce the same effects, and the same failures, the same ravages (Hays, 2005).

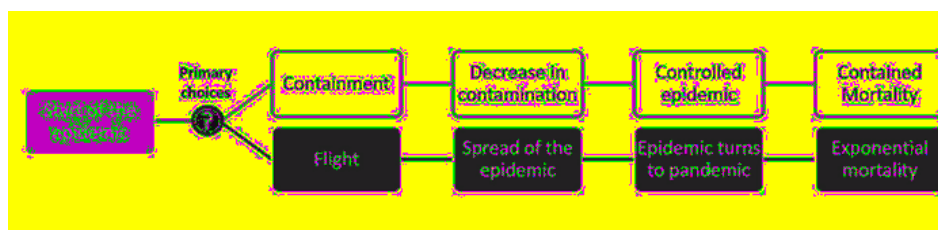
5. A sanitary war period and its consequences

In European countries since the mid-19th century, administered states have constituted and organized their national and international public health policies by the need to respond effectively and rapidly to the spread of epidemics. Today, our states are putting all their weight behind both the fight against Covid-19 and its economic repercussions, which will be major in the months and years following the health war. The primary choices are decisive (Fig. 3).

Peter Daszak, American disease ecologist and president of EcoHealth Alliance, uses an extremely warlike vocabulary when referring to the Covid-19 pandemic in a New York Times interview:

«Pandemics are like terrorist attacks: We know roughly where they originate and what's responsible for them, but we don't know exactly when the next one will happen. They need to be handled the same way — by identifying all possible sources and dismantling those before the next pandemic strikes.» (Daszak, 2020)

Fig. 3. Epidemics evolution from the primary choices



One major question remains unanswered: when does an epidemic end? (Debré, Gonzalez, 2013). The answers to this question are decisive. For another time will follow the crisis, that of what could be called the "post sanitary war period". In reality, no one ever knows, unlike in an armed conflict when an epidemic stop. It can also be a new source of anxiety. Recurrence is always possible, and the invisible enemy may still lurk or hide... Here again, the virus is the receptacle of many phantasms. Statistics, medicine and science allow this precise and objective analysis of the epidemic, and modern surveillance and health monitoring tools will make it possible to know when the epidemic will be extinguished. But psychologically, it will probably last longer and leave deep traces. It remains to be seen how our societies can really change, despite the rhetoric and promises. The Covid-19 crisis accentuated pre-existing fragilities within the most affected countries, sometimes with reversed fronts. Indeed, the large cities, the most populated and the most industrialized, in short, the richest were also the most affected. In Italy, the blatant North/South divide has once again been revealed, but this time in reverse: the South has been much less affected than the North, which nevertheless leads the country economically and politically. In France, the former Paris/Province opposition (Paris and the rest of France) revealed itself again, but this time it was no longer Paris, the rich "City of Light" that was envied, but the calm and healthy province where one could find refuge. These inversions of values are also found in other countries: in countries where states or regions have a significant political and economic weight in relation to the central or federal state (United States, Spain, Italy), a kind of underlying competition between regions or states has emerged. In USA, the federal State has globally failed to coordinate the fight against the pandemic. Each State managed the response to pandemic stress in its own way (purchase of masks, hydroalcoholic gel, different health protection measures, etc.). This situation is also more or less aggravated by the pre-existing organization of the health structures that are specifically solicited or over solicited (laboratories, hospitals, retirement homes) and, of course, by the capacity of their staff to respond to this additional workload. In Europe, each country has responded to these problems according to its capacities, and we have been able to measure and sometimes discover the variety of health systems, and their greater or lesser resilience. And here again, on the scale of the European continent, competition has emerged, particularly between the different countries of the Union on the

emergency purchase of masks from China, showing in the end the lack of a coordinated and unified European policy. During the influx of patients, the national public health systems underwent a real crash test, showing their limits, their inadequacy often due to a lack of material resources (management of masks and respiratory equipment for example) and human resources, because of an accounting management of what is a strategic sector : public health. The dependence of our hospitals and health-care systems on Chinese suppliers of pharmaceutical products (medicines, masks, respirators, etc.) is also a very great vulnerability factor highlighted by this pandemic. Finally, relayed on a global scale, the attacks of American President Donald Trump against the WHO in April 2020 (Shear, 2020), denouncing its erroneous health recommendations and its ineffective management of the Covid-19 pandemic, added vagueness to fear. This crisis shows, in a sometimes cruel way, the limits of our means of action in the face of a virus very different from previous ones, the reversal of certain established values, and the relativity of the notions of international solidarity and cooperation in the field of national public health policies.

Graph 1. Overview of the main epidemics and pandemics since the 14th century in the world and in Europe

Epidemics or pandemics	Dates	Death toll
Great Plague - Black Death (Europe)	1347-1353	25.000.000
Italian Plague (Great Plague of Milan)	1629-1631	1.000.000
Great Plague of London (Great Britain)	1665	75.000/100.000
Great Plague of Marseille (and Provence, France)	1720	100.000/120.000
Cholera (France)	1832	100.000
Spanish Flu (World)	1918-1919	50.000.000
Hong Kong Flu (World)	1968-1969	1.000.000
HIV/AIDS (World)	Since 1978	30.000.000
Influenza A - H1N1 (World)	2009	200.000/300.000
Covid-19 (World)	2019-2020	705.000 (August 6, 2020)

But Human forgets. The Spanish flu epidemic of 1918-1919, which caused more deaths in Europe than the Great War itself, has been almost forgotten, because the period was one of mourning and reconstruction (Spinney, 2017). Fifty years later, the Hong Kong flu (Dendooven, 2020), which ravaged the world in two successive waves in 1968 and 1969, claimed more than a million lives. Confused with seasonal flu, it leaves little trace in the memories, even though it killed at least 31,000 French people! The more recent H1N1, in 2009, much less serious, already seems very ancient. These examples clearly show that our developed societies do not demonstrate a great ability to remember. Bernardino Fantini, Italian historian of science and medicine, Professor Emeritus of the History of Medicine at the University of Geneva, in the book published in 2014 under his and Louise Lambrichs' direction, *History of Contemporary Medical Thought*, explains:

«The history of epidemics and their impact on the health of populations is marked by two major discontinuities. The first, at the turn of the 18th and 19th centuries, was at the origin of rational public health policies, which, through a complex, sometimes contradictory, but ultimately successful path, considerably reduced the role of infectious diseases in the Western world, with a profound "epidemiological transition". The second discontinuity occurred about two centuries later, at the end of the 20th century, with the emergence of dramatic new infectious or communicable diseases, which challenged the optimism spread over the previous decades and generated new fears».
(Fantini, Lambrichs, 2014, p. 291)

6. Conclusion

Human nature seems to need, whatever its degree of civilization, magic and irrationality to explain what is inevitable (Ariès, 1977; Moya, 2020). But the inevitable in an epidemic is its spread, and the death of many human beings. These are times when society is undergoing trials. At the end of the day, it is always the same question that plagues humanity: the individual and collective relationship to death. And to this, the current "Facebookratie" does not offer any answers. Historical science itself, which has difficulty explaining the past, could hardly predict the future. Thus, taking up the conclusions of the French historian Marc Bloch in his famous book *The Strange Defeat*, Guillaume Lachenal, medical historian, evokes this paradox when he is questioned on a French radio during the confinement: «Excess of history can prevent us from understanding the present and prevent us from grasping it in what is new» (Lachenal, 2020). Indeed, while common traits exist, each epidemic or pandemic is unique and it would be a mistake to apply the solutions of the previous one to the current epidemic. From this point of view, the Covid-19 demonstrates it in a striking manner: discoveries on the functioning of the virus, its diffusion and mode of transmission and its more or less long-term consequences on the health of the people concerned are made progressively, and are often completely new. Finally, the psychological impact of this kind of pandemic crisis is extremely important, the cathartic effect of art (a profusion of artistic creations often follows a crisis or a conflict) will perhaps be able to cure our societies of some of its greatest evils: its fears and anxieties. The end of the Covid-19 pandemic crisis, in a few months or a year, then will show if our societies are capable of resilience or not, despite the desire to go back to 'the way things were' seems irrepressible.

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